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The National Life Skills, Values Education & School Wellness Program

Healthy Schools Healthy India

Education is not preparation for life... Education is life itself

- John Dewey

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Message from the Editors

The discourse on mental health has grown multifold in the last few decades. The core concerns of mental health and emotional well-being have been at the heart of discussions regarding the growth and development of children and adolescents in particular. Educational institutions are beginning to understand the need for focusing on mental health and embedding it into their teaching and learning philosophy. Along with research on curriculum and pedagogy, schools and universities need to actively transform into sites where the discussion revolving around emotional well-being is strengthened. As part of their focus on mental health, institutions of learning should emerge as 'safe spaces' where children can explore and open up about their own mental and emotional well-being. Academic discourse plays an important role in furthering these conversations and contributing to new ways of thinking about identification, diagnosis and treatment of physical and mental distress and turmoil. This journal is an endeavour to engage in the overarching discourse surrounding the health and well-being of individuals.

Within the pages of this journal, there exist myriad viewpoints and perspectives on how to approach and deal with issues regarding mental health. These approaches articulate a range of opportunities for healing, self-expression and strategies of coping. It makes for an interesting exploration of how 'play' and art can help children experiencing mental distress, by channelising their inherent energy and help them in venting out their emotions, which can often result in a catharsis. Visual therapy can be an effective means of intervention as it provides an outlet for expression of one's innermost self, replete with positive as well as negative experiences, helping young children to cover the trajectory from illness to wellness. In addition, there is an emphasis on the closely intertwined relationship between an individual's sexuality and mental health. The discrimination and homophobia faced by the LGBTQ+ community can cause or contribute to mental turmoil and anguish. In today's scenario, it is imperative for educational institutions to be welcoming of alternative sexualities and to embrace the whole spectrum of sexual identities. The stigma related to the LGBTQ+ community needs to be addressed and tackled by initiating discussions within classrooms and by building awareness programmes within the educational curriculum. Another key strand that is examined within these pages is the adverse effect that denial of a psychological problem has on one's mental health and stability. A discussion of how intrapsychic conflict can lead to a fragmented identity, located within the narrative of a horror film, stresses that acceptance of psychological turmoil and trauma is the first step in combatting it. It also explores the idea that an individual's mental turmoil not only affects their own life, but also impacts the lives of their friends and family. This journal also examines the link between socio-economic status and physical and mental well-being, particularly in the case of children. Economic instability and limited access to resources is a major contributing factor in exacerbating physical ailments and mental anguish.

The different perspectives and themes discussed and explored within the journal reinforce as well as question several key ideas pertaining to mental health, offering a wide-ranging focus on the physical, social and psychological dimensions of mental health and well-being.

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Message from the Patrons

It is a matter of great happiness to note that the latest issue of the Indian Journal of School Health & Wellbeing published by the Expressions India is being released. It is a well known fact that Research publications and Journals in particular are the most authentic sources of verified knowledge and experiences. The sharing of such knowledge and experiences not only amongst the Researchers, Scientists, Policy Planners and Implementers, but also the Activists working in the concerned area and persons having special interest in that area benefits all. It is our privilege to reiterate that the Expressions India has been doing pioneering work since long, in the field of Health Education under its banner of "Holistic Health and School Wellness Programme" to enable the school education and teachers holistic facilitation in realizing the goal of Health Education in Schools. The present publication is a momentous indicator of this initiative.

The major bottleneck in the way of achieving the objective of Health Education has been the particularistic conceptualization of its transaction process. The goal of development of holistic health and wellbeing of young learners cannot be attained by making them gather certain information and rote-learn those. It can be attained only by a transaction process focused on experiential co-scholastic methodology that ensures active participation of learners and substantially contribute to the development of life skills enabling young children to manage their lives more competently and grow as truly empowered human resource of the nation and human society at large. To facilitate this process it is very critical to encourage and empower the teachers, so that they act like facilitators and mentors.

The formal school education system need to look towards interacting and taking the support from the initiatives like the one taken by Expressions India under its National Life Sills Education & School Wellness Programme aimed at realizing the Goal of "HEALTHY SCHOOL......HEALTHY INDIA". It is pertinent to state that the Schools and other educational institutions that have been associated with such endeavours have strongly felt the need for such programs to be a adopted by all schools including Higher Education System.

It is this context the Journal of School Health has potential to reinforce the process of realizing the vision of Health Promoting Schools getting integrated into the education system in India. We are more than confident that the present issue of the Journal will strengthen this grand endeavour and empower all who are creatively engaged in the promotion of Health Education in Schools. With immense pleasure we would like to express our gratitude for Advisory group, Editorial Board and Members of the Executive Editorial Committee for their valuable contribution, ungrudging cooperation and keen interest and also for making available the benefits of their rich experiences and knowledge.

"If there is will, there is way, and if the will is reinforced by enlightened path-breakers, the way would lead to the destination at the earliest".

Dr. Jitendra Nagpal, M.D., D.N.B.

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Meaning of Wellness: Case of Children of Illegal Coal Mine Workers

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Abstract

If every child has the right to be healthy and safe, then it implies that a concern for the wellness of children would include both physical and mental health. When children grow in an environment where they lack a sense of security and the necessary support system, it has a negative impact on their life. Considering the importance of family in providing a safe space along with positive experiences to a child, if parents themselves face extreme adversity, then it may prepare the ground for damaging the wellness of a child. If parents are forced to take up an occupation which brings with it a threat to life on an everyday basis, then the wellness of children cannot remain unaffected. Its negative impact becomes manifold when children are well-aware about the dangers involved with the occupation of parents. Their home environment affects not just their learning experience at home, but also in school. This paper explores the impact of adverse social and economic conditions on the children of illegal coal mine workers of Jharkhand and reflects on the meaning of wellness and the demands of social context in addressing various mental health issues.

Keywords: Wellness, marginalisation, multiple childhoods, positive psychology

Introduction: Understanding Wellness

Any discussion on the issues related to wellness in general, or among the children of illegal coal mine workers in particular, demands the understanding about the idea of wellness in some basic way.

Even though health and wellness are often used interchangeably, understanding these separately is also important. One must understand that.

"If your mind and body are free of disease, you are probably healthy. But remember that wellness is a balance that we must constantly strive to maintain. It is this delicate balancing act between the physical, emotional, occupational, spiritual, social, environmental, and intellectual aspects of our lives that dictates our wellness" (Skilled at life, n.d., Para. 13).

Though, one of the most widely accepted definitions of health is that of the World Health Organization (2018), which identifies health as "a state of complete physical, mental and social

well-being and not merely the absence of disease or infirmity" (Para. 1), it probably tries to reduce the gap between the two, so that the right of being healthy can include more dimensions. The above mentioned dimensions of wellness should be seen interrelated as each dimension holds the potential to influence one or the other dimension. Through the above discussion, the most agreeable argument that comes up says that "health is a goal one can achieve, while wellness is a dynamic concept that continues for a lifetime." Smith (2013, Para 1)

After arriving at an understanding of the concepts of health and wellness, we must move forward and identify the essentials to ensure wellness. The basic desired conditions for ensuring wellness for children of coal mine workers are not much different from that of any other child. The major difference that needs to be highlighted in the case of children of illegal coal mine workers is that among all the various dimensions of wellness, the occupational dimension focuses on the occupation of the parents and its impact on

their children. While considering the aspect of the occupation of parents, we also need to bring into the picture the socio-economic background of the family. Here, the extended idea of health propounded by World Health Organization (2018) needs to be mentioned which emphasizes on ensuring health in every sense. It mentions that, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (Para 2). This makes it clear that to secure wellness among children we need to consider all the aspects of their life which includes their family background and the current status of the parents.

Background: what it means to be children of illegal coal mine workers?

In order to understand the challenges faced by the children of mine workers, it is first important to understand the case of 'illegal' coal mine workers. As nationalisation of coal mines in 1971 made coal a national resource. any extraction of coal without having valid license was deemed illegal. However, there has been "illegal mining throughout the mineralbearing tracts of the developing world" (Lahiri-Dutt, 2007, p. 58). Resources like coal are more likely to be mined because of two reasons: first, it is a resource that can be directly used after mining without much processing. Second, it can be supplied to the local market for domestic use or small and cottage industry.

Illegal coal mining has been acknowledged by various people and agencies, but when we talk about people involved in such work, it is surely not limited to the idea of legality only. One must understand what forces people to take up such an occupation. Lahiri-Dutt (2003) writes,

"Who are the illegal miners, scraping the living from the pits of peoples' mines? Thousands of people are involved in this economy. Although newspapers refer to the role of coal 'mafia', those involved are actually mostly ordinary villagers, mostly poor, struggling to eke out a livelihood at any cost" (p. 73).

As pointed above, the socio-economic background of these people needs to be considered. Being at the margins makes it extremely challenging for them to ensure the survival of their family. They are forced to take up an occupation that is considered illegal. Lack of opportunities forces them to look towards one of the resources available under the land. But does it actually serve the purpose of survival and working for the better future of the family? This question becomes far more important when we know about the work conditions of these coal mine workers, who extract coal through rat holes made in the coal mines without necessary safety equipment. It puts them under the threat of accidents and deterioration of health. Presenting the conditions in which the illegal coal mine workers of Jharkhand work, Akhtar (2017) writes "besides accidents, there are various occupational hazards. Coal mines emit methane. If there is no ventilation, it can displace oxygen and lead to loss of coordination, fatigue, breathing troubles, nausea and even death" (Para. 13). When the illegal coal mine workers enter the dark and underground coal mines without necessary safety equipment, they are likely to face such threats to their health and life. In case of any emergency it is unlikely that they will get the needed support or rescue. The situation can be worse for the children who accompany their parents in the mines for helping them in the work.

In case the mine collapses during work, not only does the extraction of dead body become difficult, but because of fear of the police, they either leave the body buried or 'run away with the dead body to avoid investigation' (Randolf, 2011). The families fear that investigation might lead to an action against them. Because of such circumstances "on many occasions, deaths in illegal mines go unreported" (Akhtar, 2017, Para. 7). The families of the mine workers are aware of such life threatening

situations. It is true that the risk of such accidents is there on a daily basis but the ordeal does not end here. They do the partial burning of extracted coal and load 250 to 300 hundred of kilograms of coal on their bicycles and push it to the market. This Journey may be sometimes more than 30 kilometers (Randolf 2011). Such hardships affect the whole family. Be it physically, emotionally, economically or socially, every individual of the family is affected. The worst effects are on children as the struggle of their parents deprives them of care, love, support and attentions that they need on day to day basis.

The research area and the processes involved

The reflections articulated in this paper are a part of a doctoral study for which the context is of the Ramgarh district of Jharkhand. In the exploratory study about the educational opportunities of the children of illegal coal mine workers, two government schools that have classes up to the elementary level were engaged with.

In the two selected schools, detailed discussions were organised with groups of children from class VII and class VIII. 20 children were interviewed on the basis of a semi-structured questionnaire. The medium of discussion was Hindi and Khortha (a language spoken by locals). These students also expressed their life-experiences in written form. Informal discussions with the teachers in these schools were also conducted.

The evidences of wellness being under threat

'A child's expression tells us a lot about his/her life'- this became clear to me when children from the said group started talking about their home environment and occupation of their parents. They explained how the struggle of their parents is affecting them on a daily basis. During my interactions with these children in selected schools, many instances came where the emotional turmoil of the children came to the fore. Almost all the children, when asked to share the details of their family, expressed a

dislike for their parents' occupation. Most of them acknowledged the hardships of their parents' occupation and some of the students went to the extent of linking it with the parents' sense of responsibility to give them a good life. One of the girls explained the various emotional issues she was dealing with because of the occupation of her parents, and said that she feels troubled that her father has to go for mining coal. She understood that her father was providing them education with great difficulty so that they may have a good future. She also explained that whenever the mining work got stopped, it impacted the economic condition of the family, causing situations where the family had no money and they all were very stressed. She even wanted to drop out from the school to help her family, but fortunately her father managed to get money from some source or the other. Her father tells her often that he will educate her. He feels disappointed that he had no access to education and wants this to change for his children. Such expressions clearly highlight the pressure that the child goes through every day. Her circumstances are not giving her the space to feel good about herself and her home environment. Another student of class 7 explained how he has to miss school on the days that he goes with his parents for extracting coal. He shared his ordeal about the need to accompany father to the mining work. After working with his father in the dark and dangerous coal mines from 06:00 am to 10:00 am, he has to miss his school. He emphasized that he wants to study and become something in the future but has doubts about his dreams getting fulfilled as he is not able to go to his school regularly. This was not an isolated case where the interviewed child's involvement in coal mining was articulated. The child being compelled to engage in the mining activity itself is a huge barrier in having a secure. healthy and happy life for the child. In such circumstances, wellness is bound be under threat.

Some observation in terms of wellness of the children

Some of the major observations that present a picture to us about the status of wellness among the children of illegal coal mine workers are as following:

- 1. They acknowledge the labour-intensive nature of the occupation of their parent/s.
- 2. The children are well aware of the threats involved with the occupation of their parent/s. They do not like the occupation of their parent/s and even call it *ganda kaam* or dirty job.
- 3. Children do not get adequate time to interact with their parents throughout the day because of the odd hours of work for illegal coal miners. Usually, they start their work post-midnight and return home after 10 o'clock, and by that time, the children have gone to their school.
- 4. Most parents are illiterate and are unable to enrich the learning experiences of their children by giving feedback or support on the tasks assigned by the school.
- 5. Both the schools have fewer teachers than required. To be precise, there are four teachers in each school while the number of classes in both the schools is 9. This, on one hand, results in extra work load on the teachers and also affects the quality of education, while on the other hand, it

deprives children the opportunity to interact with teachers and seek support.

Such outcomes highlight the status of emotional and mental health more than other aspects. This is a more serious concern as such issues are mostly ignored by the parents and teachers

Conclusion

Wellness is not a tangible aspect of an individual's life, but it has the capability to affect it significantly. In the case of the children of illegal coal mine workers, who are living in a home environment that is making them extremely vulnerable in terms of their health and wellness, this paper attempts to articulate their challenges by explicating their lived reality. It was highlighted that the primary support system needed to ensure wellness of a child is that of her/his family and the school, however, in the case of children of illegal coal mine workers, both these institutions have limited contribution to children's wellness and are struggling to perform their duties towards children. After discussions of their lived reality, it was inferred that the health of the children of illegal coal mine workers is under serious threat. The evidences of the adverse effect may not be observed in terms of physical health but the emotional, intellectual, environmental, and social dimensions of their health are being affected on a daily basis due to the dangerous occupation that their parents are compelled to take up to ensure the survival of the family.

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The Babadook: A Psychodynamic Enquiry

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Abstract

This paper aims to explore the underlying psychological themes in the horror film, The Babadook (2014). The paper focuses on explaining the "monster," Babadook, through psychological concepts and possible underlying disorders. The paper also deconstructs the nature of horror films, through the Babadook, and tries to explain the perceived notion of the supernatural with psychological insights. The present analysis is done through a psychodynamic lens to examine the mother's struggles after the death of her husband and the consequent effect of her actions on the child. The analysis also highlights the impact of an 'absent father' in the child's life.

