Guest Editorial

Relevance of Indian Psychological Thought for Clinical Practice

Kiran Kumar K. Salagame¹

At present there is consensus among scholars, researchers, specialists and professionals across disciplines that knowledge development is contexed in worldviews (Koltko-Rivera, 2004; Naugle, 2002) prevalent in a society or nation and they in turn shape our thought and actions. Worldviews are composed of two aspects. In anthropology they are referred by two terms eidos and ethos. Eidos is "something seen or intuited". In Platonism it is called idea. In Aristotelianism it is known as form, essence, species. It also means an 'appearance,' 'conception,' or 'form of intuition.' Eidos is the "cognitive part of cultural structure made up of the criteria of credibility, the logic used in thinking and acting, and the basic ideas which the members of a culture organize and interpret experience." Eidos "is visible wherever group behavior is characterized by intellectual efforts of a similar kind." (https://www.merriamwebster.com/dictionary/eidos). This is contrasted with ethos which means 'ethics,' 'morality,' 'morals,' 'norms,' 'principles,' and 'standards.' Ethos is the "distinguishing character, sentiment, moral nature, or guiding beliefs of a person, group, or institution." (https://www.merriamwebster.com/dictionary/ethos). In simple terms eidos and eidos correspond to our 'ways of thinking' and our 'ways of living'.

In India we have two corresponding terms used in our knowledge traditions viz., darśana and dharma. It is the former which determines the latter and the two words go in tandem. Darśana represents a vision of reality and dharma emerges from that. Hence, the usages Vaidika darśana/dharma, Jaiana darśana/dharma, and Bouddha darśana/dharma from ancient times. Indian ways of living are therefore shaped by the

three darśanas. They share certain common features and differ on certain aspects. Over thousands of years, they have mutually influenced each other and therefore, the phrase sanātana dharma stands for a composite worldview which represent the essential ways of thinking and living commonly shared by Indian traditions. Thus, we can trace back our knowledge traditions in general and the essential aspects of Indian psychology to our darśanas and dharma (Salagame, 2019). Kapil Kapoor (2011) a well-known Indian linguist observes that "Indian medicine is a good example of how knowledge forms an integrated whole in intellectual traditions. While philosophical systems provide the theoretical framework for an analysis of disease, its causes and cure, the world-view enshrined in those systems provide the governing philosophy of health and healing" (p.9). Ārogyam, swāsthya and stithaprajňatva are the three primary concepts related to health and well-being in our traditions (Salagame, 2013a).

Arthur Kleinman, a psychiatrist well-known for his work on culture and psychiatry defines *health care system* as follows: "In every culture, illness, the responses to it, individuals experiencing it and treating it, and the social institutions relating to it are all systematically interconnected. The totality of these interrelationships is the health care system" (1981, p. 24). It is needless to say that such health care systems have been existing all over the globe for several centuries even before the advent of modern medical science. For example, in India we have Āyurveda and Siddha systems which are rooted in the worldview prevalent in our society. In China their traditional medicine known as Acupuncture is still practiced.

¹Professor of Psychology (Retired), University of Mysore, Manasagangotri, Mysuru. *E-mail*: kikusk@gmail.com

In many western countries Australia, Canada, New Zeeland, Europe, Russia and the USA they have 'indigenous' medical practices developed by native people of those nations. All these continue to exist side by side with Allopathic system and people still utilize the services of those systems. However, Allopathic system has overtaken and overshadowed the other systems. It developed from modern science which is a product of the naturalist worldview that emerged in Greece in 7th century BCE by rejecting the idea of invoking any supernatural forces or entities to explain the phenomena that occur in nature. The motto was to find natural causes for natural occurrences and to understand the nature of the substance (phusis) that underlies the manifestation of the universe. Till the word scientist was coined in the 19th century who followed naturalist worldview in their work were called *natural philosophers* (Leahey, 2004). This worldview gradually gained strength in the modern period of Europe and spread to other nations. Because modern science in general and modern medicine, neurology, psychiatry, psychology and other branches related to health care developed from the perspective of naturalist worldview, anything supernatural or spiritual was anathema. Hence, all our concepts, models, theories related to disease, illness, pain, suffering, health, happiness and well-being and the treatment procedures. counselling and therapeutic techniques, rehabilitation and health promotion strategies are informed and governed by the knowledge developed within the framework of naturalist worldview. For nearly two centuries this knowledge and related practices have dominated the scene.

However, in the past seven to eight decades winds have changed their direction. Within the medical many profession itself researchers recognized that it is inadequate to understand all diseases, disorders and illness only with respect to bodily condition. The importance of the interacttion of psychological and social factors with biological factors are recognized both in the causation of disease and illness and also in recovery and further maintenance of health. New concepts highlighting such mind-body interactions were developed - "general adaptation syndrome" and the "theory of stress" (Seyle, 1958); and coping" (Lazarus, "psychological stress 1966; Lazarus & Folkman, 1984); "the relaxation response" Carol, 1974) (Benson, Beary

"psychosomatic disorders" and "psychosomatic medicine" (Whittkower, 1977); and "perceived stress"(Cohen, Kamarck, Mermelstein, 1983); "health psychology" (Radin & Salovey, 1989) and "psychoneuroimmunology" (Ader & Cohen, 1993). All such developments highlighted that our experience of illness has more to do with the mind than body. That resulted in challenging the traditional bio-medial model (Engel, 1977) and the ushering in of 'biopsychosocial model' (Engel, which is gradually gaining greater acceptance (Koeltl-Glaser, McGuire, Robles & Glaser, 2002; Bolton & Gillett, 2019; Porter, 2020).

From 1960s onwards western societies have also witnessed an increased interest in spirituality. In the process they realized that there is another way of conceptualizing illness and health rooted in spiritual worldview, and it is ubiquitous all over the globe in all societies. Medical professionals themselves have found the need to account for certain instances of "spontaneous recovery" from critical and terminal diseases. Psychiatrists had to find ways to deal with what is called "spiritual emergencies" where people who are in the path of spiritual development show symptoms similar to acute psychotic episodes. Such strange and nonordinary phenomena needed close attention and those who were open-minded and adventurous explored other approaches to healing, which often goes by different names such as "indigenous healing practices," "faith healing," "indigenous systems of medicine" and others. That resulted in the emergence of what is called "holistic model" and "holistic approaches to health." (Bauman, Brint, Piper & Wright, 1978; Otto & Knight, 1979; Terruwe & Bars, 1981; Weil, 1983; Chernin & Manteuffel, 1984, Krippner, 1991; Dossey, 1992, 2003, Hatala, 2012). The National Institute of Health of the USA established a wing to examine and promote the new health care model under the umbrella of "integrative health," "whole person health," "integrated health care," and "integrated medicine"(https://www.nccih.nih.gov/health/comp lementary-alternative-or-integrative-health-whatsin-a-name). The idea of 'healing in psychotherapy' (Fosshage & Olsen, 1978) and 'eclectic and integrative approaches psychotherapy' in (Garfield, 1981) were also introduced in the past century which are representative of whole person approaches. Consequently, in recent years all such health care systems prevalent in different nations

have been emerging from the shadow of Allopathic system and are coming to limelight under the heading "complementary and alternative therapies" (Keegan, 2002). Controlled researches related to religion, spirituality and health are not of recent origin. One of the well-known investigators in this field Harold Koenig (2012) has reviewed quantitative data based research conducted and published in peer reviewed journals since the year 1872 to 2010. They include journals in medicine, nursing, social work, rehabilitation, social sciences, counseling, psychology, psychiatry, public health, demography, economics, and religion. He concludes that "the majority of studies report significant relationships between R/S and better health... all underscore the need to integrate spirituality into patient care." (p.38). A similar view is expressed by another investigator. "A human person is a being in relationship biologically, psychologically, socially, transcendentally... therefore only a "holistic" or biopsychosocial-spiritual model can provide a foundation for treating patients holistically" (Sulmasy, p. 32 – Cited in Hatala, 2012).

