

HALLOWEEN ISSUE

PSYCHOPATHOLOGY OR PARANORMAL ACTIVITY



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A HISTORICAL SUMMARY OF THE
STEREOTYPES ACCOUNTING TO
PARANORMAL ACTIVITIES
TALES THAT REALLY HAPPENED

Foreword



Hello Readers!

Halloween just brushed by and this month's edition is inspired by the unique blend of the paranormal realm and the science of psychology. Every month we as a mental health group try to bring forth one aspect of human's most intriguing part - the mind! Last month's issue focused on Procrastination.

This month, we tried to put together a timeline of how Psychology evolved as a science! It also reflects on throwing some light upon blurring the line between the concept of paranormal and psychological explanations. From demonology to witch hunt and the grueling methods used for curing the mentally disturbed, this issue deals with few of the most astounding facts about the history of the study of mind. Alongside we also brushed upon aspects of paranormal psychology which is gradually gaining scientific grounds for explaining the unknown.

We hope this edition will be immersive and will add on value to your knowledge repository! Thank you for your constant support and love.

Team

Emojar



WORDS

FROM

OUR

LEADS



ROSHMIJA BISWAS **CREATIVE HEAD - EMOJAR**

I believe in being true to one's self is the greatest thing one can achieve in life. Being true to yourself starts with knowing who you are, accepting yourself, knowing your strengths, passion, weaknesses and purpose in life and then living that way all the time, holding onto your ideals faithfully. You come to know yourself only with time while finding what works for you. More precisely, what makes you who you are as a whole. Don't let anyone tell you anything else, we don't have to be chained down by society's expectations and rules. Be you, show what you are capable of and you will automatically stand out and be in harmony with everything.



ATRI DAS **EDITOR IN CHIEF - EMOJAR**

I think one of the most profound things in this world is seeing people fight their own battles everyday. Each individual, dealing with their own demons while trying to act basic intrigues me wholeheartedly. I believe generalising acceptance for all sexes and providing the needy with mental and physical assistance is the least we can do in the name of Altruism. Advocating counteractive habits to eliminate social evils like hatred, discrimination and jealousy should be announced as a part of adaptation. Along with that incorporating a minimalistic lifestyle would largely contribute to our spiritual empowerment and Self actualisation. I hope and pray that, may this world find peace and may you be in peace.



TISTA BANERJEE **CHIEF CO EDITOR - EMOJAR**

My message to the society aims at admiring the inner beauty of every person while being zero judgemental about their appearance. Being accepting and open to all spectrums of individuals while cherishing their differences can cause serious shifts. The need to normalise mental health in our society is increasing rapidly every day and every second.

It is as essential as being physically fit. By accepting and celebrating people around us as who they are we create a safe space for all shapes, sizes, colours and sexualities.



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Witch Hunt

By Sumedha Ghosh

Photograph by AKG / ALBUM

Witch. The first thought that comes to the human mind when they hear or say 'witch' is magic, pointed hats, Harry Potter, broomsticks, evil entities and other fictitious stuff. Witches, magic, immortal beings, they all comprise a vast amount of all the films and television shows and plays ever made from time immemorial.

But what exactly is a witch? Or witchcraft? And why were they hunted down? In simple language, witch hunt is the hunt of witches. It is very ironic, as a logical person has no practical base of labelling a witch but can easily tell what is meant by hunting them.

To define witch hunt. It is a mass extermination of people, mostly women, due to mass hysteria, where the 'ordinary' fear and label the 'supernatural' beings as witch and kill them, to protect themselves

The concept of spell casting and witches prevailed since ancient times. But there were only ostracizations of those people and the law condemned witchcraft. The entire concept of finding a witch and hunting them began around fourteenth and fifteenth centuries in Europe but eventually declined. During the seventeenth century, the witch hunts thrived across Europe. As Europe started transcending into the modern era, the Church started recognizing witchcraft as worship of Satan, or the evil. The minds of the people who were clouded by various superstitions surrounding the witches, were poisoned by the thought of being connected to the devil. This theory which was supported by the educated class, engulfed the uneducated, poorer class in fear.

Now, what leads people to think that those accused are evil, and knows witchcraft and other magical things. To be precise, they do not. The motive for witch hunts were not religious or spiritual. They were social and economic causes. Torturing and killing thousands of women established the centuries old principle that men are superior to women. Women who raised voices were subdued in this heinous method. Poverty led to illiteracy, which led to superstitions, which clouded the senses and logic of the people. Thus, as literacy and education flourished, the trend faded away.

But what is interesting is the psyche of those who were executed and those who executed. Sometimes schizophrenia and bipolar disorder led to certain symptoms which were considered as signs of demonic possession. They were burnt alive instead receiving support and care. Even today, we face a stigma to accept a mental disorder. Though we call ourselves humans, we shredded every ounce of humanity. The witch was lead or conducted by those who found a twisted satisfaction in doing it, in burning women or people in general alive or just killing them. Even in the twenty first century, we have a stigma in accepting our mental disorders. As a human, one must feel certain thought process which prevails in the society, which clouds our own judgements, but that should not stop anyone from thinking independently about what correct and what feels "inhuman."



SCHIZOPHRENIA AND DEMONS

By Shivangi Banerjee

Illustration- Nivedita Tripathi

Schizophrenia is a debilitating mental disorder that affects a person's ability to think, feel and behave usually taking shape in mid-adolescence. A person with schizophrenia might lose touch with reality, have hallucinations - "thoughts are being inserted in my mind that are not mine" or delusions - "they are conspiring to murder me!", have disorganized speech - incoherent or respond to question with unrelated answers; people around them may feel that they have a blunted affect, apathy, anhedonia - loss of pleasure or interest, incongruent mood - laughing at a funeral.

In antiquity, people did not think of 'madness' in terms of mental disorder, but in terms of divine punishment or demonic possession. The Old Testament, most notably from the First Book of Samuel, talks about King Saul who became 'mad' after neglecting his religious duties and angering God. In Greek mythology and the Homeric epics, madness is similarly thought of as a punishment from God. It is in actual fact not until the time of the Greek physician Hippocrates (d. 377 BCE) that mental illness first became an object of scientific speculation.

Early theories thought of schizophrenia as a mental disorder that were caused by evil possession of the body, and the appropriate treatment was then exorcising these demons, through various means, ranging from innocuous treatments, such as exposing the patient to certain types of music, to dangerous and sometimes deadly means, such as releasing the evil spirits by drilling holes in the patient's skull.

Vesalius (d. 1564) and Galileo (d. 1642) began challenging the authority of the Church, that proscribed the book *The Deception of Demons* (which argued that the madness resulted not from divine punishment or demonic possession, but from natural causes) and accused its author, Johann Weyer, of being a sorcerer. The centre of attention and study gradually shifted from God to man and from the heavens to the Earth. With this comes a shift in the belief that schizophrenia is attributed to not demonic possession, but is related to the brain.

At present, schizophrenia is primarily seen as a biological disorder of the brain, although it is also acknowledged that psychological and social stressors can play an important part in triggering episodes of illness, and that different approaches to treatment should be seen not as competing but as complementary.

Earlier Psychiatrists attempted to induce fevers in their patients, sometimes by means of injections of sulphur or oil. Other popular treatments included sleep therapy, gas therapy, electroconvulsive (electroshock) therapy, and prefrontal leucotomy (lobotomy), which involved severing the part of the brain that processes emotions. Sadly, many such 'treatments' aimed more at controlling disturbed behaviour than at curing illness or alleviating suffering. The first antipsychotic drug, chlorpromazine, in 1950s, though far from perfect, opened up an era of hope for people with schizophrenia.

According to Marius Romme, the eminent psychiatrist and a central figure in the hearing voices movement, in *Mental Health Nursing*, schizophrenia is a harmful label because it conceptualizes experiences in a way that makes it impossible to resolve the problems that lie at the roots of an individual becoming unwell. It silences the perspectives, voices, and experiences of those it diagnoses as "schizophrenic." We can do our part by being aware and treat others with a little more kindness.



