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**MODERN COLLEGE OF ARTS,
SCIENCE AND COMMERCE**



Ganeshkhind, Pune-411016, Maharashtra, India

DEPARTMENT OF PSYCHOLOGY

**KALEIDOSCOPE
VOLUME XII**

CRAVINGS

DRUGS

GUILT

PAIN

CRAVINGS

DRUGS

GUILT

Addiction

2019-2020



◀ Suicide Prevention Awareness Campaign conducted by the students on 10th September, 2018, World Suicide Prevention Day.

▶ Ankita Yadav Alumnus of the Department of Psychology and Project Director at Door Step School inaugurated PSY WORLD IV.



◀ UMEED, College Community Mental Health Program being held with the Peons

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Progressive Education Society's

**MODERN COLLEGE OF ARTS,
SCIENCE & COMMERCE**

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Theme : ADDICTION

2019 - 2020



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Progressive Education Society's

Modern College of Arts, Science & Commerce

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Progressive Education Society's Modern College of Arts, Science and Commerce, Ganeshkhind, Pune-411 016 was established in 1992 in the vicinity of Pune University, with the objective of imparting quality education to the students. It is affiliated to the University of Pune and offers various Graduate and Post Graduate courses. In a short span, the College has made a mark of its own in academic as well as extra curricular activities.

The College has been successful in keeping pace with the changing educational scenario, there by introducing new career oriented courses every year. It has firmly established itself as 'Modern' and 'Progressive'. The college has highly qualified and experienced teaching staff, who consistently strive for allround development .of the students. In academic year 2016-2017, NAAC has reaccredited Modern College, Ganeshkhind with 'A Grade'. The college has received Best College Award by Pune University for the year 2012-13. The college is now identified as DST-FIST sponsored college by DST. The College has been awarded with DBT-STAR Status by DBT, Govt. of India.



SALIENT FEATURES

- Prime Location (very close to University of Pune & Chaturshrungi Hills).
- Affiliated to the University of Pune.
- Reaccredited by NAAC with 'A Grade'.
- Well qualified and experienced faculty.
- Healthy academic environment.
- Well equipped laboratories with internet connectivity.
- E-teaching and e-learning methodology.
- Well stocked Library with digital library facility and internet.
- Gymnasium for staff and students.
- Placement Cell.
- Well equipped administrative office for convenience of students.
- Spacious and well equipped audio-visual hall.
- Beautiful green campus with well developed Botanical Garden.
- Wind Solar Environmental Project to generate 13 KV electricity
- Canteen facility.
- Spacious parking, playground and Indoor games.
- Adequate sports facilities.
- Encouragement students to participate in cultural activities, discussions, in-house interactions, industrial visits, training and presentations.
- High Tech computer laboratory with latest computers, latest hardware and software.
- Special focus on Industry-Institute Interface.
- College Magazine 'Akanksha', a platform for students to express their innovativeness and creativity.
- Conducts state/national level seminars/workshop & conferences.

Acknowledgements

We wish to express our profound thanks to DR. GAJANAN EKBOTE, Hon Chairman, Progressive Education Society, Shivajinagar, Pune 5 Prof Suresh Todkar, Joint Secretary, Progressive Education Society, Shivajinagar, Pune 5 and Chairman L.M.C. and Dr. Prakash Dixit, Deputy Secretary Progressive Education Society, Shivajinagar, Pune 5 and Visitor, and Mrs. Jyotsana Ekbote, Deputy Secretary, Progressive Education Society, Shivajinagar, Pune 5 for their support and able guidance. We are indebted to our dynamic Principal, Dr. Sanjay Kharat for his inputs and encouragement to the Disha team every year. His suggestions, advice and queries have enriched every issue of Kaleidoscope and we strive to maintain the standards of excellence that he expects from us. We are thankful to Dr. Jyoti Gagangras (Vice Principal, Arts Faculty) and all the Staff members of Arts Faculty for their collegiality.

I would like to thank my colleagues Nashome Crasto and Swati Jagtap who have helped in proof reading and for their Editorial assistance. I wish to congratulate all the students who have written for the journal. Student members of Disha, who have written articles and thematic pieces, have contributed in making this issue of Kaleidoscope attractive and unique. Surabhi Soman a student from TYBA has very creatively designed the cover page and Shubham Jadhav has contributed his artwork as colorful additions to the Magazine a big thank you to both! Yogita Kulkarni who has done the typing and DTP work, needs to be thanked.

I wish to thank Mr. Nilesh Shinde and his team from Neha Creations for all the professional efforts that they have taken. I am happy and proud to place Twelfth Volume of KALEIDOSCOPE before all of you, our readers.

Dr. Sadhana Natu

Associate Professor and Head Department of Psychology.

P. E. Society's Modern College of

Arts, Science and Commerce, Ganeshkhind, Pune 16

December 2019

From the Principal's Desk...



The theme of this year's KALEIDOSCOPE is 'Addiction'. It is a timely and relevant topic, since so many people of all ages are succumbing to various addictions. I wish to congratulate all the students and staff members of the Department of Psychology who have contributed to this journal. I wish to applaud all their contributions especially Dr. Sadhana Natu and all the members of the Department of Psychology who are constantly inspiring and motivating students and more so inspiring by example.

I have been the first reader of every volume of Kaleidoscope and have always been amazed by how well students can articulate in English and Marathi after the tremendous efforts that the staff members put in!

As for Disha, the vibrant, dynamic and diverse study circle, I feel privileged and proud that Disha has been recognized by other colleges too and is inspiring young adults elsewhere. This platform is an important and integral part of the college and I extend my good wishes for its consistent performance and outreach. Kaleidoscope is a platform for students to experiment with their academic and research ideas. Kaleidoscope contributes now to the identity of the College. I am sure it will help in grooming budding psychologists in the college and the world outside.

Dr. Sanjay Kharat,
Principal.

P. E. Society's Modern College of
Arts, Science and Commerce, Ganeshkhind, Pune 16

Vice Principal speaks...



On the occasion of the release of the Twelfth Volume of Kaleidoscope, I wish to congratulate all the members of Disha who have worked extremely hard in putting up this excellent magazine. The themes of the previous volumes have touched upon diverse issues related to the youth which have been of great interest to students. This year too, the students have contributed in various ways to be a part of Kaleidoscope and to all of them many congratulations.

I commend the Head of the Department, Dr. Sadhana Natu and faculty of the Department of Psychology who work tirelessly to make Disha and Kaleidoscope a successful endeavor.

All my best wishes to them and the Disha members.

Dr. Jyoti Gagangras

Vice Principal,
Arts Faculty,

P. E. Society's Modern College of
Arts, Science and Commerce, Ganeshkhind, Pune 16

Editorial



KALEIDOSCOPE is twelve in 2019. What started as an attempt to get students writing in a creative and academic manner, has now become a platform for multi- hued expression. My colleagues and I are justifiably proud of both our 'first time' writers who are taking baby steps as well those who have now honed their skills and are getting better each year. That the journal is bilingual is another feather in our cap. While, I am happy that we have sustained the momentum, without a break for twelve years, I am aware that what we are publishing is not perfect and we aim to do better every year.

In this year's journal, we bring you a mix of thematic articles on 'Addiction' and fillers related to Psychology. As usual, there is some Artwork and some poems. Our Annual Report will give the readers an idea about the length and breadth of our activities. The photographs encompass glimpses of the activities of last year as well as some from the current year.

These are efforts of the last six months and more. The process involved several meetings, discussions, reading, writing, proof reading and finalizing the volume. It is my experience that students who start with KALEIDOSCOPE, later move on to research writing and conduct research, present their papers at National Conferences and we publish them in our research compendium 'Mindscape'.

Our alumni from the last twelve years who have contributed to Kaleidoscope, have enriched their CV through this writing and are admired when they move on to further education and later into work domains. In fact, thanks to students who moved elsewhere in the country or abroad for further studies, the journal has really gone places!

In appreciation of this consistent and high-quality writing for the last ten years, our Respected Principal, has given the journal an ISBN No. 978-81-928564-9-0, last year, and we are thankful to him.

We hope to bring more and more topics and ways of writing to our readers and contributors that would do justice, both to Psychology as a subject and to the art and craft of writing!

Dr. Sadhana Natu

Associate Professor and Head

Department of Psychology,

P. E. Society's Modern College of

Arts, Science and Commerce, Ganeshkhind, Pune 16

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ADDICTION

HOW IT HAS HIJACKED BRAINS THROUGHOUT HISTORY

Suveni Kaul
TYBA

Our distant ancestors wrestled with concepts of drug and alcohol addiction quite similar to those of today: Is addiction a sin or a disease? Does the individual's vulnerability cause addiction, and to what extent do psychological or social factors come into play?

There have been several articles that say how Catholic Church leaders viewed moderate alcohol use as God's gift; but its unrestricted use, would be dismissed off as a moral transgression. However, the founders of modern scientific psychiatry rejected such moral explanations for addiction and focussed more on a purely biological model.

This article aims to examine the evolving concepts of addiction-through 12,000 years of recorded human history, and how does addiction take control of the brain.

A BRIEF HISTORY OF DRUGS AND ADDICTION

It is generally thought that mind-altering substances, and drugs, are a modern-day concern, but if we look at archaeological records, there is quite some data supporting their consumption even in pre-historic times.

"As soon as drug plants and fermented drinks were first consumed, there is uninterrupted evidence for such use over centuries, and occasionally, the relationship that began in prehistoric times has continued into the present day."

- Dr. Elisa Guerra-Doce,
an Associate Professor of prehistory at the
University of Valladolid in Spain

Since there aren't any written records known to us that could provide evidence for drug use thousands of years ago, scientists have looked at ancient remains like the fossils of psychoactive plants, the residues of alcohol

and other psychoactive chemicals, and prehistoric drawings to get a sense of how drugs were used, and how they made a way into human lives. Some of the key examples of prehistoric drug use are as follows:

Alcohol:

The earliest alcoholic drink dates back to 7,000-6,600 B.C. Residues of the drink were found in pottery shards from the ancient village of Jiahu, in China's Henan Province. The drink consisted of a mixture of rice, honey, and fermented grapes or other fruit.

Hallucinogens:

The earliest fossil remains of the hallucinogenic San Pedro cactus, found in a cave in Peru, date back to between 8,600 and 5,600 B.C. And small stone sculptures called "mushroom stones" found in Mexico and Honduras suggest hallucinogenic mushrooms were used in sacred cults between 500 B.C. and 900 A.D.

Opium:

The earliest found fossilized remains of the opium plant, dating back to the mid-sixth millennium B.C., were found at a dig site in Rome. Remains of poppy seed capsules and traces of opiates have been discovered in the plaque and bones of human skeletons dating back to the 4th millennium B.C., along with prehistoric art showing parts of the poppy being used in religious ceremonies.

Coca leaves:

The earliest evidence of humans chewing coca dates back to South America around 8,000 years ago. The remains of pieces of coca leaves have been found in house floors in Nanchoc Valley, Peru, and in human dental remains and mummy hair.

Tobacco:

Smoking pipes dating back to around 2,000 B.C. have been found in northwestern Argentina, although it's unclear whether they were used for tobacco or other hallucinogenic plants. Remnants of nicotine found in pipes date back to 300 B.C.

The issue of loss of control of psychoactive substances, which has spelled today's concept of addiction, was already being discussed in the 17th century. Our ancestors, according to research, "refined more potent compounds and devised faster routes of administration, which contributed to abuse."

The complex origin of addiction thus began, and gave rise to several questions that are still being debated.

ADDICTION AND DSM THROUGH THE YEARS

The first two versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I and DSM-II) stigmatized addiction by listing it with other societal disapproved disorders, which originated from personality disorders.

DSM-III gave a theoretical and descriptive diagnosis but the authors believed that certain changes needed to be done.

During the mid-1980s a group of addiction experts organized by the American Psychiatric Association, with representation from the World Health Organization, met to revise the Diagnostic and Statistical Manual version III (DSM-III) of the substance-related disorders section. This committee met over several years and their work was published in 1987 as DSM-III-R (revised). There was a significant disagreement, however, among members of

the committee with respect to the label that should be used. 'Addiction' or 'addictive disorder' was the term that clinicians agreed on, but most of the non-clinicians argued that the word 'addiction' was derogatory and could possibly lead to alienation of the patients. They finally settled with a more neutral term, 'dependence'.

DSM-IV's emphasis on biology to explain the concept of dependence was quite unchanged from its previous version. DSM-5 declared that all drugs taken in excess have in common the "direct activation of the brain reward system."

However, recently a return to the use of the word 'addiction' is being talked about, because connotations of words change with time and culture and the word has become so commonplace in today's time and does not seem as derogatory as it did decades ago. Now, the proposed label in DSM-V is called 'substance use disorder', with severity rated according to the number and type of symptoms.

Now that we have briefly outlined the history behind the current nomenclature, it is essential to understand how chemicals like drugs they tap into the brain's communication system and get a hold of it.

THE BRAIN

The word "addiction" is derived from a Latin term for "enslaved by" or "bound to", and any person who has struggled with an addiction - or has tried to help someone else to overcome an addiction, - will understand why.

Drugs are chemicals and when someone puts these chemicals into their body, either by smoking, injecting, inhaling, or eating them, they tap into the brain's communication system and tamper with how neurons normally send, receive, and process information. Different drugs, because of their chemical structures, work differently, but there are at least two ways drugs work in the brain:

- Imitating the brain's natural chemical messengers
- Over-stimulating the "reward circuit" of the brain

Since addiction exerts such a long and powerful influence on the brain, while overcoming addiction is possible, the process is often slow and complicated, involving varied treatment for each individual.

FROM LIKING TO WANTING

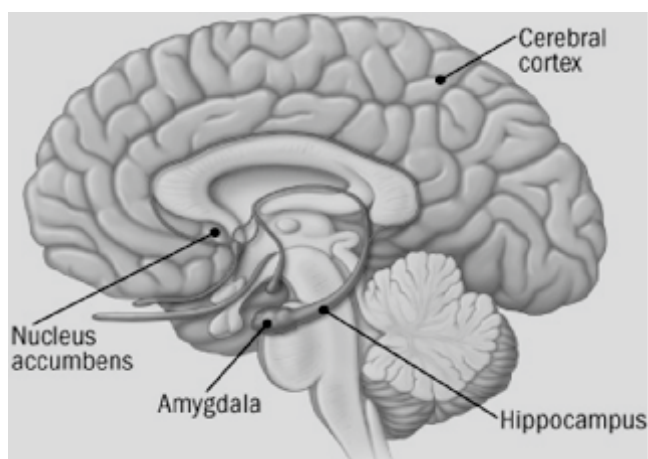
Desire initiates the process, but learning sustains it.

Craving for the substance of addiction → Loss of control over its use → Continuing involvement with it despite adverse consequences.

• Pleasure principle :

The brain registers all pleasures in the same way, whether it originate with a psychoactive drug or a delicious meal. In the brain, pleasure has a distinct consequence: the release of the neurotransmitter dopamine. Dopamine release in the nucleus accumbens is so consistently tied with pleasure that neuroscientists refer to the region as the brain's pleasure centre.

The brain's reward centre



Addictive drugs provide a shortcut to the brain's reward system by flooding the nucleus accumbens with dopamine. The hippocampus lays down memories of this rapid sense of satisfaction, and the amygdala creates a conditioned response to certain stimuli.

All drugs of abuse, from nicotine to heroin, cause a particularly powerful surge of dopamine in the nucleus accumbens. Even taking the same drug through different methods of administration can influence how likely it is to

lead to addiction. Smoking a drug or injecting it intravenously, as opposed to swallowing it as a pill, for example, generally produces a faster, stronger dopamine signal and is more likely to lead to drug misuse.

• Learning process

Scientists once believed that the experience of pleasure alone was enough to motivate people to continue seeking an addictive substance. But recent research now suggests that the situation is much more complex than we had predicted, because dopamine not only contributes to the experience of pleasure, but also plays a role in learning and memory - two key elements in the transition from liking something to becoming addicted to it.

"Dopamine interacts with another neurotransmitter, glutamate, to take over the brain's system of reward-related learning. This system has an important role in sustaining life because it links activities needed for human survival with pleasure and reward. The reward circuit in the brain includes areas involved with motivation and memory as well as with pleasure. Addictive substances and behaviours stimulate the same circuit - and then overload it."

• Tolerance and compulsion

Over time, the brain adapts in a way that actually makes the sought-after substance or activity less pleasurable. In nature, rewards usually come only with time and effort. However, addictive drugs and behaviours provide a shortcut, flooding the brain with dopamine and other neurotransmitters in a short span of time.

"Addictive drugs, for example, can release 2 to 10 times the amount of dopamine that natural rewards do, and they do it more quickly and more reliably. In a person who becomes addicted, brain receptors become overwhelmed. The brain responds by producing less dopamine or eliminating dopamine receptors - an adaptation similar to turning the volume down on a loudspeaker when noise becomes too loud."

As a result of these adaptations, dopamine has less impact on the brain's reward centre. Thus, people who

develop an addiction typically find that, in time, the desired substance no longer gives them as much pleasure. They have to take more of it to obtain the same dopamine "high" because their brains have adapted - an effect known as tolerance.

At this point, compulsion takes over. The pleasure associated with an addictive drug or behaviour eventually subsides - and yet the memory of the desired effect and the need to recreate it (the wanting) persists. The person now often feels flat, lifeless, and depressed, and is unable to enjoy things that once brought pleasure. Dopamine encourages the brain to repeat the pleasurable activity of drug taking to feel good again. Now the person needs drugs just to feel the "normal amount of pleasure".

ROAD TO RECOVERY

Breaking the chains of addiction

Addiction and recovery is most certainly different from individual to individual. As surely as one can be addicted to alcohol, substances, or medications, he/she can just as easily be addicted to work, dieting, exercise, skin picking, food etc - which makes each road to recovery somewhat different than the other.

Too often recovery is framed as a somewhat mystical process, and though there certainly can be a spiritual aspect to any life changing process, in my opinion, successful recoveries require active, empowered, and informed decisions towards the desired change.

An important yet neglected question is "what does recovery mean to persons engaged in that process? And it is the task for those interested in advancing knowledge

in this field to take the best of ideas and test them with well designed clinical trials, and make sure that there aren't any researched or unexplored avenues left in the process of recovery.

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Art Work By
Shubham Jadhav,
TYBA

ADDICTION

Priyanka Wangkheimayum
SYBA



We can say addiction is a type of disease in which a person is unable to stop of change using substances or engaging in behaviour and it can damage both physical and mental in one's life.

There are many types of addiction which harm us. Game addition is also one of the most common addictions which both youngsters and new generation are facing. Most of the youngster spends their days on phone by playing games. There is no gender difference in playing games. So all gender are participating and some are get addicted easily. When people are with their phone, playing games they even forget to take food, they don't have enough time for themselves to take care and they are busy living in their game world. They forget their family and this effect in their day to day life creating a big gap between family, friends and the real world. They start thinking gaming world is more interested and make them happy than their real life so they don't think about family friends. They start running away from the real life and started living in fantasy world of game. They only see is their close room and forget what is happening outside the room. All this effect in their normal way of living and it effect mostly in students. Now a day's student can't concentrate even 1 to 2 hours in study but they can play whole day and this is not a good sign of our generation. Evensmall, small kids are also facing this addiction.

Among all the online game, I have picked up one game namely mobile legend and I will share two stories which I know how this game influenced one boy and one of my friends.

Mobile legend is a multiplayer online battle game which is developed and published by ShanghaiMooner Technology in the year 2016.

One young boy from my ex school he is only 11years old he used phone and its notgood for him in the age so his parents scold him for using phone too much and instead of getting what parents told him he take it in wrong ways and told his parents that if they scold his again for playing

than he will do suicide in school campus so their parents informed school authority to look after and to keep eye on him when I heard this story last year from one of my junior friend. This generation is not safe we all need to be aware of how much this type of addiction is influencing our generation so seriously. It becomes so dangerous for youngster and new generation too. But luckily now he becomes better as he is under the care of one psychiatric doctor. And lastly I will share one more story of my friend who studies engineering. He is my close friend and he is so good in study before. But last 2 years he is addicted to game and now he last all his interest in study and it effect in this study career. Whenever he didn't play he feel annoying and when his parent say something he feel irritate most of the time. He also waste so much of money in buying his online game. And this is not good sign wasting lots of money in unnecessary things. Many of our generation are falling in this kind of trap and it may continue to next generation if we don't stop it. They can earned lots of money by participating in competition and becoming professional gamers. Everything has its pros and cons so do this game also It depends on the person who play it I also once try by playing This game as I want to know what is there in it and for what people are so much interest in this game. After playing 2 to 5 times I think it is good it we play in limited time. It helps us to think and to be careful while we go and also we should be active all the time. If we played at our free time it is good as for fun and also it give us some relief and it also help us to think and take steps in few seconds. Everything's has good and bad side we have to try it to know what is there but it is not compulsory to go too deep in everything are experience. After trying we can identify which one is good and which one is bad so that we can do or we can differentiate it betteras we experience it by ourself. Trying new things or experiencing it is not that bad if we are not go too deep and get addicted. Lastly I want to say even it may be good thing or bad thing too much of anything is not good. We have to keep it in limit.

MYTHS vs FACTS: SUBSTANCE ABUSE

Surabhi Soman
TYBA



1. DRUG ADDICTION IS A LIFE CHOICE MADE BY AN INDIVIDUAL AND ONE COULD STOP USING DRUGS IF THEY REALLY WANTED TO.

Every individual reacts to different drugs differently and not everyone who uses drugs becomes an addict. A person may start as an occasional drug user which is a voluntary decision made by the individual. They might like how the drug makes them feel and as time passes by the occasional drug use could turn into compulsive drug and after a while, the individual might just need to take the drug to feel normal.

There's no rule about how soon someone becomes addicted. It can happen to anyone and at any age. But the chances for addiction are higher when a person starts using drugs when they're young. The individual might start taking more and more just to get the same high and might believe they can control their drug usage but can't. Over time, continued use of addictive drugs changes your brain -- at times in dramatic, toxic ways, at others in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable drug use.

Heroin, prescription painkillers, cocaine, methamphetamines, benzodiazepines, nicotine and alcohol are the most addictive substances because they provide pleasure to the brain when abused. Over time, this causes the brain to make chemical changes that lead to dependency. It is important to remember that addiction goes far beyond drug usage and a holistic approach to treatment and recovery from substance abuse is necessary.

2. PRESCRIPTION DRUGS AREN'T AS DANGEROUS AS ILLEGAL DRUGS

This is a dangerous misconception on addiction. Most

people believe prescription drugs are much safer than illicit drugs though, in fact, they can be just as dangerous as any street drug. Some drugs, such as prescription opioids like lorcet, methadone, morphine, oxycodone, and tramadol can result in addiction even if a person takes them as prescribed by their doctor. The chance of overdosing on prescription pills is higher, especially if taken with other drugs or alcohol.

Vicodin is a medication prescribed to relieve pain. When taken as prescribed it can be very effective, helping people recover from surgery. However, it belongs to the same class of drugs like heroin and can be dangerous if used to get high. Since 2003, prescription pain medications like Vicodin and OxyContin have been involved in more overdose deaths than heroin and cocaine combined in the USA.

3. MORE THAN ANYTHING ELSE, DRUG ADDICTION IS A CHARACTER FLAW

Drug addiction is a brain disease. Every type of drug of abuse has its mechanism for changing how the brain functions. Regardless of which drug a person is addicted to, many of the effects it has on the brain are similar: they range from changes in the molecules and cells that make up the brain to mood changes, to changes in memory processes and in motor skills such as walking and talking. These changes have a huge influence on all aspects of a person's behaviour. The drug becomes the single most powerful motivator in a drug abuser's existence. An individual might just resort to any measure to obtain the drug of their choice. This comes about because drug use has changed the individual's brain and its functioning in critical ways.

ALL ADDICTS ARE THE SAME

The stereotype that addicted individuals are all low-income or unemployed, minorities, criminals, or of low socioeconomic status is simply not true. Addiction can affect anyone and everyone.

Many people are also high-functioning addicts. These individuals are often able to achieve professional success, maintain a social network, and continue to hold up appearances at home, all while hiding their addiction and substance abuse from family, friends, and co-workers. This can't last forever, but in many cases, loved ones don't find out about the problem until it has completely spiralled out of control. High-functioning addicts may be able to function for a while, but in the end, the truth always makes itself known.

5. YOU DON'T NEED HELP UNLESS AND UNTIL YOU HAVE HIT ROCK BOTTOM

This is a very dangerous myth that a person has to hit rock bottom or want to go to treatment in order to get help. It propels a user deeper into drug abuse - increasing negative behaviours and creating a stronger addiction. At the same time, the myth causes family and friends to believe they are powerless to step in until someone has lost it all. This logic is extremely dangerous. Family and

friends should not wait until their loved one is at or near rock bottom. Experts specializing in behaviour therapy and addiction recovery can help users during any point in their journey.

With the help of behavioural health treatment, a person can recover. Treatment helps people to change destructive behaviours, avoid relapse, and minimize the medical and social complications of drug use. No time is the wrong time to seek help. The sooner users get treatment, the more likely it is they will recover and live a life free from drugs and alcohol. Drug addiction is a treatable disease and like it is true for all other medical and psychological diseases substance abuse is too better prevented than cured.

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CAFFEINE ADDICTION

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Have you ever felt like your day doesn't actually begin without your morning dose of coffee? Or that people should be cautious if the approach you before you've had your first cup? Does your mood get affected if you haven't had coffee during the day? Or, have you ever had coffee at specific times of the day, daily? This is because you are addicted to caffeine [coffee].

The products that contain caffeine in various proportions

include coffee, tea, chocolate, soft drinks [cola's], energy drinks, caffeine tablets, other oral products, inhalation products, and other drinks.

Caffeine addiction is the excessive and/or harmful use of caffeine over a period of time, which has negative effects on your health, social interactions, or other areas of your life. As caffeine is a widely accepted and used drug, many people don't believe caffeine can be addictive.

Caffeine is a stimulant to the central nervous system, and regular use of caffeine does cause mild physical dependence. But caffeine doesn't threaten your physical, social, or economic health the way addictive drugs do.

If you stop taking caffeine abruptly, you may have symptoms for a day or more, especially if you consume two or more cups of coffee a day. Some symptoms of withdrawal from caffeine include headache, fatigue, anxiety, irritability, difficulty concentrating and depressed moods.

In 2013, with the publication of the Diagnostic and Statistical Manual of Mental Disorders [DSM], for the first time, caffeine withdrawal was included as a mental disorder.

When you consume caffeine, it is quickly absorbed through the small intestines and enters the blood stream. Because the chemical is soluble in water and in fat, it is able to penetrate the blood-brain barrier and enter the brain. Once there, it has a direct stimulating effect on your brain cells. This is because the chemical structure of caffeine closely resembles that of adenosine, a molecule present in the brain that has a relaxing effect on the central nervous system.

This allows caffeine to fit into the adenosine receptors in

the brain, blocking them, and preventing the adenosine from binding to them to produce feelings of tiredness.

In turn, the blocked receptors stimulate the release of other natural stimulants and allow some of them, [like dopamine] to work more effectively. This further increases alertness and reduces the feeling of tiredness.

Thus, in simple terms, caffeine works in two ways.

1. It prevents your brain from signalling that you are tired.
2. It causes your body to release other natural stimulants and boosts their effects.

The end result of caffeine's effect on the brain is feelings of alertness, well-being, concentration, self confidence, sociability, and motivation to work.

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MOBILE PHONE ADDICTION

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The importance of technology is not a new concept in today's world where we are dependent on it for every little thing. It has enabled us to maximize productivity in a very small amount of time. It has conquered almost all the parts of human life ranging from communication to important business activities. Living without technology is unimaginable in these times. While there are many benefits of the same, one has to understand the harm we are exposed to due to the overuse of it. It's often

described as a serious problem involving the inability to control the use of various kinds of technology, in particular the Internet, smartphones, tablets and social networking sites like Facebook, Twitter and Instagram. Now that it's effortless to text and access the Web and social media from almost anywhere, more of us are dependent on communicating via the tiny computers we carry with us. So it's no surprise that health experts are seeing a rise in addictive tendencies that involve

If My Phone Could Talk...



technology. (Technology includes, of course, video games, cybersex/online pornography and online gambling, and these addictions are explored in more depth in other sections on Addiction.com.)¹ It is very difficult to define the thin line between addiction and the regular use of technology. Even though it has fast paced our lives, it has deprived us from real time interactions. There are always these never ending debates about whether technology is a boon or a bane. Hence, to have a balance is the most intelligent thing one can think of. But how do we define this 'balance'? When do we know that we are on the borderline or beyond it of becoming addicted? Therefore one must learn to understand this difference.

The reason as to why it is important to look into this topic is because there have been many episodes of deaths due to marathons of playing games, binge watching, neglecting nutrition or overeating, and also ignoring the basic needs. Work ranging from a school project to any work in one's job, technology is needed. Hence it becomes very difficult to know when we are on the verge of becoming addicts! Many disorders have been detected as a result of excess use of technology like Internet Addiction Disorder (IAD), Mobile Addiction Disorder (MAD), etc. Various addictions like video games addiction, online shopping addiction, etc. However this article focuses on Screen Media Addiction (SMA).

Technology addiction is an impulse control disorder that involves the obsessive use of mobile devices, the internet or video games, despite negative consequences to the

user of the technology. The disorder may also be referred to as digital addiction or internet addiction.² According to a survey, Indian viewers spend 8 hours 29 minutes watching online video content, whereas the global average is six hours and 45 minutes each week in 2018. The use of Netflix and other mediums has been incredibly increasing.³ When we hear about the technology addiction, we often consider it as something that would affect the "others". Without being aware, lots of us are already addicted to technology, internet or games. However we need to understand that we are equally exposed to it and timely action is necessary. It is important to keep a check on the number of hours spent on the screen. One needs to be honest in accepting that they spent much of their time on different gadgets. We often notice that people working on these gadgets escape saying that we use it for productive purposes. However they might fail to notice that while working they may go on to different sites and browse through them which consumes half of their time. Hence the time taken to complete the task also increases and are more exposed to technology addiction.

The excessive use of it has resulted in cases where the clients were diagnosed with either of the technology addiction disorders. The first step in treatment is the recognition that a problem exists. If you do not believe you have a problem, you are not likely to seek treatment. One of the overarching problems with the Internet is that there is often no accountability and no limits. You are hidden behind a screen - and some things that you may say or do online are things you would never do in person. Some of the more common psychological treatments of Internet Addiction Disorder include:

Individual, group, or family therapy

Behaviour modification

Dialectical Behavioural Therapy (DBT)

Cognitive Behavioural Therapy (CBT)

Equine Therapy

Art Therapy

Recreation Therapy

Reality Therapy

It should be noted that even though the diagnosis is the same, but the aetiology (causes) are different and therefore the treatment should be given accordingly. For example the causes for MAD (Mobile Addiction Disorder)

would be different for people in the urban areas and that of rural areas. It (mobile) might be an escape mechanism for one and a status symbol to the others. The fringe population might use it as a tool to fit in their surroundings. It affects the thought, emotion and behaviour drastically. It might hamper one's cognition, comprehension, reaction time, etc. It might happen that whenever we want to gift our friend something handmade, we watch some videos and try to imitate it. That's a serious threat to our creativity! We have readymade answers to everything, and as a result we are killing our curiosity gradually.

SMA has many negative repercussions on thought, emotion and behaviour on an individual. The people diagnosed with technology addiction may experience depression, dishonesty, feelings of guilt, anxiety, feelings of Euphoria, isolation, defensiveness, agitation, mood swings, fear, loneliness, boredom with routine tasks, etc. emotionally. The physical symptoms include backache, carpal tunnel syndrome, headaches, insomnia, poor nutrition, poor hygiene, neck pain, vision problems, weight gain or weight loss, etc. The behavioural changes may include Inability to prioritize or keep schedules, no sense of time, avoidance of work, procrastination, sleep disturbances, etc.⁵

As said that prevention is better than cure. We must adopt techniques to avoid being addicted. Digital detox is the way to do so. "A period of time during which a person refrains from using electronic devices such as smartphones or computers, regarded as an opportunity to reduce stress or focus on social interaction in the physical world" is the definition of digital detox according to the Oxford dictionary. It would initially be a difficult task to stay away from technological gadgets, but it is worth a shot to support your mental and physical health. There are also many ways designed so as to keep a check on your screen time. There are in built modes on your smartphones like the zen mode that allows you to be away from your phone for quite a while! It only allows emergency calls and shuts all of the others tabs for a certain amount of time. Other apps designed for reducing your screen time are our pact, net nanny, app detox, etc. Google makes its own free screen time monitoring app called Digital Wellbeing, though it's only available on Pixel phones for now. A wider rollout may happen soon, but until then, if you're not using a Pixel, check out the third-party options we've listed in the final section below.

Once Digital Wellbeing is installed, you can find the app as an entry on the Settings menu. The opening splash screen shows how much of the current day you've spent on your phone and which apps you've used the most. If you've got a Snapchat obsession, it'll show up here. Tap on the coloured dial to see your screen time broken down by day and week, with the most-used apps for each time period listed underneath. Digital Wellbeing offers two main ways to cut down on screen time. From the app's overview page, the Dashboard will allow you to put time restrictions on any app on your phone—just tap the timer icon to the right of any entry and set a limit. These reset at midnight, and while they can be easily overridden or disabled, they might make you think twice about firing up Twitter for the 100th time in one morning. Along with timers, Digital Wellbeing has another way to set app limits. Choose Apps & notifications from Settings, tap an app name, then choose Advanced and Time spent in app. Touch the App Timer button to set your limit for the day—anywhere from five minutes to 23 hours and 55 minutes. In spite of all these availabilities, it is still shocking that we need our phones to keep away from our phones!

This article isn't against the use of technology but is about how we recognise the thin line between the use and technology and become addicts. Even to understand use of technology and that there is a problem that exists with the use of technology is the very first step. Implementation of the digital detox completes the process! It is the individual's responsibility to use the technology wisely and not use it in a way that hampers one's growth.

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INTERNET ADDICTION

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"Internet addiction.... Interferes with normal living and causes severe stress a family friends, loved one's and one's work environment."

A Brief History of Internet addiction- The term "Internet addiction" was born in the United States. It is psychiatrist Goldberg who first coined the term and proposed it is a Statistical hoax in 1995 (Goldberg'1995), however at that time he did not expect so many people would take it as a serious problem. The first study an Internet addiction was conducted by young in 1996a pioneer and the leading proponent in this field (Young 1996, 1998 A.B) Since Young's first work internet addiction disorder has received attention from multiple disciplines. The literature revealed internet addiction has grown rapidly under various names including pathological Internet use, Internet addicted disorder, net addiction, High internet dependency, cyberspace addition online addition etc. Among those terms Internet Addiction disorder (IAD) is the most popular one (Byunetal' 2009) although many societies have witnessed increasingly treatments and clinics coping with the new plight

In 2014 filmmakers ShoshShalam and HillaMedalia released the document web junkie. In china where young people are sent to be treated for internet addictions. Treatment in the camp includes harsh military style discipline medication therapy sessions and sterna as physical activity. In web junkie movie they are saying to us is Internet addiction like cravings for drugs, "That's why we call it electronic heroin."

Prevalence of Internet and Social Media Use - Internet and Social media use is extremely common around the world. In 2012 according to U. S. Census Bureau 74.8% of U.S. Households had a computer and approx 95% of those use it to connect to the Internet. In 2014 approximately 78% of people in developed nations use

the Internet While developing nations lag behind they are catching up in 2014 approximately 32% of those in developing nations were Internet users an Increasing from about 21% in 2010. People use the internet for a variation like communications, shopping banking and entertainment. In future pew research centre indicated that "Internet use in future like electricity"

An Addiction for Game- many people think that addiction to the internet is possible and addicts spend more or large amount of time and it's becomes most important thing an lives using the internet to escape problems or unhappiness lying about the extent's of one's Internet use and feelings restless moody and Irritable when attempting to reduce time online.

Dopamine and Addiction - Dopamine is a Neurotransmitter produced by the brain and it plays an important role in addiction. Internet use stimulate the release of dopamine and this release creates a feelings of pleasure A person can Become addicted to whatever caused the dopamine release, engaging in that behaviour again and again in order to re-experience the pleasurable feelings. For some people the disease of the high they feel from dopamine is so strong that they develop a craving for it and become anxious and unhappy when they can't get it.