The Indian worldview does not limit life to a time duration between two specific events birth and death. Second, Indian worldview understands human constitution as three-fold viz., sthūla, sūksma and kārāna sharīra. Third, our worldview suffering traces all human to physical, supernatural, and self (ādibhautika, ādidaivika, ādhyātmika) origins. Therefore, the concepts of disease, illness, health and healing are not restricted to only gross physical body (Salagame, 2013b). In recent years even western researchers have been speaking of "subtle body" and "energy body" and therefore concepts of medicine" (Eden & Feinstein, 1998) 'energy psychology' (Feinstein, Eden and Craig, 2005) and 'energy healing' (Schwartz, 2007) have emerged. Many of these scientists have been open to the Indian worldviews. In the light of such developments there have been attempts to develop "integrated view of health and well-being" by "bridging the Indian and Western knowledge" (Morandi & Nambi, 2013). Thus, holistic models which are inclusive of the spiritual dimension is not new for us (Kapoor, 2011; Ram Manohar, 2011)). The need for taking them seriously and integrating them with mainstream practices has emphasized in the Indian context ((Rangaswami, 1996, Dalal, 2011).All

darśanas and dharma have throughout emphasized on the 'subjective nature of reality' in which the role of mind in perceiving the worldly phenomena is always emphasized. Hence, the concept of 'perceived stress' is inbuilt in our thinking about the causation of disease. A popular saying in Sanskrit, when translated reads as follows: "Chita" and "Chinta" are said to be same, still there is a difference of a dot. Pyre (chita) burns the dead while Worry (chinta) burns the alive²." That is why, we find the concept of sthitaprajña in Bhagavadgita as one "who is neither agitated in sorrow nor excited when one is happy and as one who has conquered attraction, fear, anger." (Ch. 2, sloka, 56).

In this special issue the articles are grouped under four major headings: Perspectives; Ancient Indian Psychological Perspectives on Mental Health; Old Roots and New Offshoots – Contemporary From the Clinicians' Innovations; Desk: Application of Indian Perspectives in Therapy-Illustrative Reports; Can Indian Psychology follow Empirical Route? - Data Based Research Articles: Foundation for Integral Human Evolution - Vision of Maharshi Aurobindo. The articles under each group provide insights about how the Indian worldview approached the subject of health and well-being.

Ader, R. and Cohen, N. (1993). Psychoneuroimmunology: Conditioning and stress. *Annual Review of Psychology*. 44:53~5.

Álvarez, A. S. Pagani, M., Meucci, P. (2012). The clinical application of the biopsychosocial model in mental health, *American Journal of Physical Medicine & Rehabilitation*. *91(13)*, p. S173-S180. Doi: 10.1097/PHM.0b013e31823d54be.

Bauman, E., Brint, A. I., Piper, L., & Wright, P. A(1978). *The holistic handbook*. Berkeley, CA: AND/OR PRESS.

Bolton, D., & Gillett, G. (2019). The biopsychosocial model of health and disease: New philosophical and scientific developments (p. 149). Springer Nature.

Chernin, D.& Manteuffel, G. (1984). *Health: A holistic approach*. The Theosophical Publishing House.

Cohen, S; Kamarck T; Mermelstein R (December 1983). "A global measure of perceived stress". *Journal of Health and Social Behavior*. **24** (4): 385–

²"(https://www.speakingtree.in/allslides/1a-478311).

- 396. doi:10.2307/2136404. JSTOR 2136404. PMID 666 8417.
- Dalal, A. K (2011). Folk wisdom and traditional healing practices: Some lessons in modern psychotherapies. In. R. M. M. Cornelissen, G. Misra & Varma, S. (Eds.) *Foundations of Indian Psychology*. Pearson Education. Pp. 21-35.
- Deter, H. C., Kruse, J., & Zipfel, S. (2018). History, aims and present structure of psychosomatic medicine in Germany. *Bio Psycho Social Medicine*, *12*, 1. https://doi.org/10.1186/s13030-017-0120-x
- Dossey, L. (1992) Meaning and medicine: Lessons from a doctor's tales of breakthrough and healing. Bantam Books.
- Dossey, L. (2003). Healing beyond the body: Medicine and the infinite reach of the mind. Shambala Publications.
- Eden, D. & Feinstein, D (1998). Energy medicine: Balancing your body's energies for optimal health, joy, and vitality. Jeremery P. Tarcher/Penguin, Penguin group
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136. https://doi.org/10.1126/science.847460
- Engel, G. L. (1980). The clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 137, 535–544.
- https://doi.org/10.1176/ajp.137.5.535
- Feinstein, D., Eden, D. Craig, G. (2005). *The promise of energy psychology: Revolutionary tools for dramatic personal change*. Jeremery P. Tarcher/Penguin, Penguin group.
- Fosshage, J. L. &Olsen, P(1978). *Healing: Implications for psychotherapy*. New York: Human Science Press.
- Garfield, S. L. (1981). *Psychotherapy: An eclectic-integrative approach*, John Wiley & Sons. 1995 2nd Edition
- Hatala, A. R.(2012). The status of the "biopsychosocial" model in health psychology: Towards an integrated approach and a critique of cultural conceptions. *Open Journal of Medical Psychology*, *1*(4) Article ID: 23900, 4 pages DOI:10.4236/ojmp.2012.14009.
- Herbert Benson, John F. Beary & Mark P. Carol (1974) The Relaxation Response, Psychiatry, 37:1, 3746, DOI: 10.1080/00332747.1974.11023785
- Kapoor, K.(2011). The philosophy of healing in Indian thought. In. R. M. M. Cornelissen, G. Misra & Varma, S. (Eds.) *Foundations of Indian Psychology*. Pearson Education. Pp. 9-14.

- Keegan, L. (2002). *Healing with complimentary & alternative therapy*. Thomson Asia Pvt. Ltd.
- Kleinman, A. (1980). *Patients and healers in the context of culture.* University of California Press.
- Koeltl-Glaser, J. K., McGuire, L., Robles, T. F., & Glaser, R. (2002). Psychoneuroimmunology: Psychological influences on immune function and health. *Journal of Consulting and Clinical Psychology*, 70(3), 537–547. https://doi.org/10.1037/0022-006X.70. 3.537.
- Koenig H. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC36716 93/-)
- Krippner, S. K. (1991). Holistic paradigm. *World Futures*, 50, 133-140
- Lazarus, R. S. (1966). Psychological stress and the coping process. McGraw-Hill
- Lazarus, R.S. & Folkman.(1984). Stress, appraisal, and coping. Michigan. Springer Press.
- Leahey. H. (2004). A History of Psychology. Main Currents in Psychological Thought. Pearson Education.
- Morandi, A. & Nambi, A. N. N.(2013). An integrated view of health and well-being: Bridging Indian and Western knowledge. Springer.
- Naugle, D. K. (2002). Worldview: The history of a concept. William B. Eerdmans Publishing Company.
- Otto, H. A. & Knight, K. W. (1979). Dimensions in wholistic healing: New frontiers in the treatment of the whole person. Chicago, IL: Nelson-Hall Inc. Publishers.
- Pandey, A. (2011). Psychotherapy and Indian thought. In. R. M. M. Cornelissen, G. Misra & Varma, S. (Eds.) *Foundations of Indian Psychology*. Pearson Education. Pp. 36-63.
- Porter, R. J. (2020). The biopsychosocial model in mental health. *Australian & New Zealand Journal of Psychiatry*, *54*(8), 773–774. https://doi.org/10.1177/0004867420944464
- Ram Manohar, P. (2011). The blending of healing and pedagogy in Ayurveda. In. R. M. M. Cornelissen, G. Misra & Varma, S. (Eds.) *Foundations of Indian Psychology*. Pearson Education. Pp. 118-131.
- Rangaswami, K. (1996).Indian system of psychotherapy. *Indian Journal of Clinical Psychology.23*,1, p. 62-75.
- Rodin, J. and Salovey. (1989). Health psychology. *Annual Review of Psychology*. 40:1, 533-579.
- Salagame, K. K. K. (2013a). Swāsthya and stithaprajñatva: Health and well-being from an Indian

perspective.In K.D. Keith (Ed.). *The Encyclopedia of Cross-Cultural Psychology*, *3, pp.* 1254-1258. Wiley-Blackwell, Chichester, UK.

Salagame, K. K. (2013b). The perspective on reality in Indian traditions and their implications for health and well-being. In A. Morandi & A.N. N. Nambi. (2013). *An integrated view of health and well-being: Bridging Indian and Western knowledge.* Springer. Pp. 39-58.

Salagame, K.K.K (2019). Spiritual and Religious Sources of Indian Psychology. In W. Pickren (Ed.) History and Systems of Psychology. Oxford Encyclopaedia of Research in Psychology. Oxford University Press. DOI:10.1093/acrefore/ 9780190 236557.013.475

Schwarts, G. E. (2007). The energy healing experiments: Science reveals our natural power to heal. Atria Books.

Sulmasy, D. L.(2002). A biopsychosocial-spiritual model for the care of patients at the end of life. *The Gerontologist*, 42, No. 3, pp. 24-33. doi:10.1093/Gernot/42.suppl 3.24.

Terruwe, A.A & Bars, C. W.(1981). Psychic wholeness and healing. Using ALL the powers of the human psyche. New York: Alba House.

Weil, A. (1983). *Health and healing: Understanding conventional and alternative medicine*. Boston: Houghton Mifflin Company.

