

SAMHIN

# SOUTH ASIAN MENTAL HEALTH INITIATIVE AND NETWORK

*Together we can!*



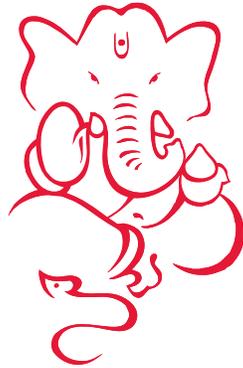
## The Inaugural Evening of SAMHIN



### ROYAL ALBERT'S PALACE

1050 King Georges Post Rd, Edison, NJ 08837  
Saturday, April 5<sup>th</sup>, 2014 | 5 pm - 10 pm

[www.samhin.org](http://www.samhin.org)



*Be the change you want to see*

*... Mahatma Gandhi*



**Wish you all the success in this endeavor**

*Khushalani Foundation*

## PRESIDENT'S MESSAGE



Dear Friends,

It gives me great pleasure to welcome you all to the inaugural evening of SAMHIN. This event means a lot to a lot of us. Most importantly it shows your support in addressing the mental health needs of the South Asian community.

The seed for this event was sewn decades ago. My roots in India and desire to serve others, coupled with becoming a physician, a psychiatrist, and settling in New Jersey in an area with a high South Asian population affirmed my desire to be close to and help the South Asian community.

In the past several decades, while living and practicing psychiatry in New Jersey, I became aware of the mental health needs of South Asian community. Initially, I set out only to develop a network of South Asian mental health providers in New Jersey. As I talked to psychiatrists, physicians from other specialties, social workers, psychologists, hospital staff and members of the South Asian community, it became evident that while building a network of South Asian mental health providers was very important and very much needed, more needed to be done.

With this acute awareness I began the journey that has led us to this inaugural event. I deliberated and hesitated for a long time because the task seemed daunting and overwhelming. I felt as if I were standing at the foot of the Himalaya Mountains looking up at the peaks. As a psychiatrist in the trenches, the only thing I knew how to do was to provide psychiatric care to the best of my ability.

However, my passion to help others and an inability to ignore the deficiencies I saw in the mental health care of South Asians fueled my taking the first step on what seemed like an impossible journey. Although initially, I experienced difficulties in the form of reminders from some that what I was thinking of doing was indeed impossible, I found many others that shared my vision and passion. Suddenly, I was not alone in this journey. I am grateful and humbled by the hard work, passion, and humility of all the volunteers who have been working tirelessly to help launch this organization. They have given me the encouragement and confidence to continue along this path.

I am also thankful to all those who have assisted me in other crucial ways along this journey. Some have provided financial support. Others have opened doors to resources at various levels in the community, county, and state. I now know that if we all are together, we can make it to the top. I thank each and every one of you and deeply appreciate you in joining me for this very important and historic event.

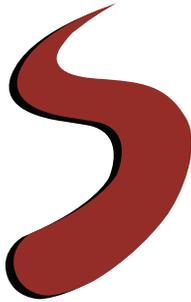
With the launch of SAMHIN accomplished, the real work now begins, to help the community in need. Let us work together in serving this need.

*Together we can!!*

A handwritten signature in black ink that reads "Vasudev N. Makhija" with a stylized flourish at the end.

Vasudev N. Makhija, MD, DLFAPA  
Founder and President

April 5, 2014



**SAMHIN**

## **Mission Statement**

- Educate, engage, and empower the South Asian community to promote mental health literacy.
- Serve as a resource to provide consultation to health care policy makers and health care delivery facilities.
- Increase collaboration between existing mental health organizations that address specific aspects of mental health illness, increase awareness of the existence and roles of these organizations, and decrease fragmentation in services provided to the community.
- Promote and conduct research on mental health to serve the South Asian community in the U.S.
- Develop a searchable database of South Asian mental health care providers, social services, and mental health resources to improve access to mental health care.
- Overcome stigma of mental illness.
- Explore ways of making affordable treatment services available.

## **SAMHIN – BOARD MEMBERS**



### **Vasudev N. Makhija, MD, DLFAPA - President**

Dr. Makhija has been in private practice in adult psychiatry in New Jersey for over 25 years and has had long standing interest in the mental health needs of the South Asian Community. In the past year, realizing that more needed to be done for the mental health needs of the South Asian community, he decided to take on the daunting task of forming the organization, SAMHIN, South Asian Mental Health Initiative and Network. In the New Jersey Psychiatric Association, he has served as President, is Chair of the Council on Member Services and serves on Program and Awards Committee.

He also served on the Union County Mental Health Board for 6 years and was Chair of the board for two years. He is clinical supervisor of Jana Raksha Community Care Program of Arsha Bodha Center, a spiritually based, volunteer-run program to serve the community in New Jersey. He is a recipient of Exemplary Psychiatrist Award from NAMI, National Alliance on Mental Illness. He continues to serve on the Advisory Committee of SAMHAJ (South Asian Mental Health Awareness in Jersey), NAMI-NJ Program.



### **Pinki Patel – Vice President**

Ms. Pinki Patel is a computer engineer and currently working as an Executive Director at Ericsson, having global responsibility to manage staff in the U.S., Sweden, Canada, China, and India. Pinki began her career at Bell Communications Research 25 years ago and worked both in technical and managerial positions.

Pinki brings her management skills to help SAMHIN manage various ongoing activities and special events. Pinki has always been involved in various volunteer services and has a strong desire in helping those that face mental challenges that are otherwise stigmatized in today's society. Pinki is also a registered Yoga teacher with Yoga Alliance and is teaching Yoga at Ericsson as well as at a private Yoga studio.



### **Rima Daswani - Treasurer**

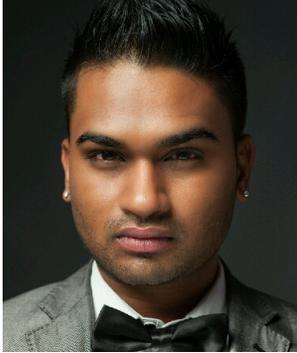
Education:  
MHSc, University of St. Augustine

B.S. Physical Therapy, University of Bombay

Rima has approximately 40 years of experience as a physical therapist specializing in manual therapy. Rima currently leads numerous outpatient physical therapy centers in central New Jersey. She manages a team of 75+ staff members and is widely known in her industry. Rima is married with two children and one grandchild.

## DANCE PERFORMANCE ARTISTS

### Ricki Bagwah



Ricki Bagwah was born and raised in Trinidad where he performed at school plays, dances and recitals. Although raised in a western country, he was trained in Indian Classical music and Hindu literature. After moving to New York, his passion led him to join Bollywood Axion Dance Company. He was trained under artistic director Pooja Narang, where he developed and honed his skills as a company dancer and assistant choreographer in bollywood and bhangra. Ricki also studied hip-hop and jazz at Alvin Ailey. Under Bollywood Axion, he performed and choreographed in many pristine events, such as Alvin Ailey's dance week at Lincoln center, the premier for Chris Kattan's Bollywood Hero, Waldorf Astoria's Alzheimer's disease benefit, Operation smile with Jessica Simpson, Madame Tussaud's "Bollywood Zone" opening in NYC, the official premiere for the 'SLUMDOG MILLIONAIRE' in the U.S., The Prestigious Media Awards show - 'The one show' in NY, Grammy Award Winner John Legend's music video "If you're out there (rajstar remix)" and many other charity and non charity events.

### Yeng Wong



Yeng Wong is the eldest of 9 children. She is of Cambodian, Chinese and Indian descent. She studied Travel and Tourism at Paul Smith's College. As a youth she volunteered her time as a mentor, translator, and teacher's aid for Khmer families who migrated from Cambodia to the USA. She is a certified Zumba instructor and professional dancer specializing in Bollywood and Freestyle Hip-Hop. She has danced with Bollywood Axion, Shakti Mohan (from Dance India Dance), Moksha Performing Arts, and Junoon Performing Arts. Some of her performances include dancing for Jessica Simpson's Operation Smile, IFC's premiere of Chris Kattan's Bollywood Hero, and for DJ Rekha's successful attempt at breaking the Guinness World Record for the largest Bhangra dance party in history. Some of the more notable venues she has performed in include Asia Society, The Choreographer's Canvas, and Madame Tussaud's NY. She has over 10 years experience as a Business Manager at Interpublic Group of Companies (IPG) providing forecast, budgeting, analysis, and oversight of daily operations for clients such as Merck Pharmaceutical and Jamaica Tourist Board.

## MUSICAL PERFORMANCE ARTISTS

### Manoj Govindraj: Vocalist



Manoj is a Rank holder in Music from Bombay University. He began learning music at the age of 7. He received initial training in Hindustani Music from Mrs. Vineeta Tembe . He has also received training under Shri. Prabhakar Karekar and Mr and Mrs. Prem.

He has won several awards, the most prestigious amongst them being the Sur Singar Samsad Award in 1995 for light vocal. He is also the recipient of the Pt. Bhimsen Joshi Scholarship. Currently he is a faculty at the Academy of Indian Music (AIM) located in South Plainfield NJ.

Manoj teaches Hindustani classical vocal, Bhajans and Ghazals. He also teaches Harmonium. He gives performances in Hindustani classical music, light music like bhajans, ghazals and old film songs in Hindi and Marathi.

### Suresh Ramaswamy - Tabla



Suresh has been a long time student of Pt. Nishikant Barodekar of Pune (grandson of Smt. Hirabai Badodekar and sr. disciple of Ustd. Alla Rakha Khan Saheb).

Suresh has provided tabla sangat (accompaniment) for many esteemed Hindustani Vocal and instrumental artists in more than 60 concerts in India and the U.S. These include Sarvani Sangeetha Sabha, Indian Fine Arts Society, Hamsadhwani, Institute of Mathematical sciences etc. He has also conducted lecture demonstration sessions on tabla.

### Raj Makhija - Sound



Bred in Jersey and based out of New York City, with roots from India, Raj “RajStar” Makhija is constantly developing his talents as an Engineer, Producer, and Composer. Raj came up as a staff sound engineer at one of the world’s most well known commercial recording studios, Quad Studios, NYC. Raj has had the opportunity to work with some of the biggest names in music, including Busta Rhymes, Musiq Soulchild, Nona Hendryx, Missy Elliott, Bilal, Pandit Jasraj, and DJ Rekha. He competed against almost 2000 Producers worldwide in the Official John Legend Remix Contest, hosted by Indaba Music, and won first-place in both the “Judge’s Selection” and “Popular Vote” categories. “If You’re Out There (RajStar Remix)” was subsequently released by John Legend. In 2011 he released the concept mashup album, Rahman Noodles, to be featured on Earmilk, Fader Mag, Hype-M, and more. Also in 2011, he was accepted into and attended The Hang, a two-week mixing intensive with the legendary Jimmy Douglass (Led Zeppelin, Timbaland, Justin Timberlake, more.). He now runs RVM Sounds, an audio collective focusing on Music, Film/TV, and Voiceover.  
[www.rajstar.com](http://www.rajstar.com) / [www.rvmsounds.com](http://www.rvmsounds.com)

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A District Branch of the American Psychiatric Association



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March 17, 2014

My dear colleagues:

On behalf of the New Jersey Psychiatric Association, I extend best wishes and congratulations to the South Asian Mental Health Initiative and Network as it begins its journey of providing healing, hope, and education. I applaud the vision and dedication of its founder, Dr Vasudev Makhija, who in his previous role as President of the New Jersey Psychiatric Association, served as my predecessor and role model. He indeed has the ability "to get the job done," by perceiving need, implementing effective solutions, and motivating others to help. He is able to accomplish much, not just with great expertise, but also with great compassion.

