

SRI SATHYA SAI VIDYA VIHAR

1ST EDITION



Mindscape

A JOURNEY THROUGH THE SCIENCE AND SOUL OF THE HUMAN PSYCHE.

Hey ChatGPT, Am
I Okay?

The Romanticisation &
Misrepresentation of
Mental Health Problems

The Psyche of the
Ultra Rich



**“AS YOU THINK
SO YOU BECOME”**

FROM THE *Principal's* DESK



Dear Students

I am thrilled to see the initiative taken by our students to publish a psychology magazine named 'Mindscape'. It brings me great joy to see young minds come together to explore, express and evolve through such a meaningful initiative. This endeavor shows your passion for psychology which is truly appreciable.

As students, you stand at a pivotal stage of life where awareness, empathy and resilience are essential tools, not just for academic success but for building a balanced and meaningful future. The magazine serves as a reminder that caring for our minds is just as important as striving for achievements.

I hope each one of you continue fostering a culture of compas, mindfulness and open dialogue.

Congratulations to the writers, the editorial team and all those who contributed for bringing this vision to life and I look forward to see the growth of Team Mindscape. May your compassion for the human psyche continue to grow and guide others towards a more healthy and understanding world. I wish you all the best in your academic pursuits and hope that this magazine becomes a platform to share you creative insights.

**Warm regards,
Dr. Anju Chopra
Principal**

LETTER *from the* TEAM

Dear Reader

So, this happened.

We made a psychology magazine. Why? Honestly, because no one stopped us (seriously who let us do this?), but also because the brain is weird, behavior is weirder, and we figured someone should talk about it in a way that doesn't feel like reading a research paper written by a sleep-deprived robot which in turn will make you want to sleep.

Welcome to the first-ever edition of Mindscape – a glorious, nerdy mess curated by your local psych enthusiasts (read: us, the team).

This magazine is where we deep dive into things no one asked for, like whether your favorite fictional characters have unresolved trauma (spoiler: yes, yes they do.), dissecting your favorite shows/movies/books (we leave nothing, truly), and why your brain decides to betray you at 3AM, and so many other interesting things.

Mindscape is a bimonthly magazine, which means we'll be back with a fresh drop of brain-related chaos every two months. Mark your calendars (or don't, we'll remind you anyway.).

Here's what you'll find:

- **Movie & book reviews** (judging characters' choices so you don't have to)
- **Nerdy character analysis** that may or may not be thinly veiled therapy sessions
- **Weird phenomena, recent developments, brain trivia, crosswords**, and other stuff we made when procrastinating actually important things.

We're keeping it fun, light, unhinged (just a little), and educational.

Stick around. Ask us questions. Send us thoughts. Or just skip to the crossword—we won't judge (we will, but very silently, inner thoughts).

**Love,
Team Mindscape.**

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"HEY CHATGPT, AM I OKAY?"



There are nights when you find yourself staring at the ceiling, completely consumed by thoughts. You're not crying, exactly - just feeling... heavy.

And in those moments, a question creeps in; would anyone even understand what's going on inside me? Now, in this situation imagine ranting your heart out to something that seems to listen, that always replies, and never interrupts. Well, sometimes, that just feels enough. But, is it worth it if the 'person' you'd been spilling your guts out to; was just a bunch of codes? The mental health crisis today is worse than ever. According to the World Health Organization (WHO), about 970 million people worldwide live with a mental disorder, with around one in every seven teenagers suffering with anxiety, depression or behavioral disorders. While the situation gets worse, professional help or therapy is almost always out of reach for a majority of people,

whether it be because of pricing, availability or social barriers. However, desperate times call for desperate measures, and people have found a seemingly harmless and rather creative solution that is AI, specifically - chatbots like chatgpt. Now, is this a wise decision or a reckless choice?

In recent years, AI has quietly stepped into the therapy room as an alternative therapist for teens and adults alike —not with a comfy chair and a cup of coffee, but with algorithms, datasets, and cold logic. Sure, it seems helpful - it's always online, it doesn't judge, it even picks up on patterns based on your behavior, generating an echo chamber of a response to you. But stop for a second and ask yourself: is this really helping me? We consider AI as a better option because it always responds to us, yes, but not because it cares; it's the emotionless code responding to your pain with pre-written phrases. It doesn't judge, but not because it's kind. It simply doesn't understand what you're on a

human level. There's no empathy behind those comforting words, just probability. It also tracks your patterns and helps you draw solutions for your problems, but the fact is that it doesn't even know who you are. Not your childhood, not your trauma. And yes, therapy is expensive, but replacing human care with a chatbot just because it's cheaper isn't a solution, it's a compromise. One that might cost you more than you realize, AI companies aren't held accountable by the law to keep your chats a secret, for example, if you share something with a chatbot, it can and will be brought up in court unlike you sharing something with a therapist who's contract states they can't break client-therapist privilege.



Let's be honest, some of us have also vented our thoughts to a bot because we think it's easy, it's convenient. But the ease of it can be dangerous. It feels like someone is listening but no one actually is. And in that silence, it's easy to forget something critical; this machine doesn't care if you're hurting. And yes, AI tries to mimic empathy because it only says the "right" things, things that you want to listen to, hiding you away from reality. This leads to severe narcissism or social withdrawal or even addiction to the AI chatbot (more on this in the next edition of the magazine!!)

So, the decision is yours, what matters more to you? That it responds - or that it doesn't care? That it's always available - or that it's never truly there? In a world where human connection feels harder than ever, AI therapy promises comfort - but delivers a scripted version of it. It's not real healing and I'm sure we aren't naïve enough to fall for this propaganda. If you are really struggling, don't settle for a screen, reach out to someone who can truly meet you where you are, because healing isn't something which can be achieved through some meaningless, scripted lines spewed out by a language learning model.

By Maahi Sompurkar
& Maira K.B. Wala

THE ROLE OF SOCIAL MEDIA IN *shaping us*

By Akshita Dwivedi

“painkiller” for avoiding stress, like a coping mechanism or a way to escape the mental pain. At the same time, it gives people the opportunity to connect especially helpful for people with social anxiety who struggle to interact in person. Ironic, right?

On the flip side of the coin, social media is home to unrealistic standards, misinformation, and doom scrolling. Excessive use can cause anti-social behaviour, creating an awkward loop of avoiding people. Many start believing in the illusion of parasocial relationships with influencers. Short-form content like Instagram reels and YouTube shorts reduces one’s attention span, which affects the academic performance of students.

