Helping People Understand Anxiety & Take Relevant Measures

Communication Design Project 3

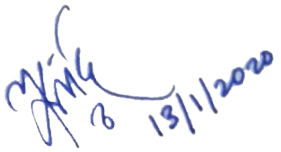
By
Sanket Kapoor Gonte
M. Des. Communication Design
Roll No. 176450009
Batch of 2017-19

Guided by:
Prof. Prasad Bokil

IDC School of Design
Indian Institute of Technology, Bombay
December 2019

Approval Sheet

This project titled “Helping People Understand Anxiety & Take Relevant Measures” by Sanket Gonte is approved, in partial fulfillment of the requirements for Masters of Design Degree in Communication Design.

Guide: 

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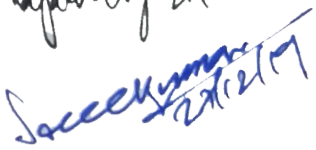
Internal Examiner: 

External Examiner: 

Date: 27/12/19

Declaration

I hereby declare that this written submission represents my ideas in my own words and where others' ideas or words have been included, I have adequately cited and referenced the original sources. I also declare that I have adhered to all principles of academic honesty and integrity and have not misrepresented or fabricated or falsified any idea, data, fact, source in my submission. I understand that any violation of the above will be cause for disciplinary action by the Institute and can also evoke penal action from the sources which have thus not been properly cited or from whom proper permission has not been taken when needed.

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Sanket Gonte
176450009
IDC School of Design,
IIT Bombay

Acknowledgement

I would like to express my heartfelt gratitude to those who have been a part of my design journey at IDC.
I would like to thank my guide, Prof. Prasad Bokil for constant encouragement, support and guidance along every step of the project.
I would like to thank my counsellor Ms. Hima Anaredy for helping me throughout my mental health struggles and giving me valuable inputs whenever I needed them. I would specially thank my dear friends Harshita Bandodkar, Ishu Kardam, Darrpana Naik and Micah Alex for being there for me through thick and thin.
I would like to thank all faculties of Communication Design for their feedback and constructive criticism.
Lastly but most importantly, I would thank my mom, Vijayshree Gonte for always being my pillar of strength, source of inspiration and constant support.

Signature: 

Date: 19/12/19

Sanket Gonte
176450009
IDC School of Design,
IIT Bombay

Abstract

All people experience anxiety at one time or the other, to varying degrees throughout their lives. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as a reaction to a situation. However, the perception of threat in the concerned situation is very subjective.

Anxiety affects quite a few people in a way that it hinders their daily life. Due to lack of awareness, lack of communication, negligence and stigma surrounding the issue, it remains untreated and could lead to unhealthy repercussions.

As someone who struggles with depression and anxiety, I felt a strong desire to help other people, who might be going through it themselves or know someone who does. It proved to be a great learning experience as I navigated through it myself, got to know different perspectives and helped myself understand these issues better.

The project, in a sense, has been a very personal journey of hope, self-awareness, finding the confidence and comfort in being my truest self, as I worked on myself and thereby, on the project.

Contents

Introduction

I started to realize how my mental and physical state was not very well some time in the second semester (January to June, 2018). A random online test that I took showed that I might be suffering from severe depression. A few months later, I was diagnosed with Depression and Generalized Anxiety Disorder (GAD) by mental health professionals at IIT Bombay. As dealing with issue myself was proving to be hard, so did helping my family and friends understand what I was going through. As I went on educating myself about the mental health issues, some astounding facts came forth.

Approximately 150 million Indians are affected by mental health disorders, including 56 million who suffer from depression and 38 million who suffer from anxiety disorders. Suicide, as recently reported by Health Issues India (updated in October 2019), is a leading cause of death in the country: 2.2 lakh people take their own lives in India every year, a quarter of the total lives lost to suicide world-wide and more than any other nation in southeast Asia.

As time passed and after some unfortunate events, the urge the overcome my own issues and to do something more to help others became stronger. That is when this project was born. The project is a sincere attempt towards helping people understand mental health issues better. Considering the complexity of subject in hand, the focus was restricted to anxiety.

Introductory Study

Defining Anxiety
Mainly two psychology books were referred in order to get a broader idea what anxiety actually is, viz., *The Psychology of Anxiety* by Eugene E. Levitt and *Anxiety* by Donald Goodwin.
The former enlists following definitions of Anxiety:

"A painful uneasiness of mind over an impending or anticipated ill..."