Research shows that numerous aspects of internet usedopamine release as its visual stimulation, the promise of rewards, and its unpredictability Internet rewards the variables form including reaching a new gaming level accessing Interesting content, or receiving a pleasurable email or posting an one's social media page part of what makes these rewords so addicting and keeps users are never sure when they will receive their next reward.

The Widespread Appeal of Social Media - one of the most common online activities is social networking, people

use social networking sites to connect with each other for many different reason Sites such a face-book facilitate connection with friends other people use sites like LinkedIn for networking for their carrier or finding a new job. Some networking sites allow people to connect with groups sharing similar Interests for example Instagram allow users to share Images and videos In 2013 survey the few research centre found that 73% of online Americans now use a social networking site of some kind In 2011 research com can score surveyed people In 171 countries and found that 1.2 billion people around the world use social networking sites. In worldwide face-book is the most leading social networking site in most countries other social networking site along with facebook is Blogger, Twitter, Instagram and Snapchat.

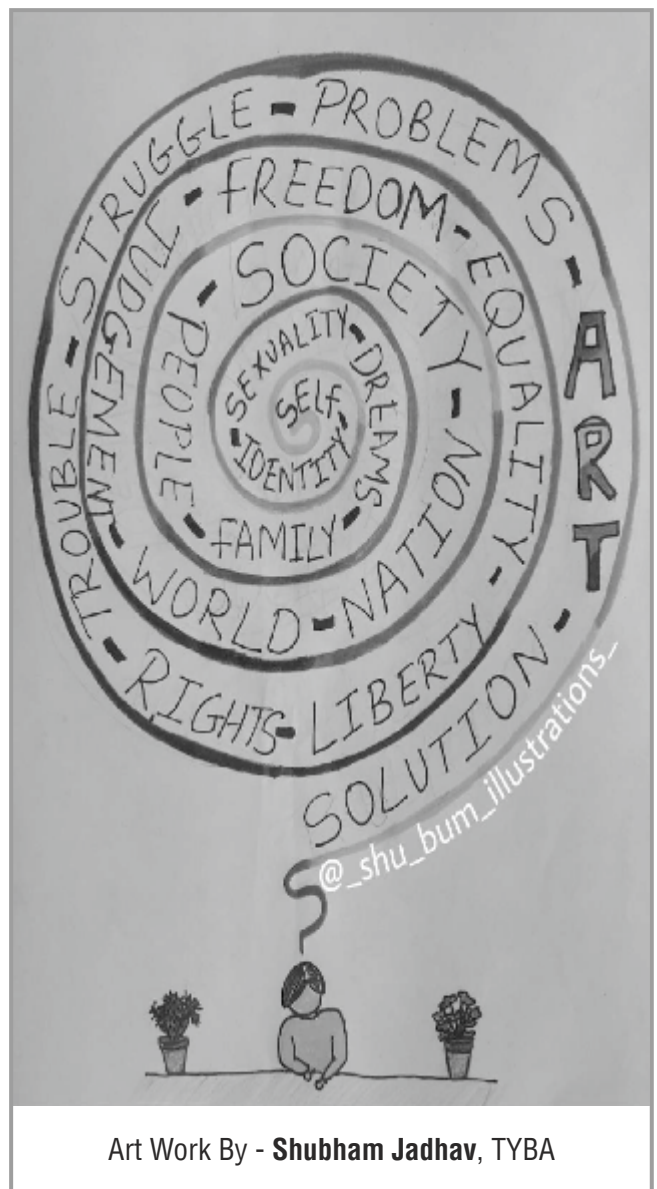
What Causes Online Addiction? - Researchers who do believe that addictions to the internet or social media is possible disagree over what might be its causes some believe addiction is the results of genetics, such as verification in brain chemistry or development of gender differences other argue that addiction is due to the nature of the internet itself A Highly engaging and stimulating medium that is difficult to stay away from some cities instead that internet addiction is actually mat a true medical condition but merely a symptom of various types of personal problems and mental health disorder such as anxiety and depression.

How do online Addiction Affect Health and Well Being? - Some people believe that spending large amount of time online can cause harm to people health and well being for example Bradford Regional Medical centre which profound one of the first Inpatient treatment programs for the internet addiction in the United States, describes a dawnword spiral of harm it says, "Internet addicts struggle to control their behaviours and experience despair over their constant failure to do so their loses of self-esteem grows fuelling the need of escape even further into their addictive behaviours A sense of powerlessness pervades the lives of addicts"

How Can People Overcome Internet And Social Media Addiction? - "The most basic way to curb addictive gaming habits is to simply stop playing The same can be said for any other pacific guest, an addiction recovery program internet use or abuse"

Following some points to law Internet addiction.

- 1) Screen free week - Screen free week is a fun and innovative opportunity to reduce our dependence an entertainment screen media.
- 2) Setting Limits an Internet use - set timer for internet use and when time ends then go off to Internet addiction.
- 3) Education About Internet Addiction- Educating people about the internet form a young age and teaching them about the dangers of addiction and how to avoid them it helps
- 4) Cognitive Behavioural Therapy - Same therapists treat internet addiction with cognitive behaviourally therapy (CBT) that helps people replace harmful thoughts and behaviour patterns with healthier once.



Art Work By - **Shubham Jadhav**, TYBA

INTERNET ADDICTION DISORDER

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These facts are not new to us that besides having numerous advantages, the internet has many disadvantages as well. And today binge use of the internet has become a matter of worry as it comes with lots of drawbacks and can lead to Internet Addiction Disorder.

Parents should carefully monitor their children's activity on the internet in order to prevent addiction issues.

Causes of IAD

This disorder is characteristic of having multiple contributing factors. Some evidence suggests that if you are suffering from Internet Addiction Disorder, your brain makeup is similar to those that suffer from a chemical dependency, such as drugs or alcohol. Interestingly, some studies link Internet Addiction Disorder to physically changing the brain structure - specifically affecting the amount of gray and white matter in regions of the prefrontal brain. This area of the brain is associated with remembering details, attention, planning, and prioritizing tasks. It is suggested that one of the causes of Internet Addiction Disorder is structural changes to the prefrontal region of the brain are detrimental to your capability to prioritize tasks in your life, rendering you unable to prioritize your life, i.e., the Internet takes precedence to necessary life tasks.

Internet Addiction Disorder, in addition to other dependency disorders, seems to affect the pleasure centre of the brain. The addictive behaviour triggers a release of dopamine to promote the pleasurable experience activating the release of this chemical. Over time, more and more of the activity is needed to induce the same pleasurable response, creating a dependency. That is, if you find online gaming or online shopping a pleasurable activity and you suffer from an addiction to the Internet, you will need to engage in more and more of the behaviour to institute the same pleasurable feeling prior to your dependency.

Some individuals with prior psychiatric problems such as depression and anxiety turn to compulsive behaviours to avoid the unpleasant emotions and situation of their



Internet addiction disorder (IAD) also known as problematic internet use or pathological internet use is generally defined as problematic, compulsive use of the internet that results in significant impairment in an individual's function in various life domains over a prolonged period of time. It's not mandatory that a person who uses the internet or social media for a long time is suffering from IAD. It's when the internet use interrupts your daily routine and makes you physically, mentally and socially disturbed. As adolescents (12-17 years) and emerging adults (18-29 years) access the Internet more than any other age groups and undertake a higher risk of overuse of the Internet, the problem of Internet addiction disorder is most relevant to young people.

psychiatric problems and regard being addicted to the Internet a safer alternative to substance addictive tendency.

Some interpersonal difficulties like lack of friendships, intimate relationships or the lack of confidence to face people and connect with them in reality rather than on social media can lead to internet addiction which can further lead to IAD.



Symptoms of IAD

Signs and symptoms of IAD include emotional and physical setbacks.

Emotional symptoms- Depression, guilt, anxiety, isolation, mood swings, loneliness, fear, boredom with routine tasks, procrastination and inability to follow schedules.

Physical symptoms- Back ache, headache, insomnia, lack of appetite, poor hygiene, vision problems and weight gain or weight loss.

It might affect your personal relationships, work life, finances, or school life. People might behave dishonestly to hide about the time they spend on the internet. Individuals suffering from this condition may be isolating themselves from others, spending a long time in social isolation and negatively impacting their personal relationships.

Serious financial issues can arise from avoidance of work due to spending time online on games, shopping, gambling etc. All this can lead to bankruptcy.

Mood swings can be caused when these people are away from the internet and can cause boredom too. These

people get involved into the virtual world so much that they forget about other priorities and procrastinate the tasks.

Make a schedule for your internet and phone usage as it will save your time.

Diagnosis of IAD

If you have sought help with an Internet Addiction Disorder, you have likely been given a mental test or questionnaire of some sort to assess your dependency on the Internet. The most common assessment tools used to help make a diagnosis of Internet Addiction Disorder include:

- 1) Young's Internet Addiction Test
- 2) The Problematic Internet Use Questionnaire (PIUQ)
- 3) The Compulsive Internet Use Scale (CIUS)

These tests also measure the severity of the disorder.

Keep your phone away or switch it off while studying as it will increase your concentration.

Treatment of IAD

The first step in treatment is the recognition that a problem exists. If you do not believe you have a problem, you are not likely to seek treatment. Some professionals argue that medications are effective in the treatment of Internet Addiction Disorder - because if you are suffering from this condition, it is likely that you are also suffering from an underlying condition of anxiety and depression. It is generally thought that if you treat anxiety or depression, the Internet Addiction may resolve in step with this treatment approach.

Studies have shown that anti-anxiety and antidepressant medications have had a profound effect on the amount of time spent on the Internet - in some cases decreasing rates from 35+ hours a week to 16 hours a week. Physical activity has also been indicative of effective in increasing serotonin levels and decreasing dependency on the Internet.

Some of the more common psychological treatments of

Internet Addiction Disorder include:

Individual, group, or family therapy

Behaviour modification

Dialectical Behavioural Therapy (DBT)

Cognitive Behavioural Therapy (CBT)

Equine Therapy

Art Therapy

Recreation Therapy

Reality Therapy

Make a list of things you enjoy doing which doesn't include internet. So whenever you feel tempted to go online, choose an activity from your list instead.

Conclusion

Internet addiction has raised great public concern in Asia and some countries consider Internet addiction as one of the major issues that threatens public health. There are many cases of IAD which lead to the deaths of the people suffering from it. Thus we need to create awareness amongst people and take some action for the benefit of the public.



PORTRAYAL OF ADDICTION ON SCREEN

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Introduction:

"Every form of addiction is bad, no matter whether the narcotic be alcohol or morphine or idealism." - Carl Jung

Addiction is a condition in which a person engages in the use of a substance or a behaviour for which the rewarding effects provide a compelling incentive to repeatedly pursue the behaviour despite detrimental consequences, sometimes death.

There is scientific evidence that the addictive behaviours share key neurobiological features: They intensely involve brain pathways of reward and reinforcement, affecting motivation, which involve the neurotransmitter dopamine.

The portrayal of addicts on TV shows and movies is what affects the idea of being involved into substance abuse for young adults especially. Both the TV and cinema in India and abroad have gone too far since Devdas and Arthur to the 21st century hit TV series "House M.D." and "Breaking Bad".

What really alarming about the portrayal of such characters on screen is the glorification and subliminal internalisation by the viewers? Almost, 70% of the viewers are in the age group of young adults i.e., age group of 18-25. Even teenagers are a big audience for these shows.

The media's portrayal of addiction is much different than how it exists in the real world. Both television and film have created a common man's view of drug addiction and alcoholism; a sort of stigma society has been tricked into believing. This area of the media often portrays forms of Alcoholics Anonymous and other drug and alcohol rehab centres that depict a tunnel-vision perception of addiction.

But not all of the media portrays addiction like this. The television show "House," for example, does a nice job of portraying a more realistic view of addiction. Dr. House suffers from drug addiction, yet still manages to perform and function at work until his addiction completely takes over, sending him to drug rehab centres and later

withdrawal.

This article has tried to present and analyse the portrayal of drug addiction on screen by T.V. shows and movies.

1. Beautiful Boy(2018):

The film starring Timothee Chalamet and Steve Carell depicts a son whose drug addiction makes him beyond getting help.

Beautiful Boy is a true story told from two perspectives: A son battling drug addiction, Nic Sheff and his father, the journalist David Sheff. Really, it is a horror film on multiple levels.

"It's beyond scary. It's almost incomprehensible to see your kid spiralling out of control and having no recourse."- David Sheff. The film's portrayal of the hurting out of control nature of addiction goes well with reality. By the end, Nic's life is as terrifying and uncontrollable as the huge waves he surfs in. Active Addiction is a living hell.

Beautiful Boy is not a linear narrative, because stories of addiction rarely are: Nic accepts treatment, clocks up clean days, then relapses again and again, with the consequences becoming worse and worse. We see the father's evolution from quiet, brooding confusion and bewilderment, trying to figure out who his son is by leafing through the books in his room and looking at his posters of Metallica and Nirvana and Bowie, via anger and panic, to acceptance and grief. He has the roving eyes of a sentinel, always staring at his son anxiously, obsessively desperate to protect his beloved boy.

This dual perspective brings the characters to life with empathy to both sides. We see Nic's selfishness and the terror and destruction he puts his family through. But we also witness his pain and fundamental discomfort with being alive. It offers an astute portrait of the emotional and mental state of people who become addicts often start with: a feeling of unease, lack of comfort in one's own skin, self-loathing. "It takes the edge off things", as the young Nic tries to explain.

There are many truths in the film that differ from the way people sometimes think about addiction. For a start, addiction doesn't discriminate. "This is not us, this is not who we are," says David Sheff in the film, speaking to the idea that a middle class, professional family shouldn't produce a son who become addicted to drugs. But, it

doesn't work like that. Partly, there is a genetic basis and there are many potential risk factors: age of first use, untreated trauma, learning disabilities and psychological troubles, an overactive amygdala, family stress.

The film did an excellent job which has been seen very few times from the cinematic portrayal of drug addiction. Covering social as well as biological factors related to addiction did justice to this issue and the people affected by it psychologically.

2. House M.D. (2004):

The American TV series is based on Dr. Gregory House who is the head of Diagnostic Medicine Department at Princeton Plainsboro Teaching Hospital at New Jersey. In the second season of the series, it has been shown that Dr. House got a significant part of his leg amputated due to a serious injury. This left him in chronic and severe pain for the rest of his life. House is displayed as a miserable, irritating and rude person. At times, he has acted as a misogynist and sadist person too. All of these horrible qualities have been justified through his pain. House has to manage a lot of pain and therefore he pops pills of Vicodin several times a day. The management of pain through this amount of medicine has turned him into a Vicodin addict. Whether the prescriptions are legal or not, he just cares about fulfilling his desire of popping pills and being high every single second of the day.

Three character traits those are most influential to his personality:

- Addict
- Apathy
- Atheist

Dr. House has been portrayed as the best diagnostician in the country. He is famous for his brilliance in the field of medicine as well as the rudeness in his character. He does not care about hospital rules and regulations, norms and procedures of the system of the world. Dr James Wilson, an Oncologist and Dr Lisa Cuddy, the dean of medicine are the two good friends of House. These two keep on trying to get House out of trouble for his mischiefs with the patients, their families, law, officials at hospital and what not.

Dr House in a nutshell can be described as an insanely

genius, addict with intimate issues and a problem with God. He is a mix between Batman and the Joker with a medical licence.

- Likes to eat and watch television shows in the rooms of coma patients.
- Hides in the morgue to get some alone time.
- Makes sexually offensive comments but still gets away with it.
- Goes out of the way to treat his patients and ends up being in a number of lawsuits for his hospital.
- Has a reliable friend Wilson.

From episode one, you will realise that House has an addiction to Vicodin among other things. The great Dr House is so distraught by the irony involved with not being able to save his own leg that he drowns his sorrows in not only drugs, but also with his addiction to saving lives or on another level, trying his best to make sure that what happened to him won't happen to anyone of his patients.

When it comes to the drugs, House uses them to kill his pain, but it's not as simple as that. He has proven time and time again that he can deal with pain if he has to. He needs the pills to get the job done. He needs them to make it through the day.

Although, House does like to indulge in many things (alcohol, hookers, drugs), euphoria isn't the only reason he gets high on these pills. With Vicodin, he has figured out a way to drown out any emotional responses to the lies that people tell (everybody lies), in order to be able to make logical decisions without feelings.

3. Devdas (2002):

It is a landmark 20th century tragic romantic Indian novella by revolutionary Bengali novelist, realist fiction writer Saratchandra Chattopadhyay. In the nine decades, since its publication in 1917, the story has acquired a cult status in the Indian cinema and society through inspired film adaption on big screen. Sanjay Leela Bhansali's (2002) version sensitised generations of Indian viewers to 'Devdas' as a saga of unrequited love revolving around the doomed inter personal relationships between each of the three pivotal characters- Parvati, Devdas, and Chandramukhi- whose love for each other is never

mortally realised.

The movie, therefore, seems to revolve around the male lover, sympathising with the self-destruction of this protagonist and his immense immortal love for Paro; failing to recognize the sufferings of the female lovers and their bondage with the societal institutions.

The movie, to some extent, fails to do justice with the female lovers by leaving the audience sympathising with the male protagonist, failing to recognise the devotion of the female lovers. Further, it also tends to reflect the patriarchal structure of the society victimising both men and women, through its socially constructed meanings to different aspects of the society. Yet, in the end, "Devdas" tends to be a classic text projecting differently situated, socially attained gender stringent roles of individuals and the community, as well.

4. Arthur (1981):

Arthur is a British-American comedy film written and directed by Steve Gordon. It stars Dudley Moore as the eponymous Arthur Bach, the protagonist in the film.

Arthur Bach grew up in extreme luxury. Living in New York, Arthur leads a wealthy yet extremely lonely existence in the city that never sleeps. Under these circumstances, he has turned to alcohol to provide him with the needed excitement in his life. A classic sad clown, he's able to make light of any situation with a little bit of humour but deep down he's clearly depressed: "Everyone who drinks is not a poet, maybe some of us drink because we are not poets".

Arthur and his father do not get along very well as the latter is a workaholic and former an alcoholic. They don't exactly see eye to eye. Arthur is the kind of person to be chauffeured through Central Park by his biting witty and extremely loyal and honest, a father figure to him, Hobson.

The only thing that interests Arthur is drinking, drinking and drinking. To retain his family wealth, he is presented with a condition to marry Susan, the daughter of his millionaire father's business colleague. But, accidentally, Arthur falls for a shoplifter named Linda.

It's Hobson's death that provokes Arthur to part his ways with the luxurious life of being a Bach and starting working on his own.

"WHEN we first meet Arthur (Dudley Moore), we don't actually see him - we hear him. He's a manic, disembodied laugh that comes from the back seat of an elegant grey Rolls-Royce as it cruises in stately fashion around night-time Manhattan" says New York Times.

The film presents the first world experience of being a 'resourceful addict'. It manages to make people laugh and being remembered by a large fraternity of movie-lovers but fails to seriously emphasise the situation and problems of truly being labelled as a drunk/addict.

Conclusion:

One of the misconceptions about addiction is that it is a moral failing, or a choice, or a sign of weakness. Society thus sees it as a shameful thing, which cloaks it in stigma, to be swept under the carpet or treated with a stiff upper lip or by the criminal justice system, rather than being treated as the health matter and illness it truly is. The

image of addiction is starting to evolve - The New York Times apologised for demonising mothers during the 1990s crack epidemic - from the idea that addicts are bad, deficient, self-indulgent people who don't deserve resources or treatment towards a more sympathetic outlook but a lack of understanding remains.

Films like Beautiful Boy and science-based education and media can challenge these misconceptions. Simply put: some people can take drugs and drink without becoming addicts; others experience a phenomenon of craving which is akin to an allergic reaction. There is nothing moral about it.

Of course, addiction - and mental illness in general - can be frightening and confusing for people with little experience of it but the more we learn and talk about the nuances of it, the fact it is everywhere, often starts young, and most of us will know someone who suffers from it, the more chance we have of better prevention and treatment.



PORNOGRAPHY ADDICTION

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Internet's influence on our daily lives is immeasurable. It has provided uncountable things to human. But, it is not always the good things which get introduced. Everything has its good as well as bad impacts. Porn in today's date can be viewed anywhere. Internet have provided various kinds of types pornography such as interactive form of porn sites, web-cams, live broadcast, online chat rooms, private shows etc. Pornography is often described as hard to define, but easy to recognize. There are many definitions of pornography in literal meaning. Most common definition is 'describing or showing sexual acts in order to cause sexual excitement.'

What is pornography?

Pornography is the portrayal of sexual subject matter for the exclusive purpose of sexual arousal. Pornography in recent year has grown a lot and has always been controversial and always will be.

It has its history,

Pornography is quite literally centuries old, and it's had its place in many societies. The word pornography, derived from the Greek porni ("prostitute") and graphing ("to write"), was originally defined as any work of art or literature depicting the life of prostitutes. Because pornography is often culturally defined, compiling a history of porn is difficult. But it's safe to say that as long

as humans have been creating art, the body has been its muse. Since there have been rocks and tools, people have been making pornography. The earliest of cave drawings depicted naked imagery. The Venus of Willendorf, a rock carving showing a woman with exaggerated breasts found on the banks of the Danube River, dates back over 25,000 years. The ancient Greeks and Romans left a legacy of art and writing about heterosexual, homosexual, and group sex. The Moche of Peru depicted sexual acts on their pottery.

In the beginning of the 18th century European colonial aristocracy were scandalized by the hundreds of sexually explicit frescoes and sculptures found in the Mount Vesuvius ruins. Chandravarman began construction of the first of 85 temples at Khajuraho in Madhya Pradesh, India in 950. The temples are known for the extremely intricate and often sexually explicit sculptures that cover their outer walls. European travellers to India in the 19th century were appalled by what they considered pornographic representations of sexual contact and intercourse on Hindu temples such as those of Khajuraho. The sculptures later led Western scholars to the conclusion that Hinduism was a sexually uninhibited religion.

Fanny Hill (1748) is considered "the first original English prose pornography, and the first pornography to use the form of the novel. It is an erotic novel by John Cleland first published in England as *Memoirs of a Woman of Pleasure*. It is one of the most prosecuted and banned books in history. The authors were charged with "corrupting the King's subjects." Sexually explicit films opened producers and distributors to prosecution. Those that were made were produced illicitly by amateurs starting in the 1920s, primarily in France and the United States. The first country to decriminalize pornography-by removing censorship laws-was Denmark in 1969. The year also marked the beginning of the Golden Age of Pornography, when many erotic films received mainstream attention. However, it continued to be banned in other countries, and had to be smuggled in, where it was sold "under the counter" or (sometimes) shown in "members only" cinema clubs. The development of videocassettes in the 1980s and digital videodiscs (DVDs) in the 1990s enabled the wide distribution of pornographic films and further

encouraged their use because they could be viewed in private. Pornographic images and films became even more widely available with the emergence of the Internet in the 1990s. The pornographic industry became one of the most profitable on the Internet.

More often pornography meaning should be based on the aspect of what message porn material is giving and what influence it has on people who are viewing it. Pornography can be used for good purpose also in reference to protected sex practices, avoiding AIDS, STDs, at sperm donation centre etc.

How youngsters get introduced to pornography

Every person in some or the other way is inquisitive about sexuality and sexual intercourse. This happens due to the physical and hormonal changes the person is going through. Every adolescent wants to explore sexuality but as there is no proper guidance available in schools and in family they go to their peers who are also struggling with the same issues. Afterwards getting no answers they go to internet which probably has answer for every question you ask for. That's how they get introduced to pornography. Teenagers develop an attitude that pornography answers all their questions about sexuality which in turn provides wrong ideas and knowledge about sexuality. Porn magazines were famous source earlier but, lost its place after the introduction of internet pornography.

After getting introduced to porn a person might like it or not. Or feel offended or consider it as ethically wrong. Some people are very much interested in it and some are not at all. Enjoying it doesn't seem like a problem. Some encounter it occasionally and some watch it on regular basis. It's all about personal preference and choice. They start watching it more often. By then, it doesn't matter to them if it is causing a problem in their daily life. Even if they feel bad afterwards viewing it. Rather sleeping at night or doing the most important work they start spending more and more time on porn sites. It's that in that moment they are not able to control themselves and watch it. Porn addiction more often starts in the period of boredom, when feeling lonely or anxious. When the person is distressed even depress. But, having an uncontrollable compulsion to view porn can be as problematic as any other addiction. Since people avoid

talking about it and consider it as almost a taboo topic. It is difficult to know how many people enjoy porn on a regular basis. Or how many people are not able to control and watch it every day. Easy access of porn on internet makes it more difficult to avoid viewing it.

Research says that viewing pornography frequently shares basic symptoms with other addictions. Researches also have compared brains of people who compulsively view porn with people who are addicted to drugs and alcohol has produced mixed results. There is a debate going on that says pornography is a compulsion more than addiction. Compulsion is a repetitive behaviour with no motivation. On the other hand addiction is inability to stop the behaviour despite of knowing the negative consequences. It is important to know that 'porn addiction' isn't an official diagnosis recognized by the DSM V. But, compulsive viewing pornography is considered as a sub-group of sexual addiction.

Erotica and Porn

More often erotica and pornography considered as same. There is a difference between erotica and pornography. Erotica is an artistic work that deals with subject matter that is erotically stimulating or sexually arousing but is not pornographic. Erotic art may use any form to depict erotic content, including painting, sculpture, drama, film or music. Erotic literature and erotic photography have become genres in their own right. A key distinction is that pornography's objective is the graphic depiction of sexually explicit scenes, while on the other hand erotica 'seeks to tell a story that involves sexual themes' that include a more plausible depiction of human sexuality than in pornography.

Feminist writer Gloria Steinem distinguishes erotica from pornography, writing: 'Erotica is as different from pornography as love is from rape, as dignity is from humiliation, as partnership is from slavery, as pleasure is from pain'.

Feminist view on pornography

Feminist views on pornography range from condemnation of all of it as a form of violence against women, to an embracing of some forms as a medium of

feminist expression. Pornography has been one of the most divisive issues in feminism. Feminists are arguing that more often in pornography women are objectified. Feminist writer Gloria Steinem's argument hinges on the distinction between reciprocity versus domination, as she writes: 'Blatant or subtle, pornography involves no equal power or mutuality. In fact, much of the tension and drama comes from the clear idea that one person is dominating the other.'

Religious view on pornography

As we all are aware what religious view would be. According to religious view pornography is absolutely bad and even watching it is almost equal to crime.

Pornography laws around the globe

Egypt : In Egypt, it is illegal to distribute pornography. The possession and Africa import of pornography are offences. Unlike numerous African nations which have no laws against child pornography, Egypt blocks child pornography websites and dealing in child pornography carries a minimum sentence of five years and fines of US\$29,000. Egypt has the highest viewing figures for pornography in the Middle East according to a survey of access to Pornhub.

Ethiopia : All forms of pornography is illegal in Ethiopia, its production in the country is rare. The legal status of Internet pornography in Ethiopia is uncertain.

Morocco : In 2004, Morocco introduced severe punishment for promoting pornography. Producing pornography of any kind is illegal in Morocco. However, it does not apply much on Internet pornography; porn websites are widely accessible in Morocco.

Nigeria : Nigeria has no national laws prohibiting pornography, although the public display of graphic sexual material is illegal in Lagos. Internet pornography is widely viewed in Nigeria. In 2015 the monthly average for the number of searches for pornography was 135,000, and in December 2014 and 2015 the proportion of searches for pornography (relative to other searches) was higher in Nigeria than in the United States. In 2013 Nigeria ranked second globally for Internet searches for gay pornography.

Sudan : Pornography is prohibited in Sudan and the laws are strict. Pornographic websites are blocked by the government, pornography is largely inaccessible and porn possession, production, distribution and sale can lead to fines, prison or corporal punishment.

Bahamas : The Bahamian penal code prohibits the production and distribution of obscene publications. Many types of pornography are prohibited in the Bahamas; however, law enforcement is relaxed and does not usually enforce the prohibition. Pornography is available on Bahamian cable television.

Brazil : In Brazil, pornographic film actors must be 18 or older. Pornography which does not involve bestiality is legal when sold in public places. Depiction of sex with animals is legal. However, magazine and DVD covers that depict genitalia must not be visible from public view, and pornography can only be sold to people 18 or older.

Canada : The laws of Canada permit the sale of hardcore pornography to anyone over the age of eighteen. While persons below that age may have pornography in their possession, its sale to them is prohibited. Most hardcore pornography is sold in adult stores or on adult websites.

Cuba : Pornography was illegal in Cuba during Fidel Castro's leadership of the country, but the laws were relaxed in the 2010s. However, many pornographic websites are still blocked in Cuba.

Guyana : In Guyana, it is illegal to sell or possess pornography. Distribution, possession, sale, and importation of pornographic magazines, DVDs, books, photographs, etc. or simply browsing for pornographic websites on the Internet can lead to a variety of punishments ranging from community service, a fine of up to 45,000 Guyana dollars, up to 2 years in prison, or corporal punishment.

Jamaica : Pornography is legal in Jamaica for adults over 18. But age verifications for buying porn or any sex-related products are relatively lax. The Jamaican government is planning to block Internet child pornography.

United States : In the United States, pornography is not unlawful at the federal level, but is subject to the Miller test, which was developed in the 1973 case *Miller v. California*. The Miller test was an effort to differentiate between pornography and 'obscenity.' It has three parts:

Whether "the average person, applying contemporary community standards", would find that the work, taken as a whole, appeals to the prurient interest, Whether the work depicts or describes, in a patently offensive way, sexual conduct specifically defined by applicable state law, Whether the work, taken as a whole, lacks serious literary, artistic, political, or scientific value. The work is considered obscene only if all three conditions are satisfied. Local areas are permitted to develop their own laws on the issue, as long as they do not conflict with federal law. An estimated 211 new pornographic films are made every week in the United States.

Bangladesh : By passing "Pornography Control Act, 2012" Bangladesh government has prohibited carrying, exchanging, using, Asia selling, marketing, distributing, preserving, filming etc. of pornography (Sexually explicit materials, unless it has artistic and/or educational value). Penalties include a maximum of 10 years in prison and fines up to Tk.500, 000/ (USD 6,410).

China : It is illegal to sell or distribute pornography in China, but it is not illegal to own or to watch it. Google, Yahoo, YouTube and other websites do not allow users in China to perform searches related to sex. Pornographic material in China comes from Hong Kong, Macau, Taiwan, or Japan.

Japan : Pornography is legal in Japan; however, there are restrictions. Pubic hair and genitalia must be pixelated or censored and all participants must be 18 years of age or older.

Lebanon : Pornography in Lebanon is illegal and is subject to several legal provisions, but it's considered legal to access pornographic websites for personal use only.

Nepal : Nepali law identifies pornography as illegal. The sharing, distribution and broadcasting of pornographic content through any medium is prohibited. In 2010 it was reported that the Home Ministry had banned access to a list of websites including explicitly adult websites. In September 2018, concerns about violence against women led the Government of Nepal to announce its intention to ban online pornography. From 24 September, the Nepal Telecommunications Authority (NTA) began to put a block on all websites providing pornographic content on the orders of the Nepal Government Ministry of Communication and

Information Technology (MOCIT).

South Korea : Pornography is banned by the government in South Korea, with laws strictly enforced. The distribution, sale or display of obscene materials via the Internet can be punished with up to two years' imprisonment, although there is no penalty for watching or possessing Internet pornography. The exception is child pornography, the possession of which carries a maximum one-year prison sentence, and the maximum sentence for distributing, selling or displaying it for commercial purposes is ten years. The Korea Internet Safety Commission is responsible for instructing Internet service providers to block access to "pornography and nudity". Google Search in South Korea filters search results for around 700 terms considered by the government to be adult in nature unless the user demonstrates that they are aged over 19.

Pakistan : Pornography in Pakistan is illegal and is subject to several legal provisions. The Government has put a 100% ban on internet websites containing such material since November 2011. The list of banned pornographic websites is updated on an ongoing basis.

Philippines : The Philippine penal code prohibits the production and distribution of obscene publications. There is a ban on pornography, but the law enforcement is relaxed and doesn't enforce the prohibition. Pornographic movies are available on Philippine cable television. Since 2014 there was a little local production. Some ISPs in the Philippines have blocked access to pornographic websites since January 2017, due to the Republic Act 9775 or the Anti-Child Pornography Law.

Saudi Arabia : Accessing pornographic websites can lead to imprisonment, fine, deportation or any other severe punishment by the government.

Syria : Pornography in Syria is illegal and is subject to several legal provisions. The Syrian government began blocking pornography sites in late 2017.

Belarus : Production, dissemination and assembly of pornography is banned, with laws strictly enforced. Breaking the law is punishable with up to four years in prison.

France : In France, pornography is overall permitted, but with distinctions: Hard core pornography must not be sold to minors under the age of 18. Softcore porn is

allowed for people 16 and over. Extremely violent or graphic pornography is considered X-rated, and so may be shown only in specific theatres, and may not be displayed to minors.

Germany : The constitution and law are very strict about hardcore pornography, especially when compared to very liberal laws about softcore pornography, prostitution and sex shops. Supplying hardcore pornography to people who are less than 18 years old is an offence, and shops selling it must keep people under the age of 18 from entering their premises. If only a part of the shop is dedicated to pornography, it must be completely closed off from the rest of the premises. Alternatively, shops may choose not to display their goods or advertise that they sell them, in which case minors may be admitted. Websites hosting pornographic material within Germany must comply with very strict rules about verifying that viewers are over 18.

Soft porn is less restricted, and may even be broadcast on TV at night.

Hungary : In Hungary, pornography is unlawful if sold or shown to children under 18 years of age. Displaying the genitals openly, as on the cover of a magazine, is not prohibited.

Iceland : The production or sale of pornography is prohibited in Iceland.

Italy : In Italy, it is illegal to distribute pictorial or video pornography to persons under the age of 18. However, persons over 18 years of age are permitted to view pornographic material.

Russia : According to Russian law, consumption of pornography is allowed though the production of it is not. The illegal production, distribution, and "public demonstration" of pornography is punishable by a 2- to 6-year prison term. The law criminalizes only the 'illegal' production and selling of pornography (which implies that it sometimes can be legal), but two circumstances make enforcement of the law difficult: (1) the lack of a legal definition of pornography, and (2) no law defining when production or selling is permitted.

Ukraine : Pornographic production, distribution, broadcasting (both audio and video), transportation, import and advertisement is forbidden by law in Ukraine.

United Kingdom : In England and Wales, the main

legislation on pornographic materials is the Obscene Publications Act 1959, the Obscene Publications Act 1964, and the Indecent Displays (Control) Act 1981. R18-rated videos are only available in licensed sexshops, but hardcore pornographic magazines are available in shops selling newspapers and magazines. These laws are now contained in sections 63 to 68 of the Criminal Justice and Immigration Act 2008.

Australia : In Australia, it is not illegal to possess pornographic material, other than child pornographic material. However, it is illegal to sell, exhibit or rent X-rated pornographic material in all states (Victoria, South Australia, Western Australia, New South Wales, Tasmania, and Queensland) but it is legal to do so in the two territories (the Northern Territory and the Australian Capital Territory). As the Australian constitution prohibits states from regulating interstate commerce, it is permitted to purchase pornography in either territory and then bring it interstate. As a result, the majority of Australian mail order operations for adult material operate from the ACT. Despite the offenses under state laws, stores selling X-rated material are abundant in major cities, advertising openly, as these laws are rarely enforced. Ratings for the X18+ category were tightened in 2000 to ban material featuring some fetishes or which appeared to include minors. In 2007 the Northern Territory National Emergency Response introduced by the Howard Government made the possession of RC and X18+ pornography an offence in some Aboriginal communities.

New Zealand : In New Zealand, pornography is generally treated in a liberal manner and very little is banned by the Office of Film and Literature Classification. However, the most extreme forms of pornography (such as child pornography, rape, incest and bestiality) are classified as objectionable material by the OFLC, effectively banning them.