At this time of rapid change and transformation in both society and our healthcare system, a grassroots organization such as SAMHIN can fulfill specific mental health needs of South Asians living in the United States. May magnificent things be accomplished through the efforts of all who devote their time, talent, and treasure to this worthy endeavor.

The New Jersey Psychiatric Association enthusiastically supports your mission and remains eager to assist you.

In solidarity,

**Charles Ciolino MD, DFAPA**  
President;  
New Jersey Psychiatric Association  
Board of Trustees;  
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School of Management  
and Labor Relations



School of Management and Labor Relations  
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[www.smlr.rutgers.edu](http://www.smlr.rutgers.edu)

March 25, 2014

Vasudev N Makhija, MD, DFAPA  
Chair, Council on Member Services, NJPA  
Founder and President,  
South Asian Mental Health Initiative and Network  
[www.samhin.org](http://www.samhin.org)

Dear Dr. Makhija:

I am pleased to extend my wishes and congratulations to South Asian Mental Health Initiative and Network for its onward journey into education, hope and support. In the last ten years, South Asian population has increased by 81% in the United States of America. New York and New Jersey are the top two states serve as the place of residents to a major portion of South Asian population.

The Healthcare Talent Network, funded by the state's Department of Labor and Workforce Development and based at Rutgers' School of Management and Labor Relations. Health Care Talent Network will integrate information from employers about their consumer needs with data from market analysis in order to strengthen the capacity of the consumers and to have the skills to match the needs of the residents and support them in the time of crisis. Mental health is still has a stigma and not looked by South Asian Population and people do not seek medical help or counseling. As its Executive Director, I am aware of the skills and competencies needed to prepare someone to identify, agree and seek mental health help. Dr. Makhija has been working and offering his services in this field over twenty years and now has embarked this much-needed initiative. His compassion, and expertise in understanding and analyzing the need of the client will help this initiative to strategize and plan to offer services to increase awareness on mental health issues and concerns.

Organizations like SAMHIN are needed in these tough times of economy, increased stressful working environment and rapidly changing demographics. I am sure SAMHIN will collaboratively work to educate, engage and empower the community to promote mental health and decrease mental health stigma. Talent network will work with SAMHIN and support to provide technical assistance and consultation to health care policy makers and health care delivery facilities. On behalf of Health Care Talent Network, I wish SAMHIN and Dr. Makhija all the very best to make this endeavor a significant success.

Sincerely,

Dr. Padma Arvind, Ph.D, MBA  
Executive Director  
New Jersey Health Care Talent Network

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March 24, 2014

Vasudev N Makhija, MD, DLFAPA  
Founder & President, SAMHIN

[www.samhin.org](http://www.samhin.org)

Dear Dr. Makhija

On behalf of Share and care Foundation, it's our pleasure to extend best wishes and congratulations to the "South Asian Mental Health Initiative and Network" (SAMHIN) – a new milestone in your continuous journey providing visionary leadership in identifying needs, and effective solutions of the society. We applaud your focus on South Asian segment of population who is always shy in seeking medical assistance when it comes to mental health.

We are sure your role will prove very vital and a model to emulate while providing effective support, advise and quality education to the growing segment of this particular population. Your cutting edge expertise added with compassion will surely heal, nourish, and rehabilitate many suffering souls transforming their lives with hope.

At this time when the South Asians living in USA are going through economic, social, and cultural upheavals and challenges, grassroots organizations like yours can fulfill the needs and healing.

Share and care Foundation- a not-for-profit organization- is providing quality education and preventive healthcare, fulfilling the needs of poor people of India since 1982. We enthusiastically support your endeavor and mission and eager to be a part of your networking and assist anyway possible.

Yours truly,



Arun Bhansali, President

Dr. Shirish Patrawalla, M.D., Coordinator of Signature Programs

Share and Care Foundation

[www.shareandcare.org](http://www.shareandcare.org)

March 24, 2014

Dear friends:

Congratulations to the South Asian Mental Health Initiative and Network on its maiden voyage serving the unique health and education needs of the South Asian population living in the United States. I am pleased to write this letter of support extending my best wishes to this grassroots organization and its founder, Dr. Vasudev Makhija, confident in his ability to achieve his mission.

Motivation, compassion and patience are hallmark qualities of those who undertake such a noble endeavor. Our encounters as we offer training to healthcare professionals throughout the State edifies the universality of the need for health education regardless of culture and academic achievement. May the communities that Dr. Makhija and the SAMHIN touch experience enrichment that will provide hope to this and future generations.

The Workforce Development Unit of the Office of Continuing Professional Education at Rutgers University heartily supports your mission and stands ready to serve you and your organization.

Wishing you all the best,



Kathleen K. Marrs  
Assistant Director  
Rutgers University  
New Jersey Agricultural Experiment Station  
Office of Continuing Professional Education

# Sherrina Navani



From a very young age, Sherrina has had just one dream- to be the next Barbara Walters. Years of watching 20/20, she was inspired by the art of journalism. The freedom to inquire and question

everything and anything. The ability to get to the truth. This fueled a passion to work as a reporter through elementary school, then in high school and finally pursue a degree in Political Science and Communications at Hunter College.

But life and God had different plans for Sherrina. While in her senior year of college, she landed a full time job in the marketing department of USA Networks and The Sci-Fi Channel. Soon after graduation, she fell in love and married the man of her dreams, Vikas, popped out two amazing daughters, Milanya and Samaara, a few years later.

While on this journey of love, marriage and children, Sherrina maintained an amazing career as a marketing professional working for major Fortune 500 Companies like JP Morgan Chase and American Express. But something was always missing...her desire to be a journalist.

While holding down a full time career, and raising a family, Sherrina dabbled as a reporter for major media outlets; Fox 5 News, CBS News, TV Asia and The Staten Island Advance. But dabbling never quite gave her the “fix” or “high” she desired, and she knew, that in order to be happy, she needed to plunge in full time into a journalistic career.

So, with two small children, ages 4 and 1, and with the amazing support of her husband, Sherrina left the world of credit card marketing and began post-graduate studies at the City University of New York Journalism Graduate School. Blessed with a scholarship and the support of an amazing family, Sherrina studied Broadcast and Digital Journalism for three semesters, learning how to shoot, write, interview and report on any topic or current event.

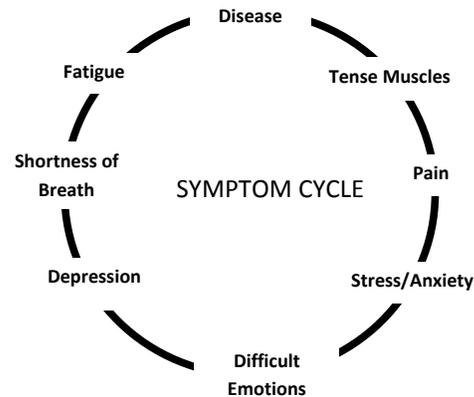
Immediately after graduation, she was hired by The Trentonian, in Trenton NJ, to cover the cops beat but soon escalated her reporting to cover courts, municipalities and finally state government. But again, something was always missing. She needed to report on topics that helped other women- topics which could empower other South Asian Women to live their best life ever.

The Mommy Helper Show was born out of that need and in 2013, Sherrina built and launched her first mobile app called “The Mommy Helper”, for iphones and android devises. Soon after, television came calling. Crossings TV, which reaches over 1.5 million viewers coast to coast, launched The Mommy Helper Show, in early 2014. The weekly talk-show is mom’s therapy session. 30 minutes devoted to helping South Asian moms loose the guilt and gain the confidence to pursue her deepest dreams and desires.

Only God knows what else is in store for this power-house of a woman, but if her dreams are any indication of her life, you may see her winning an Emmy very soon.

## Beware of Symptom Cycle

Nobody wants to have symptoms or problems from illness. Almost all of us will experience such symptoms during our lives either due to health problems and/or life stresses. When such symptoms are chronic and persist over a long period, they affect our physical, emotional, intellectual, vocational, social or spiritual functions. Understanding the nature of various symptoms and how they react with one another will help us break the negative patterns of the vicious cycle that usually lead to physical disability, emotional distress and even mental illness.



The symptom cycle is a pattern of symptoms that interact with each other and contribute to further problematic symptoms. For example, a person diagnosed with an illness may have pain and physical limitations. Their reaction to their diagnosis may create difficult emotions for them, with increased feelings of stress, anxiety, or depression, which in turn can lead to shortness of breath, tense muscles, poor sleep, and fatigue. These symptoms can further exacerbate their pain and physical limitations.

The goal to managing the symptom cycle is to break this negative cycle. An endless symptom cycle only makes initial disease symptoms worse. Learning skills to manage the symptom cycle can be easy with simple self-management practice tools. For example, breathing techniques to distract the mind can help reduce pain, and decrease anxiety and shortness of breath. Creating successful action plans and achieving short-term goals can provide positive feedback, improve self-esteem, and decrease depressive symptoms. Making informed, healthy food choices can improve energy. Gentle exercise techniques can relax tense muscles and improve sleep and daytime fatigue.



**Meena Murthy M.D., FACE**  
Chief of Endocrinology, Nutrition & Metabolism  
Director, Saint Peter's Thyroid and Diabetes Center  
Master Trainer for Stanford Chronic Disease Self-  
Management Program (CDSMP)

Improved quality of life is a goal for everyone. For patients living with a chronic illness, it is especially important to learn skills and techniques to positively and proactively manage day to day function. The Stanford Chronic Disease Self-Management Program strives to achieve good health in people. Good health is soundness of body and mind and a healthy life is one that seeks that soundness. Therefore, a healthy way to live with symptoms and or health problems is to work at overcoming the difficult emotions and physical disability by positive self-management. In our community, we will now have additional resources and opportunities to provide the much needed self-management support through the efforts of our leading physician Dr. Vasudev Makhija and his new endeavor South Asian Mental Health Initiative and Network (SAMHIN).

### Reference

Lorig K. et al. Stanford Chronic Disease Self-Management Program.

## What is Psychotherapy?

Nancy McWilliams, PhD

Life is not easy, and problems in work and personal relationship are universal. In the face of converging stresses, people may find themselves feeling too much or too little, overthinking everything or feeling unable to think, acting too impulsively or being unable to act. When one's own efforts to solve distressing, painful problems in living fail, and when friends and family are unable to give adequate help, psychotherapy may be of great value.

Psychotherapy, or "talk therapy," is a collaborative, confidential process in which an individual - or couple, or family - suffering mental and emotional pain or disturbances of behavior consults regularly (most commonly, once a week) with a trained psychotherapist in order to reduce suffering and improve general well-being. Depending on the professional's background, the person seeking help may be referred to as a patient, client, or counselee. The professions that legitimately train psychotherapists include psychiatry, psychology, social work, mental health counseling, marriage and family therapy, psychoanalysis, and pastoral counseling.