Wittkower, E. D. (1974). Historical perspective of contemporary psychosomatic medicine. *The International Journal of Psychiatry in Medicine*, 5(4), 309–319. https://doi.org/10.2190/3E22-QE77-PMDY-CWDD

Psychology in the Indian Culture and Tradition

A Road Map to the Past or the Future?1

Ajit K. Mohanty²

Imagine, you are a psychologist from the outer space, who seeks to paint a picture of the human psyche on the earth based on a study of human nature, behaviour, experience and personhood constructed in the contemporary psychology of the world. Following are the typical scenarios available for you from the current psychological literature:

- Humans are reactive organisms. They are hedonistically shaped and controlled by external events with some self-reflection and regulation, but little agentic function.
- The internal self-system of the individual, is mechanistically operated by external and environmental events. That includes motivation creativity reûectivity, planning, conscious regulation and subjectivity etc.
- Behaviours are produced through a process of passive learning. Person-environment interaction may lead to internal changes making such behaviours predictable.
- The integrative and regulating functions of human activity is a complex neural network.
 It can be viewed as a conduit for external inûuences.
- The agentic functions of human beings are guided either by mechanical interdependence between events and actions or by hypothesized structures or identiûable neurobiological structures but devoid of consciousness, subjectivity and any inner sense or mind that integrates.

- People's actions are governed by pre-set, regular and mostly predictable conditions.
 The role of situational and chance factors is undermined.
- The social system and the personal system are different. The two may mutually influence each other but remain separate.
- Moral or immoral conducts are regulated by different degrees of internalised sanctions or demands which are external to the individual. They are not governed by self-engagement of spiritual awareness and regulation.

The limitations of such a portrayal of human nature are evident. It is necessarily embedded in a dualistic view of nature-nurture, person-society, physical-biological and similar other relationships and materialistic preconception of personal causation. Such a picture also ignores the transcendence of human psyche and the agency of the person, which can move from the level of being interactive to autonomous and can operate at a spiritual plane over and above the material and deterministic conception of human nature.

Contextualism in psychology

The so-called "mainstream" psychology chasing the illusive model of natural sciences. seems to have accepted that human behaviour and psyche are governed by universal principles based on positivist-empiricist assumptions. Such a 'science' of behaviour is inherently inadequate to understand human mind and it fails to appreciate the role and

¹Reprinted with permission from D. K. Bhattacharjee (Ed.) *Psychology and Education: Indian Perspectives*. NCERT, New Delhi, with minor Editorial changesand additional references.

² Formerly, Professor of Psychology, Utkal University, Bhubaneshwar. E-mail: ajitmohanty@gmail.com

diversity of contexts which variously affect human nature and behaviour. The notion of unity of science and universal generalisations is a myth (e.g.. Paranjpe. 2003). There is no genuine movement from emic to etic: at best one arrives at pseudo-etics. "Commitment to a positivist-empiricist metatheory, reductionism and operationalism has led to the emergence of a decontextualised science of behaviour of the other" (Misra. 2003. p.34). Scientiûc generalisations can only be context speciûc. Such contextual generalisations are possible and necessary [Mohanty and Prakash. 1993).

Variations in human behaviour are best understood in terms of speciûc contextualised variables. Various streams of development in psychology, including cross-cultural psychology, signalled the growing acceptance of the limitations of the experimental and western traditions. It came to be increasingly obvious that psychology, in order to have relevance and practical significance must be rooted in the cultural context. Several arguments for such a position can be advanced. The next section deals with some of the major arguments pertinent to the present discussion. Based on them this paper examines the need and prospects for indigenous psychology rooted in the Indian culture and tradition. It looks at the developments in the discipline in the post-colonial India which it is shown, has moved from mindless replications of western psychology to growing attempts at developing an indigenous framework for psychology. Subtle differences in the perspectives of indigenous and Indian psychology are reconciled. The paper goes on-to stress the need for a focus on relevance in three major dimensions of psychological research towards the objectives of Indian and indigenous psychology and ends with sounding some cautions in the move towards developing a psychology in the Indian culture and tradition.

Why must Psychology be Rooted in a Culture/Tradition?

The arguments for psychology to be embedded in the culture and tradition of the people it seeks to study are many. The major ones are briefly mentioned below (in an order which does not necessarily correspond to the relative significance of these arguments):

- Culture is a historical process. Hence traditions must form a part of analysis in psychological discourse.
- Reality is socially shared, linguistically (symbolically) coded and culturally practised.
 Therefore. knowledge must necessarily be socially constructed leading to plurality in science (Gergen. 1989: Bruner. 1990. etc.).
- The cultural traditions and realities of nonwestern (Indian) society are grossly different from the western world view (Misra, 2003).
- The indigenous psyche (e.g. Indian psyche: Sinha. 1988) are characteristically different. Hence, culture-blind imported approaches are rendered irrelevant. Misra (2003) discusses several areas which require contextual/cultural understanding. See also Paranjpe (1984, 1988).
- Some indigenous traditions [such as the Indian tradition) are much more comprehensive and richer compared to the homogenised culture of the west. Thus, the wisdom available in the Indian tradition (such as Yoga) can provide a rich theoretical foundation of psychology a more effective "technology" of consciousness and a deeper insight to human nature (Cornelissen, 2003).

World's cultures are characterised by multiplicity of worldviews (Koltko-Rivera, 2004, Naugle, 2002). Therefore, the so-called "scientific" view of a universal psychology is a misnomer. What is often characterised as "the universal psychology" is in fact a projected view of the dominant Western psychology with its premium enhanced both by the notion of science being above culture and by the colonial and imperialistic domination of the west. Misra (2003) discusses the characteristic feature of the western perspective and argues that the concepts and principles. which are often assumed to be accepted "facts" of psychological knowledge are in real terms limited constructions. Such constructions fail to accommodate any different perspective and a different worldview. Sinha (1988. 1993) has severally pointed out some of the unique features of the Indian psyche to show the gross inadequacy of the Western psychology in dealing with the Indian sociocultural conditions.

It is not that the average psychologist-researcher does not realise the limitations of working within a borrowed framework; but the colonial mindset often seems to obliterate the obvious. However, in recent years psychology in India has shown a growing awareness of the weaknesses in pursuing the Western psychology and is beginning to outgrow the alien framework. This has resulted in gradual changes in the nature of Indian approaches to and research in various ûelds of psychology. Thus, overall, the emphasis has shifted in the direction of making psychology culturally more relevant and meaningful.

Making Psychology Culturally Rooted: From the Yankee Doodle to the Philosopher-Psychologist

Psychological discourse in India has progressed through several stages which have been analysed from a historical perspective by Sinha (1986). According to him scientiûc psychology in India since 1915 when the Calcutta University laboratory was established can be traced through four phases — the pre-Independence phase, the post-Independence phase of expansion, the phase of problem-oriented research and the phase of indigenisation. The early phases were dominated by "foreign" theories and models. For example. research topics popular in the west and appearing to be relevant to India were the favoured ones among the Indian psychologists of the fifties. Western tests were translated and at best adapted and research invariably followed the western priorities. It is only since the 1960s, according to Sinha that the psychologists in India have started showing some realisation of the limitations of western based studies. He shows that this third phase of psychology in India was still characterised by foreign framework and replication; but there were attempts at assimilation and orientation to Indian reality cross-cultural validation and innovative use of the borrowed "foreign" theories. The fourth phase of the psychology in India in Sinha's analysis marks the beginning of a search for a new identity with the questioning of the western theories and tools. Sinha viewed this phase as a phase of indigenisation. However, he also admits that in the absence of any appreciable Indian theoretical framework, the average psychological research continued to suffer from western domination.

When one looks at the modem psychology in India particularly since the independence from the point of view of the dominant approaches and processes different varieties and brands of psychology can be discerned. These varieties have persisted in overlapping manners without necessarily showing any historical or chronological progression except in case of a minority body of literature which perhaps have had greater visibility and impact. While this minority body of research has systematically and progressively responded to the felt needs for a culturally-rooted psychology. a numerically majority body of Indian psychological research seems to be as yet indifferent to this concern. Thus, the contemporary Indian psychology seems to be an amalgam of different varieties although the more visible and influential part of It is well on its course towards an identity of its own relying more and more on the typical features of the Indian culture and traditions. In any case four different varieties of psychological research continue to exist albeit with different degrees of visibility and impact regardless of their numerical strength. These varieties can be called colonised, indigenised, indigenous and *Indian psychology*. The four varieties of approaches in the psychological discourse in India, as discussed here, are briefly summarised in Table 1 below.