Delusions and hallucinations

By Shreyasi Das

Illustration by Anusha Kundu

The word delusion comes from the Latin verb "ludere", which means "to play". In essence, tricks are played on the mind. A delusion is essentially an erroneous belief that is fixed and firmly held despite clear contradictory evidence. People with delusions believe things that others who share their social, religious and cultural backgrounds do not believe. Thus, it involves a disturbance in the content of thought. These content may include a variety of themes.

Delusion of reference,
Delusion of persecution,
Delusions of grandeur,
Nihilistic delusions,
Erotomaniac delusion and so on.

In schizophrenia, certain types of delusions are quite characteristic. Prominent among these are thought broadcasting (belief that one's private thoughts are being broadcasted indiscriminately to others), thought insertion (belief that alien thoughts have been put into one's mind), made feelings or impulses (belief that one's feelings and actions are controlled by external agents), thought withdrawal (belief that external agent has robbed one off of one's thoughts). Other bizarre delusions are belief that an outside force has removed one's organs. All these erroneous conviction can lead the individual and others around him to perceive this as paranormal if they are not aware and do not have the knowledge about the pathological explanation behind such delusions.

Similarly, the hallucination comes from the Latin verb 'hallucinere' meaning to "wander in mind". Hallucinations are perception-like experiences that occur without an external stimulus. They are vivid and clear, with the full force and impact of normal perceptions, and not under voluntary control. Hallucination is quite different from an illusion, which is a misperception of a stimulus that actually exists. Hallucinations may occur in any sense modalities.

Auditory hallucinations
Visual hallucinations
Olfactory hallucinations
Custatory hallucinations
Tactual hallucinations

Hallucinations often have relevance for the patient at some affective, conceptual or behavioural level. Patients can become emotionally involved in their hallucinations, often incorporating them in their delusions. Sounds eerie, right? Unfortunately they are extremely maladaptive in nature and the patients require medical help.



EATING BEHAVIOR IN SCHIZOPHRENIA

By Anusha Mitra
Photograph- Google Images

Schizophrenia is a severe and frequently observed mental illness that affects 1% of the general population. Schizophrenia is characterized by a wide range of symptoms such as positive symptoms (delusions and hallucinations), negative symptoms (social withdrawal, blunted affect), cognitive symptoms (difficulties with memory and attention), and affective dysregulation. In general, eating behaviours and eating disorders (EDs) are crucial in determining the etiology of cardiometabolic disorders in patients with schizophrenia. EDs have been associated with profound physical and psychosocial morbidity and an elevated mortality risk.

Although Eugen Bleuler described disturbances in eating behaviour as a feature of schizophrenia in the early nineteenth century, EDs in schizophrenia remain understudied and poorly understood by health care providers. Indeed, EDs in schizophrenia remain difficult to assess, and schizophrenic patients with EDs usually do not meet all criteria for typical EDs, leading clinicians to consider EDs a secondary problem.

Scientists at the University of Chicago recently discovered a link between eating undercooked meat and psychosis. Researchers of the institution had their findings published on March 23, where they are warning people of the possibility of having poor mental health due to parasitic infection brought by eating uncooked meat.

A new study was released via the Journal of Clinical Psychiatry stating that mental disorders like depression and aggression could be due to the parasites present in undercooked meat. They also noted that contaminated water and cat feces could also be catalysts of this on-going mental health concern.

Schizophrenics consume raw meat because they show symptoms of psychosis. Their hallucinations and delusions make them consume food which is very unhygienic and unhealthy for them and can also make their conditions worse due to infection and disease. The combination of eating disorder and psychotic illness is more often seen in services for psychotic disorders than in eating disorder services, probably because psychotic symptoms take precedence in terms of referral. The "doubly disordered" risk being undertreated in schizophrenia services because the ED may appear trivial in comparison to the more flagrant psychotic symptoms and may worsen insidiously.

Anorexia Nervosa Several evidences from case series have demonstrated the possibility of comorbidity between AN and schizophrenia with different prevalence rates. The frequency of AN in schizophrenia has been approximated to be between 1 and 4%.

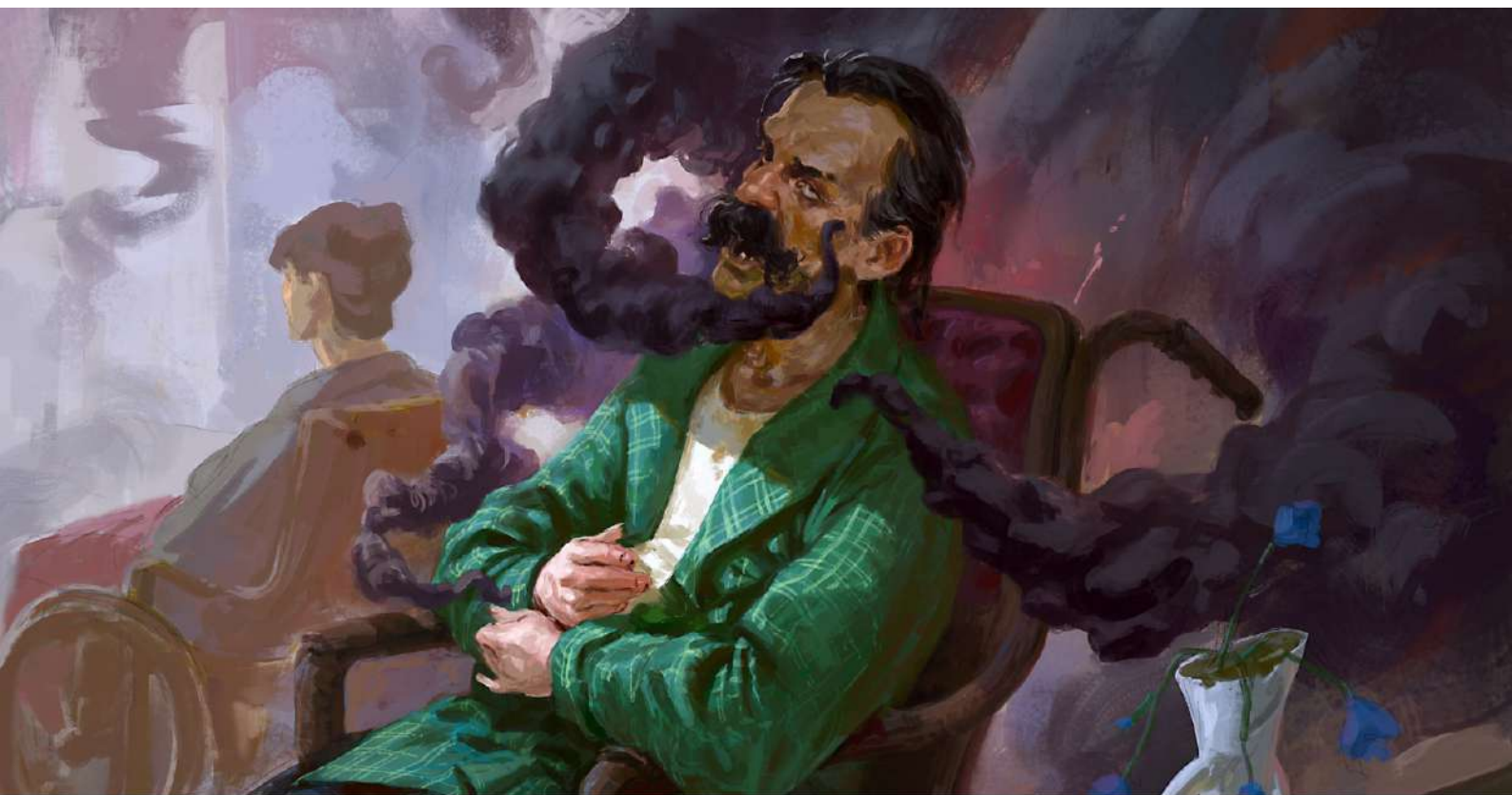
Bulimia Nervosa Very little data exist on BN in schizophrenia. Gotestam et al. showed a prevalence of BN with schizophrenia of 0.73% for men and 1.57% for women.