Keywords: horror films, psychodynamic perspective, movie analysis, popular culture

Introduction

"If it's in a word or in a look, you can't get rid of the Babadook."

The Babadook (2014)

On the surface, like almost every horror film, the Babadook is about a monster. But the underlying theme of the film is a rather unsettling story of grief, loss and parenting. Amelia is an exhausted overworked widow who has raised her son, Samuel, alone for six years and is faced by immense difficulties. Samuel grows to be obsessed with a "monster under his bed." He suffers from insomnia, has violent outbursts and experiences seizures. Raising this child alone has been a humungous task for Amelia as her husband had passed away in an accident while they were on their way to the hospital for Samuel's birth. Having had no time to grieve her husband given that she has a son to raise, Amelia has internalised the grief and loss and has grown to resent the child

At the core of the film, then, is a troubled mother clouded by trauma who struggles with her equally troubled child whose father has been absent right from the beginning. Unlike the popular and more acceptable image of all the sacrificing self-less mother, Amelia may well be seen as a 'bad' mother in the film. The

director, Jennifer Kent explains in an interview with The Rolling Stone (Adams, 2014) that, "I'm not a parent but I'm surrounded by friends and family who are, and I see it from the outside ... how parenting seems hard and never-ending." She thought Amelia would receive "a lot of flak" for her flawed parenting, but the opposite happened. "I think it's given a lot of women a sense of reassurance to see a real human being up there," Kent said. "We don't get to see characters like her that often" (Pirnia, 2017).

Kent also tells The Film Journal (2014), "The Babadook is a film about a woman waking up from a long, metaphorical sleep and finding that she has the power to protect herself and her son...that's the most important thing in the film—facing our shadow side." She further explains,

"I didn't want to portray Amelia as this crazy woman from the get-go, often, women who are crazy are demonised in films, because we look at them from the outside. I really wanted to experience what it was like to go down that slippery slope from the inside. I wanted to create a woman who was really just struggling, while also pointing out that this monster [exists] within everyone." (Kent, 2014).

The monster in the movie, metaphorically, may also been seen as a festering wound in the mother-son relationship, which both of them fail to acknowledge. The Babadook is haunted by abject. Amelia's life as a widow and new mother is "quite literally infected" (Buerger, 2016) by death, and motherhood is irrevocably linked with trauma. It is like moving past the elephant in the room, i.e., the symbolic representation of the mother's grief over the father's death. The mother then faces uncertainty and intrapsychic conflict of wanting to protect her son while simultaneously wanting to inflict pain on him given that he was in some way responsible for his father's untimely death. Buerger (2016) delves in detail about the representation of maternal abjection and states, "The Babadook terrifies its audience by making the protagonist's refusal of maternity the locus of her monstrosity and abjection." This leads to a haunting solely because the weight of abjection is increased exponentially as there is a denial of the existence of festering wounds. To remove it from conscious reality and deny its gravity paradoxically increases the intrapsychic split that results in the creation of the Babadook; a monster representing maternal abjection and resentment towards her son.

"Amelia and Sam's nocturnal tormentor is unquestionably a creature of their own making, a collaborative mother/son nightmare born of their difficult relationship" (Stevens, 2014). This doesn't necessarily mean that they are imagining him. Rather, it is better understood as a metaphorical representation that is used as a cinematographic tool to express the "embodiment of not only Amelia's isolation and strain but of her unspoken resentment of her son, and his of her—of their mutual desire, at times, to do away with each other" (Stevens, 2014).

The emerging themes are discussed in detail in the next section.

Themes and Discussion

Despair, Unconscious Hate and Resentment

In the film, we see Amelia longing for love and sexual desire. She has lost her husband prematurely and has been forced into the role of the mother without processing her grief and loss. This is clearly visible in the movie in the scene where Amelia tries to flirt with a man. In another scene, she stares at a couple in the car opposite to hers in the parking lot. There is another suggestive scene where she is interrupted by Sam while masturbating.

She is also seen as a bad mother by other women, including her own sister. At a party, when a woman says that she has done volunteer work with widowed women and it's extremely difficult, Amelia ignores the jab at her the first time. But later, when a woman complains about taking care of her kids 24/7 while her husband is earning tons of money, Amelia turns hostile and sarcastically yells, "That's a real tragedy! Not having time to go to the gym anymore? How do you cope? You must have SO much to talk about with those poor disadvantaged women" (The Babadook, 2014). This suggests that Amelia may feel as an outcast in her social group as her peers disregard her struggle and believe her to be difficult. They constantly keep seeing her as the 'crazy one' whose son scares their kids. Her own sister, Carol refuses to babysit Samuel because he scares her daughter with stories of the Babadook that he believes are real.

She is depicted as a lonely woman who is perpetually exhausted, trying to manage her job while coping with her troubled son's ramblings and horrifying behaviour (like climbing atop a swing, bursting firecrackers when angry, talking to invisible monsters and creating as well as carrying weapons to kill the said monster). Even though she tries to take Sam to therapy, she herself may need support. She ends up being enraged with him many times and screams at him for being difficult. She gets extremely disturbed when Sam goes into the basement where all his father's

possessions are kept and gets upset seeing them messed up. In a particularly poignant scene, she even refuses to let Sam celebrate his birthday on the pretext of him being expelled from school. But, the real reason seems to be the day being a painful reminder of her husband's death.

In one of the most important scenes of the entire film, the actual streak of hatred is clearly evident in a violent conversation between Amelia and Sam:

"Amelia: You little pig. Six years old and you're still wetting yourself.

You don't know how many times I wished it was you, not him, that died.

Samuel: I just wanted you to be happy.

A: Sometimes I just want to smash your head against the brick wall,

until your fucking brains pop out.

S: You're not my mother.

A: What did you say?

S: I said you're not my mother!

A: I AM YOUR MOTHER!"

During this heated exchange, Amelia admits that she'd rather choose her husband over the child and wanted the child to die instead. It seems so unlikely to a third person that a mother would say such horrific things to a child, but, it clearly points to Amelia's unconscious grief and resentment that has piled on for too long. She refuses to process it or even acknowledge it because she consciously knows this is not what she's supposed to feel. The resultant feeling of guilt, added to the feeling of loss, increases her despair. Unlike many other movies, this movie is bold enough to bring forth the taboo topic that one can never dislike their child no matter how difficult they are. Even though the audience members are allowed to hate Samuel for being unbearable and making Amelia's life miserable, Amelia is not allowed the same privilege. She only feels guilt for disliking her

son because the social norms make her feel so. She is not allowed space to work through the overall misery, and hence, there occurs a split, causing her resentful shadow side to take the form of the Babadook.

Intrapsychic Split and Dissociative Identity: The Mother, the Monster

Kent herself has hinted towards a monster being inside the mother and plaguing the lives of the two protagonists as Amelia struggles to deal with grief. She finds a convenient outlet for her fears in her son who serves as an unfortunate scapegoat. The further discussion is based on the assumption that the mother and the monster are the same person and the monster is just a symbolic representation of her resentment towards the child. Sawdey (2015) writes about one reason why they could be the same person and goes on to explain that, "[we see] Amelia's own personal transformation into a monster, both in overt ways (manically hunting down Samuel with a kitchen knife) to the subtle (echoing the Babadook's rhyme scheme of "baba-dook-dook", she at one point tells Samuel she's sick of his "talk-talktalking")."

Freud, in multiple works has said that psychic split which might culminate into the dissociative identity disorder arises from the repressed unconscious motives and desires. The mother, in the movie, is also depicted as struggling with this severe intra-psychic conflict where she is not supposed to feel in her role. Our society expects a mother to be nothing less than an epitome of nurturance, self-sacrifice and unconditional love. Amelia seriously falls short of such standards. She has two conflicting identities where one wants to protect her son and the other wants to hurt him for killing her husband. The child, despite his naivety and innocence, understands that the mother has some hatred towards him and that is why he extensively prepares ways to save himself from "The Babadook."

It is also interesting to note that in some scenes, it appears as though the Babadook is

wearing the dead husband's clothes, symbolically signifying that the pain of the past has now taken the shape of the monster. Additionally, in a particular scene, when Amelia's food has shards of glass that cut her tongue and Sam says that the Babadook was behind it, she doesn't seem fazed and her response is emotionally numb. This also signals to the possibility that the mother is the monster.

(Note: Henceforth, the persona archetype of the mother as protective of her son will be referred to as Amelia or the mother and her shadow that tries to harm the kid will be referred to as the Babadook.)

Munchausen Syndrome By-Proxy

If we were to relook at the dynamics between Amelia and Sam as depictive of the case of Munchausen Syndrome By-Proxy (a special type of Somatoform Disorder), there are some potent analytic insights. It is possible that Amelia herself instilled the fear of the Babadook in Sam to generate sympathy for herself. This would have led to significant secondary gains, as it would have shielded Amelia from the judgmental hushed whispers of the people around her who call her a bad mother. This is clearly depicted in a scene where the man Amelia flirted with comes over to her house with flowers to make her feel better because she is nursing her ailing son. Generally, women around Amelia are unsympathetic; they blame her for being ignorant or incompetent in managing an obviously difficult child. Therefore, Sam may possibly be used by Amelia to gain much needed positive attention. By inducing fear in Sam, which is typical of this disorder, Amelia is creating a façade of illness to explain their unstable home condition. Inflicting physical and psychological pain on Sam may be an outcome of Amelia's unconscious death wish for Sam. In one of the scenes, when Sam has a vision of the Babadook and suffers a seizure. Amelia permits medical staff to sedate her son. Even though this theme may not come across as fully developed in the movie, we can still

understand the intra-psychic conflict that motivated Amelia to jeopardise the well-being of the child for her own gains.

Repression and Denial

In the movie, the Babadook makes the storybook called "Mister Babadook" that scares the child and the mother tries to throw it away. But the Babadook puts it back together and it reappears on the doorstep. It is as if the monster within is taunting Amelia that if she keeps denying its existence, it will come back stronger. The added pages in the book depict the mother killing the dog and also murdering the child, which rather clearly may be understood as the manifestation of Amelia's deepest unconscious desire. In a specific scene at the police station, Amelia's hands are tainted with charcoal, which also happens to be the tool used for drawing in the Babadook book. This indicates further the possibility of the mother actually being that monster. The prophecy in the book comes true in the last part of the movie where Amelia is seemingly possessed by the Babadook, she breaks the dogs' neck and attempts to kill Sam. It is like a struggle between the two splits of Amelia's identity, where one is trying to take over the other. During the struggle, Sam fights back and knocks her out in the basement but she tries to strangle him after gaining consciousness. In that moment, when Sam caresses her face innocently, Amelia throws up a black substance that is symbolic of expelling the Babadook from within her. It is depicted that the innocence and love of Sam helps Amelia acknowledge the forgotten feelings of maternal affection, and thus, for the time being, it seems that the identity of the mother has overpowered the monster. But, it is noteworthy that this only becomes possible when, leaving her denial behind, Amelia has accepted the presence of the Babadook.

Resolution of Intrapsychic Conflict through Acceptance

One can only heal the split by accepting its existence. Making the unconscious conscious

is the most important step in the direction of resolving the deep-seated conflicts. Indicating the same, in the closing scene, Amelia is seen feeding a bowl of earthworms to the Babadook, which may be considered symbolic of her acceptance of her grief and resentment. Yet, the Babadook attacking Amelia in the same scene conveys that the acceptance is only the first step towards a long and arduous journey of resolution and she still has a long way to go. It is, however, positive to note that having relinquished her negativity, Amelia is not scared of the Babadook. Rather, she is able to calm the Babadook down and it slowly retreats in the corner with the bowl. This is indicative of Amelia's success in tackling the unconscious conflicts, at least for the time being.

Sam and Amelia are later seen in the yard celebrating Sam's birthday. The moment of celebration is also of utmost importance here as it shows that Amelia can now start to see it as Sam's birthday and not just her husband's death anniversary. She has finally begun to move away from the trauma of the past and look forward to the future with her son with whom she is determined to share a healthy and caring relationship.

Conclusion

Amelia suffers from a sense of split and a deep intrapsychic conflict between being a good mother and a pained widow who hates her son for taking away her husband. She is a lonely and troubled woman who unconsciously projects her resentment on her son, and in the process, creates a metaphoric monster of a disturbed relationship. The movie depicts her journey of overcoming this monster within by accepting these difficult emotions and embracing the split within her identity. Even though she isn't "cured" or has completely overcome the feelings of loss, she learns to take control of the Babadook by acknowledging its presence. This becomes the first step towards Amelia gaining power over the monster. The film comes full circle as "you can't get rid of the Babadook," becomes a reality. The message conveyed through this analysis is that all the trauma, guilt and pain that we reject takes the form of a split giving rise to a monster that keeps on haunting us till the time we accept and embrace it.

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Visual Art as Therapeutic Intervention

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Abstract

Aim of the research was to study the efficacy of the therapeutic potential of the visual arts in promoting the psychological well-being of emotionally disturbed children. Ten children were identified who were facing transient emotional problems and over one year, 24 thematic art activity sessions were held. Each child's drawings were interpreted and other art work was used for compilation of the individual case studies. It was concluded that process of art therapy in both individual and group modes were beneficial for all the participants. For most participants it was cathartic, was an exercise for self-disclosure and self understanding, for some it was a discovery of their latent potential for creativity and making art.

Introduction

I realised that many children studying in regular mainstream schools faced difficulties, challenges and emotional problems from time to time, but no real help was ever given to students to enable them to cope with them. By and large these children were left to their own resources to deal with their difficulties. It then struck me that most children enjoy drawing, painting, craft and dabbling with art material. Moreover, they are all used to engaging with art in some form or the other, since it occupies a legitimate space and status in the school curriculum. As a research arena, I thought, why not explore art-based intervention, which targets students' psychological well-being through a series of well thought-out and organised sessions and activities that could assume therapeutic proportions and value. The language of visual forms, expressed through drawing and painting, comes to the child more naturally and spontaneously than words. Words are a kind of 'imposed or learned skill' that characterise the world of adults. The degree of satisfaction that children derive from art is likely to find automatic reflection and manifestation in their personality.

Visual Art Therapy: Basic Features and Characteristics

Art Therapy is based on the assumption that visual symbols and images are the most accessible and natural forms of communication available to a human being to represent his/her experiences. It may be defined as a human service that uses art, media, images, the creative process and children's responses to the created products as reflections of their development, abilities, personality, interests and expressions of emotions. In the visual arts, therapy is based on the premise that by providing tools, knowledge of materials and opportunities to experiment with drawing and painting, children can get a forum for the expression of their inner subjective worlds. This would help in understanding them better, helping them and enriching their lives. The child's eye is always seeing, sensing and feeling the atmosphere around, and finds articulation either directly or symbolically in her/his art work.

Emotionally Disturbed Children

It was important to recognise that all children exhibit disturbing behaviour at some point of time or the other. They are not considered emotionally disturbed, unless the behaviour displayed by them is severe and long-lasting and inappropriate to their age. Occasional manifestations of disruptive behaviour, naughtiness, defiance, aggression etc. which occur in schools, would not amount to emotional disturbance unless any of them become a persistent tendency which characterises the child.