TABLE 1
Levels of psychological discourse in Indian Psychology

The nature of psychology	The Process of research	The Brand of Researcher
1. Colonised	Mindless Replication	The Yankee doodler
2. Indigenised	Cosmetic Indigenisation	The Designer
3. Indigenous	Contextualisation	The Pragmatic Culturist
4. Indian	Derivation from Classical Wisdom	The Philosopher-Psychologist

The colonial variety is still by and large rooted in the western psychology, unable to shake off the colonial mindset and to question its basic assumptions. Sometime back, I had analysed the extent to which a representative sample of Indian research was linked to the western studies (Mohanty, 1988). More than 80 per cent of the Indian studies were found to be mindless replications of some western studies stale by nearly a decade and half. There was little insight in these studies except a blind duplication of what had been done by their western (in most cases. American] counterparts. This brand of psychology in India was called the Yankee Doodler (Mohanty, 1988). I see no reason now to revise this characterisation. In terms of its overall impact this approach has remained insignificant and progressively marginalised. Lack problem-orientation, unimaginative replications, excessive reliance on borrowed tools and tests, and absence of theoretical framework (except the available western ones) are typical of the research following this approach.

However, growing acceptance of the values of a discipline like psychology being culturally rooted and repeated peer admonition of blind replication and borrowing gave rise to a superficial tendency to suitably camaflouga the borrowed paradigms, approaches, theories and tools by somehow giving them a made-in-India tag. In other words. while the framework, the tools and the methods were essentially alien, attempts were made to make them fit the Indian reality by some form of translation, modification and adaptation. This variety of psychology did not originate in the Indian reality: but it was made to somehow appear as suitable for the same. It is not a truly indigenous psychology but was somehow indigenised by superficial alterations and modifications. It has been called "cosmetic indigenisation" or "apologetic indigenisation" since it lacked a true cultural origin or embeddedness. This approach is comparable to that of a designer who borrows an ethnic concept and makes it ût the modern requirements. The designer psychologists in India still rely heavily on the western framework and methodology but, while offering reasons for the same they make the borrowed approaches fit the immediate realities or at least appear to do so. One can find in the current psychological literature in India many such attempts at "cultural adaptation" of tests, use of unusual sampling characteristics and a typical contextual condition in replication of western approaches. While such approaches are a step ahead of the mindless replication of the colonised psychology they add little to the development of a discipline of relevance.

Then, there is the indigenous variety of psychology which believes in the necessary contextual nature of scientiûc generalisations and shows a concern for development of theoretical and methodological framework suitable to the cultural context. The emphasis in indigenous psychology is on "contextualisation" and cultural embedding so as to develop theoretical framework which is relevant to the Indian cultural realities. In general, the approach of the indigenous variety of psychology in India has been a bottom-up development of theories based on a close analysis of the sociocultural conditions and building up of a database towards a gradual development of relevant theoretical framework. Culture specificity of human behaviour and psyche is an assumption fundamental to this variety of psychology. While theoretical frameworks are always sought to be culturally embedded there is no necessary aversion to reconciling the existing and even the western framework. Those who adopt this strategy are the pragmatic culturist. Concept like the "nurturant task leader" (J.B.P. Sinha. 1980) can be categorised under this variety of Psychology in India.

While, as will be argued later, the goals of the Indian psychology and the indigenous psychology approaches are not different, the former is characterised by an almost exclusive reliance on the cultural and traditional wisdom to develop the theoretical framework suitable for understanding the Indian psyche and the socio-cultural realities. whereas, the latter is more amenable to nontraditional but culturally and contextually appropriate approaches. Thus, while the proponents of the indigenous approaches are pragmatic in there stand, the proponents of Indian psychology are ideologically more committed to traditional wisdom and classical knowledge systems as the source of theorisation. The Indian psychology approach finds in the Indian

philosophical traditions the idea base of a modern and culturally appropriate psychology. There is no necessary contradiction between the two. In view of their commitment to the enormously rich philosophical traditions of India, the proponents of the "Indian psychology" approaches can be characterised as *philosopher-psychologists* in recognition of the essentially interdisciplinary nature of the endeavour requiring adequate psychological interpretation and application of primarily philosophical ideas. The approaches of the indigenous and the Indian Psychology can be conceptualised as two different paths leading to same objectives. At this point, some analysis of the two paths seems to be in order.

Indigenous and Indian Psychology: Unity of Purpose and Divergence of Approaches

As has been pointed out indigenous psychology is a global movement in reaction to the undue emphasis on the dominant but narrow approaches and framework of the western psychology. While the movements towards indigenous psychologies throughout the world (see Kim & Berry, 1993) were motivated by a common dissatisfaction with the excessive reliance on the western psychology the speciûc meaning of indigenous approach has been variously characterised. The following views constitute a representative sample of the various ways in which indigenous psychology has been viewed:

- ...one in which the theories concepts, methods and measures "emanate from and reûect back upon the culture in which the behaviour is studied" (Adair. 1989).
- ...psychological knowledge that is native...
 inherent to its natural environment... not
 transported from another region... and
 designated for its people... (Kim. 1990).
- ...developing a behavioural science that 'matches the sociocultural realities of one's own Society" [Berry... 1992).
- ...those elements of knowledge that have been generated in a country or a culture and that have developed therein, as opposed to those

- which imported or brought from elsewhere... (Sinha. 1997).
- ...psychology which serves the people [even if it has imported components "serves"= addresses to people's problems, imparts (to students) understanding of self and culture] (Naidu. 2002].
- ...generating (psychology) within one's own culture... indigenous concept may have their roots in traditional or philosophical system of Indian thought or may originate from contemporary socio-cultural aspects of Indian life... indigenous concepts need to be integrated with the universal (Krishnan. 2002).
- ...a reaction to the unjustiûed claims of universality... culture (as an emergent property of individuals interacting with their environmental offers a framework for viewing what is relevant and meaningful....concepts are locally defined and provide a contextually meaningful and problem-oriented perspective (Misra and Mohanty. 2002).

As can be seen from the above indigenous psychology is primarily viewed as psychology that is contextually embedded particularly in the given culture and has a distinct problem orientation so as to be relevant to the people. Thus, cultural conditions constitute the origin and the end of indigenous psychology. Its postulates and approaches are derived from the culture, its knowledge system is native not imported and its application are directed at the culture and its people. Indian psychology, on the other hand, is more focused on traditional knowledge based on the Indian culture as the source of psychological discourse. Let us examine the following rather forceful view of Indian psychology.

"Indian psychology refers to a body of psychological knowledge involving coherent model (s) to systematically explain human nature with concept and categories derived from thought *native to India* (italics added) ... a psychology that embodies concepts, methods, models and lines of enquiry that are derived from the native *weltanschauung* and

are consistent with Indian ethos. Indian Psychology is a distinct tradition (s) inherent in Indian thought that has significant ramifications for psychological theory and practice in India and beyond" (Rao, 2003, pp.14 – 15) (See also Rao - "Scope and Substance of Indian Psychology" in this Issue).

Clearly, the objectives of Indian psychology relate to development of a discipline which is embedded in the Indian ethos and, in this respect, its goals are the same as those of the indigenous psychology. The real difference lies in the basis on which the discipline and its discourses are derived. Indian psychology is a tradition which did have a well-developed body of knowledge much before the developments in the modern scientific psychology of the west. As such, the classical tradition inherent in the Indian philosophical thought is viewed as the main conceptual source for Indian psychology.

While indigenous psychology is not averse to this approach as such, it is also open to other sources of its postulation. For example, they may be derived from study and analysis of the contemporary sociocultural reality. Whether or not the knowledge system of traditions and to what extent it must stand in isolation from the general principles of psychology are perhaps less important for indigenous psychologists than the essential requirements of cultural rootedness of the discipline and its application potentials for the society.

As regards the relationship with general (universal) principles of psychology, the proponents of Indian psychology visualize the prospects of a possible universal application of psychology developed on the basis of the traditional thought in the Indian knowledge systems, whereas the proponents of indigenous psychology are open to a possible reconciliation between the culturally embedded principles and the universal principles, if at all such principles are possible to establish. Thus, the objectives of both the varieties of psychology in the Indian context are the same; they differ in the specific approaches and focus. Indian psychology is clearly, an almost exclusively, based on or seeks to be derived from the traditional and classical wisdom in the Indian philosophical and psychological discourses.

Given such unity of purpose and comparability of approaches of the two varieties, it is necessary to reassert the need for development of psychology in the Indian context which can provide a meaningful framework for understanding the Indian sociocultural reality and, at the same time, have potential applications and cultural relevance. Analysis of these two approaches suggests some ground rules for development of a discipline rooted in the Indian socio-cultural context. The minimum ground rules are briefly discussed in the following section.