Binge Eating Disorder One study evaluated the symptoms of BED among 31 patients with schizophrenia who were mostly overweight or obese. Recently, Lundgren et al. showed a 6% prevalence of BED among 68 obese patients with schizophrenia.

Night Eating Syndrome Out of 175 patients with schizophrenia, Palmese et al. found an 8% prevalence of NES, which was significantly associated with increased rates of insomnia (44%), as assessed by the Pittsburgh Sleep Quality Index (PSQI).

In schizophrenia, Pica (repeated ingestion of non-nutritive substances (pebbles, hair, small metal objects, etc.) can be defined as an impulsive consumption associated with delusions. Many cases of coprophagia, defined as the ingestion of feces and considered a variant of pica, have been associated with schizophrenia. Finally, many studies suggest a significant association between schizophrenia and potomania, defined as the ingestion of beverages in large quantities, on the order of 8 to 10 litres per day.

In conclusion, we should keep in mind that somatic and/or behaviour comorbidities are often associated with schizophrenia.



Catatonia

By Eshita Das

Photograph by - Filipe Pagliuso

Catatonia is a psychomotor disorder, meaning it involves the connection between mental function and movement. Catatonia affects a person's ability to move in a normal way. Catatonia is a state of stupor or unresponsiveness in a person who is otherwise awake. Catatonia is believed to be caused by irregularities in the dopamine, gamma-aminobutyric acid (GABA), and glutamate neurotransmitter systems. It's often accompanied by an underlying neurological, psychiatric, or physical illnesses.

There are three types of catatonia:

Akinetic Catatonia- This is the most common. Someone with akinetic catatonia often stares blankly and won't respond when speak to them. If they do respond, it may only be to repeat what the other person said. Sometimes they sit or lie in an unusual position and won't move.

Excited Catatonia- With this type, the person may move around, but their movement seems pointless and impulsive. They may seem agitated, combative, or delirious, or they may mimic the movements of someone who's trying to help them.

Malignant Catatonia. This type happens when the symptoms lead to other health problems, like dangerous changes in blood pressure, body temperature, or breathing or heart rate. Someone who's catatonic for a long time may be more likely to have problems like dehydration, blood clots, or kidney failure as a result of the symptoms.

Catatonia refers to a set of symptoms that might develop in some patients with schizophrenia. It can include periods where the individual moves very little and does not respond to instructions. Catatonic schizophrenia is much rarer than it used to be thanks to improved treatments. Catatonic states are now more likely to be found in types of mental illness other than schizophrenia, such as neurodevelopmental (conditions that affect children during the development of their nervous system), psychotic bipolar, or depressive disorders.

Catatonia has many symptoms, the most common of which include:

- Stupor, where a person can't move, can't speak, and appears to be staring off into space
- Posturing or "waxy flexibility," where a person stays in the same position for an extended period
- Malnourishment and dehydration from lack of eating or drinking
- Catalepsy, which is a type of muscular rigidity
- Negativism, which is a lack of response or opposition to external stimulation
- Echopraxia, which is the mimicking of another person's movements
- Echolalia, which is the mimicking of another person's word
- Mutism
- Crimacing
- Deep sadness or limited range of emotions
- Repetitive movements, or restlessness



Alogia and Apraxia

By Ifra Nadim

Image - Google Images

The term '**Alogia**' has been derived from a Greek word which means 'without speech'. It is one of the negative symptoms of Schizophrenia. It is a process of poor thinking which is inferred from speech and language usage thereby referring to 'poverty of speech' or 'laconic speech' (Kaplan, 2008). Some people with this kind of negative formal thought disorder think and say very little. Other may say quite a bit but manage to convey little meaning (Birkett, 2011). There might be a lack of unprompted and additional content observed in normal speech. Replies to the questions may be concrete and brief with a profound reduction in spontaneous speech and the phrases are empty, stereotyped, repetitive, etc. Poverty of speech includes unproduction of speech, the abbreviation of speech, or the relative lack of any attempt to speak (mutism) which is often manifested in persons with schizophrenia. These speech problems do not necessarily carry over to the realm of writing (Salome, 2002). Positive symptoms of Alogia emerge when poverty in the content of speech is observed (for example, incoherence or disorganization). Negative symptoms include thought blocking, poverty of speech and response latency. Around 15-30% of schizophrenic patients display negative symptoms

Example of negative symptoms are:

Laconic (blunt) speech or poverty of speech (nor using many words).

Slurring words while speaking.

Having flat tone when speaking.

Nonsensical speech.

Alogia is the most common and is one of the five types of negative symptoms (other four includes blunted affect, anhedonia, asociality and avolition) of schizophrenia. Alogia includes both the positive and negative symptoms. It is the major diagnostic sign of schizophrenia, when organic mental disorders are excluded (Akiskal, 2016). During the first year of the disorder, alogia starts off at a relatively low rate. Within 2 years, up to 25% patients display significant negative symptoms. Prominent negative symptoms at the onset of the disease, including alogia, are best predictors of worse outcomes (Lewis, 2017).

The term '**Apraxia**' has been derived from a Greek word which means 'without action'. Apraxia is a motor disorder caused by brain damage, mainly the posterior parietal cortex (Zeidman, 2020). It involves difficulty in motor planning. The severity is determined by the nature of the brain damage and the absence of sensory loss explain the level of difficulty. Some children may be born with Apraxia. Apraxia resulting from brain injury or neurodegenerative illness is referred as 'Acquired Apraxia'. It is typically caused by brain injury, stroke or dementia. Mild forms of Apraxia are known as Dyspraxia. The most prominent symptoms of Apraxia are: Inability to carry out simple movements, even though the person has full use of the body and understands the movements. Finding difficulty in controlling and coordinating movements voluntarily. Brain damage that causes Aphasia leads to language impairment that reduces the ability to understand or use words correctly.

The gestural disorder observed frequently in schizophrenia share both the neurophysiological and clinical features of true Apraxia. Kleist in 1908 introduced the term 'Psychomotor Apraxia' to describe the disturbance of skillful movements in patients with schizophrenia. These patients were unable to button their shirts, light up a match, etc. Upper-limb Apraxia (Vanbellingen, 2010) is also observed in Schizophrenia.



Paranormal Psychology

By Shreyasi Das

Illustration - Muntaha Alameer

The term '**paranormal belief**' encompasses different varieties of beliefs, including beliefs in psychic abilities such as extrasensory perception, precognition, and psychokinesis; beliefs in all-powerful deities and the power of prayer; beliefs in survival of the soul after death and the ability to communicate with the deceased; superstitious beliefs; beliefs that organisms can be healed, or harmed, through the direct action of mental intention; and beliefs that the earth is visited by intelligent alien life forms (Irwin, 1985,1986). The term is used carelessly as if it refers to some monolithic belief in phenomena not endorsed by science. Different fraternity - parapsychologists, anthropologists, sociologists and psychologists, have explored these beliefs from their own academic perspective.

Due to the complexities surrounding the topic of paranormal activity, much of the research work has proceeded in self-contained bubbles with scant reference to other perspectives of work. This leads to pockets of understanding that address one facet of belief, but ignore others.

It would perhaps be an overstatement to describe paranormal beliefs as ubiquitous but certainly they occur in every culture around the world and are shared by many people.