In the first meeting, the prospective therapist will try to begin to understand together with the patient what causes, maintains, or exacerbates the problems for which the person came for help. He or she will ask for details of those problems, including when they started and how the patient has dealt with them so far. In order to understand the context of the difficulties, the therapist may ask about

the patient's personal background (general history; medical, work, and relationship history; traumatic events) and then will recommend a course of treatment and explain the rationale for it. The treatment may include mutual efforts to understand and express the emotions that underlie the patient's difficulties, explorations of problematic personal beliefs that sustain those difficulties, and sometimes specific directions for learning new patterns of feeling, thinking, and behavior to replace maladaptive ones.

Some therapists ask about dreams, some assign "homework," and some use particular techniques or suggest medication intended to relieve specific symptoms. Psychotherapy often involves conversations in which the patient talks freely and the therapist listens in a uniquely concentrated, nonjudgmental way, attending to recurrent themes and underlying tensions. Depending on the problem, the therapist's focus may be on emotional expression, cognitive understanding, or examination of the negative consequences of particular behaviors. Medication may be considered as an adjunct to psychotherapy. There are several theoretical approaches to psychotherapy that have strong scientific support, including psychodynamic, cognitive-behavioral (CBT), humanistic, and emotion-focused. Many therapists combine approaches.

The therapy relationship is both professional and highly intimate. It is most effective when the patient speaks as openly

as possible about issues that in other circumstances would be inappropriate or uncomfortable to express to another person. Both professional experience and scientific research have demonstrated that therapeutic conversations cause brain changes that include the strengthening of the prefrontal cortex, the “executive” of our neural organization. Thus, after effective psychotherapy, patients report not simply that their symptoms have diminished but also that they have better self-control, tolerance for a wider range of emotions, more compassion for self and others, and an increased capacity to solve ongoing problems.

How is psychotherapy different from talking to a caring friend or relative? Therapy certainly has elements of confiding in any trusted person, and between therapist and patient, a real and deep affection may develop. But because most nonprofessionals lack the training to understand complex mental health problems, their intervention is often limited to sympathy and common-sense advice – and if those had been sufficiently helpful, therapy would not have been necessary. In addition, friends and relatives may not ultimately keep secrets as well as professionals, for whom confidentiality is a sacred and legally protected obligation. Finally, friendships and family relationships are emotionally reciprocal: People in such roles rightfully expect to be cared for in return for their care, and they may tire of the one-sided nature of trying to help someone who is too preoccupied with emotional pain to offer support in return. In contrast, all that a therapist needs from a patient is conscientious attendance, efforts to be

open and honest, and regular payment of a fee warranted by the professional’s years of training.

How does one choose a therapist? It is not necessary that patient and professional be similar in age, gender, or ethnicity; a well-trained therapist can be of help even if he or she is younger, of the other sex, or from a different cultural background. While similarities may make the initial connection easier, prospective patients should try to give any well-trained professional the benefit of the doubt. At the same time, research has shown that the best predictor of success in psychotherapy is an emotionally safe, mutually respectful alliance between patient and therapist. Because that alliance develops on the basis of subtle, intuitive factors, it is not advisable to stay with someone with whom the original “chemistry” feels wrong. Given that confidence in the professional’s good will, integrity, and devotion are critical to therapeutic success, in such cases the patient should consider consulting with at least one other potential therapist to see if a different therapeutic relationship feels more comfortable.

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Nancy McWilliams teaches at Rutgers University’s Graduate School of Applied & Professional Psychology and practices in Flemington, New Jersey. Author of *Psychoanalytic Diagnosis* (1994, rev. ed. 2011), *Psychoanalytic Case Formulation* (1999), and *Psychoanalytic Psychotherapy* (2004), and associate editor of the *Psychodynamic Diagnostic Manual* (2006), she is a former president of Division 39 (Psychoanalysis) of the American Psychological Association. She is one of three psychotherapists chosen by APA Press (2011) to be videotaped for purposes of training in a comparison and contrast of major psychotherapeutic approaches.

## Standardized Yoga-Meditation for Stress Reduction (SYMPro-SR)/ Yoga-Mindfulness Based Cognitive Therapy (Y-MBCT) Model: It's Psychotherapeutic Use in Healthcare

Basant Pradhan, M.D.\*; Assistant Professor and Founding Director of the Y-MBCT program, Department of Psychiatry, Cooper University Hospital & Health System, Camden, NJ. \*Correspondence: pradhan-basant@cooperhealth.edu

**Meditation is part of Yoga and mindfulness is a type of meditation:** It is important to realize that Yoga, meditation and mindfulness are not the same; rather like three overarching circles in the broad scheme of Yoga, meditation is a part of the broader system of Yoga and mindfulness is actually a type of meditation (Pradhan, 2014). In the Eight-Limbed Yoga (Ashtanga Yoga) described in the Yoga-Sutras, the first text book of Yoga, (by sage Patanjali, circa. 400 BC, ancient India), meditation is the 7th step of Yoga. Studying Yoga-meditation further, one can see that depending how one's attention is being used, there are two types of meditation: (a) Con-centrative (Pali: samatha, Sanskrit: dharana or anchorage) or focused attentiveness (FA) type and, (b) Mindfulness (Burmese: vipassana) or open monitoring (OM) type.

**Standardized Yoga-Meditation Program for Stress Reduction (SYMPro-SR)/Yoga-Mindfulness Based Cognitive Therapy (Y-MBCT) Model (Pradhan et al, 1993-2014):** Psychotherapeutic use of Yoga-meditation dates back to ancient India, to the days of the Buddha and Ayurveda, the ancient Indian healing system dating back to a few thousand years. Recognizing the need to adapt the Yoga-meditation methods to the needs of the modern society and also the dire need for standardized methods that can be applied in evidence based format in health and illness, the Standardized Yoga Meditation Program for Stress Reduction (SYMPro-SR) model was initially conceived by Pradhan during his monastic training in India (1992-94) before he entered medical school.

The clinical version of the SYMPro-SR model blends Yoga-meditation with elements of cognitive and behavioral therapy (CBT) and is called the Yoga-Mindfulness Based Cognitive Therapy (Y-MBCT). Driven by the healing spirits of Buddha and Patanjali and evidence base of modern science, Y-MBCT combines Western pragmatism of CBT and Eastern wisdom of Yoga in its entirety and delivers therapy in an experiential, symptom/ dysfunction specific, relatively standardized, culturally competent and client-centered way.

The SYMPro-SR/Y-MBCT model has been adapted from concepts and techniques drawn from the three original philosophies of Yoga-meditation: (i) Buddha's mindfulness meditation and meditative life style in form of the Middle Path (Nyanapnika, 1954), Patanjali's Yoga-Sutras and the Eight Limbed Yoga (ashtanga) which proposes Yoga in its entirety from body to mind to soul, and standardization of the program using the technique rich style and tools of tantra, the most modern school of Yoga.

From 1993 to 2014, this model has been clinically tested in India and USA to a population sample of 148 normal healthy subjects and 126 psychiatric patients from age 7-70 years (as described in Pradhan's book 2014). The Y-MBCT model is based on two major themes: (i) Yoga as a profound psychosomatic science, and (ii) meditation as a science of attention. Recognizing the strengths and limitations of traditional CBT, Pradhan et al (1998-2014) have developed five manualized techniques (fusion of CBT and Yoga-meditation) for their symptom-specific and standardized application in psychiatry without losing their experiential essence.

Compared to the other models like the Mindfulness Based Cognitive Therapy and Mindfulness Based Stress Reduction which use mostly the meditational aspects of Yoga (Segal et al, 2002, 2013), the SYMPro-SR/Y-MBCT model advocates for clinical use of Yoga in its entirety (all eight limbs) including the Middle Path, Yogic procedures (kriya) and if needed, psychotropic medications. This broadens its scope and utility in the multicultural populations who have different levels of understandings about Yoga and meditation.

### FURTHER READINGS:

*Pradhan, B.K (2014, in press):* Yoga and Mental Health: De-mystification, Standardization and Application; Rowman & Littlefield Publishers, Lanham, MD. This book describes the SYMPro-SR/Y-MBCT as a model of psychotherapy, its rationale and preliminary data about its ongoing efficacy since 1993 in mental health and illnesses.

*Nyanaponika Thera (1954).* The Heart of Buddhist Meditation. Buddhist Publication Society, Sri Lanka.

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## Ways to enhance your...

**M**ake goals and set priorities. Divide goals into short-term and long-term goals.

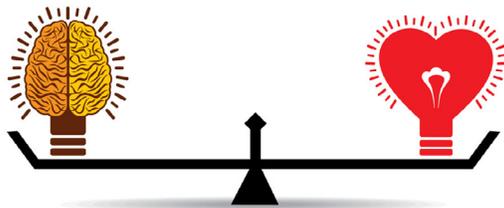
**E**valuate your needs as well as those of your loved ones.

**N**ever condemn yourself, if things don't go your way.

**T**ry to forgive those that hurt you. Forgiveness increases longevity.

**A**lways make a commitment to change and view change as a challenge.

**L**et yourself be you without always worrying about others..



**H**urricanes come and go. So do problems. Take care of yourself in difficult times.

**E**nlighten yourself with continuous learning.

**A**ttend to your spiritual needs.

**L**earn to relax and enjoy.

**T**ime management makes life simpler.

**H**ope for the better

By A. I. Khushalani, M.D.

## SURVIVING THE GENERATION GAP

Bharati Palkhiwala, M.D.

The dictionary defines acculturation as “the process of altering a society,” especially in terms of modifying “one culture as a result of contact with a different...more advanced culture.” Although this may be stretching the point, the American born children of parents raised in India probably feel as if their parents’ culture is primitive in comparison to the modern American culture. The generation gap you experience is universal. Although these children may be more aware of the vast differences between the generations, this phenomenon is not new. The difference is that today, we are more conscious of the existing gap between generations. It is because of this awareness that we are willing to take the necessary steps to build bridges toward open communication.

Both settling in America and raising a family were frightening and often provoked feelings of anxiety for me. Now that many of us have settled down with a family, we again find ourselves going into uncharted territory. Our children have become adolescents, and we again find ourselves becoming anxious. How will our children be? Will they embrace any parts of our culture? Will they forget their heritage? Will they marry outside their culture?

Children born in America have to go through the assimilation process and experience apprehensions. Will my family accept me if I choose to deviate from their expectations? Will my family shun me if I marry outside the Indian community? Will my parents be supportive of me if I do not do things according to their teachings?

As each of us may be aware, it is ignorance and fear of the unknown that can provoke even more anxiety. It is with this in mind that these issues are raised in an effort to heighten awareness, promote understanding, and provide the necessary tools, as we prepare to narrow the generation gap.

The first generation had immigrated to the United States as adults. On arrival, their initial focus was to concentrate on settling down, while at the same time attaining financial security. In addition, new immigrants had to go through the process of adapting to a new country while trying to assimilate, and struggling to preserve

their identity. For the new arrivals, it was as if leading a double life. It was a struggle to work, deal with western society and its customs, then come to the sanctuary of home where one was able to relax and maintain one’s identity.

In the States, the children are exposed to the western culture and its outside influences. At the day’s end, the children go home to the familiarity of the Indian culture and influences. For the children, it is quite a quandary. There are vast differences in clothing, fashion, food, religious rituals, friends, ideals regarding dating, sex, marriage and career choices. While the eastern culture focuses on interdependence and involvement with extended family, the western culture centers itself on independence with more focus on self. This can be especially stressful for children between the ages of 13 to 16. At this particular point in time, they are experiencing the biological changes of puberty. It is a time of confusion for the adolescent who is trying to establish his/her identity. As stress between parents and children increases, conflicts begin to escalate. Therefore, it is most important to try and keep the lines of communication open.

