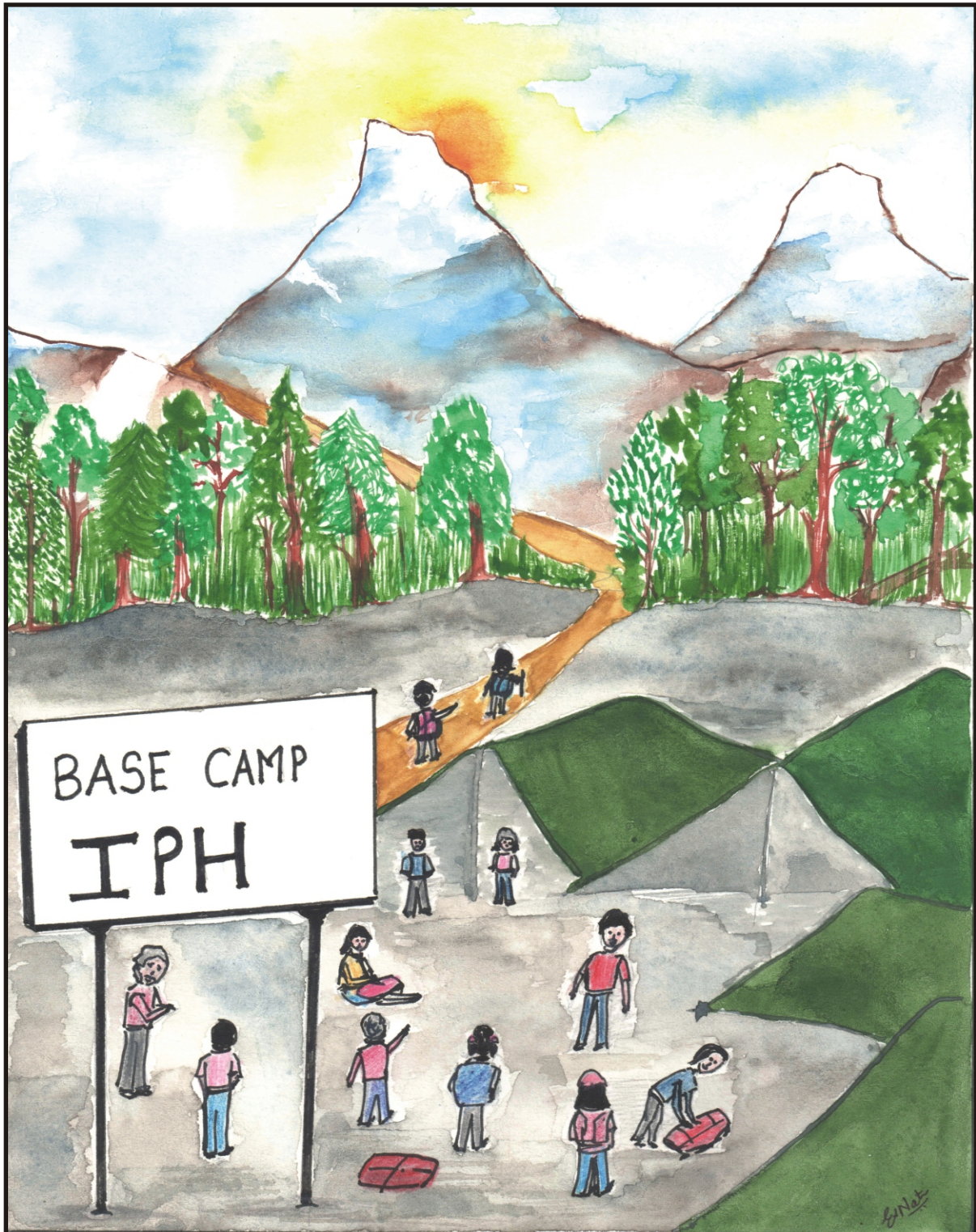




MANAS

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Editorial

Over many years that we have been involved in bringing out "MANAS", we have seen many 'highs and lows'. As editors, quite contrary to popular belief, we will NOT say it's been a thankless job (not that we weren't tearing our hair at some point or the other). So what keeps us going? Thinking, planning, (almost) 'plotting' (pun intended), pleading, threatening, cajoling to get in suitable articles; plodding through a maze of sentences, weeding out the unwanted and marvelling at the beautifully simple ones that touched a chord within..... Struggling against deadlines and going blind with unending proof reading..... much like the never-ending sari of Draupadi..... Hey, are we the Kauravas here? We bet some would nod a vigorous 'yes', having suffered our nagging.

And at last, sighing half with exhaustion, half in contentment, once the issue is out. What keeps us going? Really??! Are we suckers for 'unnecessary clerical work'? No!! Well, it is the sublime long lasting delight of the satisfaction of a job well done (barring a few goof ups), the process from 'conception to the birth', that warms the cockles (How I have been itching to use that word!!) of our heart. A few appreciative comments in person or by mail do help in upping the GQ (Glow Quotient...hmm..... Do you get the hint there?), as does sincere criticism.

For all of us, if we look deep within, it indeed is the whole journey that makes things memorable, not just reaching the destination... ..the goal. Keeping the eye on just the goal and not the minute nuances of the whole process, would make one tense and rigid, it would also make one blind to all the beauty of the road we traverse and the learning thereof. When we focus on the process, it makes us flexible, creative, more likely to succeed and with less stress too. And we come out winners, whether we reach the preordained final destination or not.

Here's to life then, the most arduous and yet beautiful journey!! May the road beckon you.

Sulabha Subramaniam and Pratima Naik

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The Boulevard within . . .

['Boulevard ' is a French word meaning a tree lined road, on both its sides. All pursuits of mental health and abbreviations involve a journey on these roads within us. In every issue of IPH, we plan to publish some essay pertaining to these voyages. Here we have an article by Dr. Nadkarni about his fond childhood memories. We welcome your comments on the essay.....**Editor.**]

Boulevard is a French word meaning a road lined by trees on both its sides. To me, it is a journey inwards in the labyrinths of my mind, with varied memories swaying invitingly along the path, enriching my being, my life.

One of the fond memories of my childhood, extending well into my youth, is the entire process of making the Diwali lantern with my father every year. We must have made over twenty such lanterns as a team. The shape, design and even colour combinations had hardly differed . . . It was the traditional hexagon with numerous paper-strings attached to its base, hand-made paper flowers at the corners and a peculiar shaped line of paper designs called 'Karanji' in Marathi adorning the horizontal edges at the top and bottom of the bamboo frame . . .

When the lantern was completed and hung with pride, with a glowing lamp within, in the porch of our home . . . that was a moment of glory indeed. But a major part of my remembrance is devoted to the images depicting nitty-gritty of the process . . . such as, making glue-paste out of rice and checking its consistency or even adjusting the height of the lantern put of on a make shift pulley so that my father and elder brother can get the optimum position to do their work . . .How mundane were the steps . . . what has converted them into enchanting jewels of everlasting images? . . .

The answer, as it strikes me now, is quite simple . . . Our collective involvement in the process and the way we used it to nurture the bonding amongst family members . . . A visual has just started rolling in my mind . It's about my father helping and coaching my sister to make a traditional Rangoli . . . She is marking the white dots on the floor to make a framework. He has meticulously prepared a white sheet with all those systematic holes, made by burning incense stick . . . oh, what a wonderful tool, I am wondering. And my sister's job is made so simple . . . And look now he is teaching her how to hold the rangoli powder and slowly release it through the finger-gap . . . Am I only a spectator? . . . not at all . . . I am a part of it all!

Wow! . . . what a feeling !! . . .

These and such images form bench-marks for my 'process involvement criteria.' And I know that this is a sure-shot way to brighten my life; yet these moments make it worthwhile. The final product does matter but the lingering feel-good taste is of the process.

I cherish my knowledge-oriented pursuits the most because there is no definite end-point to them. Let me share, one such experience with you all.

For organising the 'Primary Mental Health Camp' at the campus of SEARCH, a unique organisation in distant jungles of Gadchiroli district in Maharashtra, I had gone there at the loving invitation of Dr. Abhay and Dr. Rani Bang. These two medical researchers and their team conduct daily prayer-meeting in their precious community hall. I heard them chant Marathi adaptation of verses from the 'Ishavasya Upanishad.' This wonderful adaptation made by Vinoba, one of the great Indian philosophers. I heard these verses on three to four consecutive evenings and they have occupied my mind since then . . . I started dwelling on the words. After I came back to Thane, I revisited the book written by Vinoba on Ishavasya and started making notes. Wherever Vinoba has made references of Bhagvadgeeta, I started referring Geetai (Marathi Adaptation of the Geeta by Vinoba) and also Vinoba's other books on the subject. Then I started cross-referencing with Dnyaneshwar and Vivekanand . . . where was all this going to lead me? . . . I did not know and I did not care . . . I just went on . . . on and on!

Then I discovered a wonderful link. Ishavasya tells us about 'development.' It tells us about lifestyle. In 1909, Gandhiji wrote a small book 'Hind Swaraj.' In this book he has dwelled with similar themes . . . can all this be integrated?

Came August and the country was put in the frantic frenzy by an old man. Questions were asked about corruption in social life, and values in political life . . . I found that corruption was linked so much with lifestyle. It was also invariably linked with the definitions of needs and wants . . . suddenly all my homework so far got a framework.

Then how do I integrate all the material I have, into a learning-teaching module on lifestyle management? The next challenge has already appeared. To share with you frankly, I am still groping in the dark . . . But this darkness is not leading to inertia, in fact it invites exploration . . . What will be the final 'PRODUCT'? Who will be the 'TARGET AUDIENCE'? . . . What will be its 'FORMAT'? . . .

All these are questions on the fringe now. They don't bother me because I know for sure, staying immersed in the process will lead me to answers, in the same way that birds come to their nest after a day's flight.

- Dr. Anand Nadkarni (Consulting Psychiatrist,; Managing Trustee, IPH)

TEACHING CHILDREN?

Last Sunday, I was reading a two page centre spread of Loksatta, a Marathi newspaper, that ran an interview of Dr. S. Jayant and Mangala Naralekar. Although every line was interesting, what stayed with me the most was that brilliant and empathic lady's anger at the state of primary school education today. She expressed regret that the students are not taught simple math concepts, and that teachers are already de-motivated, then bogged by the sheer number of students in each class.

The same scene is repeated in the most affluent schools. Children are stressed, the school tries to institute counseling, the children cannot for the life of them see why they have to "attend counseling" when actually they want to "use" the time to study. Which stresses them out again.....a vicious circle.

Arvind Gupta, a B.Tech. in Electrical Engineering from IIT Kanpur writes, "The educational terrain in our country is very harsh almost barren. Even a good seed will wilt away in the absence of any soil. There is very little soil to nurture our young minds. We have a small historic role. Whatever be our circumstances, we have a humble task - to create a fistful of soil. Therein lies hope."

Why do we create wounds and then try to disinfect and medicate them? Create stress and then try to relieve it? Why do the nicest 'school stories' belong to fiction? Robert Fulghum's "All I really need to know I learned in kindergarten."..... Phunsuk Wangdoo's lovely lakeside school in the movie "The Three Idiots"?

My earliest school memories comprise of three of the worst! One: feeling nauseated because the school served us hot milk in plastic mugs.....ewww, the smell! Two: Crying my eyes out through early days of school because I could see my mother on the other side of the wire partition that comprised the top half of the classroom wall the closest I have come to a caged feeling. And Three: falling asleep with my head on the bench because I had already read the lesson with Anne and the Dog whose name was Rover, and the class being made to read it again and again bored me to.....well, to sleep.

And this was one of the most coveted schools in the entire south Mumbai, with a waiting list till kingdom come. And by the way, I enjoyed school through its later years, but that was when I had a choice vis a vis what to do in it.

So that seems to be the crux. Our IPH Shikshak Prabodhini got it right (no surprise, I see hardly any similar programs anywhere in the state!). The teacher needs to become a mentor, not a teacher. The title of this piece should ideally be, not "teaching children" but "learning children", where the first word describes what they do. (For all I know, it is a gerund or something, but I never did learn formal grammar. If it "sounds" right, it works for me!)

When they become “learning children”, the onus is on them to learn, not just passively “be taught”. And the teachers' job is to create an environment where such learning can happen best. The metaphor shifts from that of a garbage dump where meaningless rubbish is compacted and pushed into numb minds, to a flowering garden where joyful growth is a daily occurrence, and knowledge a byproduct.

So what is in it for a teacher? Why should they accept the paltry salaries a school teacher gets, overuse their voice, and get up early everyday to go to school? To me, the answer lies in my title. Because that way they get to be in daily touch with “teaching children”. Children who through their delightful ways and bright minds, teach us to think differently. Teach us to enjoy life, laugh and learn. Provided they are left to themselves to do it, of course.

In the course of my interactions with children, I have learned the most awesome things, and I am not even a school teacher! One child showed me how he completed his “punishment” (wow, the very idea!) of writing “I will not talk in class” a hundred times. His friend sat on his right, and while he wrote “I will not” from left to right, the friend wrote “class in talk” right to left on the same line, so they managed to finish soon and went to play cricket. Another pint sized bacchaa gave me an assessing look and said “I think I can trust you. You know, I have a pen drive in my pocket. It is my dad's. He knows I have it, but he does not know what is on it. I will tell you though, next time I come.” Mysterious.

Another potential genius wrote A + D below each other for me on a sheet of paper, drew a firm line below, and asked me to “add them”. The answer of course, was “E”. Add their positions in the alphabet, and go figure.

You know why school got better for me as I grew up? Because in a secondary Standard, we had a class teacher who raced snails on the blackboard. When she had to go for a staff meeting and leave us alone in class, she would line up snails at the bottom of the blackboard, and point them upwards, telling us to watch who goes ahead, and solve math sums meanwhile. I remember our nail biting tension as one snail neared the intercom, the principal's public address system mounted above the blackboard, because we thought that she might get electrocuted if the principal suddenly turns it on and starts speaking! The same class teacher, bless her, taught us that we should always have three clean handkerchiefs. One to wipe our face and hands, one for a runny nose, and one to wipe up crow shit. How can one ever forget such wisdom?

Now, I am blessed with my own steady supply of “teaching children”, although they are the 'XL' kind, not 'S' as discussed above. Two of my very own at home, and fresh packages ever year at the University. I learn so much as I teach which is why I don't plan to give this up, at least in the near future. Try it, it works.

-Dr. Anuradha Sovani (Clinical Psychologist, Trustee, IPH)

Aging with grace

When one enters the wrong side of forty looking into mirror is not for appreciating self, but for looking for a grey hair, the first sign of aging. Then slowly begins the preoccupation with the other signs of aging. If we look at `Age', it has many connotations such as what is your biological age (related to date of birth), what is your physical age (physical changes due to aging), what do you feel your age is (what we call as young at heart) & what people around you consider your age is (how lively you are, how much of interest you take in the other people). Out of these 4 the first 2 are beyond our control & only the last two are in your control. When you accept the first two, it is possible to work on the next 2 & that is what I call aging with grace. I remember one of our family friends who is 75 but he dreads aging so much that he can't stand even a lock of grey hair and he colours his hair jet black even before it starts fading. He hates to attend any senior citizen group or their activities, as it would label him 'old'. As he tries to be with young people all the time, they allow him out of respect, but try to avoid him whenever possible. All these continuous efforts to hide that he is old, takes its toll as he has to be hyper vigilant & has lost his own identity & spontaneity. Are all these efforts worth it?

So in aging gracefully, it is important that you accept that there are going to be some changes according to your disposition & accept there are going to be some limitations on you. If there are very few limitations you have won a lottery!

I know one "Uncle" who is 83 yrs. old, very enthusiastic, his spine is bent more than before, his gait is much slower but he attends most of the cultural programmes, enjoys & is still very curious to know about many things around him, which are new for him. If you start thinking, 'आता काय करायचयं नवीन काही शिकून, समजून?' then it is a sure sign of aging. As T.S. Eliot says, 'I don't believe one grows older. I think that's what happens early on in life, when at a certain age one stands still and stagnates. Some people start stagnating at 50 also. I remember my granny who died at her ripe age of 92 but till last (almost till 3 months before she passed away) she was moving around, doing whatever she could. Her pooja used to go on from 5 to 7 am everyday. She used to bathe the god's small murtis (with tamarind, sparkling bright) then drape them in stitched clothes, adorn them with all their ornaments & then decorate them with flowers. We had a small brass statue of Krishna whom she called Kinyamama (as she had no brother, my father & his siblings used to call it mama). She used to say, "When I look after my Kinyamama & feed him & put him to sleep, I feel I have completed all my duties & feel happy." I would ask, "And what about all of us?" She would smile & say, "My duties towards you are over, but towards Kinya I will have to do it till my last breath." And she really did it. How wonderful & fulfilling that philosophy was! I think she was happy till the end as she had some purpose & satisfaction after completing it & the Mantra for aging with grace is that. Some purpose & satisfaction in working for it. It may not be anything noble or great but as small as she had found it. I see some ladies who after crossing sixty start cribbing about health. Any time you meet them & ask, 'so how are you?' There is a new list of complaints & cribbing about pain. At such time I remember P.L. Deshpande's Pestonji who said old age is nothing but a pain; but he said it smiling at his old wife who was sitting by him like sharing their old joke.

There are many advantages of old age too, if you look keenly. Now you get new respect due to your age. You don't have to bother much about what people will think about you as that had happened long back. When you start accepting yourself as you are, people also start accepting you as you are. Your needs go on decreasing & your thoughts about buying new things become less. There is nothing more to buy for the house and so also for you (it is more utility than current craze) & so less hassle! Only thoughts are about enough provisions for later years.

So as Mark Twain says, 'Age is an issue of mind over matter. If you don't mind, it doesn't matter.'

- Dr.Shubha Thatte (Consulting Clinical Psychologist, Trustee, IPH)

Dementia

When I was told to write on dementia I didn't know where to begin; I had to write on a condition that I have worked with and which has fascinated, scared and surprised me for the last 11 years. I had come across a couple of lines from a book by Steven Rose and thought it was the most apt way to start- ("We know who we are and who other people are in terms of memory. Lose your memory and you cease to exist.") How true- my relationship with the world, its people and my own self is greatly dependent on my memory related to them- the facts, the experiences and the emotions. Hence in a few years if my memory declines to a degree when I cannot recognize my close loved ones, my own house, possibly my own face it must be an unnerving feeling like being lost in the whole wide world with strangers all around.

What comes to most people's mind when we say memory decline or dementia is Alzheimer's disease or AD which is the most common form of dementia. Dementias are typically portrayed in a hyperbolic form by the media hence when an elderly person starts experiencing memory difficulties he or she may either go into a state of denial and there is refusal to go for treatment or then he or she may get anxious and worried about their decline and go through a depressive phase.

But let us get some facts clear:

WHAT IS DEMENTIA?

Dementia is a term used to describe different brain disorders that have in common memory loss, confusion, and problems with speech and understanding. They are usually progressive and eventually prevent the sufferer from caring for him/herself. There are over 100 different types of dementia, some of which do respond to treatment, so it is important to look for a reason for these symptoms. It may be due to a vitamin or metabolic deficiency that can be supplemented and the decline is reversible.

Dementia is not part of normal aging, although the elderly are more susceptible to suffer from dementia. Dementia occurs because there is degeneration of brain function, which eventually affects social or occupational activities (e.g. work, hobbies, shopping, cooking, dressing, eating, bathing, and toileting).

COMMON SYMPTOMS

- Recent memory loss that affects job performance
- Difficulty performing familiar tasks
- Problems with language
- Disorientation to time and place
- Poor or decreased judgement
- Problems with abstract thinking
- Misplacing things
- Changes in personality
- Loss of initiative
- Changes in mood or behaviour

Even if you have AD- firstly, it is one of the slow progressing dementias and if treated in the initial stages the progression can be slowed to a significant degree. Secondly, each individual's brain is unique and so is his or her symptom picture hence if my friend or neighbour is bed ridden with AD or dementia the same course will follow for me is not true.

The rule of thumb in dementias is to “hit early- hit hard”, if the person is assessed and treated adequately in the initial phases, the progression of the decline can be stalled to a great degree. It is true that we still do not have a cure for dementias but we definitely have drugs that slow the decline and also help in the mood and behavior symptoms if any.

When a person comes to our clinic with a memory problem, we take a detailed history and assess the person on a battery of tests to check if his or her memory difficulties are age appropriate or more and also if there are any shifts in mood or behavior. If the person's scores are in the impaired range he or she is assessed for reversible causes of the decline and then based on the investigations the treatment for his memory difficulties and for mood and behavior if required is started. The patients are then tracked on a regular basis to assess the progression of the decline and to check if the medications are helping them and to what degree.

Alzheimer's disease can be a challenging journey, not only for the person diagnosed but also for their family members. Each day can bring new demands as you help the patient try to cope with changing levels of ability and new patterns of behavior. Caring for a loved one with Alzheimer's disease can seem overwhelming at times, but the more information and support you have, the better you can navigate the demanding road ahead.

Having a general daily routine in Alzheimer's and dementia care helps as it keeps a sense of structure and familiarity. Try to keep consistent daily times for activities such as waking up,

mealtimes, bathing, dressing, receiving visitors, and bedtime. Keeping these things at the same time and place can help orient the person.

Involve the person in daily activities as much as they are able. For example, a person may be able to help in simple household chores and marketing with assistance but be careful about any potential danger for eg; if the person leaves the gas or geyser on, etc. Use your best judgment as to what is safe and what the person can handle.

COMMUNICATION TIPS

As your loved one's Alzheimer's progresses, you will notice changes in communication. Trouble finding words, increased hand gestures, easy confusion, even inappropriate outbursts are all normal. Here are some tips on communicating:

- Keep it simple. Call the person by name. Ask one question at a time, and give the person ample time to answer. Try again if the person doesn't respond.
- Body language is important, especially as Alzheimer's progresses. What feelings do you sense behind the words? Encourage the person to point or gesture if they can't remember what an object is called.
- Pay attention to your own body language as well. Make good eye contact. If you are getting irritated, tense, or feel rushed, it can make your loved one even more flustered. Take a short break if you feel your fuse is getting short, and try again when you are calmer.
- Avoid talking to the person with Alzheimer's like a baby or talking about the person as if he or she weren't there.
- Minimize distractions and noise such as the television or radio to help the person focus on what you are saying.
- If the person with Alzheimer's is struggling to find a word or communicate a thought, gently try to provide the word he or she is looking for.

The Alzheimer's Association lists ten warning signs of Alzheimer's disease and other dementias; these signs may help you distinguish normal aging from a dementia and also help assess if your elderly person requires further intervention.

1. Memory loss: Forgetting recently learned information is one of the most common early signs of dementia. A person begins to forget more often and is unable to recall the information later.

What's normal? Forgetting names or appointments occasionally.

2. Difficulty performing familiar tasks: People with dementia often find it hard to plan or complete everyday tasks. Individuals may lose track of the steps involved in preparing a meal, placing a telephone call or playing a game.

What's normal? Occasionally forgetting why you came into a room or what you planned to say.

3. Problems with language: People with Alzheimer's disease often forget simple words or substitute unusual words, making their speech or writing hard to understand. They may be unable to find the toothbrush, for example, and instead ask for "that thing for my mouth."

What's normal? Sometimes having trouble finding the right word.

4. Disorientation to time and place: People with Alzheimer's disease can become lost in their own neighbourhood, forget where they are and how they got there, and not know how to get back home. What's normal? Forgetting the day of the week or where you were going.

5. Poor or decreased judgment: Those with Alzheimer's may dress inappropriately, wearing several layers on a warm day or little clothing in the cold. They may show poor judgment, like giving away large sums of money to telemarketers.

What's normal? Making a questionable or debatable decision from time to time.

6. Problems with abstract thinking: Someone with Alzheimer's disease may have unusual difficulty performing complex mental tasks, like forgetting what numbers are for and how they should be used.

What's normal? Finding it challenging to balance a cheque book.

7. Misplacing things: A person with Alzheimer's disease may put things in unusual places: an iron in the freezer or a wristwatch in the sugar bowl.

What's normal? Misplacing keys or a wallet temporarily.

8. Changes in mood or behaviour: Someone with Alzheimer's disease may show rapid mood swings from calm to tears to anger for no apparent reason.

What's normal? Occasionally feeling sad or moody.

9. Changes in personality: The personalities of people with dementia can change dramatically. They may become extremely confused, suspicious, fearful or dependent on a family member.

What's normal? People's personalities do change somewhat with age.

10. Loss of initiative: A person with Alzheimer's disease may become very passive, sitting in front of the TV for hours, sleeping more than usual or not wanting to do usual activities.

What's normal? Sometimes feeling weary of work or social obligations.