Exposure to screens keeps the mind active before going to bed, often causing difficulty in sleeping and insomnia in extreme cases. Heavily edited images promote negative perception of one’s physical appearance and causes dissatisfaction with body. In severe cases, this may lead to Body Dysmorphic Disorder. Since social media platforms use algorithms to suggest content based on the likings of individuals, echo chambers or filter bubbles are created. In these spaces, users’ feed contains content that reinforces their existing beliefs. This limits their exposure to other viewpoints and results in increased polarization and

Boujee, no cap, GOAT. Sounds familiar, right? Words like these trending on social media dominate our everyday conversations, and we don’t even realize how deeply social media is entangled with our lives. In today’s tech-driven world, social media influences people from all walks of life. What once used to be a choice has now become an inseparable part of our daily routine.

Media impacts our minds in both positive and negative ways, depending on how it is consumed. On the brighter side, when used mindfully, it becomes a platform for self-expression and creativity, which can boost self-esteem. It also serves as a space where you can forget your worries and detach for a while. A survey conducted on teenagers by me showed that the majority of them prefer to use social media as a

misleading perception of reality.

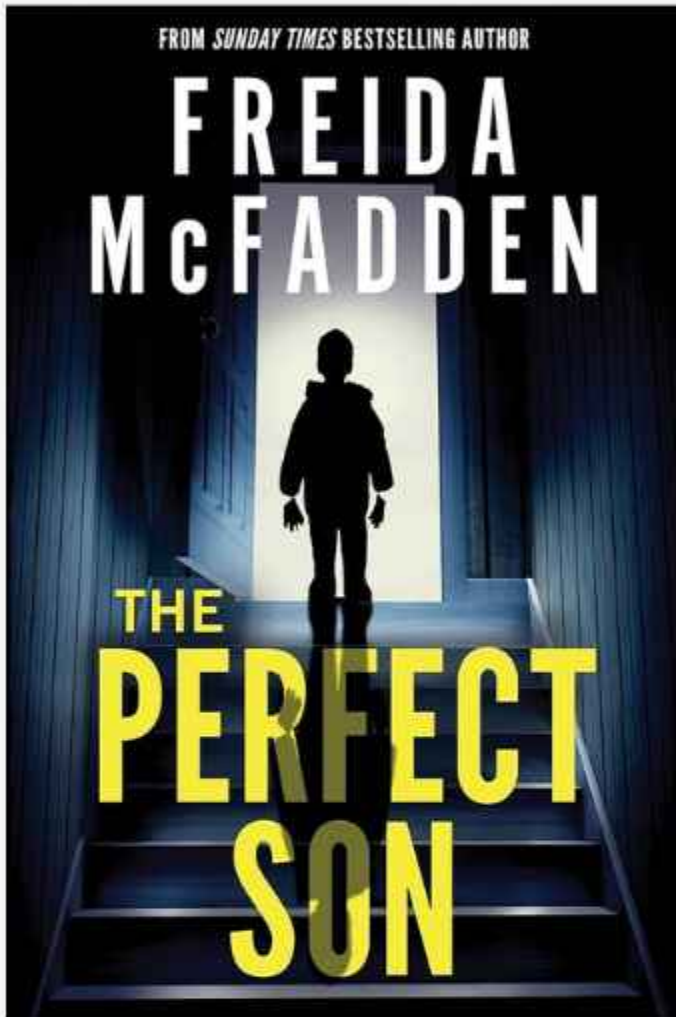
Children and teenagers are the most vulnerable groups to be influenced by social media. Children often imitate what they see, which blurs the line between the real and virtual worlds. News of children committing gruesome crimes are increasing day by day, mainly due to unsupervised exposure to mature or violent content. For teenagers, social media plays a big role in forming their identity. They often give unhealthy importance to how they are perceived online and sometimes lose their true selves while seeking validation from others. Fear of Missing Out (FOMO) is also common among them. Adults, on the other hand, are more prone to political polarization, burnout related to work caused by constant engagement with the digital world and comparison culture.

Various apps now promote healthy media habits like screen time trackers, focus apps, or even platforms that remind you to take breaks. Simple settings such as setting daily limits, turning off unimportant notifications, or using Do Not Disturb modes are simple yet effective steps. Moreover, replacing screen time with offline activities that give the same sense of pleasure and practicing at least one digital detox day every week, can relax our minds tremendously and improve our online-offline balance.

The media will affect us in the way we choose to consume it. The goal is not to eliminate it from our lives but to learn how to use it wisely so that it is us who control it and not the other way round.



BOOK REVIEW



By Anaya Jain

The Perfect Son

Frieda McFadden has done it again; her books are always the perfect combo of thrilling and gut-wrenching plot twists, which will leave you staring at your wall for 15 minutes.

In this book she aligns behavioural tendencies which might be considered psychopathic and sociopathic in our main protagonist. It follows Liam a 16-year-old boy, who seemed to be an all-rounder; he has perfect grades, is an extremely good debater, a track champion and so he was known to be the perfect son, an ideal for everyone to marvel at. But his mother, Erika, had always felt there was something darker and worrisome spilling under the surface of this 'perfect son' of hers. The entire family's fate turns upside down when detectives show up at their house looking to question Liam for the disappearance of Olivia, who was last seen with Liam. But was he actually the one who did it? Check this psychological thriller out as it explores the disturbing past and the confusing present of Liam's life. This book is guaranteed to leave you questioning everyone and everything. Because sometimes, the most normal and seemingly sane people are the ones hiding the most deep within themselves.

THE PSYCHE *of the* ULTRA RICH

By: Maira K.B. Wala

Money changes everything - or at least that's what most of us believe. The lives of the ultra-rich often appear glossy, filled with private jets, luxury homes, and endless opportunities. But beneath that wealth, lies a psychology that is far more complex than what the newspaper headlines reveal. For as long as millionaires have existed, people have wondered if the rich share common psychological traits as them. Do they think differently? Do they live happier lives? And the answer is yes: the ultra-rich are found to have different habits and a different mindset than everyone else, which led them to where they are.

A study showed that one of the biggest traits all millionaires shared was a positive outlook on life. The majority of the millionaires in the study describe themselves as optimists and have a deeply held belief that anything is possible.

Along with this positive outlook, most millionaires share two other qualities: a

strong willingness to take big risks, and with extreme self-confidence. These qualities push them to make bold decisions that others might avoid and often defines the difference between ordinary success and extraordinary fortune.

Still, even with confidence and risk-taking, wealth doesn't come overnight. The path to riches is often a long one, requiring years, sometimes decades, of patience and persistence. Saver-Investors took about 32 years, Big Company Climbers 22, Virtuosos 21, and Entrepreneurs 12 years to achieve millionaire status, showing that time, patience, and persistence are key.

Another striking pattern among the rich is their love for what they do; 86% enjoy their work, and nearly six in ten followed their passion or dream career. That passion fueled their success, with entrepreneurs in particular reaching an average net worth of over \$7



million. Physical wellness is also a top priority. Three-quarters exercise at least 30 minutes, four days a week, and 93% sleep seven or more hours nightly. Many played sports when young and carried that discipline into adulthood.