First, it is important to acknowledge that both eastern and western value systems have pros and cons. It is important to find a middle ground where parents and children can discuss what is reasonable and unreasonable in an objective manner. Be willing to listen to one another. Every family has different needs and expectations. Try to come to a compromise that works well for your family. Avail yourself of seminars and workshops that are offered. Often, open dialogue helps further understanding.

Rather than viewing our unique situations in a negative light, we should consider ourselves fortunate. Unlike our generation and generation’s past, our children have the opportunity to enrich their lives by all the knowledge and choices they have been given. We, as parents, have the opportunity to improve the parent/child relationship, and develop respect for one another, thus decreasing some tension, anxiety and pressure between the parent and child.

There will always be a generation gap. Given the tools, we have the ability to bridge the gap, and enjoy being a part of each other’s lives.

## Why Mental Health Education is Needed

Arunesh Mishra, MD

Mental illnesses and behavior disorders are very complex problems, which are difficult to understand, even for seasoned professionals, let alone the lay population. These problems are often extensions of normal experiences and behaviors. That itself makes the problems difficult to understand. For example, family members might find it very difficult to understand why a depressed individual can't just "pull up the socks" and go to work as "they do everyday," or why a person can't just control his or her drinking as "they normally do," or even why somebody makes his or her life so complicated to avoid driving on a bridge when "they can do so without any problems". Psychotic disorders are even more difficult to understand because the delusions and hallucinations are so abnormal, so frightening, and so out of normal human experiences that the family and community cannot relate to the patients in any form or fashion. This disconnect implies supernatural explanation of these disorders in non-western cultures and derisive and degrading labels on these individuals in western cultures.

The lack of awareness and the stigma attached to mental illnesses is a global issue and is not unique to the South Asian community, but it is undoubtedly more pronounced in this particular society. In the South Asia of yesteryears, there were big joint families, and, while one or two members of the family who were "weird" or "dysfunctional" would probably be ridiculed and humiliated daily, they were assured of safe existence. Now, with the breakdown of the joint family, that protection is gone. In the South Asia of today and the immigrated South Asian community here, these vulnerable people are almost on their own. That is, unless the family has knowledge and resources to address the mental illness. This seclusion is why it is so important to educate our community about mental illnesses and behavior disorders. We need to increase the awareness of the existence of effective treatments to prevent undue suffering of the mentally ill and

to prevent any dangerous consequences to the community because of untreated mental illness.

Widespread beliefs that supernatural forces such as possessions, evil eyes, unfavorable planetary alignment etc cause mental illnesses, must be thoroughly confronted. Scientific basis of mental illnesses must be explained in any education/awareness program about psychiatric disorders. Surprisingly, higher educational level seems to have no effect in this regard and a highly educated person may be as superstitious as an uneducated person.

As World Health Organization defines health as "a state of complete physical, mental and social well being and not merely the absence of illness or infirmity", the education programs for our community should not only address the disorders but also ingrained attitudes that cause significant suffering. There may be significant mental suffering in a family for example because of undue expectations for the kids to do well academically and if kids express desire to pursue nontraditional careers. Another reason of unhappiness in our community is the inflexibility of attitudes towards assimilation. The children born to immigrant parents have to deal with a lot of culture gap anyway and rigidity of the value system in the family can cause even more distress. Maintaining the core values of one's culture and assimilation with the broader culture of the host country are not mutually exclusive, and can be attained. This should be the message of any education program.

On the other hand I believe we should refrain from overly medicalizing the individual personality traits and societal problems. Mental illnesses and behavior disorders may be extensions of normal experiences and behaviors, but they are clearly "abnormal". One must remember that there are many shades of "normal" and "normal" does not require treatment.

## MENTAL HEALTH AND INDIAN AMERICANS

Jagdish "Jack" Dang, MD

The World Health Organization defines "health" as physical, social and mental well-being. Unfortunately, the world only emphasizes the physical part. Mental illness is stigmatized everywhere, and we Indians ignore it completely. We malign mental illness, deny it, and almost crucify the mentally ill. It is hard to swallow the fact that mental illness exists and is real. We lose our children to suicide rather than get them help. We keep domestic violence a secret to save family honor. We deny substance abuse, marital conflicts, killing unborn female fetuses, and depression in our elderly, Asperger's and ADHD in our children.

I am probably being harsh. Maybe not. We are brought up like that. We rebuff and suppress our feelings. We don't voice our thoughts. Our family is everything; individuality of a person has no place in it. Personal identity, creativity or deviation from our norm is unacceptable.

Our system does have its value; it has kept us thriving and even progressing for thousands of years. The enormous support system that our joint family gives us can be extremely helpful at times of crisis.

But we need to change. Even when we move to different countries and different cultures we like to keep our old value systems. It is hard for us to see our children not going to Ivy League schools, not marrying within the same community (or not marrying at all, or discussing different sexual orientation), and not towing the line that we did when we were at that stage.

We are proud of our Ashramas, the four stages of life. The concept is good; it has worked well in the distant past. But how many of us can even imagine going through it in these techno-oriented times. Brahmcharya for twenty five years? Really! Not being greedy and capitalistic for next 25? Vanprastha is really a joke for our Indian migrants; I don't know too many of us involved in any social service or in community work, other than building temples; not schools, not senior centers. I could go on and on but this exemplifies some of our rituals and real practical difficulties when we do not change our thoughts and actions according to the times, and the place we move to.

At any given time in America one out of six families is affected significantly by chronic and serious mental illness. I believe the prevalence is higher among the Indian diaspora here. Don't believe me? Look around you. Think of your family and friends. Do not deny it. Adolescent problems, suicides, marital discord, physical abuse, addictions, serious depression, school or work delinquencies, and family disruptions.

We are not being logical when we deny mental illness around us. We need help. And help is available.

First, we need to uproot stigma. This is a daunting task. Stigma against mental illness is in our cells, our bodies, our thoughts, actions and feelings. In our DNA. We need a collective approach. We need education. We need to learn culture of our adopted country and its social norms. This is hard because we are not honest and are biased against it. Maybe their culture has a lot of faults, but it is our culture now.

We need to learn about mental illness. It is an illness, not a weakness of mind. It is as much an illness as diabetes or hypertension. It is not caused by demons or by bad actions of our previous life. Actually there does not have to be an external reason for it, similar to diabetes. We cannot ignore it and think it will go away.

And it is treatable. We have effective therapies. We have powerful medications. We may have to modify our approaches to acceptance and treatment of mental illness among Indians to incorporate some of our own cultural and religious precepts.

We need serious and frank discussion, in our families and in our community at large. Education is the key. We need gatherings and workshop and we need to share information. I am glad that our community leaders like Dr. Vasudev Makhija are taking the first step. We need to do more.

## The Invisible Veil: A Reflection on the Definitive Quality of “Honor” and “Shame”

By, Rupa Khetarpal, LCSW

“Honor” as a social concept has varied meanings and implications. In the South Asian community, it is synonymous with integrity, a collective term that refers not simply to the social behavior of an individual but in the context of how relates to their family and community. This is probably the earliest communal belief that a South Asian child learns, that in turn, guides his or her future experiences, attitudes, and actions. It has been widely researched that “honor” and its corollary “shame,” frequently regulate the experience of both an individual and their family of mental illness, help seeking behaviors, and recovery (1, 2).

My reflections are based on learning primarily from my clients, available research, and my own experiences while living in India and in the United States. Through my work with South Asian trauma survivors in particular, along with those diagnosed with mood and anxiety disorders, I have learned that shame can be both internal (relating to one’s negative self-concept and subsequent feelings), and external (as it relates to how one perceives how others feel and think about them) (3). Often, both the internal and external aspects of shame is a major obstacle for seeking support for mental health issues.

My clients have always had nervous queries linked to the genetic component of mental illness. Unfortunately, this fear, is often based on the impact of mental illness on other generations; through this lens, they gauge their own and their family’s vulnerability to mental illness, as well as the potential consequences. Being labeled with mental illness often results in the inability to find a marriage partner, being ostracized by the community, or discriminated against in the professional world, all of which lead one to severe emotional distress and isolation.

In hopes of maintaining the “honor” that defines a family’s status and acceptance within a community, the shame of having a family member with mental illness often leads to desperate efforts to maintain secrecy. The fear of losing “honor,” and the subsequent feelings of “shame” has caused women to remain in abusive relationships, children to resort to drastic measures when they “disappoint” their parents, and men to deny or hide their mental illness for fear of being called “weak.”

The concepts of “destiny” and “karma” within South Asian philosophy perpetuates a dogma of mental illness as “divine punishment” for past sins (4). This principle creates deep guilt and shame for possible violations of religious or moral beliefs for both individuals experiencing mental illness and their families. Parents of children suffering from mental illness often blame themselves as the “sinners,” and believe that with enough prayer, penance, and good deeds, the “plight” of their children will be reversed, causing them to “bear” it, rather than address it.

Furthermore, the dark face of mental illness is portrayed extensively through visuals of horrific prison-like conditions and inhumane treatment of patients in Indian cinema. These ideas exist deep within the psyche of many South Asians, and not only exacerbates the fear they already have, but also creates false perceptions of what will happen if they seek help.

Stressors related to acculturation and migration additionally influence an individual and their family’s experience of mental illness and motivation for seeking help. In moving forward, there is a need to address the deeply ingrained myths and beliefs about mental illness. The fear that prevents the healthy from asking, and sufferers from speaking of the illness must be challenged. The ignorance of society at large perpetuates the stigma of mental illness, which continues to deter patients from access to services and support. Only when community perceptions change, individuals are more likely to open up and seek help for their mental conditions.

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## Building Marital Happiness

Anita McLean, Ph.d., Psy.D.

*Cherishing each other and the emotional connection will help it to grow.*

*Supporting each other to be the best and the most that they can be allows the family to flourish and reach its best potential.*

*Marriage in South Asian cultures symbolizes a union between families, as much as it signifies a partnership between husband and wife.* The wishes, needs, and influences of the family are ever present in our marital relationships. Living in the US requires us to strengthen our bonds with our partner so we can meet the challenges related to:

- economic stability in the American system requiring changes in professional and family related activities for both
- emotional adjustment and cultural adaptation
- parenting children in a foreign environment
- taking care of aging parents for whom this is a foreign land and who may or may not be living with us
- developing ways of negotiating effective relationships in a foreign culture

These demands are different from and in addition to those that we experience in our country of origin. At the same time, our support systems (of close friends, family, and people who understand our culture) may no longer be available to us.

*Research shows that conflict and distress in our primary intimate relationship can cause chronic stress which in turn is linked to:*

- Physical health problems e.g. hypertension and heart disease, high cholesterol, diabetes, and gastrointestinal distress
- Mental health problems such as anxiety and depression
- Family distress with negative impact on our children

*Marriage is an emotional bond between two people and a successful marriage requires emotional skills.* We don't come with owners' manuals. Sometimes it is difficult to recognize and express our emotions effectively, or to show empathy and support for our partners. Learning effective communication and support skills is possible and can reduce stress and enhance our lives.