Legality of pornography in India

The watching or possessing pornographic material is illegal in India under section 292 the distribution, sale, or circulation of obscene materials and the selling of pornographic content to any person under age 20 years are illegal under section 293 and IT Act-67B. Child pornography is illegal and strictly prohibited across the

country under section 67B of the Information Technology Act, 2000. The manufacturing, publishing and distribution of pornography is illegal in India under section 292, 293. In July 2015 the Supreme Court of India refused to allow the blocking of pornographic websites and said that watching pornography indoors in the privacy of one's own home was not a crime. The court rejected an interim order blocking pornographic websites in the country. In August 2015 the Government of India issued an order to Indian ISPs to block at least 857 websites that it considered to be pornographic. In 2015 the Department of Telecommunications (DoT) had asked internet service providers to take down 857 websites in a bid to control cybercrime, but after receiving criticism from the authorities it partially rescinded the ban. The ban from the government came after a lawyer filed a petition in the Supreme Court arguing that online pornography encourages sex crimes and rapes. In February 2016 the Supreme Court asked the Indian Government to suggest ways of banning all forms of child pornography. In October 2018 the government directed Internet service providers to block 827 websites that host pornographic content following an order by the Uttarakhand High Court, according to official sources. Although the Uttarakhand High Court had asked for the blocking of 857 websites, the Ministry of Electronics and IT (Meaty) discovered that 30 of these had no pornographic content and removed them from the list. The court asked the Department of Telecommunications (DoT) to ban pornographic websites in India, citing an incident in Dehradun where a 10th standard girl was raped by four of her seniors. The accused later told police that they did so after watching pornographic content on the Internet. Following the order from the Uttarakhand High Court and the regulations of the DoT, Internet Service Providers in India such as Jio, Airtel and Vodafone have banned pornographic websites across the country. Also, the ban applies to even those websites that don't seemingly have child pornographic content on their platform. But, while these companies have implemented the ban, Indian users are increasingly resorting to VPNs, DNS server change, proxies and other tricks to access the blocked website. So, basically there are ways to access these banned websites in India. Now the question comes will a person be penalized for accessing these banned websites? The answer is yes and

no. As far as these websites are concerned, there is no particular law in India that prohibits a person from accessing porn websites at home. The onus of implementing the block order successfully is on the service provider and not on users. So users can if they can access legal porn site in India even if it is blocked. But if DoT finds that despite its orders, a website remains available on a network, the service provider may lose its license as per Section 25 of the Information Technology Act 2000.

World Survey on Pornography viewing

A new survey is revealing startling numbers regarding pornography use among both men and women worldwide. A nationwide study conducted by proven men ministries, a non-profit Christian organization aimed at helping men with an addiction to pornography. Pornography is a multi-billion dollar industry. Globally counted, the pornography industry make more money than all professional sports combined together.

98% of men and 73% of women have reported of having watched porn in the last few months. Surprisingly, 8 out of 10 men watch porn at least once a week, whereas 3 out of 10 of the same age group responded of being daily viewers of pornography, whereas the number and frequency of female viewers is comparatively less. 1 out of three women watch porn atleast once a week whereas 40% women watch occasionally.

USA ranks first in the global traffic of porn which includes 40 million viewers who visit porn site regularly, whereas about 200000 Americans have confessed of themselves being porn addicts. UK ranks second in the global traffic of porn viewers. 56% of the UK's population watch online pornography at least occasionally and 15% admitted of doing so on a regular basis. However, there is disparity between the sexes with 76% men watching online pornography, compared with just 36% of women. 53% of women read erotica occasionally while only 32% men can say the same. India ranks third in the global pornography traffic while Canada ranks fourth and Germany fifth. 20% men admitted of accessing pornography websites at work. While 13% women also admitted of watching porn at work. 10% of adults admitted of being porn addicts for a long time. 70% women admitted keeping their cyber activities secret.

1. Percentage of men viewing pornography atleast once a month.

- 18 to 30 years - 79%
- 31 to 49 years - 67%
- 50 to 68 years - 49%

2. Percentage of men viewing pornography several times a week.

- 18 to 30 years - 63%
- 31 to 49 years - 38%
- 50 to 68 years - 25%

3. Percentage of women viewing pornography once a month

- 18 to 30 years - 76%
- 31 to 49 years - 16%
- 50 to 68 years - 4%

4. Percentage of women viewing pornography several times a week

- 18 to 30 years - 21%
- 31 to 49 years - 5%
- 50 to 68 years - 0%

5. 55% of married men admitted watching porn atleast once a month, compared to the 70% not married men.

6. 25% of married women admitted of watching porn atleast once a month, compared to 60% unmarried women.

India's Survey on Pornography viewing

In India watching or possessing pornographic material is illegal still India ranks third on the global trafficking of pornographic websites with an average 9 minutes and 30 seconds time spent by each viewer. Pornography is available in print magazines but is mainly consumed through the internet. In India 44% viewers are of the age group 18 to 24, whereas the age group of 25 to 34 years score just a little less than the previous number that is 41%, the age group of 35 to 44 years have 6% viewers, while viewers in the age group of 45 to 54 years account 4% of the total web trafficking in India, 3% viewers belong to the age group of 55 to 64 years and viewers above 65 years are 2%. Delhi and Chennai rank highest in

the traffic of porn websites in India. 30% of women watch porn on a regular basis whereas 49% men watch it several times a day.

Now, will see what are the causes and effects of pornography addiction-

Causes of pornography addiction

It's hard to say why viewing porn can sometimes escalate into an out-of-control behaviour. The things that play a big part in pornography addiction are the shame. Feeling shame over behaviour may make it harder to stop. Such behaviours are painful to acknowledge, and thus evade the kind of sustained attention and commitment required for change. People who struggle with porn have often experienced some kind of early relational trauma: sexual abuse, neglect, physical, verbal or emotional abuse; or some unfortunate combination therein. The essence of this type of trauma is that the abuse is minimized, ignored, and not acknowledged; thus, some essential part of the child's experience is denied and refused articulation, preserving severe pain in amber and tucking it out of sight-much like hidden motives for the addiction itself later on.

The porn addict doesn't look at pornography primarily for sexual enjoyment. Instead, his/her addiction is a way to escape from stress and other forms of emotional discomfort, including the pain of psychological issues like depression, anxiety, low self-esteem and unresolved trauma such as abuse or neglect. Alcoholic drinks and drug addicts' use for exactly the same reasons. So, as with other addictions, porn addicts are not looking to feel good, they want to feel less, or at least to control what they're feeling.

As with drugs of abuse, pornography triggers a chemical response in the brain that feels pleasurable. This is fuel mostly by the release of the neurotransmitter dopamine, but also by other biochemical, such as oxytocin, adrenaline, serotonin and endorphins. Over time, porn addicts learn to abuse this naturally occurring reaction in the same way that alcoholics and drug addicts learn to abuse alcohol and drugs, intentionally triggering the pleasure response with pornography and sexual fantasy. In this way, the addict creates and uses that high as a way to avoid experiencing depression, anxiety and other

stressors.

Like other addicts, porn addicts like to stay high for prolonged periods. For that reason, they're typically much more interested in using porn to sustain their intense sexual fantasies than in reaching orgasm. In fact, for porn addicts an orgasm ends the high and catapults them back to real life, which is what they're trying to avoid. As such, porn addicts often spends hours, sometimes even entire days, in a trance like, zoned-out neurochemical bubble, looking at and fantasizing about porn and sexual activity without actually masturbating or having sex. But in some cases when the person gets bored they try to entertain themselves by watching pornography and end up masturbating for pleasure. When this becomes a habit it turns into addiction and because of the guilt and shame they don't approach for help.

Effects of Pornography addiction

Pornography changes the habits of the mind, the inner private self. Its use can easily become habitual, which in turn leads to desensitization, boredom distorted view of reality, and an objectification of human body and mostly women's body. There are only numerous clinical consequences to pornography use, including increased risk for significant physical and mental health problems and a greater likelihood of committing a sex based crime.

Excess viewing of pornography has been said to be associated with psychiatric co morbidities such as anxiety and depression, and even sexual dysfunction. Individual with pornography addiction have lower degree of social integration, increase in conduct problems higher level of delinquent behaviour, higher incident of depression symptoms and decreased emotional bonding with caregivers. Pornography is an expression of fantasies and is said to have the potential to rewire pleasure centres of the brain and alter structures and function,

Social and behavioural scientists express serious concerns about the impact of watching sexually aggressive pornography. Bausserman in 1996 reviewed the research exploring the relationship between hardcore pornography and sexual offences. The reaction of the recipients of aggressive sex is also of concern as it

leads the viewers to think violence and assault is justifiable.

The relationship between adolescents' exposure to sexually explicit material and sexual preoccupation is defined as strong cognitive engagements in sexual issues, sometimes at the exclusion of other thoughts. The problem with grand, sweeping statements about pornography's effect on its consumers, though, is that one form of pornography is not the same as another. Reading Playboy daily is not the same as watching Pornhub, for instance, just as watching Pornhub every once in a while is not the same as logging onto an illegal torture site in your work toilet. While many would argue the strength of porn doesn't matter, as long as it is purely fantasy and consensual, it's likely even a mild consumption fundamentally alters the way a person view sex. Studies have confirmed that the dopamine increase resulting from porn potentially means users require a greater and greater sensation from real sex in order to match what they can so easily access. An entire generation is growing up that believes that what you see in hardcore pornography is the way that you have sex.

Pornography significantly distorts attitudes and perceptions about the nature of sexual intercourse. Men who habitually look at pornography have higher tolerance for abnormal sexual behaviours, sexual aggression, promiscuity and even rape. In addition, men begin to view women and even children as 'sex objects', commodities or instruments of their pleasure, not as person with their own inherent dignity. Pornography is very addictive. The addictive aspect of pornography has a biological substrate, with dopamine hormone release acting as one of the mechanisms for forming the transmission pathway to pleasure centres of the brain also the increases sexual permissiveness engendered by pornography increases the risk of contracting a sexually transmitted disease or of being an unwitting parent in an out-of-wedlock pregnancy. Studies are generally in agreement that pornography influences real-life practice, to worrying degrees. A report in 2014 found a link between watching unprotected sex occur on screen and going on to have unprotected sex in real life, for instance, while the number of women who underwent a 'Labiaplasty' - a surgical procedure to reduce the size of the vaginal opening - rose by almost 40% last year in US,

and is believed to be elected by women wishing to look more like the often cosmetically-enhanced performers. Last year NHS experts noted an increase in erectile dysfunction in otherwise healthy young men, and thought excessive porn use was the most likely factor at play. Married men who are involved in pornography feel less satisfied with their marital sexual relations and less emotionally attached to their wives. Women married to men with a porn addiction report feelings of betrayal, mistrust and anger. Pornography use may lead infidelity and even divorce. Adolescents who view pornography feel shame, diminished self-confidence and sexual uncertainty.

How to avoid getting addicted to pornography

Complete cure from pornography compulsion or addiction is difficult to say as it depends on person to person what he/she does in their private time. But, we can be able to gain control over compulsive viewing pornography.

- Deleting porn videos that you have saved for offline.
- Try to avoid using much of internet more than work related.
- Try to engage yourself in other work. Stay busy. Some activities that are physically exhausting like any kind of outdoor sports.
- Try to avoid staying alone at home.
- Be with a person which unknowingly will be helpful for you to not get time or forget or avoid viewing pornography.
- When you feel like watching pornography try to remember what effects will it have on your life?
- Self-help approaches, motivational techniques, and a psychological treatment known as cognitive behavioural therapy (CBT) can treat behaviour that results from watching too much pornography.

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ADDICTION TO SEX

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A condition in which the individual cannot manage their sexual behavior. Constant sexual thoughts affect one's ability to work, maintaining daily work & relationships and daily needs. Other terms for sexual behavior are sexual dependency, intimate sexual behavior which affects negatively on the health, job, relationship, or other parts of life known as nymphomania in females & satyriasis in men.

It prevents people from managing their sexual behavior. it can have a severe impact on a person's body but key

bodies such American Psychological Institutions (APA) have not established it as a diagnosable condition. Behaviors include masturbation, constant use of pornography, exhibitionism (exposing the genitals) voyeurism (enjoyment from seeing the pain or distress of others)

The American institution of medicine describes addiction as a primary chronic disease of brain reward, motivation, memory.

A person with sexual addiction is obsessed with sex or

has abnormally intense sex drive. Their thoughts are dominated by sexual activity which affects their other activities too. If this is out of control the person can have difficulty functioning in social situations. In some cases people who have healthy & enjoyable sex may develop obsession & fantasies.

In some cases the person may have Paraphilic disorder such as pedophilia (sexual feelings directed towards adults / children). Sex addiction (the compulsive sexual behavior describes here) should not be confused with pedophilia or bestiality (sexuality relation between person and animal).sexual addiction has not been established as a medical condition but can affect families, relationships & lives .there's one difficulty in identifying sexual addiction & it is that people have different levels of sex drives/ libido (sexual passion).one person may consider their partner as sex addict only because they have higher sex drive.

More research is needed to determine whether sexual addiction exists as a disorder or not. There are some attempts which define the characteristics of sexual behavior based on literature about chemical dependency. People with sexual addiction may be addicted to different types of sexual behavior which makes it hard to define. Such disorders stems not from the individual act but rather than obsession with carrying them out.

Sexual addiction involves making rules to feel in control of the condition & then breaking them to make new rules.

Activities associated with sexual addiction may include:

- Compulsive masturbation
- Multiple affairs, sexual partners & one night stand
- Constant use of pornography
- Practicing unsafe sex
- Cybersex
- visiting prostitutes or practicing prostitutes
- exhibitionism
- voyeurism

Behaviors and attitudes may include.

- An inability to contain sexual urges and respect the boundaries of others involved in the sexual act
- Detachment where the sexual activity does not satisfy the individual

- Obsession with attracting others, being in love and starting new romances often leads to the strings of relationship
- Feeling of guilt and shame
- An awareness that the passion is uncontrollable, in spite of medical, financial or social consequences
- A pattern of failure to resist impulses to engage in extreme acts of crude sex
- Involvement in sexual behavior for longer than intended & to a greater extent.
- Excessive time and energy spent obtaining sex, being sexual or recovering from a sexual behavior
- Giving up social, work related, or recreational activities because of sexual addiction.
- Sexual disorders where the individual becomes anxious, restless & violent if unable to engage in the addiction.
- Studies have demonstrated a strong link between alleged sexual addiction and risk taking .sexual addiction may cause a person
- Even if there may be health consequences, like sexually transmitted infection (STI).physical injury or emotional consequences.

COMPLICATIONS

- Untreated sexual behavior can leave the individual with intense feeling of guilt and low self esteem. Some patients may develop severe anxiety and depression.
- Other complications may include
 - Financial relationships problems and breakups
 - Financial problems
 - Legal consequences, if the sexual act is illegal or publically disruptive such as exhibitionism.

CAUSES

Addiction takes root in the reward centre of the brain. It may occur when certain parts of the brain mistakes pleasure responses for survival mechanisms.

The midbrain is the section of the brain that handles the body's reward system and survival mechanism. As sexual activities create the rush of "dopamine" the feel

good chemical in the brain triggers the feeling of pleasure as being central to survival. One possibility is that in people with sexual addiction the frontal cortex Or the brains center of logic & morality is impaired by the midbrain.

DIAGNOSIS

Symptoms of sexual addiction may resemble to those of other addiction, but the diagnostic criteria for sexual addiction remains in dispute. For this reason there are different sets of criteria for diagnosing the condition. Hyper sexuality is not a formal diagnosis, according to the American Psychiatric Association's (APA's) diagnostic and statistic manual of Mental disorders, 5th edition (DSM-V), due to lack evidence supporting its existence as a condition.

The international Classification of Diseases, Tenth Edition (ICD-10) provides a category into which the hypersexuality can fit: Excessive sexual drive, nymphomania, and satyriasis are all included in this category.

The Semel institute for neuroscience and human behavior, UCLA, Suggested in a 2012 study that to in order for a sexual addiction to qualify as a mental health disorder, an individual must:

Experience repeated sexual fantasies behavior, and urges that last upwards 6 months, and are not due to the factors, such as medication, substance abuse, or manic episodes like bipolar episodes (brains disorder that causes unusual shifts in mood). The disorder has been accepted as a mental condition.

The two factors that can help health professionals to distinguish between sexual addiction and sex drive -

- consistent failure to control the behavior
- continuation of the behavior despite the harm cause

Dr. Avial Goodman, Director of Minnesota institute of psychiatry has proposed criteria similar to those used in substance addition .To receive a diagnosis a person should show at least three of the following traits during a 12 month period. The behaviors relate to tolerance and withdrawal issues. They would not adjust to the changing personal circumstances caused by sexual addiction.

- The behavior needs to increase in frequency and

intensity to achieve the desired effect.

- Continuing at the same level or intensity fails to produce the desired effect
- Discontinuing the behavior leads to withdrawal syndrome including psychological and physiological changes
- Similar behavior is engaged in to relieve or avoid withdrawal symptoms.

ADDICTION

Sexual addiction is same as to that of substance addiction. Current treatment options aim to reduce any excessive urges to engage in sexual relations and to encourage the nurturing of healthy relationships.

Following treatment options are available:

Self-help Organisation

Such as Sex Addicts Anonymous, Sexaholics Anonymous , sexual compulsives Anonymous and sex and love addicts Anonymous, offer 12 step programs to help the individual in self managing the condition.

RESIDENSTIAL TREATMENT PROGRAMMES

Are available for individual with various addictive disorders. These are in-patient programs, during which the individual on-site at the facility. And receives care from specialized therapists.

COGNITIVE BEHAVIORAL THERAPY

Provides a variety of techniques that helps the individual change the behavior.it can equip the person to avoid relapses and reprogram harmful sexual behaviors.

PRESCRIPTIONS MEDICATIONS

Such as Prozac may be prescribed to reduce sexual urges but the drug has not been approved by the US food and drug administration FDA to treat this condition

The support of friends and family is crucial for a person recovering from an addiction. Sexual addiction due to this behavioral nature can be difficult for others to understand and tolerate especially if has already let to damage in relationship.

MEDICINAL MARIJUANA FACTS, USE, AND ABUSE

Suveni Kaul

Over the years, there have been few topics that can stir up stronger emotions among scientists, researchers, clinicians, policy makers, and of course, the public than drugs and in particular, medical marijuana. Questions regarding its safety, effectiveness, regularization and decriminalisation have been doing rounds, as people speculate about whether it really is the "wonder drug" that some claim it to be, whereas a chunk of the population questions whether medical marijuana is just a ploy to legalize marijuana in general. There have been several controversies surrounding legal, ethical, and societal implications associated with its use and safe administration.

This article aims at looking at how cannabinoids came around to be used as medicinal drugs, summarizes the current evidence on both, its therapeutic and harmful effects, and when its use can take the form of addiction and dependency.

MEDICINAL CANNABIS - A BRIEF HISTORY

Medical marijuana is the medical use of the Cannabis sativa or Cannabis indica plant to relieve symptoms of, or treat diseases and conditions.

Cannabis has had a long history of human use. Most ancient cultures didn't grow the plant for recreational purposes, but as herbal medicine, likely starting in Asia around 500 BC. The history of cannabis cultivation in America dates back to the early colonists, who grew hemp for textiles and as material for making ropes.

The marijuana plant contains more than 100 different chemicals called cannabinoids. Each one has a different effect on the body. Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the main chemicals used in medicine. THC, the psychoactive compound in marijuana, is known to produce the "high" people feel



In the 1830s, Sir William Brooke O'Shaughnessy, an Irish doctor studying in India, found that cannabis extracts could help lessen stomach pain and vomiting in people suffering from cholera. By the late 1800s,

cannabis extracts were sold in pharmacies and doctors' offices throughout Europe and the United States to treat stomach problems and other ailments.

when they smoke marijuana or eat foods containing it. CBD is another compound in marijuana which is not psychoactive, and is thought to be responsible for the majority of the medical benefits.

There are two man-made drugs called dronabinol (Marinol) and nabilone (Cesamet) that are synthetic forms of THC. They are FDA (Food and Drug Administration) -approved to prevent nausea and vomiting in people receiving chemotherapy.

ROUTES OF ADMINISTRATION

Smoking and vapourizing are two of the most commonly recognized routes of cannabis administration—medicinal or otherwise. Inhalation effects are seen within minutes of administration, and peak concentrations are high. Vapourization offers a similar route of administration as smoking, although it heats the cannabis to temperatures just below combustion and produces fewer emissions.

Orally ingesting cannabis through edible products is often considered to offer only 30% of the efficacy of smoking because of gastric degradation. Ultimately, peak concentrations are low and reached within one to three hours after consumption. Research pertaining to the oral

ingestion of cannabis is lacking, and thus there is a lot of uncertainty regarding its absorption rates and effects on the individual. Other, less common routes of administering cannabis are by applying it to your skin in the form of a lotion, spray, oil, or cream, or by placing a few drops of its liquid form under your tongue (sublingual tinctures).

THE EFFECTS OF MARIJUANA

Many researchers, including those funded by the National Institutes of Health (NIH), are continuing to explore the possible uses of THC, CBD, and other cannabinoids for medical treatment. Scientists are also conducting pre-clinical and clinical trials with marijuana and its extracts to treat symptoms of illness and other conditions, such as:

- Alzheimer's disease
- Appetite loss
- Cancer
- Crohn's disease
- Eating disorders such as anorexia
- Epilepsy
- Glaucoma
- Mental health conditions like schizophrenia and posttraumatic stress disorder (PTSD)
- Multiple sclerosis
- Muscle spasms
- Nausea
- Pain

The health benefits of medical marijuana include relief from pain and muscle spasm, nausea associated with chemotherapy, and anorexia.

"Benefits are seen in immune function, neuroplasticity, emotional and mood regulation, vascular health and digestive function. Research is limited but studies of the endo-cannabinoid system suggest benefits may include and benefit in a number of mood and anxiety disorders." Medical marijuana's side effects are minimal when used at low doses, and these include:

- dry mouth
- fatigue

However, at higher doses, side effects may include:

- dizziness
- paranoia
- psycho-active effects including mood changes and hallucinations.

THE MARIJUANA DEBATE: MEDICINAL OR ILLICIT

"As a Schedule I controlled substance with no accepted medicinal use, high abuse potential, concerns for dependence, and lack of accepted safety for use under medical supervision-along with a national stigma surrounding the potential harms and implication of cannabis use as a gateway drug to other substances-transitioning from a vilified substance to one with therapeutic merits has been controversial."

Marijuana's effects-both mental and physical-are partly responsible for its legal status.

Although the marijuana has been legalized or decriminalized in some parts of the world, it is still predominantly illegal, and some research suggests that criminalizing it was indeed, the right decision.

Although there haven't been any broad studies in this area, it is known that marijuana can affect judgment and coordination, which could lead to accidents and injuries. When used during the teenage years when the brain is still developing, marijuana might affect IQ and mental functioning.

Because marijuana contains some of the same chemicals found in tobacco, there have been concerns that smoking it could harm the lungs. The effects of inhaled marijuana on lung health aren't clear, but there's some evidence it might increase the risk for bronchitis and other lung problems.

However, there still exists a conflict in the opinion about cannabis because different studies have given rise to extremely varied results.

The drug's pain-relieving properties make it a potential replacement for pain medication. In 2014, states that had legalized medical marijuana reported a 25 percent drop in deaths resulting from an overdose of pain medication.

FROM USE TO ABUSE

Marijuana use can lead to the development of marijuana use disorder, which takes the form of addiction in severe cases. Recent data suggest that 30 percent of those who use marijuana may have some degree of marijuana use disorder. People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.

Dependence on marijuana happens when users build up a tolerance for the substance and need more and more of it to experience the same effect. Over time, users may graduate from smoking marijuana to using it in high-dosage edible forms, and it has been observed that people with marijuana use disorders, especially adolescents, often also suffer from other psychiatric disorders (co-morbidity). They may also use or be addicted to other substances, such as cocaine or alcohol.

The National Institute on Drug Abuse says marijuana can be addictive and is considered a "gateway drug" to using other drugs. The higher the level of THC and the more often you use, the more likely you are to become dependent. This results in difficulty stopping even if you need to stop, and cravings during periods when you're not using the drug.

It has long been acknowledged that cannabis is a mood-altering substance with some potential for risk, including the risk of dependence. But lack of concrete research in this area forces us to have conflicted and inconsistent opinions, most of which could be misconceptions, and are hardly ever hard-core facts.

CONCLUSION: CHANGING TIMES, CHANGING ARGUMENTS

One of the questions that is often raised is that while innumerable articles are being published and debates being held, why isn't more research being done in this area? One of the many reasons is that marijuana is considered to be a Schedule I drug, the same as heroin, LSD, and ecstasy, and likely to be abused and mostly lacking in medicinal value. Because of this, researchers need a special license just to study it. The Drug Enforcement Administration (DEA) of the United States of America considered reclassifying marijuana as a Schedule II drug like Ritalin or oxycodone, but decided to

keep it as a Schedule I drug, and have announced that this classification will not be changing anytime soon.

Thus, though there are numerous studies underway on medical marijuana, research is challenged by limited access given this classification. When some parts of the world legalized and decriminalised marijuana, this change meant more than just giving consumers access to cannabis. It allows scientists, in states where cannabis is legal, to conduct important and badly needed research on its medical benefits.

There are plenty of small studies that show cannabis helping people suffering from epilepsy and post-traumatic stress disorder, but the need of the hour is broad based, long-term and deeply researched studies, because even clinicians and doctors have to be able to advise patients on the safe and effective use of cannabis, before things go awry.

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KEEP OF THE GRASS?

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Yash wakes up at 5am every day, his work begins at 8am and he has enough time to take a bath, have breakfast and smoke his first joint before the day begins. When he comes back home, he crushes his newly scored weed, sorts it and rolls himself a "beauty". When Yash was in college he would smoke all day every day, but work started and life became more demanding and his 2 joints a day keep him going. When he wins "best employee of the month" he thanks his dealer; life is always better with weed he says.

Saakshi first started smoking pot when she was in 10th grade. Her neighbour who was older introduced her to it and she always turned to weed when she faced problems at home. Over the years her dependence became worse, by the time she was in 12th grade, she spent the entire day under the influence of cannabis. Eventually, she dropped out of school and out of contact with everyone who knew her.

Is the internet flooded with articles on cannabis? Yes. Is it really necessary to be writing another one? Probably not. Will this article tell you something different from the other 1000 available? Maybe.

When I first sat to write about this topic it seemed interesting for a college magazine in India to allow their student to discuss such taboo issues, but as I started thinking about it I realized that no one our age needs a Marijuana 101. From memes, to Instagram snap shots we are exposed to the culture of marijuana every single day, and there's nothing definitive online that our stoner bench mate can't tell us.

Marijuana myth busting would be an interesting topic of conversation, but do we have enough scientific data to bust anything? Just a bunch of dialectic first hand experiences and click baits.

When I had turned 19, one cool afternoon my friend took a joint out of his pocket and lit it casually. I went on one of

my rants about how he was destroying his life. He laughed, took in a deep puff and said "everyone knows Marijuana is not really addictive, plus you haven't smoked through high school so the chances are even less."

For a 19 year old who couldn't differentiate between Marijuana, Heroin and Cocaine it's needless to say I was the lame kid through high school. But now that creature who doesn't know what marijuana is and what the debates are surrounding it, is almost extinct. In the past few years the buzz around this mystical plant has grown. The west and its wealthy capitalists have honed in on the opportunity to make green bucks and we are still stuck deciding whether this is what our country should be focusing on.

"If you use a substance to cope with a problem, or require it to enjoy everyday life then you are addicted to it and I don't care what the studies say." I responded to my friend while he was on his third drag.

There are 2 kinds of addiction: Biological and Psychological. While Marijuana has not yet been found to have a basis of biological addiction, the addiction to the substance otherwise is real. I pull out an article from the New Yorker to my friend, who isn't really listening to me anymore, the author Neal Pollack goes on to describe his crazy antics in marijuana driven frenzy and warn those against addiction. My friend puts out his half smoked joint, looks at me and says "He's one of the 9% who was probably the sort of guy who could get hooked to eating chalk, and would have pulled his pants down in front of a crowd whether he was high or sober. It's not the weed, it's the person, some people use it as a crutch to deal with problems and that's when it becomes a negative spiral but that could happen with anything. Stress eating could turn into a disorder due to overindulgence and people become alcoholics, but not everyone who drinks alcohol

is devdas are they?"

He made a valid point but now it was a competition, I wanted him to quit and he wanted me to try it out; we pulled out a journal study on Marijuana Dependence and it's treatment "Some 9 percent of those who try marijuana develop dependence compared to, for example, 15 percent of people who try cocaine and 24 percent of those who try heroin. However, because so many people use marijuana, cannabis dependence is twice as prevalent as dependence on any other illicit psychoactive substance."

"Why do you need Marijuana to enjoy the experiences of life? In a sense are you not fooling yourself?" I asked my friend, afraid he was a part of the 9% figure.

"You are just altering reality a little bit, I think we are only programmed to see one version of reality and marijuana helps to shake that up a bit. It's just this stigma that we have that mind altering substances make people crazy, they just offer a different experience of life."

"Marijuana alters your mood; the THC and CBD act on your short term memory, your serotonin and dopamine levels and generally makes you less mindful of what's happening in the moment. It's not baseless that it's illegal."

"Because the police make money off it being illegal." He countered with misplaced confidence.

I rolled my eyes.

"It is true. California was the first state to start the war on drugs but today even they have legalized it. 11 states and Washington DC have legalized recreational marijuana and 33 states have legalized medical marijuana. Apart from the US, Canada has also made recreational use of marijuana legal. The world is rapidly recognizing that marijuana is an industry that must be tapped into. If India legalized marijuana then New Delhi alone would make up to Rs725 crore a year in taxes and Mumbai would make Rs641 crore, if it was the same price as a cigarette. Tobacco and Alcohol have killed more people and risk more lives than weed, it's also factually known that although marijuana overdose can have detrimental effects, it is not possible to die of weed alone."

"I wish you were so passionate about studies" I replied, "You'd top the university."

"But it's not just about the revenue;" I continued to argue, "the social climate in our country is very different from

that in the West-

"Let me stop you there. New Delhi is the 3rd largest consumer of Marijuana in the world. You think illegality stops people from using the substance?"

"Well it definitely makes it harder for people to procure the drug in the first place and that way it curbs the amount of drug one can abuse."

My friend laughs, his joint is over and he's hungry, as we are walking to the nearest pizza spot so he can enjoy his "munchies" he says, "Do you know what our weed is laced with? It's always spiked; we don't even know what we are actually smoking."

"Then why do you still smoke it." I sighed. I was getting tired of the conversation but I wasn't about to let him have the last word.

"That's like saying food has preservatives so let's stop eating instead of making sure that companies and the government do a better job of making sure we get good quality products. I don't get this mentality of banning instead of taking the right precautions; it's a way to just skip doing real work. If marijuana was legalized there would be regulations on its use, there would be better quality products to ensure better safety and most of all there would be more research so we could find out what the drug actually does and how it works."

I was quiet. "If you look up the statistics online then you'll find that in the US there hasn't been an increase in the number of addicts since the legalisation and there aren't significantly higher number of addicts in the states where it is legalized as compared to the states where it isn't," he continued.

"The country is over populated; you can't ape a western model and expect it to work here. Peddling of marijuana on the streets won't stop and the ways in which companies can circumvent the laws if they aren't framed properly can lead to more substance abuse and none of the things you mentioned would actually be a priority. Your idea of what happens if marijuana is legalized is one that comes from high income countries that do not face any of the problems that we do. There a lot of other aspects that we have to look into in our country."

"I guess you are right in that sense but like, I still think there has to be another solution. We can't act like something is not happening just because it's illegal when

in reality is different and it needs to be readdressed."

I agreed with him on this, "However total legality does not seem like a solution for these times, we don't want to create a purgatory in the midst of all other crises on the hypothesis that it has worked in the western world. Yes we do need research and yes we do need to readdress the situation with the statistics in mind but there have to be other ways in which that can be done."

He snorted, "Do you have any ideas Einstein?" he asked mockingly.

Currently, there are no solutions to this debate. Marijuana

is rising in popularity and it's hardly possible that the leaf won't show up more often in the coming years. From songs and movies to the "cool" slang that goes with it, weed is becoming a staple conversation among teenagers and sadly a staple diet for some. Some say the legalisation may serve as disincentive, a New Yorker article was titled "Canada has made marijuana boring" but apart from the witty captions, the well-meaning advice from our elders and the small nudges from our enabling friends, it's time we stop and think about the reality of the drug that's becoming so common and about the realities of the people who have been altered by it.

HIERARCHY OF NEEDS AND SUBSTANCE ABUSE

How Does Substance Abuse Addiction Affect Each Level of Maslow's Hierarchy of Needs?

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What is Maslow's Hierarchy of needs? Maslow's Hierarchy is a theory of the needs that make up an individual's life. Maslow Hierarchy is illustrated as a pyramid and on each level of the hierarchy are our needs-physiological, security, social, self-esteem, and self-actualization needs.



1. Biological and physiological needs - air, food, drink, shelter, warmth, sex, sleep, etc.

Physiological needs are the most basic and this includes things like food, air, and sleep. Until these physiological needs are met the individual will be

focused on just staying alive.

2. Safety needs - protection from elements, security, order, law, stability, etc.

Security needs refer to those things that keep the individual safe from harm. This can include things like membership of a community where there is protection given by belonging to this group.

3. Love and belongingness needs - friendship, intimacy, trust, and acceptance, receiving and giving affection and love. Affiliating, being part of a group (family, friends, work).

Humans are referred to as social animals and this means that they have social needs. Once the individual has taken care of their physiological and security needs their next concern will be companionship, love, and affection.

4. Esteem needs - which Maslow classified into two categories: (i) esteem for oneself (dignity, achievement, mastery, and independence) and (ii) the desire for reputation or respect from others (e.g., status, prestige).

Next up on the hierarchy of needs is esteem. The individual needs to feel valued not only by other people but also by themselves (self-esteem).

5. Cognitive needs - knowledge and understanding, curiosity, exploration, need for meaning and predictability.
6. Aesthetic needs - appreciation and search for beauty, balance, form, etc.
7. Self-actualization needs - realizing personal potential, self-fulfilment, seeking personal growth and peak experiences.

At the top of the pyramid is self-actualization. This refers to the ability of people to live up to their potential - they will not be able to do this until the lower needs are satisfied.

8. Transcendence needs - A person is motivated by values which transcend beyond the personal self (e.g., mystical experiences and certain experiences with nature, aesthetic experiences, sexual experiences, service to others, the pursuit of science, religious faith, etc.).

The question is, "What does this have to do with addiction?" Well unfortunately, if you happen to find yourself in active addiction to drugs or alcohol, your hierarchy has most likely been capsized. During an active addiction, drugs and alcohol take over your basic needs as a human, even survival needs.

When drugs and alcohol come first, the rest of your needs can begin to feel unimportant, and you can find yourself neglecting your basic needs for food, shelter and relationships. For example, some will allow themselves to be homeless to ensure they can continue using drugs or alcohol. Maslow's Hierarchy that has been around since 1943, and is a helpful model to use in explaining just exactly what addiction does to affect our motivation toward our needs.

The Hierarchy of needs is a theory of personal growth put forth by American psychologist Abraham Maslow. It is based on a paper he submitted back in 1943 called A Theory of Human Motivation and his ideas were further developed in his 1954 book, Motivation and Personality. Maslow came about his theory by studying people who he considered successful to see if he could find the secret of their success in life.

Maslow believed that it is possible to rank human needs, and that the lower needs have to be satisfied before

people can move onto the higher ones. The hierarchy of needs is usually portrayed as a pyramid with different levels indicating specific needs. Victor Frankl was a neurologist/psychiatrist who was influenced by the work of Maslow. He suggested adding another layer to the pyramid just above self-actualization. He refers to this as self-transcendence. This is a spiritual state similar to Nirvana in Buddhism - it means going beyond the ego.