Overall, in a nut shell, it is scary to think that one can decline from an intelligent independent active individual to someone who is not even capable of taking care of himself; but all hope is not lost. If you start treatment early and if you keep yourself active, it is possible to lead an active life for many years despite having a dementia.

- Siddika Panjwani (Clinical Psychologist)

The older I get the more wisdom I find in the ancient rule of taking first things first. A process which often reduces the most complex human problem to a manageable proportion.

- **Dwight D. Eisenhower**

सोनेरी वारसा - एक चिंतन

मार्च २०११ मध्ये आम्हा आय.पी.अेचू.च्या सर्वांसाठी refresher म्हणून डॉ.आनंद नाडकर्णी ह्यांची दोन प्रेझेन्टेशन्स झाली. सर्व क्लिनिकल स्टाफ, मैत्र संवादक, ऑफीस स्टाफ सर्वांनी गर्दी केली होती. नेहमीप्रमाणेच दोन्ही व्याख्याने माहितीपूर्ण पण बोजड नसलेली अशी झाली.

त्यातूनच या व्याख्यान मालेचा विचार पुढे आला. मानसशास्त्र व आपले क्लाअंटसू यांतून जाणीवपूर्वक वेळ काढून आमचे डॉक्टर सतत काही वाचत असतात. या साऱ्या व्यासंगामुळेच, गीता, गीतेवरील भाष्य, संत साहित्य, भारतीय तत्वज्ञान यांचा, त्यांचा सतत अभ्यास चालू असतो. या बरोबरच इतिहासातील मग भारतीय असो वा पाश्चात्य प्रख्यात पण मनोवेधक अश्या व्यक्तींची आणि चरित्रांची त्यांना भुरळ पडते. या साऱ्यांबद्दलचे कुतुहल असल्याने ह्यांची चरित्रे आत्मचरित्रे ते झपाट्याने वाचून काढतात. सर्वश्री विवेकानंद, लोकमान्य टिळक, छत्रपती शिवाजी आणि महात्मा गांधी या लोकोत्तर व्यक्तींचा त्यांनी बारकाईने अभ्यास केला.

आपल्या देशाच्या प्रदीर्घ आणि स्फूर्तीशाली इतिहासातून काहीतरी शिकून, आपल्या पुढच्या वाटचालीसाठी त्यातून शिदोरी बांधून घ्यावी हे सजग समाजाचे लक्षण आहे. या साऱ्या व्यक्तींनी केलेले भावनिक समयोजन आपत्ती निवारण, संघबांधणी, वेळेचे नियोजन, विचारांची स्पष्टता आणि ठामपणा, संवाद कौशल्ये आजच्या पिढीसाठी अत्यंत मोलाचे आणि पथदर्शी आहे. यासाठी डॉक्टरांनी परिक्षम करून नोटसू काढल्या, अस्सल कागदपत्रे वाचली. दुर्मिळ लेखन जमवले, अनेक ग्रंथ वाचले आणि सारी व्याख्याने परीपूर्ण केली.

अशा या GoldenHeritage - मानस महामानवांचे' या व्याख्यानमालेतील साऱ्याच व्याख्यानांच्या तारखाही औचित्यपूर्ण आहेत. ४ जुलै ह्या स्वामी विवेकानंदांच्या स्मृतीदिनाच्या आदल्या दिवशी ते पहिले तसेच, १ ऑगस्ट हा लोकमान्यांचा स्मृती दिन असल्याने ३१ जुलैच्या संध्याकाळी लोकमान्य टिळकांवरील हे दुसरे व्याख्यान झाले. दि.१७ ऑगस्ट रोजी छत्रपती शिवाजी महाराजांवरील प्रेझेटेशन झाले. नेमक्या याच दिवशी महाराज आग्राहून निसटले होते. आणि २ ऑक्टोबर गांधी जयंतीच्या दिवशी गांधीजींच्या दांडीयात्रेचा प्रवास श्रोत्यांसमोर उलगडला जाणार आहे. मिठासारख्या वस्तूवर लावलेला अवाजवी कर, ब्रिटीश सरकारची दडपशाही आणि त्याविरुद्धचा जनसामान्यांचा लढा असा या व्याख्यानाचा प्रवास असेल. भारतभर या विचारांचा झालेला प्रसार, प्रभाव आणि प्रवास ऐकण्यासारखा असेल. तर अशी ही Golden Heritage व्याख्यानमाला! खरोखरचा आपला अमोल ठेवा! चला पुढे वाचूया . . .

- सौ.मधुरा बापट (समुपदेशक, पालकशाळा समन्वयक)

पुष्प-१: 'गोल्डन हेरिटेज' या संस्कार मालेतून भेटलेले विवेकानंद

डॉ. नाडकर्णी यांनी गुंफलेल्या 'गोल्डन हेरिटेज' या संस्कार मालेचे पहिले पुष्प होते 'तो महामानव, ते भाषण.' विवेकानंदांचे नाव उच्चारले की मनात विचार येतो त्यांच्या सर्वधर्मपरिषदेतल्या भाषणाचा! चार जुलै हा त्यांचा स्मृतीदिन. या निमित्ताने डॉ. नाडकर्णी यांचे सादरीकरण अनुभवण्याचा योग ठाण्यातील रसिकांना आला. नोरेंद्र विश्वोनाथ दोत (बंगाली उच्चार) या खोडकर मुलगा ते स्वामी विवेकानंद हा प्रवास कसा झाला, याची रोचक माहिती मिळाली. स्वामीजींचे लहानपण, सन्यस्तवृत्तीविषयी आकर्षण, प्रखर बुद्धिमत्ता, ज्ञानलालसा, त्यासाठी पत्करलेले वैराग्य, गुरु रामकृष्णांचा अल्पकाळ मिळालेला सहवास, त्यानंतर केलेली भारतपरिक्रमा याविषयी मुद्देसूद माहिती मिळाली. भारतीय तत्वज्ञान पाश्चात्यजगात पोचावे यासाठी त्यांचे प्रयत्न, जवळ पैसा नसताना सर्वधर्मपरिषदेसाठीचे भारताचे अधिकृत प्रतिनिधित्व नसताना स्वामीजी अमेरिकेत कसे पोचले? त्यांना भारतात व परदेशात मदत करणारी माणसे मिळाली हे ऐकल्यावर वाटते, या व्यक्तीजवळ ऐहिक संपत्ती नसली तरी ज्ञानाचे व दैवी संपत्तीचे (सद्गुणांचे) ऐश्वर्य होते. 'त्या' प्रसिद्ध भाषणापूर्वी स्वामीजींनी अमेरिकेतील वेगवेगळ्या श्रोतृसमुदायासमोर आपल्या तत्वज्ञानाचे विचार मांडून श्रोत्यांचा प्रतिसाद तपासून पाहिला. ही जणू 'त्या' भाषणाची पूर्वतयारीच होती.

Power point presentation मुळे विवेकानंदांची पूर्वी न पाहिलेली छायाचित्रे बघता आली. साडेचार हजार श्रोते असलेले सर्वधर्मपरिषदेचे सभागृह व त्यात तीस वर्षांचे विवेकानंद-श्रोत्यांनी टाळ्यांच्या कडकडाटात त्यांना दिलेली दाद या गोष्टींचे चित्र मनात उभे राहिले.

परदेशातील व्याख्यानांनंतर आपले कार्य व्यापक स्वरूपात चालू रहावे, म्हणून विवेकानंदांनी संघटनात्मक कार्य सुरू केले. त्याला आपल्या आपल्या गुरुंचे नाव दिले. विवेकानंदांचा दृष्टीकोन वैज्ञानिक होता. अंधश्रद्धा व रुढीप्रियता त्यांना पसंत नव्हती. त्यामुळे बेलूर मठाविषयी त्या परिसरात रोष निर्माण झाला. शत्रूमित्र, निंदास्तुती, हानीलाभ अशा द्वंद्वंमुळे हा योगी विचलित झाला नाही. अनेक आजारांना सामोरे जात असताना आपल्या अखेरच्या दिवसांपर्यंत त्यांचे कार्य चालू राहिले.

विवेकानंदांच्या विचारांची आजही आपल्याला खूप गरज आहे. वैज्ञानिक प्रगतीचा दुरुपयोग केला जातोय (स्त्रीभ्रूण हत्या). रुढीप्रियता व अंधश्रद्धा यांचा पगडा अजून आपल्यावर आहे. शेतकरी ... कर्जबाजारी होऊन आत्महत्या करतात आणि देवळातील मूर्तीसमोर धनाच्या राशी येऊन पडतात. नवसाला पावणारे अनेक देव आपल्याला हवे असतात. देशाचा व समाजाचा व्यापक विचार न होता, स्वकेंद्रीत वृत्ती वाढलीय, भ्रष्टाचार वाढतोय.

अशा वातावरणात विवेकानंदांचे स्मरण आणि त्यांचे विचार तापलेल्या जमिनीवर पावसाचा शिडकावा यावा असे वाटतात. 'विवेकानंद' या विषयावर पुस्तके प्रसिद्ध होतात. नाटके रंगमंचावर येतात. त्यांचे समुद्रात स्मारक उभे राहावे म्हणून कोणी आपले आयुष्य वेचते. त्यांच्या नावाने योगाचा प्रसार व संशोधन करणाऱ्या संस्था निघतात. कुसुमाग्रजांसारखे ज्येष्ठ कवी कवितासुद्धा करतात.

अद्वैतवेदांती विवेकानंदानी सांगितलेले आहेच, "It may be that I shall find it good to get outside of my body-to cast it off like a disused garment, but I shall not cease to work! I shall inspire men everywhere, until the world shall know that it is one with God."

- स्वाती आगटे (मैत्र संवादक)

पुष्प २ : ज्ञानयोगी कर्मयोगी टिळक

लोकमान्य टिळक यांच्या १ ऑगस्ट २०११ च्या पुण्यतिथीचे औचित्य साधून डॉ.नाडकर्णींचे व्याख्यान झाले. 'लोकमान्यांकडून आज काय शिकावे' असे व्याख्यानाचे शीर्षक होते. लोकमान्यांच्या आयुष्याचा आढावा घेताना डॉ. नी त्यांची दोन उद्दिष्टे ठळकपणे मांडली आणि त्या दृष्टीने टिळकांनी केलेला आत्मविकास मांडला. लोकमान्यांच्या जीवनात ज्ञानशक्ती आणि राष्ट्रशक्ती यांचा एक अनोखा गोफ दिसतो. Power of knowledge and power of nation या दोन्ही गरजेच्या आहेत, तरच व्यक्तीचा आणि राष्ट्राचा विकास होईल असे त्यांना ठामपणे वाटत होते.

लहानपणापासून लोकमान्यांचा स्वभाव हा बंडखोर, आक्रमक होता. आक्रमकतेतून येणारी सत्ताप्रेरणा (leadership quality) ही त्यांच्यात होती. आपल्या जीवनातील वरील दोन उद्दिष्टांसाठी त्यांचे mission होते ते ज्ञानहेतू + कर्महेतू!

टिळकांच्या आयुष्यात हे दोन्ही हेतू कधी हातात हात घालून जाताना दिसतात, तर कधी एकच पुढे रहातो तर कधी दोन्ही हेतू समोरासमोर ठाकतात. Nature (संचित, उपजत असलेले) + Nurture (संस्कार; गुरु पालक यांच्याकडून मिळालेले) + Culture (वातावरणातून, संस्कृतीतून मिळालेले) हे तीन मुख्य घटक व्यक्तित्वविकासात महत्वाची भूमिका निभावतात. पण तरी सुद्धा प्रत्येक पोळी जशी वेगळी असते (घटक तेच असले तरी) तसा Uniqueness of individual व्यक्तीची खासीयत डॉक्टर विषद करतात. म्हणूनच लोकमान्यांसारखे असामान्य व्यक्तिमत्व घडू शकते. प्रखर बुद्धीमत्ता (ज्ञानहेतू) हा त्यांना उपजतच अनुवांशिकतेने मिळालेला असणार. कारण त्यांच्या माता पित्याचा प्रत्यक्ष सहवास त्यांना फार कमी लाभला होता. पण गंगाधरपंत स्वतः गणित व संस्कृत यात निपुण होते, लघु व्याकरण व त्रिकोणमिती यावर ग्रंथलेखन करणारे होते आणि स्वभावाने सडेतोड, निस्पृह आणि न्यायी होते. हेच गुण आपल्याला लोकमान्यांच्यात दिसतात. टिळकांनी लहान वयातच गणित व संस्कृत सारख्या कठीण विषयात सहज प्रावीण्य मिळवले. एवढ्या बुद्धीमान मुलाच्या मनात गुणहेतू (marks) चा मात्र प्रभाव नव्हता. शाळेत गुण मिळविण्यासाठी त्यांची वृत्ती उदासिन होती.

१८७१ साली लोकमान्यांचा विवाह होतो. विवाहात किरकोळ शरीरयष्टी असल्याने अनेकांकडून थट्टा केली म्हणून संबंध एक वर्ष त्यांनी फक्त व्यायाम व आहारास बहाल केले ज्याचा उपयोग त्यांना पुढच्या धकाधकीच्या जीवनात व तुरुंगवासात होतो. टिळक एकाच विचारांनी भारलेल्या तरुण सहाध्यायांशी सतत चर्चा, वादविवाद करित असत. अशा प्रकारे देशस्थितीच्या विचारांनी भणालेल्या आक्रमकतेला हळूहळू कर्महेतूचे कोंदण मिळत होते. अस्वस्थ तरुण ते father of Indian unrest हा त्यांचा प्रवास इथे सुरू होत होता. १८७९ साली त्यांची आगरकरांशी मैत्री जुळते. पुढे तात्विक विचारांमुळे दोघांच्या कामात दुरावा आला तरी दोघांचा एकमेकांविषयीचा आदर कधीच कमी झाला नव्हता. यावेळेस ज्येष्ठ अश्या नामदार गोखले आणि विष्णूशास्त्री चिपळूणकर यांच्याशीही त्यांच्या चर्चा घडत असत. म्हणजेच ह्या तिघांच्या रुपाने

लोकमान्यांच्या घडणीतील कल्पर किंवा संस्कृतीचा धागा जोडला जात होता. शिक्षणाच्या रूपाने Nurture किंवा गुरुंकडून ज्ञानही मिळत होते. 'Self knowledge leads to self rule' या लॉर्ड मेकॉलेच्या वचनानुसार सरकारी नोकरी न करण्याच्या निर्धाराने टिळक शिक्षक बनतात. टिळकांचा प्रवास हा शिक्षण-शिक्षक-शाळा (न्यू इंग्लिश स्कूल)-वर्तमानपत्र (जनजागृती)-समाजकारण (शिवजयंती उत्सव १८९९) आणि शेवटी राजकारण असा झाला आहे. म्हणजेच आपणास लक्षात येते की एका रात्रीत त्यांना लोकमान्यता मिळालेली नाही. इथून पुढे टिळकांचा कर्महेतूच प्रखरपणे आपल्याला दिसतो. केसरीतील अग्रलेखांमुळे १८९७ साली राजद्रोहाचा पहिला खटला त्यांच्यावर भरला गेला. दीड वर्षांची सक्तमजुरीची शिक्षा झाली. हा काळ म्हणजे 'काळाने दिलेली उसंत' असे मानून वैचारिक लिखाणाकडे ते वळतात. 'आर्यांचे पूर्वज' व Arctic home of Vedas शिवाय सांख्यशास्त्रातील कारिका (श्लोक) आणि 'ओरायन' हा ग्रंथ यावेळेस लिहीला गेला आहे. जेवढा त्रास किंवा कष्ट तेवढ्या त्यांच्या सकारात्मक भावना उफाळून येताना दिसतात. ह्या काळात चर्चा, अनेक विषयांचा अभ्यास, विद्यार्थी शंकासमानधान, वकिली सल्ला अशा अनेक गोष्टींत ते व्यग्र होते, तसेच त्याचे रसिक ऋजु मनही जागृत होते. याच काळात त्यांनी नारायण राजहंस या युवकास बालगंधर्व ही पदवी दिली आहे. ह्या काळात ज्ञानहेतू व कर्महेतू यांच्यामध्ये त्यांच्या मनात रस्सीखेच चालू होती. "लोक अज्ञानाच्या अंधःकारात चाचपडत असताना, मी एकट्याने ज्ञानाच्या शिखरावर जाणे योग्य नाही. सर्वांना ज्ञान मिळण्यासाठी स्वराज्य हवे व त्यासाठी मी काम करायला हवे." प्रखर आत्मभान आणि स्फटिकवत विचार यासाठी हे वाक्य पुरेसे आहे.

समाजकारण आणि राजकारण यात टिळक गुंतत जातात. त्यांचे एका आग्रही, निर्धारि विचारवंतात (assertive) रूपांतर झालेले दिसते. आक्रमक पण सावध संपादकीय ते लिहित असत. एखाद्या सावजास पुरेसे रिंगणात ओढून चितपट करण्याची वृत्ती त्यांच्या लिखाणात दिसत असे.

यानंतर १९०८ मध्ये त्यांच्यावर राजद्रोहाचा दुसरा खटला भरला जातो. ज्या सहा अग्रलेखांच्या लिखाणाने त्यांच्यावर खटला चालतो त्यापैकी चार अग्रलेख कृ.प्र.खाडीलकरांचे असतात. पण संपादक म्हणून जबाबदारी स्विकारून टिळक हजर होतात. या खटल्यात ते स्वतःची बाजू स्वतःच वकिल म्हणून मांडतात. एकतर सुटकेची अत्यल्प शक्यता असल्याने पैसे बाया जाऊ नयेत हा भाव होता. तसेच आपल्या मनातील सरकारबद्दलचे विचार उघडपणे मांडण्याची हीच संधी आहे हे त्यांनी जाणले होते. यात commitment आणि involvement याचे १००% मिश्रण दिसते. या खटल्यात त्यांना सहा वर्षांची शिक्षा होते. टिळकांना मंडालेला नेतात. स्वजनांपासून दूर, एकाकीपण वाटवाला येते. यानंतरचे त्यांचे सारे कर्तृत्व अवाक करणारे आहे. काय नाही केले त्यांनी! जर्मन आणि फ्रेंच या दोन्ही भाषा शिकले. तेही समोर फक्त ग्रंथ आणि डिक्शनरी समोर ठेऊन! पाली भाषेचे संपूर्ण शिक्षण घेतले. गीतारहस्य हा गीतेवरील विश्लेषणात्मक ग्रंथ लिहीला. यानंतर गीतेचे भाषांतर करायला घेतले. याच सहा वर्षात त्यांच्या पत्नीचे निधन होते. त्यांच्यावर मनस्वी आघात होतो. ज्ञानहेतू मुळे त्यांना आत्मिक सौख्य मिळत असे.

सुटका झाल्यावरही गीतारहस्याचे बाड सरकार त्यांनं लगेच देत नाही. सारे सहकारी अस्वस्थ होतात. पण टिळक आश्वस्त करतात की ग्रंथ माझ्या डोक्यात आहे. सरकारकडे आहे ती प्रत आहे. सिंहगडावर एकांतात चार महिन्यात मी परत लिहीन. (factors beyond and within control)

१९१४ ते १९१९- सारा धकाधकीचा काळ जातो. दौरे, व्याख्याने, लिखाण. ३१ ऑगस्ट १९२० चा दिवस. टिळक ग्लानीत असतात त्याच अवस्थेत गीतेविषयी, पेशवाई, जालीयनवाला बाग संबंधी ते पुढपुढत असतात. म्हणजे परत स्वातंत्र्याचेच विचार..... म्हणजे या महापुरुषाच्या अखेरच्या श्वासापर्यंत, श्वासात ज्ञानहेतू आणि उच्छ्वासात कर्महेतू आपणास दिसतो. एकजीवता आणि एकतानता आहे.

गीतेमधून टिळकांना भावनिक नियमनाचे समार्थ्य मिळाले. संकटातून त्यांना गीताच तारत असे. पिंड त्यांचा अध्यापकाचा व संशोधकाचा. अपघाताने राजकारणात आले पण दोन्ही हेतूंचे एक creative सर्जनशील संयुग त्यांनी निर्माण केले. व्यक्ती म्हणून खाजगी आयुष्यात पूर्ण सुधारणावादी राहिले. मुलींची शिक्षणे, संध्या, ग्रह, ज्योतिष बघणे या बाबतीत रुढी पाळल्या नाहीत. पण राजकारणी म्हणून सर्वजनांबरोबर रहाण्यासाठी, लोकसंग्रह टिकविण्यासाठी परंपरांचा आदर केला. अशा तऱ्हेने ज्ञानहेतू आणि कर्महेतू यांच्या मिलाफातून एक जीवन हेतू साधणारे हे एक अविस्मरणीय व्यक्तिमत्व होते.

- सौ. मधुरा बापट (समुपदेशक, पालकशाळा समन्वयक)

पुष्प ३ : आग्राहून सुटका: आपत्कालीन व्यवस्थापनाचा वस्तुपाठ

काही विषय शालेय जीवनापुरतेच, किंबहुना मार्क मिळवण्यापुरतेच मर्यादित रहातात. त्यापैकीच एक विषय इतिहास. पण त्या इतिहासाकडून आपल्याला खूप काही घेण्यासारखं, शिकण्यासारखं असतं हे आपण विसरूनच जातो. कालांतराने, पुन्हा त्या विषयाचं वाचन करताना आता तेच संदर्भ आपल्याला नव्याने जाणवायला लागतात.

ज्या दिवशी शिवराय आग्रातील स्थानबद्धतेतून सुटले त्यादिवशी म्हणजे १७ ऑगस्टला संध्याकाळी आग्राहून सुटका ह्या विषयावरचे सादरीकरण डॉ. नाडकर्णी यांनी मोठ्या खुबीने व अद्वितीय शैलीने केले. शिवाजी महाराज हा सगळ्यांच्याच जिह्वाळ्याचा विषय. त्यांच्या जीवनात अनेक प्रेरणादायी प्रसंग घडले. डॉ. नाडकर्णींच्या म्हणण्यानुसार आग्राची नजरकैद ही एक अशी आणीबाणी होती, ज्यात शिवरायांनी तलवार वापरली नाही पण संपूर्ण cerebral cortex चा वापर केला. ह्या घटनेचे खूप दूरगामी परिणामदेखील झाले.

निश्चयाचा महामेरु । बहुत जनांसी आधारु ।

अखंड स्थितीचा निर्धारु । श्रीमंतयोगी ।।

ह्यामधील 'अखंड' ह्या शब्दाचा अर्थ डॉक्टरांनी मार्मिकपणे उलगडून दाखवला. अखंड म्हणजे जो यश आणि अपयश ह्याकडे समान दृष्टीने बघू शकतो तो. गीतेमधला कर्मयोग जगणारा राजा म्हणून शिवाजीमहाराजांकडे पाहिलं जातं. त्यांना प्रसिद्धीची हाव नव्हती तर फक्त लोककल्याण हवं होतं. जे काही महान कार्य त्यांनी केलं ते स्वयंस्फूर्तीतून केलं. अतिशय शिस्तप्रिय आणि नियोजनबद्ध काम करण्याची कला

त्यांना अवगत होती. पत्र लिहिण्यापासून सैन्य चालवण्यापर्यंत सर्व यंत्रणा त्यांनी आपल्या राज्यात रुजू केल्या.

आग्राहून सुटकेचा तो प्रसंग जसाच्या तसा आपल्यासमोर उभा राहिला- तो देखील एकूण एक बारकाव्यांसहीत. १६५६ ते १६६३ ह्या फक्त सात वर्षांच्या कालखंडात त्यांना अनेक संकटांना आणि आकांनांना सामोरं जावं लागलं. त्यात ते यशस्वीपण झाले. पण त्यासाठी किती मानसिक आणि भावनिक संतुलनाची गरज होती ह्याची कल्पनाच केलेली बरी. पुरंदरच्या तहासारख्या प्रसंगात किती प्रचंड ओझं डोक्यावर होतं पण तरीही स्वतःचं कमीतकमी नुकसान होईल ह्यासाठी स्थिरचित्ताने तो प्रसंग निभावून नेला. आपल्याकडचे किल्ले तर द्यायचे पण असे किल्ले द्यायचे की राहिलेल्या किल्ल्यांचा बचावाची अभेद्य साखळी म्हणून वापर तर झाला पाहीजे. उद्दीष्टांचं भान असण्याचं किती उत्तम उदाहरण आपल्याला शिवरायांनी दाखवून दिलं. स्वतःची बलस्थानं आणि कमतरता ह्यांचं वास्तववादी पृथःकरण करुन भावनिक संतुलन कसं साधावं ह्याचा धडा त्यायोगे त्यांनी आपल्याला शिकवला. प्रत्येक प्रसंगात सर्व शक्याशक्यतांचा विचार करणं, सर्वांना सुस्पष्ट सूचना देणं, आपले गडकिल्ले हे कायम बळकट आणि सक्षम असावेत ह्यासाठी प्रयत्न करणं इ. अनेक गुणांची ओळख ह्या व्याख्यानात श्रोत्यांना झाली. शत्रूच्या सैन्यातील गटबाजीचा वापर आपल्या फायद्यासाठी करुन घेण्याची खेळीदेखील शिवाजीमहाराज खेळले, ज्यामुळे राजस्थानमधील राजांचे ते हिरो बनले असा संदर्भ राजस्थानी पत्रात सापडतो.