*Consultation with a couples therapist can help.* Emotional connection and responsiveness to our partner is the key to healing current distress and building a secure relationship. In couples therapy, the therapist can not only help you address problems but also help you develop skills for an ongoing fulfilling relationship. The goal of emotion focused couples therapy (EFT) is to help you:

- Begin to understand your patterns of interaction e.g. what happens when you disagree? What is the negative cycle between you and your partner?
- Recognize the sensitive spots for each of you and find ways to support and care for sensitivities.
- De-escalate your conflict and remain open and attentive to your partner and show caring even if you disagree.
- Develop positive patterns. Negative cycles need to be replaced by positive cycles of support, mutual appreciation, affection, and caring.
- Forgive injuries. Are you both able to forgive past mistakes and build new ways of interacting?
- Nourish your physical intimacy and build trust and connection.
- Build a deposit of positive experiences in the bank of love and security.

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**The Bicultural Experience of Asian Indian College Students:  
Concerns, Help-Seeking & Opportunities for Intervention**  
Sudha Wadhvani, Psy.D.

Today's Asian Indian college students are a diverse representation of multiple sub-groups, reflecting the complexity and diversity of the United States and Indian subcontinent. Multiple waves of Indian immigrants in the United States have contributed to a rich and heterogeneous Indian American population. Current Indian college students are juggling multiple identities and engaging in the process of creating a dynamic, multicultural identity (Inman, Constantine, & Ladany, 1999), which integrates Indian, Euro-American, and global perspectives. Second generation Asian Indians are approaching adulthood as products of two very discrepant cultural systems. Their level of acculturation is a critical variable in determining the cultural conflict they may experience in the college years as they adjust to a greater level of independence and establish their identities in the college setting. Given that ethnic and racial identity development is a fluid process through the lifespan, with college being a time of exploring issues of identity and belonging, the role the Indian culture plays in a student's college life is likely to evolve through various points of his/her college experience.

Indian students' family immigration history and experiences around their adjustment and acculturation process are important in determining the context and complexity around their identity development, impact on self-esteem, and issues related to social identity and belonging that may influence their college experience. Concepts related to identity development, self-esteem, and separation-individuation exemplify the bicultural aspects of the Asian Indian college student experience, and are embedded in all aspects of the college developmental process, including choice of major, career path, social relationships and decision-making, and allocation of time. Other aspects of the student's identity in

conjunction and intersection with his or her Indian identity, including religion, gender (i.e., gender role expectations), class/SES, and sexual orientation, are also critical to their identity development. Different aspects of a student's multiple identities may be salient at different points in his/her development, particularly as the college years are a time of such exploration, growth, and change.

For Asian Indian students, the stressors of college can be exacerbated by pressures of the Indian culture regarding academic expectations, contact with family, and social restrictions with peers. They may feel conflicted due to the dissonant values of the American and Asian Indian cultures in the following areas: interpersonal (e.g., socializing with peers, time spent in family activities, dating, marriage); educational (e.g., choosing a major and future occupation); and emotional (e.g., feeling torn between their loyalty to their family and their desire for exploration and independence). Understanding their interpersonal, educational, and emotional needs, as well as the nature of their family system, are crucial to providing culturally consistent services that assist students in finding a balance somewhere in between these discrepant cultural norms and negotiating with their parents to establish a merging of the two philosophical systems that works for them.

Internalized expectations to be successful, achieving, strong, self-disciplined, and intelligent can lead Indian students to feel they should not have difficulties and "should" be able to overcome challenges and barriers without seeking help. These internalized expectations may lead to further shame for not doing well and increased denial as they continue to push forward beyond initial symptoms and

difficulties without seeking the support they need. Such conceptions of South Asians as model minorities and their success in certain areas (e.g., academically and professionally) can be harmful and potentially mask the significant problems and psychological needs of this group (Leong, Kim, & Gupta, 2011; Tummala-Narra, Alegria & Chen, 2012; Tummala-Narra & Claudius, 2013; Yoo & Castro, 2011).

Academic concerns may create a sense of legitimate distress that can lead Indian students to seek guidance, advice, or assistance in examining options, for the goal of improving academically functioning and performance. Due to mental health stigma and cultural prohibitions toward revealing personal and family conflicts outside the family system, Indian students may view disclosure to a professional as a betrayal to their family (Constantine & Okazaki et al., 2005; Lee, 1997). They may also be concerned about issues of confidentiality, feeling protective of family privacy and concerned that seeking help will bring shame to their family and negatively impact their image in the community. Thus, it would be particularly important for the therapist to build trust and provide psychoeducation emphasizing confidentiality. A bicultural, integrative approach of acculturation has been associated with higher mental health outcomes (Kim & Omizo, 2005; Schwartz & Unger et al., 2010; Tummala-Narra, Alegria, & Chen, 2012), suggesting the benefit of a more integrative, bicultural or multicultural lens when assisting Indian students in negotiating their cultural conflict related concerns, thereby meeting them at their point within the bicultural spectrum and assisting them in examining both sides of the conflict.

Providing truly culturally competent services to Asian Indian college students requires multi-level services within the college

counseling center and throughout the campus community. Once Indian students make connections with potential support providers, they are more likely to build trust and perceive services to be of potential value in meeting their personal, academic, and professional goals. The importance of counseling centers collaborating with other departments, such as deans, advisors, and academic departments, can increase access to support for Indian students. Consultation and training to faculty and staff can empower these potential support providers to recognize signs of distress and refer to the counseling center or other resources in a culturally congruent, less stigmatizing manner (Mier, Boone & Shropshire, 2009). Increasing access to support early on can prevent escalation of further academic distress or escalation of psychiatric symptoms and crisis, thereby enhancing the opportunity for Indian students to reach their ultimate potential for personal, academic, and professional success.

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## ALWAYS IN A RUSH ...HOW WE CREATE OUR OWN STRESS!

By Vasudev N. Makhija, MD

We often complain that we are so stressed and that there is too much stress in this world. We desire to get away in order to relax. Our locus of focus in trying to understand our stress is external. In other words, we blame other people and circumstances for our stress. We often fail to look at how we are contributing to our own stress.

If we can develop awareness into how we are contributing to the problem, we may be able to think of a solution to our stress, de-stress ourselves and even learn to prevent stress. That is not to say that there are no external stressors in our life. We may have little or no control over external sources of stressors around us. However, there are many stressors which we could potentially have control of. Not only that, we are actually great in creating our own stress!

There are situations and instances that are urgent and require immediate attention and action such as a medical emergency, which require immediate attention. But too often, in non-emergency situations, we create "emergencies" in our mind and respond to these with a sense of urgency which is uncalled for. This is one sure way of creating stress for ourselves.

Take for example you enter a building and you have to go to the fourteenth floor. As soon as you enter the building, an elevator appears in your field of vision. You notice that the elevator door is still open and there is room in the elevator for at least one more passenger. You tell you self that this is your lucky day. You sprint at a speed that could almost qualify you for the next Summer Olympics. Just as you reach the elevator, the door closes and you narrowly miss the elevator. You are panting and your heart is racing. Such a dash would have been appropriate if you were on a desolate island and you had to make it to the last outgoing boat.

When you dash for that elevator with shopping bags in both your hands, you have just created a sense of urgency in a situation that is not urgent. You may think of other examples from your experiences. We are all guilty of such senseless rush. We engage in such behaviors intuitively.

We run across a room to answer a phone before it goes into the voicemail. We can be in a middle of a conversation and the phone rings. We experience an intense sense of urgency to interrupt the conversation at the dinner and answer the phone. We justify by saying "it could be a true emergency." But it is not. We must ask ourselves, when was the last time we received a call that was a true life and death emergency?

I recall an interesting experience a few years ago. I was the only customer in the store. I told myself, this was my lucky day, when I would get undivided attention. I was a few minutes into conversation with the salesman when he answered his phone. I assumed the salesman would hang up in a couple of minutes and return to giving me his undivided attention. However, that did not happen. I was getting increasingly impatient, tense and angry. If a doctor were to check my blood pressure at that moment, it would have resulted in a prescription for a strong anti-hypertensive medication. I told myself, I am never ever entering this store again. After a few minutes an idea dawned on me Fortunately that happens to me sometimes. I left the store and called the store from my cell. The salesman answered the phone and answered all my questions without interruptions. I could not help smiling.

We drive faster than we need to and faster than the law allows us even when we are not truly in a rush to get to our destination. Try telling the cop that you are driving fast because you are late for the movie or even for spiritual lecture at your favorite temple or ashram. We experience

a sense of urgency and compulsion to get there quickly. We nervously look in the side mirrors and the rearview mirrors, while answering our cell phones, for any cops hiding. We feel stressed from it but do not slow down.

Modern inventions like the telephone, rather cell phones and e-mails are a blessing and a curse at the same time. Call waiting is another interesting modern invention. It allows us to tell our friend to hold on while we attend someone who is more important than our friend. We don't want to miss any call, because it could be urgent. God forbid, it could be an emergency! We constantly create such absurd emergencies in our minds.

When we go to the shopping mall, we are willing to fight for a parking spot closest to the mall entrance. We risk bumping into other cars as we zealously try to park in that last parking spot, even though it is very tight. We squeeze ourselves out sideways because there is not enough room to open the door fully.

The reasons why we create such "emergencies" for ourselves vary with individuals and may be unique to each individual, although there are some common themes.

Some people tell me that it is just out of habit and that they are conditioned to act with a sense of emergency in a non-emergency situation. And, they can only learn if there is a negative consequence from their action e.g. falling on a slippery floor or bumping into someone and knocking that person down, or getting a speeding ticket. Such people tell me that they lose their *sujaagee* (ability to be alert and think of consequences) in such situations.