Addiction and the Hierarchy of Needs

There can be different reasons for why people turn to alcohol or drugs depending on their location on the hierarchy. So for example:

- The individual may use these substances because they are deluded into thinking that it is necessary for their physiological survival. An example of this would be the person who is afraid to stop because they worry about severe withdrawal symptoms.
- The person may turn to substance abuse because they believe that it benefits their security needs. When they are inebriated they develop a false sense of security.
- These substances can deceive the individual into believing that their social needs are being catered for. The truth is that the friendship found in bars and drug dens tends to be shallow.
- One of the most common reasons for why people use alcohol or drugs is that it seems to give their self-esteem a boost. Unfortunately this effect is only temporary because addiction means that the individual will lose the respect of many people and eventually they will lose all their own self-worth.

As the individual falls deeper into addiction it will usually mean that they descend lower on the hierarchy of needs. This occurs because:

- Sometimes substance abusers will sometimes have spiritual experiences that help them end their addiction, but it is unlikely that they will ever have a transcendence experience. This is because most spiritual paths involve sobriety - with the exception of shamanism where drugs may be used in a very controlled way to reach heightened states of consciousness.
- In order to self-actualize the individual will need to have all their lower needs met. The individual may be a high functioning addict but the fact that their lower needs are not being properly catered for will keep on

dragging them back down.

- Addiction causes people to lose respect and inebriation means that they do things that they later feel guilty about. This means that although the individual may have begun using alcohol or drugs as a means to boost their esteem it will be having the opposite effect.
- Substance abuse is poisonous when it comes to interpersonal relationships, and the individual may spend their time with fellow addicts who are unreliable and a negative influence. This means that the person's social needs will not be met.
- Alcohol and drugs can give people a sense of security but it is actually making them more vulnerable. By the time the individual realizes how badly their addiction has impacted their life they may have descended to using these substances out of a sense of physiological necessity.
- By the time the individual reaches the bottom of the hierarchy of needs they will feel unable to cope without alcohol or drugs. If they have to choose between food and these substances they will choose intoxication every time - the addict can be stuck at this basic level of survival indefinitely.

Rock Bottom and the Hierarchy of Needs

The point at which the individual becomes willing to end their addiction is referred to as their "rock bottom". This point can occur at any stage on the hierarchy of needs. Some will have a high rock bottom because they see how alcohol and drugs is preventing them from reaching their potential (self-actualizing). Other people will descend all the way down to the psychological level where they will risk death if they do not stop. The longer the person delays their recovery the more they will lose. If they later relapse back to addiction they will soon return to where they left off.

While addiction may be viewed as a fall down the hierarchy of needs the act of recovering is the exact opposite. It may take a bit of time but the individual can completely turn their life around. They can make it all the way up to self-actualizing and beyond. The way this occurs will be:

- By breaking the addiction the individual no longer feels the need use alcohol or drugs in order to survive. This means that they can move beyond physiological

needs and move up the hierarchy.

- The individual will be no longer involved in an activity that is endangering their health and personal safety so they can now enjoy a real sense of security. In early recovery the individual may become involved in the sober community, and this can further add to the feeling that they are safe.
- The sober person will develop the ability to establish deep and meaningful relationships with other people. They are no longer involved with a group of unreliable addicts who work to keep each other down.
- As the individual rebuild their life they earn the respect of friends and family. Their success over time also boosts their own self-esteem.
- Now that the individual has taken care of their lower needs it means that they are free to self-actualize.
- For some people recovery becomes a spiritual path. This means that they are on a journey that will take them to self-transcendence.

How Substance Abuse Addictions Influence Level One: Physiological Needs

Physiological needs are the basic needs of survival. This includes food, water, shelter, air, and sleep. These are the needs that come first. Amphetamine and stimulant drugs, such as cocaine, methamphetamine, crack and ecstasy, often times result in a loss of appetite. Not only do feelings of hunger diminish when a user is high, but the comedown causes a lack of appetite as well. For example, your family may get tired and kick you out of their home because you will not stop using drugs and alcohol. Addiction eventually can take the place where you live away from you. As addiction progresses and gets worse, many find themselves homeless.

If you live alone, you may end up spending your rent money so that you are able to get high. In both cases, you could find yourself homeless. Many who are in recovery from drug and alcohol addiction never imagined that their drug and alcohol addiction would take them by the hand and lead them on a path to homelessness, but it does frequently happen.

Level Two of Maslow's Hierarchy: How Addiction Affects the Need for Security

Security needs are needs that make you feel safe. The

need to belong and feel a part of a community is also very important in this level. This level includes safety from the elements and good standing with the law as well as stability of life in general. Being addicted to alcohol and drugs can completely strip away this level. In fact, as addiction progresses, this level can go completely unfulfilled. For example, if you are using illegal drugs and alcohol, then it is a good guess that you would not feel safe in terms of the law. On the contrary, you would feel in opposition to it.

Safety also includes being out of harm's way. When you are involved in an active drug and alcohol addiction, you may find yourself with people who are totally unsafe. You also put yourself at risk each time you meet up with a drug dealer to purchase drugs. Stability is something that addiction completely takes away as it progresses. Before addiction, you may have had a life that at least had some semblance of order in it. Perhaps you held a job, had friends, had hobbies and paid your bills. Addiction has a way of almost burning this level to the ground.

Level Three: Corrupting the Need to be Belong & Feel Loved

Level three of Maslow's Hierarchy is love and belonging needs. This level is the one that will cause your family and friends the most hurt. When you no longer care about your relationship with your family and friends, it is a good sign that alcohol and drugs have taken over. You may even begin to steal, lie, or cheat family and friends. When you begin to do this, little by little, you can damage your relationships - some permanently. Relationships with family and friends should never take a backseat to drugs and alcohol, but that's exactly what addiction can do.

Drugs and alcohol can sometimes lower our standards and you may begin to find a sense of belonging with the people that you use drugs and alcohol with. These types of relationships are obviously, not healthy. Your love and belonging needs are very important, but you must love and belong to the right kind of people.

Level Four: How Addiction Negatively Influences Our Loved one's Esteem

The fourth level of the Maslow Hierarchy of needs is the esteem level. This level is split into two categories, esteem for oneself and esteem for others. If you are currently in the midst of an addiction, it can slowly

become impossible to keep a healthy self-esteem or esteem for friends and family.

The things that bring us self-esteem are usually things such as achievements, dignity, mastery, and independence. Abusing drugs and alcohol has severe negative consequences on things that bring us self-esteem. Achievements are likely to fall to the wayside; you can easily lose your dignity when you begin doing things that you never thought you would do to get alcohol or your drug of choice.

Esteem for others also suffers. Appreciating the people that you love when you are caught in the middle of a drug addiction is rare. In fact, you may even begin to do things that harm your loved ones in order to get high.

How Drug & Alcohol addictions prevent Our Love One From Achieving Level Five: Self-Actualization

Self-Actualization is to become the best person that you can be. It is carrying out and fulfilling your purpose in this life. Self-Actualization is the highest need of a human being and unfortunately cannot be taught. With the other levels being met, there is a good chance that an individual will reach their need for self-actualization. Obviously, addiction can take this one completely out of the picture. In fact, a study published in the Journal of Social Service Research concluded that a lack of purpose and aim in life is connected to drug and alcohol addiction.

Self-Actualization needs also have to do with spirituality and his why many find church or 12-step meetings helpful, they can put one on the path to finding their purpose in the community of recovery and many derive a sense of purpose by helping others as well. By climbing back up the hierarchy, usually starting in treatment, we can reach each one of these levels one by one. Addiction does have a way of destroying lives and leaving people feeling depressed and purposeless, recovery has a way of getting them back on the horse and moving forward to getting all needs met.

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UNDER THE INFLUENCE: SEX, DRUGS and ROCK n ROLL

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SYBA



For most of us, the 1960s to 1980s gave us wonderful artists and bands like The Beatles, Grateful Dead, Queen, Pink Floyd, Rolling Stones, David Bowie, The Who, The Doors, Aerosmith, Black Sabbath and so many more.

How did they write such wonderful, touching, foot-tapping and head-banging music?

What do most of the above-mentioned artists have in common, you ask?

All of these bands have either had one member, or the entire band, using drugs- either on or off stage.

For centuries, musicians have used drugs to enhance creativity, and listeners to heighten the pleasure created by the music. The relation between drugs and music is also reflected in the lyrics and the way the lyrics were composed by the musicians.

Many musicians used drugs like Cocaine, Marijuana or Magic Mushrooms to open a creative path to writing some of their top hits or for their performances.

Many genres of music were influenced completely based on certain drugs. Acid rock would never have happened without LSD, and house music, with its repetitive 4/4 beats, would have remained a niche musical taste if it wasn't for the wide availability of MDMA (ecstasy, molly) in the 1980s and 1990s. And don't be fooled by country music's wholesome name. Country songs make more references to drugs than any other genre of popular music, including hip-hop (Hamilton, Sumnall, & Gage; 2018).

Many artists have said that they used drugs to enhance their creativity. They felt that the drugs they used enabled them to think freely. The use of drugs can be seen in the lyrics, the song and in some cases, even the music videos.

The Beatles have written many songs under the influence of drugs. Lucy in the Sky with Diamonds is a song from

their 1967 album 'Sgt. Pepper's Lonely Heart Club Band'. Shortly before the album's release, speculation arose that the first letter of each of the title nouns intentionally spelled "LSD", the acronym commonly used for the hallucinogenic drug Lysergic acid diethylamide. As a result, the song was the subject of a BBC radio ban. Lennon repeatedly denied that he had intended it as a drug song, although he got the inspiration from an LSD trip.

The frontman of the hit 80's band Aerosmith, Steven Tyler spent between \$5-6 Million on cocaine and Heroin before getting into rehab. "I kept my medicine cabinet on stage, in a fourteen-inch drum head, the bottom of which contained . . . one Dixie cup with a straw and blow in it and the other with Coca-Cola and Jack Daniels in it", said the 62-year-old.

As much as we like to justify it, drugs don't enhance our creativity, but rather they destroy a major part of the musician, usually rendering them unable to perform on stage or write any new music.

Prolonged marijuana, cocaine, and heroin use have been linked to both short term and long term memory loss. The use of cocaine had been linked to the heart, kidney brain, and lung disease while. With all the drugs affecting the brain, it's no surprise that many well know artists got checked into rehab.

Some notable artists who managed to clean up their act were Ozzy Osbourne, Steven Tyler, Keith Urban, Mick Fleetwood, Keith Richards, Steven Adler, John Frusciante and countless more.

As many drug users believe, listening to music while high can make it sound better. Recent research, however, suggests that not all types of cannabis produce the same desired effect*. Listening to music -without the influence of drugs - is rewarding and can reduce stress (depending on the type of music) and improve feelings of belonging

to a social group. But research also suggests that some drugs change the experience of listening to music*.

Clinical studies that administered LSD to human volunteers have found that the drug enhances music-evoked emotion, with volunteers more likely to report feelings of wonder, transcendence, power, and tenderness. Brain imaging studies also suggest that taking LSD while listening to music, affects a part of the brain leading to an increase in musically inspired complex visual imagery -Winamp visualization.

When local artists were asked about their views on drugs and creativity or drugs and performances, many of them were not very comfortable talking about it. A few established musicians from Pune spoke on the condition of anonymity.

Mr.X said that he usually smokes some weed before going up on stage to modulate his voice to sound a little breathy and raspy. He said that he prefers to smoke just a few puffs of weed and not more as he does not want to get 'stoned.'

Another musician confessed to using cocaine while playing at the 2018 NH7. He said that the energy he felt was a rush but was later fired from the band as he was out of control on stage and vows never to do drugs before going on stage again.

Another local drummer said that he does not consider cannabis as a drug but considers it happiness. He uses it before a short jam, but said that he is not very comfortable using it on a stage where he is being paid.

While many artists have claimed to use drugs, some stand firm against the use of drugs for any recreational or creative purpose. Prashant Ingole, a Bollywood lyricist, said that he has never smoked anything, not even a cigarette. He believes that there is no right or wrong. "Some people are mad about what they do, their drug is their experience," he says. When asked about his creativity for writing music he simply explains it as experience. He finds inspiration from normal day to day activities and places. "Adrenaline that we have drives us

to be confident and helps us connect with real life, life only comes once and then it disappears."

As a musician myself, I feel that drugs don't help creativity, but hamper it. Most drugs are laced with unhealthy chemical additives and in certain cases rat poison too. The use of drugs does tend to make one lazy and procrastinate therefore delaying work. Creativity takes a backseat over chilling and relaxing. Then the addiction kicks in, the fight for the next fix, the next joint, that next drag, that last line of cocaine.

As much as we like to complain it is not an artist's fault for being forced to use drugs due to pressure of deadlines for a 100 core industry, for which even a title track of 45seconds can pay up to 50 lakhs. Many artists use cocaine as it keeps them energetic and awake. They can stay up and work for longer hours to achieve their deadline at the risk of becoming addicted to many toxic chemical drugs produced in illegal labs.

While artists influence their fans up on stage, the drug industry booms as both the factions are consuming toxic drugs. The music industry remains unaffected, while the current audience and artist fade off to a slow agonizing death, making way for the next artist and the next generation of die-hard fans to complete this vicious cycle.

Perhaps we can aim for a cleaner musical experience, when artists are not falling off the stage, or being too wasted to perform, and audiences are not hopped up on drugs to bum-rush the stage for their 15seconds of fame, only to be kicked in the face by a drug-fuelled artist.

In the wise words of Prashant Ingole," When you start living one day at a time you don't need drugs."

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ADDICTION AND ANXIETY

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Anxiety is more than just feeling stressed or worried. While stress and anxious feelings are a common response to a situation where we feel under pressure, they usually pass once the stressful situation has passed, or 'stressor' is removed.

Anxiety is when these anxious feelings don't go away - when they're on-going and happen without any particular reason or cause. It's a serious condition that makes it hard to cope with daily life. Everyone feels anxious from time to time, but for someone experiencing anxiety, these feelings aren't easily controlled. The symptoms of anxiety conditions are sometimes not all that obvious as they often develop slowly over time and, given we all experience some anxiety at various points in our lives, it can be hard to know how much is too much.

Normal anxiety tends to be limited in time and connected with some stressful situation or event, such as a job interview. The type of anxiety experienced by people with an anxiety condition is more frequent or persistent, not always connected to an obvious challenge, and impacts on their quality of life and day-to-day functioning. While each anxiety condition has its own unique features, there are some common symptoms including:

- Physical: panic attacks, hot and cold flushes, racing heart, tightening of the chest, quick breathing, restlessness, or feeling tense, wound up and edgy
- Psychological: excessive fear, worry, catastrophising, or obsessive thinking
- Behavioural: avoidance of situations that make you feel anxious which can impact on study, work or social life

Many people with anxiety experience symptoms of more than one type of anxiety condition, and may experience depression as well.

There are different types of anxiety. The most common

are:

- **Generalised anxiety disorder (GAD)**

Most people feel anxious and worried from time to time, especially when faced with stressful situations like taking an exam, speaking in public, playing competitive sport or going for a job interview. This sort of anxiety can make you feel alert and focused, helping you get things done faster or perform at your best.

People with GAD, however, feel anxious and worried most of the time, not just in specific stressful situations, and these worries are intense, persistent and interfere with their normal lives. Their worries relate to several aspects of everyday life, including work, health, family and/or financial issues, rather than just one issue. Even minor things such as household chores or being late for an appointment can become the focus of anxiety, leading to uncontrollable worries and a feeling that something terrible will happen.

- **Social Phobia**

For people with social phobia (sometimes known as social anxiety disorder), performing in front of others and social situations can lead to intense anxiety. They may fear being judged, criticised, laughed at or humiliated in front of others, even in the most ordinary, everyday situations. For example, the prospect of eating in front of others at a restaurant can be daunting for some people with social phobia.

Social phobia may occur in the lead up to or during in:

- Performance situations (such as having to give a speech or being watched while doing something at work)
- Situations involving social interaction (such as having a meal with friends, or making small talk).

Social phobia can also be specific; where people fear a specific situation or a few situations related to a specific fear (such as being assertive at work or with their friends).

- **OCD (obsessive compulsive disorder)**

Anxious thoughts can influence our behaviour, which is helpful at times. For example, thinking 'I may have left the oven on' leads to you checking the oven and keeping things safe.

However, if that thought becomes obsessive (recurring), it can influence unhealthy patterns of behaviour that can cause difficulties in daily functioning. Obsessively thinking 'I've left the oven on' can lead to repeated checking.

For someone with the anxiety disorder known as obsessive compulsive disorder (OCD), obsessions or compulsions (acts performed to alleviate the distress or neutralise the thought), or both, are present.

People with OCD often feel intense shame about their need to carry out these compulsions. These feelings of shame can exacerbate the problem and the shame, and consequent secrecy associated with OCD can lead to a delay in diagnosis and treatment. It can also result in social disability, such as children failing to attend school or adults becoming housebound.

Issues that commonly concern people with OCD and result in compulsive behaviour include:

- **Cleanliness/order** - obsessive hand-washing or household cleaning to reduce an exaggerated fear of contamination; obsession with order or symmetry, with an overwhelming need to perform tasks or place objects, such as books or cutlery, in a particular place and/or pattern
- **Counting/hoarding** - repeatedly counting items or objects, such as their clothes or pavement blocks when they are walking; hoarding items such as junk mail and old newspapers
- **Safety/checking** - obsessive fears about harm occurring to either themselves or others which can result in compulsive behaviours such as repeatedly checking whether the stove has been turned off or that windows and doors are locked

- **Sexual issues** - having an irrational sense of disgust concerning sexual activity
- **Religious/moral issues** - feeling a compulsion to pray a certain number of times a day or to such an extent that it interferes with their work and/or relationships.

People with OCD may also experience other mental health issues including depression, other anxiety disorders, an eating disorder and/or alcohol or substance-use problems.

Addiction is a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm.

The term addiction does not only refer to dependence on substances such as heroin or cocaine. A person who cannot stop taking a particular drug or chemical has substance dependence. Some addictions also involve an inability to stop partaking in activities, such as gambling, eating, or working. In these circumstances, a person has a behavioural addiction.

Addiction is a chronic disease that can also result from taking medications. The overuse of prescribed opioid painkillers, for example, causes 115 deaths every day in the United States. When a person experiences addiction, they cannot control how they use a substance or partake in an activity, and they become dependent on it to cope with daily life. Every year, addiction to alcohol, tobacco, illicit drugs, and prescription opioids costs the U.S. economy upward of \$740 billion in treatment costs, lost work, and the effects of crime. Most people start using a drug or first engage in an activity voluntarily. However, addiction can take over and reduce self-control.

The primary indications of addiction are:

- uncontrollably seeking drugs
- uncontrollably engaging in harmful levels of habit-forming behaviour
- neglecting or losing interest in activities that do not involve the harmful substance or behaviour
- relationship difficulties, which often involve lashing out at people who identify the dependency
- an inability to stop using a drug, though it may be causing health problems or personal problems, such as issues with employment or relationships

- hiding substances or behaviours and otherwise exercising secrecy, for example, by refusing to explain injuries that occurred while under the influence
- profound changes in appearance, including a noticeable abandonment of hygiene

Part of the disease of addiction is a number of personality disordered-like behaviours that tag along the addiction centre, mood and attention, parts of memory and rage and sex are all regulated in part by the limbic system.

One of the behaviours seen in persons with addiction that is disproportionate to the rest of the population is anxiety. Anxiety's self-treatment with drugs and alcohol gives an individual temporary relief, but there is long term damage done to the mechanisms that help relieve the symptoms of anxiety. This cycle of self-medication and rebound anxiety digs a deeper and deeper hole for the addicted person making treatment and breaking this downward spiral harder and harder as time goes by.

Self-medication begins with a few drinks and a few benzodiazepines and a cigarette. What is happening in the brain is the building of receptors that have to be filled with alcohol or drugs to achieve a calm state. So tolerance develops and one needs more and more alcohol or benzodiazepines or nicotine to calm the individual. As more and more receptors build in the brain, more drugs, alcohol and nicotine is needed to bring the person to a state of calm.

If the detox is not done gradually and appropriately, the person leaves treatment, goes back to the former use and then gets blamed by the medical care system for their relapse.

Anxiety and Substance Abuse

Substance abuse is more common in people with anxiety disorders than in the general population. For example, anxiety disorders have been linked with higher lifetime rates of alcohol abuse and higher relapse rates after alcohol rehab, notes Psychiatric Times, and individuals with anxiety may also experience more severe withdrawal symptoms when they stop using alcohol or drugs.

The existence of a substance use disorder with an anxiety disorder or other form of mental illness is known as a dual diagnosis, or co-occurring disorders. There are several reasons why anxiety may trigger the need to

misuse substances, or vice versa:

- **Self-managing symptoms:** One of the most prevalent theories about the relationship between anxiety and substance abuse holds that individuals with anxiety disorders turn to alcohol or drugs in an effort to control their physical or psychological symptoms. For instance, a business manager with social anxiety disorder may use alcohol to cope with stressful presentations or meetings, putting the person at risk of chemical dependence and addiction.
- **Biochemical factors:** Both anxiety disorders and substance use disorders may be related to chemical imbalances in the brain. For instance, low levels of serotonin, a neurotransmitter that regulates mood, energy levels, sleep, metabolism, and other functions, have been linked with both alcoholism and mental illness.
- **Genetic predisposition:** There is some evidence that both addiction and anxiety disorders have a genetic component. People who are vulnerable to anxiety may also be prone to substance abuse and addiction if they come from a family where both conditions are common.
- **Effects of substance abuse or withdrawal:** The misuse of drugs or alcohol can cause symptoms that resemble anxiety, such as nervousness, agitation, sleeplessness, irritability, and obsessive fears. When withdrawing from the effects of substances, individuals may experience anxiety, restlessness, and insomnia as the brain attempts to recover its chemical balance.

ANXIETY SYMPTOMS AND ADDICTION

Anxiety produces strong intense reactions within the body and mind. Anxiety responses are not always recognizable and may go untreated. Anxiety will manifest in two ways, physical and psychological. The physical and psychological symptoms of anxiety are similar to withdrawal symptoms from drugs and alcohol. An addict will automatically look for substances to calm an anxious state. The avoidance of uncomfortable physical agitation and painful emotions are some of the components that maintain addiction and anxiety. Both anxiety and addiction will become stronger the more the addict

continues using drugs and/or alcohol. Addiction enables the addict to avoid confronting and challenging anxious thoughts and feelings.

When an addict goes through alcohol and/or drug detox he or she will inevitably have an increased amount of anxiety. Because of this, an addict will either avoid withdrawal symptoms by continuing use or be at high risk for relapse after detox. Due to the similarity of drug and alcohol withdrawal symptoms and anxiety symptoms, both need to be treated at the same time. When you suffer from anxiety, it's very likely for you to also struggle with addiction.

Addiction Offers Temporary Relief from Anxiety

If you have anxiety, regardless of how long you've been dealing with it, you're always looking for ways to relieve it. Maybe you tried a lot of different things as a way to cope. You might have tried prescription medications, meditating, taking up a hobby and even psychological therapy and found that your results weren't really what you were hoping they would be. One day you tried alcohol or drugs and suddenly, you felt relief. Your anxiety subsided and you found that you were able to think clearly for the first time in weeks, months or even years. Unfortunately, those feelings of relief were only temporary and you were unable to sustain that feeling for very long. As a result, you used drugs or alcohol again in an attempt to get relief. It worked.

Temporary relief from anxiety is what drives many people to use drugs and/or alcohol because they don't feel they have any other options. Their brains begin to quickly associate their use of substances with feeling better, which is exactly how addictions get their foundation. This is also why it can be difficult for anxious people to come to terms with their need for addiction treatment.

Addiction Breeds Substance Tolerance

Perhaps you've noticed that when you use substances, your anxiety is relieved for a little while. However, over time, you've also noticed that you needed to use more in order to experience that same level of relief. That is because addiction breeds substance tolerance. Your body and your brain can quickly become accustomed to the amount of the substance you're using, whether it's

alcohol or another substance like marijuana, cocaine or heroin. You require more to achieve the relief, and so you use more. The next time, you might use even more. This cycle continues until your substance use reaches dangerous levels, or you even start looking for additional drugs to calm your anxiety.

Tolerance levels can be scary. As they increase, you're putting your body in serious danger, but because of the relief you feel from your anxiety, you don't realize that right away. In fact, you might not ever fully realize it until someone who cares about you points it out to you.

Addicted to Anxiety

"I think I am "addicted" to my anxiety. I know kind of a strange thing to say, right? But there are times that my anxiety actually exhibits some of the hallmark signs of addiction. Much like addictions, my anxiety often takes over every aspect of my life. There are times that it consumes my entire thought process - the dreadful feelings of impending doom and the relentless "what if's." I avoid telling people, even my family and my therapist, the complete truth about my scary thoughts. They might otherwise think I am crazy. I am not. I avoid things that I previously enjoyed doing. My personality changes. Sometimes, I eat too much or I sleep all day. Sometimes not at all. I think I am "addicted" to my anxiety.

And oddly enough, there is a strange sense of comfort when my anxiety is present. Don't misunderstand me, I do not like it or look forward to it in any way. I hate it. It robs me of my freedom and it pollutes my peace of mind. It makes me fear living as much as I fear dying. I despise it, my anxiety. But when it is here, at least I know where it is. And I know what it is. It is not hiding in every shadow and around every corner, eagerly waiting to jump out at me while I cringe with fearful anticipation. There is no need to worry about its return because it is here, where I can keep an eye on it and hold onto it tightly.

There are times that things are good and I feel fine. Even then, though, I am sceptical. I'm afraid to let my guard down because my anxiety might return if I do. I realize this is not the healthiest approach to dealing with it. I should simply enjoy the good days and use my learned coping skills on the not so good ones. But it's just not that easy when you're "addicted" to your anxiety."

This is a post made by Tim Kirchner on the digital mental health community platform of The Mighty. The comments on this personal admission were of people thanking Tim for putting into words what they have felt for a very long time. Some people are addicted to the feeling of anxiety.

Many people are addicted to the adrenaline rush of anxiety, known as the "fight or flight" response, and they don't know how to defuse it. An example of this is obsessively watching the news about natural disasters, trauma, economic stress and violence, and then not being able to turn bad news off. The term "techno-despair" has been coined for this behaviour by Dr. Judith Orloff. There are some users who heighten their anxiety so as to make the effect of the calming drug more powerful. This sets them on a rollercoaster of emotions keeps building their tolerance hence increasing anxiety and in turn increase dosage and amount of substance taken.

Seeking Treatment and Help

Asking for help is the first important step. Visiting your doctor for a possible referral to treatment is one way to do it. You can ask if he or she is comfortable discussing drug use screening and treatment. If not, ask for a referral to another doctor. You can also contact an addiction specialist. It takes a lot of courage to seek help for a drug problem because there is a lot of hard work ahead. However, treatment can work, and people recover from addiction every day. Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction's powerful,

disruptive effects on brain and behaviour and regain control of their lives.

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AN ESCAPE

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As we know, addiction is a severe form of substance abuse and is very harmful for both, the body and the mind as well. According to the popular opinion, addicts are viewed as someone one shouldn't associate with, but what kind of a human does that make us if our opinions are prejudiced towards our own society. Addiction leads to self destruction and also harms the people around us. Addiction is very common in teenagers and young adults. Usually, teenagers tend to fall in this fatal as a way to fit in or have a sense of belonging. On the other hand, young adults take this path as an escape from the situations that they are not mentally prepared to face. Something we learned during our survey was that the reasons the addicts gave varied on a large scale but were common on a personal level.

Most common among this list of substance abuse are alcohol and marijuana as economically speaking, they are more affordable and also people have this sense of confidence that they can handle it. As we mentioned earlier, teenagers in order to be socially accepted, try marijuana and other drugs without knowing the consequences. According to our knowledge, this happens because of the cool quotient that consuming marijuana means you are free spirited. As we know, everything in the right amount is good for our body. For example, vodka aids weight loss and digestion, scotch helps in relieving sore throat and marijuana has unique medicinal properties. Although, people forget the boundary and most of the times exceed the right amount causing harm to themselves. This is what we think of as addiction but for them it's a state of happiness or relief.

According to our research, their experience is basically a high of emotions that they go through, a rollercoaster ride where nothing can stop them from being themselves

completely. Most of the people we interviewed were talking about very similar triggers that made them lean back onto intoxication. On a vast scale we found that the decreasing humanity and increasing insensitivity towards each other is somewhere related to the growing need for intoxication. The need to vent out, the fear of being judged, and the fear of being vulnerable creates a stressful situation for teenagers leading to seek help from drugs which gives them a temporary high. This high makes them deal with such situations in a negative manner but at the same time gives them a peace of mind. Generally, the people who are addicts are in a state of denial. This happens because they do not find anything wrong in intoxication and also because they are not even aware of their behaviour after that. We can term a person as an addict when he/she prioritizes their addiction over everything. Every kind of substance abuse requires a different approach when in process of recovery and you are halfway there when you accept that you are an addict. In the process of recovery, the person goes through a lot of phases; emotionally, mentally and physically. One of the phases of recovery is withdrawal, which includes symptoms like restlessness, anxiety, vomiting, lethargy, hallucinations, etc.

Even though a large part of the society looks down on intoxication, there are some cultures that encourage it. Festivals like Holi and Mahashivratri have rituals that include consumption of 'ganja' (local term for marijuana). Along with religions, some professions also promote intake of substances for better performances such as rap culture. According to Freud's psychoanalytical theory, the babies who suffer from a lack of proper nutrition in their infancy generally tend to seek the nourishment in their adulthood in the form of intoxication.



ADRENALINE ADDICTION

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WHAT IS ADDICTION?

The word 'Addiction' means the condition of being physically and mentally dependent on a particular substance or activity. Addiction is a psychological and physical inability to stop consuming chemicals, drugs, substances or do any activities even though psychological and/or physical harm is being caused. 'Addiction' is not only referred to the addiction of substances like cocaine, heroin, alcohol, etc. Sometimes it is when someone cannot stop partaking some activities such as gambling, betting, racing, some adventure activities like cliff diving, etc.

Addiction, like asthma and diabetes, is considered as a chronic disorder. But it also has preventive as well as treating measures available. Addiction is a compulsive involvement with a stimulus despite severe consequences. There are various psychosocial factors responsible but the core pathology behind development and maintenance of an addiction is a biological process—one which is due to continuous exposure to an addictive stimulus. The two properties based on which all addictive stimuli are categorised are that they are reinforcing (i.e. more likely for a person to have repeated exposure to) and intrinsically rewarding (i.e. they are perceived as being desirable and pleasurable). Addiction is a psychological disorder of the brain's reward system. It begins through genetically transcription and epigenetic mechanisms and develops over time due to high levels of exposure to addictive stimulus (e.g. use of cocaine, engaging in sexual activities, partaking high thrill activities such as sky diving, racing, gambling, etc.)

WHAT IS ADRENALINE?

Adrenaline is a hormone secreted by adrenal glands directly into the bloodstream. Adrenaline is also known as Epinephrine. It is produced in the adrenal glands as

well as in neurons in medulla oblongata where it functions as neurotransmitter. Adrenaline has various functions depending on the type cells it acts upon. It also acts as chemical mediators and helps convey nerve impulses to organs.

The key functions of adrenaline are to increase blood pressure, increase heart rate, expanding air passage of lungs, dilating pupils, carbohydrate metabolism to increase glucose level and preparing muscles for exertion. Adrenaline is released when faced with exciting, adventurous, stressful, dangerous or threatening situations. It triggers the "fight or flight" response in the body and makes the brain more attentive.

The "fight or flight" response is a psychological reaction that takes place when one is faced with situation that can be perceived as harmful, attacking, or life-threatening.

USES OF ADRENALINE

The most advantageous and natural use of adrenaline is during threatening situations in form of "fight or flight" response which is a survival instinct. Adrenaline also helps in improving the immune system.

In medical field, adrenaline is generally referred to as Epinephrine. It has several uses, mostly in injector form. It is used to treat Anaphylaxis which is an allergic reaction with rapid onset and may cause death. Adrenaline is also used in situations of cardiac arrest and superficial bleeding. Another method of use is inhaling epinephrine. This method is used to improve symptoms of croup- a type of respiratory infection. It can also be used to treat asthma. It is given intravenously, by injection and inhalation.

ADRENALINE JUNKIES

"Adrenaline Junkies" is a term used for people who are

dependent on the feeling of adrenaline rush. These people enjoy and find pleasure by doing intense and thrilling activities, though these activities could be life-threatening. Other terms used for adrenaline junkies include sensation seekers, adventurers or thrill seekers.

When faced with stressful or exciting situations, the perceived information is sent to the part of the brain called Amygdala. This area of the brain plays a role in processing emotions. Once the information is perceived by amygdala, the signal is sent to other part of brain-Hypothalamus. The hypothalamus is the centre of the brain and communicates with rest of the body with sympathetic nervous system. When adrenaline glands receive the signal, they secrete the hormone in the bloodstream. The bodily changes that take place after adrenaline is released are referred to as Adrenaline Rush because these changes happen extremely rapidly. It sharpens senses and gives energy boost. This also has an effect on dopamine, another chemical in the brain that affects emotions and sensations of pleasure and reward. This might make people think that even dangerous situations are pleasurable. Some people seek this sensation in the same way that others might seek the high from drugs or other substances; hence the term "adrenaline junkies" was coined.

Some people choose jobs that give them the thrill such as firefighting, emergency help; military, etc are highly thrilling jobs. While others don't have to go to that extent and could seek similar sensation through procrastination. (for e.g. - a student doing a big assignment just before the deadline).

Some activities that cause adrenaline rush are

- Watching horror movies
- Procrastination
- Bungee jumping
- Sky diving
- Cliff diving
- Water rafting
- Roller coasters
- Scuba diving
- Zip lining
- Many of amusement park rides

- Cage diving with sharks
- Speeding
- Racing
- Betting
- Gambling
- Surfing

The thrill-seeking behaviour isn't exactly classified as an addiction in the Diagnostic and Statistical Manual of Mental Disorder (DSM-5). According to DSM-5, research on behaviour addiction is still lacking. But a few experts have researched on adrenaline addiction.

In 2016, a research study took place with eight rock-climbers as subjects. This study was done to look at withdrawal symptoms of rock-climbers after not participating in rock-climbing for a while. The rock-climbers experienced withdrawal symptoms very similar to those experienced by people who are addicted to drugs and substances.

The withdrawal symptoms observed were-

1. Cravings to go climbing
2. Negative emotions like frustration, agitation, restlessness
3. Decreased interest in any activities other than climbing.

TREATMENT

Thrill-seeking might not always be a problem. Novelty behaviour has made humans intelligent, curious and always looking for a good thing. But there is a thin line between normal and pathological behaviour. If someone puts themselves in danger then it is a concerning matter. It is not easy to find out whether one is doing so but there are a few signs that can help in understanding.

Signs that might indicate are -

- Speeding way over speed limit, with or without other people
- Picking fights intentionally
- Substance abuse of one or many types
- Behaving aggressively
- Getting involved in illegal activities like vandalism or stealing

Treating compulsive risk-taking behaviour-

1. By getting help to understand the difference between exciting and critical. Through this, one can keep things exciting but take the 'edge off'. This will also help in differentiating a true crisis and an unnecessarily created situation.
2. Relaxation techniques will help in calming down and stopping negative response in stressful situations.

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ADDICTION TO SHOPPING

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Addiction is the only prison where the locks are on the inside.

Addiction is the root cause of a range of problems of this generation. Adolescents, who are on the brink of adulthood, are particularly vulnerable to fall into this deep trap. Addiction of any form is bound to be harmful; be it substance abuse to the addiction to a person. Addiction is spread out across a wide spectrum. Especially with the development of technology and smart phone devices, this spectrum has widened. Initially, it would be restricted to substance abuse like drugs, cigarettes and alcohol, but now? It has broadened out to areas like social media, video games and something unique, shopping.

Compulsive shopping behaviour or over shopping behaviour is an addiction very much similar to any kind of an addiction. Although shopping addiction has not been classified or identified as a mental disorder or a mental condition, many psychologists feel that it should. If you have seen the movie "Confessions of a shopaholic" starring Isla Fisher and Hugh Dancy, it is an extremely apt representation of what shopaholics are and what they go through. In this movie, it shows a girl who is addicted to shopping. To her, her world gets better when she shops. Her therapy is shopping; crazy, impulsive shopping. In

the end they show, how she is on the verge of losing all forms of relations with her friends and family and the only ones left are those from the credit card company, she decided that she needed to detoxify herself from this addiction.

