

Psychology of Everyday
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Lecture – 09
Issues Confronting the Young Adults- I & II

So, welcome to this another session of our this course on Psychology of Everyday life. As we were talking in the last session on how the traditional thinking and the cultural understanding of what is normal and abnormal vary over the time, I am sure it is different from culture to culture. And we were talking in the context of this country and how its scriptures and epics have really influenced our thinking, but that is a different issue.

So, today we decided to do something different. We have with us people from psychology field; they are young people students who were just entering at the level of research in psychology. And we thought that we will invite questions and comments and their ideas about how behavior is perceived in the society from the angle of a psychologist, or just as an angle from student, and how we can approach this everyday life in the frame of framework of what we were talking. Am I right sir?

Yeah.

So, I would welcome all of you. Would you tell your names briefly?

Student: Riya Mishra sir.

Student: I am Arpitha.

Student: I am Shivani.

Student: I am Yuvaraj.

Student: I am (Refer Time: 01:45).

All right. So, any of you start anything why I am not giving a frame to what you should talk and all because I do not want to

Yeah.

make it fabricated and pre-rehearsed so that is how we talk about normalcy and abnormalcy; otherwise if you decide what is what we were going to talk, then obviously so the audience will have to be more attentive in these next few sessions, because we have to really pick up your threads and then you can pose questions to us.

In fact, when we met the last time, in the last episode we did discuss this issue that we would have the representatives of those who would look into the

All right.

series of this course.

Absolutely.

So, whatever likely questions they might have their representatives would be asking some of them most probably and then we would try to.

Yeah, and if they get answers from, this then they can have new queries. So, Riya shoot.

Student: I think you mentioned scriptures in the Indian context, and I think I would like to ask that how we are talking about normality and abnormality and if we look into mental illness.

Right.

Student: In Indian culture, there is a lot of religious understanding.

Right.

Student: Explanation of a lot of phenomena which was.

So, right.

Student: So which is classified as mental elements.

Right.

Student: By psychiatry.

Right.

Student: So, and because of that I think a lot of lot of common men struggles in terms of you know whether to go to religious places like you know temples and Dargas.

Right.

Student: Or to go to a doctor.

Right.

Student: for you know.

Right, see psychiatry is a new phenomenon, although a last time we talked about that Ayurveda had a branch. But those things were largely for people who were very disruptive we go to extreme or disruptive. And if you know as a psychologist you would know there is a lot of faith healing which happens is still happens. So, obviously, this faith healing has not come in a day or two or a few decades, it has been there for hundreds of years, people still go for faith healing. So, who are the people who have been taken for faith healing, they were people who had fallen out of the frame of the society which obviously changes what are the happening 400 years back is not happening now and as you go back things were happening differently.

So, the cultural part of psychiatry or psychology is always there, there are certain syndromes which are limited to the African tribe or to Indian subpopulation or whatever. So, that is as far as now what was the difference how are they being treated, psychiatry has the modern psychiatry which is a western model has definitely created a difference in the way we look at it. When somebody falls ill now, it is like your car going to the mechanic car is stopped. So, you are taken to a psychiatrist, you are treated, and then you are rehabilitated. This process of rehabilitation was always very organic in the olden times, nobody was there were no mental hospitals way back.

So, whoever was there even if the person was ill with this faith healing and all it was always absorbed in the society. And the biggest example we talked last time also if you have a mentally retarded kid, nobody is going to reject, you are then a village and village people will take care and give some work according to his capacity and get him married

and we will see lot of these examples. So, this absorption in society was much better in the olden time.

And in fact, let me tell you a latest about 20-30 years back there was this huge study on the prognosis, and it was founded prognosis of schizophrenia was better in centuries like India when it was a developing country. Now, we do not know whether we are developed or developing, but the prognosis I am sure would have worsened although medicines are effective now that the prognosis of schizophrenia is improved because of the medicines, rehab is gone. And the reason for schizophrenia have a better prognosis was that they went back to the society. So, the family would take care, there was the family to take care, and it will disturbance.

Take a step back from this what was happening at the time of scriptures or epics, let us talk about epics where the scriptures were largely code of conduct to live. So, they already give a family live like this there will be less damage, there will be less unpredictability and you will be mentally healthy. If you have an illness you have an illness; obviously, but nobody called it is schizophrenia at that time.

Epics at least in India and the Greek epics, they were huge repository of human emotion and thought. So, they always had this whole we talked of whether psychiatry problem is a categorical problem or it is a dimensional problem that everybody will fit from 0 to 100 from normal to extreme abnormal, but so there were masters who were writing it. So, well Ramayana is pretty black and white. So, the good people and bad people is very difficult to find a grey shade. In Mahabharath is all grey shade, if you start looking at black and white, there no black and white.