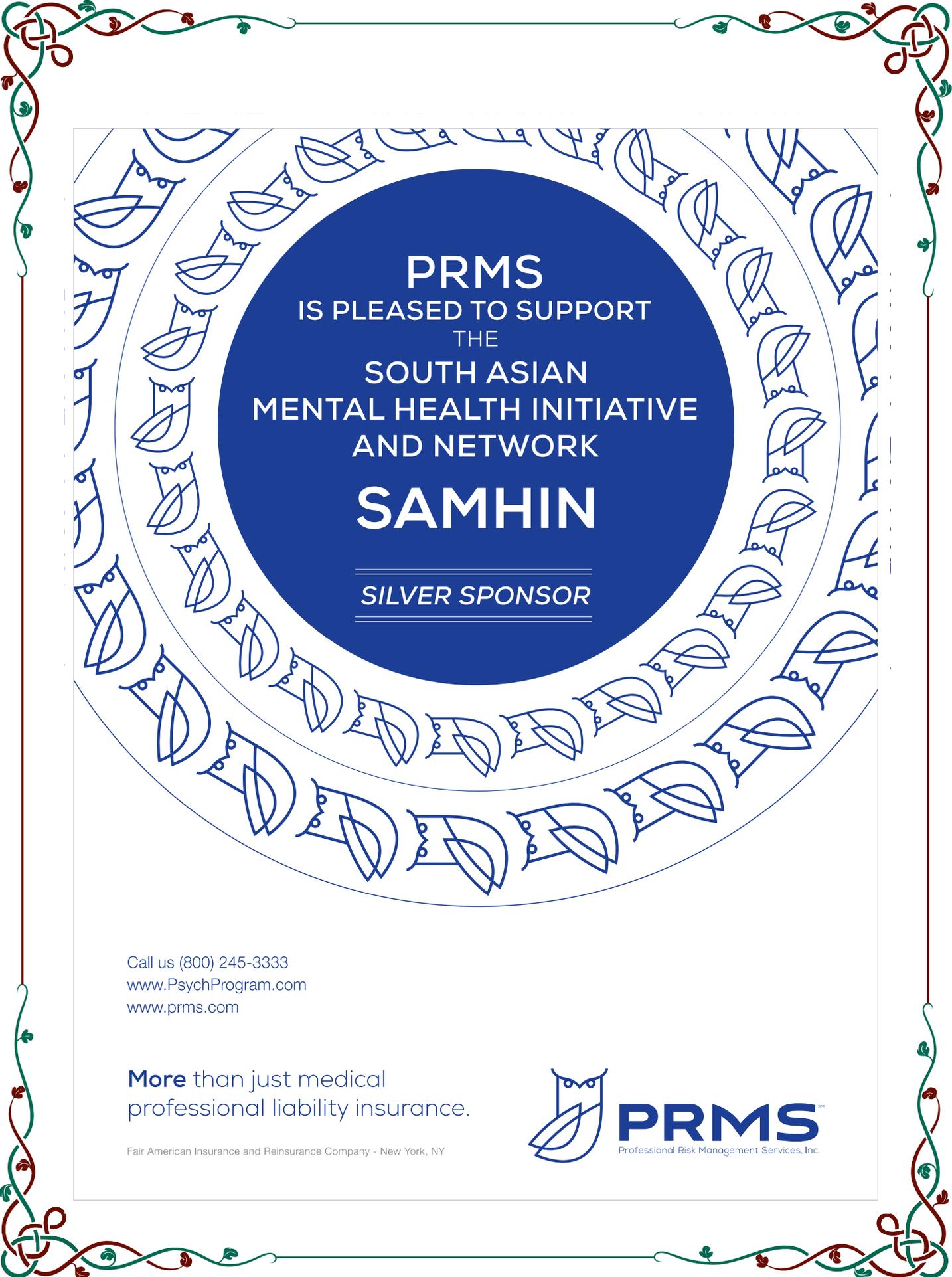
Whatever the reasons may be, we know that they reasons are created in our minds – consciously or unconsciously. We are good at creating absurd reasons to justify our equally absurd behaviors in such situations. We create our own stress and become our own worst enemies without intending to and without even realizing.

If the problem is in the mind, the solution has to be in the mind. We need to use our *budhi*, or wisdom, to create the solutions in our minds. This will help us in slowing down and looking at the situation in a manner that would not result in it appearing to be an emergency. This would be one way to avoid creating stress. This may seem so obvious but we often forget. Dr. Wayne Dyer, author and speaker, has said that when you change the way you look at things, the things you look at change.

So, the next time you see that elevator and have a compelling urge to dash towards it, tell yourself that if you miss it, the next elevator will arrive in a few minutes. If you are in the elevator, pressing the fourteenth floor button repeatedly is not going to make the elevator doors close any sooner. You can use those few minutes to reflect on something, give a smile to others, say your mantra or just appreciate your immediate surroundings. If you do that, your heart will not be racing, your blood pressure will not shoot up and you will not be out of breath. And, you will avoid falling or knocking someone else down during your sprint to that perceived last elevator. You may also avoid the need for a new anti-hypertensive medication!

When you go to the mall, try to park farther away from the mall entrance. Walking few extra yards has never killed anyone. Besides, you will get fewer scratches on that new car you so proudly drive.

Next time you get that call-waiting click while you are talking to your loved one, ask yourself, is that person more important requiring immediate attention? Or, can you just retrieve the message and return the call later and avoid being rude and impolite to the person you are talking to. Be in the moment. Learn to prevent stress.



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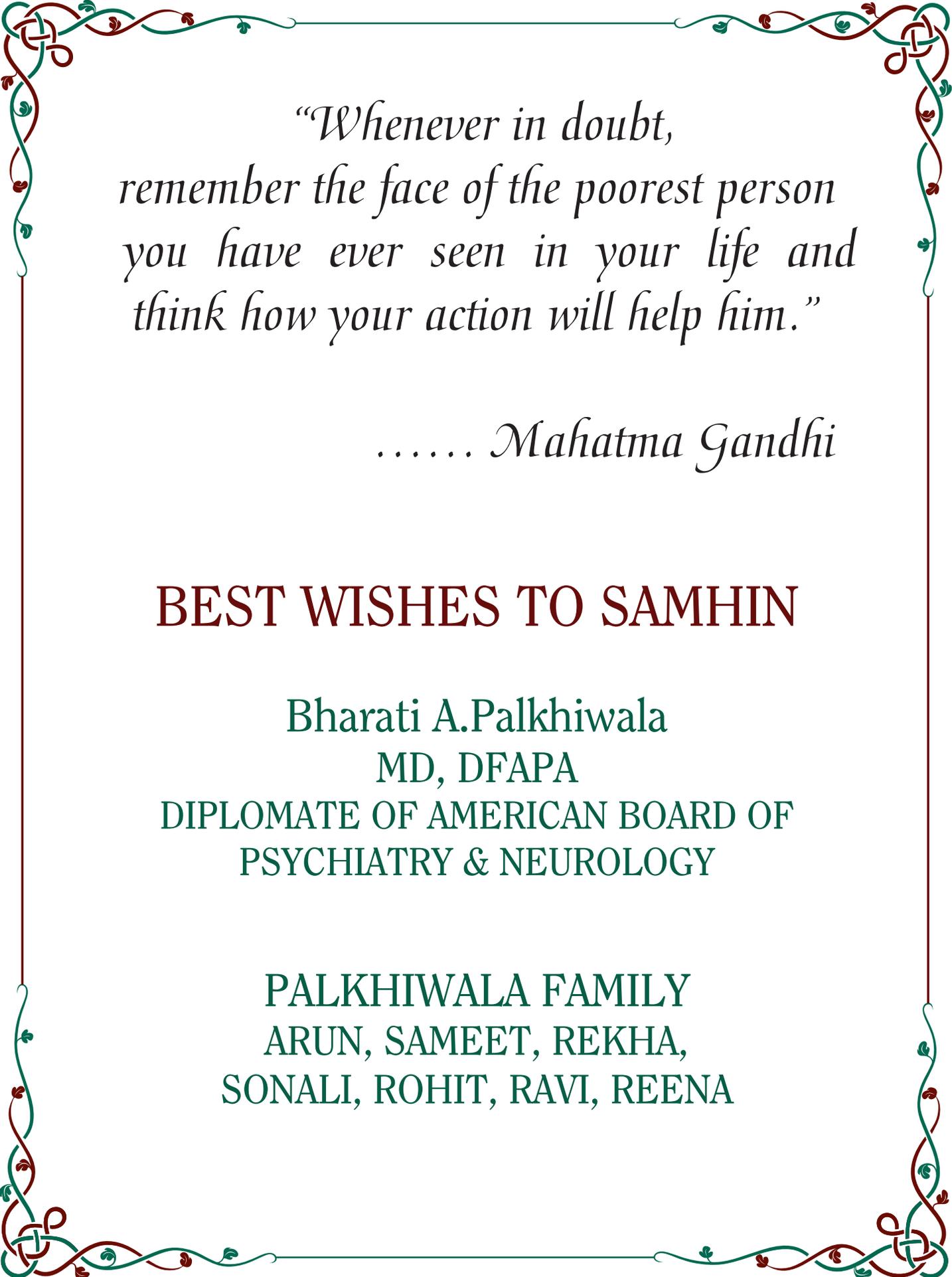
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remember the face of the poorest person  
you have ever seen in your life and  
think how your action will help him.”*

*..... Mahatma Gandhi*

## **BEST WISHES TO SAMHIN**

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**MD, DFAPA**

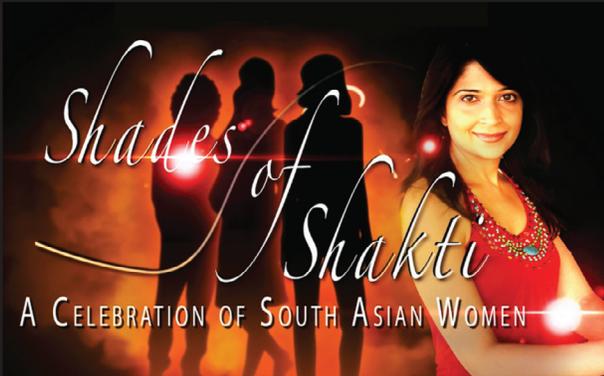
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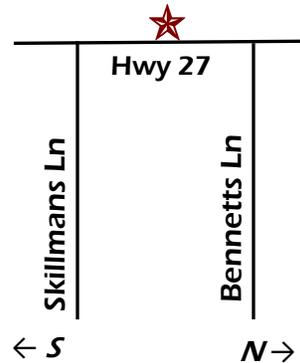
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*In loving memory of Mahesh Vaidya, who valued human experience through a very unique perspective. He understood the interdependence of the mind and body very intimately and sought to fortify this connection in himself and in others. It was his wish and ours that those in our community with mental health issues get the help they need.*

*We support and wish SAMHIN the best in its endeavors in fulfilling this ambition.*

*Geeta and Sarangdev Vaidya*



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Because of low methodological quality, many positive psychology studies are unusable. But that doesn't mean that the field doesn't have insights to offer. As the field has grown, many lines of inquiry have started to receive the quality attention that they deserve.

## ➤ Can keeping a gratitude journal alleviate symptoms of depression?

Early studies suggested that keeping a gratitude journal could significantly reduce symptoms of depression. More nuanced research has now shown that gratitude journals are effective, but only for certain subgroups.

## ➤ What are the psychological effects of meditation?

With the growth of mindfulness-based cognitive therapy, clinical interest in meditation has grown. Is that interest justified? If so, what are the specific psychological effects of meditation, and how long does it take to see them?

## ➤ What are the most effective positive psychology strategies? The least effective?

According to the mood model of depression, depression is on the rise because the modern environment is introducing many low-grade stressors, which on their own do little, but combined wreak havoc and trigger the now dysfunctional response known as depression.

This model is at least partially true, which in turn suggests that anything which can counterbalance those stressors and raise mood can also help treat depression.

For example, what therapist suggests to his patient that he should try to move to a home closer to his work? Only one that I've talked to.

Yet if the patient or his spouse must commute for longer than 45 minutes to get to work, he is 40 percent likelier to get divorced, and significantly more likely to develop depression. If already depressed, recovery takes longer.

Most strategies, of course, are easier to implement than moving closer to work. The question is - which ones work, and which ones don't?

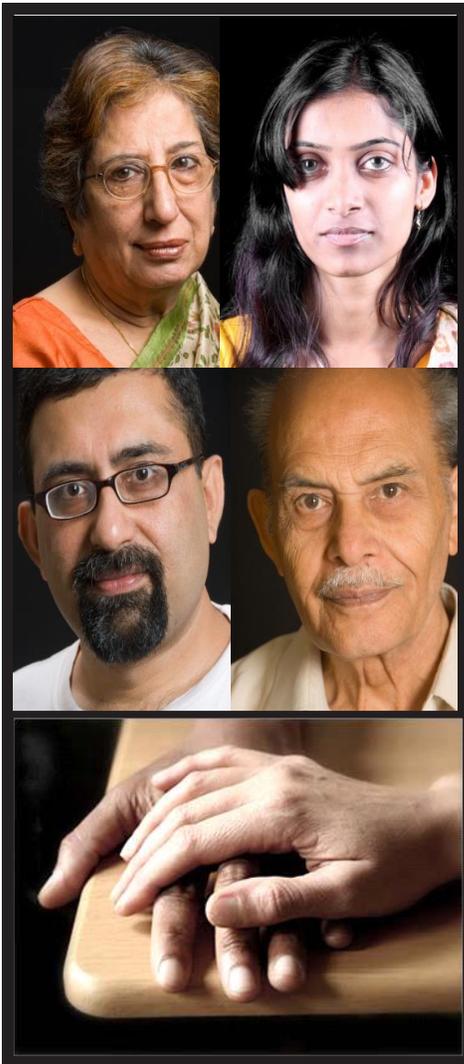
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*Page sponsored by Prakash Amin, MD*

# Jana Raksha Community Care

A program of

## arsha bodha center



The Hindu community in Central New Jersey has grown significantly in the past decade, but culturally competent services have not kept up with this growth. Arsha Bodha Center has launched a program to reach out to community members undergoing stressful situations in their lives.