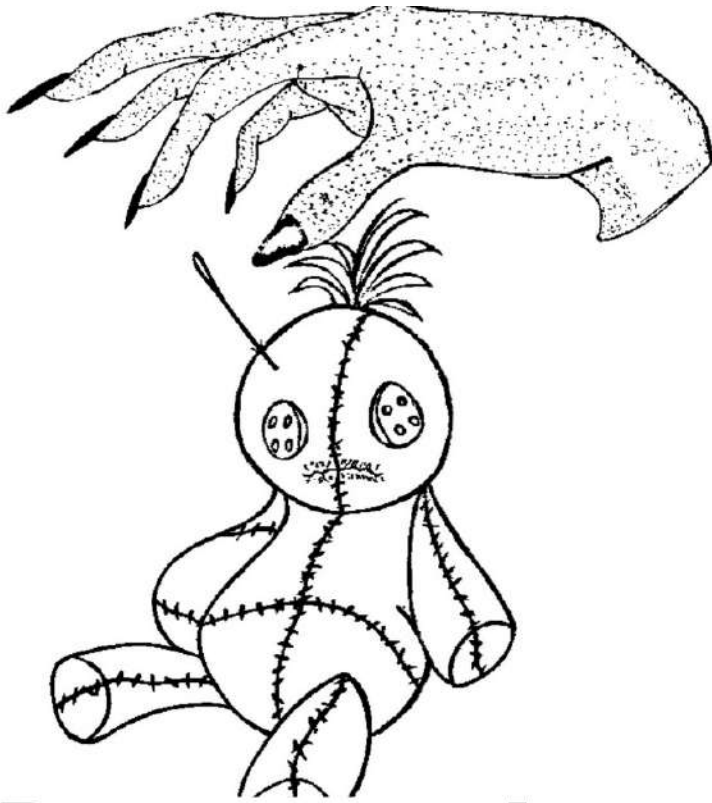
A 2001 Gallup poll (Newport and Strausberg, 2001) reported the following levels of endorsement:

Psychic or spiritual healing	54 %
Extrasensory perception (ESP)	50 %
Haunted houses	42 %
Ghosts	38 %
Telepathy	36 %
Visits to Earth by extraterrestrial beings	33 %
Clairvoyance	32 %
Astrology	28 %
Spirit communication	28 %
Witchcraft	26 %
Reincarnation	25 %
Spirit possession	15 %

A lot of conceptual fuzziness revolves around the notion of paranormal. Some broad categories of belief that are generally recognised as paranormal are:

Superstitions - The majority of questionnaires surveying paranormal beliefs include some items relating to superstitions. Indeed, superstitious belief was the first context in which paranormal belief was scientifically studied (Dresslar, 1907). Traditional superstitions commonly relate to omens of unspecified good or bad luck (e.g., breaking a mirror, finding a horseshoe). Other superstitions convey more specific predictions (e.g., 'If your right hand itches, you will receive money'), information about distant events ('If your ears burn, someone is talking about you'), or counsel on actions that will be advantageous ('Cross your fingers when you make a wish')

Psi processes - psi processes include various forms of extrasensory perception (telepathy, clairvoyance, precognition or ESP of future events and retrocognition or ESP of events in the distant past) and psychokinesis (PK, or the direct influence of mind over matter).



Paranormal Psychology

By Shreyasi Das

Illustration - Debopriya Sarker

Divinatory arts - Endorsement of various prophetic practices is generally regarded as a type of paranormal belief. Divinatory practices include the reading of Tarot cards, astrology, numerology, palmistry, other forms of fortune-telling (e.g., reading tea leaves) and diverse esoteric rituals of divination (e.g., hieromancy, or prophesying the future from the entrails of a sacrificed animal). Esoteric systems of magic - some of the magical rituals of witchcraft (including neo-pagan Wicca), sorcery, Vodoun (voodoo) and shamanism are designed to achieve a change in the physical or social world that is desired by the specially gifted exponent of the ritual or by the person whose wishes are represented by the practitioner (Hutton, 2000). Paranormal beliefs encompassed by this category include belief in the effectiveness of magical spells, potions and talismans (charms).

New age therapies - The New Age movement encompasses a diffuse set of groups variously in pursuit of human transcendence, world peace and environmentalist objectives. The philosophical outlook of these groups may loosely be described as eclectically 'holistic' (Mascini, 2002) and as advocating the person's obligation to assume the fundamental responsibility of plotting his or her own destiny (Redden, 2002).

Spiritism - encompasses beliefs in the world of spirits, the intervention of spirits in the mundane world and the existence of the spirit in living persons. Spiritism includes belief in mediumistic communication with spirits of the dead and in other phenomena of the séance room; belief in ghosts, haunted houses and poltergeists; and belief in astral travel or out-of-body experiences as an instance in which the spirit of a living person is temporarily released from the physical body.

Eastern mystic-religious beliefs - the belief in reincarnation but others include belief in the law of Karma and the endorsement of such practices as the I Ching and Feng Shui.

Judeo-Christian religious belief - Perhaps the most contentious category of paranormal belief is religious belief. This category encompasses such metaphysical tenets as the existence of God, the devil, heaven, hell and angels; belief in the power of prayer; and more extreme views such as creationism (the belief that at a single point in time God created the Earth and its inhabitants), the literal truth of the Bible and other religious texts, the divine status of certain prophets, the Virgin birth and other elements of Judeo-Christian and non-Christian fundamentalism (Almond et al., 2003).

Cryptozoological creatures - Sightings of mysterious animals in isolated forests, lakes and other sparsely populated regions are occasionally reported. On the other hand, some people believe in the existence of life forms that are not recognised by orthodox zoologists; the study of these possible life forms is known as cryptozoology (Bauer, 1996). Contemporary examples of such animals include the Loch Ness monster of Scotland, Bigfoot and the Oogopogo in North America, the Yeti (Abominable Snowman) of the Himalayas and the Mokele-Mbembe of the African Congo. Belief in cryptozoological creatures, or so-called 'cryptids' (Coleman and Clark, 1999), is nominated as another category of paranormal belief.



Why do we celebrate Halloween and Bhoot Chaturdoshi

By Paromita Ray

Image - Google Images

As a child how many times have you wished you could go trick-o-treating, dressed up as your spookiest self? From those bedtime reading sessions of 'Goosebumps' and 'Thakuma'r Jhuli' to the long 'Sunday suspense' sessions on radio, most of us have a soft corner for horror stories and the eerie. Have you however stopped to think why we celebrate Halloween?

Halloween has its roots in the ancient Celtic festival of 'Samhain'. About 2000 years ago, the Celts living in the area now under Ireland, the United Kingdom and Northern France marked 1st November as the end of harvest and the beginning of the dark and cold winter months. The night before was believed to unleash horrors as the boundary between the worlds of the living and the dead faded, letting the ghosts of the dead return to earth. The Celts were of the belief that these spirits created havoc by ravaging all crops. However, according to them, they also helped the Druids (Celtic priests) to predict future.

This led to commemorating the event by lighting a sacred bonfire, making sacrifices of crops and animals to the deities, as they sat all around donned in costumes made of animal skin and made predictions of each other's fortunes. Interestingly, they believed that lighting the hearth from the sacred bonfire would keep them safe through the winter. With the coming of the Romans, a cultural diversity emerged leading to the incorporation of many Celtic rituals in Roman practices. The two Roman festivals of Feralia and celebration of the Goddess Pomona, for example, were amalgamated with the traditional Samhain celebration. With time the Samhain gave way to the All Souls Day, celebrated in much the same way as the former. The night before came to be called All-Hallows Eve and eventually, Halloween.

Although we do not put much thought into it, each of the Halloween traditions has quite an interesting story to tell. Did you know, for example, that the practice of trick-o-treating can be traced back to offering 'soul cakes' to the poor during festivities, in return for prayers in the name of the family's deceased? Or that the custom of keeping Jack-o-lanterns at the doorstep is in fact an attempt to ward off evil spirits? You might find it fascinating to note that a similar tradition is also maintained in our country. So if you wish we had something of a Halloween, you might have never realized that we actually do.