-Webster, 1956

"A danger signal felt and perceived by the conscious portion of personality. It is produced by a threat from within the personality, with or without stimulation from external factors"

-APA (American Psychological Association), 1952

"It's a common consensus that anxiety is an unpleasant feeling state clearly distinguishable other emotional states and having physiological concomitants (concurrent occurrences or consequences).
Additionally, the term anxiety acquires other nuances and shadings of meaning with respect to different approaches and criteria employed by individual researchers."

-Ruebush, 1963

Based on these definitions, it could be said that anxiety is very much fear and thus, established the common core of the meaning.

Fear & Anxiety
Fear is a universal personal experience; each of us has an awareness of fear deriving from our own existence. Roughly speaking it is a complex state characterized by subjective feeling of apprehension and heightened physiological reactivity.

Some theorists have proposed that the term anxiety should be reserved for fear stemming from a source that is unknown to the stricken individual.
When a person is aware of threatening object or situation, we should speak of fear rather than anxiety *(Levitt,1966)*.

This difference between specific and "free-floating" proves difficult to maintain either in theory or in practice.
For example: a person who is beset by free-floating anxiety, is afraid that "something terrible is going to happen", but he does not know what it is.
Whereas, a working mother whose children are at daycare could be afraid of multitude of occurrences, sometimes specific, or in general, diffuse.

Phobia, Stress & Tension

Phobia is an exaggerated fear of a specific object or event when the probability of harm to the individual is very small.

The word 'stress' is used constantly in connection with emotional states, it appears almost as often ine discussions of anxiety as does the word anxiety itself. The expression seems to be employed in a number of different ways, usually without a specific explanation of the user's intent. It is often used interchangably with the word 'tension'.

This usage has resulted fair amount of confusion and suggests that there is no consensus on its meaning. But word is so well implanted in the scientific literature on emotion that it cannot be ignored in any systematic treatment of anxiety.

Kinds of Anxiety

When a psychologist says that person is anxious, the statement may be interpreted in either of two ways. It may mean that the individual is *anxious at the moment,* or it may mean that he is *an anxious person*. The two interpretations are quite different. They are usually differentiated by applying the adjectives *'acute'* & *'chronic'*, words which are commonly used to describe states of human pathology. Acute means of high intensity and relatively short duration, while chronic means of relatively low intensity and indefinite duration.

Further Study

For further information, official websites of institutions such as National Institute of Mental Health (NIMH) and The Live Love Laugh Foundation (TLLL- An NGO working towards mental health welfare in India).

Anxiety Disorders
Occasional anxiety is an expected part of life. One might feel anxious when faced with a problem at work, before taking a test, or before making an important decision.
But anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time.
The symptoms can interfere with daily activities such as job performance, school work, and relationships.

There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders.

Generalized Anxiety Disorder (GAD)
People with generalized anxiety disorder (GAD) display excessive anxiety or worry, most days for at least 6 months, about a number of things such as personal health, work, social interactions, and everyday routine life circumstances. The fear and anxiety can cause significant problems in areas of their life, such as social interactions, school, and work.

Generalized anxiety disorder symptoms include:
-Feeling restless, wound-up, or on-edge
-Being easily fatigued
-Having difficulty concentrating; mind going blank
-Being irritable
-Having muscle tension
-Difficulty controlling feelings of worry
-Restlessness, or unsatisfying sleep

Panic Disorder
People with panic disorder have recurrent unexpected panic attacks. Panic attacks are sudden periods of intense fear that come on quickly and reach their peak within minutes. Attacks can occur unexpectedly or can be brought on by a trigger, such as a feared object or situation.

During a panic attack, people may experience:
-Heart palpitations, a pounding heartbeat, or an accelerated heartrate
-Sweating
-Trembling or shaking
-Sensations of shortness of breath, smothering, or choking
-Feelings of impending doom
-Feelings of being out of control

People with panic disorder often worry about when the next attack will happen and actively try to prevent future attacks by avoiding places, situations, or behaviors they associate with panic attacks. Worry about panic attacks, and the effort spent trying to avoid attacks, cause significant problems in various areas of the person's life, including the development of agoraphobia.

Phobia-related disorders

A phobia is an intense fear of—or aversion to—specific objects or situations. Although it can be realistic to be anxious in some circumstances, the fear people with phobias feel is out of proportion to the actual danger caused by the situation or object.