Methodology

The main aim of this research was to study the efficacy of art therapy in the context of emotionally disturbed children in normal mainstream schools.

PHASE I – Identification of Participants

This phase dealt with identification of the participants. Since this was the most significant component of the study, three criteria were used for the purpose of identification. These included referrals made by teachers, my own detailed observations of children's behaviour in the school and classroom and analysis of the drawings made by them on a set of personal themes like their own selves and their homes, to see if there was any unusual depiction in them. Teachers were asked to identify children who, in their understanding, were emotionally disturbed and were also encouraged to elaborate on the specific behaviour shown by children that reflected their emotional disturbance. My own observations of these children helped me to corroborate those given by the teachers. Based on both sets of observations and a preliminary analysis of the few drawings made by these children, the sample of participants was identified.

PHASE II – Conduct of Art Therapy

This phase focused specifically on visualising, organising and conducting the art therapy sessions and observing the children in both the individual and group sessions. As part of this phase, children were also asked to describe their own art works, focusing on the personal meanings attached to the different symbols and colors that they had used. This information was recorded by the researchers.

An assessment of their abilities to create art work and analyze what their art reflects, on the identified psychological variables addressed by the study, based on the interpretation guidelines followed by art therapists, was also done.

PHASE III - Gathering Feedback

This phase focused on identifying some of the visible indicators of change in children's behaviour, personality and performance, which could be attributed to the efficacy of art therapy. For this purpose, at the end of the art therapy intervention, a conscious effort was made to find out what specific changes had taken place in children's behaviour, their identity, their self-concept, and how they reviewed and understood themselves with respect to their experience of art therapy. Feedback was obtained from their own selfdescriptions, from their teachers and from their parents, wherever they were willing and forthcoming in sharing their observations. Teachers and parents were asked to specifically highlight the changes which they perceived in their children, subsequent to the art sessions.

All these three phases of the research were operational on the basis of a set of well-defined, specific objectives which are presented below.

Objectives of the Study

- To identify the nature of emotional problems being faced by the participants.
- To facilitate them to use art as a means of self-expression.
- To enable them to externalize and express their strengths, feelings, experiences and world view through art.
- To know their social world, nature of interpersonal relationships and self through their art work.
- To understand the symbolic representations of their thoughts, feelings and perceptions as reflected in their art.
- To compare and analyze the nature of art work created by them during and after art therapy sessions.

 To identify changes in the behaviour and identity of the participants as reflected through their own feedback, views of teachers and parents and researcher's own observations after the completion of art therapy

Tools and Strategies Used for Art Therapy Sessions

Keeping in mind the range of possibilities of art activities that students who are early adolescents can engage in and the availability of time in the school time table, the total number of sessions in which the art therapy was conducted with the identified participants who were emotionally disturbed was twenty seven, spanning across one academic year. Three standardized tests – Draw-A-Person Test (DAP), House-Person-Tree Test (HPT) and Kinetic Family Drawing Test (KFD) were used. Themes of the other art activities in the art therapy sessions included:

Reconstructing Childhood Memories, life Line, I want to Say..., left Hand Drawing, decoration of geometrical patterns, draw an advertisement about yourself, media / medium, exploration ink blots, the miracle question, collage work, mask making, scribble chase, metaphorical perception of one's class fellows/ making a portrait of one's favorite peer, depict your wish and drawing what the art activities meant to them, depicting one's self image, portraying one's emotions or feelings through drawing, illustrating the problems of one's choice and perception of any one peer after art therapy sessions.

Through these tasks it was expected that the therapist would get a glimpse of the child's inner world, attitudes, and behavioural characteristics. Other tools and strategies used to gather information and feedback about participants were: teachers' observations, children's scholastic achievement data, and personal data sheet showing motor development, medical history, diet, social development and peer relationships, emotional development, family history and relationships,

academic history, personal progress narration sheet, researcher's observations and parental interview (whenever possible).

Presentation and Analysis of one Case Profile

The focus of art therapy was not only on deciphering the meaning of children's expressive work but also in comprehending the complexities of both the process and product in art making. Expecting children to make representational art was not imposed or tried. They were encouraged to come to this of their own volition.

Case Profile of Om: Personal Data Sheet

Om is a 12 year old girl. In her personal data sheet she recorded normal developmental milestones. Her health profile shows that she is anaemic and is prone to health problems, due to low immunity. She is averse to milk.

She belongs to a joint family. Within that, her own family unit consists of her parents, three sisters and two brothers. Her father is the economic provider of the family, but emotionally she is more attached to her mother. She is happy with her family life and likes to share confidential matters and experiences with her mother.

Her only fear in life is failing in examinations. She says that she has taken positive steps to deal with anaemia and so she is not worried about her health any longer. She likes her school, but complained of water scarcity. She wished that her school had been an all girls' school. She admires her Mathematics teacher, who is also her class teacher, very much for her personality and professionalism. She likes all school subjects with the exception of social science.

General Impression of Teachers

Her teachers described her as a talkative girl, who lacks self-confidence and depends on others for help. In their view, she is very diffident and always needs their support and approval. She is not able to find confidence in

herself. It was for these reasons that they referred her for art therapy.

My own observation about her is that her family is encouraging her towards studies, since they see this as an investment towards her future. She is, therefore, driven towards trying to perform well, but this is also a major source of anxiety for her. This leads to diffidence and lack of self-assurance and a general feeling of anxiety in her.

Parental Interview: When I met her mother, she explained the family dynamic to me, which she thought could account for OM's general feeling of anxiety and lack of self-confidence. She said that since they had to rear five children within limited economic means, they found it difficult to educate all of them. Her elder sister had been educated but she had failed in the class 10 board examination and was made to sit at home, since she and her husband felt that it was pointless spending money on someone who was so weak in studies. OM was thus seen as the next person with potential who should be encouraged in her education. Therefore, as a family, they decided to motivate and encourage her to study and are making all efforts to maximise a bright future for her. Her father, despite his limited means, is supporting her tuition expenses. Somewhere I felt that OM understood this family expectation and was eager to fulfil the expectation that her family had from her and was always anxious about this, which in turn made her seek affirmation and approval from others, especially her teachers.

Analysis of Art Work

From the very beginning OM took great interest in all the art tasks. She expressed delight at being part of the ten participants in the study and considered it a privilege. On the first theme, 'Myself' (see Figure 3.1), she has drawn a nicely coloured and neatly formed image of herself. All the body parts and features have been aptly and proportionately represented. She has dressed herself in a smart skirt and blouse. As per the interpretive norms

of art therapy, the image shows a positive selfimage and a well-integrated personality. I observed all through that she is a courteous and well behaved girl.

On the KFD test, she drew the images of all her family members by name, in neat compartmentalised boxes (see Figure 3.2). Her mother, who in her view is the dominant person in the family, was drawn first. The image of her father has been placed in the centre of the page and is larger than all other images. She was probably trying to weave in his stature and importance. The compartmentalisation for depiction of different family members may symbolise the need for personal space. When I visited her house, I come to know that seven family members are living in a two-room set, and so this may be an expressed need. From the overall representation of the family, all members appear to be well-adjusted to each other.

Her creation on the HPT test (see Fig 3.3) the images of house, tree and person have been well-represented in scenery. The entire picture is neat and illustrative of a theme. It conveys a social message. She drew three children popping their heads out from the crown of the tree, telling the wood cutter, whom she has epitomised as the person not to sever the green lungs of the earth. This is how she put it herself. The landscape consisting of the green grass, mountains and a brightly-coloured sun depict the growing need for light, nature and the larger world. She thinks and feels for social and environmental issues. In her picture, the house, tree and person have been given equal weightage and have been interlinked thematically, showing that she gives all of them equal importance and is aware of their interdependence and importance in her life. When asked to make a drawing of the person she dislikes the most, she drew the image of one of her classmates Neha (see fig 3.4). She jokingly told me that she wanted the image that she had created, to be hung on the wall. Seeing my expression of disbelief, she immediately

made jagged lines on the picture to conceal her emotions towards her.

Her social concerns are very prominent. In the task requiring her to decorate a hand imprint, she created a beautiful, well-conceptualised poster showing her concern for the population explosion problem afflicting our country (Figure 3.5). The depiction in the poster affirms her mastery of visual observation and integration of visual units. Each small image within the poster has a significance and relevance to the larger issue of population explosion, showing that she understands the issue in its full significance and is sensitive to the nuances as well. The shading used in the caption has also been done in a manner to convey genuine concern. Thus, the art created by her shows a combination of conceptual clarity and creative potential clubbed together.

In Figure 3.6, where she has tried to express the problem of her life, she has depicted concern about her studies and the approaching examinations. Her younger brother is shown teasing her, like he is articulating her own wish which expresses the idea, "I wish we did not have to study. Life would have been tension free and much more enjoyable, then." She has shown herself in deep concentration, sitting at her desk and reading a book. The picture shows that she has anxiety about the examination and an eagerness to fulfil the family expectation from her. At home, due to scarcity of space, she does not get a conducive environment for studies and so she has created an ideal ambiance for studies in her art representation, replete with book shelves and a study table.

On the 'draw your wish task', she drew two very neatly represented wishes (see Fig 3.6). One wish is her personal desire to be a doctor, which she has written with emphasis at the head of her drawing, and the other is a wish once again reflecting her social concern, where she has emphasised preserving nature, particularly desisting cutting down trees. This shows that her identity concerns are both personal and social in nature and include issues

of global concern with equal passion. Her images show her technical proficiency and a reflective and analytical thinking approach.

In creating a collage, which was the next art task, OM got very few pictures and leftover material to use. In spite of that, she has created a very eye-catching piece in which colour and little cuttings of paper have been combined to create a very attractive image (see Fig 3.7). This shows her creative abilities and resourcefulness. What she was trying to depict in the creation was not very clear in her mind and so she was not able to talk about it. Irrespective of that, what she has created has an aesthetic appeal of its own.

Her most memorable childhood memory, which she cherishes till date, is the celebration of her sixth birthday (see Fig. 3.8). The scene that she has depicted beautifully captures the happy moments shared by her parents and her brother on the occasion. There is a clear symmetry in the wall decorations as well. With the spontaneous switch to the more selfexpressive style seen in Fig. 3.9, OM indicated her willingness to progress cautiously, in the direction that the therapist encouraged her to move in. Structured directives were provided so that she could focus and augment the material. In the scribble task, (see Fig 3.10) faces, animals and leaves have all been aesthetically interwoven into a creative composition.

Explaining the collage created by her, (see Fig 3.11), in which she has shown a teenaged girl in search of autonomy, which she said was a manifestation of her own wish to be a dancer and aspire for the sky. The image of the aeroplane has been woven in to depict this along with the image of the girl floating in the blue sky. Negative space is also utilised for portraying random ideas. Once again her artwork shows a beautiful synthesis of ideational representation and technical competence. Depicting her life experiences in the form of life line was a difficult task for her. She expresed that she is happy with life and

just wrote out some routine activities that make her happy as well as mentioning those that make her unhappy (Figure 3.12). They are neatly written-out in the picture. The happy activities included playing, going for a picnic, partying, having lunch and walking. These are all social activities showing that she likes to be with others.

OM's progress in response to encouragement in the self-expressive process was validated by the achromatic drawing that she created in the subsequent session. She chose sketching as a medium to communicate four types of feelings (see Fig 3.13). These were feelings of happiness, crying, sorrow and anger. Each of these emotions were expressed through an appropriate facial expression and the reasons which lead to manifestation of these emotions in her were also spelt out. This shows that she has good self-understanding and is able to own her feelings and emotions.

On the DAP test, OM, who has a need to see herself as a powerful and dominating person, has drawn a very large figure of a girl, with a facial expression of being constrained and somewhat helpless. The encapsulated figure, plus arms drawn smaller compared to the rest of the body may be indicative of her suppressed ego control, as per the interpretive norms. She has not drawn the entire figure and the facial features are also misleading. Therefore, not many inferences can be made. In the second drawing on the DAP, she has depicted a boy, devoid of a chin. This usually represents feelings of inadequacy in social situations. The boy's t-shirt displays graffiti, establishing that he is the best champion. This corroborates her need for recognition and high aspirations (see fig 3.14i and ii).

Figure 3.15 shows her depiction of her friend GK, metaphorically represented as a heart. She says that she has used a heart to personify her friend because she has a very good heart, is a very well-meaning girl and OM greatly values her friendship. She has also drawn the face of KM as the person whom she likes the most

among the boys of her class. Contrary to reality, she chose unusual colours to depict his eyes and hair (see fig 3.16). She seemed to have been guided by fantasy in making his eyes blue and his hair streaked. She was not able to offer any reasons for doing so.

In figure 3.17, OM's control over art media is significant. A smiling sun, notion of perspective and use of shading to depict depth, all show prominent logical perceptual development. Less control of texture usage is visible. I observed that she acquired the skill of creating spatial order in her depictions due to her growing interest in drawing.

Media exploration scratch task (see Fig 3.18), mask-making effort (see Fig 3.19), and sticking material to make a geometrical pattern (see Fig 3.19) show her stimulated imagination and developed aesthetic sense. They are beautifully conceived and decorated with a keen eye for aesthetic detail.

She considers GK, her best friend. She had noticed perceptible change in her after art therapy, in terms of improved peer relationships, which she has articulated in the picture created as a representation of changes observed in any one peer (see Fig 3.21). She tried several combinations of fabric pieces before settling for the final one. This picture also shows her special interest in the ornamental aspect of painting.

Her own experience of art therapy was expressed in the form of a narrative drawing (see fig. 3.22). Her drawing showed increased memory retrieval and organisational capacity to use art as narrative. For her, art therapy had been a valuable modality in enhancing her art expression i.e. drawing and music. Her interest in studies grew further. She has lauded my therapeutic role, symbolically. Each of the four pictures that she has used to provide feedback speak symbolically and through the dialogues infused in them. She has used this style as an exclusive vehicle for personal expression, creating very telling visual forms. She has

ended her picture with a declaration of love for the therapist.

Conclusion

Through the course of art therapy, OM's interest grew in the visual properties of her own work and those created by her peers, namely - composition, the elements of design and in the technical aspects of materials and Later, she enjoyed the selfprocesses. confidence that she could build by achieving competence. OM's response to both the use of art materials (crayons, poster color, pencils and paper) and the therapeutic relationship was positive. She discovered in the art process a new mode of communication that helped her establish good peer relationships, and it also helped her in expressing her feelings better. As her trust and comfort in the relationship grew, she began to take risks with self-exposure, bringing her concealed internal world out into the open. Her later work shows more selfrepresentational products. As art therapy sessions progressed, OM was able to use the art material for communication of feelings that could be understood even without verbal exploration. Her pictures show organisation and reflect her capacity for purposeful activity. Later she acquired the capacity of forming a clear mental image of what she wanted to express as well as the ability to execute it. Her teachers felt that she had improved in her self-confidence and was not so hesitant any more. She could also take some initiative on her own.

Overall conclusions

In a limited number of sessions, it was seen that drawing helped children to communicate relevant issues and problems quickly, thus expediting assessment and intervention. Art therapy shows positive changes and progress in visual and scholastic skills of children.