The Jana Raksha Community Care Program is intended to help the members of the Hindu community in Central New Jersey who are coping with physical or emotional distress caused by illness, life events, or family situations.

Our trained caregivers can provide one-on-one support, offering encouragement and spiritual comfort to those in need. We also provide referrals to community based services that are available.

**Program Director:** Vasanthi Sunil, PhD  
**Assistant Director:** Anjani Gharpure, MBA  
**Community Liaison:** Aruna Rao, MA  
**Clinical Supervisors:** Vasudev Makhija, MD  
Parantap Pandya, MA  
**Spiritual Director:** Swami Tadatmananda

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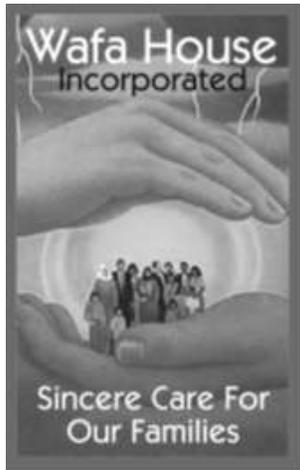


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	<p><b>Move it to Lose it (MITLI)- An innovative afterschool Program to educate children about a healthy lifestyle</b>  A six week program in the afterschool setting in the elementary school to educate children about a healthy lifestyle with the basics of good nutrition and the importance of physical activity through the dance forms like Bhangra, Bollywood, and HipHop.</p>
<p><b>UNDERSTANDING ASIAN INDIANS</b>  A Series of Cultural Awareness Workshops for health care providers to enhance skills &amp; improve compliance &amp; outcomes in Asian Indian patients</p> 	<p><b>Asian Indian Cultural Awareness Training (AICAT)</b>  AICAT is a series of workshops to educate the healthcare providers about their Asian Indian patients. These workshops focus on communication styles, health disparities and the beliefs to provide a better understanding of the community for improved interactions and to help boost compliance amongst the patients.</p>
	<p><b>South Asian Health Research Institute (SAHRI)</b>  A web based platform for health providers and the general public to come and discuss the various aspects of South Asian health. Academicians can collaborate on research. The community can exchange experiences about a specific illness and how it impacted their life with a resource database on South Asian health</p>
	<p><b>Sanatan Vidyalay</b>  A Sunday school program educates children about the Sanatan Dharma, the Hindu way of life where children learn about the scriptures, the culture and the various aspects of Hinduism. They also learn the fundamentals of Yoga- a healthier approach to life.</p>
<p><b>PATIENT VOICES</b></p>	<p>A video anthology of patient experiences about their illness. Different aspects of the disease and its impact on the patient are told by the patient in these segments available on our Youtube channel</p>
<p><b>Special Needs Outreach Program</b></p>	<p>A Support group and outreach program for the families with Special Needs Children of the Central New Jersey Region. Through this program, families in need are identified during the holiday season and given educational toys.</p>

Best wishes to SAMHIN from the SKN Foundation, an organization with  
A Mission to improve total well-being through education



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We are SAMHAJ!



***SAMHAJ is an awareness and education program of NAMI New Jersey. Our mission is to improve the lives of South Asian immigrants affected by mental illness through Support, Education and Advocacy.***

- Monthly Support Groups: First Thursday of the Month, 7:00-9:00 pm
- Stigma Free Social Events for Individuals & Families Affected by Mental Illness
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- Community Outreach through Fairs, Festivals, Media and Special Events
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[www.naminj.org/programs/multicultural/samhaj/](http://www.naminj.org/programs/multicultural/samhaj/)

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**Dr. Vasudev Makhija**

**on the launch of SAMHIN**

**and wishes him all the success.**

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“Only life lived in service to others is worth living.”

-Albert Einstein

**Dr. Makhija,  
Congratulations and Best Wishes  
for the future of SAMHIN !**

Agnieszka, Dariusz, Michael & Matthew  
Golen

Dear Vasudev,

What you are trying to do through SAMHIN is a great service to the South Asian community.

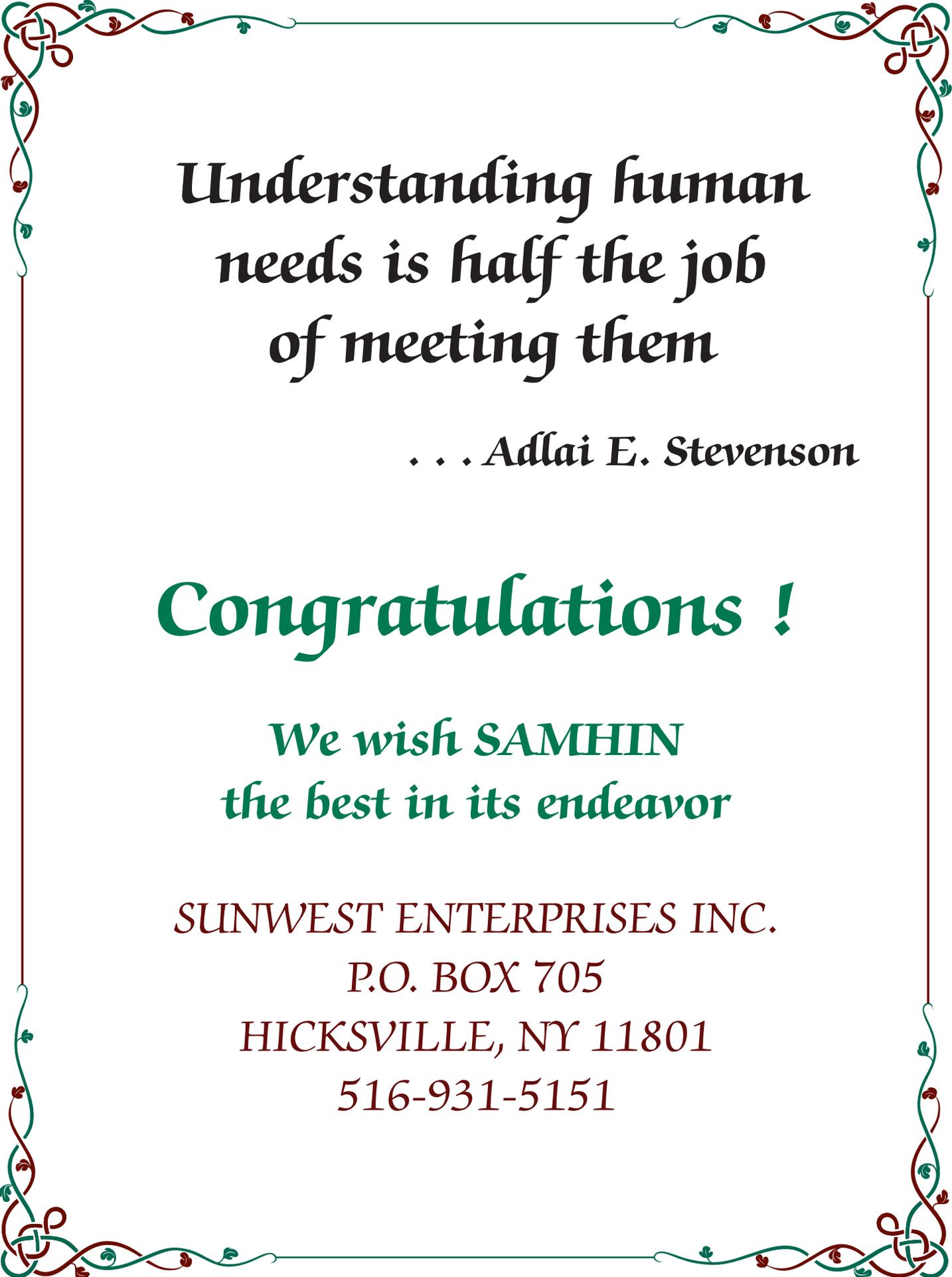
It will help a lot of people who are afraid to come out in the open and seek help in the area of mental health when they need it.

We believe your initiative will also help to improve peoples' views of mental health and reduce or remove the Stigma attached to mental illness.

*Bahut PUNYA ka kaam karne ja rahe ho.*

Wish you all the luck.

With best wishes.  
Kala & Sattu Chainani



*Understanding human  
needs is half the job  
of meeting them*

*. . . Adlai E. Stevenson*

***Congratulations !***

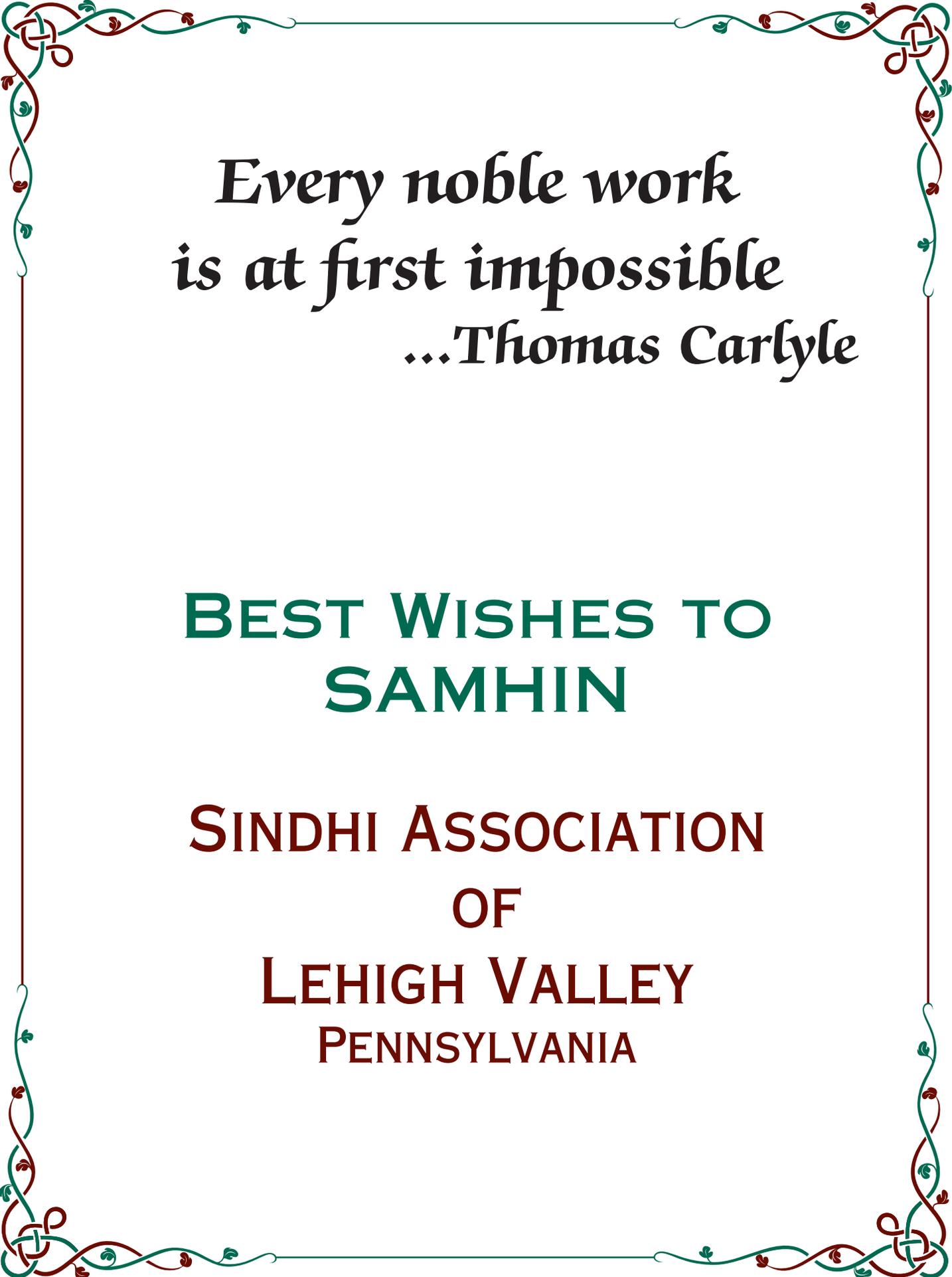
*We wish SAMHIN  
the best in its endeavor*