People with a phobia:
-May have an irrational or excessive worry about encountering the feared object or situation
-Take active steps to avoid the feared object or situation
-Experience immediate intense anxiety upon encountering the feared object or situation
-Endure unavoidable objects & situations with intense anxiety

There are several types of phobias & phobia-related disorders:

Specific Phobias (sometimes called simple phobias):
As the name suggests, people who have a specific phobia have an intense fear of, or feel intense anxiety about, specific types of objects or situations. Some examples of specific phobias include the fear of:
-Flying
-Heights
-Specific animals, such as spiders, dogs, or snakes
-Receiving injections
-Blood

Social anxiety disorder (previously called social phobia):
People with social anxiety disorder have a general intense fear of, or anxiety toward, social or performance situations. They worry that actions or behaviors associated with their anxiety will be negatively evaluated by others, leading them to feel embarrassed. This worry often causes people with social anxiety to avoid social situations. Social anxiety disorder can manifest in a range of situations, such as within the workplace or the school environment.

Agoraphobia:
People with agoraphobia have an intense fear of two or more of the following situations:
-Using public transportation
-Being in open spaces
-Being in enclosed spaces
-Standing in line or being in a crowd
-Being outside of the home alone

People with agoraphobia often avoid these situations, in part, because they think being able to leave might be difficult or impossible in the event they have panic-like reactions or other embarrassing symptoms. In the most severe form of agoraphobia, an individual can become housebound.

Separation anxiety disorder:
Separation anxiety is often thought of as something that only children deal with; however, adults can also be diagnosed with separation anxiety disorder. People who have separation anxiety disorder have fears about being parted from people to whom they are attached. They often worry that some sort of harm or something untoward will happen to their attachment figures while they are separated. This fear leads them to avoid being separated from their attachment figures and to avoid being alone.

Risk Factors

Both genetic and environmental factors contribute to the risk of developing an anxiety disorder. Although the risk factors for each type of anxiety disorder can vary, some general risk factors for all types of anxiety disorders include:

-Temperamental traits of shyness or behavioral inhibition in childhood
-Exposure to stressful and negative life or environmental events in early childhood or adulthood
-A history of anxiety or other mental illnesses in biological relatives

Some physical health conditions, such as thyroid problems or heart arrhythmias, or caffeine or other substances/medications, can produce or aggravate anxiety symptoms; a physical health examination is helpful in the evaluation of a possible anxiety disorder.

Treatments and Therapies

Anxiety disorders are generally treated with psychotherapy, medication, or both. There are many ways to treat anxiety and people should work with their doctor to choose the treatment that is best for them.

Psychotherapy

Psychotherapy or "talk therapy" can help people with anxiety disorders. To be effective, psychotherapy must be directed at the person's specific anxieties and tailored to his or her needs.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is an example of one type of psychotherapy that can help people with anxiety disorders. It teaches people different ways of thinking, behaving, and reacting to anxiety-producing and fearful objects and situations. CBT can also help people learn and practice social skills, which is vital for treating social anxiety disorder.

Cognitive therapy and exposure therapy are two CBT methods that are often used, together or by themselves, to treat social anxiety disorder. Cognitive therapy focuses on identifying, challenging, and then neutralizing unhelpful or distorted thoughts underlying anxiety disorders. Exposure therapy focuses on confronting the fears underlying an anxiety disorder to help people engage in activities they have been avoiding. Exposure therapy is sometimes used along with relaxation exercises and/or imagery.

CBT can be conducted individually or with a group of people who have similar difficulties. Often "homework" is assigned for participants to complete between sessions.

Medication

Medication does not cure anxiety disorders but can help relieve symptoms. Medication for anxiety is prescribed by doctors, such as a psychiatrist or primary care provider. Some states also allow psychologists who have received specialized training to prescribe psychiatric medications.

The most common classes of medications used to combat anxiety disorders are anti-anxiety drugs, antidepressants and beta-blockers.

Anti-Anxiety Medications

Anti-anxiety medications can help reduce the symptoms of anxiety, panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines. Although benzodiazepines are sometimes used as first-line treatments for generalized anxiety disorder, they have both benefits and drawbacks. Some benefits of benzodiazepines are that they are effective in relieving anxiety and take effect more quickly than antidepressant medications often prescribed for anxiety. Some drawbacks of benzodiazepines are that people can build up a tolerance to them if they are taken over a long period of time and they may need higher and higher doses to get the same effect. Some people may even become dependent on them.