People might contest this also even in Ramayan you have characters, even somebody like Ram himself.

Yes.

You would had some shades which are

Yeah but.

questionable kind of activities from a given perspective.

But, but.

Not as a Say gorily kind of a behavior.

That is.

He is projected in.

That is.

Most of the.

Yes, but that is again because there so many versions. So, this is Valmiki Ramayana. My Ram Charit Manas is the angiography.

Hm.

Right Mahabharath in its odd original characters is very difficult to decide who was really good Pandavas were bad or Kauravas were bad, there are people would.

But still I find one good thing here know in both the scriptures you have the characters and whatever their shades are they are still part of the mainstream society.

Absolutely.

Unlike modern times

Yes.

where if you do not fit into this stream, then you are on the periphery which means in clinical terms. You have an aberration in this behavior.

There was no aberration. So, people who are doing the most absurd kind of thing were still you know fellow citizen or a king or somebody from the princely family and they were that means, they were all assimilated.

So, pathology was absorbed in the range of a plethora of human behavior and emotion. So, everybody could have that. So, that was a major switch and that is probably whether we like it or we do not like it, this is a divide between eastern thought and western thought. Although we cannot claim it because we all are educated in a western frame.

Student: right.

Right people who are educated in a total eastern frame pre 200 years, 300 years, they would be the real representative of what the thought was. So, we think of all these things from a lens which is subconsciously a western. This we were not talking of pathology you know what were they talking, they were talking of dharma.

Student: Sir, but like this the categorical and dimensional viewpoint, it is like there is also this viewpoint in terms of when we trying to repair abnormal and normal of a qualitative viewpoint and compared to the quantitative viewpoint.

Right.

Student: where quantitative becomes like in terms of aggression like everybody experiences aggression.

Yes, yes.

Student: but when the quantity of it in terms of the normal if the quantity increases.

Frequency you mean

Student: Frequency increases or the intensity increases

Yes.

Student: the emotion is the same, but it is based on quantitative aspect of it whether.

Yeah.

Student: Somebody was categorized as abnormal or normal. While from a qualitative viewpoint, it is considered that the people who are abnormal or completely different from the normal.

They it is slightly more complicated I would not say complex, it is complicated, because quantification in psychiatry is not a clinical practice. It is a research practice. So, one can decide that fine getting irritated is an abnormality.

No, but if you look at the manual in the Bible which is the psychiatrist would use in the clinic there I think the number only represents say the duration of a given kind of a behavior, say you have x as a symptom what they call in the clinic, and this symptom last is last lasting for last these many months. So, this would basically help them push in the next category.

Yes.

Or keep in the previous category.

So, like panic attacks is you have four episodes in a month, you have to treat it. See lot of this research has based on 100 years of studies, not 100 maybe 50 years or so. So, what they have found out best is also matching with the treatment. So, what makes 2 episodes of panic not a panic disorder and four as a panic, one month of psychosis is schizophrenia which used to be 6 months. So, over time what they saw or what they find that this has an actually we are still looking at a very qualitative data.

You know depression the to be called as an endogenous depression has to be 2 weeks.

Student: Yeah.

Agreed? Mania even one day of mania is mania, but should if somebody is actually depressed for 5 days and it fits into the whole syndrome of endogenous depression no clinician would wait.

No, so that way all the entire diagnosis in the clinic is purely qualitative, it is not quantitative.

Yes.

It is only when it comes to assigning the tag whether it is acute.

Yeah. Whether it is chronic that is the time when you use numbers.

The computational psychiatry something new which is coming up, they may get into all the algorithmic business, and yes, no and where and all. But some people prefer scales, brief psychiatric rating scale Hamilton depression, (Refer Time: 13:25) scale you up if

you nobody does it in the clinic because but for research purposes or while people are doing their thesis and all that is some quantitative data.

In fact, when we had discussion both of us, when I asked him that how many of these psychological tests are actually used by the practicing psychiatrist.

I do not use it.

And we were surprised not at the number of tools that we talk about on the academic side of psychology is not the tools which are used on the practice side of psychology and psychiatry, so that means, there is a big disconnect between what goes on in terms of you know assessment of a disorder versus what actually is used in practice.

So, ultimately see look at it, what are you going to gain with quantitative data, statistics.

Student: Sir like in terms of defining what abnormal or normal is.

So.

Student: So, like sadness, we were a normal thing that everybody experiences.

Ah Right.

Student: But pervasive sadness that goes into.

Pervasive is what?

Student: like.

Whatever your understanding of pervasive is.