Shopaholics believe in the mantra "shop till you drop". All shops and mannequins seem to lure them into making unnecessary purchases. According to the famous psychoanalyst, Dr.Sigmund Freud, the psyche consists of three parts that help in shaping the personality i.e. the ID, ego and super ego. The ID is the most instinctive part of the mind which contains those thoughts which are socially unacceptable or taboo. The ID has a tendency to seek immediate gratification of any impulse. All impulses need to be satisfied according to ID. The super ego functions as a moral conscience. And the ego oscillates between these two. Shopaholics generally have an ID driven personality. Hence, they usually choose to ignore the repercussions that are associated with compulsive shopping. If they feel the need to shop, they will splurge all that they have and shop like maniacs! Sales and discounts excite them. Seeing the new stock stacked up in neat piles and shelves cheer them up. Watching the credit card being swiped and beeping "ACCEPTED" makes their blood rush. Feeling the soft fabric around

themselves gives them comfort. Holiday seasons trigger shopping binges. And this is when it is identified as an addiction. In general cases, over shopping usually leaves people guilt ridden, but to shopaholics it's a feeling of pure pleasure and satisfaction.

Shopaholics have an emotional dependency on shopping. There have been, in extreme cases, emotional 'blackouts' where they don't even remember the articles that they have bought. More than half the things in their wardrobes still have price tags on them and when family members start complaining about their unnecessary purchases, they start hiding. In fact, few of them even take up side jobs to meet up with these mounting expenses. This dependency does not have a very logical reason, but it could be that when they shop, it results in a high secretion of dopamine in their brains. Dopamine is a naturally occurring opiate receptor which causes a sensation of extreme happiness and pleasure, and hence the person feels good. To feel this over and over again, they keep repeating the activity. The brain then gets used to these high levels of dopamine secretion and when it stops, they start having withdrawal symptoms. Following could be other reasons as to why shopaholics tend to shop at such a high rate:

1. Emotional deprivation during childhood
2. Inability to tolerate negative feelings
3. Need to fill an inner void
4. Excitement seeking
5. The need to gain control

If you feel that you are addicted or on the threshold of becoming a shopaholic, ask yourselves these questions as honestly as possible.

1. Do you often go binge shopping?
2. Do you find yourself spending a lot of unnecessary time and money on various online stores and catalogues?
3. Do you go shopping because it makes you feel better about yourself and your environment?
4. Do you shop to avoid facing other responsibilities in life?
5. Do you shop because it makes you feel perfect?
6. Do you go on buying binges when you're lonely/angry/sad?

7. Do you ever feel agitated or irritable when you haven't been able to buy something?
8. Have you tried stopping yourself from over shopping but been unable to?
9. Do you find yourself increasing your credit card limit?
10. Has this extreme shopping tendency caused any sufferings in your relationship with friends and family?
11. Do you hide your purchases from your friends and family?
12. Do you not know, or want to admit how much you shop?

If your honest answer to most of those questions were a 'yes' then there is a high possibility that you are addicted to shopping.

How can you de-addict yourself? Research says the best method is CBT (cognitive behavioural therapy) which involves talking it out to a psychologist, therapist or a counsellor in a therapeutic environment. The first step should be acceptance. Shopaholics need to accept the fact that they do shop on an unusually high scale. Until and unless they are made to understand the abnormality of the situation, they will not be able to detoxify themselves. Once they do so, half the battle is won. Usually compulsive shoppers, post understanding the aforementioned point, start limiting their compulsiveness, but in the other extreme cases, if they are still uncontrollable, a family member or a trusted member must intervene and control their finances and spends. The second step being, switch to a debit card instead of a credit card. In the case of a debit card, you will not be in debt anytime you use it as it is money from your bank. There will be no case of paybacks and interest charges levied due to late payment. If not debit card, carry a fixed amount of cash to limit yourself. The third step would be to not shop alone. Compulsive shoppers prefer shopping alone as there is no one to check on them, give a guilt trip or stop them for excessive shopping. Make a list of the things that you want to shop for and take someone along with you. Every time you pick up an item off the aisle, ask yourself "do I need it or do I want it?" If your answer is want, put it back. Joining support groups can also be helpful. A lot of like-minded people with similar issues come together and help each

other out. A support group should not be looked upon as something negative. It, as the name suggests, is a group that SUPPORTS. And lastly, take up a hobby. Pursue your hobbies and passions and put all that time you have into doing something productive. Be it reading your favourite novel, watching a movie, listening to music, playing an instrument etc. Develop other ways to channelize and manage your emotions rather than shopping.

Addictions, although harmful, are very much curable. You need to have the will and motivation to tell yourself NO. Consciously keep a check on yourself. Take the help of friends, family and therapists because you need to understand the fact that you are not alone. Help is always available but you need to seek it. Accept things. Remind

yourself that you have a bigger purpose in life. As John Green says in his books, "Looking for Alaska":

To go out a seek a great Perhaps

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FOOD ADDICTION

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What is food addiction?

Food addiction refers to compulsive overeaters who engage in frequent episodes of uncontrolled eating (binge eating). The term binge eating means eating an unhealthy amount of food while feeling that one's sense of control has been lost. At first, food addiction comes in the form of cravings so a person is naturally caught unaware when suddenly they find that they cannot cope without the craving. The person's behaviour then begins to shift when the need for more food is not met in that when the urge is met binge eating obesity and bulimia can result as consequences.

In addition to binge compulsive overeaters may also engage in "Grazing" behaviour, during which they continuously eat throughout the day. These actions result in an excess overall number of calories consumed, even the quantities eaten at any one time may be small During binges a compulsive overeater may consume between

5000 and 15000 food calories daily resulting in a temporary release from psychological stress through an addictive high not unlike that experiences through drug abuse. Compulsive overeaters tend to show high brain changes similar to those drug addicts a result of excessive consumption of highly processed food.

Types of food Addiction

- 1) Bulimia Nervosa - Bulimia is a disorder where people over indulge in food and then purge the content of their stomach. These individuals often have a normal weight due to the fact that they do not over indulge every time they eat. This type potassium.
- 2) Anorexia Nervosa - Anorexia is an addiction where the individuals starve themselves they will often exercise to the point of exhaustion and will count every calorie that they put into their bodies. The result of this disorder is malnutrition.

3) Binge Eating Disorder - Individuals with binge eating disorder are usually over weight and eat to make themselves feel better or to replace something that they are lacking in their lives. Overeating can cause a wide variety of problems including heart diseases cancer gall bladder disease, diabetes and high blood pressure.

Food addiction can have an impact on your social life and relationships. Social effects of food addiction include -

- Decreased performance at work or school.
- Isolation from loved ones.
- Division within family unit.
- Lack of enjoyment in hobbies or activities once played or enjoyed
- Avoidance of social events or functions
- Risks of jeopardizing finances or career

What makes food Addictive - In a sense, we all are addicted to food. Think about what it feels like when you are not able to eat. You start to crave food, and become more physically and emotionally uncomfortable. The longer the cravings go on for until eating becomes the most important thing for you to do.

There are biochemical reasons why some people lose control over their consumption It has repeatedly been linked to processed foods, especially those high in added sugar and fat. Processed food are usually engineered to be hyper palatable so they taste super good. They also contain high amount of calories, and cause major blood-sugar unbalances these are the few known factors that can cause food cravings.

However the biggest contributor to addictive like eating behaviour is your brain. The brain has a reward centre which lights up and starts secreting Dopamine and other feel good chemicals that we eat. Eating processed junk food releases massive amount of feel good chemicals compared to unprocessed food. This yield to much of powerful reward in the brain. Your brain then seeks more reward by causing craving for these hyper rewarding foods. This possibly leads to a vicious cycle called addictive like eating behaviour.

Myths or Misconception about food addiction -

1) Food addiction is not a real condition There are many views on food addiction and there is lot of research to

indicate that for some people food rich in sugar fat or salt can trigger the brain to produce neurochemical such as Dopamine which allow for a feeling of calm Judith Brisman MD he stated that "The desire for the physically induced feelings results in food craving that cause people to eat when they are not even physically hungry." And much like a drug addiction that desire can eventually become a mental and physical burden.

- 2) Food addiction is the same thing as loving food. Just because you have a big meal and a big dessert doesn't mean you have a disorder or an addiction. We all can it too much too fast or want more. Brisman say's "If the eating is repetitive filled with shame and the person ultimately is not enjoying the food that's a different story. The question is about frequency and weather the eating interferes in one's life."
- 3) Being a food addict is the same thing as being an emotional eater. Don't worry! Eating a carton of ice-cream after a breakup is not a gateway behaviour. There is a difference between being a food addict and being an emotional eater.
- 4) Only obese people can be food addicts it's entirely possible for a food addiction have a normal waistline or BMI. Brisman says "The question is how the person uses food not what one's weight is just because someone is thin doesn't mean they are not a food addict.
- 5) Food addicts are only drawn to junk food addiction doesnot always mean drowning yourself in cake. Some people stuff themselves full of fruits and vegetables until they are sick. Usually food addicts are drawn to food rich in sugar fat or salt.
- 6) Food addicts are weak and are not trying to lead a healthy life Addiction is a serious condition that should be taken seriously in all its' forms. The biggest food addiction myth is that people who are food addict are weak or not trying if they continue to binge. This is a tough addiction.

Effects of Food Addiction

Eating healthy and losing weight may seem impossible for many people they repeatedly find themselves eating large amount of unhealthy foods, knowing that it may

cause them harm. The truth is that the effect of certain foods on the brain makes it hard for some people to avoid them. Food addiction is similar to several other eating disorders, including binge eating disorder bulimic, compulsive overeating and other unhealthy relationship with food.

Food addiction involves the same areas of your brain as also involved, and many of the symptoms are identical. Processed junk foods have a powerful effect on the reward centres of your brain. These effects are caused by brain neurotransmitters like dopamine. The most problematic food include typical junk food have a powerful effect on the reward centres of your brain. These effects are caused by brain neurotransmitters like dopamine. The most problematic food includes typical junk food like candy, sugary soda and high fat fried foods. Food addiction is not caused by a lack of will power but results from a dopamine signal that affects the biochemistry of your brain.

The symptoms and thought processes associated with food addiction are similar to drug abuse. It's just a different substance and the social consequences may be less severe Food addiction can cause physical harm and load to serious diseases like obesity and type 2 diabetes.

In addition it may negatively impact your self-esteem and self-image, making you unhappy with your body. As with other addictions, food addiction may take an emotional toll and increase your risk of premature death.

If you decide to cut out certain food completely to overcome your food addiction, you can do a few things to prepare yourself and make the transition easier.

- Trigger food: Write down a list of the food you tend to crave or binge on. These are the trigger foods you need to avoid completely
- Fast food places: Make a list of fast food places that serve healthy food and note their healthy options.
- What to eat: Think about what foods you are going to eat preferably healthy foods that you like and are already eating regularly.
- Pros and cons: Consider making several copies of your pro and con list. Keep a copy in your kitchen and

pause or wallet. Remind yourself why you are doing this treatment of food addiction

To beat food addiction it's important to plan your steps. Make a list of trigger foods and know what you are going to eat instead. Constantly remind yourself why you are doing this It is possible to overcome addiction an your own even if it takes several tries it can often be beneficial to seek help. Many health professionals and support groups can aid you in overcoming your addiction.

You may want to find a psychologist or psychiatrist in your area who has experience in dealing with food addiction to get one on one support. Also there are several free group options available as well. These include 12 step programs like overeaters Anonymous (OA) Grey Sheeters Anonymous (GSA) food addicts Anonymous (FAA) Food Addicts in Recovery Anonymous (FA) these groups meet regularly. Some even via video chat and can offer you the support you need to overcome your addiction. If you can't beat your food addiction alone, consider seeking help from Support Groups, Psychologists or Psychiatrists who are available to help you.

Food addiction is a problem that rarely resolves on its own. Unless you make a conscious decision to deal with it chances are it will worsen over time. First steps to overcoming your addiction include listing the pros and cons of quitting trigger foods finding healthy food alternatives, and setting a fix date to start your journey to a healthier you. You may also want to consider seeking help from a health professional or free support group. Always remember that you are not alone!

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ADDICTION TO LOVE AND RELATIONSHIPS

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Love addiction defined as, "A physical or psychological dependence on a mind altering substance"

What is love addiction? - People develop addictions to shield themselves from intolerable painful feeling an addiction always creates harmful, often ignored consequences. Only when the addiction becomes unmanageable will people do something.

Love addicts spend much time, efforts on a person to whom they are addicted. Love addicts value this person above themselves, and their focus on the beloved other often is obsessive.

A Love addict's core fantasy is the expectation that someone else can solve their problems provides unconditional positive regard at all times and takes care of them when this unrealistic need isn't met; love addicts may find themselves feeling resentful and may create conflict in their relationship with others.

Love addiction doesn't necessarily pertain only to romantic or sexual relationships it is possible for a person to relate as a love addict with their friends, children, sponsor, guru or religious figure, or even with a movie star, whom they have never met.

An Anthropologist TED speaker, Helen Fisher proposes, "That love addiction is just as real as any other addiction, in terms of its behaviour Pattern and Brain Mechanism."

According to fisher, "Besotted lovers express all four of the basic traits of addiction: craving tolerance, withdrawal and relapse."

This tendency can be defined in a general way as a compulsive (repeated action without choice) and chronic (ongoing overtime) pattern of using a substance or behaviour for soothing comforting and arousal as means of medicating uncomfortable feeling. People typically continue to use their "drug of choice" despite negative consequences.

Love addiction, however is a compulsive, chronic craving and pursuit of romantic love in an effort to get our sense of security and worth from another person. During infatuation, we believe we have that security only to be disappointed and empty again once the intensity fades the negative consequences can be severe and yet the love addict continues to hang on to the belief that true love will fix everything.

The typical love addict loses interest in activities outside of their addiction. Furthermore, love addiction causes problem with family and friends, even at work. When the addiction is interrupted, the addict will feel an intense, emotional withdrawal.

Why do the love addictions form? - People generally become love addicts due to a part history of abandonment from their primary caregivers.

The roots of love addiction extend back to early childhood, neglect or inadequate or inconsistent nurturing can lead to love addiction.

Most love addicts had a parent, or parent that was not attuned to them as small children. They were not able to meet their child's primary needs for love, connection and validation. This lack of parental nurturance or worse, parental rejection is extremely painful to a child. So the child, and adult, takes refuge in a fantasy of love to avoid pain.

Caroline Backer explains, "Love addiction develops when reality is too painful for the conscious mind to manage and so a fantasy version of loved one and of life with that person develops".

Characteristics of Love addiction

- 1) Love addicts assign a disproportionate amount of time, attention, and "value above themselves" to the person to whom they are addicted and this focus

often has an obsessive quality about it.

- 2) Love addicts have unrealistic expectations for unconditional positive regard from the other person in the relationship.
- 3) Love addicts neglect to care for or value themselves while they are in the relationship.

"Instead of developing mature intimacy love addicts seek to enmesh to merge, to get completely connected to their partners" This type of enmeshed intimacy can be described as "fantasy Bond" -

An illusion of connection and closeness between two people that is substituted for feeling of real love and intimacy\ love addicts often have a fantasy of being rescued.

What type of partners do love addict choose? - Essentially, love addicts are attached to people who are not able to meet their needs. Even though love addicts feel as though they want a close relationship more than anything in the world. They unconsciously choose partners that avoid closeness at all costs. This relationship dynamic creates a toxic cycle that distracts that love addict from focusing on the unresolved pain of their early childhood.

Causes of love Addiction

- 1) Inadequate or inconsistent nurturing
- 2) Low self esteem
- 3) Absence of positive role models for committed relationships.
- 4) Indoctrination with cultural image of perfect romantic

love and happily ever after endings.

Recovery of Love Addiction - As with any addiction recovery from love addiction is process of self-discovery.

Recovering love addicts may have to face unresolved childhood pain, however with the help, people can break the pattern of love addiction.

Many people find help by entering a 12 step meeting such as S.L.A.A. (sex and love addicts Anonymous) provide both a framework and community support for the love addict to engage in the healing work of recovery.

Sex and love addicts' Anonymous offer meeting worldwide. There are some treatment of love addiction are as follows -

- 1) Counselling
- 2) CBT (cognitive Behavioural Therapy)
- 3) Coupled with group therapy.
- 4) 12 steps and other social support groups and alternative therapies.

"Recovery is not a race; you don't have to feel guilty. If it takes you longer than you thought it would."

Quotes on Love Addiction

"When you can stop; you don't want to and when you want to stop; you can't that's Addiction"

"Addiction is a family disease....."

"One person may use, but the whole family suffers."

"Addiction to love is pure have"



DRUGS AND DETOX

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Overcoming drug addiction:-Decide to make a change
Developing an addiction to drugs isn't a character flaw or a sign of weakness, and it takes more than willpower to overcome the problem. Abusing illegal or certain prescription drugs can create change in brain, causing powerful craving and a compulsion to use that makes sobriety seem or how many times you have tried and failed before. With the right treatment and support change is possible.

For many people struggling with addiction, the toughest step toward recovery is the very first one: recognising that you have a problem and decide to make a change. It's normal to feel uncertain about whether you are ready to start recovery or if you have what it takes to quit if you are addicted to a prescription drug you may be concerned about how you are going to find an alternate way to treat a medical condition. It's okay to feel torn. Committing to sobriety involves changing many things, including:

- The way you deal with stress
- Who you allow in your life
- What you do in your free time
- How you think about yourself
- The prescription and over the counter medications you take.

It's also normal to feel conflicted about giving up your drug of choice even when you know it's causing problems in your life. Recovery requires time, motivation and support but by making a commitment to change you can overcome your addiction and regain control of your life.

Think about change:

- Keep track of your drug use including when and how much you use. This will give you a better sense of the role the addiction is playing in your life.
- List the pros and cons of quitting as well as the costs

and benefits of continuing your drug use.

- Ask someone you trust about their feeling on your drug use
- Ask yourself if there's anything preventing you from changing. What could help you make the change?

EXPLORE YOUR ADDICTION TREATMENT OPTIONS

Once you are committed to recovery it's time to explore your treatment choices. While addiction treatment can vary according to the specific drug, a successful program often includes different elements, such as:-

- Detoxification:
Usually the first step is to purge your body of drugs and manage withdrawal symptoms.
- Behavioural counselling:
Individual group, and or family therapy can help you identify the root causes of drug use repair your relationship and learn healthier coping skills.
- Medication:
May be used to manage withdrawal symptoms prevent relapse or treat any co-occurring mental health condition such as depression or anxiety.
- Long term follow up:
Can help to prevent relapse and maintain sobriety. This may include attending regular in person support groups or online meetings to help keep your recovery on track.

TYPES OF DRUG TREATMENT PROGRAMS

- Residential treatment:
Residential treatment involves living at a facility and getting away from work, school, family, friends and addiction triggers while undergoing intensive

treatment. Residential treatment can last from a few days to several months.

- Day treatment / partial hospitalization:

Partial hospitalization is for people who require ongoing medical monitoring but wish to still live at home and have a stable living environment. These treatment programs usually meet at a treatment centre for 7 to 8 hours during the day, then you return home at night.

- Outpatient treatment:

Not a live in treatment program these outpatient program can be scheduled around. Work or school. You are treated during the day or evening but do not stay overnight. The major focus is relapse precaution.

- Sober living Communities:

Living in a sober house normally follows an intensive treatment program such as residential treatment you live with other recovering addicts in a safe supportive and drug free environment. Sober living facilities are useful if you have nowhere to go or you are worried that returning home too soon will lead to relapse.

- Substance abuse and Mental Health:

As you seek help for drug addiction, it's also important to get treatment for any other medical or psychological issues you are experiencing. Your best chance of recovery is by getting combined mental health and addiction treatment from the same treatment provides as team.

FIND SUPPORT FOR YOUR ADDICTION RECOVERY

Don't try to go it alone reaches out for support whatever treatment approach you choose, having positive influences and a solid support system is essential. The more people you can turn to for encouragement, guidance, and a listening ear the better your chances for recovery.

- Hear on close friends and family:

Having the support of friends and family members in an invaluable asset in recovery if you have to turn to your loved one's because you have let them down before, consider going to relationship counselling or family therapy.

- Build a sober social Network:

If your previous social of life revolved around drugs, you may need to make some new connections. It's important to have sober friends who will support your recovery. Try taking a class, joining a church or a civic group volunteering or attending events in your community.

- Consider moving into a sober living home:

Sober living homes provide a safe, supportive place to live while you are recovering from drug addictions. They are good options if you don't have a stable home or a drug free living environment.

Relive your stress without Drugs

- 1) Yoga and meditation are excellent ways to bust stress and find balance.
 - 2) Step outside and get the warm sun and fresh air. Enjoy a beautiful view or landscape.
 - 3) Play with your dog or cat. Enjoy the relaxing touch of your pet's
 - 4) Close your eyes and imagine a picture of a peaceful place. Such as your child's first steep or time spent with friends and family and memorable events with you.
 - 5) Pamper yourself. Make yourself a steaming cup to tea give yourself a neck a shoulder massage. Soak in a hot bath as shower.
- Making meetings a priority:

Spending time with people who understand exactly what you are going through can be very healing. You can also benefit from the shared experiences of the group members and learn what others have done to stay sober.

- Healthy ways to cope with stress:

There are healthier ways to keep you stress level in check. You can learn to manage your problems without falling back on your addiction. When you are confident in your ability to quickly distress facing strong feelings as intimidating or over blaming.

Relieve stress without drugs

- 1) Movement: - A brisk walk around the block can be enough to relieve stress. Yoga and meditation are also excellent ways to bust stress and find balance. Step outside and savour the warm sun and
- 2) Fresh air: - Enjoy a beautiful view or landscape.
- 3) Play with your dog or cat: - Enjoy the relaxing touch of your pet's fur.
- 4) Close your eyes and picture a peaceful place: - Think of a sandy beach or a fond memory such as your child's first steps or time spent with friends.
- 5) Pamper yourself: - Make yourself a steaming cup of tea, give yourself a neck or shoulder massage. Soak in a hot bath or shower.

Keep drug triggers and cravings in check

- Your recovery doesn't end at getting sober. Your brain still needs time to recover and rebuild connections that changed while you were addicted. During this rebuild, drug cravings can be intense. You can support your continued recovery by avoiding people, places and situations that trigger yourself urge to use.
- Step away from your friends who use:
Don't hang out with friends who are doing drugs. Surround yourself with people who support your sobriety not those who tempt you to slip back into old, destructive habits.
- Avoid bars and clubs:
Even if you don't have a problem with Alcohol, drinking lowers inhibitions and impairs judgment, which can easily lead to a relapse. Drugs are often readily available and the temptation to use can be overpowering. Also avoid any other environments and situations that you associate with drug use.

- Use caution with prescription drugs:

If you were addicted to a prescription drug such as an opioid painkiller, you may need to talk to your doctor about finding alternate ways to manage pain. Regardless of the drug you experienced problems with it's important to stay away from prescription drugs with the potential for abuse or use only when necessary and with extreme caution. Drugs with a high abuse potential include painkillers, sleeping pills, and anti-anxiety medication.

- Build a meaningful drug free life. You can support your drug treatment and protect yourself from relapse by having activities and interest that provide meaning to your life. It's important to be involved in things that you enjoy that make you feel needed and add meaning to your life when your life is filled with rewarding activities and a sense of purpose you addiction will lose its appeal.

- 1) Pick up an old hobby or try a new one:

Do things that challenge you creativity and spark your imagination. Something you have always wanted to try. Learn a musical instrument a foreign language or try a new sport.

- 2) Enjoy the arts:

Visit a museum go to a concert or play taken an out class or write a memory

- 3) Get involved in your community:

Replace your addiction with drug free groups and activities. Volunteers become active in your church of faith community or join a local club or neighbourhood group.

- 4) Look after your health:

Regular exercise adequate sleep and healthy eating habits help you to keep your energy level up and your stress level down. The more you can stay healthy and feel good.



IS THE LAW TOO CHILLUM, SORRY, CHILL TO HANDLE THE DRUG PROBLEM OF INDIA?

Aishwarya Bhojkar,
TYBA



Stories about smoking weed in college are generally very common in Indian films and books. But I always thought that it was a way to make the character "cooler" or "wilder" and never realized the truth in it till I met people who smoked. Though the legality of weed or marijuana is a point of debate even in India as the law is ambiguous, consumption of other drugs is illegal in India. Suspending for a moment, the health issues and psychological effects that come with drug consumption, knowing what laws exist in the country regarding drugs becomes important or else one might get caught for doing something illegal. And understanding these laws is a headache, trust me, but I will try to break it down for you.

India was a part of League of Nations (the precedent of United Nations). According to the drug control treaties in those times, drugs like Opium and Heroin were already banned in India. However later in 1961, when the United Nations was already formed, a new treaty was adopted, which prohibited all kinds of narcotic drugs including those produced with Cannabis. Cannabis is a recreational drug that is used to make ganja, charas and bhang in India. It was openly consumed in India especially during festivals. So, India opposed this treaty saying it was against their social and cultural customs but agreed to limit export of Cannabis. However, because of exceeding pressure, in 1985 India introduced a law banning all kinds of narcotic drugs.

So, what is the basic law about controlling drugs in India?

This law is Narcotic Drug and Psychotropic Substances Act or NDPS Act, which is the main, overarching drug control act of India. Of course, to understand this you must know what Narcotic drug and Psychotropic substance mean.

- **Narcotic Drug**

Narcosis is basically a state of sleep or stupor. Hence

any compound that induces sleep can be a narcotic drug. It includes all Opium based drugs e.g. Morphine, Coca based drugs e.g. Cocaine and Cannabis based drugs e.g. Marijuana or Ganja

- **Psychotropic Substance**

A psychotropic substance affects a person's mood, behavior and perception. A popular example is LSD.

- **Controlled substance**

There are other substances used in producing drugs and in legal language they are called Controlled Substances. If the Government has any reason to believe a certain substance is being used in the production of drugs it falls under Controlled Substances category of the Act.

These classifications of a drug as narcotic drug or psychotropic substance are given according to treaties by UN but may vary or overlap.

The NDPS Act prohibits a person to produce / manufacture / cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or substance.

Very interestingly, the law, as mentioned before is ambiguous when it comes to Cannabis consumption. So, consuming any drug produced using the resin and flower of Cannabis plant is illegal. However, nothing has been said about the seeds of Cannabis using which bhang is prepared. Hence consuming bhang is legal in some states of India where specific laws regarding bhang haven't been made (Just a fun fact).

Thus, the law has been stated, but then what are the bodies that see if it gets followed or not?

- **Government ministries**

This comes under the domain of Department of Revenue in Ministry of Finance and Ministry of Home

Affairs

- **Enforcement agencies of Government**

Border Security Force (BSF), Customs and Central Excise, Revenue Intelligence, etc.

- **Enforcement agencies under NDPS Act**

Narcotics Control Bureau (this bureau is given the task of coordinating all these multiple agencies), State police, CBI, etc.

If all these mechanisms are in place, why is the drug problem in India still on a rise?

I've mentioned some institutional causes that have made this problem persist.

India has a rich socio-cultural history. It also involves certain practices which are considered unconstitutional now. However, as they have been traditionally practiced, people blindly keep following them. This is also true in the case of drug consumption. Certain gurus or babas recommend psychedelic drug use to gain spiritual or miraculous experiences.

Media has given a certain amount of glory to the consumption of drugs. When you portray the brooding, tough hero taking drugs to escape his pain; you immediately feel for him. You want to be that guy. You think this kind of an escape route is not just valid, it in fact makes you feel great about it. This kind of a media influenced drug abuse is seen rampant in Punjab. Songs that glamorise drugs gained so much popularity that it became trendy to take drugs. This has wasted almost an entire generation of youngsters as seen in the movie 'Uda Punjab'.

Some of the people from the enforcement agencies like police, are themselves involved in drug peddling, making the racket hard to detect and nab.

India is surrounded by countries that produce illicit drugs. Most of the heroin comes from Afghanistan and is a huge source of money for the Talibans leading to

narcoterrorism. Spurious and cheap drugs are produced in the country itself. Several drug addicts are involved in drug trade themselves or resort to other crimes as there is no other way a common person can afford these drugs.

Apart from the glaring question marks in systems used to prevent drug problems, the systems used to cure it are also in bad shape. There is a dearth of rehabilitation centres in India. Also, some of the existing ones are not equipped to treat addiction completely. Privilege plays an important part in this. In several cases, poor people are dumped in rehab centres and are charged for drug usage whereas the drug intake of upper classes goes unnoticed or is considered cool with people posting pictures and uploading videos of it.

These are some causes of abundance of drug use in India. Hence, we can see loopholes in all the systems-legislation, administration, enforcement and rehabilitation. Unless these are overcome, the situation won't improve, in fact it may decline further.

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ALTERED STATES OF CONSCIOUSNESS

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There are several arguments when it comes to using drugs. The most common one is that it provides a getaway from problems. However, all these arguments related to escapism can be countered by providing alternative, healthier means of escapism or by coping in a different way altogether. However, there is one argument that I heard that I could not argue with initially- When you are high on certain kinds of drugs it provides you a fresher perspective, a newer solution to problems, it enables creativity far broader than what the person could normally do. It even provides what certain gurus call a 'spiritual experience'.

There is a specific class of drugs that can do so. They are called psychedelic drugs. Mostly psychedelic drugs are produced from various mushrooms and other fungi, some plants or are prepared synthetically. At an ordinary waking state, we have perceptions, thoughts and feelings. So, what these psychedelic drugs basically do is cause alterations in perception, thoughts and feelings usually heightening or sharpening them. Hence, we can say that they cause an altered state of consciousness where we are experiencing the same things but at another level. This provides the new perspectives, solutions and enhanced creativity.

It can be agreed that drugs are the easiest, most reliable way for such an experience. However, they are not the only way. The other ways may require a lot of practice and effort, but the end result is much more fulfilling than drug use ever will be. Altered states of consciousness can be achieved by different ways.

There is a classification of the activities that can cause altered states of consciousness.

- Spontaneous
- Physical and Physiological
- Psychological

- Pathological
- Pharmacological

Out of this the pharmacological category includes drugs. A few examples from the other categories are given below-

1. Daydreaming -

Yes, daydreaming is an altered state of consciousness. It belongs to the spontaneous category. In fact, it is better than dreams as dreams are often incoherent and all over the place, whereas daydreams are in touch with reality. There are several functions of daydreaming and one of them that concerns us is creative thinking. When tackling unsolved problems, the most productive incubation periods in terms of creative solutions are those in undemanding conditions than attention demanding ones. As daydreaming requires no focus, it can provide creative ideas. Another example from the spontaneous category are near death experiences, but I would not recommend those.

2. Sex -

Neuroscientist Adam Safron proposes that the rhythmic nature of sexual activity gives rise to a trance state involving total sensory absorption and loss of self-awareness. From a neuroscientific perspective, sex can be considered an alternative form of consciousness or even a meditative practice. This way of viewing sex is different from, but consistent with, conceptualizing sex solely in terms of desire, pleasure and arousal. This fits in the Physical category.

3. Meditation -

Meditation helps in focusing thoughts. It increases awareness to internal physical and mental processes and tunes out external distractions. It has shown a positive effect on practitioners, reducing stress levels and improving physical and mental health. Another scientific benefit of meditation is an increase in self-awareness and self-esteem. Mindfulness meditation also increases a person's attention span. In fact, it is such a powerful tool of self-control, it is used to battle addictions. It falls under the Psychological category.

4. Hypnosis-

Hypnosis tends to be a shift of awareness in the direction of sleep, without actually falling asleep. Hypnosis allows us to communicate directly to the subconscious part of the mind and can be used to promote progress. It can be used therapeutically or to widen our horizon and understanding about self. Along with meditation, it comes under Psychological category.

5. Music and Dance-

Music and dance both require rhythmic movements and involve rhythmic beats. Rouget wrote a book called 'Music and Trance: A theory of the relations between Music and Possession'. According to him, music creates emotional conditions and structures time processes of symbolic events, especially in ceremonial settings in which it is intended to alter consciousness states for individual and group ritual purposes. It is the same with dance. A very good example of this can be the Sufi song 'Khwaja mere Khwaja' from the film Jodha Akbar where towards the end of the song, they have shown the performers and

Akbar enter a trance like state. So, in a way, music and dance lead to the trance state and conversely this trance state enhances the art of music and dance.

6. The last Pathological category contains altered states of consciousness caused due to Epilepsy and Brain damage. Hence, they cannot be recommended as an alternative to drugs.

Therefore, the point is that there are various ways to achieve altered states of consciousness and enrich your experiences sans drugs. They are good alternatives for those involved in psychedelic drugs. For that matter, most of them provide added health benefits, psychological benefits and come without the negative effects and addiction that is caused by drug intake. Also, can be a good counterargument the next time someone says that drugs are the only way to gain such experiences.

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WHY SUPPRESS? EXPRESS!

Art Therapy for Addiction Recovery

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When a person decides to get professional help for an addiction, he has several options for what kind of treatment he can receive. Many addiction treatment centres offer their patients different kinds of therapy, such as individual, group, skills-focused, relapse prevention, and art therapy. These forms of therapy are often used in combination to provide the person with multiple venues of expression and healing.

Art therapy is a mental health therapy that involves using the art and creative process to facilitate a therapeutic experience. Through creating and appreciating art, a person in substance abuse recovery is ideally able to express themselves where words cannot. This therapy approach is frequently utilized in substance abuse treatment as a means to help relieve anxiety, reduce conflicts and build a person's self-esteem and self-awareness in recovery. While art therapy is rarely the only therapy a person in recovery utilizes, it can be a significant complement to medication management and talk therapy or psychotherapy.

Art therapists believe that allowing a person to express themselves through art enables the person to tap into thoughts and emotions they may not be able to express in words. Art therapy also incorporates a variety of skills, such as sensory, motor and cognitive functions. An individual may be able to use art to catalogue their life experiences and find the motivation to move forward as a sober individual.

Art therapy is a form of experiential therapy, an approach to recovery that addresses emotional and spiritual needs through creative or physical activity. It is not necessary to have a background in the arts or artistic talent to participate; individuals only need to be open to the experience and to engage actively to benefit from these sessions. Many clients find that art therapy is a relaxing and enjoyable way to address some of the more complex

aspects of rehab. Creative activity provides a way to process some of the stressful emotions and anxieties that can emerge during treatment. After rehab, activities like painting or drawing can be used throughout the individual's life as a way to express feelings, explore creativity, and reduce stress.

One of the primary goals of art therapy is to help the client return to healthy functioning, whether that be on a social, emotional, or cognitive level. It can be particularly useful in the treatment of individuals who have experienced personal trauma, such as childhood abuse, sexual assault, violence, or a natural disaster. Memories and experiences that are too powerful to confront directly can be explored through the vehicle of visual media, allowing the release of tension and fear in a safe environment. Creative activity gives the individual in recovery a sense of control that may be lacking in life. In this sense, art can become a coping strategy for dealing with the challenges of recovery.

On a social level, art therapy sessions can serve as a form of group therapy, creating bonds among peers. As clients work together on guided projects, they can learn new methods of coping, share their responses to therapy, and practice their collaborative skills. On a more general level, art therapy can act as an introduction to the pleasures of creative activity.

Art therapy is practiced in a wide range of settings, from community mental health centres to inpatient psychiatric units, medical facilities, schools, and residential recovery centres. This versatile treatment modality can be applied in almost any therapeutic context, from individual therapy to group sessions and family or marriage counselling.

Certified art therapists will typically have a comprehensive understanding of the powerful effect that the creative process can have on those in therapy. Art

therapists often use psychological, spiritual, and artistic theories in conjunction with clinical techniques to achieve the desired therapeutic outcome. The approach has proven to be beneficial even for non-verbal individuals and professional artists. Common techniques used in therapy include: Painting, Finger painting, Doodling, Scribbling, Sculpting, drawing, using moulding clay, Carving, making pottery, making cards, using textiles, and making collages.

Art therapists have used art therapy for both short- and long-term treatment approaches. For example, some inpatient rehabilitation programs have in-house art therapists who work with patients who are participating in art therapy on a short-term basis⁴. Other people may continue to participate in art therapy on a longer-term basis through group classes.