To avoid these problems, doctors usually prescribe benzodiazepines for short periods of time, a practice that is especially helpful for older adults, people who have substance abuse problems, and people who become dependent on medication easily.

If people suddenly stop taking benzodiazepines, they may have withdrawal symptoms, or their anxiety may return. Therefore, benzodiazepines should be tapered off slowly. When you and your doctor have decided it is time to stop the medication, the doctor will help you slowly and safely decrease your dose.

For long-term use, benzodiazepines are often considered a second-line treatment for anxiety (with antidepressants being considered a first-line treatment) as well as an "as-needed" treatment for any distressing flare-ups of symptoms.

A different type of anti-anxiety medication is buspirone. Buspirone is a non-benzodiazepine medication specifically indicated for the treatment of chronic anxiety, although it does not help everyone.

Antidepressants

Antidepressants are used to treat depression, but they can also be helpful for treating anxiety disorders. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding the one that improves your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered.

Antidepressants can take time to work, so it's important to give the medication a chance before reaching a conclusion about its effectiveness. If one begins taking antidepressants, they should not stop taking them without the help of a doctor.

When a person and their doctor have decided it is time to stop the medication, the doctor will help them slowly and safely decrease the dose. Stopping them abruptly can cause withdrawal symptoms.

In some cases, children, teenagers, and young adults under 25 may experience an increase in suicidal thoughts or behavior when taking antidepressant medications, especially in the first few weeks after starting or when the dose is changed. Because of this, patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment.

Beta-Blockers

Although beta-blockers are most often used to treat high blood pressure, they can also be used to help relieve the physical symptoms of anxiety, such as rapid heartbeat, shaking, trembling, and blushing. These medications, when taken for a short period of time, can help people keep physical symptoms under control. They can also be used "as needed" to reduce acute anxiety, including as a preventive intervention for some predictable forms of performance anxieties.

Choosing the Right Medication

Some types of drugs may work better for specific types of anxiety disorders, so people should work closely with their doctor to identify which medication is best for them. Certain substances such as caffeine, some over-the-counter cold medicines, illicit drugs, and herbal supplements may aggravate the symptoms of anxiety disorders or interact with prescribed medication. Patients should talk with their doctor, so they can learn which substances are safe and which to avoid.

Choosing the right medication, medication dose, and treatment plan should be done under an expert's care and should be based on a person's needs and their medical situation. The doctor may try several medicines before finding the right one.

The person and their doctor should discuss:

-How well medications are working or might work to improve their symptoms
-Benefits and side effects of each medication
-Risk for serious side effects based on theperson's medical history
-The likelihood of the medications requiring lifestyle changes

Other alternative therapies, medications, vitamins, and supplements one is taking and how these may affect their treatment; a combination of medication and psychotherapy is the best approach for many people with anxiety disorders. Diagnosis and treatment decisions should be made in consultation with your doctor.

Support Groups

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Internet chat rooms might also be useful, but any advice received over the internet should be used with caution, as Internet acquaintances have usually never seen each other and what has helped one person is not necessarily what is best for another. One should always check with their doctor before following any treatment advice found on the internet.

Talking with a trusted friend or member of the clergy can also provide support, but it is not necessarily a sufficient alternative to care from a doctor or other health professional.

User Study

The target demographic chosen for the project was young adults aged 18 to 26 and their parents aged in the range of 45-60. This demographic was chosen because it is a crucial period of transition in one's life from a teenager to a responsible adult. Along come the pressures of perfomance, competition,maintaining personal and professional relationships, becoming independent and fulfilling certain expectations and ambitions. Hence, young adults may become more susceptible to mental health issues. In such times, a healthy communication between them and their parents, is of utmost importance.