Student: like prolong and.

No pervasive is not prolong, it is a qualitative difference. So, when you talk of depression in endogenous depression, what you call by a part of bipolar or a recurrent depressive disorder, pervasive sadness is that nothing makes you happy.

Student: Ok.

That is the hallmark of endogenous depression which is a pure biological switch on switch off. While you used to be called as dysthymia or neurotic depression in a old times was a depression that you are depressed, but they are still caring on with your life and all that, something will make you happy you can take off your mind from something. So, whatever may be the cause, whatever may be the cause, there may be genuine cause in your life, but the question is not of a genuine cause, the question is what that genuine cause has lead you to.

Student: Right.

Whether it has if it has precipitated depressive episode, it is a depressive episode nevertheless. So, when let me give you an example, you have heard of Elisabeth Kubler Ross, he gave this 5 stages of grief.

Student: Yeah

Everybody knows what grief is. When but people also have depressive episodes after grief can turn into depressive episode. How would you decide that? So, what you do if somebody comes you on 3 days after mother's death.

Student: Time period.

Would you call it depressive? Not, time period does not matter.

Student: if he she is identified one of the stages as depression.

So, that is what I am saying so, but we do not call it depressive episode know. When do you call it?

Student: If it is past 6 months and like

No, there is nothing like that there is no criteria like this. There is no criteria six months if the depression will become all right, anyways is a self-limiting disease. So, what I am trying to tell you is what at best you can do is quantify at point zero, treat quantify at some other point quantify see what is the prognosis and all that.

What I do as a clinician have been most psychiatrist would do at least people were trained with me in the (Refer Time: 16:58) would do I hope they do with same is if

somebody's mother has died and they are not sleeping, and they come to me on the third day. I would not jump to calling it a depression I would allow that person to go through the grief process maybe I will give medicines first sleeping for this, for that. But you know what would be the difference if I am treating a depressive episode, I will be treating it I will know the medicines have to be given for 6 months. So, I would not give six months as I take medicines he get all right do some CBT, and he will all right.

But after 2 weeks, 1 month is the rough time, when people come out of grief; some people come out of grief in two hours, same process five steps in 2 hours in a minute you can get of grief. So, what you are saying we will work when we have started developing a classification based on causes, then we will be able to quantify.

Let me come let me combine both these questions now. See Shivani talks about say the looking at the qualitative features and then the, it went to the direction of grief and depression, and Arpitha talked about know that faith healing tradition.

And the way you said that depression is self-limiting in itself.

Endogenous depression.

Now, if we combined all these three things, then it gives us a sense that faith healers do have their importance because if something is self-limiting and those who are on the other side of the table those would know this are the ones who simply need to hold the hand with a literal degree of compassion and the patient the client whatsoever what you want to use will automatically get out of that. So, it is just like a helping hand which is being extended. Now, whether I extend it as a psychologist as a psychiatrist as any of the faith healers.

Yes.

The job is done because anyhow medicine is not been prescribed. And I am well aware that this kind of behavior or this disorder has a specific trajectory, it will automatically come at a point where it will get converted into the mainstream life, I know this thing. The other person who is experiencing it is not aware of it. So, my role is only to provide a helping hand, while the person is moving in this phase, and till the person reaches that point then after of course, that person would not need to me anymore. So, whether I am

on this side of psychology psychiatry or any other faith healing tradition, I am serving the way I should have done things.

Student: Sir, but what about deviant behavior like when we categorize gender identity disorder.

Right.

Student: as a diagnosis.

Right.

Student: But in the past like homosexuality was also.

Right.

Student: of disorder.

Right.

Student: Now, it is not so like this is more in terms of the behavior is considered to be qualitatively different from what the normal people.

So, you use the word called persistent.

Student: right.

In the classificatory system.

Student: right.

There is a word called persistent nah. So, any personality disorders.

Student: Yes.

They are they have this word called persistent.

Student: yeah.

So, when you talk of persistent absolutely it has to be from not in day hours and days or weeks, it has to be over months and years right.

Student: right.

So, that is a persistent desire to be somebody else, one of any of us can have it.

Student: hm.

Trust me, we can have it is the same then cephalic sulfate which is different. So, experimentally lot of people do it yeah. But one of is not one of accidental homosexuality happens in camps, it happens in boys hostels, it happens in girls hostel, it happens everywhere. But that would not qualify or indulge in one of once or twice into such act would not make you homosexual.

Student: hm.

Right, but again it is a persistent desire to be in the clothes of the opposite sex, persistent liking for the same-sex so on so forth. We know all those criteria. But let me tell you something else, almost endorsing what you are saying, if somebody has one episode of aggression which becomes so severe.