While not all art therapists utilize a specific treatment plan and program, there are some standardized art therapy approaches. One example is a five-stage art directive series known as "The First Step Series". Through this art series, participants are encouraged to complete five separate art pieces.

These pieces include:

- **Crisis Directive:** The client completes a drawing that describes their current situation or the incident that led them to the recovery process.
- **Recovery Bridge Drawing:** This is a drawing where a person is asked to describe where they have been, then where they are now and at the end of the bridge depict where they want to be in their recovery.
- **Cost-Benefits Collage:** This collage is one a person creates to relay the benefits of staying sober.
- **Future Depiction:** Future depiction asks a person to depict themselves in the future as a sober person as well as their future if they do not continue a sober lifestyle.
- **Barriers Imagery:** In this picture, a person is asked to depict the stresses, factors, and issues that could keep them from staying sober.

Even if a client in art therapy does not complete the five-step series, common art therapy exercises are to complete one or more of these projects. Other popular art projects an art therapist may use include a "Hypothetical Greeting Card," where a person is asked to create a card

from themselves to send to a person they care about. This exercise allows a person to evaluate who and what they care about.

Art therapy comprises a great deal more than simply a blank canvas and a desire to create art. Art therapy relies on the guidance and counselling of a licensed mental health counsellor who specializes in creative interventions. In any given art therapy session, the materials, setting, and outcome of the art produced may change. What doesn't change, however, is the inclusion of the following therapeutic concepts:

- **Perception:** Once art is created, it stands on its own for interpretation. Often, one individual's perception of a piece of art is different from another person's. Art therapy typically explores an individual's understanding of what constitutes "self-perception" and "global perception." Frequently produced or addressed perceptions become a stepping stone to help the individual both recognize and validate their emotions.
- **Personal Integration:** The creative process becomes an avenue for the individual to incorporate personal experiences and express private thoughts in a non-threatening and non-challenging medium. Many participants find that, following art therapy, they grow more comfortable with their identity and self-image. This may occur as a result of making emotions visible through the artistic process, which provides a resource for the individual to visualize and conceptualize emotions that even they may not immediately recognize or understand.
- **Emotional Regulation:** Art therapy focuses on the regulation of emotions and impulses by challenging the individual to channel expression through the creative process. The introduction of artistic expression frequently becomes a cathartic resource for emotional expression, which provides the individual with greater emotional control and the ability to self-regulate in social situations.
- **Behaviour Modification:** Again, by focusing on the artistic process, art therapy introduces an alternative means of perceiving behaviour. By providing a space to rehearse alternative responses to existing personal narratives, the individual learns a potentially more helpful way to manage behaviours.

Having a creative experience has been shown to be healing in many ways. Here are a few examples:

- A pathway through shame. Addicts carry a great deal of guilt and shame that can be difficult to put into words. Creative approaches can help them process these feelings so they don't trigger a relapse. Research with sex addicts, for example, has shown that shameful feelings are often more easily expressed through the use of imagery or symbolism than words.
- A chance for vicarious healing. People who have experienced trauma and are not yet ready to talk about it may be able to describe their pain through art, writing or role play, or they may see their own pain in someone else's creative expression. With a therapist guiding the process, creative approaches can be a stepping stone that allows people to eventually talk about their pain rather than escape through drugs or alcohol.
- Regulates emotions. Engaging in a creative activity can open a new channel for people to connect with their emotions. For example, studies show that listening to music can foster a healing environment and reduce stress. One study found that partaking in music, such as singing in a choir, reduced negative emotional states.
- Assists in coping with loss. Talk therapy has long been a standard approach for helping people through loss and life transitions. Studies have shown that writing about one's experience is another form of traumatic disclosure that can be cathartic. One study followed people who were recently unemployed and found that those assigned to write about thoughts and emotions related to being fired or laid off found new jobs faster than those who did not participate in expressive writing exercises.
- Supports mastery in other areas. People who participate in creative pursuits not only fuel their creativity, but they may also become more proficient in other aspects of their lives. A study of employees in non-creative jobs who sought creative activities like

writing and art showed improved job performance and ability to recover from work stress.

- Increases playfulness. People are often so wounded by life that they forget what it is like to be childlike and carefree. Creativity can help connect people to a more fun, lighthearted part of themselves. Creative activities that promote play such as dance, rock climbing or chess also have been shown to help people feel more in control of their environment.
- Creates opportunities for "flow." Many artists describe getting lost in the creative process. Studies show creativity changes the brain and allows people an uninterrupted or purer focus. Creativity research calls it "flow." And it's described by Mihaly Csikszentmihalyi as the experience of "being completely involved in an activity for its own sake." This optimal experience can help people feel more present and fulfilled.

Every individual recovers from addiction in their own way. This is why it is so important for addiction treatment programs to offer a mixture of therapeutic approaches. Some will rely on verbal expression, like cognitive behavioural therapy, but some may be less verbal like art therapy. For people who can't articulate their thoughts or experiences to a therapist or group, creative therapies can help them break through and slowly begin to find the words.

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व्यसनाधिनता

अर्चना देशपांडे

टी.वाय.बी.ए

व्यसनाधिनता म्हणजे एखाद्या गोष्टीच्या किंवा सवयीच्या आधीन जाणे. ती गोष्ट किंवा सवय परत परत करावीशी वाटणे. व्यसन हे वाईट तसेच चांगल्या गोष्टींचे कुठलेही असू शकते. पण साधारणपणे वाईट अर्थीच या शब्दाचा वापर जास्त होतो.

प्रथम आपण वाईट गोष्टींच्या व्यसनाचा विचार करू. वाईट गोष्टी म्हणजे मादक पदार्थांचे सेवन करणे, दारू, सिगरेट, तंबाकू इत्यादींचे अतिरिक्त सेवन करणे. हे व्यसन का लागते तर आनंद, दुःख, तणाव इत्यादी भावनांचा दृश्य परिणाम होय.

एखादी गोष्ट मनासारखी घडली तर आपल्याला आनंद होतो. तो व्यक्त करण्यासाठी लोक दारू पितात. काही वेळेस दुःखाचा निचरा करण्यासाठीही या गोष्टींचा वापर केला जातो. मित्रमंडळींच्या दबावाखाली येऊनही अशा गोष्टी केल्या जातात. त्या सर्व गोष्टी एका मर्यादेपर्यंत केल्या तर ठीक असते. पण सवयीने त्याची जास्त गरज भासत जातेच माणूस व्यसनाधीन होतो. त्याचा स्वतःचा त्या गोष्टी नाकारण्याची क्षमता कमी होते. मग मर्यादेबाहेर त्याचे सवेन केले तर त्या माणसाला व्यसनी म्हणतात.

व्यसने ही चहा, कॉफी, सिनेमे बघणे, टी.व्ही. बघणे, दारू, सिगरेट, तंबाकू, पान खाणे इत्यादी अनेक गोष्टींचे असू शकते.

आनंद हा नेहमीच क्षणिक असतो तर दुःख आपल्या मनात दीर्घकाळ रेंगाळत असते आणि त्याचा परिणाम व्यसन वाढण्यात होतो. व्यसनाचा शरीरावर तसेच मनावरही वाईट परिणाम होतो. शरीरातील अवयव नीट काम करेनासे होतात. त्यामुळे आजार मागे लागतात. व्यसन हा मानसिक आजारच मानला जातो त्यामुळे माणूस निराशेच्या गर्तेत जाऊ शकतो.

अशावेळी त्याला वैयक्तिक किंवा सामुदायिक समुपदेशनाची गरज भासते. काही माणसे यामुळे सुधारतात पण काही माणसे ह्या गर्तेतून बाहेरच निघू शकत नाहीत.

हे झाले वाईट गोष्टींच्या व्यसनाबद्दल पण चांगल्या गोष्टींचा अतिरेक म्हणजेही एक प्रकारचे व्यसनच. वाचन, लेखन, चांगुलपणा इत्यादी गोष्टींचा अतिरेक म्हणजेच व्यसनच. त्यामुळे सुद्धा माणसाला त्रास होऊ शकतो. शरीरावर, मनावर वाईट परिणाम होऊ शकतो. माणूस एकलकोंडा होऊ शकतो. माणसात न मिसळल्याने विचारांची देवाण घेवाण थांबते. विचार संकुचित होतात, देण्याची, वाटून घेण्याची सवय निघून जाते.

कोणत्याही गोष्टीचा अतिरेक हा वाईटच असतो. म्हणतात ना, “अति तेथे माती”, व्यसन म्हणजे तरी काय मर्यादेचे उल्लंघन. तिथे माती होणारच.

सर्वच लोक व्यसनी होतात असे नाही. सुशिक्षितपणा, संस्कार, मनावरचा ताबा अशा अनेक गोष्टी माणसाला व्यसनापासून दूर ठेवू शकतात. पण हे संकेत माणसाला पाळता आले पाहिजेत. ते पाळताना मनाची द्विधा मनस्थिती होता कामा नये. संयमित आयुष्य जगणे हा व्यसनांपासून दूर राहण्याचा सर्वोत्तम उपाय आहे.

तेव्हा सर्वच गोष्टींची अतिशयोक्ती टाळणे व ह्याचीच सवय माणसाने लावून घेणे सर्वार्थाने योग्य ठरेल. त्यामुळे माणूस त्याचे माणूसपण हरवणार नाही असे माझे मत आहे.

माणसाने अतिशयोक्ती करू नये, सावधानता बाळगावी, तसेच औषधे समुपदेशक इत्यादी गोष्टी त्याच्या मदतीसाठी जरूर आहेत. पण या गोष्टींचा उपयोग सकारात्मकतेने करून घेणे हे माणसाच्या हातात आहे.

व्यसनाधिनता

अविनाश सोनुमकर

एफ.वाय.बी.ए

“होत आहे उध्वस्त आमची, तरुण ही मंडळी
नशेच्या ह्या चक्रामध्ये, गुंतली जी सगळी”

व्यसन हा एक मानसिक आजार आहे. नेमकं व्यसन म्हणजे काय ? ते कशाप्रकारचे असते ? आणि त्याचे परिणाम कोणते ?

तर व्यसन हा एक मानसशास्त्रीय आजार आहे. (Psychological disease) ह्या आजाराकडे आपण गांभीर्याने लक्ष दिले पाहिजे. अमेरिकेमध्ये दिवसाला ११५ बळी जातात (drugs) . भारतात व्यसनामुळे दिवसाला १० आत्महत्या होतात.

माझ्या मते व्यसनाचे तीन प्रकार आहेत.

१) चांगले व्यसन : वाचणे, व्यायाम करणे, खेळणे इत्यादी

२) वाईट व्यसन : धुम्रपान, मद्यपेय, female attraction, drugs

३) सोशल मिडीया

सध्याच्या काळात सोशल मिडीया आणि female attraction हे तरुण पिढीला लागलेले सर्वात मोठे व्यसन आहे.

१) Female attraction : female attraction हे आज

कालच्या तरुणांना लागलेले सर्वात मोठे आणि वाईट व्यसन आहे. ह्या व्यसनांमुळे महिला सुरक्षित नाहीत आणि यामुळेच भारतामध्ये रेप केसेस कमी होण्याऐवजी वाढत आहेत. त्यामुळे या व्यसनासाठीचे /रेप केसेस् साठीचे जे नियम आहेत ते अजून कडक आणि कठोर केले पाहिजेत.

२) सोशल मिडीया : सोशल मिडीयामुळे समाज एकमेकांजवळ येण्याऐवजी दूर चालला आहे.

नजाने जिंदगी का, ये कैसा दौर है

और ऑनलाईन कितना शोर है.....

सोशल मिडीयामुळे तरुण पिढीचे अस्तित्व संपुष्टात आले आहे.

माझ्या मते व्यसन हा एक मनुष्याला मिळालेला शाप आहे. काही तरुण तर फक्त try करू म्हणतात आणि त्या व्यसनाला बळी पडतात.

तर माझ्या तरुण मित्र-मैत्रिणींना मला एकच सांगायचे आहे की, तुम्ही व्यसन करा पण चांगले व्यसन करा. आता तुम्ही म्हणाल चांगले व्यसन असंत तरी कसलं ! तर वर सांगितल्याप्रमाणे वाचणे, व्यायाम करणे, गरजू व्यक्तींना मदत करणे, इत्यादी. व्यसने आपल्याला लागली पाहिजेत. या व्यसनांची सध्याच्या पिढीला खूप जास्त गरज आहे.

सेल्फी- एक व्यसन

रेखा कुलकर्णी

एम. ए. २ समाजशास्त्र

“आपुलीच प्रतिमा होते आपुलीच वैरी”

जगदीश खेबुडकर यांच्या “देहाची तिजोरी” या गीतातील ह्या ओळी आहेत. या ओळी त्यांनी सुमारे पन्नास वर्षांपूर्वी लिहिल्या. त्यावेळी खेबुडकरांना कल्पना देखील नसेल की, ह्या ओळी आजच्या घडीला एका मानसिक आजारांसाठी चपखल बसतील. यामध्ये वर्णीलेला वैरी म्हणजे-सेल्फी म्हणजे स्वतःच स्वतःचे फोटो काढत राहणे

स्वतःचे फोटो काढत राहण्याबाबतचे हे एक व्यसन आहे. हे फोटो काढून न थांबता ते कोणत्याही सोशल मिडीयावर पोस्ट करून, त्यावर मिळालेल्या लाइकस्वरून स्वतःची किंमत ठरवण्याचं व्यसन. सेल्फी हे आता तरुणाईचं मौजमजेचे साधन राहिलेले नसून विविध वयांची लोकं सेल्फी काढताना आणि ते पोस्ट करताना दिसतात. या सेल्फींना कमी लाइकस् मिळाले तर, अधिक सेल्फी काढल्या जातात. त्यासाठी वेगवेगळ्या ठिकाणी सैरसपाटा केला जातो. या सैरसपाट्यामध्ये उंच डोंगरावर सेल्फी काढण्याचा मोह अनेकांना आवरता येत नाही. अशा वेळी अपघात होण्याची तसेच जीव गमावण्याचा प्रसंग घडू शकतो. हल्लीच्या काळात दर २-३ दिवसांनी सेल्फीमुळे होणाऱ्या अपघाताच्या बातम्या ऐकायला, वाचायला मिळतात. मृत्यू पावलेला किंवा अपघात झालेल्या व्यक्ती ह्या साधारण १५-३५ वयोगटातील अधिक असतात असे दिसून आले आहे.

अगदी सुरुवातीला दुसऱ्या कोणातरी व्यक्तीकडून आपला फोटो काढला जात असे. त्यानंतर कॅमेऱ्याला टाझर लावला गेला, त्यानुसार धावत धावत येऊन आपल्याला हव्या त्या पद्धतीने उभे राहून फोटो काढण्यात येऊ लागले. आणि आता आले आहे “आधुनिक तंत्रज्ञान”. आपल्या सेलफोनला बँक कॅमेऱ्याप्रमाणेच फ्रंट कॅमेऱ्याची देखील सुविधा आपल्या मोबाईल कंपन्यांनी करून दिली आहे. त्यामुळे व्यक्ती स्वतःच स्वतःचा फोटो काढू लागली आहे. केवळ सामान्य व्यक्तीच सेल्फीच्या आहारी गेलेली नाही, तर सिनेतारका, नाटककार,

मंत्री, पुढारी तसेच वडापाव विकणारा छोटासा टपरीवाला देखील सेल्फीच्या व्यसनातून सुटलेला नाही.

काही वर्षांपूर्वी व्यसन म्हटलं की, सिगारेट, दारू, चरस, गांजा या गोष्टी डोळ्यासमोर यायच्या. अलिकडच्या काळामध्ये त्याच्यांत इंटरनेट, स्मार्टफोन इ. चा समावेश झालेला आहे. आणि आता ती व्यसने देखील कदाचित कमी पडू लागली आहेत, त्यामुळे समाजाने सेफली हे नविन व्यसन लावून घेतलेले आहे. या सेल्फीच्या सवयीवर जगभरात व भारतात काही प्रमाणात संशोधन झालेले आहे. आणि हि नुसती गंमत न राहता सवयीच्या वळणावरून आता त्याचं रुपांतर व्यसनामध्ये झाल्याचे निष्कर्ष समोर आले आहेत. सतत सेल्फी घेण्याच्या सवयीला “सेल्फीटीस” असे नाव मिळालेले आहे.

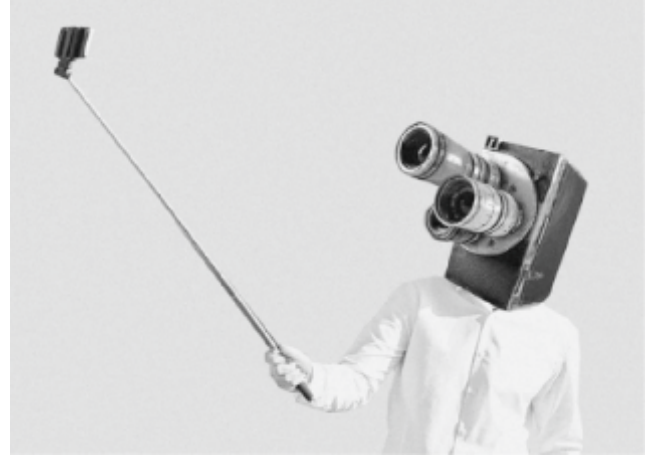
सेल्फी घेणे हा एक मानसिक आजार आहे, असं का म्हणायचे ? कोणतीही गोष्ट अतिप्रमाणात केली की त्यामध्येच आपला बराचसा वेळ वाया जातो आणि इतर महत्वाच्या गोष्टींकडे दुर्लक्ष होते. आपल्या ध्येयापासून, ते साध्य करण्यापासून आपण लांब जातोय आणि आपल्या मानसिक स्वास्थ्यावर, नातेसंबंधावर याचा विपरीत परिणाम होऊ लागला आहे. असं व्हायला लागले की, संबंधित गोष्टी केवळ आवड न राहता त्याचं रुपांतर मानसिक त्रासात होऊ लागते. विशेष काही म्हणण्याजोगे काम न करता केवळ सतत सेल्फी घेऊन ते सोशल मिडीयावर पोस्ट करून त्यातून मिळणाऱ्या लाइकस् वरून स्वतःची किंमत ठरविण्याच्या आजच्या तरुणाईचा कल आणि त्याला खतपाणी घालणारी फेसबुक, इन्स्टाग्राम, ट्विटर यांसारखी माध्यमे हे घातक कॉम्बीनेशन आहे.

सेल्फीच्या संदर्भात आलेल्या मानसशास्त्रीय संशोधनामध्ये असं दिसून आलंय, की सतत सेल्फी घेणाऱ्या लोकांमध्ये एकटेपणा, आत्मकेंद्रीपणा, आत्मविश्वासाचा अभाव, असुरक्षिततेची भावना, दुसऱ्यावर भावनिक दृष्ट्या

असणारे अवलंबीत्व, खालावलेली स्व-प्रतिमा, स्वतःची शारीरिक ठेवण किंवा काही शारिरीक वैशिष्ट्ये याविषयीची टोकाची नावड किंवा असमाधान. स्वतःविषयीचे सेल्फी किंवा शारिरीक वैशिष्ट्ये याविषयीची अँग्रेसिव्ह विचार. व्यक्तीमत्वातले काही दोष, स्वतःविषयी अहंगंड अशा अनेक समस्या आढळून आलेल्या आहेत. पौगंडावस्थेतले मुलांमध्ये जिथं सेल्फी घेण्याचे प्रमाण सर्वात जास्त आहे, त्याच्यामध्ये समवयस्कांमध्ये फिट होण्याची धडपड, आपण इतरांपेक्षा वेगळे आहोत हे दाखविण्यासाठी केला गेलेला प्रयत्न, आपण अधिक खास आहोत हे दाखविण्याचा अड्डाहास केला जातो. सेल्फी पोस्ट करणे याबाबत मनात अनेक समज असतात. आपण सेल्फी पोस्ट केली नाहीतर, आपण समाजापासून दूरावले जातो, कनेक्टीव्हिटी राहत नाही. सेल्फीला मिळणाऱ्या लाईकस्वरून समाजातले आपले स्टेटस अनेक जण ठरवतात. पालकांसोबत समोरासमोर संवादाचा अभाव, रोजच्या गरजांपलिकडे त्यांच्याशी बोलणे सुद्धा न होणे, अभासी जग सोडून इतरांशी वास्तवामध्ये जोडले न जाणे, गरज नसतांना नको त्या वयात हातात आलेली महागडी गॅजेट्स, त्यांचा अनिर्बंध व अनियंत्रित वापर या सर्वातून सेल्फीच्या व्यसनाला खतपाणीच मिळते.

सेल्फीच्या या व्यसनामुळे टोकाचं नैराश्य चिंता, नातेसंबंधातला तणाव, एकटेपणाची भावना, इतर व्यसनांची सवय, आत्महत्येचे विचार, व्यक्तिमत्त्वातील दोष यासारखे अनेक मानसिक आजार उद्भवू शकतात. आणि ते दीर्घकाळापर्यंत राहू शकतात. कदाचित यासाठी मानसिक उपचारांची गरज भासू लागते. सायकोथेरेपी आणि समुपदेशनाच्या मदतीने त्या व्यक्तीला सेल्फीच्या व्यसनाच्या विळख्यातून बाहेर काढता येऊ शकते. यासाठी सर्वात पहिली पायरी म्हणजे आपल्याला अशा प्रकारचा त्रास किंवा आजार आहे, ह्या गोष्टीचा स्विकार करणे होय.

‘जर्नल ऑफ फॅमिली मेडीसन अँड प्रायमरी केअर’ या नियतकालिकात प्रसिद्ध झालेल्या माहितीनुसार, २०११ – २०१७ या कालावधीत सेल्फी घेताना जगभरात २५९ लोकांचा मृत्यू झालेला आहे. त्यापैकी भारतातील संख्या १५९



आहे हे धक्कादायक वास्तव आहे.

सेल्फीमुळे होणाऱ्या वाढत्या मृत्युमुळे चिंतेत पडलेल्या काही भारतीय विद्यार्थ्यांनी हे संशोधन केले. ‘सेल्फी डेथ’, ‘सेल्फी अपघात’ असे काही कीवर्ड देऊन त्यांनी गुगल वर शोध घेतला त्यामधून ही आकडेवारी हाती आली. सार्वजनिक ठिकाणी विशेषतः पर्यटनस्थळी ‘सेल्फी झोन’ ची मागणी करण्यात आली आहे. ‘सेल्फी’ हा शब्द २०१३ मध्ये ऑक्सफर्डच्या इंग्रजी शब्दकोषात दाखल झाल्याचे सर्वा माहितच आहे. कॅमेरा आणि इंटरनेटची सुविधा असणाऱ्या नवीन मोबाईल फोन मुळे ही गोष्ट प्रचलित झाली आहे. तरुण वयातला मुलींचा गट इतरांपेक्षा अधिक सेल्फी काढतो. पुरुषांपेक्षा स्त्रियांचा सेल्फी काढण्याचा कल जास्त असल्याचे संशोधनात दिसून आलेले आहे. प्रत्येक व्यक्तीला स्वतःच स्वतःच्या बाह्यरूपाचं कुतूहल, आकर्षण असतेच. आपल्या बाह्यरूपाला इतरांनीही छान म्हणण्याच्या हेतूने सेल्फी काढून इतरांची वाहवा मिळविण्याचा प्रयत्न केला जातो.

सेल्फीच्या ह्या आवडीचे व्यसनामध्ये रूपांतर होऊ न देणे किंवा एखाद्या व्यक्तीस तसे व्यसन जडल्यास त्यातून लवकरात लवकर बाहेर पडायला हवे. सेल्फीमध्ये दिसणारे बाह्यरूपाला महत्व ने देता किंवा त्यावरून आपले स्टेटस न ठरविता अशा व्यसनापासून स्वतःला दूर ठेवून आपल्या मानसिक आरोग्याची काळजी आपण स्वतःच घ्यायला पाहिजे.



सेक्स अॅडिक्शन

स्वप्निल ढाले
एफ.वाय.बी.ए

‘सेक्स’ आज जेवढा गंभीर विषय झालेला आहे, तेवढा कदाचित दुसरा कोणता विषय नसेल.

सगळेजण या विषयाकडे कानाडोळा करातत. सगळेजण याकडे जाणूनबुजून घृणादायक नजरेने पाहतात. बहुदा सगळ्यांचा याबाबतीत दृष्टिकोन हा नकारात्मक आहे. कोणीही आज हा विषय हाती घेण्यास सहजासहजी तयार होत नाही. बहुतेक जणांची या बाबतीत एक विचित्र मानसिकता तयार झालेली आहे.

सेक्स हा विषय ? याविषयीचे तोटे ? त्याचप्रमाणे आयुर्मर्यादा काय आहे ? कोणत्या वेळी हे करणे योग्य आहे ? याचे दुष्परिणाम सोसण्यास आपण समर्थ असू का ? सेक्स करणे कधी योग्य आहे ?

अशा प्रश्नांची माहिती असणे सगळ्यासाठी आवश्यक आहे. सगळ्यांच्या ज्ञानामध्ये या विषयाबाबत भर पडायला हवी. याविषयी आक्रमकता न दाखवता व्यक्तीने स्थिर (stable) असणे आवश्यक आहे. शरीरावर तसेच स्वइंद्रियांवर स्वतःचे नियंत्रण असणे हे खूप गरजेचे आहे.

आजकालचा ‘तरुण’ वर्ग भल्यामोठ्या संख्येने या मार्गावर वळत आहे. हे एक कारण पूर्ण पिढी बिघडवायला पुरेसे आहे. तसेच तरुण पिढीला बुडवून सोडणारा विषय आहे. आज केवळ तरुण वर्ग या गंभीर विषयाला बळी गेलेला नसून बहुतेक वर्ग याच गुंत्यात अडकलेला आहे. ज्यातून निघणे प्रत्येकासाठी अशक्य बनतं आहे. त्यातून निघणे हे अगदी अवघड होऊन बसले आहे.

आज सगळ्यात जास्त तरुण वर्ग या व्यसनाकडे वळलेला आहे. तरुण पिढी योग्य मार्गाला न जाता जिवघेण्या मार्गाचा स्वीकार करत आहे. तो तरुण स्वतःचे भले करू शकत नाही ना देशाचे.

तरुणाचे पूर्ण करियर बर्खास्त करण्यासाठी निस्तेनाबूत करण्यासाठी सेक्स हे पुरून उरणारं अॅडिक्शन आहे.

आज कोण या विषयाकडे वळत नाही ? काही बोटावर मोजता येतील ऐवढेच मिळतील की जे याकडे एक अॅडिक्शन म्हणून न पाहता एक ‘शारिरीक भोगवासना’ म्हणून पाहतात.

कित्येकजण घंटोघंटे आपला वेळ त्या फोनमध्ये घालवतात. ही गोष्ट करण्यात एक ठराविक वर्गच जिम्मेदार नाही. आज लहान मुलांपासून मोठ्यांपर्यंत बहुतेकजण याकडे सहज आकर्षित होतात. हा विषय खूप गंभीर आहे. यावर वेळीच तोडगा निघणे गरजेचे आहे.

‘प्रत्येकाने ठरवायला हवंय आपल्याला घडायचंय की बुडायचंय.’ ‘आपल्याला पाण्यावर तरुण लहरींचा आनंद घ्यायचाय की पाण्यात गुदमरून तडफडून मरायचंय.’ ‘आपल्याला उडायचंय भर गगनी की घाणेरड्या जागी फरफटायचंय.’ ‘स्वतःचं एक वेगळे विश्व बनवायचं की स्वतःच विश्व संपवायचंय.’

आज हा मेजर प्रॉब्लेम झाला आहे. हा जरी नैसर्गिक आहे. तरी हा मर्यादेबाहेर घातकी आहे.



मोबाईल

रणजित धेंडे

एस.वाय.बी.ए

दैनंदिन जीवनामध्ये मोबाईल हा एक अविभाज्य घटक बनला आहे. तो तांत्रिक प्रगतीचा सर्वात मोठा घटक मानला जाते. त्यामुळे मानवाच्या ज्ञानाचा स्रोत वाढला. ह्याच्या निर्मितीपासून ते आज पर्यंत त्या मध्ये मोठ्या प्रमाणात बदल होत गेलेला आपल्याला दिसून येतो. मोबाईलमुळे मानवी जीवन अगदी सोपे झाले आहे. संदेश वहन, संपर्क करणे सोपे झाले आहे. या वापरामुळे वेळ, कष्ट इत्यादीची बचत होते. जस जसा यांचा कार्यकाळ वाढत चालला आहे. त्याप्रमाणे त्या मध्ये नवनवीन बदल झाले. पुर्वी फक्त संदेश वहन आणि सनपेक या गोष्टी त्या मध्ये पाहायला मिळत होत्या. परंतु आता इंटरनेट पासून ते गाणी, व्हिडीओ, वेगवेगळे ॲप्स, वेगवेगळ्या प्रकारची फंक्शन्स त्यामध्ये समाविष्ट झाल्याचे आपल्याला दिसते ते मनोरंजनाचे साधन बनले आहे. त्यामुळे प्रत्येकाचे वेळे विश्व निर्माण होते चालले आहे. जो तो मोबाईलमध्ये गुंग असलेला आपल्याला दिसतो. याच अति वापराला तंजांनी व्यसन ही उपमा दिली आहे. व हे व्यसन मानवी शरीराला घातक आहे, हे सिद्ध झाले आहे. भारतात ९७% लोक मोबाईल फोनचा वापर करतात. त्यामधील होणाऱ्या नवीन बदलामुळे सर्वांचे लक्ष मोबाईलकडे वेधले जाते. ती एक फॅशन बनली आहे, पण हीच फॅशन आता एक व्यसन बनले आहे. व त्यामुळे माणूस आळशी व निष्क्रिय बनत चालला आहे त्यांचा आरोग्यावर वाईट परिणाम होत आहे. वेगवेगळ्या प्रकारचे आजार या व्यसनाने उद्भवताना आपल्याला दिसतात. डोळ्याचे विकार, मानेचे विकार त्याच प्रकारे मानसिक त्रास होतो त्या मुळे वेगवेगळ्या आजारांना बळी पडावं लागतं. मोबाईलच्या अतिवापरामुळे आपल्याला ही परिस्थिती दिसून येत आहे. एखाद्या चांगल्या वस्तूचा वापर वाईट कामासाठी आणि वायफळ जास्त केला तर त्याचा

परिणाम वाईट ठरतो व ती वस्तू वाईट ठरते. त्याला कारणीभूत माणुसच आहे हे आपल्याला माहितच आहे. पण त्याचा योग्य वापर केला तर त्यांचा फायदा हा चांगल्या प्रकारे होतोच. वेगवेगळ्या नवीन गोष्टींची माहिती मिळते. मोबाईलच्या अति वापराला त्या मधील प्रकारच्या गेम्स ही कारणीभूत आहेत. त्यांचे आपल्या डोळ्यासमोरील ताजे उदाहरण म्हणजेच PUBG ही गेम कंप्युटरवर खेळली जायची पण तांत्रिक प्रगतीमुळे ती आता मोबाईलमध्ये ही आली, आणि काही काळातच सर्व जण त्यामध्ये गुरफटून गेलेले दिसतात. त्यामुळे मानसिक शारीरिक त्रास होतो, त्यांच्या अतिवापरामुळे हे त्रास होतात. त्यात तरुण पिढीची संख्या सर्वात जास्त आहे. यामुळे वेगवेगळ्या प्रकारे गुन्हे ही घडलेले आपल्याला न्युज मध्ये पाहायला मिळते. आई-वडील मुलांना मोबाईल घेऊन देतात व त्यांचा वापर मुलं अशा वाईट निष्फळ गोष्टी साठी करतात. खरं तर त्यामध्ये आई-वडीलांची काही चूक नाही. परंतु समाजातील असणारी मानसिकता, परिस्थिती आपल्या भाषेत सांगायचं झालं तर, ट्रेन्ड कारणीभूत आहे. त्याला आवर घालणे शक्य नाही. ही परिस्थिती बदलण्यासाठी हे प्रत्येकाच्या मनावर बिंबवणे गरजेचे आहे.



दारूचे व्यसन काय आहे ?

आशिष चावरे

एस.वाय.बी.ए

व्यक्ती जेव्हा दारूवर आश्रित किंवा दारूसाठी आसक्त होतो त्याला दारू वापराचा विकार किंवा दारूचे व्यसन आहे असे म्हणतात. असे लोकं आनंदासाठी कमी पण अवलंबनामळे किंवा गरजेसाठी जास्त पितात. मद्यपान कारणाऱ्या बहुतेक लोकांना त्याचा नकारात्मक परिणाम माहित असूनसुद्धा स्वतःला दारू पिण्यापासून थांबवी शकत नाही. मद्यपानामुळे काम आणि करिअर, आर्थिक स्थिरता नातेसंबंधावर परिणाम होतो. याची मुख्य चिन्हे आणि लक्षणे काय आहेत ?

विविध प्रकारचे शारीरिक आणि वागणुकीतील वर्तनाचे लक्षणे दारूचे व्यसन असल्यामुळे आढळतात जसे दारूची सवय लागणे.

शरीरामध्ये दारू पिण्याची सहनशील शक्ती वाढणे.

दिशाभूल सारखी लक्षणे.

शुद्धीत असताना अचानकपणे थरथरणे.

मद्यपानानंतर गोष्टी विसरणे.

सामाजिक संवादाचा आणि शिष्टाचाराचा तिटकारा असणे.

व्यवस्थित न जेवणे आणि अस्वच्छ राहणीमान.

शाळा किंवा कामात अनुपस्थिती आणि निष्काळजीपणा.

मद्यपान करणाऱ्या बहुतेक लोकांना त्याचा नकारात्मक परिणाम माहित असून सुद्धा स्वतःला पिण्यापासून थांबवू शकत नाही. मद्यपानामुळे काम आणि करिअर आर्थिक स्थिरता आणि नातेसंबंधावर परिणाम होतो. याची कारणं काय आहेत ?

दारूच्या व्यसनाचे अचूक कारण शोधणे कठीण आहे, जरी समस्या उद्भवण्यासाठी काही परिस्थिती जबाबदार असू शकते. आठवड्यातून १२ पेक्षा जास्त पेय कारणाऱ्या महिला, आठवड्यातून १५ पेक्षा जास्त पेय करणारे पुरुष, किंवा आठवड्यात एका दिवसात ५ पेय पितात ते दारूचे व्यसनी

असतात. मद्यपानाचे संभाव्य कारणं खालील प्रमाणे आहे.

- १) मद्यपान करत असलेले पालक किंवा नातेवाईक.
- २) मित्रांचा दबाव
- ३) ताण आणि बाह्य दबाव
- ४) उदासीनता, चिंता, स्किझोफ्रेनिया
- ५) आत्म-सन्मानानची कमतरता.

याचे निदान आणि उपचार कसे केले जाते ? निदान प्रामुख्याने शारीरिक तपासणी आणि तपशीलाने केलेल्या इतिहासावर अवलंबून असतात. डॉक्टर सामान्यतः तुम्ही किती वेळा आणि किती प्रमाणात मद्यपान करता. दारू थांबविण्यासाठी काही पाऊले उचलली आहेत आ ? कधी ब्लॅकआउट, हिंसा, दुर्घटनेची वेळ आली आहे का ? कामासंबंधित काही समस्या उद्भवल्या का ? आणि रुग्णाने दारू पिऊन गाडी चालवली आहे का ? असे प्रश्न विचारतात. काही प्रतिसादांचे मूल्यांकन करण्यासाठी एक साधी प्रश्नावली दिली जाऊ शकते. डॉक्टरांना दीर्घकाळांपर्यंत गैरवर्तन आणि आरोग्य विषयक शंका असल्यास यकृताच्या कार्याची तपासणी करण्यासाठी रक्ताचे नमुने घेतले जाऊ शकतात. सर्व उपचाराच्या पद्धती दारूवरील अवलंबन कमी करण्यासाठी आणि दारू पिण्यावर मर्याना आणण्यासाठी डॉक्टर खालील गोष्टी सुचवू शकतात.