Much like Halloween, **Bhoot Chaturdashi** is a celebration of our deceased forefathers and an attempt to eradicate all evil spirits. It is believed across Bengal that a fearsome form of Kali, Chamunda, along with fourteen other spirits, chase off evil spirits from the house. It has therefore become a custom to light fourteen earthen-lamps at different entrances and the darkest and spookiest corners of rooms. Others believe that lighting the fourteen lamps is a way of paying homage to fourteen generations of forefathers. Traditionally, the customs surrounding this festival were also a way of keeping children indoors so as to keep them safe from the clutches of the 'tantriks'. Bhoot Chaturdashi falls on the night before Kali Pujao when the evil power is believed to grow stronger.



Famous paranormal psychologists and their works

By Adrita Chowdhury
Image - Google Images

Studies of paranormal phenomenon have always been associated with controversy. Despite the controversy concerning their nature and existence, many individuals and organizations contribute to be avidly interested in this phenomena.. Some of the famous experiments and paranormal psychologists have been listed down.

Dream Telepathy- Have you ever dreamt of something the other night and it just came to reality today? Dream telepathy is the purported ability to communicate telepathically with another person while one is dreaming.

The first person to document telepathic dreaming was Sigmund Freud. Stanley Krippner and Montague Ullman carried out this psychological experiment properly at the Maimonides Medical Center in Brooklyn, New York . According to them ,the results were positive as in believing dream telepathy exists.

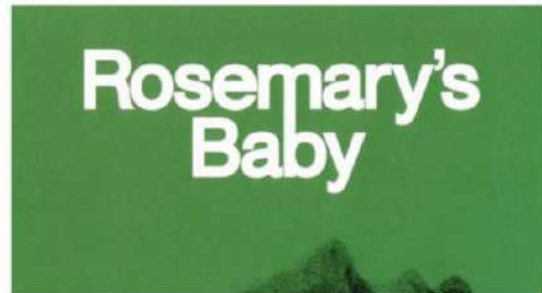
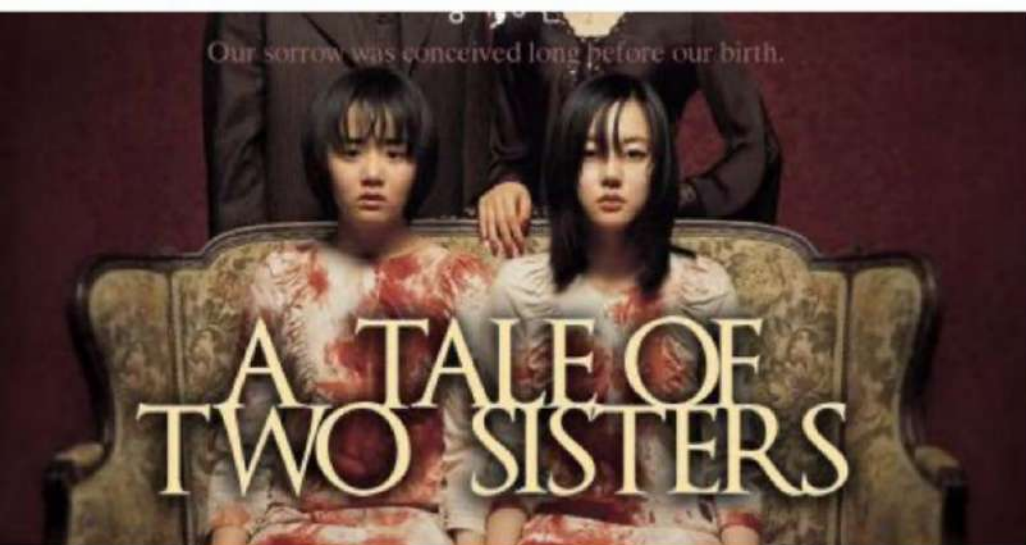
Remote Viewing - In the typical remote viewing experiment in the lab, a remote viewer is asked to visualize a place, object or location being viewed by a 'sender' . a judge then examines the viewer's report and determines if this report matches the target or is it similar to it or alternatively a set of decoys. In the most recent laboratory, experiments reviewed for the present evaluation , National Geographic photographs provide the target.If the viewer's reports match the targets , as opposed to the decoy, a hit is said to have occurred.

Physicists Russell Targ and Harold Puthoff, parapsychology researchers at Stanford Research Institute (SRI), are generally credited with coining the term "remote viewing" to distinguish it from the closely related concept of clairvoyance.

Near Death experiences -Near-death experiences (NDEs) are reported by about 17% of those who nearly die.1 NDEs have been reported by children, adults, scientists, physicians, priests, ministers, among the religious and atheists, and from countries throughout the world.

While no two NDEs are the same, there are characteristic features that are commonly observed in NDEs. These characteristics include a perception of seeing and hearing apart from the physical body, passing into or through a tunnel, encountering a mystical light, intense and generally positive emotions, a review of part or all of their prior life experiences, encountering deceased loved ones, and a choice to return to their earthly life

The interest in NDE originally occurred in paranormal psychiatrists Elisabeth Kübler-Ross, George G. Ritchie, and Raymond Moody. In 1975, Moody wrote the best-selling book *Life After Life* and in 1977 he wrote a second book, *Reflections on Life After Life*.



DEPICTION OF MENTAL ILLNESS IN HORROR MOVIES

By Mahima Das

Photographs- Google Images

Bhool bhulaiya- A 2007 Indian horror comedy film where an NRI and his wife decide to stay in their ancestral house despite their family's warnings about the paranormal activities and curses. Soon inexplicable instances start to take place which were seen as paranormal activities but later with the help of a psychiatrist we got to know that the wife was diagnosed with DID (Dissociative Identity Disorder) and thus with the influence of her other repressed emotions she identified with the heart wrecking story of the woman who was brutally treated.

Babadook- The Babadook focuses on a widow Amelia Vanek and her six-year-old son, Sam. After her late-husband's demise, Amelia has to look after her son who develops an obsession with an imaginary entity in a top hat. While the story is about a mother grappling with the reality of her son's imaginary friend, but it is said that the movie is about a manifestation of Amelia's depression, survivor's guilt, and fears.

A Tale of Two Sisters- After being institutionalized in a mental hospital, Korean teen Su-mi reunites with her beloved sister, Su yeon. The siblings were resentful to their new mother. As Sumi and Su yeon try to resume their regular lives, strange events plague the house, leading to surprising revelations. Though its portrayed as one of the sisters is ghost but actually it is understood that it is the continuous built of guilt within the other sister who out of her own guilt hallucinates visionaries of her dead sister.

Rosemary's Baby- Rosemary is a pregnant lady who fears that the increasingly odd people in her orbit including her opportunistic husband want to steal her baby for use in an evil cult's rituals. Later it has been shown that she has paranoia.

Black Swan- In the movie, Nina is a ballerina whose passion for the dance rules every facet of her life. Nina was the first choice of the new production "Swan Lake". She has competition in newcomer Lily however. While Nina is perfect for the role of the White Swan, Lily personifies the Black Swan. As rivalry between the two dancers transforms into a twisted friendship, Nina's dark side begins to emerge. Here we have seen Nina experiencing periods of anxiety attacks. Though it doesn't follow the path of typical paranormal movies but uniquely talks about inner demons we have within.



PARANORMAL PSYCHOLOGY COURSES AROUND THE WORLD

By Sneha Haldar

Photo - singularitylanguagelearning.com

1]Andhra University,India

Founded by Prof. Ramakrishnan Rao. In the initial years of research activity in the department were dominated by projects and doctoral work in the fields of parapsychology and psychology of sleep and dreams

2]University of Edinburgh, Scotland

The Koestler parapsychology unit takes a broad approach to parapsychology, conducting research into the PSI Hypothesis, pseudo- PSI, beliefs about the paranormal and the studies of anomalous phenomena.