Student: Right.

That it can lead to self-harm.

Student: Right.

Or having the other.

Student: hm.

Should we treat it in a 14 year old kid.

Student: In the chemical set of disease one of the topmost criteria which is used to determine whether the person should be admitted or.

Yes.

Student: Not whether we have to send them.

Absolutely, mania if it is so severe that it can harm you do not wait for hours and it is just diagnosed it and treat. So, what I am saying, you can understand illnesses from a different frame.

Student: Right.

The frame is that itself certain mental state which is leading to a certain behavior. Now whatever the repercussions consequences of that behavior are, if you have the facility, if somebody has one day of hallucinations will you treat it? Yes or no? No, but hallucination is person comes and tells me my hallucinations are telling me to jump. Are you going to treat it?

Student: We are going to treat it?

You will treat it.

Student: Yeah.

So, you will not be bothered whether you are going to call it a schizophrenic or you are going to call it an acute psychosis. So, we are smart people. We have we call it acute psychosis, treat it, we will wait. 30th day it will convert to schizophrenia or not convert schizophrenia.

Student: But you are also talking about how society was relatively more permissive more absorbing a year, but it is now probably more marginalizing to

Yes.

Student: such phenomena and people going through these experience is, is it because as a society we are we are prioritizing a person's ability to be productive or a person's ability to you know be a contributive member of the society.

Student: It cannot someone who is homophile or suicidal or take away from society.

So, you are talking about the soft spectrum.

Student: Yeah because.

Not.

Student: You only said how you know it was 6 months.

Yeah.

Student: 6 months earlier.

So,

Student: Now it is 1 month.

So, acute psychosis is an entity in itself you know how it and I will tell you in the initial ICD 8 and 9, American classificatory system would not talk of acute psychosis, they will talk of (Refer Time: 24:26) any form this that it is a third world where they saw acute psychosis, 2 days of psychosis people improved. So, it is a psychiatrist from India a lot of people seen a people from (Refer Time: 24:36) who really went and told that, but this is a this is happening acute psychosis in an entity, acute psychosis does not convert to schizophrenia, is schizophrenia is schizophrenia it happens. You wait for 1 month, you wait for 6 months, it is schizophrenia. Acute psychosis is acute psychosis; it will just happen and go of. Acute psychosis can almost mimic anxiety in its peak.

Student: Yes.

Is not it? You just get into a different disease; after all it is a brain firing. No, if you.

She what she was also asking know that say is it that we have made the modern world so complicated?

Yes

Added by default we fall into one category or the other.

We have not.

Then stablign becomes easy

We have not.

with the practices.

We have not made make it complicated I think in our so-called intelligence to make things why if you ask me one word which is causing the whole problem, any guess? This attempt to homogenize the attempt to homogenize is the problem of our times.

I saw a cartoon some time back; some cartoonist must have drawn it very fascinating. Somebody sitting in the interview panel and two animals on the other side who are the candidates a squirrel and an elephant, and both are asked to climb the because the squirrel can climb, so squirrel is better than elephant. And then you ask to do something that elephant can only do. And then you reject a squirrel is failed and elephant is better.

Yes.

So, we have come into that kind of a shape even for regular education imagine days when skill was given more importance than a time like us when we have got educated where a skill is given priority after you have done everything invested at approximately 21, 22 years of your life, then you are told that whatever you have done is not important. Now, you have to do something else that cross course, certificate course training program to attain those skills. In the past nobody told anybody that you have to take a course which will say extend up to 21 years of your life.

And will not make you worth of anything in most of the cases. So, say for instance, when the kind of social order that we maintain in the society, the social order wanted or the minimal expectation was that because there is something in the family which your near and dear ones are involved, and by default you will acquire those skills very easily because those things are available. Say a car somebody coming from the family of a carpenter, somebody coming from the family of an electrician, and then we if you map the same thing now you go up to class 10th, and then you have to get admitted into ITI, and then you get certificate which says that now you are no welder, turner, fitter, these are the kind of designations used. So, earlier none of these designations are used at all.

Similarly, say somebody who is not what you call good at the classroom kind of an education ok, when those things would not have been there, there was no need to say that no you are autistic or you are disgusts or you are suffering from x or y, there was no need for that ok. There is minimal that is given to you that is minimal that is expected from you, and therefore, the deviation will not appear very apparently.

Now, we have made things in such a way that within 2 days of schooling formal schooling, the teachers start saying ok. I have seen you know my own kids where you know teachers would hardly take 2 days, because they think that they have been into the classroom and the average students would perform this way. So, the expectation is that once your formal schooling begins within 2 days you should be able to do these things. So, expectation has increased.