आग्राहून सुटका करुन घेणं हा किती बाका प्रसंग होता आणि त्यात किती तऱ्हेचां जोखीम होती हे आपणां सर्वांना माहीतच आहे. नियोजनबद्ध हालचाली, कोणताही आंधळा धोका न पत्करणं, योग्य माणसांची निवड आणि प्रत्येक माणसाला योग्य कामाची जबाबदारी देणं ह्या सगळ्या कौशल्यांमुळे शिवाजी महाराज स्वतःची सुटका करुन घेऊ शकले हे आपल्या लक्षात येतं. एकीकडे सेनापती म्हणून आपली कुमक सांभाळायची, तिचं नेतृत्व करायचं आणि दुसरीकडे काय धरायचं आणि काय सोडायचं ह्याचं भान ठेवायचं हे संतुलन त्यांनी आयुष्यभर पेललं. ह्यात त्यांचा विवेकनिष्ठ रहाण्याचा गुण दिसतो.

प्राप्त परिस्थितीमध्ये मला काय काय शक्य आहे, माझ्यासमोर काय पर्याय आहेत ह्याचा विचार ते सतत करत असताना दिसतं. त्याचप्रमाणे आपण तराजूच्या काट्यावर उभे आहोत ह्याचं भानही त्यांना सतत ठेवावं लागायचं. पण त्यांचा स्वतःवर, स्वतःच्या यंत्रणेवर आणि ध्येयावर संपूर्ण विश्वास होता. आग्राहून सुटका झाल्यावर फक्त १४ वर्षं शिवरायांना मिळाली. त्यांचा मुलूख आणि संपत्ती मोठी नव्हती पण त्यांनी निर्माण केलेली यंत्रणा मात्र खूप मोठी होती. अजून एक प्रामुख्याने जाणवणारा गुण म्हणजे सुटकेनंतर त्यांनी कोणतीही धिसाडघाई केली नाही. लगेच ते कोणावर चाल करुन गेले नाहीत किंवा कोणतीही चढाई त्यांनी केली नाही. ह्याउलट त्यांनी किल्ल्यांची पुनर्बांधणी, शस्त्रास्त्रं आणि आरमार, सैन्य ह्यावर आपलं लक्ष केंद्रित केलं. जवळजवळ ३ वर्षं त्यांनी ह्या सर्व आघाड्यांवर काम केलं. दरवेळी गनिमी कावाच उपयोगी पडेल असं नाही त्यामुळे समोरासमोर लढाई करायची वेळ आली तरी आपली तयारी असावी ह्यासाठी ते झटले.

त्यामुळे अशा ह्या राजाला 'श्रीमंतयोगी' नाहीतर दुसरं काय म्हणणार ह्या वचनाने कार्यक्रमाची सांगता झाली.

डॉ. नाडकर्णींच्या सुंदर शैलीतील विवेचनाने सर्व श्रोत्यांना मंत्रमुग्ध केलं. आता इतक्या वेगवेगळ्या दृष्टीकोनातून इतिहास बघताना आपण हरखून जातो. डॉ. नाडकर्णींसारखा एखादा इतिहासशिक्षक आपल्याला लाभला असता तर . . . असा विचार मनात डोकावला. काय करायचं इतिहास शिकून, आता आपल्याला त्याचा पुढच्या आयुष्यात उपयोग तरी आहे का? अशा सर्व प्रश्नांची उत्तरं आपल्याला इथे सापडतात. आपणही नकळत आता इतिहास वाचताना काही Management techniques सापडतात का ते शोधण्याचा निदान विचार तरी करू, नाही का?

- डॉ. शुभांगी दातार (IPH Mission Excellence – Coordinator, Maitra Communicator)

तप

एक तपापूर्वी पायाखालची जमिन सरकली जेव्हा,
आता सारेच संपले वाटले तेव्हा,
शुभार्थीचे मन सैरभैर,
शुभंकरांचे मन सैरभैर,
आवरायचे कोणी कोणाला,
आता सारेच लावायचे होते पणाला,
अंधारच अंधार सगळीकडे,
प्रकाश सोडा, एक किरणही नाही कुणीकडे,
उघडा, उघडा सारी कवाडे,
घराची नि मनाचीही ।
पहा, शोधा एखादी तिरीप तरी किरणाची,
किरणासाठी जीव आसुसला,
किरणासाठी जीव व्याकुळला,
जात होते दिवस असेच . . .
इतक्यात लखलखला किरण एकच,
तोच तो आय.पी.अेच्.
तोच तो आय.पी.अेच्.
उजळून टाकले आम्हाला,
आखला खास सोहळा,
दिला द्विज सन्मान,
म्हणूनच आहे आमची ताठ मान. . .
आमची ताठ मान ।।

- सौ. सुनिता सु. देशपांडे

Hold on!! I'm on FB

The word 'addiction' gives one the image of a man sitting with a couple of bottles of liquor and sipping through his glass, finally getting intoxicated and walking back to his home with staggering gait; later on, getting up with a hangover and no recollection of last night. But this is a type of addiction where he/she is dependent on a substance (chemical) which might be alcohol or any other drug [cannabis, cocaine, tobacco, etc]. But there is an entire spectrum of addictions which don't involve external chemicals. These are the “addictive behaviors”.

Any activity, substance, object, or behavior that has become the major focus of a person's life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially is considered 'addictive behavior'. Examples of such behaviors are: gambling, sex, shopping, eating, internet, gaming, social networking, mobile usage etc.

It is thought that these behavior activities may produce beta-endorphins in the brain, which makes the person feel "high". Some experts suggest that if a person continues to engage in the activity to achieve this feeling of well-being and euphoria, he/she may get into an addictive cycle. In doing so, he/she becomes physically addicted to his/her own brain chemicals, thus leading to continuation of the behavior even though it may have negative health or social consequences. Others feel that these are just bad habits.

In mental health practice, we see such addictions affect whole families as a fall out, resulting in heightened stress and interpersonal conflicts. The affected person may experience emotions ranging from elation, irritation to anxiety and depression. The family members also feel angry, sad, helpless, guilty, shameful and exasperated. All have the need to vent out and be understood as well as counseled to handle the situation.

How does one recognize these addictions? Well, they have the following characteristics:

- One constantly thinks about the activity like an obsession
- One finds it difficult to cut down or stop that activity
- One engages in the activity despite being aware of its harm [problems arising in study or work, problems in social relationships]
- Upon cessation, one experiences withdrawal symptoms [irritability, craving, mood changes]
- One loses control on the amount of time spent in that activity and it becomes a priority over other duties or obligations
- There is often a constant denial that one is addicted/dependent on the activity despite others pointing out the obvious

One can be addicted to social networking sites like Facebook, Farmville, where the person might have a constant urge to check the updates, feeling a strong urge to write some posts/check one's virtual farm; becomes restless until one has done the things felt necessary; would prioritize checking the posts before the work mails; etc.

What can one do if they have such a problem? Give up? Write off? Blame self/others? Get frustrated/alienated?? Or work on it?

There IS help available.... There is a way out.

Mental health professionals can assess a person with such addictive behavior. One has to be evaluated for OCD [obsessive compulsive disorders], Impulse Control Disorder [eg. Oniomania (compulsive shopping)]. There may be comorbid/co-existing depression or anxiety which might need medication.

There is no specific foolproof treatment for any addictions, be it substance or non substance dependence. But some disorders can respond to some medications. But psychotherapy [counseling] with or without medications (depends on individual case) can be helpful. Regular sessions with a counselor can help one get out of the addictive behavior. But one needs to bear in mind that psychotherapy is no magic. It takes the willingness of the person along with regular consistent efforts. It might seem too difficult or even impossible to quit; but with constant working on oneself along with the guidance of the psychotherapist, one can overcome these addictions. The treatment can take quite some time and there might be return of symptoms [relapses] too. Therefore it is paramount that the family gets appropriate psychoeducation and gives sustained emotional support to the affected person. They also need to help them, where required, to adhere to therapy. Often support groups for the affected person, as well as for the caregivers, can help a lot; not only to share the burden, vent feelings, but also to motivate, reduce stigma and to share wisdom that comes from personal experience.

- **Dr. Kamaljit Singh** (Consulting Psychiatrist)

Health is the greatest possession. Contentment is the greatest treasure. Confidence is the greatest friend. Non-being is the greatest joy.

- **Lao Tzu**

HIV Counseling in a Mental Health setting

In 1981, the world was shocked with the emergence of a new, unknown infection which spread like wild fire all over the world. This infection was caused by a virus later named as 'Human Immunodeficiency Virus' [HIV], the last stage of which was later called 'Acquired Immunodeficiency Syndrome' [AIDS]. Little was known about this scourge except that it was incurable. It was also soon apparent that preparing a vaccine for this infection was very difficult as the virus always changed its structure. It was noticed that the routes of transmission were through blood, sexual mode and from infected mother to child.

The widespread ignorance about the nature of the disease, its incurability, its transmission through sex, all contributed to make the disease heavily stigmatized. The medical fraternity realized its inability to control the disease, and finally accepted counseling as a method of therapy. HIV counseling was recognized as a method which helps the client (patient) to change behavior in such a way as to prevent infection, or if infected, to live positively with HIV. HIV counseling as a field of applied counseling emerged in this background and gained recognition.

The aim of HIV counseling is to help the client with information and skill building for empowerment, so he /she could take his /her own decisions about appropriate behavior change. Apart from this, counseling provides emotional support for the client at all stages of the counseling process.

The types of HIV counseling are related to testing. These are:

1. Pre-test Counseling
2. Post test Counseling for negative result
3. Post test counseling for positive result
4. Ongoing counseling

A few other types are also used in this field. These are:

1. Family counseling
2. Crisis counseling
3. Grief and bereavement counseling

Preventive counseling is offered to the client who is not yet infected by HIV, but whose lifestyle is perceived to have risk of HIV infection. For example, young people who are unaware of HIV risk may undertake drug using or sexual practices that are risky, such as unprotected sex with one or multiple partners. Some people are vulnerable to HIV infection due to their life-situation (migrants, sex workers, sexually abused children etc.). A counselor gives information regarding HIV, helps to assess the risk of infection in the client's life. In case such a risk is perceived, the client is helped to identify the points of behavior change in his background, the nature of change, and motivate and support the client to do it.

Case illustration

Neeta, a young married woman, worked as a community health worker at a Rural Health Sub Center of the Government. One of her duties was to visit house to house and collect blood samples for malaria testing, if a case of fever was found. When Neeta approached the counselor after a HIV education programme. She was helped to do her own risk assessment. She did not see any problem in touching the blood everyday, as she thought (rightly) that it will not penetrate the skin. However, she realized that she has many minor cuts and wounds on her fingers as she cuts vegetables every morning. She was concerned, and this prompted her to use hand-gloves while on duty, as a safety measure. She was encouraged and supported in her decision.

Test related counseling

It is related to issues concerning various HIV tests. It helps clients to deal with questions like "Do I need to take the test?", "How do I cope if it is positive?", "What will be the implications if it is positive?" "Whom do I disclose the result?" Counseling helps the client to address these issues/ concerns both before and after testing.

Case Illustration - Pre-test

Sheetal approached IPH as a case of anxiety. It was found that she was living with her HIV positive husband and was anxious about her own status. After giving Sheetal the relevant information about HIV, the counselor helped her to assess her risk, and motivated her to take the test. Sheetal was found positive. Both Sheetal and her husband were given information about living with HIV, in a healthy way, about preventing further infection. Support and encouragement to follow a healthy lifestyle were integrated in the sessions. Issues related to coping were discussed with Sheetal. She was called for ongoing counseling.

Case Illustration - Disclosure

Siddhesh was shattered when he found that he was HIV positive. He approached the 'Maitra' helpline to talk about his problem. After 'emotional first aid' he came for face to face counseling. He was engaged to be married, and could not decide whether he should disclose his HIV status to his fiancée. He wanted to but was fearful of losing her. He was also apprehensive about disclosing it to his family. The counselor helped Siddhesh to make a rational choice by discussing in detail the implications of the entire alternative and its psycho-social 'price'. Siddhesh was given assurance and support from both. He is now happily married; and regularly comes for ongoing counseling.

Ongoing counseling extends over a long period of time. In the case of a negative test result, the aim of counseling is to help the client to stay negative, and to maintain a risk-free, healthy lifestyle. The client is helped to identify his /her risks, healthy and safe behavioral practices, and is motivated to put them in practice. In case of a positive result, the focus is on living positively with HIV. The issues cover a wide spectrum -- nutrition, rest, leisure, sex- life, relationships, anti-retrovirals, so on, and so forth. The client is helped to enhance coping, to be motivated to change for healthy living, and continue doing so. He/ she may require referrals to ARV centers, legal help, children's issues, self help groups etc.

Case Illustration- Management of HIV positive status

Dr. Nandita approached IPH for the problem of depression. She was HIV positive. She had contracted HIV from her husband, who was now dead. Nandita had to be the sole earning member for her family consisting of a 10 yr. old daughter and retired parents-in-law.

She had stressed relationship with her mother-in-law who saw her as lacking in her daughter-in-law role. She was expected to do a lot of household work, look after her daughter, and run her medical practice. Nandita found it all exhausting. She had a lot of guilt about resenting her husband. The situation seemed insurmountable to her. She was depressed. Nandita was helped to improve her own health, to partialise and prioritize problem issues. Emotional support and assurance was given throughout.

Apart from test related counseling a counselor may be called upon to give crisis counseling, family counseling, and also grief and bereavement counseling.

An illustration of family counseling

Vimal and Sadanand Patole were both HIV positive. They approached IPH to discuss their concerns regarding 'living with HIV', and disclosure to the family. They were concerned about their daughter's In-laws knowing about the stigmatized infection, and losing face in front of them.

They were helped to gather information about HIV and to follow practices to live healthy with HIV. Their daughter was supportive. They are now working on misconceptions, finding ways to understand and accept the situation in a positive way. They hope to soon talk to their son-in-law and gain his support. They understand that family support will be very important in the future.

The following schematic presentation summarizes the types of HIV counseling issues and the counseling aims at each stage.

Types	Issue	Counseling action
Preventive	<ul style="list-style-type: none"> • Changing lifestyle • Motivation for change 	<ul style="list-style-type: none"> • Growth
Pre-test	<ul style="list-style-type: none"> • Dealing with anxiety • Dealing with indecision • Helping in decision making • Helping in self awareness 	<ul style="list-style-type: none"> • Growth • Independence
Post-test positive	<ul style="list-style-type: none"> • Dealing with 'bad news' • Dealing with shock, grief, guilt • Fostering acceptance • Instilling hope • Emotional support 	<ul style="list-style-type: none"> • Support • Information • Acceptance • Growth
Post-test negative	<ul style="list-style-type: none"> • Self awareness • Motivation for lifestyle change 	<ul style="list-style-type: none"> • Support • Information • Acceptance • Growth
Ongoing living with HIV	<ul style="list-style-type: none"> • Lifestyle change • Support for change 	<ul style="list-style-type: none"> • Growth
Significant others	<ul style="list-style-type: none"> • Dealing with shock, grief, anger • Fostering acceptance and positive action 	<ul style="list-style-type: none"> • Positive support

- Vineeta Chitale (HIV Counselor and Social Worker)

Playing the game

Any competition contains much of the drama of life in many respects. Frustration, joy, uncertainty, pain and struggle are all there. Sports persons who enter the competitive arena soon realize that there is more to competition than simply learning the physical skills and yet another to be able to use them when it counts.

This case study is of an extremely stressed out badminton player who was having trouble getting his performance back on track. Abdul Bari is a college student. He came to me as his career had more ups and downs than he had expected. He could not play at a high level consistently. He was worried about his game, he was also worried that he was going to let down his parents and coaches. He was worried that he was going to look back on his career and wonder why he did not live up to the expectations he had for himself. The very first thing I needed to do with him was to help him get back his emotions in control and to reduce his stress level.

After one or two sessions, I realized that he was overwhelmed by his environment, by his thoughts and emotions. He would not think or focus, and he did not feel in control of anything going on in his life. He was completely stressed out. He was socially not very comfortable, being a person who will not let many people in too close. He was not open and talkative. He was quite unwilling to discuss tough situations or discomfort. All this made it tougher for family and friends to know how much stress and anxiety he was experiencing.

Then my next strategy was to get him more comfortable developing a support system among people who were close to him. We categorized things for him and made list of things which he would be comfortable discussing with his girlfriend, another list that he could discuss with his coach. Also another list that he could share with a few colleagues who he felt closest to. We discussed how this communication process would help to expand his comfort zones and make it easier for him to share things with others in future. Then we worked on taking control of his game again. I explained to him why and how the process is more important than the results. Instead of measuring his success by the results, he should focus only on his effort. I asked him to rate his effort in practices and in games each week on a scale of 1 to 10. Effort was something which he had 100 % control over and he knew he could achieve this goal every time. If he gave his best and did not get the results he wanted, then at least he would be sure that he could have done nothing more about it.

His improved communication with people close to him relieved stress and helped him stay focused on working hard each day instead of worrying about the future. His focus on efforts instead of results gave him back the control he was looking for, which made him more confident and comfortable on the field.

The players must develop a range of cognitive and behavioral coping skills to manage the competitive stressors they face. I used two different coping strategies like proactive psychological strategies and reactive psychological strategies. Proactive skills included confidence building and maintaining concentration. Reactive strategies were resilience and self talk. I asked him to speak any five positive sentences about himself everyday in front of the mirror. Slowly it helped him to build his confidence as he started believing in himself. Else he used to go on “ self doubt “ track very easily. With lot of effort, we practiced how to think during, before and after each serve in the court during practice to maintain concentration. He was resilient not only in the game, but also on a day to day basis. He worked on his self talk very effectively. Then he used to say, “If I do have a bad day, which obviously everyone is going to have, then I am reasonably confident that it’s not going to get me down for a week.” It helped him to change the meaning he attached to the situations as both these strategies involved cognitive efforts. He started to deal with his emotional and cognitive response to the stressors. Both the coping skills served as preventive coping function and appeared to form an important part of his coping in difficult situations. Now, efforts are more important for him than winning. This is helping him increase his self confidence and keep him motivated to reach his goals.

Just as with physical training, mental training should be done habitually. It should become a regular part of your practice schedule. You need to make the commitment and take the time to utilize this skill. Practice has “a season”, but your mind is available for you 24 x 7 (any time, any day, any place). And so it is always accessible.

Sports psychology is an area where the truth of the phrase “What the mind can conceive, the body can achieve” becomes highly evident. If you continue to believe in yourself, you will begin to understand that progress is always not steady and there will be many ups and downs on the road to success. Your belief can carry you through the tough times. Always remember, “If you believe it, you can achieve it”.

- **Dr. Shubhangi Datar** (Mission Excellence Coordinator)

I constantly try to reinvent my sensibilities and my ideas. I enjoy some of the satisfaction that I get when I feel good about what I’ve done. But the process is quite lonely and quite painful.

- **Vincent Gallo**

Adolescent Counselling

(Learning Cell Aakalan - Training Programme)

Workshop on Adolescent counseling for Parents/Teachers/Helping Professionals working with Adolescent/Counselors and P.G. Students in Mental Health. The course dates will be

5 November & 12 November 2011 between 10.00 am to 5.00 pm. For further details Contact Roopa - - 9870600283

कालाय तस्मै नमः

समुपदेशकाच्या खूर्चीत बसल्यावर नाना तऱ्हेची लोकं भेटतात. त्यांचे वेगवेगळे स्वभाव, निरनिराळे अनुभव, विविध प्रकारच्या समस्या आणि त्यासाठी त्यांनी केलेले प्रयत्न यावरून मनुष्यस्वभावाच्या निरनिराळ्या रंगछटा उलगडतात. खरं तर याच गोष्टी एक मानसशास्त्रज्ञ किंवा समुपदेशक म्हणून माझा अनुभव समृद्ध करत असतात. एखादा मानसिक आजार किंवा समस्या तीच असली तरी प्रत्येक व्यक्ती ही वेगळी आणि त्याकारणास्तव त्या समस्येला आलेलं स्वरूप हे निश्चितच वेगळं असतं. काही वेळा स्वतःच्या मर्जीने तर काही वेळा नाईलाजास्तव, अंतर्मनात दडलेले गुपित किंवा आजवर इतरांना न सांगितलेली वैयक्तिक माहिती पुष्कळ वेळा समुपदेशन सत्रात माझ्यासमोर येते. मग तो शालेय विद्यार्थी असो, महाविद्यालयीन तरुण असो किंवा मध्यमवयीन नोकरदार असो समुपदेशकाबरोबर एकदा का सूर जुळले की मग कोणत्याही समस्येवर मोकळेपणाने चर्चा करणे हे दोघांनाही शक्य होते. विशेषतः किशोरवयीन मुलांबरोबर म्हणजेच वयोगट ११ ते १८ मधील मुलांबरोबर काम करताना एक समुपदेशक म्हणून नव्हे तर कधी कधी एक मित्र, तर फार क्वचित एक “रोल मॉडेल” म्हणून माझी भूमिका बदलत जाते. या आजच्या मुलांमध्ये एक प्रचंड ऊर्जा दडलेली पुष्कळ वेळा मी पाहिली आहे. त्या ऊर्जेला, त्या इच्छाशक्तीला, योग्य प्रकारे समजून घेऊन त्याप्रमाणे अनुकूल पोषक परिस्थिती निर्माण करता आली, तर निश्चितपणे एक चांगला माणूस घडवता येईल हा माझा अंदाज आहे.

वय वर्ष चौदा . . . आठवीत कॉन्वेन्ट शाळेमध्ये शिकणारा कुणाल (नाव बदलेलं आहे) त्याच्या ‘अफेअर’ बदल बिनधास्तपणे माझ्याशी बोलत होता. त्याच्याशी बोलताबोलता नकळतपणे मी जवळजवळ १०-१२ वर्षे मागे गेलो . . . भूतकाळात . . . त्यावेळेचं शाळा, कॉलेजमधील वातावरण . . . तेव्हाचा किशोरवयीन गट आणि तरुण युवकांचा गट . . . आणि आत्ताचा काळ याच्यामध्ये मी नकळतपणे तुलना करू लागलो. अचानकपणे मला समोर बसलेल्या मुलामध्ये आणि माझ्यामध्ये एक मोठा जनरेशन गॅप जाणवू लागला. मनाशीच म्हटलं – कालाय तस्मै नमः; काळ बराच निघून गेलाय. जसजशी विज्ञान, तंत्रज्ञानात प्रगती होऊ लागली तसतशा जगाच्या पाठीवरील भिन्न घटक, संस्कृती एकमेकांजवळ आल्या आणि त्यातून सांस्कृतिक, वैचारिक देवाणघेवाण सुरू झाली. नवे विचार, नवी मूल्यं यांचा सर्वात अधिक आणि जलद गतीने पगडा आहे तो समाजातील किशोरवयीन आणि तरुण पिढीवर.

समुपदेशनासाठी माझ्याकडे आलेली व्यक्ती जर का किशोरवयीन गटातील असेल तर त्यांना मार्गदर्शन करताना त्यांच्याशी गप्पा मारताना माझ्या मनात दोन प्रवाह (Track) नेहमी चालू असतात; आणि बऱ्याचदा त्यांच्यात खटके उडतात तरीही त्यांच्यामध्ये विचारांची देवाणघेवाण चालू असते. पहिला प्रवाह म्हणजे एक व्यक्ती म्हणून मी माझे मूल्यं, माझे विचार आणि दृष्टीकोन, आणि दुसरा म्हणजे एक समुपदेशक म्हणून मी. या दोहोंच्या विचारसरणीत बऱ्याच वेळा तफावत दिसून येते; मग शोध सुरू होतो ती तफावत कमी करण्याचा. या मुलांच्या समस्या हाताळताना मी नेहमीच अंतर्मुख होतो. किंबहुना माझ्याबरोबर माझ्या सहकाऱ्यांचा थोड्याफार फरकाने हाच अनुभव असतो.