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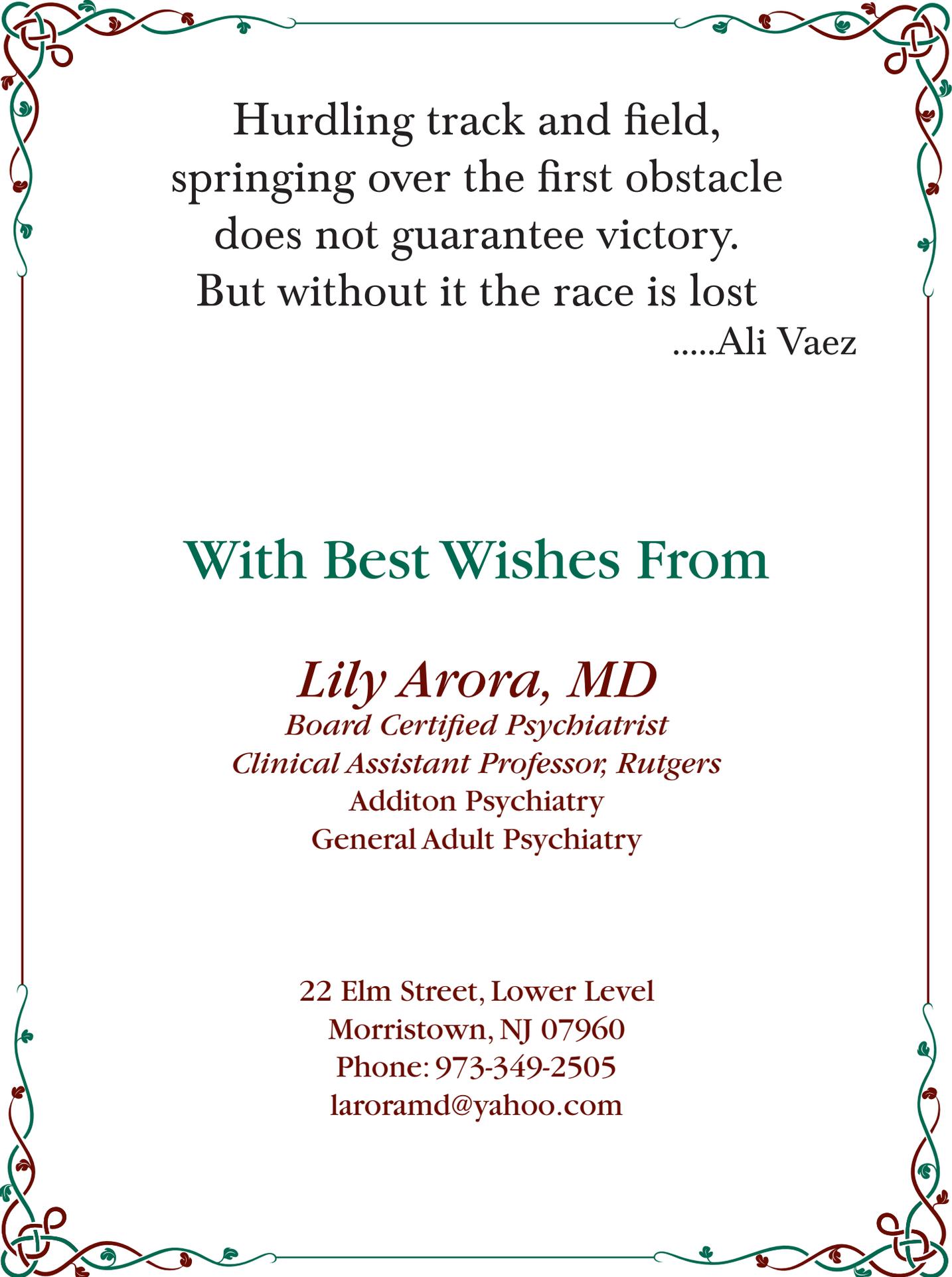
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*Every noble work  
is at first impossible  
...Thomas Carlyle*

**BEST WISHES TO  
SAMHIN**

**SINDHI ASSOCIATION  
OF  
LEHIGH VALLEY  
PENNSYLVANIA**



Hurdling track and field,  
springing over the first obstacle  
does not guarantee victory.  
But without it the race is lost

.....Ali Vaez

**With Best Wishes From**

***Lily Arora, MD***

*Board Certified Psychiatrist*

*Clinical Assistant Professor, Rutgers*

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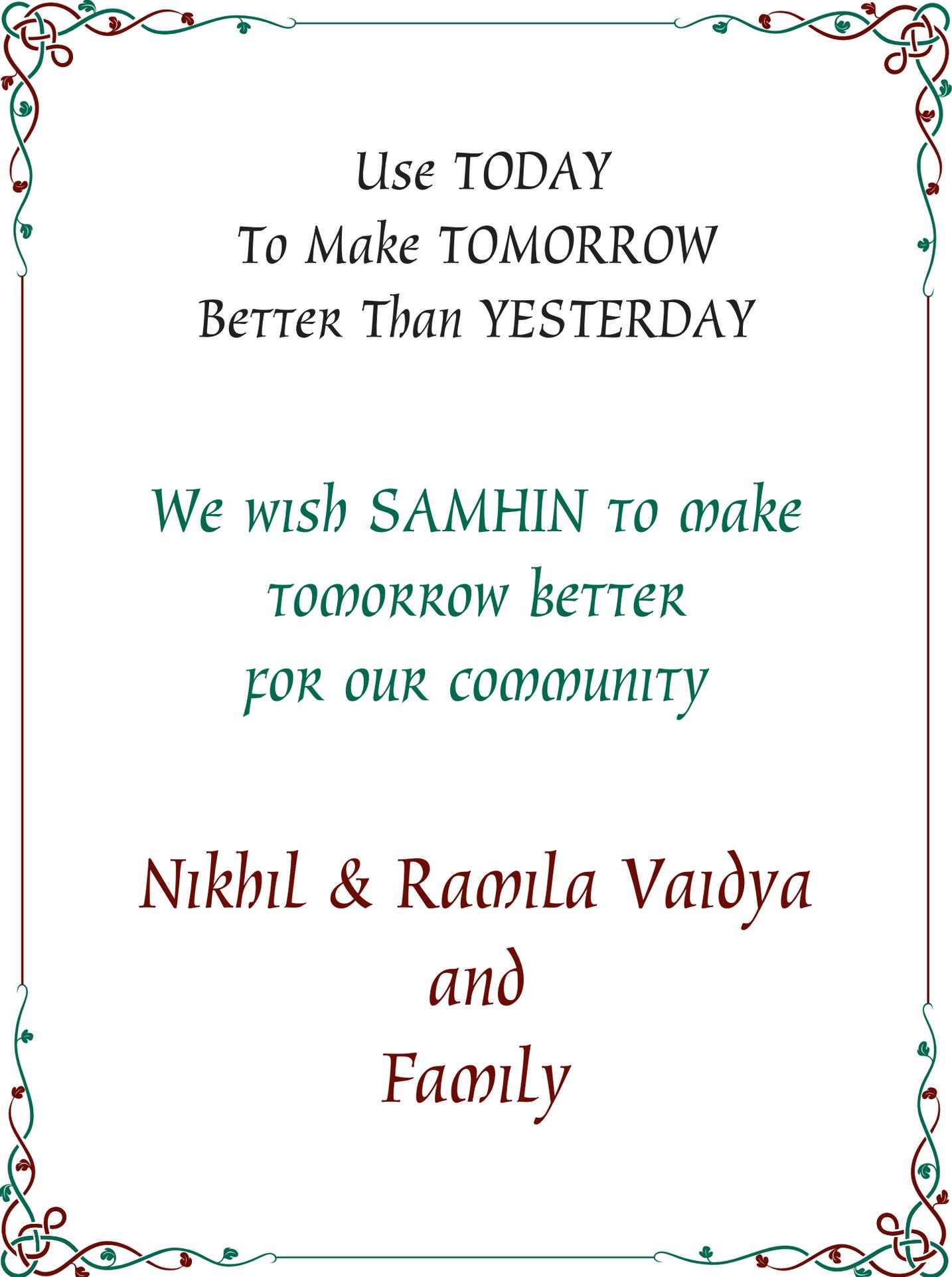
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It's easy to make a buck.  
It's a lot tougher to make a difference.

...Tom Brokaw

**Best wishes to SAMHIN to make a difference!**

*from*

Divyakant, Hema, Darsh & Gehna Mehta and  
*Ashirvād* for Vasudev from  
Our mother, Bharti Mehta.

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# Congratulations!!

Our appreciation for the efforts of SAMHIN to address the Mental Health needs of our community.

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### WHY CHOOSE RVM SOUNDS?

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- Directing
- Audiobooks
- Multi-lingual (FIGS, CCJK, & more)
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- Source Connect

### FILM / TV / WEB

- Re-Recording
- Music Supervision
- Dialogue Editing
- Music Editing
- Sound Design
- ADR

### MUSIC

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- Production
- Composition
- Transfers & Restoration
- Recording
- Re-Mixing

In an ever-changing world of falling budgets, tighter deadlines, and more media consumption than ever before, we at RVM Sounds understand that there is one element that remains constant—the importance of maintaining the highest quality standards. We can save you resources and still deliver top-notch sounds because we simply don't have the overhead of extravagant real estate. We are a passionate group of forward-thinking professionals with a network of studios strategically placed throughout the globe. File transfer is done securely and efficiently through our encrypted servers. When a large facility is needed in the middle of, say, Manhattan, we book it according to YOUR budget and necessity, not because we like to sit in expensive cushy chairs.

### CONTACT

We love establishing meaningful relationships from the start. Contact us and say *hi*. 😊

We'll say *hi* back with some samples of our work tailored to your interest.

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