Planning is another hallmark of the millionaire mindset. Millionaires average 58 hours of work per week, with nearly half waking up three hours before their workday begins. Over 80% use to-do lists, and some even keep “to-don’t” lists to avoid distractions.

They also rarely achieve it alone. Most surround themselves with strong teams, hiring skilled advisors, lawyers, and financial experts to support their vision.

Many build multiple income streams, with at least three sources and some juggling as many as five. Yet for all these habits and strategies, wealth has its limits that psychology just can’t ignore. Despite what many dreamers imagine, research has consistently shown that wealth does

not guarantee happiness. While money can ease daily stress and provide comfort, it does little to change overall life satisfaction. Happiness, it seems, has more to do with personality, purpose, and relationships than with the size of a bank account. When asked about what makes people happy, extremely rich Americans, just like average Americans, typically put love first. But the ultra-wealthy are more likely than everyone else to say happiness depends on winning the appreciation and respect of others. They’re also more likely to cite the realization of personal potential as a key to happiness. Rich people are also a bit more likely than the rest of us to say having a lot of money can occasionally present an obstacle to happiness. Furthermore, children of privilege have sometimes been described as emotionally deprived, despite their material comfort. Growing up with absentee parents, high expectations, and endless resources can sometimes lead to

recklessness, substance use, or a lack of direction—a phenomenon critics later labeled “affluenza”.

It’s important to note that millionaires are not a monolith. Some inherit wealth, while others build it from scratch. Lifestyle choices vary widely, some live extravagantly, while others maintain modest habits. Even approaches to work, risk, and planning differ, shaped by culture, upbringing, and personal values. This diversity shows there’s no single formula for achieving or managing wealth.

While approaches to wealth vary widely, many ultra-rich individuals also focus on giving back. Through charitable foundations, donations, or impact investing, they aim to address societal issues or support causes they care about. This responsibility gives purpose beyond personal gain and can even enhance overall happiness and fulfillment.

Even at the highest levels of wealth, the search for happiness and purpose remains strikingly human. Money may change circumstances, but not the core of human psychology. In the end, the millionaire mind is defined less by wealth and more by mindset, discipline, and vision.

Some rich live as collectors of values, others as collectors of status - both reveal the architecture of their psyche.

WORD WINDOW

• *metanoia* •

Meaning: A transformation of heart and mind that leads to a new way of living often due to regret for past actions or a strong spiritual realisation.

Usage: After her illness, she experienced a true metanoia, valuing relationships more than wealth.

DÉJÀ VU-

How my brain keeps gaslighting me



Have you ever stepped into an unfamiliar place or met someone for the very first time, only to be struck by a strange wave of familiarity as though you had already lived that exact moment in a dream? Or perhaps you're listening to a brand-new song, yet it feels oddly recognizable. But how? Are you suddenly psychic? A secret time traveler? Did your third eye finally open after that one half-hearted meditation attempt? Or did you get bitten by a radioactive spider too? Alas, the

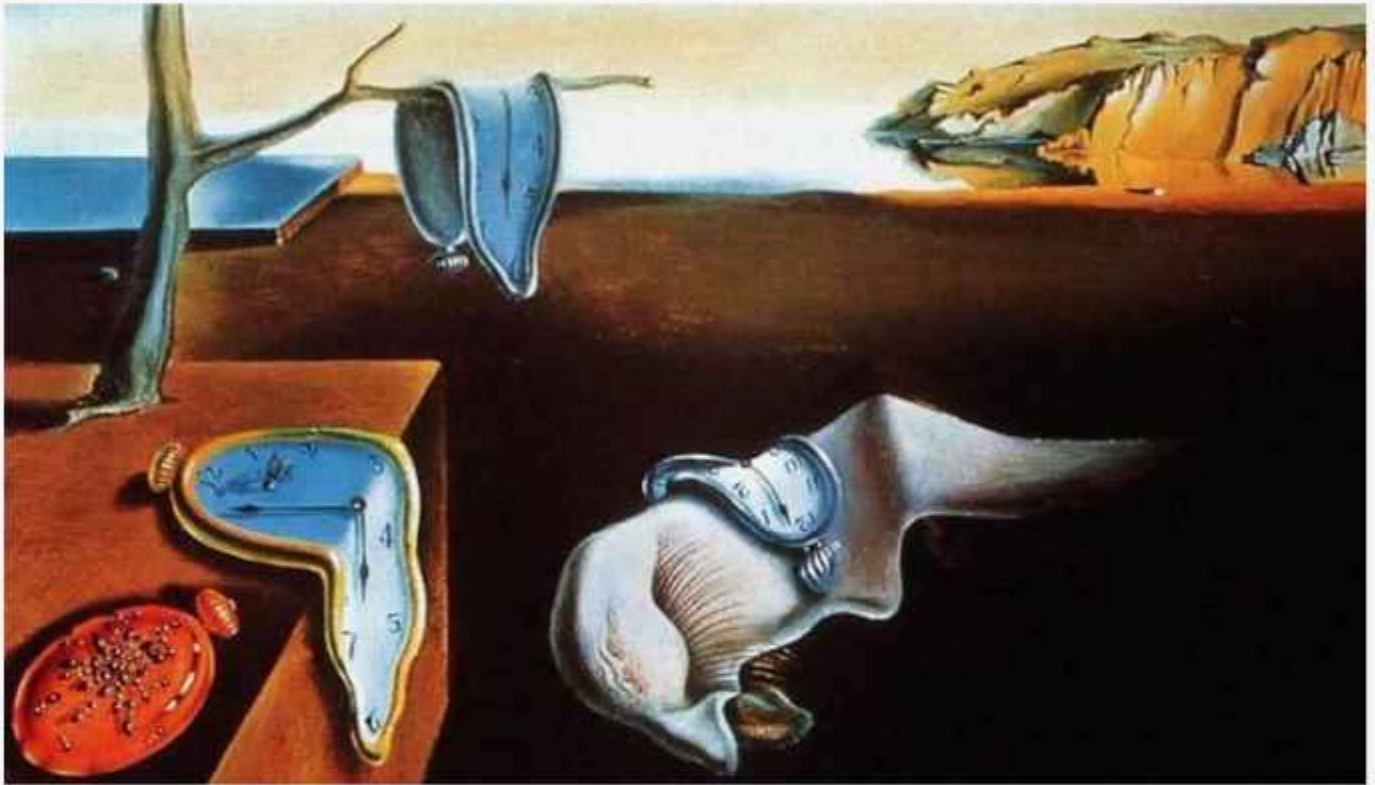
answer is less mystical. It has nothing to do with superpowers. (Trust me, we're all disappointed.)

Well, these confusing feelings are you being hit by Déjà vu, the psychological version of a glitch in the simulation. Let's be honest though, when most of us hear the phrase déjà vu, the first thing that pops into our heads isn't neuroscience or cognitive psychology, nope, it's Olivia Rodrigo's banger song "deja vu" on loop in which she dramatically turned a

complex psychological phenomenon oddly relatable to the youths.