Implications of the Study

Art therapy can offer a valuable resource in the unearthing the expression needs of children in mainstream education. It would definitely benefit those children who have emotional or behavioural difficulties even if they are minor or transient in nature and also those children whose special needs cannot be met in the classroom. Satisfying the emotional needs of such children will positively affect their learning potential.

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Appendix





Fig. 3.1



Fig. 3.2



Fig. 3.3



Fig. 3.4



Fig. 3.5

Fig. 3.6



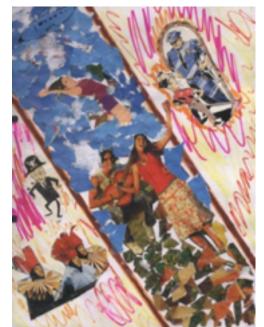


Fig. 3.7 Fig. 3.8





Fig. 3.9 Fig. 3.10



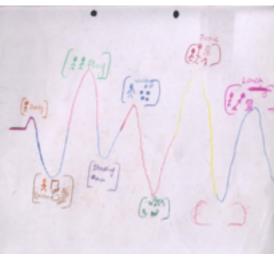


Fig. 3.11 Fig. 3.12



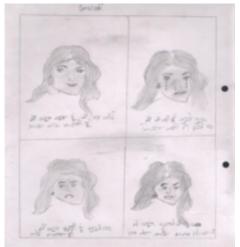


Fig. 3.13





Fig. 3.14







Fig. 3.16 Fig. 3.17

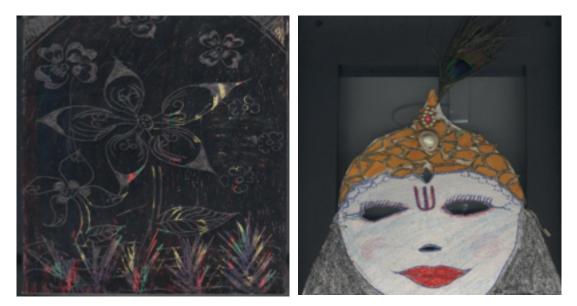


Fig. 3.18 Fig. 3.19



Fig. 3.20 Fig. 3.21



Fig. 3.22

All Work and no Play

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There is an abundance of energy and strength in children. Children are not as fragile as once thought to be, but rather they are capable of dealing and coping with threatening and frightening situations. Nonetheless, it is important to facilitate them to use their energy to constructively work through their thoughts and feelings when they are hurting and are traumatised. This enables them to focus their energy on their growth and development. Since centuries, the developmental value of play has been documented by famous philosophers, educators, scientists and psychologists. Play is a natural activity of learning, exploration and communication in a non-threatening environment. The Greek philosopher Plato (429-347 B. C.) once said, "You can discover more about a person in an hour of play than in a year of conversation."

In the attempts to understand play, various theories have been proposed. They are broadly classified into classical and modern theories.

Classical theories were devised by various philosophers, researchers and theorists, focusing on importance of childhood. These theories are discussed below:

Surplus energy theory by Schiller (1873) & Spencer (1875) views play as a result of surplus energy in children. As they grow and develop, this surplus energy is channelised at work and in other activities important for survival.

Recreation/ Relaxation theory (Lazarus, 1883 & Patrick, 1916) views play as a way of restoring energy that is expended at work.

Evolutionary/ Recapitulation theory (Hall, 1906 & Wundt, 1913) suggests that play has an evolutionary value helping in survival. For example, play activities involving swinging

and climbing also help in survival. It further states that play provides means to express children's instincts, which has a cathartic effect on the individual.

Proactive theory by Karl Groos (1989) states that play allows children to practice adult roles and instills skills for survival in them.

Modern Theories of play view it as a vehicle of overall growth and development.

Infantile dynamics originally postulated by Lewin (1933) and expanded upon by Buytendijk (1934) states that children engage in play because their cognitive dynamics allow no other course.

Cathartic Theory (Freud, 1908) views play as a way of relieving negative feelings and developing positive ones. Buhler (1930) and Anna Freud (1937) later added that play not only helps in expression of emotions but also provides opportunities to cope and master anxieties and conflict.

Behaviourist approach to play views it as a learnt way of regulating level of arousal in Central Nervous System (Berlyne, 1960)

Cognitive theory of play views it as a medium to develop cognition. It helps children understand what actions can be taken in different situations and their effects thereafter (Piaget, 1962 & Vygotsky, 1977).

Regardless of the theory under the limelight, all of them are based on the premise that play has important benefits. As children grow and develop, their play also evolves with their transforming abilities. Taking a developmental approach, various theorists have defined stages of play (Parten, M., 1932 & Smilansky, S., 1968).

Mildred Parten, a child development scholar, studied pre-schoolers (02-05 years) at play and identified six types of play.

Unoccupied Play: In this stage, the children just observe and do not indulge in playing. They may be standing in one spot or performing random movements.

Solitary/ Independent Play: In this stage, children focus on their activity only and are unaware of what others are doing.

Onlooker Play: In this stage, children watch others play but do not join in.

Parallel Play: Here, children play side by side without interacting with others present. They may watch and mimic each other.

Associative Play: Children are interested in the people who are playing and not the play activity. They may interact but their activities aren't co-ordinated.

Co-operative Play: In this stage, children play together in an organised, co-ordinated way. They are interested in both the people as well as the activity. Here, the roles during the play are pre-decided.

Like Parten, Sara Smilansky studied how children learned through play. She concluded that there are four different types of play that children indulged in, each contributing to the child's development and learning.

Functional Play: It is a form of play in which children use their sensory-motor skills to explore and experiment with objects around them.

Constructive Play emerges as children indulge in constructing things with their play material. In this stage, they start moving away from sensory motor play towards symbolic play.

Pretend or Dramatic Play involves transforming the physical environment into symbols, such as imagining a chair as a vehicle seat.

Games with Rules induces the understanding of rules and to abide by them. These rules help

children concentrate, understand limits, and control their behaviour.

Research shows that 75 percent of brain development occurs after birth. Play fuels this process through the formation of neural network. Play is of paramount importance as it fosters healthy growth and development across all domains of development namely, physical, cognitive, social, and emotional.

Physical: Play as an integral part of the healthy growth of children, fosters opportunities to develop both gross and fine motor skills as well as co-ordination, balance, strength, muscle tone, agility and dexterity. It enhances lungs and heart-functioning by increasing the intake of oxygen. It also builds body stamina. For children with sensory issues, it promotes development and integration (premise of Sensory Integration Therapy in Occupational Therapy

Cognitive: Children benefit greatly when they are occupied in all forms of play. Different games and play material helps in development and enhancement of different skills. Things such as puzzles can increase problem solving (Jones, E., 2003). Games like chess, checkers, towers of Hanoi etc. promote logical reasoning, planning and strategy making. Dolls, figurines, clay, puppets etc. enhance creative thinking. It helps in developing other cognitive skills like abstract reasoning, curiosity, memory, decision making etc. in a safe environment.

Social: Play provides children with a context to try out social and adult roles in a safe environment. As the play becomes cooperative, the children start learning social skills, sharing, turn-taking, empathy, negotiation, conflict resolution, self-advocacy and it helps in understanding diversity. It also fosters language development, both expressive and receptive.

Emotional: Play provides a platform to vent out feelings and emotions in a non-threatening manner. Prominent psychologist Lev S. Vygotsky believed that during play, children may hold back on what they want, and rather give in to rules of play with others in order to gain the pleasure of the play. According to Vygotsky (1977), play helps in exercising self-control. Through play children may learn to deal with their fears, phobias and anxieties (Santrock, 1990) and also master their competencies. This, in turn, instils a sense of accomplishment, thereby enhancing self-esteem.

Thus, play is so crucial for the optimal development of children that it has even been recognised by the United Nations as a right of every child (UNCRC, 1989).

According to Erickson (1950) "Play is a function of ego, an attempt to synchronise the bodily & social process with self". Fromberg (1990) defines play as the "ultimate integrator of human experience". Scales et al. (1991) views play as "an absorbing activity in which young children participate with enthusiasm and abandon". Play has been used as a therapeutic intervention since 1920s. The first case highlighting the benefits of play as a therapy was in 1909 by prominent psychologist Sigmund Freud via. his case entitled "Little Hans". In 1926, Anna Freud employed games and toys to establish rapport with her patients. According to Melanie Klein (1932), child's play was a substitute for the free association used within adult psychoanalysis. Other prominent professionals to use play as an intervention technique include Hermine Hug-Hellmuth (1921), David Levy (1938) and Gove Hambidge (1955).

Play therapy can, therefore, be defined as a method of psychotherapy for children which provides them with a platform to express themselves, explore their thoughts and feelings and integrate their experiences. The aim of this intervention technique is to decrease behavioural and emotional difficulties which may interfere significantly with children's functioning and development. It is not only a vehicle of expression but promotes self-awareness, coping with problems and

experimenting with problem-solving in a safe and non-threatening environment.

Play therapy has been successfully used for children with psychological disorders like Attention Deficit Hyperactivity Disorder (Ray, Dee C., Schottelkorb, April, Tsai & Mei-Hsiang, 2007), Obsessive Compulsive Disorder (Steinberg, S.G. & Logan, D., 1999), depression (Baggerly, J., 2004), phobias (Santacruz, I., Mendez, F.J. & Sanchez- Meca, J., 2008). Effectiveness of play therapy has also been observed for children who have faced parental loss, separation and divorce (Landreth, G, 1995); sexual abuse and resulting trauma (Bevin, T.,1991); witness and victims of violence (Kot, S.Y.L., 1996); acute and chronic illness (O'Connor, K.J. & Schaefer, C.E., 1994), children in childcare institutions, foster care and adoption facilities (Clausen, J.M., Ruff, S.C., Wiederhold, W.V &Heineman, T.V., 2012). Unlike other psychotherapies which aim at re-aligning internal environment of the client via the external environment, play therapy enables the children to realign their internal environment influencing the external.

There are two methods of conducting play therapy namely, Directive and Non- Directive play therapy. Directive Play Therapy is structured, prescriptive and focused, involving the therapist choosing a specific activity for the session. The major proponents of this theory were Anna Freud and Melanie Klein. Non-Directive Play Therapy by Virginia Axline combines play therapy with Carl Rogers' Client Centred Therapy. As the name suggests, in this approach the child is free to choose the activity and play with it as they please.

Landreth (1991) said, "toys are child's word and play, child's language". Play media is defined as a toy, game or an activity that is used for engaging the child and enabling them to explore and transfer their feelings, anxieties, fears, fantasies, and guilt to objects rather than people. Although desirable, a fully-equipped playroom is not necessary for play therapy.

Though access to play materials for therapy is essential. Features of a good playroom are as follows:

- Soundproof to avoid distraction
- Spacious, well-lit and ventilated
- If in a hospital setup, away from clinical rooms
- When one-way mirrors, audio and video systems to record sessions are being used, it is of utmost importance to take required consent from the client and/or primary caregivers and guardians.
- The playroom maybe equipped with various play materials such as puppets, dolls, clay, blocks, sandbox, wigs, costumes, doll house, kitchen set, doctor set, feeding bottle, telephone, play money, crayons, paints, town set, cars etc.

According to psychoanalyst Esman (1983) there shouldn't be a lot of toys but just enough that are simple and durable. The therapist should be comfortable with them. Characteristics of a good play material are:

- Serves multiple functions
- Encourages expression of thoughts, emotions, feelings and needs
- Facilitates therapeutic relationship between the client and the therapist
- Can be played with two or more people together

- Aids in development of insight
- Provides opportunity for reality testing

"All work and no play makes Jack a dull boy" is a proverb we all have probably grown up listening to and maybe even telling our kids. It is indeed true. With the focus being more education-orientated, time for play has been markedly reduced for some children. This trend has even affected kindergarten children, who have had free play reduced in their schedules to make room for more academics. The National Association of Elementary School Principals conducted a survey in 1989 and found that 96 percent of surveyed school systems had at least one recess period. In a follow-up survey a decade later, they found that only 70 percent of even kindergarten classrooms had a recess period (Pellegrini, 2005).

This change may have implications on children's growth and holistic development. The repercussions of decreased play in the lives of children can be seen in the increasing number of emotional and behaviour problems in children. That is, due to lack of play their energy and potential isn't being channelised optimally, and thus children indulge in unsuitable methods to utilise their pent up feelings. Further, the cathartic platform provided by play is also missing which is all the more crucial for children today due to the stressful environment they may be living in.

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Mental Health Program on Alternative Sexual Expression

Ritu

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Abstract

Presented here is a mental health program on alternative sexual expression comprising of multiple sessions to be organised in one academic year for Classes 9-12. This program is an effort to develop an understanding of alternative sexual expressions in the students within the changing social context. This mental health program may be considered as an initiative taken to provide a platform and facilitation to students to understand, question the set norms of society regarding the spectrum of sexual expression. The different activities included in this program are hoped to help students to open up, reflect, observe, and debate on the issues related to the various concepts, myths, stereotypes, and issues encountered by persons with alternative sexual expressions. It also intends to provide to the students a historical perspective and a broad sense of development in the understanding of the different factors regarding alternative sexual expression. This program will help the students to change their mindset regarding alternative sexual expression in positive way.

Introduction

"I was not lady like, nor I was manly. I was something else altogether. There were so many different ways to be beautiful."

Michael Cunningham (novelist)

Alternative sexual expressions are not accepted in our culture and context because these do not fit in the popular normative frame of our society. Even after being accepted as a natural expression of one's sexuality, it is still treated like a disease or danger to the society. That is why people with alternative sexual expressions are struggling for their rights and for acceptance. This programme is planned to make our young generation, that is, the school students and teachers, aware and sensitised about the issues, struggles and humiliation that people with alternative sexual expressions face at each and every step of their life.

The various life skills that are intended to be developed and refined via this plan are self-awareness, decision-making, empathy, interpersonal relationships, critical thinking, and questioning.

The objective of this programme are:

1. To broaden the understanding of students about alternative expressions of sexuality.

- 2. To become aware of the nuances and multi-dimensionality of the issue.
- 3. To become accepting of the expression of other's and one's own sexuality.
- 4. To understand the importance of confidentiality and being a part of someone's support system, if needed

The various sessions will have their respective specific objectives.

The various pedagogical techniques that will be used in this plan are – individual and group activities, case-study analysis, video-filming, and discussions.

SESSION - 1

Specific objectives:

- To reflect on students' understanding and beliefs about alternative sexual expressions.
- To be aware about the myths and stereotypes related to alternative sexual expressions.

Activity 1: Open Discussion (30 minutes)

In the first session of the mental health programme, some news articles will be presented and/or read before the students to start a discussion about 'alternative expressions of sexuality'.

These news articles may include the following:

"Kerala sexologist claims to 'cure' homosexuality, LGBTQ community demands action." (The News minute – 23 April, 2018)

"From denying existence of 'hell' to LGBTQ in churches, here's why this Pope is different. "(the Indian express – 3 April, 2018)

"India takes a step towards **decriminalising** homosexuality." (The Pulse – 13 January, 2018)

Students will be asked to point out some important themes from these news articles and their relevance in our lives.

This discussion is essential to address the topic with students' point of view and to know to what extent they consider this topic relevant.

Note: This session could be used to help students articulate their own beliefs, anxieties, and views about alternative sexual expressions.