3]Alvarado And Zingrone Institute Of Research And Education, US

Alvarado and Zingrone provides both free and fee based education in histories of psychical research and parapsychology as well as the findings, methods and theories of this difficult area of science.

4] University of West Georgia, US

They provide education on parapsychology's impact on consciousness, research design, medicine and healing.



The chilling case of the Willard Asylum

By Dr. Ria Das

Photo - Shrieking Ghostly/ YouTube

The Willard Hospital was an asylum for individuals suffering from chronic psychological disorders. It was established by the name Willard Asylum for the Chronic Insane in Willard, New York, near Seneca Lake and received its first patient in October, 1869. By the year 1877, it established itself as one of the largest mental institutions in the United States. The hospital was entered in the National Register of Historic Places in 1975.

Time Travel: Some incidents

On October, 1869, a steamboat arrived at the Ovid Landing dock. Several men were seen accompanying a chained, frenzied and warped woman. She was Mary Rote, the first of the other thousands to have arrived at the Willard Asylum from the Columbia Country poorhouse. In those days people displaying bizarre behaviour were kept in the institutions for two years, after which if not cured, they were sent back to their institutions from which they originally came from. It was a very different picture altogether when reformers fought for the rights of the mentally disturbed and rejected viewpoints surrounding cultural beliefs and the influence of demonology. Amongst the few prominent people who worked for this cause was Philippe Pinel and Dorothea Dix who took the first steps towards the more humane approach of treating the mentally disturbed or people who showed bizarre behaviour.

The Secretary of the Board of State Charities, stated referring to Mary Kate, the first admission in Willard - "She had been confined over ten years, and for most of that time had been in a nude state. She was found crouched in the corner of a cell partially covered with a blanket, but without any other clothing or even a bed. Since her admission, she had been daily dressed and at all times presentable. Her general appearance and habits of cleanliness are much improved." Mary Rote died January 9, 1876, of tuberculosis.

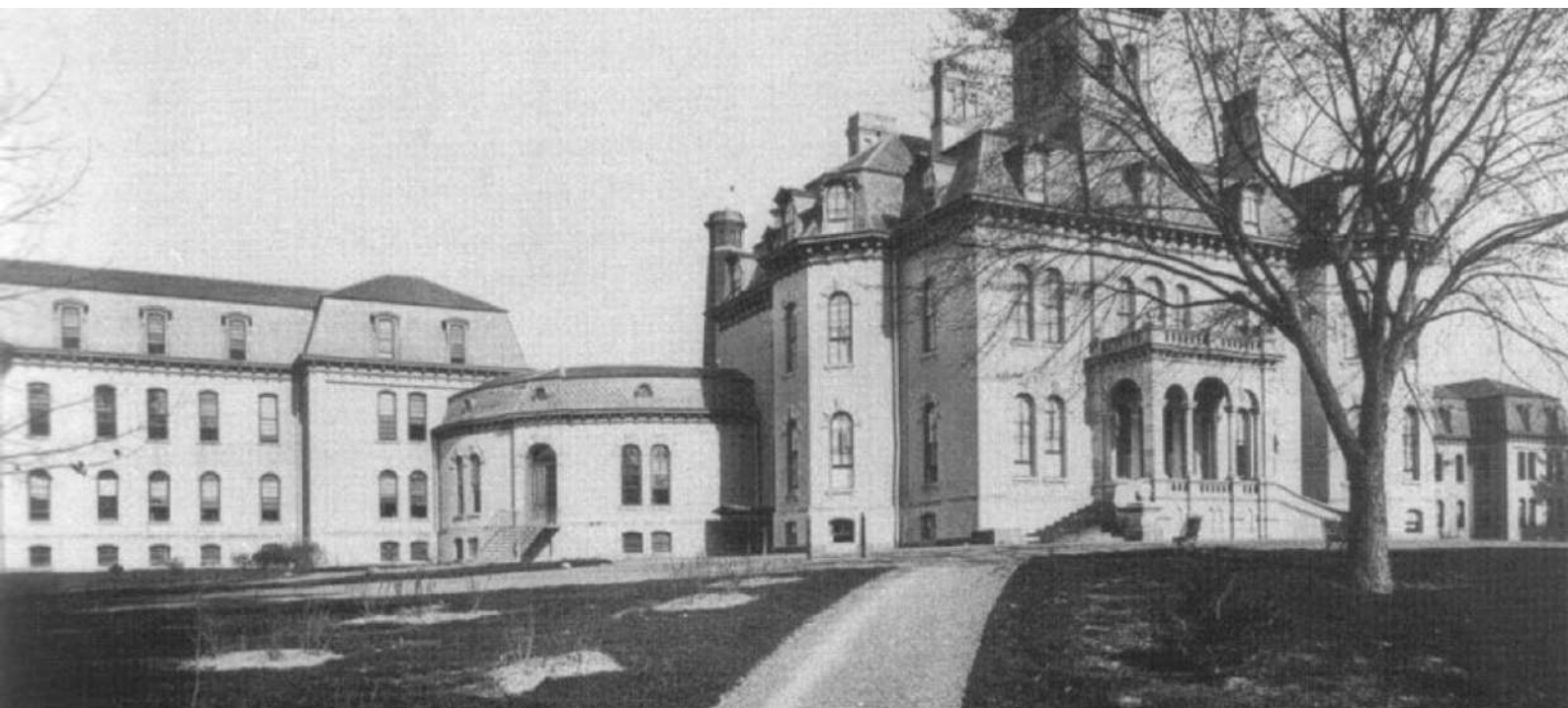
A man who came the same day as Mary had been an inmate of a county home for 22 years, spending the greater part of that time in a room 5 x 6 feet and without a window. He had completely lost the use of his legs. An article in the New York Times, March 21, 1872, told some true horror incidents of the inmates of the asylum. A young girl in a poorhouse was very disturbed and disparaging. She was kept naked and chained by a leg to the floor, in a room five by five square feet. The Superintendent had tried everything, beating her with a whip and a strap and at last tried 'pulleying" her, hanging her by the thumbs. These inhumane methods seemed to have kept her in order. Earlier in her stay, she had had two children by fathers not known.

Another incident is of a man being brought aboard by a steamboat in a three by three square feet chicken crate. This man sat quietly in a chair, clean and decently dressed. His legs were permanently deformed.

Treatment Approach:

For those who came in to this hospital the first thing that was done was to remove their irons and chains on the dock. They were admitted, bathed, examined, dressed and fed. Kindness, gentleness and understanding were substituted for indifference, neglect and too often, brutality.

The well trained supervision was of great importance in the proper care of the insane, a marked contrast to the Erie Asylum and other asylums of that time. The laundry and storerooms and the amount of clothing furnished to the women patients were impressive. The women at Willard were supplied with four to five dresses, a nice one for entertainments, chapel etc., and some three to five, full suits of underclothing, shoes, slippers, a double blanket, shawl, a hood and a hat. In passing from one to another of the buildings at Hillard asylum, many of the patients were seen with attendants walking through the pretty groves bordering the lake.



The chilling case of the Willard Asylum

By Dr. Ria Das

Photo - foursquare.com

In spite of all the humane approach there are still some gruesome tales from the asylums history of treatment approaches. For most of Willard's existence an understanding of psychiatric disorders was minimal as was appropriate care. Electroshock treatments, ice baths and insulin shocks were common. one treatment was to submerge patients in cold baths for long periods of time.

Electroshock treatment was also used, and the way the treatment was administered often broke patients' backs; in 1943, doctors at Willard administered 1,443 shock treatments (Willard Psychiatric Center, 2009). (Electroshock is now called electroconvulsive treatment, and the therapy is still used, but with safeguards and under anesthesia. A brief application of electric stimulus is used to produce a generalized seizure. Controversy continues over its effectiveness versus the side effects. Many of the wards and rooms were so cold that a glass of water would be frozen by morning (Willard Psychiatric Center, 2009). Willard's doors were not closed until 1995. Conditions like these remained commonplace until well into the 20th century.