The Pyramid of Indigenous/Indian Psychology: The Three Vital Dimensions

Modern scientific psychology in India has completed hundred years. Not only has it failed to exert some appreciable policy impact, it has also failed to develop a suitable and comprehensive understanding of the Indian psyche. Despite some early attempts at indigenisation and development of more genuine indigenous psychology (see Salagame, 2011), the bulk of average psychological research is yet to come out of the colonial mindset and the blind pursuit of western approaches. They have not shown much sensitivity to cultural ethos in the formulation of research problems and priorities (See Pandey, 1988, 2000/2004; Misra, 2011, 2019 for comprehensive reviews of psychological research in India in recent years). For a discipline like psychology to get its deserved place in policy formulations in respect of social problems and issues, some reorientation is necessary in three fundamental aspects of social science research, namely, underlying theoretical formulations, problem orientation and methodological applications. These three aspects can be viewed as significant dimensions of a pyramid of indigenous and Indian psychology of a new order.

Due to a paucity of theoretical integration of research ûndings and lack of 'programmatic research' psychology in India has not been able to develop its own framework in various ûelds of research. Barring a few exceptions- majority of Indian research in psychology seems to lack a systematic-theoretical and conceptual base. Absence of follow-up and programmatic research has contributed to this problem. With the preponderance of borrowed

and alien framework the Indian research has not been able develop theoretical constructs meaningful to the existing socio-cultural context. If psychology is to have meaningful contribution towards national development it must have a set of theoretical foundations grounded in the immediate context. Indigenous and Indian psychological approaches must therefore seek to develop a theoretical base derived from Indian traditions and contemporary socio-cultural analysis.

The second aspect of psychological research in India that needs greater attention is choice of suitable research problems. As has been noted earlier research problems are often dictated by the trends in western research rather than being driven by considerations of social relevance. Given the diversity and complexities of the Indian society research priorities and problems based on western psychology are bound to be irrelevant for the immediate social context and hence, neglected in planning and policy formulations. While the values of basic research cannot be denied potential application orientation is necessary for research to be socially meaningful. The systems of Indian and indigenous psychology do view problem orientation and relevance as signiûcant.

Reviews of Indian research in various areas of psychology have severally pointed out the methodological weaknesses as a matter of primary concern. The eco-cultural validity of the methodology of psychological studies, the tools and measures used has come under severe criticism. A major ground for such criticism is the unsuitable replications of western methodology and tools. Excessive reliance on experimental methodology and western notions of scientiûc approach and objectivity has also been seen as leading to a mechanistic view which distorts the Indian reality. Thus, the methodology of psychological research needs to be appropriate to the Indian and indigenous perspective. While innovative methodology and some conceptualisations of scientific methods are very much required, some cautions against overzealous rejection of conventional methods of modern psychology are also necessary. While the means may lie in looking at the past the goals are deûnitely futuristic. A lot however, depends on how we go about it and, hence, the need to be somewhat

cautious. Let us now examine where the Indian psychology stands in terms of its approach and agenda.

Going Ahead with Indian Psychology: Some Friendly Cautions

While one may feel quite enthusiastic about the prospects of a psychology based on our ancient traditions and knowledge base, one must remember that the traditions and the knowledge system are not directly and simplistically amenable to translation into psychological terms that would "systematically explain human nature". It needs rigour and synthesis. And, more importantly, perhaps it requires one to heed some cautions.

- Proponents of ancient wisdom and knowledge often tend to glorify the past and the traditionalists in India have been no different. Glorification of the ancient Indian systems and denigration of the non-Indian have often gone together. However, for a systematic discipline of psychology, it is necessary to refrain from such tendencies. It would be un-Indian to denigrate the non-Indian.
- All forms of knowledge are relative to time and social context. Thus, when knowledge is transported from one time frame to another, it is liable to loss of relevance and comprehensiveness (as when it is transported from the west to the east or vice-versa). Therefore, knowledge systems developed in a different time period under different social conditions need to be made contemporary by suitable adjustments for the changing cultural parameters and priorities. Further, changing social conditions give rise to new social concerns and issues which demand adequate attention. In development of Indian psychology, it is, therefore, imperative to keep doors open for contemporary social/ psychological phenomena which may not ût into the concerns of the classical tradition.
- 3. It would be foolhardy to assume that the traditional/classical thoughts are all encompassing/fully comprehensive: there is

- much more to understanding reality than what any single system can ever offer.
- 4. Somewhat related to the above. is the caution that concept and categories from one knowledge system are not always isomorphic to those of another. Sometimes, they are not even mutually translatable. Therefore. Indian psychological concepts do not need to chase established (western) concept. It is possible for a concept based on Indian system to stand alone without any support from or links with apparently similar other western concepts.
- 5. A major difference between the western and the Indian approaches lies in the extent to which concept and constructs are assumed to be dichotomous. Dichotomies are mutually exclusive. Indian tradition recognises multiplicities and continuities and accepts the possible co-existence of the apparently conflicting constructs, concepts and points of view. Therefore, approaches in Indian psychology need to be careful of the predicaments arising out of imposing a dichotomy on a reality that may be otherwise different. In other words, Indian psychology needs to avoid getting trapped in the fallacy of assuming dichotomies.
- The methodological challenges for Indian psychology are perhaps the most formidable of its various problems. Indian traditional knowledge is based on multiple applications of a variety of methods, some even in mutual conûict with each other. Methodology of Indian psychology must allow for multiplicity of approaches and for accommodation of the contradictory ones. Global, intuitive, experiential and inter-subjective ways of looking at the reality are ideologically defensible: but, they are difficult to apply under practical conditions without being sloppy and without sacrificing the essential rigour necessary for any systematic body of knowledge. Again, it may also be necessary at times to follow different methodological roots in locating and formalising indigenous concept.
- 7. Yet another concern arises out of the multiple and somewhat idiosyncratic practices that go

- under the banner of the intuitive, experiential and introspective/intra-subjective methods of discovery, formulation and formalisation of knowledge. These methods are inherently appealing, innovative and defensible. But. at the same time, it is necessary to develop methodological ground rules for their application so that pursuit of a systematic discipline does not lead to chaos. In my opinion, application of these traditional methods does not necessarily imply a complete rejection of the empirical and experimental methods. Indian psychology need not close the door on them: they may continue to be used as confirmatory and complementary processes. Further, plurality of orientations and diversity of approaches need to be respected and preserved.
- 8. Although, as has been argued, universal principles in psychology are often elusive. generalisations from within a culture need to move beyond the cultural contexts to a broader layer of trial and potential application. Thus, while psychological principles are necessarily context-specific generalisations, at a different level, there is always the natural requirement of any systematic body of knowledge to transcend the limiting conditions. Thus, psychological constructs must be developed in a way which would make them amenable to scrutiny at a wider level.
- 9. Indian psychology looks at the traditional sources and knowledge base for development of a systematic discipline, but within itself it is not traditional. Traditional ideas and concepts must be made part of the modem knowledge system. Thus, traditional concept need not be promoted just because they are ancient (as western concept are not to be accepted as they are new). In developing concepts and theoretical constructs, contemporary Indian psychology must ask how effectively such concepts and constructs map contemporary reality before they are promoted.
- 10. A possible problem with Indian psychology is its close association with the religious texts and interpretations. The ancient Indian knowledge system evolved in close association with

different views of the world and under the assumptions of a variety of religious beliefs. Therefore, there is a wide range and multiplicity of approaches which call for careful synthesis. A minimum requirement for such synthesis and for acceptability of Indian psychology as a relevant and systematic discipline is to separate spirituality from religion.

11. Finally, it must be recognised that there is an identity crisis of psychology in India. Through its emphasis on Indian and indigenous approaches, psychology in India seeks to assert a separate identity of its own. It is an attempt to move away from an excessive reliance on the western psychology which, unfortunately has come to be viewed as the "mainstream" psychology. As things stand now there is still a majority which identifies with this "mainstream." Therefore, an outright rejection of which without a well-established set of alternatives, may trigger a counter identity crisis (by over-zealous rejection of the "mainstream"). Future of psychology in India lies in how smoothly and how carefully Indian and indigenous psychologists are able to come up with alternative paradigms in psychology in India.

Indian Psychology: Regression or Progression?

Indian psychology seeks to derive its conceptual framework from the philosophical thought native to the Indian culture and traditions. It also questions the scientific paradigm of modern psychology. These approaches may be seen by some as conservative and retrograde in spirit. However. several excellent works in recent years (e.g., Bhawuk, 2013; Cornelissen, Misra & Varma, 2011a, b, 2014; Paranipe. 1984, I988; Rao 2002; Rao, Paranipe & Dalal, 2008; Rao & Paranjpe, 2016, Srivastava, 2001) have demonstrated quite convincingly that it is possible to develop good psychology on the foundations of the wisdom available from the ancient Indian philosophical thoughts. The rich body of knowledge has unfortunately been neglected in the modern psychological discourse partly because they have been viewed primarily as philosophical and religious in nature. Such characterisation of the ancient knowledge systems unfortunately blunts

the distinction between the philosophical and the psychological, on the one hand, and between the religious and the spiritual, on the other. Looking for excellent theoretical insights as foundations for a fresh look at our own culture and for promoting a better understanding of our immediate social realities cannot in itself be viewed as regressive. Looking into the past is not necessarily a step backwards. It can be a promise for a very meaningful future. A lot depends upon how we go about contextualising psychology in our native culture and to what extent psychology finds its applications in society. The real test of such an approach is not in judging whether it is taking psychology backwards but in examining carefully the extent to which it is able to further the analysis of the Indian psyche, to contribute to our understanding of psychological phenomena and to promote human happiness and well-being.