This freaky little brain glitch *déjà vu*, French word for “already seen,” describes the unsettling sensation that a present moment has already unfolded even when it hasn’t. In simple terms, your memory system mistakenly labels a brand new

experience as familiar. Think of it as your brain accidentally hitting the replay button. Studies show that around 60–80% of people will experience it at least once in their lifetime, with the phenomenon peaking among young adults aged 15 to 25. From a psychological standpoint, *déjà vu* is often described as a mismatch



between sensory input and memory. It is studied in cognitive psychology, especially in relation to memory, perception, and brain function. It's also useful for understanding how the brain creates the illusion of familiarity and how that illusion can totally mess with us.

But why does it happen? Well psychology and science have lots of theories; here are a few fun ones:

1. Split Perception Theory: You kind of saw something once (maybe half-paying attention), and when you see it again properly, your brain acts like it's a repeat.

2.Memory Mix-Up: Your brain pulls a similar memory out of the archive and slaps it on top of the current experience.

3.Temporal Lobe Glitch: Since the temporal lobe governs memory, a small, random misfire can trigger *déjà vu* not a malfunction, just a quirky hiccup.

4.Dual Processing Theory: Some researchers suggest that information is processed simultaneously in two pathways in the brain, but a slight delay in one causes the feeling that the event is being “replayed,” making it seem familiar.

5.Hologram Theory: This theory proposes

that memories are stored like holograms; even when a small fragment that matches the current experience can trigger the recall of an entire past experience, tricking you into thinking you've "seen it before."

Interestingly, déjà vu tends to strike more often when people are tired, stressed, or mentally preoccupied. Scientists think that these states may temporarily impair the brain's memory processing, increasing the chance of "mixing up" past and present experiences.

So next time you get hit with that creepy but cool feeling of "haven't I done this before?", just smile, and shrug it off, and maybe double-check if you left the stove on, because while déjà vu might mess with your sense of time, it's simply your brain showing off its quirky, mysterious side. And honestly, isn't that kind of awesome?

By Maahi Sompurkar



Freud

AND HIS THEORIES

For the first edition of this magazine, we thought: why not introduce all our readers to one of the greatest minds behind modern psychology, Sigmund Freud, also known as the father of psychoanalysis. His work has changed the way we understand human thoughts, emotions, and behaviour.

Before him, people with mental illnesses were often misunderstood or just considered “crazy”. It was he who brought into light the idea that our minds and behaviour are influenced by the forces of our unconscious, which are desires, fears, and memories that we may not even be aware of.

One of his most popular and influential contributions was his theory of the id, ego, and superego.

These three are considered three parts of the personality that constantly interact and help us make decisions. The id seeks pleasure and often acts on impulse, while the superego focuses on moral values and principles, and the ego tries to balance them both. This theory helped shape a new way that we interpret human conflict and decision-making.

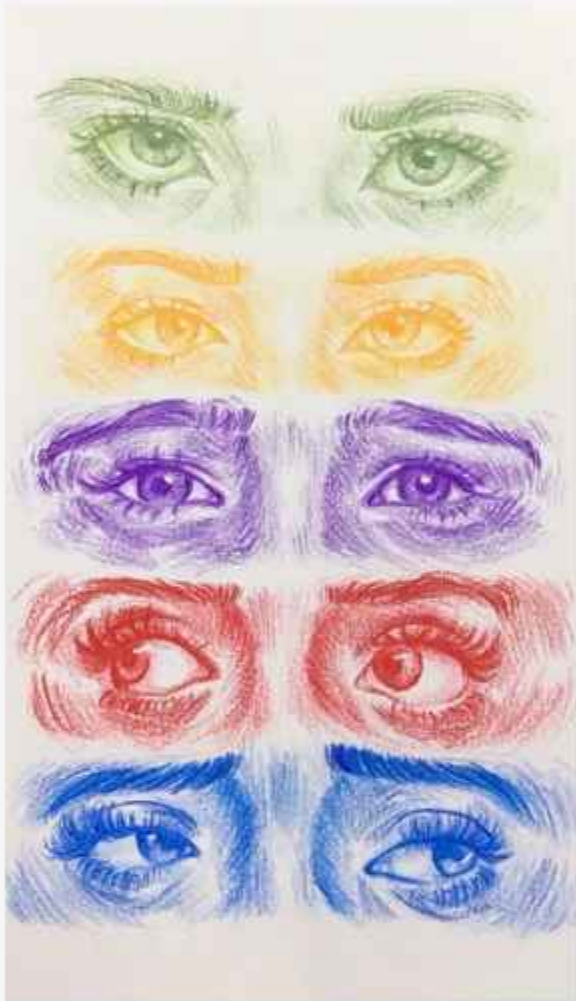
In the year 1900, Freud wrote a book, “The Interpretation of Dreams,” that introduced us to the idea that dreams carry symbolic meaning and reflect our hidden wishes. Another notable work of his, “Civilization and Its Discontents” which was published in the year 1930, explained how we as individuals struggle to find happiness and joy while abiding by and living under society’s rules.

While most works were highly respected, he was never free from controversy. One of Freud’s most controversial theories is the dream analysis. He considered the interpretation of one’s dreams as “the royal road to the unconscious”, suggesting that our dreams are our repressed wishes and gives us a peek into our unconscious. This theory was critiqued by many since the approach used was considered difficult to test and unscientific. Multiple theories of his were considered highly controversial, but at the end of the day, it's Sigmund Freud we're talking about, who was just too stubbornly modern for the tastes of his day and age. He dug up parts of ourselves we had, historically preferred to keep buried. And yes, he frequently got it wrong. Many of his theories haven't aged well. But he sure did, shake things up in a massive way, created a field that helped millions of struggling souls, and for that, we owe him a debt of gratitude.

BEYOND THE HUES:

By Akshita Dwivedi

colours and emotions



We often use idioms like feeling blue, green with envy, white as a ghost in our everyday lives to express our emotions. Have you ever wondered why colours are used in this manner? The reason is far deeper and more scientific than we think. This relation of colours and emotions is explained by Colour Psychology. It is the study of how different colours can affect the behaviour, perceptions and emotions of human beings.