अशा मुलांशी गप्पा मारताना, त्यांना समुपदेशन करताना एक गोष्ट अधिक प्रकर्षाने जाणवली ती म्हणजे अनुकरणशीलता. मनुष्य प्राणी स्वभावतःच अनुकरणशील आहे. पण तिला सदसद्विवेकबुद्धी किंवा विवेकनिष्ठ विचारसरणीची जोड हवी; कारण असं नसेल तर कदाचित एखादी गोष्ट, विचार वा मूल्ये तपासून न

पहाता आंधळेपणाने स्वीकारण्याचा आणि त्यातून अयोग्य कृती वा वर्तन घडण्याचा धोका असतो. किशोरवयीन गटातील बहुतेक सर्वच मुलांवर समवयीन इतर मुलांचा तसेच प्रसारमाध्यमांचा प्रभाव जबरदस्त असतो. अशी मुले 'At Risk' असतात. परिणामांची पर्वा न केल्यामुळे तसेच धाडसीपणाने एखादी गोष्ट स्वीकारल्याने विविध समस्या निर्माण होतात. उदाहरणार्थ बालगुन्हेगारी, समाजविघातक दृष्टीकोन, Antisocial व्यक्तिमत्व, व्यसनाधिनता, असुरक्षित लैंगिक संबंध, मनोविकार इत्यादी. याच टप्प्यावर काही सुजाण पालक आपल्या पाल्याला आमच्याकडे मार्गदर्शनासाठी घेऊन येतात.

१६ वर्षांच्या रुचाला तिचे आईवडिल व्यवसाय मार्गदर्शनासाठी माझ्याकडे घेऊन आले होते. पण ते एक निमित्त होतं. खरं तर पालकांची तिच्याबाबत वेगळीच तक्रार होती. तिची वागणूक त्यांना खटकत होती. आपल्या मुलीची विशेषतः मुलांबरोबर वाढत असलेली सलग्गी, मित्रांबरोबरच्या गप्पा किंवा सहली, एकत्र सिनेमा बघणे या सर्व गोष्टींना त्यांचा विरोध होता. इतकेच नव्हे तर तिच्या मोबाईलवरचे मित्रांचे मेसेजेस पण ते पुराव्यासाठी घेऊन आले होते. पण मुलीला मात्र आपल्या वागणुकीत काहीच गैर वाटत नव्हते. मित्र असले तर काय झालं? आता कॉलेज म्हटल की मित्र होणारच. हे तर काहीच नाही, माझ्या ग्रुपमधल्या दोन मैत्रीणींचे बॉयफ्रेंड सुद्धा आहेत. ती मोकळेपणाने आणि बिनधास्त बोलू लागली. दोन्ही बाजू मी शांतपणे ऐकून घेतल्या. दोन्ही पक्ष आपापल्या जागी काही अंशी योग्य होते. पण फरक होता तो दृष्टीकोनांमध्ये जे कदाचित खूप Rigid (एकांगी) आणि अपरिपक्व होते. आता करायचं काय? पालकांची अशी मागणी होती की मी तिला समजवावं आणि अशा गोष्टी वाईट आहेत असं सांगवां. माझ्या मनात विचारांचे दोन प्रवाह निर्माण झाले. प्रवाह 'अ' हा मुलीच्या दृष्टिकोनातून होता तर प्रवाह 'ब' हा पालकांच्या. दोन्ही प्रवाह दोन पिढ्यांचं प्रतिनिधित्व करत होते. प्रवाह 'अ' चे स्वगत - बरोबर आहे रुचाचं. या वयात भिन्नलिंगी व्यक्तीबाबत आकर्षण वाटणे साहजिकच आहे आणि नैसर्गिकसुद्धा. वर्गात किंवा शाळेबाहेर मुलामुलींनी एकत्र भेटणे, फिरणे, गप्पा मारणे, नाटक/सिनेमा पहायला जाणे हे खूप common (प्रचलीत) आहे. त्यात गैर असं काय? आणि एखाद्या मुलीला तिचा एकदम जवळचा मित्र आवडला तर त्यात काय बिघडलं. दोन व्यक्तीमध्ये "सहवास" वाढला की पुढचा टप्पा आकर्षणाचा असतो. . . मग नक्की चुकतं कोठे?

प्रवाह 'ब' चे स्वगत - मैत्रीला विरोध नाही. पण मैत्री आणि प्रेम यांच्यातील अस्पष्ट अशी रेष कधी कुणाला सहजासहजी कळली आहे का? हे वय आहे का प्रेमात पडण्याचं? अभ्यासावर त्याचा परिणाम होतो तो वेगळा. लहान वय, अपरिपक्व विचार, risk घेण्याची प्रवृत्ती अशाने, येईल त्या प्रवाहात वाहत जाण्याची चूक होऊ शकेल. त्यामुळेच योग्याअयोग्याची निवड न करता आल्याने आईवडील आणि शिक्षक यांनी त्यांच्या अनुभवाचा सल्ला दिला, तर त्यात चुकलं काय?

वरील दोन विचारप्रवाह हे दोन विशिष्ट वयोगटाच्या बाजूने झुकलेले (bias) असतात. तेव्हा त्यातील एखादा निवडून तो योग्य म्हणणे आणि दुसऱ्याला डावलणे म्हणजे दुसऱ्यावर अन्याय करण्यासारखे. अशावेळेला त्या दोन विचारसरणीला छेदून जाणारा पण दोन्ही पक्षांचं हित लक्षात घेऊन एक तिसरा प्रवाह असतो, तो अशावेळेस दोन्ही बाजूंचे अंशतः का होईना पण समाधान करतो. रुचाशी बोलताना त्या सेशनमध्ये आम्ही तिच्या वर्तणूकीची, जे तिच्या पालकांना 'अयोग्य' वाटत होते त्याची चर्चा केली. तिच्या अशा वागणूकीचे नजीकच्या भविष्यातील परिणाम-स्वतःवर तसेच इतरांवर काय असू शकतात याचा संभाव्य आराखडा केला. आपल्या योग्य-अयोग्य दोन्ही वर्तणूकीची जाणीव होऊन त्याची जबाबदारी स्वीकारणं हा व्यक्तीविकासासाठी पोषक

असलेला बहुमोलाचा सल्ला तिला पटला. त्यावर उद्दिष्टे ठरवणे आणि त्याला अनुसरून पावलं उचलणे, योजना आखणे इत्यादीवर सविस्तर चर्चा झाली. आपल्या सर्वच भावनांची मालकी ownership स्विकारायची, त्यांचे नियंत्रण करून एखादी भावना शक्य असेल तर delay करता येते का? मग त्याचे फायदे तोटे काय या गोष्टींवर आम्ही भर दिला. कुठल्याही टप्प्यावर मुलांशी बोलत जाऊ नकोस असे तिला सांगितले नाही.

पालकांशी चर्चा करताना किशोरवयात मुलांमध्ये होणारे शारिरीक, मानसिक, भावनिक बदल, त्यांचे वर्तणूकीवर होणारे परिणाम ही माहिती देण्यात आली. आपल्या मुलीबद्दलची त्यांची भीती वास्तव किती आणि त्यात अतिरंजकता किती याची जाणीव त्यांना करून देण्यात आली. अशा वेळेस मुलांच्या समोर मुलं आणि पालक अशा दोन वेगवेगळ्या teams होण्यापेक्षा तिघांची मिळून एकूण team तयार झाली तर नातेसंबंधांमध्ये होणारे खटके आपसूकच कमी होतील हा विचार त्यांना पटला. केबिनमधून बाहेर पडताना तिघांच्याही चेहऱ्यावरचे बदललेले भाव आणि समाधान पाहून मी स्वतःशीच हसलो.

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Back to School

"I think the future of psychotherapy and psychology is in the school system. We need to teach every child how to rarely seriously disturb himself or herself and how to overcome the disturbance when it occurs" – **Albert Ellis**

School!!!!!! It's one of the most interesting views to see a parent taking his/ her tiny child to school when the little one walks looking everywhere but straight with his tiny footsteps trying to make up for the speed of walking.

I wonder how "Schooling" began. Of the many reasons that one would think of, I think the existence of this unit wouldn't have been there had the child's caregivers wouldn't have felt the need to have one. Sounds blunt though, if all the parents would have had the expertise and or time to take care of the child's learning needs, why would they send their children to school? But then, long ago there existed a respectable figure, addressed as 'Guru' in an adorable "Gurukul" system.

This all-rounded, firm system of schooling probably is the most ideal one. When children are at home, they are exposed to (at least) two different worlds and different values which might be contributing to a child's mixed views about different aspects of life.

Back to the tiny tots, "teacher" is probably the 'hero' figure and the only one who could be acceptable as a guide. So what if the values of the teacher and the people around the child do not match. Some teachers feel that children these days have no respect for them, again a difference of atmosphere in which the child grows. But I think since a teacher is looked upon with such admiration, to maintain the same a teacher has to update his/her knowledge and have a keen interest and deep knowledge of shaping the children's minds. There could be an attitude of open- mindedness to learn from students who might be younger to them.

Every parent wants their child to have the best of education and try their best to make it available to them. But their understanding of 'Best' and the means of providing the same might be unique.

A solid foundation of the earlier schooling system was that the Teacher was a respectable father figure, and his wife, loving mother figure the goal of both was to raise these 'full of innocence God's creation's' and equip them with the rich basic education and general knowledge. It didn't matter what background the child came from because he had to leave his belongings behind and start anew. Does not mean that schooling today is discriminating or biased, just that invariably, subtly, it seems to happen that the connection between the child's family and school and its interaction could be well taken care of if these factors are considered.

Oh!!!! Wonder whether teenagers then would have experienced same feelings as those felt by today's generation. I think probably, there wouldn't have been so much 'peer pressure' or parent's concern or expectations about their children. Of course even then parents loved their children, only that they had been handed over with care and trust and their tender, vulnerable minds were so very well taken care of.

And performance? Sure someone would've felt the need to outdo his classmate! But possibly the focus of this need to compete might be directed within self not the need to compete with others. There would've been schools then too emphasizing different values, but don't think they competed on who produced better students. Why does it happen that a child who finds one subject difficult to understand suffers throughout scoring poor grades, gradually losing interest in studies and lowered confidence levels? Or someone who knows will pass in the exam even without copying feels tempted to copy for a single mark. Here could lay a fear of facing the people or self finding it difficult to accept that one cannot be the best always.

So what a miracle it is if the child learns discipline when admitted to a residential school! Understandable enough, regular schools have a time pressure as the child cannot be taught everything in a limited time. Which is why even with their best efforts to inculcate discipline, if the child's surroundings do not match with those of school, there could be a difficulty in imbibing these values and making them a way of life?

To sum up, school could be a place where not only theoretical/ practical subjects are taught but as socialization takes a boost, a child could learn and inculcate values and process of making them a way of life, this could be smoothly achieved if the child gets a stable, uniform atmosphere to learn.

“Education is not preparation for life, education is life itself” – John Dewey

- **Eaishwarya Natekar** (Clinical Psychologist)

We now accept the fact that learning is a lifelong process of keeping abreast of change.
And the most pressing task is to teach people how to learn. **- Peter Drucker**

We do not learn; and what we call learning is only a process of recollection. **- Plato**

‘COZ WE CARE.....WE DARE!

In a recent interview as an education expert on a leading TV channel I was asked various questions related to children’s learning problems. As I walked out of the live dial-in show, my mind was once again flooded with questions I often ask parents and even teachers at times:

- Is education the *raison d’être* of a child’s existence?
- Is he/she any less of a human being if he is unable to excel or even so much as do passably well in his/her academics?
- What happens if a child is not academically oriented at all?
- Is there a place for the average student; in the world of “exemplary & successful careers?”
- And finally how do we define success and successful careers?

My work as a special educator, working primarily with students with Learning Difficulties and Learning Disabilities (Dyslexia, Dysgraphia, Dyscalculia etc.) has given me a lot of insight with regards to the hurdles these children face. It has also made me re-visit, reform and replace numerous ideologies. This article is an attempt to answer questions that I pose to parents and teachers, as well as, to look closely at my own journey of 21 years and why these questions came to my mind in the first place!

Here’s a typical pattern of how it all begins with children having any scholastic issues:

- By grades II or III, parents and teachers begin to see a discrepancy between the child’s ability and his achievement in school in terms of his marks.
- If the school is sensitive and sensitized to such “signs” (which I can certainly claim that a large number of schools aren’t!) then they may refer the child to a Psychologist, Special Educator or atleast ask them to visit the child’s Paediatrician to seek advice for the same. Alternately, if the school is not “in the picture”, in this process, then parents initiates the same all by themselves. Either which ways the road to intervention commences here.
- After a series of tests which include the IQ tests and various other educational assessments it is established that the child is showing signs of Learning Disabilities (Dyslexia, Dysgraphia, Dyscalculia etc.). This makes it imperative for the parents to firstly understand what this disability actually entails and secondly to reserve time to take their children for remediation and counselling sessions.

Special educators play a key role at this point. They may also be part of the screening and diagnosis process. Once it is certain that the child has LD, a remedial therapist who is a qualified special educator, begins planning for her individualized sessions with the child. The process of planning is a long and arduous one, which requires a lot of deliberation. It needs to cover all the areas that the child needs to improve. But over the years I have come to believe that it is not just the one-to-one remediation that works in helping the child cope with his/her disability, but also a change in the

parental attitude that eases the situation to a large extent. A whole lot depends on the attitude parents possess towards their child's scholastic struggles. If parents care to understand their child including his/her capacities or potential, his/her needs and interest, then the child's issues do not seem all that daunting, either to the child or to the parent. But occasionally we do come across many parents who are either in denial of the child's problem or are "choosing to become victims of societal pressure and roping the child into the same whirlpool!" This is where I ask parents all the questions that I have posed at the beginning!

Oftentimes the idea behind asking all these questions is not necessarily to find their answers right away, as much as to set them (parents and teachers) thinking about a lot of things.

Parental sessions therefore lead us to make the following suggestions

- Completely accept your child unconditionally. It is only when a child is accepted unconditionally can the journey to progress begin!
- As you go along, don't forget to continue assuring your child through your actions and words that you accept and love him/her for who he or she is and not for what he/she does!
- Think of alternatives for your child. Look around, search, research, ask and you will see that a whole host of better and easier alternatives may come your way for your child.
- Let your child's self-esteem and self worth always stay high even though he/she is going through a sea of difficulties. Once again continue to render unconditional support! Let the child discover his/her potential in areas other than academics.
- Study your child's rights. Engage in advocacy to ensure that your child gets what he /she deserves.
- Re-define success! Success is not about fame and money as much as it is about "doing well", in whatever one has chosen to do by striving to achieve one's goals- sincerely and honestly!
- Finally and most importantly, never ever give up on your child ! Don't allow societal, familial or any other such pressures to influence your decision. Let your mind, body, intellect and intent ring out loud with hope and aspirations for the future! And let the child know, that when it comes to a successful career, if he has "willed" it, he can certainly "build" it ! No reading disability, spelling issue or Maths problem can come in the way !

Educating a child in the three "Rs" (Reading, wRiting and aRithmetic) is undoubtedly one of the most important things. But it is certainly not the only thing in a child's life. There is more to life than just being able to read, write and spell well! It is upto us, the adults in the child's life to suggest alternatives of the road less travelled. This road may be full of challenges but we must still point our finger in its direction because if we carewe must dare!

- **Ms. Manjushree Patil** (Special Educator)

Innocence speaks

I was in the midst of a reading session with primary children as a part of my therapy sessions and a teacher walked in with a little boy of about 8 yrs, who looked lost and generally disinterested. I greeted him with a smile. His eyes went round the room and rested on the cupboard full of toys, games & puzzles. We scheduled a meeting the same afternoon when I could personally see him alone. The teacher had briefed me about him. He had lost his mother in an accident and was absent from school for long. Though a bright child, he had lost interest in studies. He seemed to withdraw from his classmates and preferred to be alone in his bubbly noisy class.

Sahil, the little boy, entered the room a little hesitantly. But once I opened the cupboard, he chose a box of puzzles. He could do it easily. He put it back and then brought out a game of opposites. He did it silently and then put it back again. Sahil looked at me & when my expression showed I didn't mind him picking up any game, he smiled and said "Miss, I can make a big tower, a really big building". Both of us built a tower with blocks and spoke about how breezy it would be staying in the top floor of the building. Sahil wouldn't initiate a conversation, but wouldn't mind answering to the non - threatening questions. He had to be coaxed to make small talk. We drew a picture of the building & he added a happy family staying in it.

Sahil came the following week with the book of drawings he made. We picked up the one with a boy holding his mother's hand buying a balloon. We talked about the picture & the little boy spoke about his own mother attending to all his needs, taking up his studies and also about their visits to far off places. Not once did he mention about the loss of his mother.

The next session, Sahil came with a drawing of Holi (that being the closest festival). By then, he must have been comfortable and so initiated little conversations. We shared the joy of Rangapanchami (festival of colors). He paused midway, looked at me and said, "Miss I want to tell you what I don't like about Holi. I hate the flames. They frighten me." He started drawing the picture. Hot tears trickled down his eyes. He did not bother to wipe them. He continued to colour the flames more & more vigorously glowing like a pyre. I held my breath. Sahil began to talk, his words pouring out as though coming out of a deep agony within. He said the flames remind him of his mother who would never come back; the days spent together- the outings & the scoldings. He shared his inner most fears of the cupboard which had all her saris in it, her bangles & her bindis. Sahil said he was afraid of the darkness & the possibility of her being converted into a ghost. The little child was not tired of talking today; in fact, he wanted to speak more and yet more about his mother, whom he loved the most. I listened attentively holding his hands. Gradually Sahil's sobbing lessened. He straightened up and said, "I want to be a strong boy & not cry in front of my grandmother".

By the next session he seemed to be more at peace with himself .The teacher said he was a shade participative and was not as lost in the classroom, as he was earlier. He continued to come for a few more sessions, for he needed to ventilate his pent-up emotions. Once he realized that this was an open environment, where everything that he said would be understood and respected, he became more relaxed. Slowly we began to set small therapy goals of overcoming his fears. Sahil's grieving words became lesser & his narrations of his mother became more descriptive and balanced. Parental sessions with the father and grandparents helped to create a more open environment at home (in comparison to the hush hush talk about the mother earlier).In a few months time, Sahil's school participation improved and so did his academics.'

Like Sahil, there are many children who visit the therapist for varied problems like shyness, fear, anger, temper tantrums, study issues, bed wetting, nail biting, thumb sucking, stealing, lying.... the list is endless. Each of these may have different causative factors & interventions strategies (viz. play therapy, behavior therapy, cognitive therapy etc). Whatever the kind of therapy one uses, what really matters is the approach of the therapist, her openness, her patience, her creativity, her therapeutic skills, and above all, a trusting relationship. Working with children is definitely a challenging task, but it can also be the most satisfying experience for the therapist. All that you need is a caring heart, empathetic words and immense patience.

- **Pratima Naik** (social worker, counselor)

Learning is the beginning of wealth. Learning is the beginning of health. Learning is the beginning of spirituality. Searching and learning is where the miracle process all begins.

- **Jim Rohn**

Support group for parents of children with Attention Deficit Hyperactivity Disorder (ADHD)

We understand the difficulties involved in parenting the child who has features of Attention Deficit Hyperactivity Disorder (ADHD). We have therefore thought of starting a support group for parents of such children, wherein parents can communicate with other parents facing similar difficulties with their children, exchange parenting strategies and other useful information, and seek emotional and social support to continue being effective helpers to their children.

IPH will host a community awareness program about Attention Deficit Hyperactivity Disorder on November 19, 2011, in which the dates and details of the above group will be announced. For details of this program, kindly contact Bharati on 9870600075 .

Experiencing is Learning

Mental health for all” - the IPH motto. As a clinical psychologist just starting out, I am greatly inspired by this phrase, but at the same time, I sometimes find myself disheartened by these thoughts- how exactly do you reach out to so many people out there who need help? How do you work through the stigma about mental illness, and drive home the message that there is hope, even for those who the society terms as being “crazy”? Today, there are more people seeking help for mental distress than before, but what about those who live on the fringes of society for whom mental health is a concept that is completely unheard of? So when I heard about the programme that IPH is conducting with the Centre for the Study of Social Change (CSSC), I really wanted to be a part of it, and the experience has been a truly wonderful one!

The CSSC with Dr. R. Potdar as the head is an organization that works in 20 slum areas in Bandra, Khar and Santacruz east. The organization runs Women of India Network (WIN), a programme which aims at improving the health of women and children and also promoting their economic self-sufficiency. They run an OPD in these slum areas twice a week. Some 60- 65 women from the area with the desire to help others from the community have been trained as Community Health Volunteers (CHVs). It’s interesting that these people have no formal training in medicine and health care, but through training, experience and motivation, they now assume the responsibility of around 500 houses each in their community and help people to get the required medical assistance. It’s a great concept, because being members of the community themselves, these CHVs are trusted by the people, and they can ensure that help reaches those who need it the most, even in areas that are far away from formal health care units.

While there’s such a useful framework in place for physical health care, mental health care is still inaccessible in these areas. An increasing number of suicides, cases of familial abuse and other mental distress concerns made people from the CSSC realize that now is the time to do something about this neglected aspect. So why not adapt the structure already in place and expand it to include mental health care? And so, CSSC consulted with IPH and together, they formulated a programme, with the aim of equipping the CHVs, with skills to reach out to those who need psychological and psychiatric help as well.

The programme took off in the month of July with a workshop for the CHVs to orient them and to train them about mental health and mental illness. The workshop took place over 5 Wednesdays at the M. N. Roy Centre in Bandra. The first session was an ice-breaking session conducted by Dr. Nadkarni. It was a very enjoyable and useful talk, in which Doctor presented two women –Lalima and Neelima. Both of them face the same situation- their daughter, who’s gone for a college programme, fails to return home at her usual time. Nilima is worried. She tries to evaluate the options she has before her-

she can call up her daughter's friend, she can wait for some more time, etc. While thinking, she continues to go about cooking for dinner. Lalima on the other hand reacts in a dramatic fashion. Everyone around soon knows about the situation, because she worries about it loudly to whoever will listen! She imagines multiple terrible crises that could possibly have taken place. Her husband comes home, and she blames him for destroying her daughter's life. And in all this drama, the food on the gas is forgotten and burnt! The women in the audience could immediately relate to the story, and Doctor explained how Nilima and Lalima are both within each of us, and how we need to make an attempt to bring ourselves back to the "Nilima track" for ensuring resolution of problems as well as our own peace of mind. Using this example, Dr Nadkarni spoke to the audience members about how they could change aspects of their thought process to increase their own mental well-being, because the journey towards "mental health for all" always begins with the self.

The focus of the second session was on "Manovikas", where Chitra ma'am and the team made a lively presentation and clarified doubts that the women had about mental health and mental illness. The third and the fourth sessions focussed on training the CHVs about signs and symptoms of various mental disorders. The sessions began with the question- how do you recognize that a person is mentally ill? The speakers then provided the CHVs with a basic framework to classify different mental illnesses based on 3 main categories- disorders of emotion, disorders of thought and disorders of personality. While the focus on day one was on disorders affecting adults, on the second day, the focus was on disorders among the children and the elderly, and again, a simple classification framework helped to put these disorders into perspective. For me as an observer, it was amazing how Dr Savita, Dr Anagha and Dr Shaila managed to explain the DSM (well, almost!) to the lay person in just four hours!

So what do you do with all this information? You need to find a way to actually apply it to identify people who need further help. And hence, the final session in the series, conducted by Dr Thatte, aimed at training the CHVs to screen people for the presence of the signs and symptoms. Dr Thatte provided them with a basic symptom check list, and to help them use it more effectively, she demonstrated how to use the check list using role plays- where I played a patient and she took my history. The role play seemed to be helpful in giving the participants an idea about how a patient with a mental illness is likely to present his symptoms and how to make ratings accordingly.

All the participants were enthusiastic and everyone said they learned a great deal from the sessions. A few shared that they previously would see a number of people during their home visits who seemed to be in some great mental distress, and they didn't know what to do about it. Some expressed the idea that if the programme would have been conducted a few years back, possibly some suicides in the area would have been averted because of timely intervention. But well, it's never too late to start.

So now what? Where do we go from here? The initial plan is that after the CHV's get some practice with taking a history, they go out for their home visits equipped with this knowledge and identify people in the community who may possibly be in need of intervention. IPH will then conduct camps where their team of psychiatrists and psychologists will examine these individuals and provide the necessary treatment. There'll be regular follow ups and also, a programme is planned to train local doctors to provide basic emergency help. As the programme proceeds, it can be modified further and more avenues can be explored. Like, teaching the CHVs basic listening and counselling skills, conducting modules in the community on stress management, or even starting support groups based on specific problem areas that are most relevant. The possibility for growth is tremendous, and it's great that the first step has been taken in this regard.