References

Adair, J.G. (1989). *Indigenous developments in Indian psychology: A quantitative assessment*. Paper presented at the Annual Meeting of the Canadian Psychological Association. Halifax: Nova Scotia. June

Berry. J.W.. Poortinga. Y.H.. Segall, M. and Dasen. P.R. (1992). *Cross-Cultural Psychology.*: *Research and Applications*. Cambridge University Press. Cambridge.

Bhawuk, P. S. (2013). Spirituality and Indian Psychology: Lessons from the Bhagavad-Gita. Springer.

Bruner. J.S. (1990). *Acts of meaning*. Harvard University Press. Cambridge.

Cornelissen, M. (2003). The need for the Indian tradition. *Psychological Studies*. 48(3), pp. 38-52.

Cornelissen, M., Misra, G., & Varma, S. (Eds.) (2011a). *Foundations of Indian psychology: Theory.* Pearson Education. (Volume 1).

Cornelissen, M. Misra, G. & Varma, S. (Eds.) (2011b). *Foundations of Indian psychology: Application*. Pearson Education. (Volume 2).

Cornelissen, M. Misra, G. & Varma, S.(Eds.) (2014). Foundations and applications of Indian psychology. Pearson Education

Gergen, K. J. (1990). Metaphor. metatheory, and the social world. In D.E. Leary (Ed.). *Metaphorin the history of psychology*. Cambridge University Press. Cambridge.

Gergen. K.J. (1989). Realities and their relationships. In W.J. Baker, M.E. Hyland, R. Van Hezewizk. and T. Terwee (Eds). *Recent trends in theoretical psychology*. Springer-Verlag. New York.

Kim. U. and Berry J.W. (Eds.) (1993). *Indigenous Psychologies: Research and experience in cultural context*. New Delhi: Sage publications.

Km. U.(1990). Indigenous psychology: Science and application. In R. W. Brislin (Ed.). *Applied cross-cultural psychology*. Sage. Newburry Park.

Koltko-Rivera, M. E., (2004) The Psychology of Worldviews, *Review of General Psychology*, Vol. 8, No. 1, 3–58.

Krishnan, L. (2002). Indigenous: Handle with care. In G. Misra and A. K. Mohanty (Eds.). *Perspectives on indigenous psychology*. Concept Publishing Company . New Delhi.

Misra, G. (2003). Implications of culture for psychological knowledge. In -J.W. Berry, R. C. Mishra and R.C. Tripathi [Eds]. *Psychology in human and social development*. Sage Publications. New Delhi.

Misra, G. (Ed.) (2019). *ICSSR Research Surveys* and *Explorations: Psychology, Vols 1–5*. Oxford University Press.

Misra, G. (Ed.) (2011). *Psychology in India. Vol. 1-4*. Pearson Education. (ICSSR Survey of Advances in Research).

Misra, G. and Mohanty, A. K. (Eds) (2002). Perspectives on indigenous psychology. Concept Publishing Company. New Delhi.

Mohanty, A. K. and Prakash, P. (1993). Theoretical despairs and methodological predicaments of

developmental psychology in India: Some reûections. In T.S. Saraswathi and B. Kaur (Eds). *Human development and family studies in India: Agenda for research and policy*. Sage Publications. New Delhi.

Mohanty, A.K. (1988). Beyond the horizon of Indian psychology: The Yankee Doodler. In F.M. Sahoo (Ed.). *Psychology in Indian Context*. National Psychological Corporation. Agra.

Naidu, R. K. (2002). Indigenous psychology: As I see it. In G. Misra and A. K. Mohanty [Eds]. *Perspectives on indigenous psychology*. Concept Publishing Company. New Delhi.

Pandey, J. (2000/2004). *Psychology in India revisited.*" *Developments in the discipline*: Volumes I-3. Sage Publications. New Delhi.

Pandey, J.(1988). *Psychology in India: The state-of* -the-art – Volumes 1-3. Sage Publications. New Delhi.

Paranjpe, A.C. (1988). A personality theory according to Vedanta. In A.C. Paranjpe, D.Y.F. Ho. & R.W. Ribber (Eds). *Asian contributions to psychology*. Praeger. New York.

Paranjpe, A.C. (2003). Contemporary psychology and the mutual understanding of India and Europe. In J. W. Berry . R.C. Mishra and R.C. Tripathi (Eds). *Psychology in human and social development*. Sage Publications. New Delhi.

Paranjpe, A.C. (1984). *Theoretical psychology: The meeting of east and west.* Plenum Press. New York.

Rao, K. R. (2002). *Consciousness studies: Cross-cultural perspectives*. McFarland & Co.

Rao, K. R. & Marwaha, S. B. (2005). *Towards a spiritual psychology: Essays in Indian psychology.* New Delhi: Samvad Indian Foundation.

Rao, K. R. (2003). *Prolegomena to Indian Psychology Book Project*. Paper presented in the Indian Psychology Book Project Meeting. The inûnity Foundation & The institute of Human Science and Service. Vishakhapatnam. December 7-8.

Rao, K. R., Paranjpe, A.C. & Dalal, A. K. (Eds.) (2008). *Handbook of Indian Psychology*. New Delhi: Cambridge University Press of India.

Rao, K.R., & Paranjpe, A.C. (2016). *Psychology in the Indian Tradition*. New Delhi: Springer. Paperback: D. K. Print world, New Delhi.

Salagame, K. K. K. (2011). Indian indigenous perspectives and concepts: Developments and future possibilities. In G. Misra (Ed.), *Psychology in India Volume IV: Theoretical and Methodological Developments* (pp. 93-172). New Delhi: Pearson Education.

Sinha, D. (1986). *Psychology in a third world country: Indian experience*. Sage Publications, New Delhi.

Sinha, D. (1988). Basic Indian values and behaviour dispositions in the context of national development: An appraisal. in D. Sinha and H.S.R. Kao (Eds). *Social values and development: Asian perspectives.* Sage Publications. New Delhi.

Sinha, D. (1993). Indigenisation of psychology in India and its relevance. In U. Kim and J.W. Berry (Eds.). *Indigenous psychologies: Research and experience in cultural context.* Sage Publications. Newbury Park: CA.

Sinha, D. (1997). Indigenizing psychology. In J.W. Ben-y. Y.H. Poortinga and J. Pandey (Eds.). *Handbook cross-cultural psychology*. Vol. I. Allyn & Bacon. Boston.

Sinha, J.B.P. (1980). *The nurturant task leader*. Concept Publishing Company. New Delhi.

Srivastava, S. P. (2001). *Systematic survey of Indian psychology*. Bahadurgarh, Haryana: Adhyatma Vijnana Prakashan.

The foundations and Goals of Psychology: Contrasting Ontological, Epistemological and Ethical Foundations in India and the West¹

Anand C. Paranjpe²

ABSTRACT

This essay indicates how psychology in the Indian tradition offers a distinctive but complementary alternative to a dominant Western paradigm. As suggested by Kuhn, the pursuit of knowledge occurs within shared frameworks founded on axiomatic principles that are rarely questioned except in scientific revolutions. Since axioms usually involve ontological, epistemic and ethical principles and values, the foundational principles of dominant paradigms of classical Indian and modern Western traditions are compared. Granting the great diversity of approaches within Western and Indian traditions, dominant paradigms that persist in each tradition are selected for an exercise in compare and contrast. Pointing out that basic principles of radical behaviorism persist in contemporary Western psychology, its foundations will be identified in the context of the fundamental principles of logical positivism. On the Indian side, noting how Yoga continues to flourish and spread around the world, its foundational principles are identified. Important points of contrast between Western and Indian paradigms are noted: the outward gaze of science vs. inward look of Yoga, primacy of the physical domain vs. primacy of consciousness, focus on control of environmental factors vs. Yoga's focus on self-control, and so on. Finally, it is pointed out that, regardless of the opposite nature of their fundamentals, the benefits they offer are complementary, providing opportunities to develop a richer psychology at the global level.