Activity 2 Sentence completion: myths and stereotypes (20 minutes)

1st sentence: As a parent, if I find that my children are being taught by a gay teacher, then, I would......

2nd sentence: If a close friend of mine who I assumed was straight told me that he/she is homosexual, I would feel......

3rd sentence: When I think of two people of the same sex making love to each other, I feel...

4th sentence: As a parent, if I learnt my child is not heterosexual, I would.....

5th sentence: if someone of my own sex made a sexual advance towards me, I would......

6th sentence: If I am living in a hostel/PG and I found out that my roommate is not straight, then I would.....

7th sentence: What I admire about homosexual people is......

8th sentence: Homosexual couples make me uncomfortable when.....

After completion of the activity ask how they felt during the activity.

SESSION - 2

Specific objectives:

- To make them remember the incidents which shaped their early understanding about the topic.
- To understand and define the technical terms used in the context of alternative sexual expressions, such as, lesbian, gay etc.

Activity 1: Early learnings about people with alternative sexual expressions (LGBTQ) (30 minutes)

Students will be asked to partner up in pairs. The facilitator will ask four questions, and as participants listen to each question, they should try to think of specific events or experiences, asking themselves four important questions. They are:

- 1. When did you hear about people with alternative sexual expressions?
- 2. How old were you?
- 3. How did you feel?
- 4. How did that knowledge influence your attitudes, values, or beliefs about sexual orientation?

More questions that may generate further discussion:

- 1. When was the first time, or a significant time, when you became aware that some people had a different sexual identity than you?
- 2. When was the first, or a significant time, when you became aware that people were treated differently because they had different sexual identities?
- 3. As a child or young adult, what did you learn about lesbians and gay men from your parents, friends, or your religious experiences?
- 4. What was the first, or a significant time, when you were challenged about your

beliefs and attitudes regarding different sexual identities?

After participants think about each question, they should discuss their thoughts with their partner.

Activity 2: That's the term!! (30 minutes)

The second session will start with an activity to check the understanding about the definition of the technical terms used for people with alternative sexual expressions.

There are chances that students might have used or heard some of these words before, without properly understanding them. In this activity, the teacher would write the various terms that would emerge in the first session on the board and their definitions in a random order and ask students to match up the terms with their definitions.

After completion of the activity, students will check their responses themselves to make their understanding better.

Home task: For the next session, students will be given a home task (group task) to search about:

- Historical development of the movement for acceptance of alternative sexualities
- Laws in different countries for expressions of alternative sexuality

SESSION - 3

Specific objectives:

- To understand the historical perspective.
- To interpret the statements of the law and their implications for the acceptance of people with alternative sexual expressions.
- To understand the struggle and humiliation faced by the person with alternative sexual expression and his/her family as well.

Activity 1: Group discussion (50 minutes)

In the first slot of the third session, students will be asked to present their findings about the given topics.

The teacher will be present throughout the first slot and there will be feedback and questionanswer session for each group presentation.

SESSION - 4

Specific objectives:

- To appreciate the power of audio visuals/ media to shape the opinion of the society
- To understand expressions of different agents and social institutions around the issues

Activity 1: Video screening followed by an open discussion (90 minutes)

In this session, students will be shown an episode of the TV Show Satyamev Jayate on "Accepting Alternate Sexualities".

After this video, an open discussion will be organised to understand the key points in a better way.

Home task: Students will be asked to find one case pertaining to this topic and study the positions of various stakeholders thoroughly.

SESSION - 5

Specific objectives:

- To empathise with the discomfort that people with alternative sexual expressions face when they open up to their relatives, friends, and acquaintances.
- To empathise with the cause of acceptance of alternative sexual expression

Activity 1 – Case presentation (60 minutes)

In this session, first of all, students will present their case studies and the various contradictory positions. Students will be asked to arrive at some solution or give suggestions for their cases collectively.

Activity 2: Group discussion

After the discussion of different cases, students will be shown a documentary "Breaking free" to know about real life cases of alternate sexual expressions.

After the documentary, a discussion will be held over the topic with students.

SESSION - 6

Specific objectives:

- To understand the misuse of power to crush the alternative reality.
- To explain the safety issues faced by the persons of alternative sexual expressions.

Activity 1: Are we all equally safe? (30 minutes)

In this session, a group discussion will be planned to understand the safety issues for people with alternative sexual expressions.

Students will be asked to imagine how safe they think is our society for people with alternative sexual expressions.

The spaces around which the discussion may be organised are:

- Educational institutions
- Gyms and other such spaces that focus on physical health
- Movie theatres, restaurants, and other spaces for entertainment
- Family and kinship
- Work spaces
- Hospitals and other clinical spaces

Students will be asked to give reasons for their responses.

Activity 2: Is the 'collective' against the 'individual'? (3 hrs)

In this session, the Bollywood movie "Aligarh", which is based on a true story of a gay university professor who is shamed by society and compelled to commit suicide, will be shown to students.

After the movie, a discussion will be held about the movie with the students.

SESSION - 7

Specific objective:

• To understand how disability and alternative sexuality add up in the challenge for survival

of a person, especially woman, in our society.

Activity 1: Multiple layers of struggle (3 hrs)

In this session, the Bollywood movie "Margarita with a straw" will be screened for students. The movie shows the triple challenges for a girl with disability and alternative sexual expression in our society.

After the movie, a discussion will be conducted over the same with the students.

Activity 2 – What have I always wanted to know? (60 minutes)

In the second slot, a question-answer round will be planned in which anyone can ask questions about what they always wanted to know related to this topic. To answer, this will be an open session.

"What have I always wanted to know?"

Participants will be provided with blank cards on which they will be anonymously free to write any questions they might have around the acceptance of people with alternative sexual expressions.

Questions from the cards will be read by the facilitator and attempts will be made to answer these questions with the participants.

SESSION - 8

Specific objectives:

- To empower students to talk about the topic in public and social spaces.
- Learning to respond to the various arguments and reactions of people about alternative sexual expression

Activity 1: How do people respond?

Home task: Students will be given a home task for the next session, i.e., to bring up this topic in public and social settings and discuss the varied responses that they get from different people.

Instructions:



- Ask students to choose a social setting where they will bring up the topic of LGBTQ issues. For example, they could go out for coffee, have lunch or visit a family member, and bring up the topic in conversation in a public space.
- Suggest that the student say something like, "we are learning about lesbian, gay, bisexual, and transgender issues in school, and it's been very interesting." The student could be prompted to wait for the other person's reaction before proceeding.
- Ask students to analyse the subsequent conversation, noting changes in tone or voice, their own comfort level, the comfort level of the other person, the comfort level of those who might have overheard the conversation.
- Have them report about what was said, how it was said, how they felt throughout the conversation, and what they were made aware of as the discussion unfolded. Did they notice a change in tone, or voice when they said the words lesbian, gay, bisexual, transgender? What was comfortable or uncomfortable about the interaction?

SESSION - 9

Specific objectives:

• To accept alternative sexual expressions as natural as heterosexual expressions.

Activity 1: Guided imagery (40 minutes)

In this session, after developing much understanding on the topic, an activity will be planned on Imagine how you would feel.

Purpose: This guided fantasy gives people the opportunity to feel what it's like to be ridiculed, excluded and discriminated against on the basis of sexual orientation. In this case, heterosexual orientation. It was developed by students at Cornell University and by M. Rochlin.

Script: We're going to do a guided fantasy now that gives you a chance to feel what it's like to be hated and excluded because of your sexual orientation. The fantasy assumes that you, the listener, are heterosexual. Even if you happen to be gay, lesbian, bisexual or questioning, concentrate on the feelings it touches in you.

I would like you now to concentrate on my voice and how you feel... not what you think. Don't rationalise or intellectualise, simply feel. Ask yourself what emotions are affecting you.

Find a comfortable position and close your eyes. Let your body relax. Notice your breathing, in and out. Relax all the muscles in your body.

I'm going to ask you to imagine a world that's very different from one you currently live in. Because it's different, it requires you to stretch your imagination. Let yourself experience and imagine as fully as you can. Rather than judging yourself for what comes up, just notice and record in your mind without editing. If you feel the pressure to edit, simply notice that you have the feeling. If you become distracted at any point, just notice that and return to the process. The more you can be with your experience, the more you will get out of this exercise.

Imagine for a while that you live in a society in which the majority of people are lesbian or gay. The entire society is set up for homosexuality – it's the way things are. By the way, having children is no problem: adoption, artificial insemination and other methods are used. Children are raised by parents who are both of the same sex. So, your parents are the same sex, your peers are all lesbian or gay, and everyone you've ever met is gay... but you are heterosexual.

Now open your eyes.

Students will be asked to think and articulate their feelings towards the following scenarios:

- 1. How do you feel having your sexual orientation be in the minority?
- 2. How does it feel having to make a decision about admitting your heterosexuality to yourself? To others?



- 3. What's the difference between flaunting your heterosexuality and asserting your identity?
- 4. How does it feel to hear "straight" jokes from your family and friends?
- 5. How does it feel to have religious authorities perhaps even your own pastor or rabbi saying your feelings are wicked or sinful?
- 6. How does it feel when you can't understand why you have certain desires, desires that involve fantasies about the other sex, that no one around you seems to share?
- 7. How does it feel when you turn on the TV or open a magazine and all the ads are for people unlike you? The ads are always about what toothpaste men should use to attract the best men, about the perfect wine for two women in love. Never anything for people of different sexes who are attracted to each other.
- 8. How does it feel to think you are the only one attracted to the other sex no one else in the world is like you? Who do you talk to about it? Who can you risk telling your secret to?
- 9. If you are a woman, how does it feel to be asked each time you call home, "When are you bringing your girlfriend home to us?", or if you are a man, "Where's your boyfriend? Why, I must have dated dozens of boys when I was your age."
- 10. How does it feel when everyone always assumes you are gay or lesbian, never allowing for the that you are straight?
- 11. How does it feel when not only do you have to hide the fact that you may want a sexual relationship with the other sex, but you have to pretend that you want one with someone of the same sex?
- 12. How does it feel to know that you can never raise children because society tells you that you are harmful to children and

- awards them only to lesbian and gay couples?
- 13. How does it feel to know you might lose your job or your apartment or your health insurance just because someone suspects that you are heterosexual... and to have no protection from the law?
- 14. How does it feel to be assaulted by a hetero-basher, but to not be able to go to the police about it?
- 15. How does it feel to be always, aware of what you say, of how you act? Aware of things you have to do in order to be considered homosexual? Aware of the things you would never dare do, because you might be suspected of being heterosexual?
- 16. What does it feel like to be asked and have to answer questions like these:
- 17. What do you think caused your heterosexuality?
- 18. When and how did you first decide you were heterosexual?
- 19. Is it possible your heterosexuality is just a phase you might grow out of?
- 20. Isn't it possible that all you need is a good gay or lesbian lover?
- 21. If you've never slept with a person of the same sex, how do you know you wouldn't prefer that?
- 22. If you chose to nurture children, would you want them to be heterosexual knowing the problems they would face?
- 23. The great majority of child molesters are heterosexual. Do you really consider it safe to expose your children to heterosexual teachers?
- 24. Why do you insist on being so obvious, making a public spectacle of your heterosexuality? Can't you just be what you are and keep it quiet?

- 25. Why do heterosexuals place so much emphasis on sex? Why are heterosexuals so promiscuous?
- 26. There seem to be very few happy heterosexuals. Techniques have been developed to help you change if you really want to. Have you considered aversion therapy?

The intent of this activity is to normalise alternative sexual expression as much as the heterosexual expression.

SESSION - 10

This is the concluding session of the mental health program in which the participants will be asked to share their feedback about the programme. The activities performed in the earlier sessions will be discussed to reflect on their relative importance, strength, and scope fo improvement for understanding about alternative sexual expressions.

Note: This is a tentative planning of Mental Health Programme in school for a year with adolescent students. In between, news articles, real-life stories or any other stuff related to the topic can be added by the students as well as the facilitator. The program may also be adapted as per the need and context of the school and the context in which it is situated.

A Brief Overview of Wrist Anatomy for Students

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Abstract

The objective of school education is not only confined to academics, but is also to promote and ensure good physical and mental health. In order to increase student awareness about physical health, it is imperative to highlight the basic anatomical facts of the human body to gain an understanding of possible derangements and their prevention. This paper is a humble attempt to provide a preliminary overview of wrist anatomy for students, especially at school level. It is expected that this information will sensitise students and teachers in facilitating the prevention of wrist injuries.

Introduction

It is the wrist that enables humans to wear fashion accessories such as watches, bracelets and bangles. The wrist is the most common site where a physician examines the pulse of an individual. Wrist constitutes the junction of forearm and hand. The human wrist has a Wrist Bones. Human wrist bones (carpals) are arranged in two rows; proximal and distal as depicted in Figure 1. The proximal row consists of scaphoid, lunate, triquetral and pisiform. The distal row comprises trapezium, trapezoid, capitate and hamate. Out of these carpal bones, capitate is the largest whereas pisiform is the smallest.

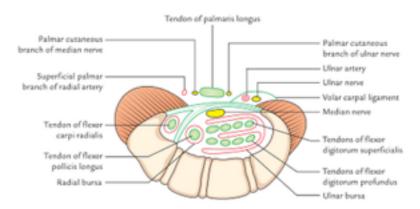


Fig. 11.5 Transverse section of wrist across the carpal tunnel showing structures passing superficial and deep to the flexor retinaculum.

complex anatomical structure that consists of eight wrist bones (carpals) arranged in two rows (proximal and distal) along with the distal ends of the forearm bones (radius and ulna). However, this paper focuses on the anatomical considerations and practical implications of the carpal bones. Figure 1 Transverse Sections of Wrist (Singh V., Textbook of Anatomy (Regional and Clinical) Upper Limb and Thorax, 2014)

The surface of carpals facing the palm, i.e. their Palmar surface presents a concavity referred to as the carpal groove. A fibrous sheet called flexor retinaculum forms a bridge across the carpal groove and converts it into a passage called the carpal tunnel.

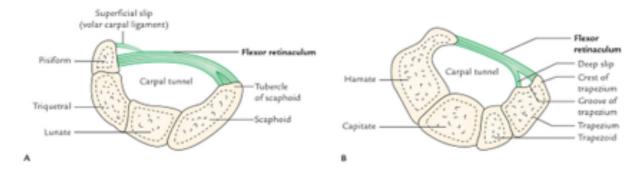


Fig. 11.4 Attachment of additional medial and lateral slips of the flexor retinaculum. A, at the level of proximal row of carpal bones; B, at the level of distal row of carpal bones.

Figure 2 Adapted from (Singh V., Textbook of Anatomy (Regional and Clinical) Upper Limb and Thorax, 2014)

It is important to emphasise that the two nerves supplying the hand muscles, namely the median and ulnar nerves, follow different routes of entry into the hand. The ulnar nerve courses superficial to the flexor retinaculum whereas the median nerve traverses the carpal tunnel. Therefore, it is not difficult to comprehend that any condition causing the narrowing of carpal tunnel would lead to compression of the median nerve resulting in neurological symptoms. This condition is known as 'Carpal Tunnel Syndrome'. The syndrome is more frequently seen in females than in males (Singh, Clinical and Surgical Anatomy, 2007). The causes of median nerve compression in Carpal Tunnel Syndrome include tenosynovitis, osteoarthritis of the carpal bones, hypothyroidism, pregnancy and obesity (Singh, Clinical and Surgical Anatomy, 2007).