For me personally, this has been a learning experience. It was amazing to see trained mental health professionals on one hand and on the other, individuals, not professionally trained but wanting to help others by using and enhancing their own specific set of skills, pooling their resources towards a common noble cause, with one main aim- to reach out and make a difference. This has been the biggest "take home" for me from all these sessions, and it reassures me and reaffirms my belief believe that if we all commit ourselves to it, we can truly take the IPH motto forward and provide mental health for all!

- **Jagruti R. Wandrekar** (Clinical Psychologist)

In the long run, we shape our lives, and we shape ourselves. The process never ends until we die. And the choices we make are ultimately our own responsibility.

- **Eleanor Roosevelt**

'Little Beginnings'

(A fun-filled activity group at IPH for children)

A steady increase in parental inquiries about their child's intelligence and potential has led us to device an activity group for children of ages 3 to 5 years. Emotional, intellectual, sensory, physical, and speech development are some of the major areas of assessment, with creativity as a basis of all activities.

Only 15 children per batch.

For further details contact Ms. Bharati, on 9870600075.

Hyper-PARENTING

Attention Deficit Hyperactivity Disorder, a common disorder of childhood, seen more in boys, present in 5% of the population, manageable with medication, therapy. All facts that we have read at some point of time. Bits of information which we have. But what would be the life of those parents whose children have ADHD? Something that I had not given enough thought to, till I started seeing such parents in my counseling sessions. And often it set me thinking, it is one thing to study ADHD, another to counsel about it and a totally different experience to deal with it day in and out, often sacrificing the little and big joys of life.

The process of counseling usually starts with explaining the disorder to the parents. Once this is explained in detail, parents have a fair idea of why their child is behaving in certain ways or why he is not learning from his mistakes. The analogy of an upset stomach often drives home the point about not having control over oneself! Very often, a total paradigm shift is seen in the parents when they realize that their child is not behaving in a particular way to annoy them, on the contrary his behavior is beyond his control too. Parents are also encouraged to read up about the disorder and our discussion helps them to set realistic expectations from their children.

Many times, these children have been physically punished at home and at school for their hyperactivity, impulsivity or inattention. Some parents believe that corporal punishment works best. Convincing them otherwise and explaining the ill effects of such punishment is another task. Ironically, though we professionals feel for the child, the parents' predicament is something that is often ignored. A child with ADHD looks like any other child but in most cases does not behave like one. When such a child expresses his impulsivity or hyperactivity, the common man always blames the parents for a faulty upbringing without understanding that this is a child with a disorder and the expressed behavior pattern is his problem. Feelings of shame, guilt, embarrassment, anger are something that an ADHD parent lives with on a daily basis. An ADHD father was once told by another parent in public, "If you cannot raise your child well, send him to my house, I will discipline him. He needs to be spanked, only then he will improve."

Living in a joint family with an ADHD child is another challenge. General awareness about the disorder is low; thereby the acceptance is even lower. The common belief about ADHD is that 'proper' (harsh) discipline is the only way to tame this unruly child. When confronted by strangers, it is relatively easier to forget, but when such situations arise on a daily basis within the four walls of the house, the parents are in a really tough position. A family counseling session would be an ideal way out, but unfortunately this does not work as the extended members of the family are totally averse to the idea, as they do not accept that there is a problem in the first place! Counseling parents becomes all the more essential as such situations often lead to depressive thoughts in their minds. Understanding the positives, building on them, using proper reinforcement techniques with the child, withdrawing from the situation, 'time out' are different strategies that are suggested. In some cases, convincing them about the need for medication is also necessary. Finally what works in most cases is explaining all the factors related to the disorder that are within our control and which we can change and all those that are not, and thereby learning to accept them.

- Prachi Chitre (Developmental Psychologist)

My child is very active, help me!!!

5 year old Mansa entered the Occupational Therapy department with an innocent smile and mischievous glint in her eyes. She sat in the chair as per her mother's instructions, scanning the room with interest and enthusiasm ignorant of all the complaints about her as described by the mother. Something caught her attention and there she was squirming and fidgeting half way out of the chair trying to get her mother's approval for her action.

The mother complained that Mansa is very restless and fidgety, could not sit at one place for long, always climbing up and down on chair or heights and jumping or roaming around in school and home as well. She loved to watch Television for more than an hour but would move around or roll on floor at the same time. Mansa didn't like to write & her teacher's have had a tough time handling her and there have been complaints of pushing other children when standing in line in the school. Although, she had good memory of whatever has been taught in class she was unable to sit for more than 4-5 minutes to study. Incomplete worksheets, talking and disturbing other children in class, not completing any activity or game and thus being often sidelined by other children was a matter of concern too.

All this while, Mansa was busy exploring the ball, swing and other equipments in the room unaware of the constant reminders made by her mother to sit in one place.

With this baseline information, the occupational therapist first tried to build a rapport with Mansa by asking her about cartoons and her favorite color and evaluating her at the same time. It was noticed that Mansa had difficulty catching and throwing ball towards the therapist; a result of poor eye hand co-ordination skills. She needed support (or would slouch) when sitting for table top activities thus showing low endurance and low sitting tolerance, she had difficulty balancing on one leg during hop-scotch and was hesitant when asked to jump over an obstacle by lifting both her feet together. Mansa was all over the therapy room moving around and climbing on the slide, Her mother also reported that she likes going on slides and swings and thus exhibiting seeking behavior for movement and joint sensation. She could not complete any given activity at a stretch and was easily distracted by the pictures and all the equipments around but would complete when reinforced. Mansa could identify the letters and pictures shown to her but was not ready to write. She was asked to draw or paint whatever she liked and she was ready for it. She held on to the pencil very tightly at the tip and was over the supporting surface when drawing. She was given simple figures to copy which were not upto the mark for her age. Also she could not attend to more than one command at a time however her performance was better with simple commands.

This was followed by explanation to mother about the difficulties and concerns faced by Mansa and thus the reason for all her complaints. Thus, a rapport was established with the mother who is vital to bring about a change in the child's concerns. Most important of all, a home program was given for the mother to follow. Home program included: activities involving pulling/pushing, lots of physical activities, sorting activities, coloring pictures or dot to dot joining, clay activities etc.

The session started with asking Mansa to choose trampoline or ball for jumping, she chose trampoline. My goal for the day was to make Mansa complete an activity without being distracted like coloring an apple. She enjoyed jumping on the trampoline, followed by a motor planning activity involving climbing and balancing. Later swinging on T-swing for the count of 10, however she could not hold on to the swing for long and thus discontinued after 5 counts. She was given trunk exercises in the form of stacking blocks; she did it for 5 counts. Also she enjoyed hitting a target with a soft toy. All these activities were carried out with behavior control and verbal reinforcements. Now it was time for concluding the session with table top activity of coloring an apple. She was explained that this was the last activity and if done appropriately she will be rewarded with a star. Mansa was happy with the condition laid down however she needed a little help with maintaining a grip over the crayon but completed the activity and the goal was achieved.

Thus every session was planned with a particular session goal aimed at the short term goals. However there were sessions when Mansa would throw tantrums and would be extremely restless which can be attributed to some changes or disturbances in her schedule.

At the end of 3 months (minimum of 10 sessions), Mansa has now started sitting through an activity of her interest, also complaints of pushing other children and roaming in the class had reduced. Slowly the therapy session would aim at improving her social skills through group sessions or play with other children of her age.

It is important to note that the medication also helped Mansa to sit through the class in school with much organized behavior.

Each child presents with a different set of concerns requiring different approach and therapy goals set according to history, observations and evaluations. Thus each child comes to the therapist with different set of experiences to learn from.

- **Dr. Sreekala B. Menon** (Masters in Occupational Therapy in Developmental disabilities)

लग्नः सहन-जीवन की सहजीवन

विदिषा आणि रोहन ह्या जोडीमधली विदिषा वैवाहिक समुपदेशनासाठी आधी एकटीच भेटायला आली. लग्न होऊन पुरे सहा महिनेही झाले नव्हते नि भांडणं विकोपाला जाऊन ती माहेरी निघून गेली होती. तिच्या आधीची अपॉईटमेंट थोडी लांबली तेव्हा अस्वस्थ होत तिने मला ती आल्याची बर्दी देणारा फोन केला! अजून काही मिनिटांनी ती काचेतून डोकावून बघायला लागली. शेवटी तर न राहवून, ती दार उघडून थेट आत डोकावली, “अजून किती वेळ लागेल?” असं विचारती झाली. समोरचा क्लायंट निघताच मी तिला लगेचच आत बोलावलं. खुर्चीवर बसायचा अवकाश, तिने जे बोलायला सुरुवात केली ते ती बोलतच राहिली. पहिलीच भेट असल्याने, वाफ निघून जाण्याची गरजच होती! तिच्या-माझ्या सुदैवानी तिच्या पुढची अपॉईटमेंट रद्द झाली होती. म्हणून मी शांतपणे, संयमाने श्रोत्याची भूमिका करत राहिले. तिच्या देहबोलीचं, डोळ्यातील व चेहऱ्यावरील भावप्रदर्शनाचं बारकाईने निरीक्षण करत राहिले. आमच्या ‘इनटेक’ फॉर्मवर महत्वाच्या नोंदी व माझी निरीक्षणं लिहीत राहिले. विदिषा जरी ब्लेम गेम च्या ट्रॅकवर होती तरी तिला तिचा प्रश्न सोडवण्याची मनापासून इच्छा होती. त्यासाठी समुपदेशनाच्या माध्यमातून मिळणाऱ्या मदतीसाठी, दिशादर्शनासाठी, ती उत्सुकच नव्हे तर खुल्या मनाने पूर्ण तयार होती. त्यासाठी समुपदेशक जे सुचवेल ते सर्व करण्याची तिची तयारी होती. लहानपणापासून लाडाकोडात वाढलेल्या विदिषाला कुठल्या घरकामाची सवय तर नव्हतीच; पण स्वतःच्या मनाविरुद्ध काही घडण्याचीही बिलकुल सवय नसावी. स्वभावात आक्रमकता आणि वृत्तीत आग्रह दिसत होता. गुणदोषांसह दुसऱ्या व्यक्तीच्या स्वीकाराबद्दलचा खुलेपणा दिसत नव्हता. स्वतःची मतं योग्य असल्याचा हट्टही होता. मात्र मी ह्यातलं काहीच मी तिला बोलले नाही. तिला एवढंच विचारलं की समुपदेशनासाठी येण्याचा तुझा उद्देश (goal) काय? त्यावर तिने, “मला हे लग्न टिकवायचं आहे. माझं माझ्या नवऱ्यावर प्रेम आहे; पण असं...असं होतंय . . . I am confused . . . ” म्हणत परत रेकॉर्ड सुरुच केली की जेव्हा मी तिला थांबवलं” “टाळी एका हाताने वाजत नाही” असं सांगून, आपल्यालाही स्वतःमध्ये काही बदल करावे लागतील, असं ठामपणे सांगितलं. तसंच तुझ्या जोडीदाराची बाजू ऐकल्याशिवाय वैवाहिक समुपदेशनाचं एकत्रित बोलणं (Joint session) सुरू करता येणार नाही, हेही सांगितलं.

ती लगेचच दुसऱ्या दिवशी जोडीदाराला घेऊन आली! तोही वैतागलेला नि तिला, तिच्या कुटुंबीयांना दूषणं देण्याच्या मनःस्थितीतच होता. आपली पत्नी “आदर्श गृहिणी” असावी अशी त्याची मनोराज्यं होती आणि हिला घरकामात वेळ घालवणं व्यर्थ वाटत होतं. ही भावनिक, वैचारिक शेअरिंगसाठी उत्सुक होती तर तो लैंगिक. तो आईवडिलांचा एकुलता एक मुलगा असल्याने त्याला विरोधाची अजिबात सवय नव्हती. त्यातून कामाचं क्षेत्र ‘Sales & marketing’ त्यामुळे व्यक्तिमत्वात भरपूर आक्रमकपणा! दोघांनाही वाटत होतं आपलंच बरोबर नि दुसऱ्याने ते ऐकावं! त्यामुळे कुणीच कुणाचं ऐकत नव्हतं. लग्नानंतर सहाच महिन्यांत ही परिस्थिती उद्भवल्याने दोघेही खूप चिंतेत (anxiety) आणि ताणाखाली (stressed) होते. त्यांची कुकरची शिटी खाली बसल्यावर मी त्या दोघांना विचारलं, ‘Can you please tell me what marriage is all about?’ त्या दोघांनी एकमेकांकडे बघितलं नि काहीच बोलले नाहीत! माझ्याकडे बघणारी प्रश्नार्थक नजर माझ्याकडूनच त्या उत्तराची अपेक्षा करते आहे हे लक्षात आल्यावर मी आकृत्या काढत त्यांना विवाह म्हणजे काय, ‘विवाह संस्था’ हा शब्द का आला, विवाहातील चार ‘शेअरिंग्ज’ कोणती व त्यांची गरज, विवाहातील स्वीकार व तडजोडी अशा त्यांच्याशी गप्पा

मारल्या. कोणत्याच दोन माणसांचा प्रकृतीधर्म (Personality) सारखा नसल्याने, विवाहात परस्परपूरकता तसंच जुळवून घेणं (Coping) कसं महत्वाचं असतं, आणि हे बदल स्वतःहून कसे सुरू करायचे असतात आणि का . . . हे सगळं त्या दोघांना सांगितलं. ह्या पार्श्वभूमीवर तुम्हीच स्वतःला, स्वतःच्या वर्तनाला तपासा, असंही सुचवलं. तसंच, आपण तुमच्या personality test Clinical Psychologist कडे करायच्या का, असं विचारलं ज्याला ती दोघे लगेच तयार झाली.

Testing चे reports घेऊन दोघेही पंधरा दिवसांनी माझ्या समोर येऊन बसली. सायकॉलॉजिस्टने त्यांना reports समजावून सांगितले तेव्हा सुरुवातीला त्यांना आपापले दोष स्विकारणं फारच जड गेलं. आता बचावात्मक पवित्रा घेत ते दोघे परत आपण कसे बरोबर नि जोडीदाराचं कसं चुकतं ह्या 'ट्रॅक' वर जायला लागले, तेव्हा बरोबर-चूक ह्या भानगडीत न पडता, आपल्या ह्या प्रकृतीधर्मांमुळे आपल्याकडून जे वर्तन घडतं, त्याचा परिणाम दुसऱ्यावर (त्याच्या प्रकृतीधर्मानुसार) काय होतो हे समजून घ्या. म्हणजे आपलं वर्तन कसं बदललं असता दुसऱ्यावर त्याचे होणारे नकारात्मक परिणाम टाळता येतील, हे बघता येईल. म्हणजेच, introspection करून स्वतःमध्ये सकारात्मक बदल करण्यावर लक्ष केंद्रित करता येईल. हे सांगताना त्यांच्या भांडणाला कारणीभूत ठरणारी अनेक उदाहरणं घेऊन, त्यांची हाताळणी कशी करता आली असती, काय टाळता आलं असतं, हे त्यांना सोदाहरण सांगितलं. त्यांच्याशी स्वतःला जोडून घेताना जणु त्यांना एकेका कुलुपाच्या किल्ल्या गवसत होत्या!

आता त्यांची पंधरा दिवस थांबायचीही तयारी नव्हती! Self acceptance, self-work, self-change आणि त्याला सहजच मिळणारा जोडीदाराचा सकारात्मक प्रतिसाद (reciprocation in relationship) ह्यातली 'गंमत' त्यांना कळू लागली होती. जुन्या तक्रारी उगाळत न बसता, आता स्वबदलात येणाऱ्या अडचणींबद्दल ते मोकळेपणाने बोलायला लागले होते. जोडीदारात होणाऱ्या सकारात्मक बदलांचं उभयतां कौतुकही करू लागले होते ज्यातून त्यांना पुढच्या बदलांसाठी प्रेरणा (motivation) मिळत होती. आपण आपल्यात बदल करणं ही आपल्याला परस्परांना जवळ आणणारी 'गुरुकिल्ली' आहे, हे त्यांच्यासाठी pleasant surprise होतं. एव्हाना त्यांचे-माझे सूरही इतके छान जुळले होते की विषयाच्या ओघात आमच्या आवांतर गप्पाही सहजच व्हायच्या आणि त्यातूनही त्यांच्या अनेक प्रश्नांना सहज उत्तरं मिळायची.

आम्ही एकदाही न सांगताही, विदिषा एक दिवस आपणहून रोहनच्या घरी परत गेली! तिला खूप धाकधूक वाटत होती; पण सासूसान्यांनी मध्ये अगदी काहीच न घडल्यासारखं तिचं स्वागत केलं आणि त्यामुळे तिचा बराचसा ताण कमी झाला. तिने खुषीत मला एक sms पाठवून ही बातमी सांगितली. प्रत्यक्षात एकत्र रहायला लागल्यावर परिस्थिती संयमाने हाताळण्याची आणि समुपदेशनात सांगितलेल्या गोष्टी कृतीत आणण्याची वेळ आली. दोघांचाही कस लागला जो त्यांनी चांगला पेलला. जिथे अडचणी आल्या तिथे परस्परांना समजून घेतलं. उभयतांना दोष न देता समुपदेशकाबरोबर चर्चा करून अधिक सुधारणा करत नेण्याचं पथ्य पाळलं. उद्दिष्टाला धरून राहून स्वतःवर काम करत राहिले. त्यांचा प्रश्न मार्गी लागला होता! आता गरज पडेल तरच भेटायला या असं सांगून मोठ्या समाधानात आम्ही एकमेकांचा निरोप घेतला . . .

- वंदना सुधीर कुलकर्णी (विवाह समुपदेशक)

I HATE YOU, DON'T LEAVE ME.....

Perplexing title, isn't it? Antithetical. Just the word that describes an individual with Borderline Personality Disorder (BPD), which entails maladaptive personality characteristics that, like all personality disorders, have consistent and serious consequences on work and interpersonal relationships. A more precise expression for this disorder would be 'emotionally unstable', as its core attribute is instability.

The features of a person with BPD would comprise of frantic efforts to avoid real or imagined abandonment as well as a pattern of unstable and intense relationships. There is an identity disturbance in areas such as self-image or long-term goals. Impulsivity or unpredictability in areas that are self-damaging, as well as recurrent suicidal behaviour, gestures, threats or self-mutilation, are also observed frequently. A state of emptiness from within, emotional volatility as well as inappropriate expression of anger; in short, a disproportionate response to stressful and demanding situations is what characterizes BPD.

The treatment of BPD falls into two main categories – First, pharmacotherapy, that incorporates a range of medication options which help take the edge off the impulsive tendencies. Second, treatment involves psychotherapy, which remains the mainstay in the treatment of patients with BPD.

Due to an intrinsic impulsivity, there is also a penchant to drop out of treatment prematurely. Hence, major work in psychotherapy consists of helping patients to be less impulsive and to exercise superior judgement in the management of their personal lives.

Since personality disorder is pervasive and enveloping and its features manifest across situations, the treatment approach is long-term that may prolong into months or even years. And all through this, the therapist faces numerous challenges. The chief one lies in making a clear distinction between the patient and his or her illness. As an alternative for labeling someone as a 'borderline patient', one could term it as a 'patient with borderline personality disorder'. Taking the stigma away naturally diminishes treatment resistance and assists the patient in increasing his or her own awareness of the inconsistencies in behaviour and thought.

Another challenge involves handling the 'all-or-none' thinking, also known as 'splitting' that characterizes the thought processes of a person with BPD. This is a habit characterized by alternately idealizing and vilifying others, seeing people as either belonging to 'all-good' or 'all-bad' camps, including caregivers. In case there are two therapists involved, a psychiatrist and a counselor; both must be aware of this tendency in the patient which may create a discord between

the two therapists. Hence, it becomes essential for them to maintain open channels of communication.

A therapist usually has to present himself/herself like a rock when dealing with a person with BPD; that is, offer his/her stability in contrast to the patient's lability of emotion and thinking. A professional needs to take care against being turned-off by the patient's constant demands on the therapist, as it draws on a lot of negative feelings.

The term 'management' in BPD implies a focus on the more serious aspects of the borderline picture. These can be pictured hierarchically as to their level of seriousness and be dealt with accordingly. The therapist would pay attention to —

- First, suicidal and self-harming behaviors which helps to enhance the safety of the person as well as others.
- Next, the therapist would deal with minimization of threat to medication compliance and regular participation in treatment.
- Non-suicidal symptoms such as depression (mild to moderate), substance abuse, lability of mood, panic or other anxiety manifestations and so on.

Under ideal circumstances, following this hierarchy, the patient will have "graduated" towards a higher level of functioning where acute management issues have been adequately dealt with or have receded into the background. The further goals would then be integration of self, skills training and fostering of long-range ambitions relating to friendships, partner choice and work.

Working with parents also becomes extremely essential as they lapse into feelings of guilt; thoughts centered on 'I am not a good enough parent' often surface during sessions. Psychoeducation about the nature of a personality disorder and how the presence of one does not imply a lacuna on their part, becomes crucial. Relapses do occur, however, but are less destructive because the client is more resilient and able to recognize the symptoms and patterns. By working through feelings, the person can reinstate tenuous love bonds with partners and family members. Cycles of intense interactions with a significant other may reoccur, reactivating old hurts, but the individual is more capable of dealing effectively with anger in his/her own self and other family members. Paradoxically, he/she learns how to be more receptive toward others and less hypersensitive to perceived injury.

From the standpoint of a therapist, the true rewards of working with these patients are internal. The therapist becomes an element of today, the existing reality, and he/she may make them see that the past is history that cannot be obliterated and the future is a mystery that cannot be unraveled. So then, though life can only be understood backward, it must be lived forward.'

- Ms. Panna Rele (Clinical Psychologist)

A Little Play, Shows the way

5 year old Akshay refused to go to school. His parents found his behaviour strange because this change was sudden and Akshay's initial school adjustment had been very good and he had never cried. But for the past fifteen days, he would cry at the mention of school, refused to get ready. Even when he was forcibly brought to school, he would cling to his father and wail till his father took him home. He was observed to be clingy in general and therefore having a session with him was indeed difficult. After a couple of sessions, he gradually warmed up to enter the play room. He was willing to let his parents wait outside. After providing him a choice of toys, he chose an architect set. Soon we began building a house. Akshay then started talking. In the course of the play, he repeatedly talked about medicines and doctors. Gradually it was found that Akshay was afraid that something would happen to his mother when he was in school. The antecedent was a very small illness that his mother had suffered a few days back. It was such a minor episode that his parents had not even mentioned it. However, the effect that it had on a 5 year old was enormous.

Working with children is indeed challenging!! Adults can express what they feel, what they want. Children find it difficult to express their emotions in ways that we adults can understand. Therefore a child counselor needs to think on her/ his feet when working with children. Sometimes a drawing can speak a hundred words. 7 year old Shreya drew a family picture. Her parents and younger brother were drawn together, but Shreya drew herself in a corner. The birth of her younger brother had resulted in a change in her demeanor. She had become shy and withdrawn. Her grades in school were also adversely affected. Though her parents tried to give her more attention, Shreya believed that they did not love her enough. The drawing helped the counselor to initiate a discussion with her.

Different children respond to different techniques. Some children are found to be extremely verbal and counseling can happen across the table. A 4 year old girl once said, 'My mother scolds me so much and beats me; I wonder why she brought me from God!' Such a verbally sophisticated child did not require any play sessions or drawings for the counselor to enter her world. That her mother required counseling is another story!

Children are generally referred for academic problems and emotional and behavioral issues. The psychologist assesses the nature of the problem and determines the need for psychological testing. Academic problems generally require to be addressed through an IQ test. The results of this test determine the plan of action. For emotional and behavioral issues a personality test is helpful, especially when the child finds it difficult to verbalize. The child is asked to create stories around animal characters presented on different cards to him. Anxieties, insecurities, defense

mechanisms and other emotions are often projected through the stories that the child creates. These serve as a starting point for the counselor to initiate a discussion. Sometimes the child is too small for him to go through any of this. At such times, play sessions are very helpful. The counselor has to now enter the child's world and play serves as a wonderful medium. An uninhibited, free and non judgmental environment helps the child to express himself and the counselor is better aided to discuss the issues.

In most cases, the counselor has to work with both the parents and the child, because child counseling is incomplete without parental counseling. By and large, it is the parents who need to bring about a change in their attitudes and/ or behaviour. Once this is done, the battle is half won!

Child counseling is therefore finding the right doors and windows to enter the child's world. Stories, play, drawings, puppets or direct discussions! The counselor has the keys, the expertise lies in finding a perfect match with the lock. Needless to say, each lock has a unique key!