The very first challenge was to meet young people who have gone through mental health struggles and help them open up. With help of some close friends and social media applications such as Instagram, I was able to connect with a few students and young professionals. As someone who has struggled with similar issues myself, I could relate to their experiences and perspectives. Excerpts from some of the interviews are written below (names of people have been changed for privacy reasons):

"I was feeling anxiety for over a year and every time I have been down with body pains and headache. I was told it must be because you are working too hard and that you are always overthinking things. It got worse and worse over the months and I felt I was not feeling myself and lost interest in everything that used to make me happy. I tried taking days off from work and doing yoga and all sorts of different things but nothing helped. I had undergone some stressful events the year before and they had been bothering me in my sleep and quite frequently when alone. I came across some people's stories who were dealing with mental health issues and the stigma around it. I could relate to those stories so without bothering what others would think, I decided to go seek help. The most difficult part was to accept myself that I had a problem and when I shared this with the love of my life, he didn't see it as a problem which made it even more difficult to accept it for me. But I'm glad I decided to seek help and get treatment. It made a huge difference in the way I feel today and slowly I'm working on recovering from this and once again finding joy in things around me."
-Parvati, age 32, associate manager in an IT company

"What drove me was the fear of what would happen if I didn't push myself. Fear was probably not the best motivator but it got me out of my depression. I didn't want to get left behind in life and I knew that would break me more, so picturing the worst case scenario acted as a trigger to finally work actively towards getting better."
-Ruchita, age 26, senior analyst at an MNC in Bangalore

"I was only able to cope because of my friends and family, who even they might not have known what I went through, listened to me and gave me breaks often enough. Another big driver for me was my ambition that slowly helped me learn to pick myself up."
-Joseph, age 23, a design student from Pune

While it was necessary to know what young people were going through as they struggled with anxiety and/or depression, it was equally important to know perspective of parents on the issue. Some parents were open enough to talk about it, while some did not feel comfortable. Some of the interviews have been listed below:

"We (his father and I) knew something was up. But we didn't know how to react to the situation. We felt that reacting in any way that's negative, would not be helpful. So we didn't really talk about it. We tried to be supportive in a way we felt right in the moment."
Jennifer, age 55, account manager, Joseph's mother

Ruchita's mom, *Amita, age 50, a nutritionist and a homemaker,* refused to talk about it saying she isn't comfortable. Ruchita says even though her mom supported her as soon as she got to know about her struggles, she is not at that point where she can talk about it freely. Ruchita thinks her mom still has some apprehensions about mental health issues, but having her mom around more than before and trying to be supportive helps her stay healthy and happy.

"My daughter is in her late teens while my son is still young. My husband and I try to check in with them every now and then. We try not to do burden them with unhealthy expetations. We do keep ourselves informed about mental health issues. We try to keep a friendly and free environment at our home."
-Nidhi, age 44, a homemaker living in Thane

"The issue wasn't totally unheard of. Once in a while, in newspaper articles and in tv shows, I would hear about mental health problems. Though it made me worry about it as another additional problem my child was going through besides other chronic health problems, showing my worries to him wouldn't have helped. I did what a responsible parent should do, I supported him and listen to him throughout struggle. He had to know I was there for him."
-Jaya, age 52, homemaker, mother to a 25 year-old son

Insights

Chronological Hurdles

Comprehension and Self-acceptance

The first thing people may feel when they go through a mental health struggle is that they themselves are not able to understand what are they going through. With passing time and exposure to proper information, they understand they are struggling with something that they should ask help for. Many of them feel ashamed to ask for help which can lead to unhealthy repurcussions.

Difficulty in explaining the issues

Understanding the issues oneself is the first step towards overcoming them, but a person can still struggle when it comes to explaining them to other people. Family, friends or colleagues may or may not be supportive.

Finding Emotional and Moral Support

For a person who is going through mental health issues, support of family and friends is very necessary. Not finding the same may make that person feel more and more alone and harder to overcome their struggles.

Fear of Stigmatization

One of the biggest hurdles that come when one is dealing with mental health issues is the fear of ostracization. There is deep-rooted prejudices in our society irrespective of social or economic status. People fear getting bullied, teased and isolated, and hence many of them do not seek help.

Seeking treatment

Activities to cope with Anxiety

Different people find different activities that help them cope with anxiety, for example, doing yoga, excercising, running, listening to music, painting, drawing etc. One has to find the right activity that suits them the best.

Journaling

It always may not be possible for one to get an outlet to express what they are feeling, friends or family would be busy. In such times, writing one's thoughts down helps. A handy notebook where one can write or scribble down their thoughts, helps reduce the anxiety to a considerable degree.

Counselling

Going to a counsellor (therapist), venting out in a safe environment with no judgment helps one understand their issues better and gradually overcome them confidently. Some may require counselling for shorter time, while others may require it for longer.