The Suitcases:

In 1995 Willard Hospital was closed permanently. Some 427 suitcases, trunks, crates and bundles were recovered which belonged to patients who had spent decades in this vast state mental institution.

Now a handful of artifacts once packed away, and the stories behind them, are on display at the New York Public Library's Science, Industry and Business Library in Midtown.

About half the 54,000 patients who lived at Willard during its 126-year existence died there. Many were buried in the hospital cemetery, their graves marked by their case numbers as making with their names were of shame to the family. Families did not take back the patients and viewed the same to be a disgrace to the family. Ms. Penney and Dr. Stastny write that patients were categorized according to their ability to work and their manageability. Patients' unpaid labour is what kept mental institutions across the country going. The mental asylum was in itself a self-sustaining village.

Many reports and case analysis revealed that the Psychiatry the asylum maintained, was often about baring individuals of their identities. "If someone had taken the time and effort to piece together these people's stories during their lifetimes," Ms. Penney and Mr. Stastny write, perhaps they could have resumed "the lives they led before being institutionalized."

The Closure:

In the mid-1960s, the deinstitutionalization movement gained support and asylums were closed, enabling people with mental illness to return home and receive treatment in their own communities. Some did go to their family homes, but many became homeless due to a lack of resources and support mechanisms. Between 1955 and 1994, roughly 487,000 mentally ill patients were discharged from state hospitals. That lowered the number to only 72,000 patients. Three States closed most of their hospitals. That permanently reduced the availability of long-term, in-patient care facilities.

Now the entire property lies barren and abandoned, collapsing and giving in to time. But the halls, rooms and courtyards still speak of the thousands who walked the place and carried heavy emotional luggage, often misunderstood and rejected from the society!

Although we have progressed scientifically, have we changed our mindset about mental illness?

Time to change.



Tales that really happened!

Photo - Joe Techapanupreeda /Shutterstock

I had experience something different for the first time during my school time. Out of nowhere, all of a sudden, I started to feel I'm in constant watch by someone. It was like 24*7 someone is watching me do everything. With each passing day, doing my day to day activities was becoming increasingly difficult. I could not figure it out or see anyone, but the presence of something around me was so strong I could feel it in my bones. I felt being touched whenever I went to change my clothes. I remember one night I was in deep sleep, when someone called out my name in my ears and I could tell there was someone as the air was warm on my ear. It was a cold night that day and only one side of my ear was outside the blanket. I was terrified and left my room to sleep with my parents. Still now I have been searching for an answer to what exactly happened. And fun fact is, I was not the only one in the house to feel that way. My brother reported the same harrowing experience of being watched 24*7 during the same time as mine.

The latest experience I had was in 2018. I was suffering from a severe throat infection back then and was under medications. I remember crying to bed and asking God for some relief, as the pain was unbearable and something which I had never experienced before. I remember falling asleep, and woke up to a feeling of being watched and protected by something divine.

It was like they held each other's hands and made a circle around me and were floating. I did not see anything apart from feeling that. I convinced myself that it might be an effect of heavy painkillers or antibiotics; however, I felt the same way again the next day. This time the experience was not at all horrifying but a closer connection/call with the divine or spirits or angels.

-Shahnaz Rahman

We have a house situated at a distance of about 2 to 3 mins away from a Christian burial ground. Since we live in a separate house the very house am speaking off used to be left on its own. Naturally since nobody visited there the doors aswell as the windows remained shut for many years. Now for some reasons we opted for selling the house or for renting it for the better utilisation of the property. We had ample of customers contacting us and visiting the place but none would respond back. We were shocked as a house situated in the best place of Kolkata was been rejected even by the affluent families. I and my mom went there to clean the so called residence which had become a dungeon by then. I was with my mop and water . I saw the water while filling ... it was crystal clear and the presence of any object was impossible as far as my vision went. But suddenly while drying the mop my hand struck a terribly sharp nail like stuff which could have penetrated through my whole finger. I ignored the thing thinking that to be my stupidity. We almost cleaned the house and while i was busy cleaning the door I suddenly saw a man wearing a huge black coat , he was bearded and had uncared hair. Within a few seconds he vanished into the thick air. I was not afraid as am a disciple of sadguru. A maid of ours went to that house and said she also had an encounter with the same kind of man that I described to her. Later on after few days I went to my Guruji and asked him about this. He said a ghost resides in ur place as the house was left on it's own. It is not letting anyone settle down there. He then removed the unwelcomed guest from there and made it a place worth living. Now ppl do live there. This might sound a maky story but this is 101% true and the encounter was as true as the existence of moon the sun and the world.

-Sanchari Chakraborty



Tales that really happened!

Illustration - Nivedita Tripathi

In one of the flat we shifted to back in 2013, my sister, two elder cousins and a frequently visiting uncle encountered multiple paranormal experiences that they never confronted to each other or anyone while our stay there. It was only after we shifted to a new flat, stayed there for years... when upon sharing we were left dumfounded by the correspondences in their eery experiences. They unanimously agree that they often heard obscure noises of people arguing in voices that were incognito male or female. My sister testifies " When we shifted to our flat, It had a strange cold ambience to itself. I (and other's alike) recurrently heard noises of the furniture being dragged against the floor from above. (The floors above were then unoccupied) I even heard noises; strange noises of people tussling. Even though I attempted to intently listen and decipher the voices, sometimes, it'd be the mellow voice of a woman's voice, sometimes, an old man's. Yet I was never able to make sense out of it. I never felt horror struck during our stay there or perhaps, I was never provoked to feel that way"

Once, when My family and I were in our hometown for summers, two of my cousins, Achon (elder sister) Lungmi and achei (also, elder sister) Thei took care of our house in our absence. Achon Lungmi back then used to put up with us and achei came to give her a brief company..

During her initial stay, one night, when she was asleep she heard strange voices. She thought achon Lungmi was doing her regular affair of watching daily soap channels. It was late at night when she went outside in the common room to switch off the TV when she saw that the TV wasn't on anyway. Strange yet heedlessly, she went back to sleep again. Post that incident, She'd frequently hear voices. When achon would go for her classes at noon, fear stridden, she'd bask outside in the balcony until achon came back home. One day when she was sleeping, half conscious, she in her sleep saw a woman in a white dress, long hair stand next to the door. She claims to have felt the woman's compression against the mattress of the bed as she sat next to her. The next day, without any prior information, she fled to her home. Achon later affirmed the same experience adding that as the spirit sat next to her, the spirit spoke in her ears, in a language that is different from humans. Achon is a prayerful Christian, unafraid and courageous, she testifies to have encountered many paranormal experiences and spirits in real life. She can somehow sense the eeriness of an ambience and sense strange activities. Having known her close enough, although, unintelligible to a reasoning mind, yet I cannot personally fathom her symbolic dreams she dreamt, that in the past have had actual manifestations.

God knows why my father, brother and I never experienced any mystical experiences there or maybe we just never intently heeded and brushed it off although my brother now claims to have occasionally felt scared and seems to have confronted to my sister about it. But we don't find him as an accountable source anyway. The fact however, that 4 people didn't have any iota of cue about each other's experiences yet later exchanged congruent experiences is surely affirming that they all can't be hallucinating around the same time at the same flat.

I was nowhere in the scene when this incident took place. The next day when my brother woke up to the news told by dad of my uncle passing away back in Manipur; he told him about the vision he dreamt of my uncle's death. In his vision, he dreamt of the exact scene where my brother as a spectator was standing next to the kitchen door. My aunt was preparing tea for breakfast when she asked Mansak (her daughter) to wake up her dad. As Mansak continuously patted her dad to wake him up, he laid on his bed, still and unresponsive. When my brother called my grandmom to tell her about it, he was bewildered by the correspondences.