Student: Has the expectation increased because we have for modified our own existence. So, it is as it humans have become commodities. And when you fail to be at a certain standard say certain standard of functioning or certain standard of capability, you are a faulty product which does not fit into the scheme of the world.

So, you look at the biggest example of this. The biggest example of this is the beauty contests. Beauty contests is an entirely external framework, which is imposed on the society by a certain group of people. And then you have Miss Universe, Miss World, Misses that, misses that, all that. Once that happens given that most people always need role models, most people for whatever reasons, there is nothing wrong in that, but the way education makes them the way they always look up to somebody. And then you say certain suddenly this so called zero figure is beautiful. So, if somebody just says zero figure is beautiful, it is fine. But then it is hammered into your head.

Student: Sir, beauty was always desire.

No, no, wait, but why what I am saying out so most people is a big chunk of people who will try this. So, where are the concept of zero figure being beautiful come, it has been told to you; otherwise everybody is beautiful in their own right, because they have their own shapes and own body mechanisms and all. So, most people try some of them give up this and all this is my body figure I am very happy. Out of this there will be a small percentage who will become anorexic, who will become bulimic, because such people have broad to be specially young girls and mothers will say she is not eating. And you will ask obviously, you will not find any pathology just said it is got into your head that not eating is going to make her this, this is a homogenization.

So, what exactly is happening that where the acceptance of diversity was there say a 100 years back, people were allowed to be what they were and still were a given validity at least in this country. External parameters are very less. Now, external parameters and

both how many? British, American, Korean, Chinese, within cities. So, if this is a random thing which is a random thing is that you last time we just told people to do a random exercise, I said you look at the newspapers and try to find out all those people who are in the news how many if you think are normal actually.

So, if you just randomly go and ask people, and just ask them to immediate answer, do you know what you need? So, we can do this exercise and tell me. Because what you think you are thinking is actually you need or it is some this what you are saying judgment and a check and all, like somebody says I find this is my level I do not want to study further. No, what you have to do it because what do you do? Student: (Refer Time: 32:58).

So, you have to do a Ph. D, so.

Student: Sir.

What after that? Student: That is what. So, if the if the surrounding is changing so much.

So, the surrounding is not changing because of the stakeholders.

Student: Yes.

It is changing because of some other sources. That is a fall with psychiatry also.

Back to this concept know when you said beauty. Say if you look at the Indian sculptures, all Indian sculptures, the male figures or the female figures, they would appear little (Refer Time: 33:31) and the males would have a.

Student: Belly.

Belly. And this is across India. We were never carried away by that Greek representation of a muscular body and curly hairs. Their sculptures were starkly different compared to what we had. Therefore, I am still convinced, that their concept of beauty which has come through this beauty contest and other things is more driven by market which is picked up by

That is right.

couple of people not many.

Student: Yeah.

Not many, else most of us accept that as Indian you should be like this in all likelihood. And therefore, when we look at this sculptures those who are represented across India, you will have people who are bald, characters who are bald, characters with all of them uniformly would have belly, women would also be little stout, and this is an accepted that means, that the geometric perception of beauty that the artist who are representing accepted this is what beauty is.

So, some of us who have been exposed to the certain kind of architecture, certain kind of a style of representing human figure plus the kind of market which orients you that you have to use cream x to look more fair, and therefore, fairness becomes one of the criteria. Similarly, zero figure becomes one of the criteria. I doubt how many women would actually pick up those ideas, but those who pick up some of them are servicing know at the ones who would fall in the category of those who suffer from eating desire.

Yeah, everybody will try one fairness cream.

Student: Also because see you are talking about cultural representations which exists. Vis-a-vis all this homogenization that is being attempted via globalization because the idea that the zero figure is desirable because that has that is what is being marketed globally. So, lot of say in India itself a lot of kids, they will not only exposure to say the cultural representations as readily available to them as what is out there in the media and the market.

But the day they have it, the day they have it. They start running towards it.

Student: (Refer Time: 36:10) almost what I then to say (Refer Time: 36:13) if a sir said like social order like in both the discussion ok, I think that what these terminologies that here that a years back or 100 years back, (Refer Time: 36:24). And now.

No, I have, I have not say fine, but I will tell you something else let me. So, it is a continuum, obviously,

Student: Sure for instance and regarding the concept of beauty also, but the structure or the manliness this comes in. If you see this, this things, it is the representation in the social order which has always been in the in the power in India. But if you see the

structure that has been you know the kind of a fulfilled for their Adivasi people and the other people, but there is always you see the figure like the (Refer Time: 37:01).

Right, right.