Colours influence our emotions in many ways. They can trigger biological and physical responses. Some examples are: warm colours like red can evoke feelings of passion and excitement while cool colours such as blue are often linked to calmness and relaxation. Yellow symbolises happiness and joy, whereas green promotes freshness and renewal, linking it to nature and balance. Besides this, our culture and personal experiences also shape our perception of colours. For instance, the colour white is considered a symbol for purity and

innocence in Western countries while it represents mourning in Eastern countries. Personal experiences give colours meanings that are unique to each individual. For example, a person who associates the colour yellow with a painful memory might feel anxious when seeing it. This contradicts its general association with positivity and optimism. This happens because the brain links colours with the emotions tied to our memories. Our feelings, beliefs, and past experiences influence how we see a colour and how it makes us react. A practical application of this connection between colours and emotions is Chromotherapy. It is a form of therapy that uses colour and light to treat certain mental and physical health conditions. Its origin can be traced back to ancient civilisations like Egypt, India, and China. The Egyptians used Chromotherapy by bathing in sunlight filtered through coloured glass in special rooms called solariums. In India, the traditional system of Ayurveda involved the use of colours in



meditation, food, and clothing to harmonize the chakras, the energy centres of the body. Chinese traditional medicine integrated colour therapy by associating specific colours with the five elements, namely wood, fire, earth, metal, and water, as well as with organs, and emotions to restore balance.

Different colours influence emotions to cure different illnesses in their own ways. Red is used to energize a tired person but it may trigger people in stress. Blue soothes depression, pain, and sleep disorders due to its calming nature.

Green is used to relieve stress and bright colours like orange and yellow improve mood and can possibly stimulate appetite and mental activity.

Colour psychology is also used for manipulative purposes, like in casinos. bright red, gold and neon colours are used to excite and energize people and keep them overstimulated so that they gamble for longer and do not get tired or conscious of time. Other practical applications of colour psychology may be seen in spaces like spas, which use calming shades to promote relaxation, saunas

and cafes where warm and inviting tones are relied upon to make the people feel at ease. These places carefully select colours to set a specific ambience and influence the mood of the people. Colours are more than what we see. Their impact on emotions is undeniable. As Wassily Kandinsky once said, "Colour is a power which directly influences the soul." Understanding this connection not only helps us understand ourselves better but also enables us to use colours effectively to create the moods and environments we want.

TAMASHA



By Nikita Nanwani

SPOILER ALERT!

“Tamasha” is an Indian Psychological Romance Film written and directed by Imtiaz Ali and produced by Sajid Nadiadwala. Over the years, it has become a cult classic for not only its portrayal of societal pressures and emotional scars but the deep desperate feeling of wanting to do more and be more. The movie itself boasts of cinematic shots, heart touching music, and solid writing.

The film tells the story of character Ved Vardhan Sahni (played by Ranbir Kapoor) in three stages—as a 9-year-old child, a 19-year-old adolescent and a 30-year-old adult in a drama-based non-linear screenplay. *Tamasha* begins with an onstage skit by Ved and Tara, depicting monotonous office lives interspersed with flashbacks that reveal Ved's childhood fascination with a storyteller and his struggle with Borderline Personality Disorder (BPD), though the relation remains somewhat ambiguous. The story then shifts to Corsica, where adult Ved and Tara meet and bond over a pact to keep their identities secret while pretending to be movie characters (Don and Mona Darling), developing a deep connection despite Tara's decision to leave as she falls in love with him (which goes against the pact). Years later in Delhi, they reunite, but Ved's carefree nature has been replaced by a rigid, monotonous routine that disappoints Tara, leading to her rejection to his marriage proposal. Ved's mental health deteriorates until he rediscovers his passion for storytelling, which helps him confront and manage his disorder and win Tara over again. While the movie excels in capturing the emotional depth of its characters and the universal struggle for self-identity and following one's heart and soul, its depiction of Borderline Personality Disorder is mediocre at best. The film's suggestion that Ved's BPD is rooted ambiguously in his childhood fascination with storytelling, and that it can be "cured" simply by reconnecting with his passion or realizing he's the one

who writes his ending for his story, oversimplifies the complex nature of the disorder. Borderline Personality Disorder is a serious and often lifelong condition that requires nuanced understanding and professional treatment, which the film barely touches upon, neither does it properly acknowledge Ved's BPD, choosing to show it instead as a quirk of his, due to him being a storyteller; by framing Ved's recovery as a romanticized personal awakening, *Tamasha* risks minimizing the real challenges faced by individuals with BPD and misses an opportunity to explore mental health with the depth and sensitivity it deserves.

(On a side note, I would also like to acknowledge that Tara's emotional journey is an important part of the story, and while this article has primarily focused on Ved, her character deserves more attention for the strength and vulnerability she brings to the narrative.)

Despite its flaws in portraying mental health, the movie itself remains a beautifully crafted film that resonates deeply with anyone who has ever struggled to find their true self, especially in today's highly competitive and cut-throat day and age, Imtiaz Ali's direction, combined with powerful performances by both Deepika, Ranbir, and the supporting cast, and memorable music by A.R. Rahman, creates an unforgettable cinematic experience that celebrates the courage to break free from societal expectations and escape our mental prisons.

ROMANTICISATION AND MISREPRESENTATION OF

Mental Health Problems

By Vrinda Pareek

In the past few years, the topic of mental health has gained a lot of attention, which is amazing since it helps reduce stigma and encourages people to take care of their mental well-being as well. However, alongside this positive change, a very troubling trend has also emerged- the romanticisation and misrepresentation of serious mental health problems.

ADHD, OCD, depression, anxiety, or bipolar disorder, are terms that describe severe clinical mental illnesses that are just casually thrown around to suggest everyday emotions or quirks. At first, it seems harmless, but when it gets into practice, it has its consequences.

When someone says "I'm depressed" while talking about a bad day or says, "I have OCD" just because they like their desk organized, it

results in the dilution of its meaning, which is the biggest issue. These phrases minimize the lived experiences of individuals struggling with these issues.

Having depression is not just feeling sad, and having obsessive-compulsive disorder is not equivalent to being neat. Reducing these serious illnesses to casual situations makes it difficult for people with genuine problems to be taken seriously.

The romanticisation of the same is also a big issue. Films, books, tv shows, social media portray mental issues like depression and anxiety as mysterious, artistic or "tragically beautiful". Characters with depression are suggested to be deep thinkers and loners, while those with bipolar disorder are shown to be exciting and dramatic due to their multiple personalities, all just to make them



Misrepresentation thrives where comprehension dies & the media holds the key.

look aesthetically pleasing. But these “aesthetics” take away the harsh truth and realities like isolation, exhaustion or self-harming behaviour that come hand in hand with mental illnesses. Due to this, rather than understanding them, glorification is encouraged and sometimes even the desires of these illnesses are seen among the youngsters as markers of a unique identity.

This casual misuse also results in stereotypes. For example, calling mood swings ‘bipolar’ reduces their severity to nothing more than a change in mood. Similarly putting the label of ‘anxiety attack’ on nervousness before an examination or a major event is basically dismissing the intensity of actual panic attacks.