- **Prachi Chitre** (Developmental Psychologist)

Support Groups currently functioning at IPH

- | | | |
|--|--------------------|---|
| 1. | TRIDAL - | Schizophrenia rehabilitation for low functioning shubharthis. (Mon - Fri, daily 2-5) |
| 2. | CAREGIVERS - | Family members of Shubharthis
1st Saturday every month, 6 pm. |
| 3. | TRENDSETTERS - | High functioning persons managing Mental Health problems. 2nd Saturday every month, 6 pm. |
| 4. | UTTEJAN - | Epilepsy support group
1st Sunday every month, 4.30 pm. |
| 5. | SAHACHARI - | Caregivers (Spouse) of alcoholics
2nd Sunday every month, 10.30 am. |
| 6. | ALCOHOL Fighters - | Persons with alcohol addiction
2nd Sunday every month, 10.30 am. |
| (Both 5 and 6 are managed at IPH by Mukangan deaddication centre, Pune.) | | |
| 7. | ATKEPAAR - | Persons with stuttering, 4th Saturday every month - 4pm. |
| 8. | PERFECT GROUP - | OCD support group, 2nd Saturday every month - 4 pm. |
| 9. | LOC - | Parents of children with extreme behaviour problems (conduct / P.D.)
1st Sunday every month, 4 pm. |

For all enquiries, call IPH or visit the website.

important that you help the other person accept the outcome. Many times prolonging such sessions is due to your own guilt, bear in mind: **you are not responsible for their divorce.**

As Dr. Albert Ellis says, “The most difficult client is you yourself!”

So if your thoughts in front of such a client are muddled by berating yourself, it is going to interfere with your focusing on the session. Bring your self talk to ‘Yes, I am not happy with what is happening just now.’ There is nothing wrong in going back to the points you have already discussed with the client & try to reinforce that & explore about the present session afterwards with some other professional colleague.

- **Dr.Shubha Thatte** (Consulting Clinical Psychologist, Trustee, IPH)

Happiness does not come from doing easy work but from the afterglow of satisfaction that comes after the achievement of a difficult task that demanded our best.

- **Theodore Isaac Rubin**

CD / DVDs available at IPH

Name of CD	Language
1. Channel E - 10	English
2. संवादमाला	Marathi
3. अरे संताप संताप	Marathi
4. प्रभावी पालकत्व	Marathi
5. How to raise children	English
6. वेध २००७	Marathi
7. वेध २००८	Marathi
8. वेध २००९	Marathi
9. वेध औरंगाबाद २००९	Marathi
10. वेध औरंगाबाद २०१०	Marathi
11. वेध अहमदनगर २००९	Marathi
12. द्विज पुरस्कार २००८	Marathi
13. द्विज पुरस्कार २००९	Marathi
14. मनोविकार ते मनोविकास	Marathi
15. नव्या शतकाचे गाणे	Marathi
16. भावसमाधी	Marathi
17. द साँग ऑफ लाईफ	Marathi
18. रोज नवा दिवस	Marathi with English Subtiltes
19. वेध २०१०	Marathi
20. वेध २०११	Marathi
२१. गोल्डन हेरीटेज -१	Marathi
२२. गोल्डन हेरीटेज -२	Marathi
२३. गोल्डन हेरीटेज -३	Marathi

Know Thyself, Counselor!

Do you sometimes feel like you are reaching an abyss, my dear fellow counsellor?

You may be a very good, deeply empathic counselor, studied your 'text' very well & even worked for many years, but still sometimes you reach an unending road without an exit & when is that? What kind of clients are they? (After you introspect & explore your journey with them ...) They fall in various categories . Let's see which are those.

Sometimes you come across a client who seems very compliant, shows interest in therapy (not missing any session) but still the therapy does not progress at all, not that the client or his/her family complains but you get a gut feeling that the things are not moving. Is it possible that your arguments (many times Socratic dialogue) appeal to the client intellectually, which many times client has received from many well meaning relatives, but unless you touch the emotional chord it remains only 'intellectual masturbation' (Ellis's words). You may feel the client is educated, well read & cognitive focus will help here, but the more educated the client, more the need for emotional focus. Such clients may win in the arguments & you may land up feeling A has led to C. So change "your" focus.

Sometimes the client may be like the one above, but will evade the home work giving some excuse & you accept the 'impossibility' of the person to do the homework & proceed further. It is like teaching how to write an essay when the student can't identify alphabets. So instead of excusing the client, explore into the reasons for evasion, it may be feeling no need ('know all' attitude), it may be expecting change without 'too much of hassle'. So the need for homework & following up with homework are as important as a session.

Sometimes you get a feeling that the client sitting in front of you is 'elsewhere'; either due to pathology overpowering the present condition or highly distracted due to anxiety or upsetness. In the first possibility, you have to bring it to the notice of his treating psychiatrist, that client is not still amenable for therapy. In the second possibility, you have to use that behavior to explore his/her self talk at that time & use it in teaching disputation & showing which other thoughts will help concentrate on the session.

Sometimes client may be in the mode of just showing others, we (one of the two) have tried 'everything' (specially in Marital therapy), with a pre decided outcome in his/her mind. The other partner may be desperate to patch up. In such a case, it is necessary to empathically explore the reasons for such 'insulation' & confront the person with consequences; intellectual arguments will not work here. If one of them does not wish to change / work on the problem at any cost, it is

मैत्र जिवाचे

(Maitra our telephonic helpline functions due to the dedicated team of communicators. They attend our fortnightly training course cum interactive meeting. Since they have their own time allotted differently thru out the week, they usually communicate to each other via the message book. Here's an excerpt..... .. Editor)

मैत्रच्या संवादकांपुढे अनेक लोक आपल्या मनातल्या गोष्टी मोठ्या विश्वासानं सांगत असतात. कित्येकदा फक्त मन मोकळं करण्यासाठी पण मैत्रला फोन येत असतात. परंतु त्या संवादकाच्या मनांत काय चाललेलं असतं, एक संवादक म्हणून आणि एक व्यक्ती म्हणूनही त्या भावभावना जाणून घेण्याच्या दृष्टीने एका मैत्र संवादकाच्या डायरीमधली कांही पानं इथं उलगाडत आहोत.

जून २०००: मैत्रचं ट्रेनिंग, सीनीयर संवादकांबरोबर दोन केलेले आणि त्यांच्या उपस्थितीत घेतलेले कॉल्स यानंतर स्वतंत्रपणे कॉल घेण्याचा आजचा पहिला दिवस! एकीकडे प्रचंड उत्सुकता आहे तर दुसरीकडे तितकीच भीती पण वाटते आहे. एकदा वाटतं, आज नकोच यायला कॉल्स, तर दुसरीकडे फोनची रिंग कधी वाजते याची उत्कंठा! आपल्याला जमेल ना, नाही नीट घेता आला कॉल तर, आपल्याला माहीत नसलेल्या गोष्टींबद्दल विचारलं तर काय सांगायचं, आतापर्यंत कधीच अशा प्रकारचं काम केलं नाही... एक ना दोन, अनेक शंका! पण जवळ मैत्रच्या ट्रेनिंग मधल्या नोट्स आहेत, त्यातलं empathy, active listening, acceptance of emotions, flexibility, non labelling इ. गोष्टी तोंडपाठ झाल्या आहेत. पण प्रत्यक्षात आणता यायला हव्यात! आलाच वाटतं फोन, चला,, let me try 2 “हॅलो, नमस्कार, मैत्र हेल्ललाईन...”

हूशश! बऱ्यापैकी handle करता आला कॉल! बिच्चारी, किती त्रास होत असेल सासरी तिला, खूप वाईट वाटलं. पण आपण तिला नीट समजावलं, तिलाही बरं वाटलं असावं. शेवटी थॅक्स पण म्हणाली. कॉल लिहायला सुरुवात केली आणि डोक्यात लख्ख प्रकाश पडला. अरे, आपण तर तिच्याशी बोलण्याच्या नादात तिच्याबरोबर वहावतच गेलो की! आणि ट्रेनिंग मधील मुख्य सूत्र – You don't have to walk into the caller's shoes. You have to just imagine it. हेच विसरुन गेलो. पुढच्या वेळी नीट लक्षात ठेवलं पाहिजे.

मे २००२ : मैत्रचे refresher courses, trainings, monthly meetings आणि calls वरचे remark यातून बरंच कांही शिकायला मिळत आहे. हळूहळू आत्मविश्वास पण वाढतो आहे. चुका तर अजूनही होतातच, पण कोणी हसत नाही की नावं ठेवीत नाही. मैत्रच्या खुर्चीवर बसताना स्वतःच्या मनाला आठवण करुन द्यायची की आपण जरी संवादक असलो तरी बोलताना आपल्याला caller च्या level वर जाऊनच त्याला/तिला समजेल, पटेल, रुचेल अशाच पद्धतीनं बोलायचं आहे. मुख्य म्हणजे कॉलरचा प्रॉब्लेम आपण सोडवायचा नसून त्याला/तिला सोडवण्यात आपण फक्त मदत करणार आहोत. तो सोडवण्याची जबाबदारी आपली मानायची नाही. ही clarity आल्यामुळेच आपण तटस्थ राहू शकतो.

गेल्या आठवड्यातला कॉल तसाच होता. त्या कॉलरला ready-made solution हवं होतं. मी काय करु तुम्हीच सांगा, असं पुन्हां पुन्हां म्हणत होता. Job satisfaction नाही, बॉसचा त्रास इ.ला कंटाळून नोकरी सोडाविशी वाटत होती त्याला. त्या वेळी निर्णय कॉलरनेच घ्यायचा आहे, फक्त त्याचे बरे-वाईट परिणाम काय होतील याबद्दल बोलून त्याच्या पुढे असणारे पर्याय त्याला दाखवले. त्यांने कितीही विचारलं तरी आपण assertively (आश्वासक ठामपणे) त्याला आपलं मत देता येणार नाही असं सांगितलं आपल्याला assertive पण रहाता येऊ शकतं (जे आतांपर्यंत कधीच जमलं नव्हतं) या मुळं खूप बरं वाटलं!

ऑगस्ट २००४ : Voice modulation (आवाजाचा वापर) चं वर्कशॉप सुंदरच झालं. मैत्रसाठी तेच तर महत्वाचं आहे कारण इथं फक्त आवाजाच्याच मदतीनं आपल्याला आपलं काम करायच आहे. आपली सहभावना, आपलं understanding, कॉलरबरोबरचा आपला भावनिक सहप्रवास. त्याला/तिला दिलेला भावनिक आधार सगळं केवळ आवाजाच्या माध्यमातूनच तर व्यक्त होणार आहे. आपल्याला तर जास्तच प्रयत्न करावे लागतील. कारण जेव्हां कधी 'मैत्र' शब्दाचा चुकीचा अर्थ लावून काहींतरी फालतू कॉल्स करतात, नको ती वर्णनं करु लागतात, तेव्हां नकळतच आपला पण आवाज चढतो. त्यावर कंट्रोल ठेवायला शिकलं पाहिजे.

जानेवारी २००६: आपल्या मनामध्ये कांही पक्के समज, कांही निश्चित अंदाज, ठोकताळे असतात. उदा. सासू-सून संबंध, शिक्षकाची प्रतिमा, व्यसनाधीन लोक व त्यांचे कुटुंबीय, इ.इ.इ. त्या संदर्भातील कॉल आला की आपले हे समज डोकं वर काढतात. पण प्रयत्नपूर्वक त्यांना बाजूला ठेवता आलं पाहिजे. तरच आपण त्या कॉलरची समस्या व त्याचा/तिचा त्रास समजावून घेऊ शकतो व नंतर त्या संदर्भात मदत करु शकतो. गेल्याच आठवड्यात एका आईचा कॉल आला होता. तिच्या मुलीच्या वागण्याचा तिला असह्य त्रास होत होता. अशा वेळी तिच्या बोलण्यावरून तिची किंवा तिच्या मुलीची प्रतिमा (controlling v/s passive) होण्याची शक्यता होती. पण त्यावेळी आपले विचार, दृष्टिकोण बाजूला ठेवता आले म्हणूनच non judgemental भूमिका घेता आली.

जून २००८: काल दहावीचा रिझल्ट लागला. त्यामुळे सतत फोन येत होते. कांही चौकशीसाठी, तर कांही माहिती मिळवण्यासाठी. पण मार्क कमी मिळाले म्हणून एका मुलाला घरीच जावसं वाटत नव्हतं, जीव द्यावासा वाटत होता असा कॉल आला तेव्हा मात्र आपल्यालाच क्षणभर कां होईना पण खूप टेन्शन आलं. किती वेळ त्याला धीर देत होतो, आईवडिलांच्या प्रेमाची खात्री देत होतो, पुढचे वेगवेगळे पर्याय सुचवत होतो. शेवटी त्याचा stress कमी झाला खरा, पण आपण मात्र नंतर किती वेळ त्याच stress मध्ये राहिलो! आपल्या मनातून कांही केल्या त्या मुलाचा विचार जाईना. कसा असेल तो, काय केलं असेल त्यानं, घरी गेला असेल ना. कितीतरी दिवस हे विचार मनात येत होते. अशा वेळी compartmentalization कसं करायचं हे पण एक कसब आहे. मैत्रचा stress घरी न्यायचा नाही आणि घरातला stress मैत्र मध्ये आणायचा नाही हे जमायला हवं!

डिसेंबर २०१०: आतापर्यंतचं आपलं आयुष्य एखाद्या कोषातलं होतं. घराच्या चार भिंतींपलिकडचं जग, त्यातली सुख-दुखं:, त्यातले प्रॉब्लेम्स यांची कल्पनाच नव्हती. मैत्रला येईपर्यंत आपलेच प्रॉब्लेम्स मोठे वाढत होते. पण इथे आल्यावर बाहेरच्या जगातलं वास्तव जसंजसं समोर येत गेलं तसतसे एकीकडे शॉक्स बसत होते. तर दुसरीकडे flexibility (विचारातली लवचिकता) आणि acceptance (विनाअट स्विकार) वाढत होता. हे जीवन आहे आणि इथे केव्हांही, कांहीही होऊ शकतं हे बुद्धीला पटायला लागलं होतं. पण मन मानायला तयार नसायचं. अजूनही कधीकधी होत नाही. विशेषतः जेव्हां आपली नीतिमूल्यं, आपले संस्कार यांच्या विरुद्ध तात्पुरती का होईना पण भूमिका घ्यावी लागली तर नंतर त्याचा थोडा तरी त्रास होतोच. विवाहबाह्य संबंधांचे कॉल्स घेताना, प्रथम खूप राग यायचा, आश्चर्य पण वाटायचं. असाच एक कॉल अस्वस्थ करणारा एका १४-१५ वर्षांच्या मुलाचा होता. त्याला HIV बदल माहिती हवी होती. एकीकडे त्याला ती दिलीच पाहिजे हे पटत होतं पण दुसरीकडे आपण त्यांना परवाना तर देत नाही ना याची रुखरुख जाणवत होती. पण हळुहळु हा संभ्रम कमी होत होता.

मार्च २०११: गेले काहीं महिने आपला भावनिक आलेख काही जिवघेण्या परिस्थितीमुळे सतत वर खाली होत होता. कधी कॉलरच्या भूमिकेत गेलो कळलंच नाही. त्यावेळी मैत्र मधील मैत्रिणींना केलेले desperate calls, त्यांनी समजून घेऊन दिलेला response हे सर्व होतं म्हणूनच पार पडता आलं. पण लगेच स्वतःला आरोपीच्या पिंजऱ्यात उभं करुन सांगणं सोपं, स्वतःवर वेळ आली की काय जमलं, स्वतःला जे जमत नाही ते दुसऱ्यांना सांगायचा काय अधिकार आहे आपल्याला? इ.इ. आरोपांच्या फैरी माझ्या मनात झाडल्या गेल्या. पण मैत्रच्या एका कॉल खालची कॉमेंट वाचली जेव्हा आपण एखाद्या अनुभवातून जातो तेव्हां आपली empathy वाढते आणि सांगण्यातलं conviction पण वाढतं! – बस! डूबते को तिनके का सहारा मिल गया!

इतरांसाठी मैत्र, भावनिक प्रथमोपचार आहे, एक थंडगार झुळूक आहे. मनातलं कांहींही आणि सर्व कांही सांगण्याची, विश्वासाची जागा आहे. पण मैत्र संवादकासाठी मैत्र काय आहे-तर हे एक home away from home आहे, वेगवेगळ्या स्वभावाच्या मित्र-मैत्रिणींना जोडणारा फेव्हिकॉलपेक्षाही मजबूत असा जोड आहे आणि सर्वात महत्त्वाचं म्हणजे ही एक सतत चालणारी शिक्षण प्रक्रिया आहे.

मैत्र मध्ये सहभागी होताना जी उत्सुकता, हूरहूर, साशंकता होती ती एका वेगळ्या अर्थाने आज पण आहे. म्हणजे एक वर्तुळ पूर्ण झालं. पुन्हां मैत्रीचे training घ्यायला हवं! आणि परत पुन्हा ☺ ☺

- चित्रा देशमुख (मैत्र संवादक व आय.पी.अच्.समुपदेशक)

माझा प्रवास स्वप्नातून सत्याकडे

सगळ्यांनाच किती आनंद झाला होता माझ्या या एका निर्णयाने, सगळेच किती कौतुक करत होते. माझ्या सहकारी आनंदाने एकमेकींना सांगत होत्या अग ऐकलंस का? भारती B.L.I.S. करत्येय! त्यांचे ते प्रसन्न चेहरे पाहून मला इतकं छान वाटत होतं. आयू.पी.अेचू. स्वतःच्या जागेत shift झाल्यापासून मी इकडे Librarian, Housekeeping Incharge आणि Inhouse activity coordinator म्हणून काम करते आणि द्विज व वेध यांसारख्या कार्यक्रमांचे Event management ही सगळ्यांच्या मदतीने करते. डॉक्टरांनी किती विश्वास दाखवला होता माझ्यावर. पण काही लोकांना ते कधीकधी रुचायचे नाही आणि हे मला खूप खटकायचं. डॉक्टरांनी एकदा Administrative मीटिंगमध्ये प्रस्ताव मांडला होता की आमच्यापैकी कोणाला जर पुढे शिकायचं असेल तर आयू.पी.अेचू. त्यांना आर्थिक मदत करेल. मला हुरूप आला. मी पेपर्स वगैरे मधून University ची माहिती गोळा करायला लागले, तेवढ्यात सुलभाने मला Annamalai University ची माहिती सांगितली, आम्ही त्या विद्यापीठाच्या साईटवर जाऊन सगळी सविस्तर माहिती गोळा केली तिने मला असंही सांगितलं की आयू.पी.अेचू. च्या समुपदेशक सुरभीनेही याच युनिव्हर्सिटीतून एक कोर्स केला आहे. मुलुंडला या युनिव्हर्सिटीचं ऑफीस आहे असं समजलं. मी एक दिवस सकाळी सगळं आवरून मुलुंड स्टेशनवर उतरले आणि शोधाशोध करून कंटाळले. मग अरुण नाईकांना फोन करून बरोबर पत्ता घेतला. असा सगळा सव्यापसव्य करून शेवटी मी B.L.I.S. ला ॲडमिशन घेतली.

घर आणि ऑफिस सांभाळून नेहमी युनिव्हर्सिटीला फे-या मारणं, रात्री वेळ मिळेल तसा अभ्यास करणं, त्यातंच अवांतर वाचनाची ही आवड सांभाळणं अशी सगळी माझी सर्कस चालली होती. माझा मुलगा मला नेहमी म्हणायचा की, बघ हं आई तुला पास व्हायलाच पाहिजे, माझी आई नापास झालेली मला चालणार नाही. ते देखील मला एक ओझं होतं. मुलासमोर मला नापास होऊन मला चालणारं नव्हतं कारण तो त्याच्यासमोर चुकीचा आदर्श ठेवल्यासारखं झालं असतं.

परीक्षा जसजशी जवळ येत गेली तसं tension वाढत गेलं, पण मी तर मनात एवढंच ठरवलं होतं की मला डिग्री हवी आणि व्यवस्थित knowledge हवं मग दोन दोन विषय प्रत्येक वेळी clear झाले तरी चालेल, मी मनाची तेवढी तयारी ठेवलीच होती. आयू.पी.अेचू. मधील एक प्रशिक्षणार्थी सौ. केतकी रानडे यांनी सांगितल्याप्रमाणे मी इंटरनेट वरून प्रश्नपत्रिका मिळवल्या होत्या आणि तेवढाच अभ्यास मी केला, आणि आश्चर्य म्हणजे जसा मी अभ्यास करायला घेतला तसा तो मला सोपा वाटायला लागला. पेपरही सोपे गेले. मग मला आत्मविश्वास आला आणि वाटायला लागलं की अरे हे तर मला जमलं. आता राहिले होते ते प्रॅक्टिकलचे दोन पेपर आणि ते मला चेन्नईला जाऊन परीक्षा द्यायची होती. हृदयाची धाकधूक थोडी कमी झाली होती. मी असा विचार केला की थिअरी आपल्याला जमली, मग थोडी मेहनत घेतली तर प्रॅक्टिकलही जमेल. थिअरी पेपरच्या वेळी एक मैत्रिण मला भेटली होती; वैशाली तिचं नाव. मुंबई मधून आम्ही दोघीच या परिक्षेला बसलो होतो. तिने खूप initiative घेऊन मला मदत केली. आपण इकडे जाऊ तिकडे जाऊ, कोण मिळेल का शिकवणारं असं आम्ही

नेहमी बोलायचो. आमच्या थत्ते मॅडमची मुलगी मोनिका हिनेदेखील आम्हाला खूप मोठी मदत केली, तिच्या ओळखीने रुईयाच्या ग्रंथपाल सौ. विणा ठाकरे यांचा संपर्क झाला. स्वतःच्या busy schedule मधून वेळ काढून त्यांनी आम्हाला मोलाचं मार्गदर्शन केलं, तेव्हा कुठे आमचा जीव भांड्यात पडला. आधी माझी विचारसरणी अशी होती की दरवर्षी दोन दोन विषय clear करुया, पण आता वाटायला लागलं की अरे हे आपल्याला जमेल आणि एका वर्षातच सगळे विषय clear होतील. माझ्या सासूबाईंनी आणि पतीनेही खूप पाठिंबा दिला. त्यांचाही माझ्या या यशात मोलाचा सहभाग आहे. परिक्षेच्या वेळी मी फक्त अभ्यास केला, घरातल्या सगळ्या गोष्टी सासूबाईंनीच आपुलकीने निभावून नेल्या. चेन्नईला जाण्याचे reservation, सगळा खर्च, तिकडे गेल्यानंतरची सगळी राहण्याची, खाण्याची धावपळ माझ्या पतीने आनंदाने केली, माझ्यासाठी त्यांनी आठवडाभर सुट्टी घेतली की जी त्यांनी एवढ्या वर्षात कधीही घेतली नव्हती. चेन्नईला गेल्यानंतर असं कळलं की माझी assignment युनिव्हर्सिटीला मिळालीच नव्हती, मोट्टा घोळ! मी एकदम घाबरूनच गेले.

माझ्याकडे त्यांना courier मिळाल्याची पावती होती पण त्यांच्या एवढ्या मोठ्या कारभारात आता ते कुठे मिळणार होतं? मग मी शांतपणे विचार केला व फेरविचाराची विनंती केली, मग शेवटी त्यांनी मला ८ दिवसांची मुदत दिली, परत assignment लिहून पाठवायला सांगितली. परीक्षा नीट दिल्यानंतरही मला tension होतंच. येता जातानाचा ४ दिवसांचा प्रवास व अभ्यासाची व परीक्षेची धावपळ ह्या सगळ्याने मी पार थकून गेले होते.