समस्यांशी संबंधित आजारांवर नियंत्रण ठेवण्यासाठी वैद्यकीय उपचार.

ऑन्टाबूज नावाचे व्यसन टाळण्यासाठी किंवा थांबवण्यासाठी औषध.

समर्थन गट-ए ए किंवा अल्कोहोलिक्स अँनोनीमास हे सर्वात प्रसिद्ध समर्थन समूह आहे. जे मद्यपान्यांना आधार मिळवण्यासाठी. नियंत्रण मिळविण्यास आणि स्वस्थ जीवन तसेच Fitzgerald म्हणतात – First you take a drink drink, then the drink takes a drink then the drink

takes you.

पण मानसशास्त्रीयरित्या आपण अनेक प्रयत्न करू शकतो. जसे त्याकाळी जो छंद असतो वाचन करणे, संगीत ऐकणे, अशा अनेक कृती आपण करू शकतो. पण काही असे व्यसनाधिन असतात त्यांना थांबवण्यामध्ये खूप त्रास होते. पण ते व्यसन सोडू शकतात. त्या अवस्थेत त्यांना अशा जागी पाठवावे जिथे त्यांना शांती मिळेल. जे की उदा. Meditation. एका गटातले असे असतात जो पर्यंत त्यांना काही इजा नाही पोहचत तोपर्यंत ते मद्यपान करीत असतात. त्यांना आजार वगैरे किंवा रोग मग त्यातून निघण्यासाठी त्यांना

दारू सोडावी लागते.

या लोकांनी एखाद्या मानसशास्त्रज्ञाची मदत घ्यावी. त्यांच्या सल्ल्यानुसार ते त्यांचे व्यसन सोडू शकतात. म्हणजे एखादा तणावग्रस्त असताना ते अशा वाटी लागतात. त्यांनी अशा वेळेस एखाद्या सोबत काही गोष्टींची देवाणघेवाण केली तर ते तार्कीक विचार करतील व त्यांना मद्यपानाचे व्यसन लागणार नाही. तेव्हा त्यांना पण काही तर्क भेटेल व त्यांना मद्यपानाचे व्यसन लागणार नाही.



नोमोफोबिया

सत्यम मंगनाळे
एफ. वाय. बी.ए.

असं म्हटलं जातं की, आजकालची तरुण पिढी ही खूप गतिमान, हुशार आणि बुद्धिमान असून ती खूप झपाट्याने विकासाच्या दिशेने धावत आहे. खरंच हे बरोबर आहे का ? तुम्हाला काय वाटतं याबाबत, हो विचार करा यावर पण तो हातातला मोबाईल फोन माफ करा (smart phone) म्हणतात ना त्याला ? किमान २ मिनिटांसाठी तो बाजूला ठेवा. likes, comments, followers, post हे शब्द तुम्हाला ओळखीचे असतीलच ना !! म्हणजेच आलं ना आपलं सोशल मिडिया.

हल्लीच्या तरुणपिढीला आणि त्यातील तरुण, तरुण युवकाना प्रचंड निरनिराळ्या गोष्टीचे व्यसन असलेले आपणास दिसून येते. त्यामध्ये अनेक हानिकारक गोष्टींचा समावेश होतो. जसे की धुम्रपान, मद्यपान, आणि याऊनही भयावह असलेलं व्यसन म्हणजे smart phone

अलिकडच्या काळात झालेल्या संशोधनात २०१० यू.एस. (United States) मध्ये या देशातील Midwestern

University मधील संशोधकांनी असे एक व्यसन शोधून काढले की, ते पूर्णतः मोबाईलशी संबंधित असून त्याचे नाव NOMOPHOBIA असे आहे. याचे प्रमाण हे प्रामुख्याने आपल्या देशांतील तरुण युवकांमध्ये म्हणजेच वयोगट १८ ते २४ यामध्ये जास्तीत जास्त आहे. त्यात असे लक्षात आले की, एक तरुण युवक ५ ते १० मिनिटांपेक्षा जास्त त्यांच्या मोबाईलविना राहू शकत नाही. त्याला एका वेगळ्या प्रकारची भिती वाटू लागते जेव्हा त्याच्याजवळ मोबाईल नसतो ; प्रत्येक ५-१० मिनीटाला उगीचच आपला फोन तपासणे. एखाद्या वेळेस फोन हरवला किंवा नाहीसा झाला तर खूप घाबरणे अशी याची , या व्यसनाची लक्षणे असून त्याच्या नावातच (No-mobil- phone) असे दिसून येते.

भारताचं भविष्य म्हणून समजल्या जाणाऱ्या वयोगट १८ ते २४ यामधील तरुणाई ही प्रामुख्याने या व्यसनात आढळून येते. त्याला कारणेही तशीच आहेत. तसे गेम, सोशल मिडिया

ही जबाबदार आहे. यामध्ये ९०% ही तरुण पिढीच आहे. चला आता लगेचच एक उदाहरण घ्या : तुमच्या घडीमध्ये एक मिनिटाचा टाईम लावा आणि बघा आपल्या आजूबाजूला किती व्यक्ती ही मोबाईलवर काम करत आहेत, व त्यांचे हात मोबाईलवर आहेत. विकसनशील अशा भारताप्रमाणेच अन्य दुसऱ्या देशामध्ये सुद्धा याचा उपयोग होतो, पण चांगल्या कामासाठी होतो. चीन सारख्या देशात तर सोशल मिडियासारख्य गोष्टीवर तर सक्त बंदीच आहे. जपानने तर संपूर्ण जगाला मोबाईल साधन दिले परंतु स्वतः विविध क्षेत्रात अग्रगण्य असून सर्वोच्च आघाडीवर आहे.

जागतिक आरोग्य संघटना (WHO) यांनी केलेल्या संशोधनात असे आढळून आले की, एक तरुण दिवसातून ४ तासांपेक्षा जास्त वेळ हा आपल्या मोबाईलसोबत घालवतो. म्हणजेच दिवसातून ३५-४० वेळा उगीचच मोबाईलचे लॉक उघडतो, आणि हे धोक्याचे लक्षण आहे.

हे तर फक्त एकच प्रकारचं व्यसन झालं, दुसरं म्हणजे धुम्रपान हे एक भयानक व्यसन हे भारतातील अनेक युवकांना तरुणांना असलेले दिसून येते. महाविद्यालयीन जीवनामध्ये जेव्हा विद्यार्थी "ADOLESCENCE" या स्थितीत आहेत.

त्यांच्यात याचे प्रमाण सर्वोत्तम आढळून येते. वॉईट संगत, वॉईट सवयी यांमुळे विद्यार्थी या व्यसनास बळी पडतात. चित्रपटगृहामध्ये आपण गेल्यावर किंवा चित्रपट सुरु होण्यापूर्वी अगदी सुंदर अशी जाहिरात दाखवतात, "इस शहर को ये हुवा क्या कई राख तो कई धुवा" तरी कोटीच्या संख्येने त्याचे निर्माण होते व करोडोच्या प्रमाणात ते विकले जाते. अरे मला एक कळत नाही हे तंबाकू, मद्य, गुटखा, सिगारेट यांचे उत्पादनच कसं काय थांबत नाही. सरकार यावर बंदी का नाही घालय ? ते जर निर्माण झालेच नाही तर विकलेच जाणार नाही.

२०१८ मध्ये धुम्रपान, तंबाकू यांमुळे मृत्यू होणाऱ्या लोकांची संख्या ही सरासरी ७ लाख इतकी आढळली, तरी ही संख्या ही दिवसेंदिवस वाढतच आहे. अशी विकसनशील देशाची भारतातील लोकांची मोबाईल, इंटरनेट, सोशल मिडिया आणि धुम्रपान अशा आणि तऱ्हेतऱ्हेच्या व्यसनाला बळी पडून देशातील तरुण पिढी ही एका वेगळ्याच दिशेला भरकटत आहे. अशी ही सर्व आपल्या विकसनशील भारताची परिस्थिती असून तरी आपण सामान्य लोक अशी आशा करतो की "भारत २०२० पर्यंत महासत्ता होणार...."

व्हिडीओ गेम अॅडिक्शन

आयेशा शेख

एस.वाय.बी.ए

एडिक्शन (लत) वास्तव मे क्या है ? सीधे शब्दों में कहें तो यह एक बीमारी है जो आपके तांत्रिक मार्गों (neural pathways) में बदलाव से होती है।

नेशनल इंस्टिट्यूट ऑफ ड्रग अब्युज (NIDA, USA) के मुताबीक एडिक्शन एक "दिमागी बीमारी" है। एडिक्शन दिमाग को नियंत्रण में कर लेता है।

एडिक्शन में एक जबरदस्त तडप पाई जाती है। और इस तडप को अपनी सीमा से बाहर जाकर पूरा करना पडता है।

जिसके कारण कोई शख्स पूरी तरह उस चीज पर निर्भर हो जाता है। उस चीज के संपर्क में आकर दिमाग अच्छा महसूस कराने वाला डोपामाइन हार्मोन रिलीज करता है। इसके अलावा समय के साथ डोपामाइन किसी अन्य गतिविधि पर जिससे पहले आनंद मिलता था रिलीज होना बंद हो जाता है। इसका नतीजा ये निकलता है, की व्यक्ति आनंदपाने के लिए अपने एडिक्शन पर पूरी तरह निर्भर हो जाता है।

दुनिया में बहुत से एडिक्शनस् है इसमें और Addiction

Add हो गया है। डिजिटल और व्हिडिओ गेम और जून २०१८ में WHO ने गेमिंग एडिक्शन को मानसिक बीमारी मान लिया है। गेमिंग एडिक्शन वाले लोग अपने दिन का अधिकांश समय व्हिडिओ गेम खेलने में ही बिताते हैं। गेमिंग एडिक्शन में छोटे बच्चे और बूढ़े तक शामिल हैं। विशेषज्ञों की माने तो गेमिंग एडिक्शन वाला व्यक्ति का दिल बहुत आसानी से नहीं भरता इसमें व्यक्ति लगातार गेम खेलने के लिए पागल रहता है। नए लेवल पार करना और हाई स्कोर बनाने जैसी चीजे उन्हें और खेलने के लिए उल्टसाहित करते हैं। माना जाता है कि इसके पीछे मानसिक संतुष्टी भी छिपी होती है। वह असली दुनिया में जो हासिल नहीं कर पाते वह गेम से हासिल कर लेते हैं।

व्हिडिओ गेम के एडिक्शन के लक्षण पहचानना आज के जमाने में बहुत महत्वपूर्ण है। ऐसा इसलिए क्योंकि दिन ब दिन ये बीमारी बढ़ती ही जा रही है।

१) एकाग्रता में कमी :

जिन बच्चों को गेम खेलने की लत होती है वह अपने किसी भी काम या पढ़ाई में एकाग्रता और रूची नहीं ले पाते हैं। सिसे उनकी पढ़ाई बहुत बुरी तरह से प्रभावित होती है।

२) नींद की समस्या :

इस लत के कारण लोगों को अच्छी नींद लेने में समस्या का सामना करना पड़ता है। अपर्याप्त नींद समग्र स्वास्थ्य के लिए हानिकारक होती है।

३) समाज से अलग हो जाना :

इस एडिक्शन की वजह से वो सामाजिक रूप से लोगों से अलग हो जाते हैं। और साथ ही वो सोशल इवेंट भी अटेंड नहीं करना चाहते हैं।

४) चिडचिडापन :

गेमिंग की लत के कारण बच्चों और बूढ़े चिडचिडे हो जाते हैं। और उन्हें हर छोटी छोटी बातों पर गुस्सा आने लगता है।

यह गेमिंग एडिक्शन जैसे जैसे बढ़ता है उससे ग्रस्त व्यक्ति उतना ज्यादा मानसिक रूप से परेशान भी रहने लगता है।



कई बार उन्हें डिप्रेशन का भी सामना करना पड़ता है। गेम में हिंसा दिखाई जाती है, और हाथियारों का इस्तमाल होता है जिससे बच्चे, बड़े सभी के स्वभाव में हिंसा का प्रभाव दिखाई देता है।

गेम खेलने में कोई बुराई नहीं है। माइंड फ्रेश करने के लिए गेम खेला जा सकती है, मगर एक सीमित तक की सि खेलना चाहिए।

एडिक्शन के बाद क्या ? : ऐसे शख्स के लिए जो एडिक्शन से उबर चुका है, बहुत आसान है कि वे उसी राह पर लौट आएं। जो तड़प सबसे पहले इस दलदल में ले आई थी, फिर से पलट कर लौट आने की ताकद रखती है।

वैज्ञानिकों का यह भी कहना है कि अगर कोई शख्स लगी लत छोड़कर पाँच साल ठीक से गुजार लेता है, तो उसके दुबारा लत का शिकार होने की आशंका कम हो जाती है।

सावधानी : जो व्यक्ति गेम का एडिक्ट था / है

१) उन्हें परिवार और दोस्तों के साथ अधिक समय बिताने के बोलो।

२) किसी भी कार्य के लिए एक समय सीमा निर्धारित करें और उन्हें गंभीरता से पालन करने को कहें।

३) बच्चों को अधिक मोबाइल, लैपटॉप, और इंटरनेट का उपयोग करने की अनुमति कम दें। और उनपर नजर रखें।

सभी प्रयासों के बावजूद अगर वह इन डिजिटल गेम्स से दूर नहीं रह पा रहे हों तो मनोवैज्ञानिक की मदद लेने में कोई हिचकिचाहट नहीं महसूस करनी चाहिए।



व्यसन

अविनाश सोनुमकर
एफ.वाय.बी.ए

ती

मेघराज झापे
एस.वाय.बी.ए

मनाची तलप भागवता भागवता,
कधी लागलं कळलं नाही,
थोडं थोडं घेता घेता, कधी आहारी गेल.
उमगलच नाही,
कधीतरी घेणारा नेहमीचाच झालो,
घेता घेता स्वतःच्याच धुंदीत न्हालो,
काय होत ते समजलच नाही,
जेव्हा समजल तेव्हा उमगलच नाही,
सगळेच दूर झाले म्हणता म्हणता,
बरेच अबोल झाले बघता बघता,
बसलेली घडी विस्कटली नाही म्हणता म्हणता,
व्यसन नावाचा रोग जडला थोडं थोडं करता करता.



आई वडिलांना 'ती' जन्माला आल्याची झाली खुशी
तर अनेक जणांच्या नजरेत 'ती' होती नकोशी
आई वडिलांना वाटत होती 'ती' ने जावे पुढे
लहानपणी 'ती'ला कुठे माहित होते
तिच्या जीवनात किती आहेत संघर्षाचे खडे.
तिच्या घरच्यांना दिसत होती 'ती' ची प्रगती
पण समाजाच्या नजरेमध्ये 'ती' होती दुर्गती
'ती' ला वाटत होतं तीने आयुष्य हसत खेळत जगावं
पण समाजासाठी 'ती' ने चुल व मुल हेच संभाळाव
आई वडिलांनी दिला तिच्या कर्तृत्वाला वाव
पण समाजाने दिला तिला कमीपणाचा भाव
'ती' ला वाटत होते सर्वांनी मला व्यक्ति म्हणून बघावं
असं 'ती' चे ध्येय
पण नेहमी 'ती' च्या आयुष्यात लिंगभाव,
दुय्यमतेच्या विषाच पेय.



ऐकून घेणारे कान हवेत !

अभिलाष देशपांडे

टी.वाय.बी.ए

इयत्ता आठवी ते पदवी या वयोगटातील मुलांचे विश्व खूपच वेगळे असते. आपल्या समाजमनाचा विचार करता कुठलीही व्यक्ती तिच्या पालकांशी किंवा जवळच्या माणसांशी तिच्या समस्येविषयी बोलू शकत नाही. प्रत्येकालाच आपले प्रॉब्लेम शेयर करायचे असतात. आपले आई-बाबा आपल्याला वेळ देत नाही हे त्यांना कळत असतं. वेळ मिळालाच तर आई-बाबा त्यांच्याच वेगळ्या विश्वात रमले आहेत त्यांना आपल्या समस्या, शंका ऐकून घ्यायला मात्र वेळ नाही हे बघून ही मुले समवयस्क मित्र, मैत्रीणींमध्ये बोलू लागतात. अशावेळी मुलांच्या समस्या उलगडण्याऐवजी वाढत जातात. त्यांचे प्रश्न, उत्सुकता वाढत जाते आणि इथूनच उद्भवतात किशोरवयीन समस्या ! या काळात त्यांना सर्वाधिक धोका असतो वॉर्ट संगतीचा, लैंगिक समस्यांचा आणि व्यसनांचा.

माझे प्रश्न ऐकून समोरचा काय प्रतिसाद देईल ? माझ्यावर हसणार तर नाही ना ? अशा आणि यासारख्या अनेक शंकांमुळे मुले कोणाचसमोर मोकळेपणाने बोलू शकत नाहीत. मुलांची याच वयात सेल्फी-इमेज तयार होत असे. मी कोणीतरी भारी आहे, मला सगळं माहितीय, असा त्यांचा समज होत असतो. या समजुतीला धक्का न लागता, त्यांनी सेल्फ इमेज जपून त्यांना समजावून सांगणारा अधिमित्र (mentor) त्यांना मिळणे गरजेचे असते. वयाने मोठा असेल पण मित्राइतकाच जवळचा असेल, जो त्याचे 'ऐकून घेईल' त्याला योग्य वेळी योग्य सल्ला देईल.

काहीतरी वेगळं घडतंय, वेगळं होतंय, वेगळं वाटतंय, अस या वयात जाणवायला लागतं पण त्याचा अर्थ उलगडत नाही. अनेक शंका, चिंता, गैरसमज, अज्ञान याने मानसित तणाव वाढत जातो. मन कोणासमोर मोकळं करावं, काहीच कळत नाही. यावेळी अनेकदा पालक समुपदेशनाचा मार्ग

अवलंबतात. म्हणजेच उपचार, याने खरचे खूप फायदा होत असेल का ? त्यापेक्षा जर त्यांना त्यांचे हक्काचे ताई-दाद मिळाले तर ? जे त्यांचं ऐकून घेऊन त्यांना योग्य दिशा दाखवतीलच.

याच वयात मैत्रीच नात फुलत असतं. मित्र सर्वांनाच हवेहवेसे वाटत असतात. चांगले वॉर्ट हे त्यावेळी कळत नसतं. मित्र त्यावेळी आपल्या समस्या ऐकून घेत असतो. त्यामुळे त्या मित्रासाठी आपण काहीही करायला तयार असतो. थोडीशी दारू, थोडा गुटखा-तंबाखू, सिगारेटची एकच झूरकापासीन ती व्यक्ती कधी व्यसनी बनते कळतच नाही. या व्यसनांचा परिणाम, त्रास तेही शारिरीक-मानसिक आयुष्यभर भोगावे लागतात. हे सगळं होत असत मैत्री टिकवण्यासाठी.

किशोरवयीन मुले अनेक भावविश्व आणि कल्पना फुलवत असतात. हे करताना त्यांच्याकडून अनेक चुका घडतात. आणि पालक बऱ्याचवेळा इथे चुकतात. मुलांना खूप मोठा झाला आहेत, शिंग फुटली आहेत अशा बोलण्याने त्यांच्या पालकांकडे वेळ काढून मुलांशी अनौपचारिक गप्पा मारणारे, त्यांच्या समस्या शंका ऐकून घेणारे शिक्षक आता नशिबानेच मिळतात. अशावेळी त्यांचे ऐकून घेणारे मित्र आणि मार्गदर्शक त्यांना हवा असतो. जो त्यांच्या कल्पनांना ऐकून घेईल. केवळ उपदेशाचे डोस न देता त्यांच्याशी आपुलकीने गप्पा मारेल.

लैंगिक शिक्षण, व्यसनमुक्तीसाठी जनजागृती कधी होईल माहिती नाही. पण आपण आपल्या संपर्कात असणाऱ्या, जवळपास असणाऱ्या किशोरवयीन मुला/मुलींसाठी त्यांच्या समस्या, शंका, स्वप्न ऐकून घेणारे आणि त्यांना योग्य मार्गदर्शक देणारे दादा-ताई नक्की बनूयात! सुरुवात आपल्यापासून करू यात ?

मी नातेसंबंध आणि मानसशास्त्र

ओंकार घाट
एफ.वाय.बी.ए

आई-वडील हे जगात सगळ्यांनाच प्रिय असतात. त्याच प्रमाणे मला सुद्धा आहेत. पण जरा जास्तच प्रिय आहेत की काय ? असा प्रश्न मला पुण्यात आल्यावर पडला, एरवी आई वडीलांसोबत सारखं सारखं भांडण करणारा मी आता पुण्यात आल्यावर मला त्यांची किंमत कळली. कधी काळी आई वडीलांच्या ओरडण्यामुळे घर सोडून कोठेतरी जावे असे वाटायचे. पण आता खरेच जेव्हा मी घर सोडले, आत परत वाटते के, हे एकटं आयुष्य जगण्यापेक्षा वापस त्यांच्या शिव्या घेऊन आयुष्यभर जगू कसं तरी !

मी मुळचा बीडचा ४ ते १२ पर्यंतचे शिक्षण बीडमध्येच झालं. मग सगळ्या मुलांप्रमाणे मलाही बाहेरगावी शिक्षणासाठी जायच होत, पण हिंमत का होत नव्हती. मग शेवटी या दुनियादारीत मारलीच उडी. कॉलेजला प्रवेश घेतला. मग तयारी सुरु केली बाहेरगावे राहायची. गरजेच्या सगळ्या गोष्टी घेतल्या. ३ मित्रांत एक फ्लॅट सुद्धा रेंटनी घेतला. आई वडील सोडायला आले. काय हवं नको ते त्यांनी परत तपासलं. पण मला सोडून जायचं दुःख कदाचित त्यांना सहन झालं नसावं. मी जेव्हा त्यांच्याकडे पाहिल तेव्हा त्यांच्यातले आतले वडील मला दिसले. त्यांच्या डोळ्यात पाणी होत. चेहरा सुकला होता, पण मनात एक त्यांना आशा होती की पुढे काहीतरी चांगलं होणार आहे याची. मला तोंड न दाखवताच गाडीत बसले आणि निघून गेले. एरवी सगळ्यांची आई रडत असते पण माझं जरा उलटच होते. उलट आई स्ट्रॅंग होऊन मला समजावत होती आणि तिने हसत्या चेहऱ्याने मला निरोप दिला.

दुसऱ्या दिवशी कॉलेजला यायला निघालो. नविन शहरात काहीच माहिती नव्हतं. मग कसं तरी आलो कॉलेजला. आजवरच्या माझ्या आयुष्यात मला देवाने २ Gog gift

दिल्या. एक आई वडील आणि दुसरे म्हणजे ते शिक्षक. अगदी बालवाडी पासून ते आता एफ.वाय. बी.ए पर्यंतचे शिक्षक मला खूपच छान शिक्षक लाभले. अगदी शाळेत पहिल्या ५ आगाऊ पोरामधील मी एक होतो. पण तितकाच अभ्यासू देखील. शाळेत त्या काही शिक्षकांनी हे ओळखले होते. मग त्यांनीच मला कधी प्रेमाने सांगून, रागाने, मारून, शिक्षा करून मला सुधारले. त्यावेळी पण कधी त्यांचा राग नाही आला. मला कळायचं की हे माझ्या चांगल्यासाठीच बोलत आहेत. पण म्हणतात ना कळतयं पण वळतं नाही. त्यासारखी गोष्ट होती.

थोडं भरकटलो ! पण वापस पुण्यात आल्यावर पहिले काही दिवस खूप बोर झालं. वाटलं जावं सगळं सोडून पण मनाला स्थित केलं. म्हटलं वापस जावून काहीच होणार नाही आपलं एवढेच ३-४ वर्षांचीच संधी आहे आपल्याकडे.

मागे काही दिवसांपूर्वी मी असाच खूप उदास होतो. इतिहासाचा तास संपला होता. तितक्यात एका मित्राचा मेसेज आला. ये शिवाजीनगरला. तो मेसेज वाचून मी तात्काळ वर्गातून उठून निघून गेलो. कधी त्याला भेटेल असचं झालतं. मग त्याला भेटलो. तो माझ्यापेक्षा वयाने खूप मोठा आहे. आणि अनुभवानेदेखील. मग त्याने मला समजावून सांगितलं की तुझं चुकतय तू इथच रहा. मोठ्या भावाप्रमाणे त्याची मी आज्ञा मानली आणि ठरवलं आता काहीही झालं तरी माघार घ्यायची नाही. लढायचं आणि जिंकायचं ! पण यातून मला एक दिसून आलं की ग्रामीण भागात मानसशास्त्राला एवढं गांभीर्याने नाही पाहत. आणि खरच मला हे आधी नव्हतं कळालं की मानसशास्त्र काय असत ? हे मला पुण्यात आल्यावर चांगलंच कळलं ?

शांत मन

गायत्री कदम
एफ.वाय.बी.ए

जेव्हा मन अस्वस्थ असते तेव्हा उत्तर काहीही असेल तरी मन थाऱ्यावर येत नाही. जेव्हा तुमचे मन शांत असेल तेव्हा फक्त एक खुण मिळाली तरी तुम्हाला उत्तर कळेल कारण तुम्हीच सर्व उत्तरांचा स्रोत आहात. जेव्हा तुम्ही शांत असता तेव्हा उत्तरे तुमच्यातूनच येतात. त्यासाठीच काही काळ निवांत बसणे गरजेचे आहे. एखाद्या अस्वस्थ माणसाला तुम्ही काहीही उत्तरे दिले तरी तो म्हणेल ठिक आहे, पण... आणि मग ते एकानंतर एक विषय बदलत राहतात. हे अशा मनाचे लक्षण आहे ज्यात इतक्या कल्पना, संकल्पना भरलेल्या असतात की नवीन ज्ञान किंवा माहिती आत शिरायलाही जागा नसते.

एका गुरु शिष्याच्या बाबतीत असेच झाले. एक शिष्य गुरुकडे आला, आणि तो एका पाठोपाठ एक प्रश्न विचारत राहीला. पण गुरुने दिलेल्या कोणत्याही उत्तराने त्याचे समाधान झाले नाही. शेवटी गुरु म्हणाले 'चला आपण चहा घेऊ.' गुरु त्याच्या कपात चहा ओतू लागले. कप भरून तरी

ओततच राहिले. कप पूर्ण भरून वाहू लागला आणि टेबलावर आणि जमिनीवर गळू लागला. शिष्याने विचारले, "गुरुजी हे काय करतात ? कप भरला आहे. चहा सगळीकडे पसरतोय हे तुम्ही बघताय." गुरु हसले आणि म्हणाले, "अशीच परिस्थिती तुझी आहे. तुझा कप इतका भरला आहे की त्यात आणखी भरण्यासाठी जागाच नाहीये. परंतु तुला आणखी हवे आहे. प्रथम कप रिकामा कर. जे आहे ते पिऊन टाक."

प्राचीन ऋषींनी सांगितले आहे, "श्रवण" आधी ऐका आणि मग "मनन" म्हणजे विचार करा. मग ते अंगीकारा. कुणीतरी काही म्हटले म्हणून त्यावर विश्वास ठेवू नका. त्याचबरोबर कुणी काही म्हटलेले झिडकारूनही टाकू नका. गीतेतील सर्व ७०० श्लोक श्रीकृष्ण म्हणतात, " विचारांचे स्वातंत्र्य, मताचे स्वातंत्र्य, विश्वास आणि श्रद्धेचे स्वातंत्र्य द्यायची गरज आहे. म्हणूनच आधी ऐका आणि त्यावर विचार मंथन करा, मग तो तुमचा स्वतःचा अनुभव बनेल. मग तो सुज्ञपणा बनतो."



Q2P: A SHORT REVIEW

Kalyani Shinde
TYBA



In a city known for its hectic pace and sensationalism everyday stories often escape notice. But once in a while, someone chronicles Mumbai with all its inadequacies and compels us to be grateful for the little comforts of life.

Documentary film maker Paromita Vohra's curiously titled short film Q2P just does that! A documentary on the lack of public toilets in the city, it makes the audience feel grateful for the accessible and clean commodes in their own homes. "The toilet is a prism in the film when you see who has queue to pee, you figure out who has a stake in the country's development", says Vohra, who has linked issues of gender class and caste with that of sanitation.

Though Q2P begins as a quest to find the number of accessible loos for women in Mumbai, it makes a comment on the fact that for women of a certain class even something as basic as answering the call of nature is a struggle. But since it is not only the poor who have to put up with a battle with their bladders the film shows the affluent class using toilets in five star hotels by posing as guests. When we think of women's issues we only do so in the sexual context and talk about rape and violence. But the inability to pee in peace is also a form of violence.

Attention is brought to the ground realities in Mumbai which has aspirations of becoming a world class city. But the city of the future appears around us in places, like in dream. It goes about moving from the glass and steel facades of the Bandra-Kurla complex, to the garbage strewn on the beaches to the men queuing up at a public toilet meant for women. Then comes images of a rundown toilet in a slum where women carry candles in the dark. Elsewhere students and teacher in a municipal school admit that they control the urge to relieve themselves in filthy toilets and often end up with urinary

infections.

Q2P peers through the dream of Mumbai as a future Shanghai and searches for public toilets in Bombay watching who has to queue to pee. As the film observes who has access to toilets and who doesn't we begin to see the imagination of gender that underlies the city's shape, the constantly shifting boundaries between public and private space we hear the silence that surrounds toilets like the silence that surrounds inequality. The toilet becomes a riddle with many answers and some of which are questions, about gender class, caste and most of all about space urban development and the twisted myth of the global metropolis.

Beginning with the movie shows that some unfortunate parts of the city have public washrooms but no separate section for ladies which is proving that development has taken place but somewhere down the line the development is only limited to the male section of the society. Even for the places where public toilets are provided for women the number of washrooms it contains is merely less resulting in long queues in the women's toilet.

A few small local restaurants in Mumbai do not have ladies toilet in the hotel as ladies toilets require more space than male toilets whereas proper toilets are provided in fancy and big restaurants for males and females which only a specific section of society can afford to go in. This shows that development for a basic thing is also biased on basis of class and gender. Men have free access to public toilets but on the other hand women have to pay for fulfilling one of the basic hygiene requirements. Male and female toilets first were separated in Paris and later this development came to India but with a few discriminations related to gender,

caste and class imbedded in it. Where the males have access to public and females usually don't where the male have access to public and females usually don't where the rich and elite class get proper sanitation facilities but the poor don't.

Earlier in India and even today in lower caste people or the Binkies' are known to be as the untouchables are the sections of the society that are expected to or many a time force to clean the public toilets who works as scavengers as this work considered as below dignity works so weaker section is expected to do it under societal pressure. This is showcasing the differences made in society on the basis of cast. The slums or the place where these people live do not even have proper facilities for toilets showcasing the biases in society in terms of cast.

One side of the city is enjoys all the luxuries and lead a peaceful life fulfilling all there bonds the other side of the same city carry the baggage of the luxuries of the elite class. The other side of the city live in a place equal to a dumping ground with the remains of the enjoyed luxuries. The conditions affecting the heath of the people adversely. The city of dreams where everyone lives with same dreams to live a life of comforts but stuck in class race where the development of one class is paid a cost for the development a further one where one class enjoy the comfort and the other class cleaning its baggage and partially in it.

All this is backed by the sphere called cast. The differences in caste class and gender and clearly visible. In the local BMC School there was just one common toilet for the boys and girls in filthy condition teachers teaching in BMC schools are mainly 90% females and there are maximum female students in BMC School. Teachers

hesitate to come and teach in BMC School due to this poor condition causing a threat to the girl education. Elder female student in these schools face grade difficulties during the periods. The health of these girls are getting affected to a great extend due to this improper sanitation facility. These girls usually prefer to drink less water to avoid to using those washrooms and so is the case with a few teachers. The private school has the facilities in proper conditions as they include the children of higher class who afford to pay heavy fees in order to get these facilities. Development is taking place only for the one who are able to pay heavily for it and the rest are just dreaming a dream of development. The elected representatives pay least attention to the sanitation problems of these schools who basically belong to the lower class and backward section of the society are far away from the concept of development and hygienic sanitation. There has been a notice a major threat to women's education due to this. The ladies toilets do not an electric bulb. Girls carry candles whenever they have to pee. Girls are finding it difficult to get the basic facilities which are essential for a peaceful life. The costs of building personal toilets is roughly around 10 to 15 thousand which is very expensive for the economically backward class people so the role of public toilets becomes crucial. The municipality adds up to the misery by not giving permissions to build personal toilets in slums who have the ability to afford for building toilets in slums who have the ability to pay for it. Which is shown as the reason why people end up looing on the beaches?

This is mixture of sad and true reality of the city. It showcases the required societal awakening of discrimination done on the basis of gender, class and caste. The discriminated development of the three (class, caste and gender) forms one queue to pee (Q2P)



CASTE BOUNDARIES

Sanj Dubey
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Have you ever wondered how many caste and religion are there in India? There are 3,000 castes and 25,000 sub castes and each related to a specific occupation. That means our country is divided into many parts. As we see on television, newspapers and even in our household, religion matters a lot to people. Religion violence in India has generally involved Hindus and Muslims. Over 2005 to 2009 periods, an average of 130 people died every year from communal violence, or about 0.01 deaths per 100,000 populations. People face discrimination every day. Even though according to our constitution discrimination is against the law people still don't stop. Large-scale religious violence and riots have periodically occurred in India since its independence from British colonial rule.

The caste system effects people's life drastically. If a person wants to marry someone other than his/her caste, parents disown their children because of the social norms. Marriages outside these rigid boundaries have often led to violent consequences, including "honour" killings. We see these kind of cases everyday in our lives. One of the case in a village near Una in the Somnath district of Saurashtra, Gujarat where four people belonging to the Dalit community were stripped naked and attacked for taking away a dead cow for skinning. The members of "protect the cow" brigade tied the four men to a vehicle, stripped them, and flogged them for killing the cow. Later, an investigation revealed that a lion- not the Dalits - had killed the cow. The beating led to a violent protest in Saurashtra, where two Dalits died; one of them committed suicide, unable to bear the atrocities against the community. Dalit women get raped just because upper caste people think those people deserve it. Nobody deserves to be treated that way.

India got independence 73 years ago and people are still following British rituals. The first effect that the British

had on caste system was to strengthen rather than undermine it, for the British gave the Brahmins back certain special privileges which under Muslim had been withdrawn from them. Why can't everybody be just human being living together in peace? Why there has to be a wall of caste and religion? The caste system in India is slowing down our economic development. Many people don't get opportunities just because they belong to lower caste. Indian society has miserably failed to integrate the Dalits, and people belonging to the other disadvantaged communities, into the mainstream. Indeed, many of the parties are more interested in keeping the issue burning as part of their vote bank politics.

This whole system has to change for the betterment of the society and for our future generation. As being the youth of our nation it's our duty to spread aware and share our knowledge/point of view to other people. Not just on social media but in person. Everybody have right to life and nobody should take it away from us. Nobody has to die just because they belong to other community. And people should not use their privileges to hurt somebody; they should use their power to change this cruel system. Fight for equality.

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PSYCHOLOGY: RELATEABLE ENOUGH?

Shifa Meherally
SYBA



Psychology is the scientific study of human behaviour and mental processes. It existed since the ancient civilisation of Egypt and Greece mostly as a branch of, Philosophy but broke out as an independent branch of scientific study in the 1870's. The efforts of psychological studies are more relevant and respected than any other period in the past, new discoveries and applications to Psychology are always being uncovered by top researchers.

Psychology can be applied in our daily lives and various fields as well including sports, education, media, physical conditions, business, trauma and human development.

Psychology studies people, who they are and what they are. It looks into why they act and think the way they do and how someone can improve himself or herself. Therefore, everything a person does is connected to the subject.

Psychology allows people to understand more about how the body and mind work together. This knowledge can help with the decision-making skills, mind setting, achieving goals and living effectively.

Some major contributing factors while studying Psychology include:

1. You learn why people do what they do?

Humans are fascinating creatures; we all enjoy learning about the things people do and why? This is what makes people socially fascinating. E.g.: you will learn about the bystander effect which explains why you are more likely to be helped when one person sees or hears you in your hour of need than when a large group is watching.