Therefore, to counter such trends, awareness and responsible choice of words are important. Schools, socials, actors and influencers should model accurate language and representation of mental illnesses. And as individuals, we should strive to be a little more careful of our choice of words and reserve clinical terms to be used for what they actually mean, and find alternatives for everyday emotions and experiences. Instead of using the word depression for feeling sad one can just use upset. This accuracy in language helps foster empathy and maintain the seriousness of mental health conditions.

By doing the aforementioned we can stop romanticising and misrepresenting mental illnesses and create a space for understanding, support, compassion and empathy for those who deal with these challenges every day.



EXAM STRESS

By Akshita Dwivedi

Does your hand get sweaty, and your heart starts racing when you get the exam paper in your hand? You're not alone in feeling this way.

Studies show that more than 70% students are anxious about exams. Exam stress is the feeling of pressure or anxiety that students experience before, during, or after examinations due to the fear of performance and results. While a little pressure is necessary for good performance, it becomes harmful when it begins to take a toll on your mental well-being.

Psychologists call this difference as eustress and distress. Eustress is the positive side of stress, it motivates you to stay alert, focus better, and give your best in the exams. Distress, on the contrary, is the negative form of stress, it degrades performance, facilitates negative thinking, and causes exhaustion which ultimately hinders good performance in exams. When exam stress is discussed, it is usually distress that students experience.

Exam stress can arise from factors like lack of preparation, poor time management, fear of failure, and the most common of all, high expectations from parents.

Some physical symptoms may include butterflies in the stomach due to nervousness, nausea, headaches and so on. On the other hand, internal symptoms include overwhelming feelings, constant mood swings, procrastination, guilt, negative self-talk, and trouble sleeping before the exam day.

This stress directly impacts performance in exams by interfering with the

emotional balance. When the cortisol (stress hormone) levels rise, it becomes difficult to understand and process information effectively. As a result, we make obvious blunders, second-guess ourselves, or even blank out while trying to recall the answers we had memorised well. In the end, what remains are the feelings of dejection and worthlessness. This cycle repeats itself with every exam we undertake.

For the best results, exam stress needs to be managed effectively. Some tips that might help are healthy habits like doing a digital detox the day before the exam, staying hydrated, and avoiding junk food. Take deep breaths and give yourself a moment to recollect everything that you have studied. As cliché as it may sound, giving yourself a pep talk before exams is an underrated way to reinforce trust in your preparation.

Exams may feel overwhelming, but they are only a small part of your journey. It is natural to face setbacks. What is important, is to have the courage to face the music and still move forward. If we see exam stress as a motivation rather than a burden, it will push us towards success, instead of holding us back.



LATEST TRENDS IN

psychology

By Maahi Sompurkar

Psychology, the science of understanding human behavior and cognition, is in a state of constant evolution. Recent years have witnessed a transformative shift in the field.

To many people's dismay and distress, AI is being integrated into the field. It is rapidly transforming the field of psychology, revolutionizing how mental health care is being received and how professionals approach their work.

AI is assisting mental health professionals in several ways: in diagnosing conditions by analyzing speech and behavior patterns, and in creating personalized treatment plans based on individual characteristics and responses. By automating tasks, AI enhances professionals' efficiency and effectiveness, leading to improved quality of care for their patients.

AI plays a significant role in psychology, offering new tools and methodologies for research, assessment, and therapy. Here are some ways AI is used in psychology:

·Diagnosis and Assessment: AI-powered diagnostic tools can help clinicians assess and diagnose mental health disorders more accurately and efficiently. These tools may analyze speech patterns, facial expressions, or other data to detect symptoms of disorders such as depression or anxiety.

·Chatbots and Virtual Assistants: AI chatbots and virtual assistants are used to provide mental health support and counselling 24/7. These tools can offer guidance, resources, and therapeutic interventions to individuals in need of support.

·Virtual Reality Therapy: AI-powered virtual reality (VR) environments are used in exposure therapy for phobias, PTSD, and other anxiety disorders. These environments can resemble real-life scenarios to help patients confront and overcome their fears in a controlled setting.

·Neuroimaging Analysis: AI is used to analyze neuroimaging data, such as fMRI (functional magnetic resonance imaging) and EEG (electroencephalogram) scans, to identify patterns associated with different cognitive processes and mental health conditions. This can help researchers better understand brain function and dysfunction.

·Predictive Analytics: AI can analyze large datasets to identify patterns and predict the likelihood of developing a mental health disorder. This information can help inform treatment planning and decision-making.

CHARACTER ANALYSIS



By Nysa Akolkar

“Everybody Lies”

SPOILER ALERT:

This article contains more spoilers than House’s vicodin stash has pills (and that is saying something), so, if you haven’t finished the show yet, proceed carefully, or don’t, I’m not your doctor. And, remember, everybody lies- except me, when I say you’ve been warned.

Before we begin, dear reader, a formal apology is in order: I will not be dissecting all eight seasons of House M.D. episode by episode (or season by season), nor will I give every side character their well-deserved psychological autopsy (even though, trust me, I’m dying to). And no, I won’t be diving into the production history of the show- how it was shaped by early 2000s network TV politics, or how, as many say, “it is Sherlock Holmes with a medical license”. This is *unfortunately* not an exhaustive analysis, but the subject to our biopsy is one, Dr. Gregory House; limping, vicodin-popping, insult-flinging, puzzle-solver. “Everybody lies” these words make up the philosophy of Doctor Gregory House, head of the Department of Diagnostic Medicine

(fictional) at Princeton Plainsboro Teaching Hospital or PPTH. Within the universe of the show, Greg House is one of, if not the most accomplished physicians in the entire world. When other doctors throw up their hands in surrender because they couldn't figure out what was wrong with a patient, the case lands on the desk of House, whose sole purpose is to solve the case by hook or crook with his team members (who as the show progresses change, but make appearances till the very end). We also have the only person House was ready to give everything up for, and also the only person who had been able to stick by House through everything, Dr. James Wilson, House's best friend and the head oncologist at PPTH.

Now, to truly understand Dr. Gregory House, you need to look past the cane, the insults, and the endless stream of vicodin and codependency with Wilson. You need to diagnose the man himself, so buckle up, because we're about to take a psychological scalpel to House's soul.

THE DIFFERENTIAL DIAGNOSIS OF DR. GREGORY HOUSE.

(NOTE: I'm not a psychologist, so take this with a grain of salt.)

Let's start with the obvious: chronic, searing pain in his leg that led to a vicodin addiction so intense it's practically his personality trait, that at this point, to House, vicodin isn't just a painkiller; it is armor, numbing both the physical and emotional agony he seems to be in 24/7.

Borderline Personality Disorder is caused by trauma. It's heavily implied (maybe even canon) that his father was abusive towards him. Then there's the depression, more specifically, persistent depressive disorder, (hello, hallucinating Amber and the frequent brushes with self-destruction as well as the 'I'm a killer' spiral.).