Interestingly, a very superficial cut on the front of the wrist can lead to an injury of the ulnar nerve. The reason is very simple. The ulnar nerve occupies a superficial position, making it vulnerable to injury. It implies that superficial cuts on the wrist cannot be ignored and must be paid due attention.

The injury to ulnar nerve results in a clinical deformity referred to as 'Claw Hand' (refer Figure 3). Another clinical deformity encountered in relation to the wrist is referred to as 'Wrist Drop' (refer Figure 4). It occurs

as a result of an injury to the radial nerve leading to the paralysis of the extensor muscles of the wrist and thus the unopposed action of

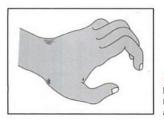


Fig. 2.16. The claw-hand due to combined lesions of median and ulnar nerves. Note the hyperextension of the MP joints and flexion of PIP and DIP joints.

Figure 3 Claw Hand Deformity (Singh, Clinical and Surgical Anatomy, 2007)

flexor muscles of the wrist (Singh, Clinical and Surgical Anatomy, 2006). Needless to mention, the condition is also accompanied by loss of sensation over i) lower part of the arm and a small portion over the back of the forearm; and ii) over some part of the dorsum of the hand (Singh, Clinical and Surgical Anatomy, 2006).

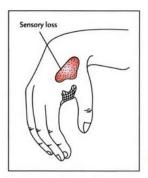


Fig. 2.13. The wrist drop resulting from radial nerve palsy.

Figure 4 Position of the hand adopted in Wrist Drop (Singh, Clinical and Surgical Anatomy, 2006)

Development of Wrist Bones (Carpals)

The carpal bones begin to develop after birth. They are seen to appear at different ages (refer Table 1).

S. No.	Carpal Bone(s)	Age of Appearance
1	Capitate	1Year (2 nd Month)
2	Hamate	1Year (3rd Month)
3	Triquetral	3 Years
4	Lunate	4 Years
5	Scaphoid, Trapezium & Trapezoid	4-5 Years
6	Pisiform	12 Years

Table 1: Chronological Development of Carpal Bones (Kapur & Suri, Essentials of Surface & Radiological Anatomy, 1994)

These carpals can easily be visualised in the radiological films (refer Figure 5). Thus, a deformity or fracture of any carpal bone can be diagnosed by radiological investigation. The knowledge of the development of carpals is also utilised for age estimation of children by medico-legal experts.

Injuries of Wrist Bones and their Prevention

Scaphoid fracture

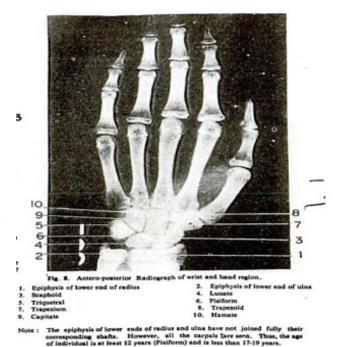
Scaphoid bone is the most commonly fractured carpal. The bone lies in the depression bounded by the tendons of the thumb. Pain or tenderness in this region indicates the possibility of an injury to the scaphoid bone. Fracture of the scaphoid bone usually results in pain and swelling at the base of the thumb. It is usually caused when a person falls on an outstretched hand with the body weight landing on the palm. Scaphoid fractures can occur in adults as well as in children. Scaphoid fractures are common injuries during road accidents and sports activities (Scaphoid Fracture of the Wrist, 2010).

There are some known complications of the scaphoid fracture that include non-union, avascular necrosis and arthritis (Scaphoid Fracture of the Wrist, 2010).

Lunate Dislocation

Lunate dislocations occur as a part of a major injury during a fall from a height or vehicular collision (Cluett, 2014). The median nerve is liable to injury following lunate dislocations.

Figure 5 Radiograph of Wrist and Hand Region (Kapur & Suri, Essentials of Surface and Radiological Anatomy, 1994).



Prevention of Wrist Injuries

Wrist injuries can be prevented through the usage of protective equipment such as braces, wristbands, tapes, gloves and padding, especially in sports such as cricket when e replayers are prone to wrist injuries caused by the hard leather ball, and in tennis where the use of wristbands is common

Conclusion

Information on wrist injuries and their prevention should be incorporated in the school curriculum so that students and faculty can together contribute towards the prevention of such injuries. It is worth mentioning that a balanced diet and regular exercise helps in maintaining bone and joint strength and development.

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मनोविज्ञान का महत्व

शक्ति माथुर

आधुनिक समय में मनोविज्ञान की उपयोगिता दिन प्रतिदिन बढ़ती जा रही है | इसकी महत्ता को नकारा नहीं जा सकता | मनोविज्ञान हमारे जीवन को प्रत्यक्ष और अप्रत्यक्ष रूप से प्रभावित करता है | मनोविज्ञान हमारे जीवन का महत्वपूर्ण हिस्सा है | मनोविज्ञान के अंतर्गत समाज में होने वाली घटनाओं पर चिंतन किया जाता है | जीवन का कोई भी क्षेत्र ऐसा नहीं है, जो मनोज्ञान से अछूता हो | मनोविज्ञान का योगदान स्वास्थ्य और चिकित्सा के क्षेत्र में, परामर्श एवं निर्देशन, शिक्षा, सेवा और नौकरियों के चुनाव में और कैरियर के सम्बन्ध में मनोविज्ञान के योगदान को नकार नहीं सकते | इसके साथ समाज में व्याप्त कुरीतियों जैसे जाती-भेद, दहेज प्रथा, कुपोषण, भूर्ण हत्या, लिंग-भेद आदि को कम करने में मनोविज्ञान ने काफी मदद की है |

Keywords: मनोविज्ञान, मनोविज्ञान के क्षेत्र, परामर्श, निर्देशन।

प्रस्तावना

मनोविज्ञान एक ऐसा विज्ञान है जो क्रमबद्ध रूप से मानव व्यवहार का अध्ययन करता है तथा प्राणी के भीतर की मानसिक प्रक्रियाओं जैसे चिन्तन, भाव आदि को वातावरण की घटनाओं के साथ जोड़कर अध्ययन करता है | आधुनिक युग में जितनी सुविधाएं बढ़ी हैं उतना ज्यादा तनाव बढ़ा है | आज बच्चे से लेकर वृद्धा अवस्था तक सभी तनाव से प्रसित हैं | बच्चे को पढ़ाई की चिंता और अच्छे अंक प्राप्त करने की चिंता, कुछ और बड़ा होने पर विश्वविद्यालय में प्रवेश की चिन्ता , समय के साथ रोजगार की समस्या, वृद्धा अवस्था में भरण-पोषण की चिन्ता इसलिए व्यक्ति किसी भी अवस्था में तनाव मुक्त नहीं है | इन परेशानियों से मुक्ति के लिए मनोविज्ञान के सकारात्मक पहलु भी हैं |

मनोविज्ञान के योगदान को विभिन्न क्षेत्र में प्रयोग किया जा सकता है:-

- स्वास्थ्य और चिकित्सा के सम्बन्ध में
- 2. सामाजिक समस्याएं
- उ परामर्श और निर्देशन
- 4. शिक्षा के क्षेत्र में
- 5. सेवा और नौकरियों के चुनाव में
- यौन शिक्षा के सम्बन्ध में
- 7. खेल के क्षेत्र में
- अभिभावक को परामर्श

 कैरियर के सम्बन्ध में परामर्श के और चिकित्सा सम्बन्ध में।

1. स्वास्थ्य और चिकित्सा के क्षेत्र में

स्वास्थ्य और चिकित्सा मनोविज्ञान का महत्वपूर्ण अंग है | स्वस्थ शरीर में स्वस्थ मन का विकास होता है | स्वस्थ शरीर होने से हम जीवन में बहुत कुछ कर सकते हैं | अगर कोई व्यक्ति असामान्य व्यवहार करता है तो मनोविज्ञान में उसकी समस्याओं को समझा जाता है, उसके कारणों का पता लगाया जाता है और इस तरह की अनुकृल परिस्थितियां उत्पन्न की जाती हैं | जिससे उसका निराकरण हो सके | पहले समय में मानसिक रोगियों के लिए झाड़-फुंक, तंत्र-मंत्र विद्या का प्रयोग किया जाता था | लोगों के मन में यह भ्रांतियां थीं कि इन पर भृत-प्रेत का साया है | इन भ्रांतियों को खत्म करने के लिए मनोविज्ञान में चिकित्सक पूर्ण रूप से परामर्श देते हैं कि इसका मुख्य कारण क्या है, उसको जानने का प्रयत्न करना और उससे सम्बंधित दवाई दी जाती है । शारीरिक समस्याओं के समाधान के लिए मनोचिकित्सक कि भी सहायता ली जाती है| मानसिक रोगियों के सम्बन्ध में अभी भी कुछ भ्रांतियां प्रचलित हैं--

- मानसिक रोगी हिंसात्मक और खतरनाक होते हैं |
- मानसिक रोगी के सम्बन्ध में उनके ख़राब व्यवहार पर यह माना जाता है कि वह है ही ऐसा |

- लोगों के मन में यह भ्रान्ति है कि मानसिक रोगी कभी भी उस बीमारी से उबर नहीं पाते ।
- दूसरे लोग सोचते हैं कि जिन मानसिक रोगयिओं को इस बीमारी का अनुभव है वह अपने काम पर नहीं जा सकते और रोजमर्रा की जिन्दगी को आसानी से नहीं जी सकते |
- हर कोई वृद्धा अवस्था में अवसाद (Depression) में जाता है जो की जीवन का हिस्सा है।
- जिनको मानसिक रोग का अनुभव होता है वह कमजोर होते हैं।
- मानसिक रोग मानसिक बीमारी नहीं है।

इन भ्रन्तिओं को समाप्त करने के लिए मनोविज्ञान में चिकित्सक पूर्ण रूप से परामर्श देते हैं इसका मुख्य कारण क्या है? कारणों को जानने का प्रयत्न किया जाता है | रोगयिओं को समझाया जाता है और उससे सम्बन्धित दवाएँ दी जाती हैं | शारीरिक समस्याओं के समाधान के लिए मनोचिकित्सक की भी सहायता ली जाती है |

2. सामाजिक समस्याएं

हमारे देश में रुढ़ीवदी मानसिकता का प्रचलन है जैसे-जाति-भेद दहेज-प्रथा, कुपोषण, भूर्ण हत्या, लिंग-भेद आदि | इन रुढ़ीवदी समस्याओं के समाधन करने और स्वस्थ समाज का निर्माण करने में मनोविज्ञान महत्वपूर्ण भूमिका अदा कर सकता है | इस समस्या के समाधान के लिए सर्वेक्षण के आधार पर समाज को शिक्षित किया जा सकता है कि यह सब कुरीतियां हैं, इसका निदान किए बिना समाज को उच्च शिखर पर नहीं पहुँचाया जा सकता| इन समस्यओं को सुलझाने के लिए मनोवैज्ञानिक तरीकों का उपयोग कर सकते हैं |

जाती-भेद

जाति-भेद के आधार पर बहुत लड़ाईयां होती हैं | यह लड़ाईयां उच्च और निम्न जाति को लेकर, रंग भेद के आधार पर और धर्म को लेकर होती हैं | इस सम्बन्ध में मनोवैज्ञानिक दोनों संगठनों को बिठाकर परामर्श प्रदान करता है कि सभी व्यक्ति समान हैं | भगवान् के बनाए हुए बन्दे हैं इनमें आपस में कोई भेद नहीं है |

दहेज-प्रथाहमारे समाज में दहेज प्रथा भी मुख्य समस्या है | जो लोग अन्धविश्वास से ग्रसित हैं | वह दहेज को लेकर लड़की को प्रताड़ित करते हैं | लोगों के मन में यह भावना है कि हमने लड़के को बड़ा करने और पढाई-लिखाई में खर्चा किया है तो वह लड़की वालों से वसूल करना चाहिए | आजकल लड़की को पढ़ाने-लिखाने में उतना ही खर्च होता है | मनोविज्ञान में इस समस्या के समाधान के लिए समाज को शिक्षित किया जाता है कि दहेज़ लेना एक बुराई है | यह हमारे को थोड़े समय का सुख दे देगा फिर हमारी जिन्दगी वैसी ही हो जाएगी| सलाह के आधार पर इससे निदान पाया जा सकता है |

कृपोषण

देश की काफी जनसँख्या अनपढ़ होने के कारण और गरीबी रेखा से नीचे होने के कारण कुपोषण का शिकार होते हैं | लोगों के पास खाने के लिए इतना पैसा नहीं हैं कि वह अपने बच्चों को खिला सकें | गरीबों के बच्चे भी काफी होते हैं | वह सोचते हैं कि थोड़ा बड़े होने पर कमाने लायक हो जाएगें | ऐसे में सलाहकार (counselor) कि मदद ली जाती है | सलाहकार खाने की महत्वता को बताते हैं और किस भोजन में कितनें पौष्टिक तत्व विद्यमान हैं जो हमारे शरीर के लिए जरुरी हैं |

भ्रूणहत्या

हमारे समाज की विडम्बना यह है कि लड़कियों को अभी भी बोझ समझा जाता है | लड़के को घर का कर्ता धरता और वंश चलाने वाला समझा जाता है | इसलिए लड़की को पैदा होने से पहले ही मार दिया जाता है जो कि हमारे समाज में बहुत बड़ी कुरीति है | इस क्षेत्र में मनोविज्ञान का महत्वपूर्ण योगदान है | इस क्षेत्र में विशेष शिक्षाविद्, सलाहकार होते हैं और विभिन्न प्रकार की मनोवैज्ञानिक पद्धतियों का प्रयोग करके समझाया जाता है |

लिंग भेट

लड़के और लड़कियों में भेद किया जाता है | लड़के को पढ़ाया लिखाया जाता है कि आगे चलकर घर चलाएगा लेकिन इसके विपरीत लड़कियों की पढाई को बीच में छुड़ा दिया जाता है और उसे घर के कामों में लगा दिया जाता है क्योंकि उसे दूसरे के घर जाना है| लड़के को संतुलित आहार दिया जाता है जिससे वह घर का पालन-पोषण करेगा और वंश चलाएगा | लड़की के खाने-पीने पर ध्यान नहीं दिया जाता | मनोविज्ञान के आधार पर उनको सलाह दी जाएगी कि लड़के और लड़की बराबर हैं | लड़की पर भी उतना ही

ध्यान देना चाहिए जितना लड़कों पर क्योंकि वह दो परिवारों को जोड़ती है एवम् भविष्य की निर्माता है | लड़की को पौष्टिक आहार की ज्यादा आवश्यकता है |