2. Some Amazing Experiments:

Psychology teaches us about a lot of different amazing scientific experiments. It is a science after all!

E.g. Stanford prisoners' experiment: which studied the psychological effects of the power dynamic between prisoners and guards by having volunteers stimulate a prison situation. Or the famous Little Albert, a little boy who was taught to fear a little fear. Little Albert ended up being afraid of a fluffy white animal for the rest of his life. Fascinating and outrageous.

3. You learn to do Research:

One of the most interesting and important things in research. To study and investigate on your own. One of the most important things a psychologist has to do in research. Research provides insight into human behaviour and helps the psychologist make use of scientific methods.

4. You learn about Mental Disorders and Treatments:

Many psychologists also deal with mental disorders and options for their treatment. There are various mental disorders and options for their treatment. There are various mental disorders and many for their treatment. There are various mental disorders and many may have a debilitating effect on people's lives. Fortunately, various psychological treatments have been developed for many mental disorders. The prospect of being able to help others in their struggle to live a 'normal' life appeals a huge crowd.

5. You gain insights into people's behaviour:

Doing, thinking, feeling and acting as a student of psychology, you will get to study all the aspects of human behaviour. Not only about general characteristics of human behaviour but also the differences. How can you influence human behaviour? Some basic psychologists address is:

- A) How people react to stress?
- B) Do athletes perform better after mental training?
- C) What is love anyway?
- D) Why does one child perform better in school than the other?
- E) How is it that some of us are friendly and relaxed while the others are often tense and stressed out?

"DON'T BECOME A MERE RECORDER OF FACTS, BUT TRY TO PENETRATE THE MYSTERY OF THEIR ORIGIN" - Ivan Pavlov.

Do you think Psychology is just for students, academics and therapists? Then think again!!

Because psychology is both an applied and a theoretical subject, it can be utilized in number of ways.

These: are some top 10 practical uses of psychology in daily life.

1. Get Motivated: Whether your goal is to quit smoking, lose weight or learn a new language some lessons from psychology after trips for getting motivated. To increase your motivational levels when approaching a task, utilize some of the of the following tips derived from research in cognitive and educational psychology:

- A) Introduce new or novel elements to keep your interest high.
- B) Vary the sequence to help starve off boredom.
- C) Learn new things that build on your existing knowledge.
- D) Set clear goals that are directly related to the task.
- E) Reward yourself for a job well done.

2. Improve your Leadership Skills: It doesn't matter if you're an office manager or a volunteer at a local youth group, having good leadership skills will probably be essential at some point in your life.

Not everyone is a born leader, but a few simple tips gleaned from psychological research can help you improve your leadership skills. One of the most famous studies on this topic looked at three distinct leadership skills. Based on the findings of this study and subsequent research, practice some of the following when you are in a leadership position.

- A) Offer clear guidance, but allow group members to voice opinions.
- B) Focus on stimulating ideas and be willing to reward creativity.
- 3. Become a better communicator: Communication involves much more than how you speak or write research suggests that non-verbal signals make up a huge portion of our interpersonal communications.

To communicate your message effectively, you need how to express yourself nonverbally and to read the nonverbal cues of those around you.

Few key strategies include the following-

- A) Use good eye contact
- B) Start noticing nonverbal signals in others
- C) Learn to use your tone of voice to reinforce your message.

4. Learn to Understand better others:

Much like nonverbal communication, your ability to understand your emotions and the emotions of those around you plays an important role in your relationships and professional life. The term Emotional intelligence refers to your ability to understand both your own emotions as well as those of those people. Your emotional quotient is a measure of this ability. According to psychologist, your Emotional quotient may actually be more important than your IQ.

What can you do to become emotionally intelligent?

- A) Carefully assess your own emotional reactions.
- B) Record your experience and emotions in a journal
- C) Try to see situations from the perspective of another person.

5. Make More Accurate Decisions: Research in cognitive psychology has provided a wealth of information about decision making, by applying these strategies to your life you can learn to make wiser choices. The next time you need to make a big decision try using some of the following techniques:

- A) Try using six thinking hats approach by looking at the situation from multiple points of view, including rational, emotional, intuitive, creative, positive and negative perspectives.

- B) Consider the potential costs and benefits of a decision.
- C) Employ a grid analysis technique that gives a score for how a particular decision will satisfy specific requirements you may have.

6. Improve Your Memory: Have you ever wondered why you can remember details of childhood events yet forget the name of the new client you met yesterday? Research on how we form new memories as well as how and why we forget has led to a number of findings that can be applied directly in your daily life.

What are some ways you can increase your memory power?

- A) Focus on the information
- B) Rehearse what you have learned
- C) Eliminate distractions

7. Make Wiser Financial Decisions: Nobel Prize winning psychologist Daniel Kahneman and his colleague Amos Tversky conducted a series of studies that looked at how people manage uncertainty and risk when making decisions. Subsequent research in his area known as behaviour economics has yielded some key findings that you can use to make wiser money management choices. One study found that workers could more than triple their savings by utilising some of the following strategies:

- A) Don't procrastinate, start investing in savings now.
- B) Commit in advance to devote portions of your future earnings to your retirement savings.
- C) Try to be aware of personal biases that may lead to poor money choices.

8. Get Better Grades: The next time you're tempted to complain about pop quizzes, midterms or final exams, consider that research has demonstrated that taking tests actually helps you better remember what you've learned, even if it wasn't covered on the test.

Another study found that repeated test taking maybe a better memory aid than studying. Students who were tested repeatedly were able recall 61% of the material while those were able to recall only 40%. How can you

apply these findings to your own life? When trying to learn new information, self-test frequently in order to cement what you have learned into your memory.

9. Become productive: Sometimes it seems like there are thousands of books, blogs and magazine articles telling us how to get more done in a day, but how much of this advice is founded on actual research? E.g. think about the number of times have you heard that multitasking can help you become more productive. In reality, research has found that trying to perform more than one task at the same time seriously impairs speed, accuracy and productive.

- A) Avoid multitasking when working on complex or dangerous tasks.
- B) Focus on the task at the hand.
- C) Eliminate distractions.

10. Be Healthier: Psychology can also be useful tool for improving your overall health. From ways to encourage exercise and better nutrition to new treatments for depression, the field of health psychology offers a wealth of beneficial strategies that can help you to be healthier and happier. Some examples that you can apply directly to your own life.

- A) Studies have shown that both sunlight and artificial light can reduce the symptoms of seasonal affective disorder.
- B) Research has demonstrated that exercise can contribute to greater psychological well-being.
- C) Studies have found that helping people understand that risks of unhealthy behaviours can lead to the healthier choices.

Psychology is often a field that everyone has heard of, some people may know the general ideas and theories behind the subject and others may know it is 'to do with the mind' and not much more.

Some people use Psychology consciously to help in their everyday life. It uses emotional and psychological appeals to pull on your heart strings so you would do what they wanted.

Reference

www.apa.org

HAVE A SAFE JOURNEY!

Swarangi Gadgil
SYBA

"The life is B to D, means Birth to Death, between B & D, there is C, it means Choices. The path is predestined, Birth to Death, but the way you will have your journey, it's all about C." What I feel is make good Cs, so you can make a memorable journey till your D from your B.

Is it so that our journey starts with Social Media and ends with its addiction? As one of my teachers says, 'Today's youth only know I, Me, Myself and Myphone'. Even I think it's true. Because now a days "Life is what happens between Wi-Fi signals".

The teen from 21st century Zee Generation is 24/7 busy in posting and updating the status on social media. Sometimes what I think is, before marrying someone, you should first make them use a mobile with slow Internet, just to see who they really are. As in today's world Social Media addiction is like suicide in daily instalments.

When I look back on my childhood, I recall adventures in the woods, writing stories, creating games. What will kids of today look back on? Apps! We can see all around small kids are handed with handsets in their hands in the free time. Why are they kept busy in smartphones? Instead of social attainment why aren't they told to be a bookworm. Actually now the quote should be "No work only mobile, makes Jack a dull boy".

Social Media addiction is not only related to youth, but it has become the addiction which has no age limit. From 4 years kid, 14 years teen, 24 years old youth or 40 years old man, all are the victims. The chain continues but what changes is only the age. Basically you can break out of prison, but before that you must realize you are locked up. Keeping age group aside, the role that smart phone is playing is making closer to person far from you, but



taking you away from the ones sitting next to you. It is easy making hub of friends on face-book or Instagram, or having n no. of groups on whatsapp; but having one real best friend beyond this virtual world is more precious.

"Don't only use Social Media to impress people, use it to impact people." And WE are those people. What I have learnt the best thing from Psychology is, "First change yourself, and then automatically you will see the change". If you want to change the society do not forget that you also belong to the same society as well. So if you want to see the change you be the first to make it. Take initiative. Grab the chance you get and make it opportunity.

As I said in the beginning. Always make good choices, so that your journey will be full of memories to cherish throughout your life. Remember, "The landscape changes, the people change, our needs change, but the train keeps moving. Life is train, not station".

Safely Enjoy your Journey!

INCREASING SELF AWARENESS

Vaishnavi Dhume
SYBA

INTRODUCTION

We usually identify our existence with our position in society, our friends and family, the needs and desires of our body, and the emotional and intellectual expressions of our mind.

For example: We might say 'I am a student studying economics, I have three sisters in London'. We rarely take the time to look at the real nature of our existence; to ask the question, "who am I?"

Self-Awareness is about learning to better understand why you feel what you feel and why you behave in a particular way. Once you begin to understand this concept you then have the opportunity and freedom to change things about yourself enabling you to create a life that you want. It's almost impossible to change and become self-accepting if you're unsure as to who you are. Having clarity about who you are and what you want can be empowering, giving you the confidence to make changes.

WHAT IS SELF-AWARENESS?

Self-awareness is an awareness of the self, when the self-being what makes one's identity unique. These unique components includes thoughts experiences and abilities. The psychological study of self-awareness can be traced back to 1972. Psychologists Shelley Duval and Robert Wicklund's developed the theory of self-awareness.

They proposed that:

"When we focus our attention on ourselves, we evaluate and compare our current behaviour to our internal standards and values. We become self-conscious as objective evaluators of ourselves." In essence, they consider self-awareness a major mechanism of self-control.

I think it is more important to recognise that self-

awareness is not only about what we notice about ourselves but always how we notice and monitor our inner world.

Self-awareness beyond gathering knowledge about ourselves, it is also about paying attention to our inner state with a beginner's mind and an open heart.

WHY IS SELF-AWARENESS IMPORTANT?

Self-awareness is important because when we have a better understanding of ourselves, we are able experience ourselves as unique and separate individuals. We are then empowered to make changes and to build on our areas of strength as well as identify areas where we would like to make improvements. Self-awareness is often a first step to goal setting. Self-awareness is being conscious of what you're good at while acknowledging what you still have yet to learn. This includes admitting when you don't have the answer and owning up to mistakes.

In our highly competitive culture, this can seem counterintuitive. In fact, many of us operate on the belief that we must appear as though we know everything all the time or else people will question our abilities and then perhaps judge us. If you're honest with yourself, you'll admit that really the opposite is true. Because whether you acknowledge your weaknesses or not, everyone still sees them. So rather than conceal them, the person who tries to hide weaknesses actually highlights them, creating the perception of a lack of integrity and self-awareness.

HOW TO BE SELF-AWARE?

1. Keep a journal.

Keep a journal where you can write all your feelings. You need not have to write it every day but when you feel the

extremity of your emotions, jot down your thoughts. Continue writing this to at least one year or six months. Reread the entire book at the end of a year and you'll find the real person who is hiding inside you.

2. List out your talents.

Some people usually think they don't have any talents but that's not true. Engage yourself in various activities and find out which one of your talent stands out. For example, being able to cook tasty food requires real talent, and talent usually comes out from the thing you have a special passion about or have deep practice in.

Don't get influenced by what people talk about you because even if you don't do anything, there will always be someone who has to talk, it's just how people are wired.

3. Make yourself a priority in your life.

It is easy to put others first, so that you can feel good knowing that you have helped but this becomes a problem when it comes to your own needs and wishes in life. In such an event, it is time to prioritise your needs and to put yourself first which allows you to be a strong courageous and truly supportive person you're seeking to be for yourself and for others.

4. Spend time with yourself.

Spend some quality time with yourself by doing things you love.

5. Help others in their journey.

When you feel more able to express what self-knowledge means to you and how to achieve it, help other people on their journeys for their better self-knowledge. Help them to identify the ways to discover and nurture themselves. The more people do this the place the world would be.

6. Learn from others.

Continue to learn from others. The teachers, the writers, speakers, elders, etc. everyone has a story to tell learn from it. As you gain self-knowledge use your self-understanding to be more understanding of why people behave as they do and how you might learn from them to make yourself stronger, healthier and free.

7. Practice self-reflection.

In order to have self-awareness, you must do self-reflection. This requires some time. Committing to this practice can help you improve. Because it takes time to

self-reflect, start by setting aside 15mins each day.

8. Practice meditation and other mindfulness habits.

Most types of meditation focus on the breathing, but not all meditation has to be about that. You can also find greater clarity from regular moments of reflections

During your meditation, you may stop to think about some specific questions:

What is your goal?

What things are you practicing for yourself improvement?

What are you doing that is acting as a problem to your goal?

How can you change the process to improve it?

9. Take personality and psychometric tests?

Take these personality and psychometric tests to help understand what rates you have.

CONCLUSION

Self-awareness is all about self-examination of one's self. It is a conscious ability in recognizing oneself as being an individual separate from others and environment. A self-aware person has a clear view of his/her personality, emotions, motivations, beliefs, thoughts, weaknesses and strengths. It also gives you the ability to identify one's strengths and weakness, stress management, motivation and leadership skills development. All these parameters are what add up to personal development arising from self-awareness of an individual.

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THE VOICE OF ADDICTION

Compiled by
Samrudhi Chavan
TYBA

CRYSTAL

Compiled by
Chaitali Kulkarni
TYBA

Well, it's nice to finally meet you; I've been waiting for your call. I've noticed you've been crying; and I've watched you pace the halls.

Whatever has been hurting you, I can make it disappear.

You know you have nothing to lose, nothing to live for nothing to fear.

Thank you for your invention, I'll be sure not to leave your side. We'll become very fast acquainted; my naive child, there's no use trying to hide.

I should probably introduce myself; I am your very own addiction. But you cannot be angry with me; I am your own self conviction.

I bet you feel rather stupid, falling right into my lap.

I'm a master at manipulation. You'll never escape my trap. How does it feel to dance with the devil? For he and I are one in the same. God has completely abandoned you. So you might as well stay in the game.

Are you honestly going to try and beat me? A useless battle if you want to know.

Go ahead and make an attempt. Besides, I'm in the mood for a good show. I guess you think you're special. But your sobriety has only lasted a year. I'm still around every corner, In the back of your mind. I'm your greatest fear. I'll always be your dirty little secret. I won't disappear over time.

Twenty years from now you may falter. And I'll be the first thing that comes to mind. A vicious cycle that's what you're thinking; But I'm only speaking the truth. I'm Satan's weapon of mass destruction. The silent killer of America's youth. It's genius when you think of it. Everyone's looking for some Armageddon war.

But what the fools don't realize. Is every day Armageddon Walks? Through their front door.

Crystal was once my friend she was always there for me
Whenever I was in need She helped me through my ups and downs

And whenever I wore a frown I thought we would always be friends

Until one day I realized I was stuck with her forever She tore me apart

She took everything I had;

She put me on the street with nothing but a garbage bag

She turned me family away from me;

When I was with her I feel free

She made me think she was all I had;

I didn't realize my life was getting so bad

She promised me I was good in her hands;

She took away all my hope

And now she is what I need to cope;

She made me feel so loved

Then one day I couldn't find her;

I then realized she was a liar

She promised me things and I believed her;

All she really did was promise to ruin my life

She took my family & now I'm alone;

I guess now I am on my own

She left me with nothing but an empty glass pipe;

Now I live in poverty with no one in sight

I think to myself with I ever get my family back;

Will I ever live a good life again

Crystal is no longer my friend;

She is my worst enemy

Now that you have heard what she has done to me?

Run away from this devil;

don't let this Bitch bring you down

One hit & you are done;

So my advice to you is run.

DEPARTMENT OF PSYCHOLOGY

ACTIVITIES REPORT FOR 2018-2019



DISHA ACTIVITIES: This year there were four Group Discussions held on the following topics: 'Ideas that didn't Click', 'What does Freedom mean to me?', 'How to Prevent Youth Suicide?' Breaking Barriers Building Bridges. Each session was attended by about 40-50 students who expressed their view on the topics with enthusiasm and openness. There was a Training held for all Disha Coordinators where they were given guidelines on how to conduct group conversations and facilitate discussions.

KALEIDOSCOPE: The Eleventh Volume of Kaleidoscope was released on 11th January, 2019. The theme of the magazine was 'Psychologist who influenced the World'. The magazine was released Dr. Shobhana Abhiyankar Former Head, Dept. of Psychology and Vice Principal, Fergusson College. The magazine received an ISBN number.

PSY WORLD: The fourth Psy. World was held ON 26th September, 2018. The theme of the fair was Gender and Psychology. Students gave PPT and Poster presentations on Myths about LGBTQ, Feminist Psychotherapy and also Addiction. There were interactive stalls where games based on Gender Stereotypes and Drawing Analysis was done. There were more than 500 visitors for Psy World.

KOSHISH: The 5h Installment of Koshish began in May 2018. Sixteen students interned in four organizations. During the Academic term of 2018-19 six students interned at three organizations.

KHOJ: Dr. Sadhana Natu conducted 3 research workshops to help the students understand how to

imagine, conduct and write scientific research. Students participated in two major National Level Conferences. Fifteen students presented Papers in the form of Posters and Presentations at National Academy of Psychology's 28th Conference held at Delhi. 15 Students had sent abstracts to Christ College in Bengaluru out of which six students presented posters at the Undergraduate Conference.

WORLD SUICIDE PREVENTION DAY: Students made Posters and Scripts to spread awareness that Suicide is preventable. The students covered the campuses of Modern College Ganeshkhind, Modern Law College, Modern High School, Ganeshkhind, and Modern High School, NCL Campus.

UMMEED: The college community mental health program was conducted thrice in the year for library staff, peons and also security staff.

EUPHORIA: The theme for Euphoria was Rejection. Students presented poems, songs, short skits on the theme of Rejection.

MINDSCAPE Volume IV: The student research compendium was released by Shree Deshpande. It included research papers of students who have presented at various conferences such as: Chikitsa, National Academy of Psychology Conference and Christ University, Young Psychologist Competition.

ORIENTATION: In the beginning of the year the students of TY and SY were given an orientation about the activities of the Department and guidelines of expected

behavior and participation from their end.

PARENTS MEET: Parents of the TY and SY students were invited to interact with the staff and know about the Department.

MASTERMIND: As a part of YuvaSaptaha the Department conducted a Quiz based on Psychological concepts.

PERSONALITY TESTING: A brief Personality assessment was conducted for the students of TY B. Com and TY and SY students from BBA CA.

ONE DAY WORKSHOP: Sponsored by the BSD titled, 'How to Establish and Strengthen Counseling Cells' was conducted by the Department. 80 participants attended the workshop from various parts of Maharashtra.

ALUMNI MEET: The Department organized a meet for all its alumni to discuss the activities of the Department and get suggestions for improvement.

INDIVIDUAL REPORTS

• DR. SADHANA NATU

Resource Person:

- "How to Problematize Research" at Department of Sociology, SPPU under- Course Work of M.Phil. And Ph.D. students (May 2018)
- Spoke on "Code of Conduct, Pedagogy" at Induction program for FY students of all the faculties, New Staff members and Senior Staff members (July 2018)
- Negotiation Skills and Communication for MA Sociology students of Modern College (September 2018)
- 3 days "Workshop on Feminist Psychotherapy for

activists, counsellors, teachers (October 2018)

- Workshop on 'Goal Setting and Prioritizing' at Department of Sociology for MA, M.Phil. and PhD students (October 2018)
- Workshop on 'Counselling and Mentoring' at Faculty Development Program organized by HRDC of SPPU (December 2018)
- Spoke on 'Women's Empowerment and Mental Health' Sadhu Vaswani Institute of Management (March 2019)

Consultancy :

Examiner for MA course at IGNOU and External Expert of POSH Committee at Principal Global Services, Multi-national Company

Conferences:

- National: Leading a Symposium titled 'Interrogating Diversity and Equality: A View from the Field' at the National Conference of National Academy of Psychology held at Delhi University. Chaired a Paper Reading Session (December 2018)
- State: Resource Person at TLC organized by Department of Sociology SPPU and Modern College under MHRD. Spoke on 'SDGs and Mental Health' (October 2018)
- University Level: Spoke on 'Women and Mental Health' on the occasion of International Women's Day (March 2019)

Editorial and Peer Review Work:

Expert Peer Reviewer for 11 papers of Psychological Sciences a Peer reviewed National Journal. Edited the Eleventh Volume of Kaleidoscope

Research:

- Guidance: 3 Ph.D. students and 20 UG students and 7 PG students for National Conferences
- Project completed on 'Evaluation of Generations Mentoring Program in Pune Schools' (May-September 2018). Grant of Rs.1,30,000

Expert:

1. Subject Expert for Interview at Kaveri College, Pune (June 2018)
2. Expert at PhD Pre-registration Viva as Co Guide at Symbiosis International University, Pune (October 2018)
3. Subject Expert at PhD Viva at Symbiosis International University, Pune (March 2019)

Publications:

1. "Exploring Gender In equalities in India: Need Psychological Insights' in Dnyanmay, pg. 9-16 Vol. III - Issue 3, Dec 2017-Feb 2018 ISSN No 2395-7484
2. 3 entries on Social Psychology in Bharatiya Samajvidnyan Kosh, Khand 6 , Mehta Publications, Pune 2018
3. "Evaluation Report of Generations Mentoring Program in Pune schools", Generations, Pune, ISBN 978-93-88017-09-1, 2018
4. "Psychologists who intrigued and inspired me", Kaleidoscope, Volume, XI, 2018-2019, ISBN 978-81-928564-9-0

Coordinator:

- National Level Competition on Laws related to women promoted by National Commission for Women, New Delhi (January 2019)
- Facilitated UG Course on Gender and Development run by Women's studies Centre, SPPU in College
- Workshop on Counselling

Extension:

- Spoke on 'Sexual Harassment at workplace in the context of Higher Education Institutions' at the Workshop organized by Stree Mukti Andolan Sampark Samitee (December 2018).
- Facilitate Ummeed, College Community Mental Health Activity
- Member of State Coordination Committee of Mental Health

- **NASHOME CRASTO**

1. Presented a Poster at National Conference of National Academy of Psychology held at Delhi University.
2. Publication- "Adapting and Modifying Psychoanalysis: Carl Jung and Alfred Adler", Kaleidoscope, Volume, XI, 2018-2019, ISBN 978-81-928564-9-0
3. Part of Organising team of BSD Sponsored workshop, 'How to Establish and Strengthen Counseling Cells.'

- **SWATI JAGTAP**

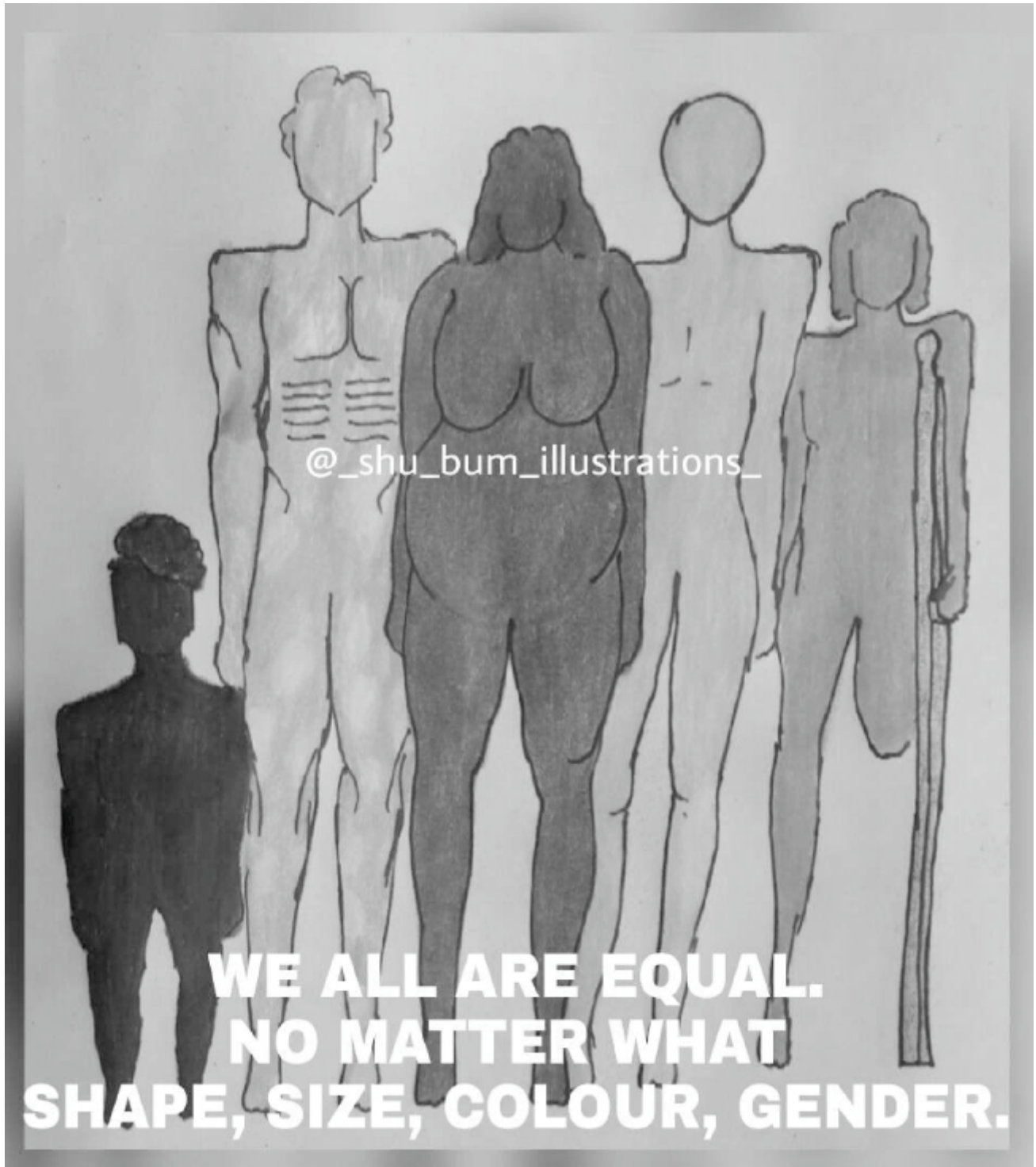
1. Publication - "Albert Ellis", Kaleidoscope, Volume, XI, 2018-2019, ISBN 978-81-928564-9-0
2. Part of Organising team of BSD Sponsored workshop, "How to Establish and Strengthen Counseling Cells."

Dr. Sadhana Natu,

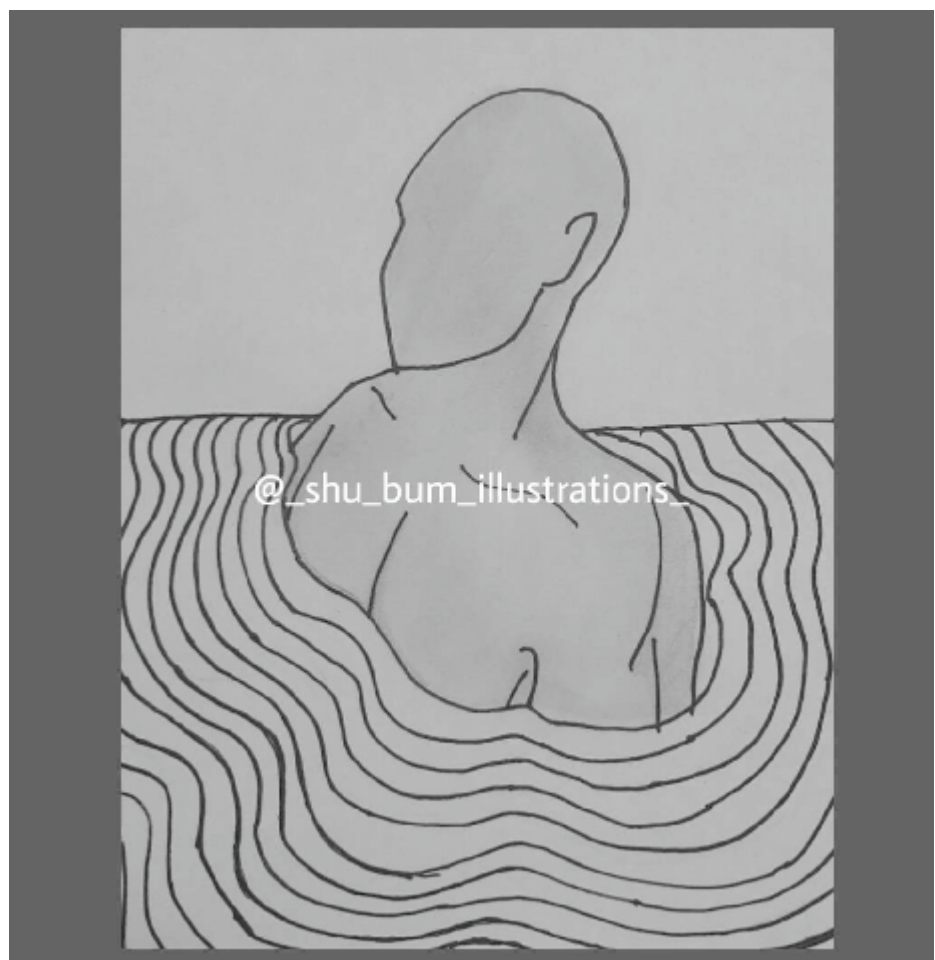
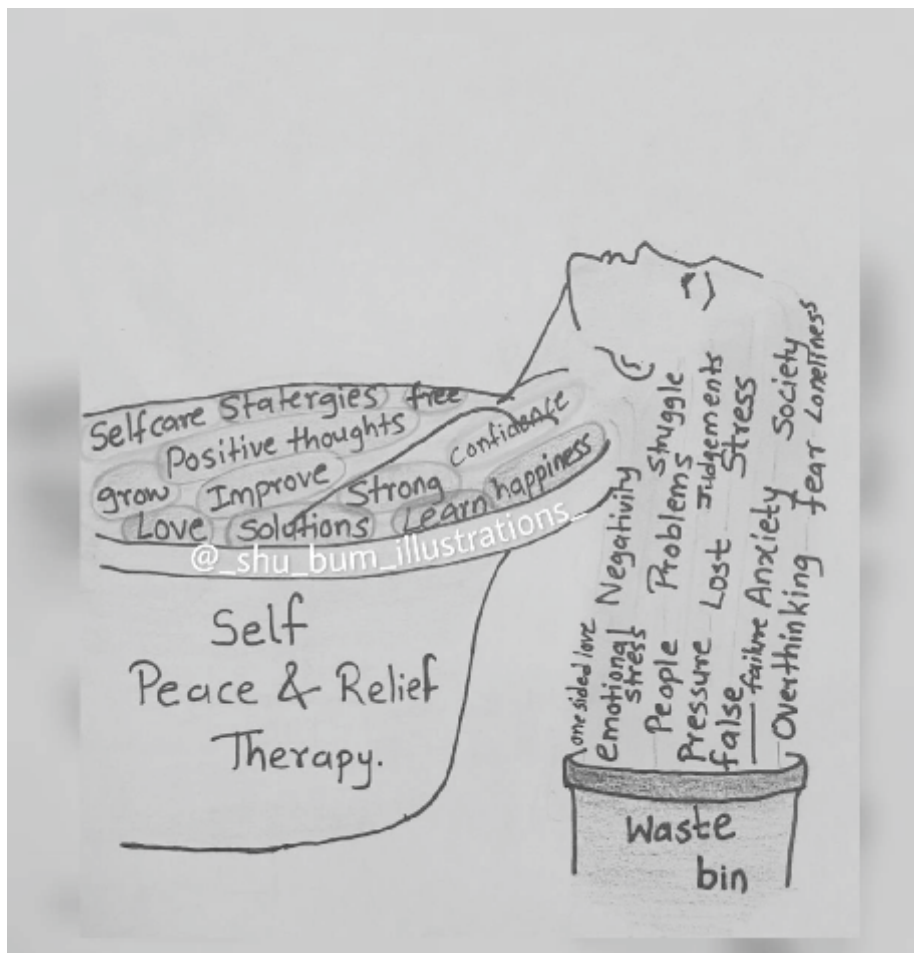
Associate Professor and Head,
Department of Psychology.



Equality



Peace & Relief Therapy



TOPPERS OF THE DEPARTMENT OF PSYCHOLOGY

SECOND YEAR PSYCHOLOGY

Aishwarya Bhojkar	86 %
Bhoomi Anupama Anant	84%
Suveni Kaul	84%

26 STUDENTS GOT DISTINCTION, 12 STUDENTS GOT FIRST CLASS

THIRD YEAR PSYCHOLOGY

Saroj Waghmare	79%
Kirti Khatale	74%
Sanyuja More	73%

7 STUDENTS GOT DISTINCTION, 20 STUDENTS GOT FIRST CLASS

WE ARE PROUD OF OUR ALUMNI



HEMANT RUGHNOONATH

Selected for The Erasmus Mundus in Social Work with Families and Children, Class of 2019 - 2021 Masters Course

SHANTANU KULKARNI

Selected for the M.Sc. in Sport and Exercise Psychology, Staffordshire University, UK



A FEST DEDICATED TO ALL THINGS PSYCHOLOGY



A group of students looking at a display board.



Students looking at a display board at the event.



Students looking at a display board at the event.



Students looking at a display board at the event.



Students looking at a display board at the event.



Students looking at a display board at the event.



Students looking at a display board at the event.

DEPARTMENT IN THE NEWS

Students bust myths about mental health and sexual orientation at this college fest

Modern College of Arts, Science and Commerce recently organised a psychology festival, Psy-World, to address the issue of mental health and acceptance of the LGBTQ+ community. By combining the two sensitive topics, students tried to address and bust various myths.

"The main challenge lies in making people aware that sexual orientation isn't a mental disorder or a phase that will get over with time. The most important stigma that we face is people asking for a cure for sexuality. Apart from sex education in schools, students should be educated about the LGBTQ+ community as well. Only then will we take a step towards acceptance," said Ishita Shinde, a third-year BA psychology student.

Psy-World saw students from other colleges in attendance too. "The fest was open to all and was aimed to bring a slice of psychology to the participants through various activities," said Priyanka Radani, a faculty of the psychology department.

Students of the department made sure everyone understood the depth of the topics and enjoyed too. Games that were based on identifying gender stereotypes portrayed in Bollywood songs were a major hit. Here, the participants were given cue cards with songs written on them and they had to guess whether the song was gender biased or not.

Another attraction at the festival was the dance movement therapy session. Anshwarya Bhujkar, a second-year psychology student, said, "We made arrangements for



Glimpses from the festival.

the interface wherein participants had to copy moves that were on a screen. Since all the attention is towards the screen, we hardly give attention to the people watching. Such therapy builds confidence in a person."

Dr. Sudhana Nulu, HoD, psychology department, who has been organising this fest for the past four years, encouraged students to talk about mental health.

— Musmita Chakraborty
@tmsgroup.com





- Dr. Sadhana Natu conducted a session of Khoj which is an ongoing research based activity of the Department of Psychology.

Students Presenting Posters at the Christ Under Graduate Conference, Bengaluru, Feb, 2019.



- 20 Students successfully completed a Gender and Development certificate course in collaboration with the Women's Studies Centre, SPPU.

Organisers of Master Mind, the Psychology Quiz conducted as a part of YUVA SAPTAHA.





Release of the XI Volume of Kaleidoscope by Dr. Shobhana Abhyankar, Former Head, Department of Psychology and Vice Principal, Fergusson College and Dr. Sanjay Kharat, Principal along with Dr. Jyoti Gagangras, Vice Principal, Arts, Dr. Sadhana Natu, Head, Department of Psychology.



The enthusiastic team of those who contributed to Kaleidoscope Volume XI