Student: So, you know in India context, we live the social order has always been a part of exploitation if a panel suppose would be a panel, then because we could have not we could have not the social urban being more exploited area. So, I think the whole focus was on society, and it is more relative you know flexible and I think more of forgot then the oldest generation. And I think in terms of this beauty also this concept of, but you are trying till that because yeah this concept of beauty has being brought down to the all the level of society. All the population in society, to the concept of Barbie doll-like if you remember the consider the Barbie doll how because the even a children who really (Refer Time: 37:53) Barbie balloon (Refer Time: 37:55) do not know Barbie doll very fat girl because (Refer Time: 37:58) zero figure this is how the market and the society and the manual of people who own the society and how they actually been you know been driven by the market and money, they are focusing their sort of philosophy to engage the world population. So, that they can exploit the world population from generation to generation because of the.

Sure

Student: I think in Indian context of this whole problem was psychiatry is like we mostly we have followed earlier American context, but we did not have the much of much of the representation (Refer Time: 38:33) Europe and all. So, I think the like I am one point is about the faith also like. If we argue things either of faith, then how can we how should conceptualize the mass alienation about the people you know happening in India. The word that huge mass of people because the mass alienation that has been done with the that has been brought up by this sort of a production system is flocking to kind of a faith healers like Satguru or any person like then. So, how should we conceptualize that?

Yes. So, you have already told you have already conceptualized it. So, when you said fine, I am not saying fine, what you are saying is a typical capitalism and its consequences, perfect. And it is not only when you are talking of body or a structure, I will tell you more examples of how it is getting influenced. Obviously, it brings an exploitation. So, in one way it has improved they are used to be a king and they are use

to be a Praja, and Praja was poor in different ranges than the king, but he should take care and everybody was happy, they were not many divergences. There were not many divergences in India before 1990 also.

There used to be one fiat car in a locality, he was a rich man; our poor dad used to have a scooter and we were happy. If happiness index quantitatively. So, India is the very unhappy country, Bhutan is happier. So, when you are saying mass alienation, let me put it in a clinical term. When we are talking of illnesses; illnesses are there across cultures, 1 percent is schizophrenia, 3 to 4 percent of bipolar, but if you club everything, it will not be more than 10, 15 percent. 85 percent people who come to us and not only to us, who flock to the gurus, who flock to faith healers, who flock to religious places, who go to the astrologers, they are all seeking help right whoever gives them.

Even if I have a problem, and whether I believe or do not believe, the question is my family says that boss your mechanisms are not working, come, you will go right. So, that alienation has happened because it has so heightened the anxiety of survival. And when does your anxiety get heightened. If you are happy in what you are doing then Gandhi had this model know he used to say trained people in whatever their art is educate them also. So, there is no harm being a PhD cobbler is there a harm, nothing. You can have an open cafe and still be a PhD, in philosophy. So, if after a PhD, you do not become a Socrates, you know Socrates is.

Student: He will not have a PhD.

He will not have a Ph.D. So, these are the norms. So, you cannot be, you cannot come and teach unless you have PhD and if you do not get a job then you do not even know how to make a dough. What do you do? But things have gone beyond it. Go and ask your parents how many of them have attended a workshop on how to bring up a nice child. How to love, how to laugh, and what these are natural things which have been there in human beings for last millions of years, people have been bringing up kids. There will be some faulty things, but what is happening in last 30 years, you are having a workshop for all this.

Student: Yeah.

So, does my question is very simple moment you say what he was saying my kid is not writing, it is not supposed to write at 4 years. A kid is suppose to do being a jumpy kid, they will bring kids, (Refer Time: 42:48) is a prime example know

Student: Yeah.

(Refer Time: 42:50) all kids are active who is hyperactive, who is not, everyone will bring a kid he sits the kid will come and sit in front of me, he will not move 45 minutes.

Student: But here I think the generalized if I think your generalization of his parenting and not be unless sit into this thing like how knowledge plays a role in setting up a child.

No, I will let me just complete, whose knowledge?

Student: If.

Whose knowledge?

Student: It will (Refer Time: 43:20).

We also have a knowledge of parenting by the way, this country had a even knowledge of parenting. So, if this knowledge, vis-a-vis some other knowledge, vis-a-vis some other knowledge, how are you going to evaluate? My question is this actually you know unless you know how to evaluate, you will not be able to define what is again it will come back to what is right and wrong, then what is normal and abnormal, the whole thing will get mixed up.

Student: Then you are saying that historically it was there, then obviously if you have a terminal disclosure, then you are stopping yourself to come into the disclosure, then nothing will be evaluated.

How do you evaluate?

Student: then we are, then you are saying is, still because it was the thing, then you are stopping yourself to the discourse, then how can it will be evaluated?