3. परामर्श तथा निर्देशन

वर्तमान समय व्यक्ति के लिए चुनौतीपूर्ण है | हर एक क्षेत्र में प्रतिस्पर्धा का सामना करना पड़ता है | बेरोज़गारी की समस्या इतनी ज्यादा है कि बेरोजगारों में संघर्ष वृ तनाव व्याप्त है | कई बार व्यवसाय का चुनाव सही नहीं होता, जिससे वह असफल हो जाते हैं | ऐसे में मनोवैज्ञा निक परीक्षणों की सहायता से परामर्शदाता एवम् मनोवैज्ञानिक उपयुक्त व्यवसाय का चुनाव करने में सहायता करते हैं | इस तरह से मनोविज्ञान उचित व्यवसाय का चयन करने में मदद करता है | व्यवसाय में आने वाली समस्याओं का समाधान मनोवैज्ञानिक तरीके से किया जाता है | जैसे-जैसे नई तकनी क का प्रयोग बढ़ा और उसके साथ ही दोनों माता-पिता का नौकरी में जाना और बच्चों को ज्यादा समय न दे पाना, इस कारण से कई बार बच्चे गलत संगत में पड़ जाते हैं | उस समय सलाहकर (counsellor), मनोवैज्ञानिक, मनोचिकित्सक बच्चों को गलत संगत से उबारने के लिए परामर्श और निर्देशन देते हैं कि हम अच्छे लोगों के सम्पर्क में आए, ज्ञानवर्धक पुस्तकें पढ़ें, अपनी रुचि के अनसार काम करें तो इस सम्बन्ध में मनोविज्ञान काफी सहायता कर सकता है।

4. शिक्षा के क्षेत्र में

शिक्षा के क्षेत्र में मनोविज्ञान ने क्रांति ला दी है | मनोविज्ञान काफी विद्यालय और महाविद्यालय में मुख्य विषय के रूप में पाठ्यक्रम में शामिल किया गया है | शिक्षा के क्षेत्र से सम्बंधित समस्याओं को देखते हुए मनोविज्ञान में अनेक शोध और खोज की जा रही हैं | पाठ्यक्रम को बच्चों की रूचि के अनुसार बनाने की चेष्टा की जा रही है | जिससे बच्चों को विषय वस्तु का चयन करने में असानी रहे और उनका सर्वागीण विकास हो सके | इस क्षेत्र में बच्चों की मानसिक परीक्षा लेकर उनके अध्ययन के विषयों के बारे में उचित निर्णय ले सकते हैं कि बालक को क्या पढ़ायें, कैसे पढ़ाएं आदि के बारे में जानकारी प्राप्त कर सकते हैं | मनोवैज्ञानिक शोधों के आधार पर पाठ्यक्रम में सुधार एवं विभिन्न कार्यों को सुनिश्चित कर सकते हैं जैसे -शिक्षक-विद्यार्थीं में सम्बन्ध स्थापित करना, सलाहकार

(counsellor) की मदद से बच्चों को नई दिशा का ज्ञान देना।

5. सेवाओं और नौकरियों के क्षेत्र में

मनोवैज्ञानिक द्वारा परामर्श और निर्देशन दिया जाता है | जिनके आधार पर छात्रों की योग्यता , कार्यक्षमता, अभिरुचि और बौद्धिक क्षमता का पता लगाकर उचित रोजगार की सलाह दी जाती है | आज के आधुनिक समाज में सभी प्रका र की नौकरियों के चुनाव में मनोवैज्ञानिक परीक्षण का प्रयोग किया जाता है | लोकसेवा आयोग, संस्थाओं, सरकारी और गैर सरकारी संस्थाओं (Non Govt. Organization), जल, थल और वायु सेनाओं में भी इन्हीं योग्यता परीक्षाओं के द्वारा उचित व्यक्ति का चुनाव किया जाता है | सेना में भर्ती के लिए Army Alpha Test का प्रयोग अधिकारियों के चुनाव के लिए किया जाता है | तरकारी को चुनाव के लिए किया जाता है | नई-नई तकनीकों के चुनाव के साथ ही मनोविज्ञान का महत्व भी बढ़ रहा है |

6. यौन शिक्षा के क्षेत्र में:-

वर्तमान समय में यौन शिक्षा का महत्व बढ़ गया है | पाश्चात्य सभ्यता प्रदुर्भाव टी.वी., मीडिया, कंप्यूटर यह सभी माध्यम बढ़ा चढ़ा कर प्रचार करते हैं | जिस कारण से बच्चों के कोमल मन पर इसका अत्यधिक प्रभाव पड़ता है | यौन स्वच्छं दता के कारण बच्चों में विकृतियाँ बढ़ने के अवसर ज्यादा रहते हैं | आए दिन बलात्कार, यौन विकृतियाँ के समाचार पढ़ने और सुनने को मिलते हैं, जिससे समाज पर बुरा असर पड़ता है | दूसरी ओर इन विकृतियों के बढ़ने पर व्यक्ति अपराधिक भावनाओं के ओर अग्रसर होता है | यौन समस्याओं के समाधा न के लिए मनोविज्ञान एक महतवपूर्ण भूमिका निभाता है |

मनोविज्ञान यौन विकृतियों में सुधार लाने और ठीक करने के लिए उपाय सुझाती है | मनोचि कित्सक समस्या का विश्लेषण करके उस समस्या का समाधान करने का प्रयत्न करता है | व्यक्ति को यौन शिक्षा द्वारा यौन का सही अर्थ समझाया जाता है और यौन समस्याओं का समाधान किया जाता है |

7.खेल क्षेत्र में

खेल जगत में मनोविज्ञान का पर्याप्त योगदान है | खेल क्षेत्र में खिलाड़ियों के मानसिक स्तर को बनाए रखने के लिए मनोविज्ञान महत्वपूर्ण भूमिका निभाता है | उपयुक्त खिलाड़ियों के चयन के लिए भी मनोवैज्ञानिक परीक्षण किया जाता है | प्रतिस्पर्धा के युग में खिलाड़ि यों का मनोबल और उत्साह बढ़ाने के लिए, खिलाड़ियों में खेल भावना (sportsmanship)को निखारने के लिए मनोविज्ञान से काफी मदद मिलती है | खेल प्रतियोगिताओं के समय प्रतियोगिता के दबाव के कारण चिन्ता एँ और कुंठाएँ जन्म ले सकती हैं | ऐसी स्थिति में मनोवैज्ञानिक उनकी समस्याओं का समाधान कर उचित परामर्श देता है जिससे उनका मनोबल बना रहे | खिलाड़ियों को नए तौरतरीकों (technique) से अवगत कराया जाता है और मनोवैज्ञानिक ढंग से प्रशिक्षण दिया जाता है |

8. अभिभावक को परामर्श

आजकल ज्यादातर माता-पिता दोनों ही नौकरी पर जाते हैं | जिसके कारण वह बच्चों पर ध्यान नहीं दे पाते | जिससे बच्चे गलत संगत में पड़ जाते हैं | ऐसे समय में मनोविज्ञान एक वरदान के रूप में साबित हो रहा है | ऐसी स्थिति में माता-पिता को सलाह दी जाती है कि वह बच्चों के लिए अधिक से अधिक समय निकालें, उनके साथ खेलें, उनको बाहर घुमाने ले जाएँ, शिक्षाप्रद कहानियाँ सुनाएँ, बच्चों की दोस्ती कैसे बच्चों के साथ है उसकी जानकारी रखें और उन बच्चों का परिवारिक परिवेश कैसा है ? माता-पिता को मनोवैज्ञानिक परामर्श दें की बच्चे माता-पिता की सलाह मानें।

प्रतिस्पर्धा के युग में हर माता-पिता चाहतें हैं कि उनका बच्चा सब बच्चों में श्रेष्ठ हो | कई बार दूसरे बच्चों से उनकी तुलना करतें हैं| तुलना करना ठीक नहीं है | बच्चों की रूचि के अनुसार विषय वस्तु का चुना व करें | इस संबध में मनोवैज्ञानिक तकनीक बताई जाती है कि किस तरह से बच्चों से व्यवहार करना चाहिए |

9. कैरियर के समबन्ध में परामर्श

कैरियर के सम्बन्ध में मनोचिकित्सक, परामर्शदाता , अध्यापक, सलाहकार बन सकते हैं और सही मार्ग चुनने में मदद कर सकते हैं | मनोविज्ञान की कई शाखाएं हैं | आप अपनी रुचि के अनुसार उनका चुनाव कर सकते हैं | कुछ शाखाएं निम्नलिखित हैं -

संज्ञानात्मक मनोविज्ञान

संज्ञानात्मक मनोविज्ञान का सम्बन्ध उस अनुभूति से है, जिसके द्वारा मनुष्य के मस्तिष्क में किसी समस्या के समाधान की क्षमता से है | इस शाखा के अंतर्गत यह कोशिश की जाती है कि सोचने की प्रक्रिया, विचारों का विकास और याद रखने की आदत को समझा जाए | इस शाखा के अंतर्गत और भी शाखाएं हैं जैसे- शिक्षण, सामाजिक और उद्योग्यिक मनोविज्ञान आदि |

विकासमूलक मनोविज्ञान (Developmental Psychology)

जैसे-जैसे हम बड़े होते हैं, हमारे सोचने के विचारों और देखने के नजिरये में परिवर्तन होता है | विकासमू लक मनोविज्ञान में शैशवकाल से लेकर बड़े होने तक और वृद्ध अवस्था में क्या परिवर्तन होते हैं, उसको देखना | इन बदलाव का क्या परिणाम होता है | इसके अंतर्गत सूक्ष्म मुद्दों और दीर्घ मुद्दों का भी अध्ययन किया जाता है |

शिक्षण मनोविज्ञान

शिक्षण मनोविज्ञान के अंतर्गत वैज्ञानिक तरीके से व्यक्तियों का अध्ययन किया जाता है कि शिक्षा के क्षेत्र में किस तरह से सोचता है और शिक्षण को व्यवहार में लाता है | जब वह शिक्षा ग्रहण करता है तो सोचता है किस तरह से प्रेरणा (Motivation), बुद्धिमता (Intelligence) और आत्म संप्रत्यय (Self-Concept) एक-दूसरे से मिन्न हैं| इस शाखा के अंतर्गत इस बात का अध्ययन करना जरुरी है कि बच्चों और बड़ों के सीखने में सैधांतिक और व्यवहारिक पहलु हैं| इसमें उन मुद्दों को भी देखा जाता है, जिसमें सीखने में होने वाले विकार उत्पन्न होते हैं | इस शाखा के अंतर्गत आंकलन विधि का भी प्रयोग करते हैं, कक्षा में इस तरह का प्रबंधन किया जाए कि सीखने का उचित परिणाम निकल सके |

संगठन/ औद्योगिक मनोविज्ञान

संगठन और उद्योग में व्यक्ति किसी भी उद्देश्य को प्राप्त करने के लिए साथ काम करते हैं | यह इस बात पर निर्भर करता है कि उनमें किसी काम को करने में कितना उत्साह और योग्यता है | कार्य करने की क्षमता वहां के वातावरण पर निर्भर करता है और इस तरह का वातावरण बनाया जाए कि उनकी कार्य के प्रति रुचि उत्पन्न हो और नौकरी से संतुष्ट हों |

नैदानिक मनोविज्ञान (Clinical Psychology):-

नैदानिक मनोविज्ञान एक महत्वपूर्ण शाखा है जिसमें मनोवैज्ञानिक विशेषज्ञ उन मुद्दों को समझने का प्रयत्न करता है जो व्यक्तियों को परेशान करते हैं और चिंता में डालते हैं। विशेषज्ञ ही उसे समझ सकते हैं की व्यक्ति को किस प्रकार से बचाया जाए और राहत प्रदान की जाए । नैदानिक मनोविज्ञान में जिन बच्चों को पढ़ने-लिखने में परेशानी होती है उसे Dyslexia कहते हैं | उन बच्चों के लिए Visual Motor Gestalt Test और Dyslexia Screening Test का प्रयोग किया जाता है | जिसके द्वारा यह पता लगाया जा सकता है कि बच्चे को पढने-लिखनें दोनों में ही परेशानी है या केवल लिखने (Disgraphia) में ही है | हिसा ब से सम्बन्धित परेशानी को Discalculia कहते है | इसके द्वारा पता लगाया जा सकता है कि बच्चे को किस तरह की परेशानी है फिर उसी के अनुसार किमयों पर ध्यान दिया जाता है | नैदानिक मनोविज्ञान में मनोचिकत्सा का महत्वपूर्ण योगदान है | मनोवैज्ञानिक

समाजिक मनोविज्ञान

सामाजिक मनोविज्ञान में उन तत्वों का अध्ययन किया जाता है, जिसमे कोई व्यक्ति दूसरे लोगों की उपस्थिति में और समाजिक वातावरण में किस तरह का व्यवहार करता है | मनोविज्ञान भावना ,विचार और व्यवहार को भी परखता है | यह शाखा समाजिक प्रभाव, समूह और पारस्पारिक प्रक्रिया के पहलुओं का अध्ययन करता है जैसे - क्रोध, पक्षपात आदि |

खेल मनोविजान

खेल मनोविज्ञान की शाखा का कुछ दशकों से विकास हुआ है | यह एक अंत: विषय क्षेत्र (Interdisciplinary field) है, जो शरीर क्रिया विज्ञान (Physiology), जैव यांत्रिक (Bio-mechanic) और मनोवैज्ञानिक तत्वों को

एक साथ लाता है | हम सभी जानते हैं कि केवल शारीरिक ताकत ही खिलाड़ियों के लिए काफी नहीं है, जब तक कि यह मानसिकता पैदा न हो कि हमें अच्छा प्रदर्शन करना है | मानसिक लचीलापन का विकास खेल में जरुरी है | कई बार खिलाड़ियों के साथ खेल मनोवैज्ञानिक भी होते हैं |

मनोविज्ञान से सम्बन्ध रखने वाले विद्यार्थी शिक्षा संस्थाओं, विद्यालय, विश्वविद्यालय, प्रबंधन और इंजीनियरिंग संस्थाओं में नौकरी के अवसर मिल सकते हैं | इसके अलावा स्वास्थ्य क्लीनिक, अस्पताल ग़ैर सरकारी संस्थानों (Non- Governmental organisation), विज्ञापन संस्थाओं, पुनर्वास केंद्र, HR Consultancies, आपदा प्रबंधन संस्थानों में कार्य कर सकते हैं |

मनोविज्ञान के कैरियर में सफलता प्राप्त करने के लिए उत्सुक परिवेक्षक (Keen Observer), लोगों को मदद करने की इच्छा, मजबूत संप्रेषण की योग्यता (Strong Communication Skill), विश्लेषणात्मक योग्यता (Analytical Ability), सहनशीलता और दूसरों के प्रति द्रढ़ता की योग्यता का होना आवश्यक है। इसके साथ ही सहानुभूतिपूर्ण और नैतिक दृष्टिकोण हो | इन सब योग्यता का विकास सकारात्मक सोच और ईमानदारी से की गई कोशिश से विकसित हो सकता है |

अंत में मनोविज्ञान के महत्व को नकारा नहीं जा सकता | मनोविज्ञान का हर प्रयोग हर क्षेत्र में किया जाने लगा है | मनोविज्ञान के अंतर्गत काउंसलर आते हैं | जिनकी आवश्यकता दिन-प्रतिदिन बढ़ती जा रही है जैसे- शिक्षा संस्थानों में, नौकरियों में, कार्यालयों में, रोगियों और डिप्रेशन से पीड़ित व्यक्तिओं के लिए, अस्पतालों में, अपराधियों को सुधारने में काउंसलर काफी मददगार सिद्ध हो रहे हैं | इस तरह से मनोविज्ञान की लोकप्रियता दिन-प्रतिदिन बढ़ती जा रही है |

Reflections on R. J. Palacio's Wonder: The Role of Empathy and Kindness in Children's Literature

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Book Review of Palacio, R. J. (2012). Wonder. UK: Random House Children's Publishers.