पण नाही अजून assignment बाकी होतं; सकाळी ९ ते रात्री ८ असे सलग दोन दिवस मी अखंडपणे assignment लिहून काढलं, माझा उजवा हात ठणकायला लागला पण एकदाच ते कुरियर केल्यानंतर मला हायसं वाटलं. दोन महिन्यांनी निकाल लागला आणि तो पॉजिटिव्ह लागला! मी इतकी खुश झाले! जिकडे पहिल्यांदा मी दोन विषय तरी सुटतील की नाही या विचंचनेत होते तिकडे पहिल्याच फटक्यात उत्तीर्ण झाले होते. सगळ्यांनाच खूप आनंद झाला. कित्येकांनी मला प्रोत्साहित करण्यासाठी मला भेटवस्तू दिल्या, कारण त्यांनी माझा गेल्या १० वर्षांतला खडतर प्रवास प्रत्यक्ष पाहिला होता. बापट मॅडम, कामत आजी, डॉ. सविता यांनी खास कौतुक केले. मी B.L.I.S. करण्यामागचा उद्देश फक्त हा होता की मला Official Librarian व्हायचं होतं पण Admission ते Full Pass या सगळ्या प्रवासात मला B.L.I.S. ही एक महत्त्वाची पदवी आहे हे कळलं. माझ्या आय.पी.अेच्. मधल्या सहका-यांनी दिलेल्या प्रोत्साहनामुळे मी आता यापुढील पदवी म्हणजे M.L.I.S. साठीही I.G.N.O.U. मधून अॅडमिशन घेतली आहे. या सगळ्यामुळे माझा आत्मविश्वास खूप वाढला आहे आणि इतक्या वर्षात माझा हरवलेला स्वाभिमानही मला परत मिळाला आहे. किती सुंदर असतं हे जग जेव्हा आपण चांगले असतो! किती सुंदर असतं हे जग जेव्हा आपण शून्यातून काहीतरी निर्माण केलेलं असतं, आणि किती सुंदर असतात ती माणसं जी 'काहीही नाही' अशा माणसाला "सर्व काही" मध्ये बदलून टाकतात! असंच आहे आमचं आय.पी.अेच्. आणि इथली माणसं. इतरांपेक्षा वेगळी आणि सदैव सगळ्यांना मदत करण्यासाठी तत्पर. जगात राहूनही त्याच्या खोटेपणापासून अलिप्त. So three cheers to me and my I.P.H!

- सौ. भारती सावंत. (लायब्रेरीयन, हाउसकिपींग इनचार्ज, इनहाऊस अॅक्टिव्हिटी कोऑर्डिनेटर)

In the Lions' Den

Gir is the only place in the world where you can see the Asiatic lion. Gir was part of the hunting grounds of the Nawab of Junagadh. It is said that in the 1900's he had invited Lord Curzon for a hunting expedition. Lord Curzon impressed upon the Nawab, the idea of protecting the Lions instead of hunting them and the Nawab took this to heart. Since then, the lions have been well protected and today there are over 400 lions in a park of approximately 1150 sq kms.

I have always wanted to see lions, so in May 2011 when we had a small window of opportunity, I decided to go to the Gir National Park. Gir is about 160 kms from Rajkot airport. When we think of lions, we think of the African safaris. We think of rolling grasslands where you can see for miles on end. But Gir is not like that. It is a semi-deciduous forest interspersed with acacia, scrub jungle, some grasslands and hills. The forest is quite thick and you can't see too far into the jungle, so seeing a lion is as much a matter of luck as seeing a tiger in the wild!

On the first morning, we left nice and early for the forest in some open top gypsies. In Gir, you have to take a permit each day and the route for the day is assigned to you and you can't really deviate from this route. We were assigned route number 5 and a lion pair had been sighted on the same route the earlier day so we are quite excited. The first thing we saw in the forest was a thick-knee. Thereafter, we kept our eyes peeled and saw many birds like the yellow footed green pigeon, white breasted kingfisher, woodpeckers, peacocks, a short-toed snake eagle and even some Pittas. Pittas are small and colorful birds that breed in the Himalayas and winter in south India so you can see them in Maharashtra and Gujarat only when they are migrating from North India to South India. Towards the end of our round, we still had not seen a single lion and were getting a bit depressed when a passing jeep told us about two lions on our route. We rushed there but the lions (a male and a female) had gone and sat about 30 mtrs inside the jungle and only the tail and legs were visible. Then incredibly, the male lion walked out onto the road and gave a display of territory marking! It was amazing.

We came back at around 9.30am and had a sumptuous breakfast in our resort (Lion Safari Camp). This is a beautiful camp which has well appointed tented accommodation and is right on the river. You can sit in the gardens and watch the activity on the river. Crocodiles, kingfishers, egrets etc are very commonly seen here. Post lunch, we went for another safari. Once again, we didn't see any lion for quite some time but saw very many birds on route, including oriental honey buzzard, lapwing chicks and spotted owlets. Once again, towards the end of our ride, we got word of a full grown male lion sitting right by the road. We rushed there and sure enough, a huge male lion was sitting right by the road at our eye level. He was practically modeling for us, sitting there patiently, looking here and there, then yawning. However, we weren't allowed to stay for long and after too brief a time, had to be on our way.

Next morning dawned nice and bright. We once again saw a nice big male, crossing the road in front of us. The guide of another jeep informed us that another 2 females were on another fork of the road which we could see branching off to our right. But since we weren't assigned that route, our guide refused to take us there and we couldn't see those other lions. The guides and forest officials are doing a marvelous job of protecting the forest and are quite strict about following rules and guidelines. This is actually a good thing. In many other forests in India, once a tiger has been spotted, all the gypsies make a mad rush towards it, often disturbing the tiger. It doesn't happen in Gir. Even the drivers are calm and collected and ensure that everyone gets a good sighting in turn and no one is disappointed.

In the evening, we once again saw a lioness with a young cub. The lioness crossed our path first and went up on a hillock to our left. The cub came out shortly from the right and sat down on the road looking at us curiously. A gruff call from the lioness however made him move again and he too went and joined his mother on the hillock. While going back to the resort, we came across a family of wild-dogs with many cubs.

The next day was our last ride. We were all quite content and happy to have seen 5 lions in 4 rides. Just as we got into the jungle, we saw not one or two but four more lions (1 lion, 3 lionesses)! One of the lionesses passed a scant 5 feet from our jeep. I had by then stopped shooting. The guide was urging me to take photos, but I said that I would rather see the lion with my own eyes; *they were so close !!!!*.

That's the effect that nature up close and wild often has on you. It leaves you mesmerized and lost in its grandeur and even the temptation of capturing a once in a lifetime image on camera pales before experiencing it with purely your senses.....

- **Girish Vaze** (Industrialist; Wild life photographer and enthusiast)

We may pass violets looking for roses. We may pass contentment looking for victory.

- **Bern Williams**

'WHERE GIGGLES DARE'

People know me as a very serious, focused person. I dare say I am even seen as an “intellectual” in some circles. It would therefore shock many, and surprise many more, to know how risible I was, and am, and the number of times I have been in trouble for this in school and at home.

My father is by and large a tolerant man, but he too has had to “send me away from the dinner table” to “finish laughing in private” during my childhood years. In school my friend Preeti and I were constantly “setting each other off” and dissolving into helpless laughter, although it never seemed as funny if we tried to tell others.

There was the time when I absently tucked my fountain pen lid into my sock as I struggled with math problems, and looked for it all day as the pen kept leaking and creating inky messes, until Preeti suddenly caught sight of it as we stood lined up neatly on stage for choir practice in our prim uniforms and knee length white socks.

Or the time when we carried a cake to our teacher who was convalescing, and she cut and served it to us thinking her mother kindly bought it in anticipation of the student-‘get-well’-visit!

Or the time when in a family wedding, we girls whacked some bedding from the boys’ dorm to ensure our comfort, and the boys thought the bride’s uncle stole it, and gossiped about “such cheap behavior” for days afterwards.

Does laughter help? Of course it does. Other than releasing a lot of endorphins and boosting immunity, as biologists will tell us, it also opens doors in the psychotherapy process, builds friendships and provides warm memories to tide us through long, cold humorless days.

It brings happy times flooding back, refreshes old bonds, even builds trust, since it is hard to suspect someone with whom you have shared a few good belly laughs. It transcends language, helps fight cancer, lifts depression and allays anxieties. The most important thing, however, is not to lose practice!

- **Dr. Anuradha Sovani** (Clinical Psychologist, Trustee, IPH)

I am probably the most selfish man you will ever meet in your life. No one gets the satisfaction or the joy that I get out of seeing kids realize there is hope.

- **Jerry Lewis**

“वेध”चे वेध

(VEDH-Career Guidance workshop has been our annual conference for many years. It's held not just in Thane city but all over the country. The event needs meticulous planning and coordination. To learn more about all its detailed organization and execution, a workshop was held in IPH. Here is a write up by one of it's participants Editor)

‘वेध’ म्हणजेच व्होकेशनल एज्युकेशन डायरेक्शन अँड हार्मनी (VEDH), एक सामाजिक चळवळ, कुमारवयीन मुलांसाठी चालवलेली, डॉ.आनंद नाडकर्णी व आय.पी.अेचू.ची टीम गेली एकोणीस वर्षे हे व्यवसाय मार्गदर्शन शिबिर आयोजित करत आहेत.

वेध हा आय.पी.अेचू.च्या अनेक उपक्रमांपैकी एक, पण अतिशय लोकप्रिय झालेला ब्रँड आहे. फक्त ठाणे, मुंबईतूनच नाही, तर महाराष्ट्रातील गावा-शहरातून विद्यार्थी, पालक दरवर्षी या सेमिनारसाठी आवर्जून येतात. डिसेंबर मधील दुसऱ्या शनिवार-रविवारची सगळेच आतुरतेने वाट बघतात. दहावी-बारावीच विद्यार्थीच नाही तर अनेक वर्षे ‘वेध’ attent करणारे अनेकजण आपल्या पुढील आयुष्यासाठी अनुभवांचा शिदोरी बांधून घेत असतात.

व्यवसाय मार्गदर्शन ह्या हेतूने सादर केलेली ही चळवळ लवकरच अधिक व्यापक स्वरूप घेऊ लागली. समाजामध्ये हरवत चाललेली संवेदनक्षमता व जीवनमूल्ये मुलांमध्ये रुजवण्याचे महत्त्वपूर्ण काम ही परिषद करते. विविध क्षेत्रांमध्ये कार्यरत असणाऱ्या व यशस्वी झालेल्या सन्माननीय व्यक्ती इथे faculty म्हणून आमंत्रित केल्या जातात. विविध सेशनस मधून ते आपल्या क्षेत्राबद्दल, यश मिळविण्याकरिता घेतल्या गेलेल्या कष्टांबद्दल, आपल्या मूल्यांबद्दल, मनमोकळ्या गप्पा मारतात. मात्र या गप्पांमध्ये “शिकवण्याचा” सल्ला देण्याचा कोणताही अभिनिवेश नसतो. म्हणूनच कदाचित ही सेशनस विद्यार्थी व पालकांमध्ये खूप लोकप्रिय होतात. हीच असते वेधची जादू!

दरवर्षी आयोजित केल्या जाणाऱ्या वेध मागे असणारे ‘अथक परिश्रम’ व 'perfect planning' आम्हाला नुकतेच अनुभवायला मिळाले. निमित्त होते वेध आयोजित करण्यासंबंधीच्या कार्यशाळेचे. महाराष्ट्राच्या विविध शहरातून प्रतिनिधी या कार्यशाळेसाठी आले होते. वेधची चळवळ महाराष्ट्रातील विविध शहरा-गावातून सुद्धा सुरू झाली पाहीजे ही उभयपक्षी इच्छा या वर्कशॉपमागे होती. आय.पी.अेचू.च्या कार्याबद्दल व वेधबद्दल पुरेशी माहिती सर्वांनाच होती. त्यामुळेच कार्यशाळेची सुरवात अतिशय अनौपचारिक पद्धतीन झाली. त्यातच डॉक्टरांच्या सहज सुंदर संवादशैलीने सर्वांनाच खिळवून ठेवले. Audio-Visuals व Power-point presentation सारख्या आधुनिक तंत्रज्ञानाचा वापर हे सुद्धा या वर्कशॉपचे वैशिष्ट्य म्हणावे लागेल. कामातील सातत्य, मनापासून चांगले देण्याची तळमळ व ह्या latest techniques चा वापर या सर्वांचा सुंदर मेळ हे वेधच्या यशाचे महत्त्वपूर्ण कारण आहे हे जाणवले. शैक्षणिक उपक्रमासारखा कठीण व बहुतांश वेळेला रुक्ष वाटणारा विषय सुद्धा आजच्या टीनएजर्सना आकर्षित करू शकतो हे ‘वेध’ ने सप्रमाण सिद्ध केले आहे.

कार्यशाळेच्या पहिल्या दिवसाची सुरुवात Event Management and Designing या विषयाने झाली. Corporate work culture for social cause हे IPH तत्व असल्याचे डॉक्टरांनी मुद्दाम नमूद केले. प्रत्येक कार्यक्रमाचे Macro level पासून Micro level पर्यंतचे planning कसे करावे याचे सविस्तर, मुद्देसूद वर्णन डॉक्टरांनी केले. Delegation of work, visualisation process व documentation चे महत्त्व faculties पासून ते volunteers पर्यंत सर्वांशी ठेवावे लागणारे communication, publicity साठीचे प्रयत्न या गोष्टी कार्यक्रमाच्या यशाच्या दृष्टीने कशा महत्त्वाच्या आहेत हे उदाहरणासकट सांगितल्यामुळे सहज समजल्या व कायमच्या मनावर ठसल्या. ह्या सर्व मुद्द्यांच्या सविस्तर नोट्स सर्वांसाठी उपलब्ध होत्या. We have no copyright for anything, you can copy anything you want या वरकरणी विनोद वाटणाऱ्या वाक्यातून खरेतर डॉक्टरांचे मोठे व निर्मळ मन दिसून येते.

टेक्निकल टीम मधील सचिन, किंवा कोअर टीममधील कुलदीप दाते, अॅडमिन विभागातील दीपा किंवा समन्वयक सुलभा सुब्रमण्यम्, आय.पी. अेच्.मधील काहीजण वर्कशॉप दरम्यान वेळोवेळी आपले अनुभव, मुद्दे आमच्याबरोबर शेअर करत होते. ह्या सर्वांच्या आमच्याशी, एकमेकांशी व डॉक्टरांशी वागण्या बोलण्यात एक वेगळीच सहजता जाणवत होती. संस्थेमध्ये असणाऱ्या वरिष्ठ कनिष्ठतेच्या औपचारिक कल्पना इथे नसल्याचे प्रकर्षाने जाणवले. हा वेगळेपणा, मोकळेपणा मला खूपच भावला.

दुसरा दिवस हा जास्त उत्कंठावर्धक असणार होता. कारण ह्या दिवशी अभ्यासासाठी प्रत्यक्ष वेध मधील मुलाखतींचे क्विडिओ क्लिपींग आम्हाला मुद्दाम दाखविले जाणार होते. ह्यामुळे प्रत्यक्षात हे सेशनस खूपच रंगतदार झाले. Faculty ची निवड, थीमनुसार त्यांना विचारले जाणारे प्रश्न तयार करणे, प्रत्यक्ष कार्यक्रमाअगोदर त्याच्याशी केली जाणारी अनौपचारिक चर्चा हे सर्व मुद्दे आज सांगण्यात आले. मुलाखतीच्या आलेख सतत चढता रहावा यासाठी मुलाखतकाराने करायचे प्रयत्न, थीमप्रमाणे पाहण्यांना बोलते करण्याचे कसब महत्त्वाचे असल्याचे डॉक्टरांनी मुद्दाम सांगितले. आज त्यांच्याबरोबर co-anchoring करणारे श्री. रवींद्र मांजरेकर हेही interviewing techniques बदल आम्हाला सांगत होते. अतिशय सहज, फुलत जाणाऱ्या मुलाखती आणि डॉक्टरांचे खुमासदार शैलीतील निवेदनाने पार्श्वभूमी बहरत गेली. ह्यामुळे आम्ही जणू क्षणात आनंद, क्षणांत दुःख, क्षणात देशप्रेम, तर क्षणात विफलता या भावना तरंगामध्ये तरंगत होतो.

कार्यशाळेचा शेवट प्रश्नोत्तराने, मनोगताने झाला. प्रत्येकाच्या बोलण्यात डॉक्टरांबद्दल असलेला आदर, वेध आयोजना संबंधीची उत्कंठा व सर्वांशी संपर्कात राहून एकमेकांना लागेल ती मदत करण्याची तयारी दिसत होती.

डॉक्टरांच्या विचारांनी प्रेरित होऊन परतलेल्या आम्हाला आता वेध लागले आहेत - 'वेध पुण्याचे!' आम्हाला खात्री आहे की चोखंदळ पुणेकर या अभिनव उपक्रमाचे उस्फूर्त स्वागत करतील.

- सौ. विदुला लिमये (आय.पी. अेच्. स्नेही व वेध कार्यशाळेत सहभागी)

Sanyojan

The beginning of every year in IPH means the excitement of “Sanyojan”. IPH gives its members various community mental health projects or events to manage and on the Sanyojan day, each team presents the plan of their project or event to all others. There are many interesting and innovative presentations every year.

Six psychiatrists, more than seventy counseling psychologists and thirty to forty administrative staff working from 9 to 9 at their convenience, but still the commitment is 100%. So often we fall short in time to know each other and what everyone is doing with their projects. There are only ‘hi’s and ‘hello’s on the ninth, tenth and eleventh floors with a pleasant and refreshing smile on everyone’s face. The atmosphere is very positive and energetic.

This year the chief guests for Sanyojan were Sada Dumre (a former journalist), one of the trustees at Muktangan Deaddiction Centre, Pune, with his wife who is a teacher of psychiatric nursing; and Shyamala Vanarase a senior psychologist. The event was also attended by Atul Kulkarni from Lokmat and Mr. Arvind Hate (Artist, friend of IPH).

The program started with Dr. Nadkarni’s presentation about a promising project “Manas Parisar” a residential mental health unit near Shahapur. Dr. Nadkarni elaborated on the progress. Satish Bapat also shared about the various nittygritties of the project as he is one of the coordinators for Manas Parisar.

First presentation was given by Dr. Anagha Vaze and Shruti about the OPD statistics, wherein an overall growth was seen in every area of work. Avahan, an audio visual unit at IPH, presented on how they are now fully equipped for “in house” production from shooting to release. Aakalan, a learning cell at IPH, now has Mumbai university MD and DPM students as interneees.

A new feather in the cap is Spandan a magazine which is also as good as a parenting guide. A lot of technical people associated with IPH are writing regularly for it. It is published by Spandan communications private Ltd. along with IPH. Elegance is working in the corporate field. Now they are redesigning their programme for better service. Tridal is an activity where shubharthis and shubhankars work for their own development. This year they had a record break sale of their products i.e. around 9 lacs. Our occupational therapists explained how this therapy is a creative blend of art and science. This was a new thought for all. Mission Excellence an activity for sports persons gave an interesting presentation with an overview of their national and international players going ahead on their journey.

Communicosphere an interesting name for our speech therapy section. This presentation was given by Ms. Pallavi Sovani. There was a presentation by Remediation and LD therapists too. Some of the psychologists have designed an aptitude test (career choice awareness and guidance) for a project with MKCL. IPH is also working with elite commandos for managing their emotions and taking decisions, after 26/11. Coming to the end, we had a presentation by Dr. Shubha Thatte about Vedh – a career guidance program. This year we will be celebrating 20th year of vedh for which we have lots and lots of plans.

Last but not the least, where Kavitagauri our Clinical Psychologist put forth an idea for giving a more developmental perspective of looking at “Language”.

Lastly the chief guests gave their valuable inputs to us. According to Shri. Sada Dumre, Sanyojan was a very interesting activity. He explained how the careers are changing in a big way and why we need to change ourselves accordingly. Madam Shyamala Vanarase appreciated IPH's activities as according to her IPH is a good blend of professionalism and activism. A good show of creative and systematic energy too. It is giving a new dimension to the definition of “health”. She expressed her views on why our goals should be clear where the numbers should not matter, but the process is very important.

The day ended in the evening on an upbeat note with such valuable comments. It brought us a feeling of happiness and contentment. The day of innovative ideas ended with a surge of excitement, energy and enthusiasm for the next one to come.

- **Dr. Shubhangi Datar** (Mission Excellence Coordinator)

I can't say I want to earn a particular award or sell a certain number of records, because even if I do that, the satisfaction only lasts five minutes.

- **Chantal Kreviazuk**

Happiness includes chiefly the idea of satisfaction after full honest effort. No one can possibly be satisfied and no one can be happy who feels that in some paramount affairs he failed to take up the challenge of life.

- **Arnold Bennett**

Eternal Sunshine of the Spotted Mind

Its been long since I wrote for Manas, and longer (or may be the first time?) since I was given a carte blanche – “Write what you like . . .” So its been days since I’ve been sitting with the freedom to write but either with no time or more often, with no muse . . . till now . . .

Looking at the news media in the past few days has been an interesting experience – a nation suddenly seems to have been united by a cause other than cricket or enmity with a neighbour – and it seems like the inspiration has cut across lines which again deemed to be rare for us Indians. And what seems to be inspiring them is one man’s fight (can we call it fight? It is rather non-violent) for something which purports to change a reality all of us have lived with, ‘corruption’, perhaps since the birth of our nation.

Of course there are skeptics about what could a new law do about a problem so old. Listening to a mix of them – including some respected intellectuals and also a rickshaw walla set the ball rolling for me – why are we corrupt and why do we support it? There has to be a psychological angle to the phenomenon. And so here is what I came up with. A loose (perhaps rambling) mix of hypotheses . . . According to the dictionary, corruption means several things – but basically it is a deviation from the correct. When we usually talk about it, we typically refer to the phenomena occurring in positions of authority- right from the cop on the street to the minister or babu in the center.

While pondering over where it comes from, I started thinking about our beliefs about law and the legal system- the ideas about how laws should be and how the legal system should implement them. And perhaps therein lies the answer to why those in authority are corrupt, perhaps because most of us are corrupt! Most of us prefer to deviate from “what is right” when it comes to law. Perhaps for many of us, law is something which is bendable when I need it to, and so that I am left scot free, I pay the “price”- a bribe. But when it comes rules/laws and others, then they should epitomize followers of law.

There seems to be another layer to this – a layer of denial. If you ask a random man on the street, “Are you corrupt?”, he is very likely to instantly say ‘No’ - and that too very confidently. When you ask specific and pointed questions like for example, ‘Have you never bribed a traffic cop, or have you never listened to pirated music, or have you at all times waited at a red light at 12 in the night’, then the answer is ‘No’, but we have a equally instantaneous list of excuses for why we did it behind which we hide . . . so it’s always, “Not me, but they” and everyone says that.

Another blanket excuse we tend to hide behind is that when we live in a corrupt world, we need to do the same to survive. Is survival really at stake? Or is it a convenient excuse we give to ourselves?

While thinking about all this, another factor that repeatedly comes to my mind is, to what extent do we instill a belief in the minds of our children that “Rules and laws are there to be followed and not to be bent or broken”? Moral Science and Civics are subjects we study to get marks and forget afterwards. Parents may say one thing but behave otherwise. There may be parents who “walk the talk” but perhaps fall short in answering “Why is the larger world different from you guys and how do I deal with that world where corruption seems to be a norm?”

We, to add to that, are of a culture of “persuaders” and “adjusters.” The famous examples of this – “chalta Hai!”, “Thoda adjust kariyo”, “Thoda koshish karo na . . . ho jayega!” . . . and so on. Aren’t all these breeders of “deviation from the right” ???

Now comes the question – a very skeptical one . . . “Unless we do something about this, what can one man and his law do?” We may say it is a beginning, but what if the inspired phase ebbs down after that? Then the beginning may be the end.

- **Kuldeep Datay** (Clinical Psychologist)



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Coordinating Project Aakalan . . . The Experience

Working as a program coordinator of a learning cell in an NGO, which is multidisciplinary in its approach, brings forth a plethora of experiences. It has made me come in contact with a number of interesting people from various fields and different walks of life. Many a times, just listening to them sharing their domain knowledge, or taking us through their life's journeys, has been truly enriching for me. Coordinating a program is never a one-man (and in this case, one-woman) show, and it is only befitting here, that I acknowledge the assistance of IPH's non-clinical staff, right from setting up infrastructural necessities to menu planning. Ms. Roopa More assists me with all secretarial help and her meticulous work results in making my work really smooth!

Aakalan, the learning cell for IPH, was launched in October, 2007. Aakalan focuses on training and teaching, using various tools and modalities for skill set enhancement. Aakalan conducts workshops, certificate courses and different programs for promoting mental health awareness. Through 2007 to 2011, a number of programs were envisaged and planned with effort and meticulousness. Many of these ventures have materialized into successful workshops, and have even become a recurrent occurrence every year. There have been many guest speakers, but I would like to take this opportunity to acknowledge and thank all IPH in-house resource persons who have always and readily agreed to contribute to the Aakalan programs. This experience has been very gratifying!