No, no, I am not.

Student: This contradictory.

I am not saying that I am saying a parenting is let us take this example let me just.

Sir, (Refer Time: 44:13) is a point. So, (Refer Time: 44:15).

Later connect connected to this

And then we will

Student: It connected to the fact that like now we conduct workshop for these things that everyone will consider, not consider that. So, like there is also an aspect of miss specialization you know because it turns off also it turns off (Refer Time: 44:34) loyalty as from that idea also like we try to create something specific, so that we also have some kind of a (Refer Time: 44:44) in those stuff also. So, the more these things club in and then people look up the expert of being or that is why a specializations of degrees into one specific part like even in terms (Refer Time: 45:00) schools came out when there is specialization different, different things and

So, you have more people more work.

Student: or.

get into different thing

Student: or whole work.

That is simple mathematics.

Student: (Refer Time: 45:13) created was so that there is a miss specialization.

Yeah that connects to what he was saying.

Student: And then there is this annual of expert opinion which is what right people to come and attend these workshops even when they know how to be happy.

So, your answer can I can say it when you compare say suppose Indian context right, the systematization of knowledge of any sort has happened beautifully in the west overtime in the last 200-300 years. Our systematization of knowledge is ancient, so that was there already how it how do you go about it, how we should live in this and that, but there is a huge gap of thousands of years in between them.

Our, whatever we have done and we have been doing it obviously, if he say that Indian parents were not bringing up kids I think that would be wrong. They are bring up Mahatma Gandhi and Gautam Buddha. And we are bring up our Tata and all that. So, it is all over the same. Human beings are the same. In the core biology and behavior and emotional everything are same

The systematization of knowledge as it has progressed has happened in the west, but that is coming to us. We have not systematized things you understand. That and, but according to your what you said this whole gap of exploitation is always there. So, that knowledge has really not bothered about the regional, the about the indigenous type of knowledge bases. So, it always comes as a external frame eventually what will happen, eventually that those external frames will exist they are going to last.

Student: (Refer Time: 47:04) about the concept, but the thing is these argument with which we are putting forward to justify the act of being say that the chairman since is for that, then anything is being carried for a 1000 years, and Sachin would be played for 2000 years. So,

I am not saying that what has been carried out was right, and see do not get into the moral questions, just moral questions.

Student: Yeah.

I am not telling about the moral questions. I am telling about the process. The process is Sati went off because somebody called Raja Ram Mohan Roy took the whole philosophy behind Sati, post it against what was not, and then what emerged was that sati was abolished. Child marriage, it was as biology as psychology, as sociology, as politics matured, obviously, how do you seen, how do you check anything, you cannot check it in vacuum, it has to posited against something you understand.

So, when you pause it your knowledge system, analyze it, then what is the problem in that. You have your own systematization our knowledge put it a vis-a-vis what is available and that is how you progress. What I am against is and I will tell you, we were talking about psychology in clinical thing I will tell you how. In India and this is a practical example, we have categories of anxiety of this issue, that issue, vernal attack and all that, some of them are illnesses some of them are problems of living is not it sir?

Student: Right.

Suffering, there is a why I am saying this emphatically is there is a whole medicalization of life now. And ask me will be a drug for every behavior, why are you sitting like this, why are you having a beard, treat it you understand. So, how do you counter it, suppose a kid in this country in a household of 8 people a joint family, starts getting angry at 14 years of age.

In US what will happen, in England what will happen? If this kid suddenly his mind goes somewhere and does not perform, you know what will happen if the psychologist will come home, and they will find a label. In India I can find 100 reasons why the kid is not studying. The first reason would be there will be 400 people in his family in Kundan and Mohalla and everywhere would be calling his name and instructing you do this, do that, do, do, not do that, do, a man you call somebodies neighbor 400 times in a day he will revolt you understand. Immediately when you put the social causation into practice what will happen?

Student: hm

That diagnosis will fall in a joint family. I will give you another example.

Hm

In a joint family, you know divorce rates are going up in this country, marital relationships are on the rocks.

Student: Sir, (Refer Time: 50:29)

No, no, I do not take good and bad; I am beyond good and bad.

Student: ok.

I have practiced psychiatry for 29 years. I am like I see it from here my problem is when things comes to me, I have to do the best for the people sitting in front of me to their best benefit, not even my benefit, and not even the pharma companies benefit. My first thing is if there is a solvable situation with the least collateral damage do it. Now, husband and wife are not talking, for example, suppose in normal thing, yeah, they were joint families.