Taking Medication

Depending on the intensity of health issues, a psychatrist may prescribe some anti-anxiety medicines ans/or anti-depressants. Psychitrists work in conjunction with the therapist, so they are updated on the patient's medical history. Regular supervision of the dosage is very important.

Inspiration for Exploration

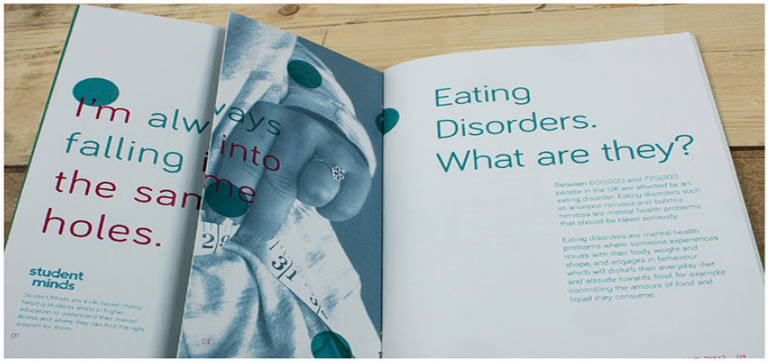
During user study, the presence of communication gap between students and parents became evident. Many people (youth and elderly both) do not comprehend that mental health problems are as important as any other health problem that should be handled with care and compassion.

Health-related TV shows, newspaper articles that are published every now and then, prominent personalities coming forth with their personal struggles with mental health issues with the help of social media are some of the means that are gradually helping mental health gain exposure among people.

The medium of print was chosen for final exploration as it can be more helpful in providing extensive and comprehensive information about a particular mental health issue. Limited use of social media for the same was a deliberate choice. Though parents aged between 45 to 60 are exploring social media to a certain degree, they are more comfortable with print media.

Some of the sources of inspiration are enlisted here.

'It feels like-' Series by Steph Ford
'It feels like -' is a collection of booklets that is much more user friendly and easier to digest than most information leaflets provided at universities.
'It feels like -' is a mental health campaign based around the idea of using metaphors as a way to de-stigmatising mental illness. Using metaphors to describe a mental illness is a universal language so that anyone can understand how you're feeling. For example, using the metaphor of 'trying to keep your head above water' for describing depression, most people will be able to understand the metaphor and visualise the feeling, making communication easier between people. The campaign is all about making your voice heard and finding the help you need.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What are they?


Help &
support.


Anxiety
It feels
like –


Signs &
symptoms?

The Anxiety Pack: Visual Narrative Book by Eloise Docking & Lydia Ahn

The following booklet is part of the “Anxiety Pack” created to help raise awareness about anxiety disorders among students. Each booklet, while part of a set, has been designed so it can be a standalone piece.

The narrative for this book has been written as if anxiety was personified, using anonymous submissions designers received to form the descriptors of what anxiety makes you feel like. Each spread is a manifestation of a state of mind, designed to evoke a visceral response. The spontaneity of the spreads is a reflection on the fluidity of anxiety itself, and how it differs from person to person. Transparent pages are used to create depth within the spreads and reflects on the viewer revealing different layers of anxiety.

Final Exploration

An information booklet of A5 size (148 mm x 210mm) was designed as a part of the final exploration. On discussion with mental health professional, highlighting the positive aspect of anxiety also became a criteria while designing the booklet. Colour theme was chosen accordingly. Some key pages from the booklet have been illustrated here.