-Worchui Chithung



Tales that really happened!

Illustration - Mahjabeen Alam

The incident I will be sharing happened with one of my friends and whenever any of us remembers that incident, we get goosebumps.

Me and my friends were sitting in the canteen, it was around 3 pm and we were having a good laugh. Suddenly we noticed that one of our friends named Samrat (name changed) was behaving strangely. He was gossiping with us when suddenly we noticed that he was making weird sounds. Sounds as if he was growling and staring at us constantly.

Initially, we thought that he was joking, but later we realized that it was not a joke but an incident which changed our life completely. He was constantly making those noises and staring blankly somewhere. All 4 of us tried to pull him up from his seat but in vain. Later we called more people there were around 10 people in the canteen, so we called all of them for help and tried to pull him up from his seat. But it was impossible to even move him an inch.

Suddenly I noticed a scratch on his face and I can vouch for the fact that the scratch was not there previously. It was a three-finger scratch and looked very unusual. I was about to say it to my friends when I noticed another scratch on his left hand.

By that time we understood that it was no something normal, and we called his parents. We informed everything to his parents. When his parents came to the college, they bought a pandit with them. The pandit asked all of us to go home immediately.

We didn't get any information about him that day. The next day when we went to college, we got to know that he was possessed by a jin- WHY and HOW that we didn't know.

-Sarnali Chakraborty

Do you believe that something exists beyond our physical world ? Or is it the strange working of our vast and limitless mind ?

I suggest you some remarkable scientific research works. You can go through these ground breaking books.

Entangled Minds: Extrasensory Experiences in a Quantum Reality by Dean Radin Ph.D, is Chief Scientist at the Institute of Noetic Science (IONS) and Associated Distinguished Professor of Integral and Transpersonal Psychology at the California Institute of Integral Studies (CIIS).

The End of Materialism: How Evidence of the Paranormal is Bringing Science and Spirit Together By Professor Charles T. Tart, Ph.D., Executive Faculty at the Institute of Transpersonal Psychology, Professor Emeritus of Psychology at UC Davis and Senior Research Fellow of the Institute of Noetic Sciences, is internationally known for his research with altered states of consciousness, transpersonal psychology, and parapsychology.

Parapsychology: A hand book of 21st century By Etzel Cardena Ph.D Professor of Psychology (including parapsychology and hypnosis) at Lund Universit and Director of the Centre for Research on Consciousness and Anomalous Psychology (CERCAP). And Dr John Palmer Ph.D, Psychologist and Parapsychologist, Director of Research at the Rhine Research Center in Durham. And David Marcusson-Clavertz, Ph.D. Postdoctoral researcher. Department of Psychology, Box 213, 221 00, Lund. Lund University.

When the Impossible Happens: Adventures in Non-Ordinary Realities By Stanislav Grof M.D Ph.D, Czech psychiatrist, one of the founders of the field of transpersonal psychology and a researcher into the use of non-ordinary states of consciousness. Grof is founding president of the International Transpersonal Association and distinguished adjunct faculty member of the Department of Philosophy, Cosmology, and Consciousness at the California Institute of Integral Studies.

ere are a lot of paranormal experiences like Hauntings, clairvoyance, apparitions, clairaudience, remote viewing, channeling, biolocation, astral travel, exorcism, cross correspondence, poltergeist, autowriting, mediumship, reincarnation, Xenoglossy, OBE, ITC, NDE, SDE, ESP and ADC etc...

There is no govt recognised institution here. But great scientists who are working in govt recognised departments are individually developing research centres and exploring in this field. But yes there is a Paranormal lab in University of Virginia department of Psychology USA.

WORDS FROM A PARANORMAL PSYCHOLOGIST

SHAHZ RAFIQ

WORDS FROM OUR INTERNS



Mental health, an integral part of our lives has long been shrouded. We at EmoJar aim to bring to you a broad spectrum of creative content shedding light on mental health to enable our readers to move towards a collective growth.

This E-magazine is a small step towards reaching people with various mental health facts and breaking the stigma. And lastly, let's break the chain of stereotyping and normalise mental health problems.

Stay tuned for some impressive articles and trivia coming your way!

- RESEARCH ASSISTANTS



We, blog writers are enlightened to work with Emojar. We are learning the sense of togetherness ,varied themes with every new assignment, better vocabulary , and what not. All these are the perfect ode to our lives in this pandemic that we want to celebrate.

Emojar gave us the opportunity to rediscover ourselves , questioning our own ideas of different segments of psychology . It also cures us in the process of writing for you people. The complete sense is nothing but pure bliss. We are highly grateful to be a part of this and will always give our best shot.

- BLOG WRITERS

WORDS FROM OUR INTERNS



As Albert Einstein rightly said "creativity is contagious. Pass it on"

Here at Emojar, we illustrators are given the opportunity to pass on our creativity and give form to our creative ideas to project visuals pertaining to mental health.

Emojar acknowledges our creative talent by giving us a platform to portray our art and provides the encouragement, motivation and an ideal environment to cater to our creative talent and help it grow at the same time.

- CREATIVE TEAM



EmoJar, is one of the very few social media awareness website/organisation working effortlessly towards improving mental health by its various services like counselling sessions, E-magazines, psychology related information and daily dose of positivity.

We, the social media interns at EmoJar try to identify, conceptualize, design and execute campaigns to boost engagement while educating and informing the audience about positivity and mental health.

We feel lucky to be a part of this constructive organisation.

- SOCIAL MEDIA TEAM

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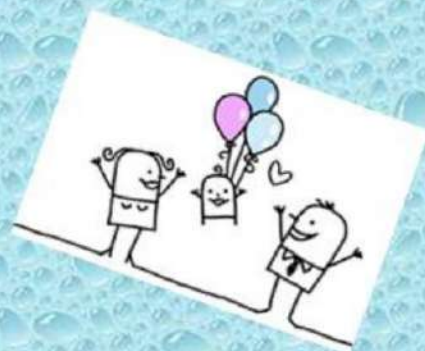
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PROFILE (N.T RUPA)

N.T.RUPA IS A TRAINED TEACHER AND COUNSELOR . SHE HAS AN EXPERIENCE OF OVER 20 YEARS OF TEACHING IN THE JUNIOR SCHOOL AND HAS USED HER COUNSELLING SKILLS TO MAKE TRAUMATIC CHILDREN'S LIFE IN A SCHOOL HAPPY AND MADE LEARNING FUN. GROOMED ACTIVE CHILDREN THROUGH ART AND PLAY TO ADJUST IN CLASSROOM AND PUT UP SCHOOL EXHIBITION. SHE HAS BEEN PRACTICING COUNSELLING FOR LAST 12 YEARS IN SOUTH CALCUTTA AND IS ATTACHED TO AN ORGANISATION AS A COUNSELOR . SHE HAS DONE HER TTC FROM ASSEMBLY OF GOD CHURCH , PG DIPLOMA IN COUNSELING FROM JADAVPUR ,



PLAY THERPY FROM SAMAKHINI , NLP TRAINING FROM MASTER MINDS AND HAS DONE HER TRAIN THE TRAINER COURSE ON SOFT SKILLS FROM ART OF PUBLIC SPEAKING.

Emojar Magazine

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*Topic should be relevant to the field of psychology.

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II

Art as a Counselling Tool

8 NOVEMBER, SUNDAY
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BASICS

Patterns in nature
Setting up the art therapy room

2 ESSENTIAL INTROSPECTION TECHNIQUES

Scribbles and their meaning
The Tree

4 ART THERAPY ASSIGNMENTS

Head & Heart | House of Emotions |
Two Stones | Mountain & Valley

QUIZ | Q&A

Giveaway for winner/s
Certificate of Achievement

TAKE AWAY MATERIALS

PDF and recordings
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