So, when they were what used to happen that even there is a stress, the family will absorb. After few days things will become all right that is a normal trend. How many divorces are happening 40-50 years back. But progress is good, women independence is good, I am saying good, I am total a lot go good feminist and I am still telling you and it is fine. Why should girls suffer, they have suffered it for so long. So, when they will not suffer, a system will break. It is fine, let it break, there is no problem. It will break like new things to end up with. But look this is a sociological perspective we are talking about. Why is it happening? When you talk of power dynamics is again social politics tell me the psychological reason for it, anybody?

Student: (Refer Time: 51:2) let see.

They are always there, they are always there when the marriage was initiated, even then they were not different, women were not saying anything, so it survives. Socio politics of it is different a women becoming economically independent right, powerful empowered so on that is all that is fine, you know what. As the joint family has broken this is one of the psychological reason, there are absorbent of the buffers are gone. There, no buffers what happens is if there is a relationship issue what is happening is there both the partner stakeholders are just left against each other. And that if you are really not cognitively evolved, and if you are really not bent on improving, the whole thing will burst up, but this is a societal change.

Psychologically I think when we write say we all have a strong urge for predictability. This is the cognitive aspect of our life. And the emotional side of our life is either to give credit to myself or somebody, or to give blame to somebody or to myself. So, if you put things into say I am trying to predict everything which makes my life smoother, I know what is what would be next, what would be next, then what. So, I can plot a graph for any and everything. So, my association as sir was saying know that my relationship with my wife or my husband or with my kids, teachers of my kids, my other members of my joint family, where the people of the that distant relatives. So, I have a graph for everything.

If we are not able to put the next dot on the graph and predict what next this is what makes us highly venerable to all kinds of things. And this is probably at the thought level. And at the feeling level if I am able to put a dot, of course, I will give credit to

myself I am so intelligent know I can put the x y coordinates to whether I know what is going to happen next, how he is going to be, how she is going to be a.

And if I fail to do that; if I fail to put the dot on the graph, and hence cannot predict what is going to happen in the next sequence of events, then I have to blame someone. And in most of the cases I would try to shift the blame to somebody else. So, even in the marital relationship, the moment I am not able to put the dot and I am able to blame someone, this is where the relationship will come at the point where I will not talk to each other or perhaps think of a breaking down of the relationship.

Yes.

Because I know that its unpredictable beyond what I can observe is a human being and then I also have reasons to blame you. So, finally, what is going to without right. If these two things are managed to some extent we cannot be good at both ok, that is something that we should take forward it.

But this is a sort of stuff which mental health professionals have to face, the people come with this. So, the big question there is you can call like you said a specialized send to marital therapist who will do a system analysis, cognitive approach there and thousands of approach, apply go buy the book and do it. Or why I am saying India again and again, because we really do not give too much of thought to the socio-political situation, causation of mental illness.

So, what we do if we help them out in a chamber, we tell them some good things my job over, but we are really not able to change the larger circle in which they are trapped for a poor person for example. If you have to treat by drug it is wonderful that is the best way, drugs will help. The moment it comes to say somebody is not having a job or somebody mother is ill, the person cannot go these are real situation. In US where the mother and who is son nobody is bothered that is a society like that I am not saying right or wrong that is their society. So, at some point of time is psychologist also we have to take this a step back and put the whole composite picture into our context, if you are working here, if you are working in Australia.

Student: But that is exactly a bad illnesses something that leads to feeling of help nesses as well because even a psychologist will not make the control certain external domains

which if our somewhere is personal for the illness, they cannot be changed. So, that cycle is in criterion. So, like for example, in terms of the I say (Refer Time: 57:15) cases as well

Student: So, there if a female would called him blind, but then the person will not be convinced he have to be assertive gone to the situation, but the concept of if I leave my husband when I go. And the cycle of (Refer Time: 57:33) continuum. So, these are certain sociological inference which are.

So, what would you suggest, you at you are in the treating chair, and if a women comes to you where will I go, if I separate

Student: So.

What would you say?

Student: Our side is a (Refer Time: 57:54) possible options that she has a does not moment.

And what option she has?

Student: Sir like if like for example, in terms of the (Refer Time: 58:04) even if it is doing same that is really threatening her life and sir then divorce can be (Refer Time: 58:14) of her option, but on the second hand we will also have to look at harden (Refer Time: 58:19) lives in India there are (Refer Time: 58:21) options are there, but then what

Atrocious

Student: (Refer Time: 58:24) of those.

You will kill better, you are asked her to jump from the cliff.

Student: When you have to cliff from the sources then if a point of view is it suffering from that a views versus sailing in a (Refer Time: 58:36) when even it was. So, if comparing what is in list of the you know yeah what is in this behavioral in that scenario.

Thank you very much.