Nevertheless, there has also been disappointment at times. Though programs are planned well in advance, it is not always certain that they will take shape. I suppose that this experience is what all program coordinators go through, but it can be disheartening! Aakalan training programs are tagged with a course fee, and therefore it requires a minimum number of participants for the program to be cost-effective. In the event of not getting the minimum number of registrations, the program stands cancelled, or at the most, postponed, and Ms Roopa informs those already registered, accordingly. Course fee collection is done only after the required number is reached. When registering, the participant has to make a commitment to attending the program, and is also given information about the likelihood of program cancellation in case it does not meet its prerequisites. Interestingly, it is generally at the end of an enriching experience, and the 'wow' feeling is still fresh, that the participants clamor for an 'encore' or 'wanting to know about the next program'. Earlier on, in my enthusiasm I would start almost immediately planning and preparing for the next workshop, anticipating that most of the earlier eager participants will register. I soon found out that this may not always be the case, and that was quite disappointing! As a coordinator, the situation can become a little tricky if external resource persons are our guest speakers. Getting a busy professional to block a calendar date and time, and subsequently informing him/her of the program cancellation, was certainly not something I enjoyed doing. I learnt it by trial and error. I now

have a list of guest faculty (more than one for every subject), collected over four years and also know how to time “inviting them” them for the impending program! Besides, in a problematic scenario, I have the IPH team to fall back on!!

The Aakalan training program time schedules vary from one-day (6 hour) workshops and weekend trainings to a certificate course offering 100 hours of learning. In a number of instances, relationships have been formed with the participants, going beyond the ‘classroom take-home’ message. The participants come back to visit IPH to enquire about other programs, or bring somebody for psychiatric consultation, or just to say ‘hello’. Since all the participants are on the mailing list, they are also informed about the rest of the Aakalan programs.

All in all, being part of the IPH team and being a program coordinator for Aakalan, has been a gratifying and fulfilling experience for me. In my work, I need to coordinate with both the clinical as well as the non-clinical staff. I spend quite some time in the admin office along with Roopa, preparing program schedules or answering emails, and during this time, get to listen to tidbits of office chat, and partake in the sharing about various ‘nuggets’ of life. The ‘atmosphere of togetherness’ is quite palpable among the clinical and nonclinical team members and plays a major role in contributing to the “IPH family”. Moreover, apart from my Aakalan work, there is also various other interesting ‘learning’ taking place and the whole atmosphere is stimulating and magnetic. I enjoy my work, I look forward to my IPH days and treat my association with IPH as a stress-buster!

- Dr Geeta Joshi, (Program Coordinator, Aakalan – The Learning Cell for IPH)

I don't believe in failure. It is not failure if you enjoyed the process. - **Oprah Winfrey**

I don't think you ever stop giving. I really don't. I think it's an on-going process. And it's not just about being able to write a check. It's being able to touch somebody's life.

- **Oprah Winfrey**

Silver Lining

The much admired youth icon of the 1960s died recently. I was amazed when I read all the tributes to this aged ex-movie star. Amazed because of the kind of respect that his colleagues, today's young Bollywood stars and his fans, all spoke with, though he had been absent from the public eye for many decades. Even more amazed because they also spoke about his aging years as much as his youth!

I gleaned the picture of a man who lived with grace, dignity and just as much zest in his 'retirement' years as in his heydays....of a man who was content and satisfied with life, even when ailing in his last years.

This led me to thinking about the oft common gloomy picture of 'Aging'. And I looked around to see if that is truly what I see around me and found a very contrary picture!

My parents both 67 are an example closest to home and I realize that their active lives always make me forget that they qualify as 'senior citizens' and quite happily use this status. My mother retired at 58 to take over a new job – that of a grandmother. She decidedly gave up her Medical career of over 30 years as an Anaesthetist and was happily employed in looking after my son while continuing her role managing my parents' hospital. For the first time since her youth, she now had time to engage in artistic pursuits that she used to love. So she's spent 3 years learning to paint water colours from a teacher young enough to be her granddaughter! She seems to have this childlike glee at learning to make complicated paper-craft and is ever-ready to give someone a hand in improving their needlework.

My father however is busier as a surgeon & a teacher. But in view of the time when his age & health may not allow him to continue, he has, in the last 10 years, pursued his love of music & poetry writing. From doing a university course in Music composition with a batch of young classmates, to continuing to upgrade his knowledge & skills on his own, he manages to extract 26-27 hours from a normal day!

Both have their share of chronic health disorders, but with due care and regular management, they plan a long trip every year with their even older siblings. This travel-bug has bitten them in their 60s & seems likely a chronic condition too! The rate at which they devour different countries, they soon will have travelled the entire globe!

Another aunt, a widow now in her 70s, persuaded to reluctantly accompany her granddaughter on a trip, astonished us by announcing on her return, that she actually, of her own accord, went parasailing!

Then take the case of a friend's mother-in-law. A busy contented home-maker in her late 60s, she felt a huge void after the sudden death of her husband. Now she is a proud student, in her 2nd year of pursuing a graduate degree that she'd never had the chance at in her youth!

When I think of these examples in front of me, I realize that there are many many more such individuals in their 'twilight' years, who live life even more fruitfully than us in our 30s & 40s! Having lived often a hard life devoted to work and family, they now take the chance to live lives for themselves – and live it king-size. There are of course those who unfortunately have to battle daily with physical & mental disabilities that come with age. But in the absence of this, there is no reason for 'living' to end before 'life' does.

I love the TV advertisement for Metlife, where the little grandson catches his sari-clad grandmother doing a dance number to Shammi Kapoor's song '*aaja aaja main hoon pyar tera*' in front of the bemused grandfather, and blackmails her for treats!! That grandmother, in the different roles of an elder of the family, a responsible homemaker, a health conscious individual, and a woman romancing her husband, could well be the face of senior citizens today.....

-Dr. Anagha Vaze (Consulting Psychiatrist)

We enjoy the process far more than the proceeds.

- Warren Buffett

After all these years, I am still involved in the process of self-discovery. It's better to explore life and make mistakes than to play it safe. Mistakes are part of the dues one pays for a full life.

-Sophia Loren

सुरेल संवाद

सुदृढमन सर्वांसाठी हे ब्रीदवाक्य असलेल्या आमच्या आय.पी.अेच.संस्थेचा वीसावा वर्धापनदिन यंदा सहयोग मंदीरात १९ जून २०११ रोजी संपन्न झाला.

मैत्र, मनोविकास, जिज्ञासा आणि त्रिदल अशा संस्थेच्या अनेक उपक्रमांपैकी असणाऱ्या चार उपक्रमांमध्ये स्वयंस्फूर्तीने काम करणाऱ्या स्वयंसेवकांचा हा कौतुक सोहळाच असतो. कौतुक करताना बौद्धिक मनोरंजनाची मेजवानीही याप्रसंगी उपस्थितांना मिळत असते. या वर्षी 'संवाद' या कल्पनेवर आधारीत कार्यक्रमात अनेक नामवंतांनी आपापल्या क्षेत्रात संवाद साधत आपली प्रगती कशी केली याचा अनुभव उत्तम प्रकारे कथन केला. यात प्रेक्षकांचे मनोरंजन तर झालेच पण प्रबोधनही झाले.

या नामवंतांमध्ये 'इंडिको रेमेडीज' च्या H.R. प्रमुख श्रीमती अदिती पाणंदीकर, गंमतशाळा फेम श्री. राजीव तांबे, सुप्रसिद्ध निवेदीका श्रीमती धनश्री लेले आणि जिद्द शाळेच्या संगीत शिक्षिका श्रीमती ऐश्वर्या क्षीरसागर तर आय.पी.अेच.चे प्रसिद्ध मनोविकारतज्ञ डॉ.कमलजीत सिंग यांनी आपले गमतीशीर अनुभव कथन केले. या सर्वांना बोलत केल होत आमच्याच संस्थेतील डॉ.दीपिका दाबके आणि डॉ.शुभांगी दातार यांनी. कठीण प्रसंगातही आपलं ध्येय निश्चित करून सहनशील राहण्याच कसब, मुलांची मानसिकता जाणण्याची हातोटी, प्रेक्षकांचा कल बघून प्रसंगावधान राखणे, विनोदवृत्ती जागृत ठेवणे, विकलांग मुलांशी हळूवार संवाद साधणे आणि अशा अनेक गोष्टी किती अवघड असूनही आपलं मन सुदृढअसेल तर त्यावर मात करणं किती सहज होतं, याचा प्रत्यय ही रंगलेली चर्चा ऐकतांना उपस्थितांना आला. मनोविकारतज्ञ म्हणून अत्यंत अवघड असलेलं काम डॉ.कमलजीत यांच्या शैलीत ऐकताना किती सोप आहे अस वाटायला लागत.

प्रामुख्याने 'संवाद' ह्या शब्दाची जी फोड कार्यक्रमाच्या नावात गुंफली होती ती होती: संयम, वास्तव, दखल; म्हणजेच योग्य व effective परस्पर संवादाचे धागे. मान्यवरांनी ह्याचा संदर्भ व्यक्तीशः वेगवेगळा लावला. स्वतःतल्या 'Inner child' शी सम-वाद (सुसंगती) – राजीव तांबे. अदिती पाणंदीकरांच्या मते संवाद एक गरमागरम स्वादिष्ट कॉफीसारखा उत्तेजित करणारा असतो. त्यांना दखल देणे (attention) व दखल घेणे (taking action) हे दोन्ही अर्थ महत्वाचे वाटले. ऐश्वर्या क्षीरसागरांना संवाद संगीत व तालाच्या माध्यमातून देणे सहजसुंदर वाटते. डॉ.कमलजीत शब्दात व निशब्द pause मधेही संवाद शोधतात-सांधतात. पूर्णपणे ऐकण्याची तयारी ठेवणे फार गरजेचे मानतात. धनश्री लेले आपल्या वैयक्तिक व कामाच्या संवादात पूर्वतयारी, शब्द, पोच, लय व आशय ह्याचे भान सतत ठेवतात. मन लावून कान देऊन ऐकण्यात लक्षपूर्वकता आहेच पण समोरच्या व्यक्तीचा आदर राखून, स्वतःच्या विचारात लवचिकता ठेवून, आपले म्हणणे सहृदयतेने मांडणे सर्वांनाच आवश्यक वाटले. एकीकडे अनेक माध्यमे व साधनांतून संवादांचा महापूर तर दुसरीकडे एकलकोंडेपणे स्वतःला एक अभेद्य फुग्यात (bubble) मधे ठेवणे ह्या प्रचालीत तऱ्हांत प्रत्येकाने आपल्या परीने स्वतःसाठी व आप्तेष्टांसाठी संवाद खुलवण्याची कला जागृत ठेवली पाहिजे हेच खरे.

मान्यवरांचा संदेश:

Dr. Kamaljit: Listen more talk less.

Aditi Panandikar : No option to communication

राजीव तांबे: आपल्या हृदयाची कवाडे उघडा

धनश्री लेले: ही आपली गरज आहे म्हणून प्रयत्न आपणच करायला हवे.

ऐश्वर्या क्षिरसागर: मनाशी मनाचे सुर जुळावे

ह्या कार्यक्रमाद्वारे मनोविकासच्या सीडीचे प्रकाशन झाले, तसेच याच दिवशी आणखी एक छोटेखानी कार्यक्रम झाला तो म्हणजे 'नवी सुरुवात' या पुस्तकाचा प्रकाशन सोहळा. माझ्यासाठी हा प्रसंग खासच होता कारण या पुस्तकाची निर्मिती करण्यात अनेकांचा हातभार लागला होता आणि यातील एक म्हणजे अनुवादकाची महत्वाची भूमिका पार पाडण्याच श्रेय मला मिळालं होतं.

मागली ५/६ वर्ष या संस्थेत मैत्र या दूरध्वनीवरून सेवा देणाऱ्या संवादकांपैकी एक म्हणून काम करतांना मला खूप कांही शिकण्याची संधी मिळत गेली. स्वतःमध्ये खूप सुधारणा करण्याचा वाव मिळाला. आत्मविश्वास वाढत गेला. आणि डॉ. आनंद नाडकर्णी यांनी From Addiction to Recovery या डॉ. अनिता गढीया स्मिथ यांच्या पुस्तकाचा संवाद करण्यासाठी मैत्र संवादकांना दिलेल्या संधीचा फायदा घेण्याच मी ठरवलं. जसजसं पुस्तक वाचत गेले, त्याच महत्व विशेषतः आजच्या तरुण पिढीला किती आहे हे समजत गेलं आणि कामाला सुरुवात झाली. या क्षेत्रातला कोणताही अनुभव नसतांना केलेल हे धाडस म्हणजे वेडेपणाच होता. पण डॉक्टरांनी म्हणेल ती मदत मला दिलीच पण महत्वाच म्हणजे उत्तेजनही खूप दिलं. त्यांनी स्वतः फोन करून पब्लिशर मिळाल्याच मला जेव्हा सांगितल त्यावेळी त्यांच्या स्वरातून मला माझे श्रम सार्थकी झाल्याच जाणवलं. अनेकांनी पुस्तक आवडल्याच मला आवर्जून सांगितलं.

मद्यपान या क्षेत्रातून स्त्रियांनाही आता व्यसनमुक्त होण्याची वाढती गरज किती आहे हे तर बहूतेकांना माहित झालेल आहेच. परंतू व्यसनांच्या विळख्यातून बाहेर येण्यासाठी तरुणच काय पण सर्वांसाठीच हे पुस्तक उपयोगी आहे. आणि अशा महत्वाच्या कामासाठी माझी निवड व्हावी हे किती माझं भाग्य?

- साधना काळे (मैत्र संवादक) आणि सुलभा सुब्रमण्यम (मैत्र समन्वयक, समुपदेशक)



बात फूलों की



चैत्र, और फाल्गुन के दिन थे। हम 'बंबईया' लोग कांक्रिट के जंगलो मे क्यू न रहते हो, पेड पौधोंसे तो सामना हो ही जाता है। कहीं ना कहीं कुछ हरियाली दिख ही जाती है। उन दिनों मै रोज बस से देवनार जाती-आती थी। महामार्ग की दोनो ओर जो छुटपुट वृक्ष मिलते हैं, उनमे एक था सुंदर लाल लाल फूलोंसे सजा हुआ 'पांगारा' वृक्ष। पता नही उसका हिंदी नाम क्या है; परंतु उसके वहां होने से हमारे जीवन में रंग की एक बिंदी तो लग ही जाती थी।

फूलों की बात आयी तो याद आये बचपन के दिन। फागून, चैत्र, वाले नही, बल्कि सावन की बदरिया वाले। उन दिनों साठ साल पहले हमारा सारा शहर बडे बडे वृक्षों से हरा भरा था। पीपल, बरगद, चिरौंजी, बहुत सारे नीम छाया बरसाते रहते थे। चैत्र के दिनों मे नीमों पर क्या बहार हुआ करती थी फूलों की! इतने बडे वृक्ष के इतने महीन और बूंद जैसे छोटे छोटे सफेद गुच्छेदार फूल इतनी सुंदर खुशबू फैलाते थे। गरमी की आमद की याद इन्ही नीम- फूलों की खुशबू से जुडी हुई है। उसी समय अप्रैल के महीने मे खिलते थे शिरीष फूल। हल्के गुलाबी या हरी छटा वाले छतरी जैसे(चामर जैसे) दिखने वाले इन नाजुक फूलों की गंध भी वैसी ही कोमल होती है। इन्तहानों के समय ही उनका खिलना मेरे लिये उनका बन गया, 'एक्जामिनेशन फ्लावर्स।' बाद मे पता चला के अंग्रेज इन कोमल पुष्पों वाले महाकाय वृक्ष को कहते हैं 'रेन ट्री।' कहने दो। मेरे लिये तो वह हमेशा 'शिरीष' ही रहेगा।

इन्तेहान के दिनों मे, अप्रैल में 'टीआयएसूएस' के द्वार पर भी यह फूल खिलते हैं। यहां वाले फूल सिर्फ हल्की गुलाबी छटां वाले हैं, हरी नही। वसंत के आने पर 'टीआयएसूएस' मे अमलतास वृक्ष फूलों से लद जाते है, और रास्तों पर पीली सुनहरी पंखुडियों के गलीचे बरसते है। इन बसंती महिनो मे टीआयएसूएस का वातावरण 'पुष्प पराग सुगंधित' रहता है। भंवरे गूंजते हैं, और क्लासरूमों मे घुसकर आधुनिक शकुंतलाओं को सताते है।

पर बचपन के उस खोये हुए सावन की बात तो आधी ही रह गयी। क्या भरमार थी सुगंधों की उन दिनों। सावन मे मंगलवार, शुक्रवार देवी-पूजा होती थी, और अम्मा हमे फूल चुनने भेजती थी पूजा के लिये; "जाओ, बगीचेसे पूजा के फूल, पत्नी ले आओ", कहकर। और हम पूजा-घर की छोटीसी पीतल की नक्षीवाली टोकरी लेके निकलते थे। बेला, चमेली, जूही, सदाफुली, गुलछडी और तेरडा तो थे ही। एक ऐसे ही दिन पिछले आंगन से निकल ने के बाद सामने आई फूलों से लदी जूही की प्रमदा बेल! पता नही कितने देर तक मैं और मेरी सहेली फूल चुनने की बजाय उस जूहीको ही एकटक निहार रहे थे। जैसे कोई जीवन के आनंद से भरी, हंसती हुई पुरंध्री छोटे छोटे बच्चों को गोद लिये खडी हो।

आंगन के पिछवाडे की दीवार पर यह जूही, तो सामने वाले फाटक पर लहरा रही थी एक चमेली की बेल, अपने तारों जैसे फूलों को साथ लेकर! उसकी सुगंध जूही की तरह कोमल नही थी, पर मादक थी। लेकिन आंगन की रानी तो जूही या चमेली नही परंतु बेला थी। माँ ने पता नही कहां कहां से लाकर आपने हाथों से तरह-तरह के बेला के पौधे लगाये थे। हजार पंखुडियों वाली बेला, हलकी गुलाबी छटा वाली बेला और कितने ही तरह के बेला के फूल। मन भर कर यानी के टोकरी भर कर हम फूल घर ले जाते थे, पता नही कितने हार, कितने गजरे

बनाते थे। उन सावन के दिनों में ऊपरसे टपकती हुई बारिश की बूंदें फूलों की सुंदरता में अलग ही खुमार भर देती थीं। सोमवार को शिव मंदिर जाकर शिवजी की पूजा होती थी। उस के लिये खास लाये जाते थे अंजली भर कर हर-सिंगार(पारिजात) के फूल। शुभ्र पंखुडियां और केसरिया डंडी वाले इन खूबसूरत नाजुक फूलों की खुशबू भी उतनीही खूबसूरत थी। फूलों के इस माहौल में याद आई वह मालकंस की चीज

बेला, चमेलिया, मंगा दे सखि हरवा

आयी है ऋत सावन की,

आवन की, मन भावन की.....

फूलों के साथ ऐसे कही संकेत जुड़े हैं। हमारे कालेज (टाटा इन्स्टिट्यूट) के सामने वाले आंगन में है एक छोटी 'अम्बुवा की डार।' कालेज के दिनों में यह आम्रवृक्ष छोटासाही था। तब उसके पास खड़े होकर, मन ही मन हंस कर उसे कहा था "तुम्हारे इन फूलों को कविकुलगुरु कालिदास ने कहा था 'मिलन का संकेत।' पर आज यहाँ यह बात कोई जानता तक नहीं।" आज तो यह आम्रवृक्ष बुजुर्ग बन गया है, और उसके फूल हाथ से परे हो गये हैं। उन्हें छू नहीं सकते।

कवियों की बात निकली तो याद आई एक और सुगंधित फूलों की बात। मेहेंदी के फूल। घर के कंपाऊन्ड पर बहुत सारे मेहेंदी के पेड़ थे। सावन आते ही उन पत्तों को कथ्था मिलाकर बांट-पीस कर, हातों पर रचनेंकी होड सी लगी रहती थी। तब मेहेंदी 'कोन' में नहीं आती थी। उन दिनों में छुप छुप कर पडौसियों के यहा हो रही महफिल में गाया जा रहा गीत सुना था.....

"हमारे ही खून से हुए हाथ रंगीन,

अरे जा तू नहीं मेहेंदी लगाने के काबिल

हमारा ही दिल था क्या दुखाने के काबिल?"



पता नहीं कौन थी वह गानेवाली? पर उसके स्वर में जो दर्द, जो आर्तता थी, वह अभी भी याद है।

इन फूलों में एक फूल हमेशा पराया सा रहा। वह था गुलाब! घर के पडौस में, गली के उस पार नबाबसाहब की कोठी थी। वहाँ के बागों से कितनेही रंगों के और आकारों के गुलाब के फूल थे। हमारे लिये तो वह एक दूर से देखने वाली चीज थी। बाद में यह मेहमान हमारे घर भी आये। अम्मा ने गुलाब के साथ निशिंगंधा भी लायी, और गमलों में उन्हें बड़े प्यार से सहेजकर बड़ा किया। निशिंगंधा भी बेल की तरह आधी रात खिलती थी। गरमियों में छत पर गमलों के बीच चारपाई डालकर सोना एक अलग सा अनुभव था।

आज कल ठाणे आते वक्त महामार्ग के दोनों तरफ हरियाली ही हरियाली है। पर वन-विभाग ने पता नहीं कौन से पेड़ चुन चुन कर लगाये हैं, कि कहीं एक फूल नहीं दिखता। हां, डिक्लायडर पे कण्हेर, थोड़े पीले बिट्टी के फूल हैं। पर अभी हरा भरा परिसर है, यही क्या कम है?

आज मुंबई में यह फूलों के दिन अतीत बन गये हैं। छत तो है ही नहीं! और आधी रात बेला के फूल खिलते थे, तो सिर्फ 'विविध भारती' पर! पर यह सब फूल - दोस्तों ने इतने आनंद के लम्हे दिये हैं। कभी कभी वर्डस्वर्थ के डॅफोडिलो की तरह वह मन के परदे पर ही अपनी छबि दिखाकर प्रसन्न कर देते हैं।

.... विनीता चितले

त्रिदलने मला काय दिले?

तीन-चार वर्षांपूर्वी “त्रिदल”ला जायचे ठरवले तेव्हा मला खरे तर स्किझोफ्रेनिया बदल किंवा त्रिदल काय आहे, ह्याची फारशी काही माहिती नव्हती. माझा वेळ सत्कारणी लागावा एकदाच विचार होता.

तिथे आल्यावर आजाराच्या विविध टप्प्यावर असलेल्या मुलामुलींकडून त्यांना झेपेल असे, थोडे मागे लागून, दटावून किंवा समजुतीने सांगून त्यांच्याकडून काम करून घेता यायला लागले. कोषात रहाणाऱ्या शुभार्थींच्यात होणारे छोटे छोटे सकारात्मक बदल सुद्धा आम्हा स्वयंसेविकांसाठी big reward ठरले. त्यांना जमत नाही तर मीच करते असे न करता, त्यांच्या कलाने घ्यायचे हा विचार केला जाऊ लागला. त्यांना कळेल रुचेल अशा पद्धतीने सांगता येऊ लागले. त्याचा फायदा सगळीकडेच व्हायला लागला. येथे यायला लागल्यानंतर ‘बदल’ व ‘प्रगती’ याची परिभाषा बदलली. लहान सहान गोष्टींसाठी केलेल्या प्रशंसेचे महत्व कळू लागले. शुभार्थींना वक्तशीरपणाचे महत्व जाणवून देताना आपल्या अंगीपण ते बाणवायला लागला. समोरच्याच्या मनःस्थितीचा, आकलनाचा विचार करून संवाद कसा करावा ही प्रायोगिके चालूच असतात, पण आता काही वर्षांत शुभार्थींच्या (व इतरांच्याही) आवाजातले बदल व सुक्ष्म clues ही वाचता येऊ लागले.

एखादा पदार्थ तयार करून तो विकणे ह्यासाठी कोणत्या पायऱ्या ओलांडायला लागतात. पदार्थ तयार करण्यासाठी, त्याला लागणारा कच्चा माल कसा व कोठून आणावा, त्यासाठी व्यापाऱ्यांशी करावी लागणारी बोलणी, तयार केल्यानंतर विक्रीसाठी नेताना जकात नाका तसेच वाहतूकदारांशी येणारा संपर्क, त्यासाठी साधावा लागणारा संवाद हे सर्व नविन अनुभव होते.

मुंबई ग्राहक पेठेची आलेली ऑर्डर वेळेवर पूरी करण्यासाठी करावे लागणारे प्लॅनिंग, वेधच्या वेळेला करावे लागणारे नियोजन हे बरेच काही शिकवून गेले. अशा वेळी शुभार्थींना व आम्हा सर्वांनाही, कमीत कमी तणाव जाणवण्यासाठी काय करावे, कसे बोलावे, अडचणी आयत्या वेळी कशा हाताळाय्यात, प्रोत्साहन कसे द्यावे व केल्या कामाचा अभिमान व आनंद कसा एकमेकांत वाटावा -हे सारे आम्हा सर्वांना एक वेगळे माणूस बनवते. वैयक्तिक जीवनातही ह्याचा उपयोग झालेला आम्हाला दिसतो.

- उत्तरा खरे (त्रिदल स्वयंसेवक-Project core group member)

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