This disorder is a mild and chronic form of depression. House hardly associates with anyone besides Wilson, has a generally

negative/pessimistic outlook on life, and is overall hopeless. Not to mention, it's suggested he has a poor appetite when Wilson points out in S2 that the only things he has in his kitchen are "peanut butter and canned soup." He is only interested in his hyperfixations (being medicine, puzzles, and music) and we never really see him doing anything else besides the few things he's obsessed with. The other things he does are really low effort, such as watching TV or drinking at a bar (which he does on a regular basis). Another reason that supports this is, that when Wilson dosed him with antidepressants, they significantly improved his mood and made him more positive/happy.

But beneath that bitterness and brilliance lies a man with narcissistic traits - arrogance dialed to eleven, unmatched confidence in his own genius, and sarcasm that doubles as a defense mechanism, though we cannot even consider him a "proper" narcissist due to House's self-awareness. This disorder is characterized by an

excessive need for admiration, sense of entitlement, disregard for others, and inability to handle criticism. He shows all these traits throughout the show, especially during the Tritter arc in S3 when he is completely unwilling to listen to reason in order to continue his drug habits. He completely disregards the people who are working hard to keep him out of jail and it takes nearly going to prison to properly apologize to them. His strong belief system and need to "always be right" are a crucial part of his character. But it's Wilson- the only human who gets under his skin and sticks around despite the insults, self-sabotage, and pain. When Wilson was dying, House showed up, *he stayed*. That was pure vulnerability hidden under layers of snark. I mean, we're not blind, House agreed to let Wilson use double the chemo dose at House's home where he could potentially die, then gave Wilson the last of his own vicodin, in the season finale, faked his own death and went on the run to spend the last months of Wilson's life with him. If

that's not love and care, I do not know what is.

THE BIGGEST LIE ON THE SHOW.

House's signature line is "Everybody lies," well, the biggest lie on the show is said by House himself, claiming that "the puzzle" is all that matters to him, and that couldn't be further from the truth. House is not a misanthrope (*I know, I sound crazy, but hear me out on this one.*)

House cares, as hard as it is to believe. House cares for patients, he cares for his team, he cares for Cuddy, Stacy, Alvie and so many others, but most of all he cares for Wilson.

He lied to the transplant committee for a bulimic woman even after her case is technically over and he could lose his medical licence. He goes above and beyond to get a brucellosis patient a heart transplant. He fights like hell to keep a woman's legs intact during a crane collapse rescue, even though every other doctor had already walked

away. That's not detached logic; it's someone who cares so much it physically hurts.

He fires Thirteen not out of punishment, but to give her the space to find emotional connection with a patient, later, when she returns to work even after finding love in the face of a terminal illness, he fires her again but this time out of love, he wants her to live. He doesn't turn in Chase for killing a patient. He helps Foreman reconnect with his estranged brother by becoming the common enemy for them. He agrees to take Cameron on a date just to bring her back to the team. He tries to fix Taub's marriage, buys Adams a whole room of expensive medical equipment to smash for stress relief, and yeah—he insults Cuddy's medical abilities constantly and yes he undermines her, but when it really matters, he asks for her opinion and respects it too (or well at least tries to).

And no matter how much he mocks Wilson, argues with him, or emotionally drains him like he's a human juice box, House never stops

showing up for him. He saves Wilson's career multiple times, goes to rehab, therapy, and even tries to become better just because Wilson sticks by him (I know, they're very codependent). That's not friendship. That's a full-blown emotional attachment disorder doing its absolute best to love someone without combusting.

He avoids patients because they might make him feel something. He avoids vulnerability like it's contagious. His emotional self-defense is a fortress; and at the center of it is Stacy. After Stacy left him, House's physical pain and emotional trauma became tangled beyond repair. His infarction hurt, sure- but it's the abandonment that really scarred him. Every relationship since then has been a near-miss: Lydia, who reminded him he could still feel; Cuddy, who made him feel hopeful again before shattering him all over again (which also landed him in jail). And after that heartbreak, he did what he always does; he ran back to Vicodin like it would help numb everything.

And then Kutner died. No warning, no goodbyes. House tried to solve the suicide as if it were his own personal diagnostic case, just to make sense of it, he was in denial that someone so full of hope and life could do that, someone on his team, and he wouldn't even see the signs.

Then, when Wilson is diagnosed with cancer, he fakes his own death, destroys his medical license (which was dearest to him) and life so he could spend Wilson's last five months with him, to ride out the rest of Wilson's life with him. House burns down every last part of himself so that Wilson doesn't have to face death alone. If that's not love, it's definitely the most emotionally repressed version of it ever written.

Look, I know I didn't get to everything. I didn't properly dissect Season 3's soul-crushing theme that overcoming adversity doesn't inherently makes someone a 'better' version of themselves, I didn't fully unpack 'One Day, One