Introduction

In his seminal work on the history and nature of science Kuhn (1970) persuasively pointed out that pursuit of knowledge in science happens within conceptual frameworks, which he called paradigms. These paradigms often involve foundational principles about the nature of reality and of knowledge, and ideas about legitimate goals for the pursuit of knowledge. In other words, the foundational principles involve ontological, epistemological and axiological principles. Many such principles are derived from the history of the wider society and culture which ensconces, surrounds, and nurtures the pursuit of knowledge. Such principles seep through textbooks, and form an integral part of the tacit knowledge and unquestioned principles on which inquiry in a given field is founded. Notwithstanding the debate over whether or not systems of psychology qualify to the exalted status of "paradigms", Kuhn's ideas about the relevance and nature of foundational principles may be viewed as equally applicable to systems of psychology. As sociologists of knowledge like Berger (1967) have pointed out, the broader culture and religion of a society and its institutions provide a "sacred canopy" under which pursuit of knowledge can flourish. Now in the 21st century, as intercultural contact improves in an increasingly globalizing world, the exchange and crossfertilization of ideas across many such canopies promises a richer collective legacy of knowledge for the entire humanity.

Till the middle of the 20th century, a major part of the world was dominated by colonial powers of mainly Britain and France, and during that period indigenous knowledge systems were subordinated to, and

¹ Re-published with permission -from K-H. Yeh .(Ed.). Asian Indigenous Psychologies in the Global Context. Palgrave Publications. pp. 47-68.

² Simon Fraser University, Canada

often denigrated by, knowledge systems of European origin. As the colonial influence is gradually receding, indigenous knowledge systems are beginning to find their legitimate place. This is particularly true about indigenous psychologies. Almost every cultural tradition contains distinctive psychological insights originated and historically developed within their respective cultural realms. India and China, which have rich intellectual traditions matching the longevity and vigor of their European counter part, have much to offer to enrich the enterprise of psychology. In the Indian tradition, Yoga is viewed as its most prominent system of psychology - although for various reasons it has been either mistaken for a system of philosophy rather than psychology, or has been viewed as no more than a system of calisthenics. Nourished over a time span of over two millennia, Yoga has begun to be known around the world, and various forms of meditation that originated in India have already begun to be part of a modern clinician's tool kit.

Although cultural contacts between Europe and Asia have a long history indicated by the commercial activity over the Silk Route, Asian and European intellectual traditions nevertheless developed within relative isolation. Yoga has primarily developed within the context of spiritual pursuits, while modern psychology developed primarily within "secular" academic institutions. The marginalization of psychology of religion in the mainstream of psychology indicates its commitment to a secularist approach to science. Small wonder, then, that traditional Indian and modern western approaches to psychology have developed along distinct lines. In modern psychology, behaviorism stands out as a distinctly indigenous system of psychology developed within the American cultural milieu. As I will try to show in the balance of this essay, Yoga and behaviorism, particularly Skinner's radical behaviorism, stand in sharp contrast with each other.

In choosing to focus on highly contrasting approaches to psychology, I do not wish to bolster the stereotype of the West as materialist versus the East as spiritual. Cultures are complex entities that resist placement into distinct black-and-white categories. It is well recognized that India has its own tradition of the materialist and hedonist system of Cārvāka and his followers, while on the European side we

have spiritual traditions of the Abrahamic religions as well as Neoplatonist mystics. Indeed, interest in spirituality, which was largely missing in psychology in the twentieth century, has recently resurfaced in America (Pargament, 1999). So, the purpose for choosing radical behaviorism and Yoga is not to suggest that the twain of East and West shall not meet. Rather, the purpose is to point out how indigenous psychologies can serve the needs of different types of clients found almost everywhere across the globe. Insofar as contrasting features can be complementary, they can together provide for a broader and richer psychology.

Before beginning a selective account of radical behaviorism and Yoga, I wish to enter a caveat. There is vast amount of literature on both behaviorism and Yoga, and there are ambiguities and controversies within each of them. Also, given the limited space available for this exercise, it is not possible to provide exhaustive treatment of these two systems. As such, my effort here will be to highlight their prominent features so as to point out both contrast and complementarity. I will not list their prominent features here, but point them out in the overviews in their separate accounts to follow. Given the predominance of American psychology around the world, Skinner's ideas are likely to be familiar to a majority of readers, and therefore I would start with Skinner first and then go on to Yoga. In each case, I will try to identify the principles of ontology and epistemologyon which the respective systems are founded, and the values and ideals that guide their praxis.

RADICAL BEHAVIORISM OF B.F. SKINNER:

AN INDIGENOUS AMERICAN APPROACH TOPSYCHOLOGY

Background of radical behaviorism

As Laurence Smith (1986) has noted, Skinner's radical behaviorism developed in tandem with the philosophy of logical positivism with informal exchange of ideas between the US and Europe during the first half of the twentieth century. Overwhelmed by the remarkable discoveries in quantum physics and theoretical breakthrough by Einstein, the logical positiv-

ist philosophy of the Vienna Circle considered physics as the ideal form of inquiry in any field of knowledge. Skinner's enthusiasm for science can be easily understood against this historical backdrop. Skinner's main source of inspiration, as Smith (1986) points out, was the work of the physicists Ernst Mach and Percy Bridgman. Also, Skinner personally knew the prominent logical positivist philosopher Rudolph Carnap, and Carnap's student V. W. Quine was his colleague at Harvard. It makes sense, then, that we find parallels between the foundational principles of radical behaviorism on the one hand and logical positivism on the other – although Skinner also disagreed with logical positivists on several specific issues (see Smith, 1986, p. 286). Although there was no unanimity among the members of the Vienna Circle whose ideas came to be known as logical positivism, they generally favored a physicalist position in ontology, accepted public verification as an epistemic principle, and considered "ought" statements as meaningless, thereby indicating a valuefree stance on ethical issues (For a brief overview and critique of logical positivism, see Passmore, 1967). Against this background, we may take a look at Skinner's position in ontological, epistemological and axiological matters against the background of those of logical positivism without trying to equate the two.

Basic assumptions of Skinner's approach

At one point Skinner unequivocally states "[t]he physicalism of the logical positivist has never been good behaviorism" (see Blanchard and Skinner, 1967, p. 325). Not withstanding this flat-out rejection of physicalism, he nevertheless stays close to physical pole of the mind-matter dualism as indicated by his repeated and pejorative references to "mentalism". Note, for instance, what he says about "acts of will, our thoughts, our sensations, our images" in his reply to the philosopher Blanchard's arguments affirming the reality of consciousness. Toward the end of the paragraph in which he mentions thoughts, sensations, images and other such events in the domain of consciousness, he says: "whether public or private, all the events described are physical" (Blanchard and Skinner, 1967, p. 328; emphasis added). Leaving aside the apparent contradiction in his position on physicalism, it should be clear that

he does not ascribe reality to events in the mind. In *Notebooks* Skinner (1980) writes: "Mind is a myth, with all the power of myths" (p. 34).

Skinner's rejection of the reality of mind at least partly depends on the epistemic issue of how we know about events in the private domain of consciousness. In the same paragraph referred to above in which he speaks about acts of will, thoughts, sensations and other mental events he says that "[t]hings of this sort *should* be seen with special clarity. . . . But the fact is, they are not seen clearly at all. Two people rarely agree about them, and for good reason" (p. 328; emphasis original). Students of the history of psychology can quickly see that the reference to the last sentence in the words just quoted imply a reference to Watson's (1913) declaration of the method of introspection as null and void since Wundt's followers in Germany and America could not agree on what they found in the domain of consciousness using the method of introspection. (See Boring, 1953; Danziger, 1990, pp. 44-48). In the history of psychology, the story of how Watson's "methodological behaviorism" turned into "logical" or radical behaviorism at the hands of Skinner is too well known to be re-told here.

Verbal Behavior is one of the most well-known works by Skinner (1957), which has been made particularly famous by its review by the linguist Chomsky. In this book, he has a long chapter on thinking, which is one of the common mental processes. There Skinner initially admits that: "In a sense verbal behavior which cannot be observed by others is not properly part of our field"(p. 434). This statement indicates Skinner's commitment to observation in the public domain as his favored epistemic principle. Nevertheless, he appreciates the fact that early behaviorists conceptualized thinking as sub-vocal behavior insofar as it brings this private phenomenon within the orbit of behaviorism. According to Skinner thinking, like all other forms of spontaneously and voluntarily initiated behavior, is an "operant" - like the pecking response of a pigeon, for instance. In his view, like all other types of operants, thinking can be directly and completely brought under the control of environmental factors, particularly by the linguistic community. This implies that thinking can not only be studied as the behavior of the Other-One, such as a scientist observing the thinker from the outside, but it can also be controlled from the outside. But then what about self-control in regard to the process of thinking? An answer to this may be found in Analysis of Behavior, a book providing a program for self-instruction by Holland and Skinner (1961). In this book (on p. 302) they suggest that "the term voluntary control is a misleading description of operant behavior" because the so-called voluntarily controlled operants can be completely controlled by manipulating external conditions. An example of this Holland and skinner give is that of a mother who can control her own urge to eat a candy the same way as she controls a similar urge in her children – by keeping the candy jar out of sight (p. 305). Thus, in Skinner's view, self-control is possible only in an *indirect* way: by controlling conditions in the environment and not directly by the thinker herself.