"I know I'm not an ordinary ten-year-old kid. I mean, sure, I do ordinary things. I eat ice cream. I ride my bike. I play ball. I have an XBox. Stuff like that makes me ordinary. I guess. And I feel ordinary, inside. But I know ordinary kids don't make other ordinary kids run away screaming in playgrounds. I know ordinary kids don't get stared at wherever they go." (p. 3)

These opening words from the novel Wonder by R. J. Palacio, published in February 2012, introduce us to the world of its plucky and charming protagonist, 10 year-old August Pullman. Narrated from the perspective of little Auggie, who suffers from a rare genetic condition that causes craniofacial differences, the opening extract urges readers, right from the onset of the book, to question the idea of what it means to be 'ordinary'. This message gains special credence coming as it does from a character who, because of his multiple facial irregularities, 27 surgeries and innumerable medical concerns, has always invoked extreme reactions from others. From the scared shrieks of young children to the surreptitious doubletakes of curious strangers, from the open repulsion of unkind folks to the embarrassed aversion of eyes by well-meaning adults, Auggie is used to being singled out and marked as 'different' while all he really wants to be is an 'ordinary kid'. Having been homeschooled for the first ten years of his life, this books traces Auggie's journey as he embarks on a new chapter and starts fifth-grade at a New York City mainstream school, Beecher Prep. As readers, we walk alongside Auggie on his first school tour, share his apprehensions as he

meets his fellow fifth-graders for the first time, revel in his accomplishment as he wins his first award, partake in his excitement over his Halloween costume and school trip, and feel his pain as he gets betrayed by a friend and loses his much-loved dog. Right through this journey, Palacio keeps reinforcing the importance of friendship and familial love in helping individuals in their quest to grow and develop as per their inherent potential.

Besides Auggie, Palacio also creates moving portraits of myriad other characters who constitu te Auggie's universe: his parents, his 15 year-old sister Olivia, her boyfriend Justin, Olivia's former best friend Miranda Navas, Auggie's new friends at middle school, Jack Will and Summer Dawson, his arch-nemesis at Beecher Prep, Julian Albans, his English teacher Mr. Browne and the school principal, Mr. Tushman. These characters lend layers of complexity to the narrative, allowing for a far more immersive experience for readers as it is not just Auggie's emotional journey that is privileged within the pages of the book, but also the emotional arcs of others around him. Through the use of multiple narrative voices, Palacio helps in foregrounding the perspectives of Auggie's immediate family who, over the years, have carefully tailored their dreams and desires to fit around Auggie's needs. The readers gain a further insight into what it means for a family to deal with such a demanding genetic disorder and its physical and emotional repercussions on an everyday basis, and, at the same time, to keep intact their warmth and sense of humour. It also outlines how Auggie's peers react to his condition as well as to other pressures that go hand-in-hand with middle school. Palacio deftly sketches out each portrait, colouring it in with details of family background and personal aspirations. At the heart of this narrative also lies the dilemma between conformity and individuality, which is further highlighted through a depiction of the lives of high school students. Palacio uses the perspective of Olivia and Miranda, both of whom find themselves grappling with new facets of their identity as they step into a world of adolescent longing and emotional maturity, with its concomitant desire to fit in and to be loved. Through these vivid portrayals, the book offers an inspirational take on the strength of the human spirit in the face of adversity and the healing power of kindness, exploring key issues of mental and emotional well-being in the process.

Since its publication in 2012, Wonder has been the recipient of both critical acclaim and mass appeal. Besides becoming a bestseller for children and teenagers and being translated globally across in number of languages, the book has also been particularly well-received by teachers and educationists all over the world, who have recognised the potential of this narrative to initiate a discussion around accepting differences, embracing kindness and exploring one's innate self. The novel generated a spate of positive reactions online, including the launch of a widespread antibullying initiative and the 'Choose Kind' campaign, which has been adopted by a staggering number of schools across the United States of America and has gained currency worldwide through the hashtag choose kindness on twitter and other social media platforms. Its inclusion in the classroom curriculum cements an endeavour by academic institutions to situate teaching and learning opportunities within the larger discourse on physical and emotional health and well-being for children and adolescents.

This book marks the debut of American author and graphic designer, Raquel Jaramillo Palacio (writing under the pen name of R.J. Palacio) in

the world of children's fiction. In subsequent interviews following the release of the book, Palacio has discussed a significant personal incident which prompted her to tell this story. In her podcast for MashReads, Palacio shares that in the autumn of 2007, while waiting outside an ice-cream store with her two sons, she came across a young girl suffering from Mandibulofacial Dysostosis, which is also known as Treacher Collins syndrome (TCS), the same condition that afflicts Auggie in the book. As her three year-old son screamed in fear at the sight of the girl, Palacio immediately grabbed her boys and ran out of the store in order to avoid ending up hurting the feelings of the girl and her mother any further. However, she couldn't easily dispel the intense anger she felt at her own reaction later because of the dawning realisation that it was triggered as much by a desire to protect the girl's feelings as by a pressing need to escape her own discomfort in the situation. Reflecting on this emotionally affecting experience, Palacio says, "I regretted it because I missed this opportunity to turn this situation into a teaching moment for my son. That's what prompted my thinking of what it must be like to face a world every day that doesn't quite know how to face you back." This single moment turned into a catalyst and spurred her on in her journey to narrate a story of kindness, of learning to face one's inner demons and of embracing the glorious beings that each one of us embodies. In fact, in the acknowledgements at the end her book, Palacio expresses her gratitude to "the little girl in front of the ice cream shop and all the other 'Auggies,' whose stories have inspired me to write this book." (p. 315)

Using this as a guiding principle, Palacio further highlights the danger of limiting individuals to their face-value in her novel. This is clearly evident in one of the climactic moments in the plot of Wonder (2012), the Halloween celebration, which constitutes a turning point for Auggie and Jack's friendship. Also, the idea of a Halloween costume ends up

becoming a crucial symbol in this story as it takes on a dual significance - both as an acquired mask or façade to disguise one's imperfections, and at the same time, an empowering tool which gives Auggie the freedom to move beyond the confines of his own existence. It makes for a particularly poignant moment when Auggie says, "I wish every day could be Halloween" (p. 73) because he gets to "go around like every other kid with a mask and nobody thinks I look weird" (p. 73). Despite the heartbreak and betrayal that marks Auggie's first Halloween at middle school, the incident allows readers to step into the shoes of a young boy with facial differences and to live his life for a few moments behind the mask of his costume. Palacio's depiction of Auggie as an intelligent and talented 10 year-old with abiding interests and aspirations as well as a rather interesting sense of humour helps in broadening the portrayal of differently-abled children in the world of literature. In her article for the Disability Studies Quarterly in 2004, Joan K Blaska, Professor Emeritus at the Department of Child and Family Studies at the St. Cloud State University of Minnesota, underscores the importance of providing children with as many opportunities to learn about diversity of ability as they get to learn about cultural diversity. She also highlights how inclusionary literature can become a powerful tool for facilitating an understanding of differences in ability, particularly for children and young adults. As part of her research, she developed a set of criteria which helps in identifying truly inclusionary literature. Some of the criteria include: the book must promote empathy not pity; it should emphasise success, rather than or in addition to failure; it should promote positive images of persons with disabilities or illnesses; it should adhere to the 'person first, disability second' philosophy in its choice of language; and it should depict characters in a realistic and respectful manner. Palacio's novel encompasses all these criteria, thereby underlining its strong alignment with key teaching and learning objectives.

Palacio has also managed to turn regular events which mark school life into moments of symbolic significance in her novel, be it Auggie's first class photograph or his first overnight school trip or Via's school play. The unkind reactions from some of the parents to Auggie's admission into Beecher Prep are particularly manifest in the case of Julian's mother Melissa Albans, who photoshops Auggie's face out of the class picture and then circulates it amongst a few other parents. Deviating from her first-person narrative structure towards the middle of the novel, Palacio offers readers a glimpse into the terse exchange of emails between Mrs. Albans and the school principal, Mr. Tushman, wherein the former questions the school's decision to enroll Auggie into fifth-grade as well as the extra "burdens or hardships" (p. 162) his company places on the young, impressionable minds of fellow students. The tense, curt and passiveaggressive tone of these formal emails between the adults is **just a posed against** the far more informal and heartfelt exchange of text messages between Auggie and Jack, who manage to rebuild their broken friendship over a few one-liners and shared jokes. This heartening conversation is pivotal in its reiteration of the redeeming nature of true friendship, which both forgives and makes amends for wrongs done. One can find similar echoes in the relationship between Via and Miranda, which weakens and stumbles in high school, but rediscovers its former strength and vigour, especially during the school play, where Miranda lets Via take centrestage and bask in the love and adulation of her family. Palacio also addresses incidents of mild to severe bullying in her novel, from Auggie's classmates' unwillingness to sit at his table during lunch to Julian's mockery of his facial deformities through his Darth Sidious costume to the far more unnerving incident of violent bullying involving seventh-graders from another school that takes place during Auggie's school trip to the Broarwood Nature Reserve. The common strand through each of these incidents is the reinforcement of the message

that one act of kindness is worth much more than any amount of hostility and prejudice in the world.

In order to construct a narrative of kindness and empathy, Palacio channelises the intrinsic power of words to heal and empower, creating a story with timeless appeal that resonates equally with children and adults. The title of the book in itself is a nod to the inspirational lyrics of the 1995 single 'Wonder' by American alternative-rock singer-songwriter Natalie Merchant, who had dedicated it to a 'child born with a congenital disease'. Every section of the book starts with a mini epilogue, either in the form of a quote from a work of literature or lines from a song. This not only helps Palacio in structuring the book as a series of firstperson accounts where each narrative persona holds a distinctive voice, but also allows her to tie together the tale with key messages of motivation and self-awareness. This makes for a well-embedded narrative strategy in a novel that acts as a bildungsroman or a coming-ofage story for multiple characters. Via's section, for instance, is prefaced with the chorus of the song 'Space Oddity' by David Bowie, which captures the sense of her feeling unmoored in a galaxy where Auggie is positioned as "the Sun" and the rest of the family "are planets orbiting the Sun" (p.82). This space metaphor continues as she describes the "shift in her cosmos" (p. 83) and her planets "falling out of alignment" (p. 83), which could indicate the death of her grandmother, who was an unfailing source of support to her especially when her parents had most of their attention monopolised by Auggie's condition. It could also allude to the gradual distancing between Via and her best friend Miranda, as they navigate the high-pressure world of high school. In a similar vein, Palacio prefaces Jack's narration of the story with the following quote from The Little Prince by Antoine de Saint- Exupery, "It is only with one's heart that one can see clearly. What is essential is invisible to the eye." This helps outline a foundational idea in the story- that appearances are not the most important markers of an individual's identity and that true friendship means seeing beyond a person's limitations and differences. Jack's arc of self-discovery is foreshadowed through this quote, and offers readers a nuanced insight into his character.

Some of the most important life lessons emerging out of this book make in roads into the story in the form of 'Mr. Browne's Precepts', which he defines in his English lesson as "anything that helps guide us when making decisions about really important things." (p. 46). Multiple schools and families have since adopted the September precept he shares with the fifth-graders in the aftermath of the book's success: "When given the choice between being right or being kind, choose kind." (p. 48). This quote, attributed to philosopher, self-help author and motivational speaker Dr. Wayne W. Dyer lies at the core of Auggie's world. Another heartwarming precept which makes its way into Mr. Tushman's address to the school community at the Beecher Prep middle school graduation ceremony reinforces this idea of kindness. Quoting from J. M. Barrie's book The Little White Bird, Mr. Tushman states, "Shall we make a new rule of life...always to try to be a little kinder than is necessary?" (p. 299). We can see that the school too tries to live up to this principle, especially when, despite not being an 'inclusionary' school, they make accommodations to ensure Auggie's needs are taken care of and his feelings are protected. This includes changing an exercise that required children to make self-portraits into a task where they had to sketch their favourite animals as well as easing his process of transition into the school by appointing a "welcome committee" for him. All these details culminate in the novel's uplifting denouement, backed by Auggie's suggestion that "everyone in the world should get a standing ovation at least once in their life because we all overcometh the world." (p. 313). Through the varied allusions to literature and popular culture, Palacio uses words to

weave multiple strands of empathy into the fabric of her storytelling.

Not only does the novel come up with memorable portraits of children and teenagers, but through the characters of Nate and Isabel Pullman, we also get to meet two exceptional parents who have made many sacrifices to cater to the needs of their ailing child but have managed to retain their basic kindness, warmth and affability in the process. Isabel and Nate's characters come alive through the narrative perspective of their two children, both of whom recognise in them an immense strength of spirit. As Auggie's primary caregiver, Isabel has given up her career as an illustrator for children's books in order to support Auggie's homeschooling, while Nate has developed an uncanny ability to ease over difficult situations with his abundant good humour. While both unceasingly encourage and motivate Auggie to step into the world outside their home, there are several touching and unguarded moments in the novel where their own fears and apprehensions tumble out. The heated conversation in the car at the beginning of the novel provides one such glimpse into the chink in their armour as Nate, fearing for his son's fate and rightly anticipating issues of unkind behaviour and bullying, equates Auggie's enrolment in middle school as sending "a lamb to the slaughter" (p. 10). Similarly, despite her steely resolve to provide Auggie with a 'normal' childhood in a mainstream school, Auggie notices that his mother "seemed more scared than I was" (p. 23) at his first meeting with his classmates. One further finds the Pullmans to be a family under duress in the interaction between Via and Isabel, where Via's unhappiness at being neglected constantly simmers under the surface. The family's collective grief is foregrounded when Via and Auggie's personal crises coincide with the death of their pet dog, Daisy. However, it is notable that despite these setbacks, Nate and Isabel not only provide unflinching love to their children, but are also upheld as beacons of familial warmth by others in the story, particularly by Justin, Via's boyfriend and Miranda, who hails from a broken home and lacks an emotional connection with her own mother. Through the storyline of Via and Miranda, Palacio highlights the malaise of loneliness and insecurity, and how it may in turn affect an adolescent's interpersonal relationships.

While Wonder (2012) considerably adds to the realm of inclusionary literature with a focus on building empathy, readers may find that it misses the opportunity to fully flesh out the role of psychological counselling and support. This is particularly relevant, as it could have furthered the discussion around how counselling can help in ensuring the mental and emotional well-being of a child with physical differences, as well as of those around him or her, such as parents, siblings and friends. However, that does not detract from its special significance for schools and academic institutions, and it continues to be a novel that both educates and empowers. Its core strength lies in the central motif of kindness and empathy that binds together the narrative.

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