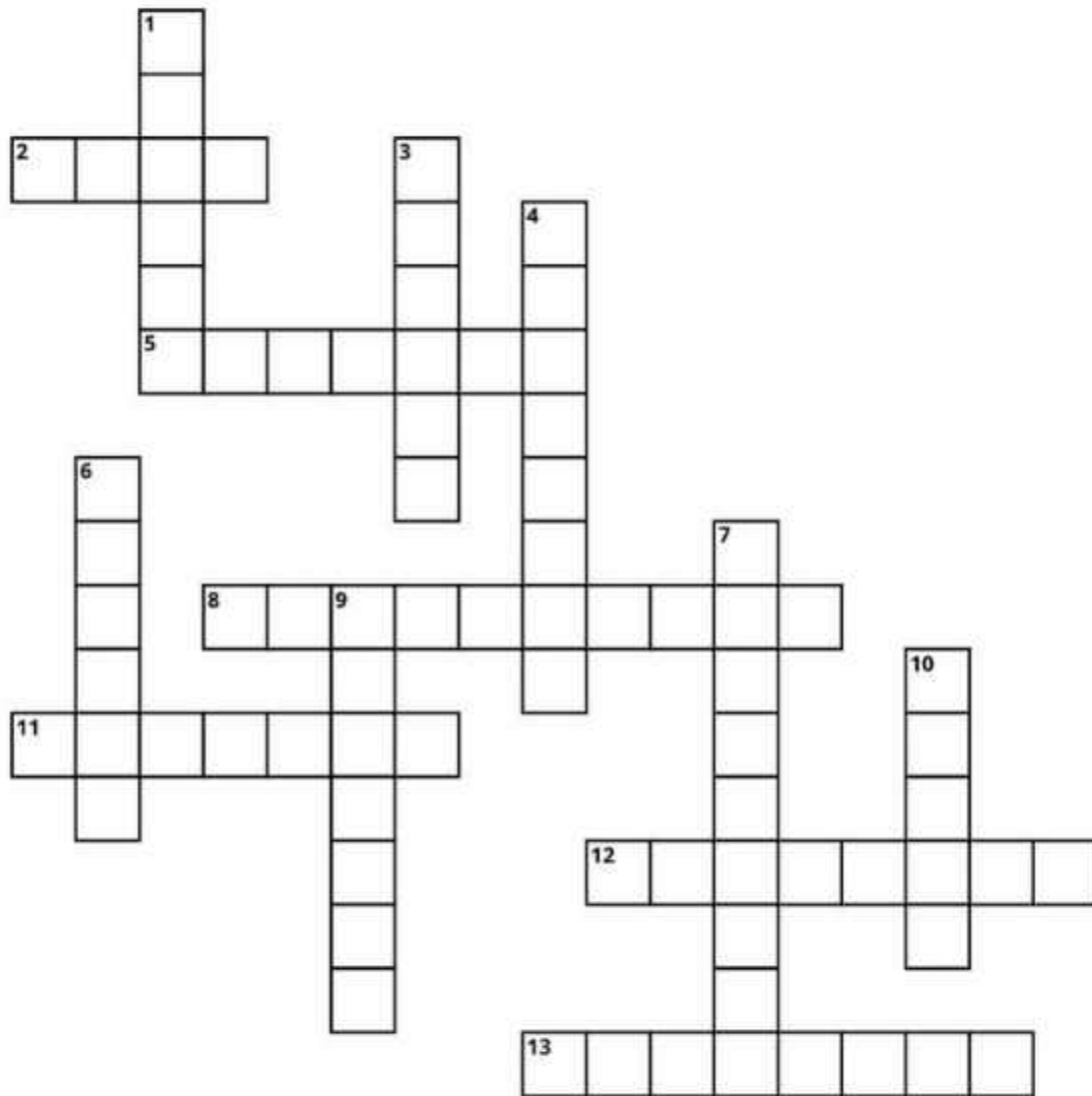
Room', where House is emotionally waterboarded into empathy and it is honestly one of my personal favorites. I skipped over the rehab arc, the jail time, the dream sequences, the metaphors hidden in every case, Alvie (king), the ducklings (both the old and the new), and 'House's Head, Wilson's Heart' (which has got to be the most iconic season finales), and the personal investigator he hires, nor Tritter because there's simply too much.

P.S.: If this article doesn't make you want to binge-watch House again, (or start watching it in some cases), then congratulations- you're probably the real diagnostic mystery here.

CROSSWORD

Good luck!

By Maira K.B. Wala



ACROSS

- [2] Opposite of courage
- [5] Unease about the future
- [8] Inner drive for action
- [11] Way of thinking or attitude
- [12] Misleading perception
- [13] Observable actions

DOWN

- [1] Lasting effect of pain
- [3] Strain deadlines cause
- [4] Fantasy while awake
- [6] Fear of something
- [7] Longing for the past
- [9] Treatment for the mind
- [10] Behavior repeated often

MIND MAIL

(You send the questions. I do the overthinking. Everyone wins.)

Hi. Hello. It's me- your editor-in-chief, Nysa Akolkar.

This is Mind Mail- a place where you, dear reader, get to send in all your thoughts, ideas, requests, unhinged fan theories, movie/book/show/character analysis suggestions, or just general psychological confusion. In return, one of us will respond in the next edition with a mix of questionable wit, half-decent insight, and zero clinical qualifications (but lots of enthusiasm, trust me).

Want to see a character psychoanalyzed?
Got a theory about some niche show?
Or just want to suggest an article for the magazine?

Send it. All of it. [Right here.](#)

We'll pick a few to answer in each issue- anonymously unless you want the credit, in which case, your name will be shouted out right here. This is your space to co-create chaos, and we're all here for it.

So go ahead: overthink, I dare you.

With love,
Nysa Akolkar
Editor-in-Chief, Mindscape

THANK YOU

(because we're feeling sentimental now)

So, you made it to the end of the magazine.

Either you genuinely enjoyed it and got emotionally attached to our ramblings (we don't blame you), or accidentally flipped through all the pages while trying to find the crossword's solution. Regardless, we would like to thank you.

This magazine came together with a lot of late nights, chaotic brainstorming, unhinged ideas that somehow made it to print, and the combined brainpower of some wildly enthusiastic people who just really, really like psychology (and witty humour, and judging fictional characters.)

A massive thank you to our Principal, Dr. Anju Chopra, for letting this happen (you have no idea how powerful that "yes" was), and to our incredible Psychology teacher, Ms. Priyanka Tiwari.

And of course, thank you to the school for giving us the space (and the audacity) to build something so deeply unhinged and unreal from scratch.

Huge shoutout to our writers, editors, designers, and everyone who helped bring this weird little dream to life. You're the

real ones. We couldn't have done it without your time, talent, and dangerously high caffeine tolerance.

And to you, dear reader; thank you for giving this little psych experiment a shot, I hope we made you laugh, think, and maybe question your life choices just a little. Stay tuned for more chaos in the next edition, (coming November, 2025).

Till then, keep overthinking things in true Mindscape fashion.

**Gratefully,
Team Mindscape**

MINDS BEHIND *Mindscape*

Mrs. Priyanka Tiwari (Faculty Advisor)

She let us build this beautiful brain-child of a magazine while keeping just enough distance to not get pulled into the group chat panic. Thank you for your support.

Nysa Akolkar (Grade 12)

Editor-in-Chief // Writer // Resident Chaos Manager

Held the vision, edited the vision, occasionally cried over the vision. Wrote, edited, mildly panicked, and pulled this whole thing together with the help of caffeine, chaos, and the coolest team ever.

Urvika Agrawal (Grade 12)

Head of Creative Design // Canva Overlord // Layout Wizard

Took 30+ pages of “uhh so we have this idea...” and turned it into an actual aesthetic masterpiece, designed the whole thing, made it make sense, and kept it pretty. If Canva had a hall of fame, she'd be in it.

The Writers

They cried, they wrote, they survived.

Nysa Akolkar (Editor in Chief)

Nikita Nawani, Anaya Jain (Grade 12) - Senior squad, brought the hot takes, deep dives, and the occasional academic existential crisis.

Akshita Dwivedi, Maira K.B. Wala, Vrinda Pareek, Maahi Sompurkar (Grade 11) - The rising stars, brilliant brains, and great minds behind Mindscape.

The Design Team

Making the chaos look cool since day one

Urvika Agrawal (Head Designer) - She took 30+ pages of text, chaos, and last-minute changes and turned it into this magazine

Jaya Koshti, Palak Kanal (Grade 11) - Helped make everything look cooler than it had any right to be.

Without them, this would be a Word doc in Comic Sans. Bless their Canva skills. If you're thinking “wow, this looks so good,” that's them.

For the Psych Students (who helped brainstorm):

To every psych student who sat with us, tossed out wild ideas, and somehow made sense of our chaos, thank you for bearing with us. This magazine is as much yours as it is ours.