The front cover

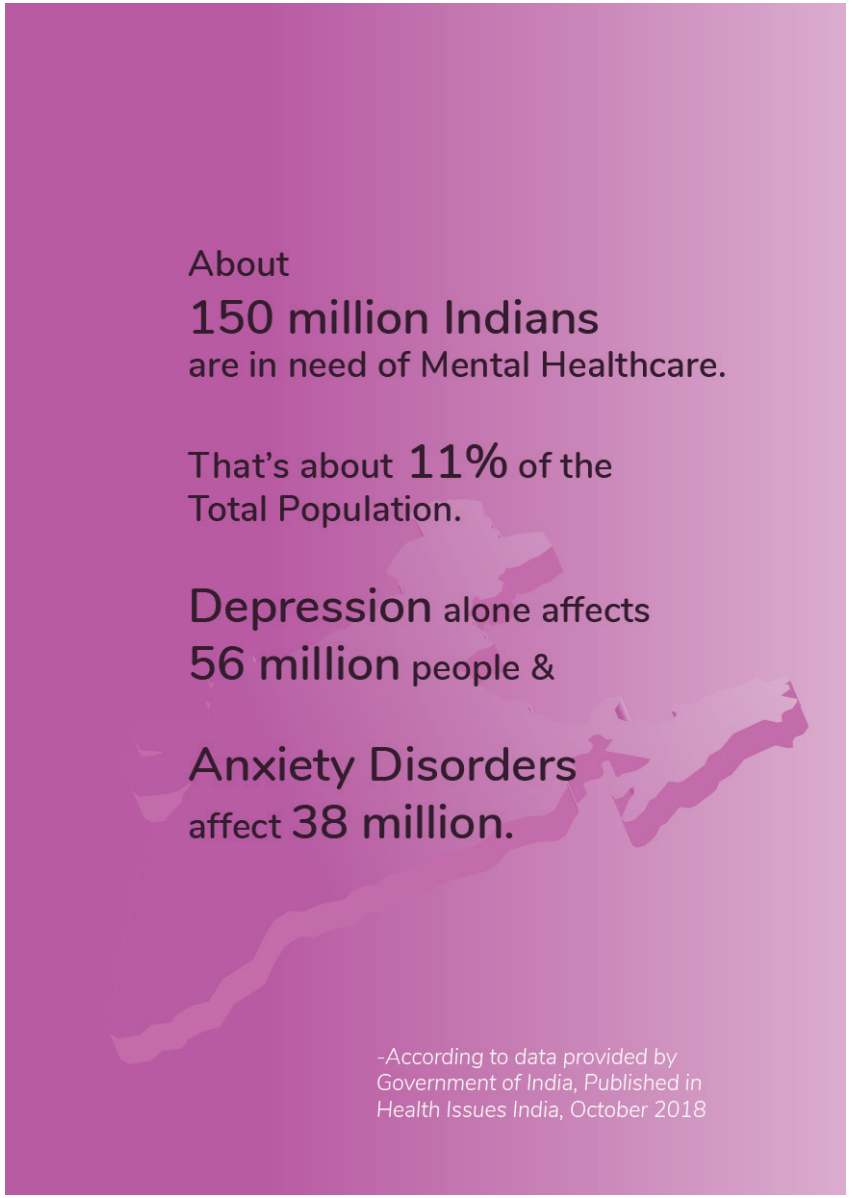
The intent behind the design was to portray the complex state of mind and gradual transition from darkness towards positivity.

Pages inside

As said earlier, reiterating positive aspect of anxiety was important. Therefore, a quote that signifies the same was presented graphically. It is an insight gained after talking to students, professionals and drawing from my own experience as well.

Statistics

While highlighting the positive aspect, it was also crucial to point out the severity of mental health problems. Hence, stastistics from verified sources were provided.



Conclusion

Mental health is a complex and sensitive issue that needs to be handled with utmost care and compassion. The challenges faced during interviews of students and parents go on to show the lack of communication between students and parents. It was heartbreaking to witness what happens when one does not get support they need, rather deserve. A lack of empathy or understanding among people was evident. I feel previleged and fortunate that I had resources and support when I needed.
Deciding on the medium to help bridge the communication gap among students and parents was the very first design challenge. The relationship between print media and generation of parents was found to be stronger than that with social media. Balancing the positive and negative aspects of anxiety was necessary. This booklet is a miniscule effort towards striking a conversation, generate curiosity among peers and parents about mental health and its importance.

Bibliography

Books

- Levitt, Eugene E. *The Psychology of Anxiety.*
  The Bobbs-Merrill Company Inc., New York, 1967
- Goodwin, Donald. *Anxiety.*
  Oxford University Press, New York, 1986

Websites

- https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml
- https://www.healthissuesindia.com/2019/10/10/world-mental-health-day-india-continues-to-suffer-in-silence/
- https://www.healthissuesindia.com/2018/10/10/mental-health-day-silent-crisis/
- https://thelivelovelaughfoundation.org/anxiety.html#anxietytypes
- https://www.instagram.com/tlllfoundation/
- https://www.behance.net/gallery/37480165/It-feels-like-
- https://www.behance.net/gallery/31048497/The-Anxiety-Pack-Visual-Narrative-Book