Aside from thoughts, intentions and sensations, Skinner rejects the concept of self, which is closely associated with the mind. Unlike Hume(1739/1978, p. 251), who rejected a self-same and persistent image of the self since he could not find one such upon introspecting into his own mind, Skinner has a different reason for rejecting the self. In *About Behaviorism* Skinner (1974) said that "[t]here is no place in the scientific position for a self as true originator or initiator of action" (p. 225). While rejecting causal efficacy of intentions, Skinner admits to causal agency only to conditions in the environment.

In Beyond freedom and dignity Skinner (1971) takes a fully determinist position, completely denying the role of free will in his view of the cosmos. An implication of the denial of will, along with the denial of self as originator of action, is that there is no place for self-examination in Skinner's radical behaviorism. His outward gaze is consistent with his commitment to science, particularly physics, which is fixed on the objects in the "outer" world. In adopting the outward gaze of science Skinner goes back to Francis Bacon, the father of modern science. Like Bacon, he believes that the goal of science is to control the forces of nature for the benefit of mankind, but while Bacon expected to control forces of nature, Skinner aimed at controlling the behavior of organisms, including of course humans. Following the lead of early behaviorists like Watson, Skinner viewed prediction and control of behavior as the goal of psychology.

Under the influence of behaviorism, generations of students of psychology have been told about this goal, but the question as to *who* would control *whose* behavior and to *what end* has been largely side-stepped. To his credit, Skinner (1953, Ch. XXIX) does discuss the issue of who *should* be the controller, but the issue is too complex to discuss it here.

It is silently and implicitly assumed that psychologists would use their power to control in a benign and benevolent way even as parents and teachers would control their wards, or authorities involved in law enforcement would control the behavior of the criminals and convicted prisoners. Yet in a broader sense, the goal of control must imply a clear conception of what constitutes good behavior, and of the values that ought to guide human behavior at large. Unlike the logical positivists, Skinner did not think that "ought" statements are meaningless. On the contrary, he was deeply involved in discussion of the goals for which science in general, and the techniques for behavior control he devised, were to be used. Such discussion cannot be found, nor would it be expected, in writings such as The behavior of organisms (1938) where he was writing as a scientist. Oua scientist, he would - and did - follow the guideline of a "value-free" science. But while writing Waden Two, the novel in which he explained how behavioral technology was to build a utopian society, he did write about the values to guide such an enterprise. In the 20th chapter of Walden Two the protagonist Frazier explains the distinctive marks of a Good Life: It consists in being healthy, having absolute minimum of unpleasant labor, lack of compulsion to work, scope for exercising one's talents and abilities, and in having intimate and satisfying personal contacts. In his preface to the 1969 edition of Walden Two Skinner suggested that in his vision of the utopia "people can live together without quarreling, can produce the goods they need without working too hard, [and] can raise and educate their children more efficiently" (p. ix). I cannot imagine why anybody would not want to live in such a society. Few would quarrel with this vision, although he has been heavily criticized for several other aspects of it.

PATAÑJALI'S YOGA: AN INDIGENOUS INDIAN APPROACH TO PSYCHOLOGY

Background of Patañjali's Yoga

The historical origins of yoga are traced to a hoary past. Explicit references to the basic concepts of yoga can be found in some of the principal Upanisads, which most probably pre-date the Buddha (6th cent. BCE). Images of a man sitting in the lotus position indicate the origin of yoga in the Indus civilization dating back to about 2,500 years BCE. Patañjali, who wrote the standard text of Yoga called the Yoga-Sūtras, probably belonged to the first of second century, CE. In writing this work, he used the conceptual framework of the Sāmkhya system, which is one of the six systems of philosophy of the Upanicadic (or the "Hindu") tradition (as distinguished from the Buddhist tradition). Written in the cryptic style of aphorisms (called sūtras), Patañjali's text needed explanations and elucidation that were provided by Vyāsa in the 4th century, CE. This was followed by numerous commentaries by several scholars, of whom Vācaspati Miśra (9th cent.) is most well-known. (For English translations of these basic sources, see Prasada, 1912). There are numerous commentaries on the Yoga-Sūtras, as new translations and commentaries continue to be added. The literature on Yoga is inexhaustible.

In India, as in pre-modern Europe, there was no separate discipline of psychology; principles and techniques now considered to be part of psychology were embedded in various sources of classical literature in Sanskrit. When the British rulers set up modern universities in India, they included Yoga as part of the twin system of Samkhy-Yoga philosophy. This is how it was treated in standard works on Indian philosophy (e.g. Dasgupta, 1922/1975; Radhakrishnan, 1927/1931) in early decades of the twentieth century. Against this background, the label "philosophy" was stuck on Yoga regardless of the fact that it is without doubt the premier indigenous system of Indian psychology. The currently popular image of Yoga as a system of calisthenics designed for physical fitness is based on some, but not all, of its features. The very purpose of Yoga is to voluntarily control one's own mental processes till they come to a virtual stop, and thereby to realize the true nature of the Self in higher states of consciousness. Indeed, it is quite safe to say that Yoga as described in the *Yoga Sūtras* of Patañjali is India's indigenous system of psychology. Some recent publications, however, bring out the essentially psychological nature of Yoga as described by Patañjali (Paranjpe, 1984; Rao and Paranjpe, 2008).

Basic assumptions of Patañjali's Yoga

The ontological foundations of Yoga are explicitly based on the basic concepts of the Samkhya philosophy. According the Sāmkhya system, reality is divided into two distinct realms: Purusa, which is the principle of sentience, or the capacity for subjective experience, and Prakṛti, the objective principle of materiality (see Dasgupta, 1922/1975; Larson, 1969). The term Purusa is used in two slightly different ways: First, it designates the universal principle of sentience as distinguished from the Prakṛti, the principle of materiality which manifests in insentient objects, atoms, rocks, chairs, mountains, clouds and so on, as well as in bodies of animals and humans. Second, it is also suggestive of an individual center of awareness, or the Self, in all individual human beings. While Purusa as the Self is said to be unchanging, individuals tend to identify their self with the ongoing thought, feelings and action, which keeps continually changing along with everything else within the domain of *Prakrti*. All changes in the domain of Prakṛti are said to happen due to the lawful interaction between three components or "strands" of Prakrti. Here we need not go into the detailed description of the characteristics of the three strands or 'guna's of Prakṛti.

As to Patañjali's view of the mind (which he calls the *citta*), it manifests itself in a variety of mental processes called the *vrttis*. As described in the *Yoga Sūtras* (1.5-11) these include the processes of thinking (whether in reaching valid conclusions or otherwise), imagining and construing, dreaming, and remembering. Patañjali considers the *citta* to be part of the domain of *Prakṛti*. Like everything in the "material" domain of *Prakṛti*, its processes are constantly in flux due to the continual interaction of the three strands. In other words, the mind too is material in nature, except that it is composed of a "subtle" form of matter as distinguished from "gross" matter of which the body is made. The goal of Yoga is to attain a highest state of human existence conceived

as the state of *kiavalya*, meaning the "isolation" of Purusa or an unchanging true Self from its entanglement with the continually changing *Prakṛti*. The way to do this is through the control of the flow of mental processes (*vṛttis*) till the flow comes to a full stop. Patañjali (in aphorism # 1.12) suggests two main means for attaining this goal: first, untiring and repeated effort (*abhyāsa*), and second, completely overcoming desires for objects, whether seen or unseen (*vairāgya*, defined in #1.15). The *Yoga Sūtras* also provide a detailed and meticulous description of the method of concentrative meditation that helps in radically transforming not only the mind, but also the entire life of the meditator. The program is divided into eight steps.

Eight steps of Yoga practice

The *first* step involves disciplining one's conduct in life by avoiding the practice of proscribed behaviors (stop killing and injury, telling lies, stealing, overindulgence, and covetousness). The second step requires the cultivation of a set of virtues (cleanliness, contentment, self-control, self-study, and devotion to God). The third and fourth steps involve respectively the practice of postures, and a series of breathing exercises. Indeed, comfort and stability are the only two features of a posture that Patañjali considers adequate as means to stabilize the wandering mind. The proliferation of complex bodily postures is a later development of Yoga (called the Hatha Yoga) that is often mistaken as the quintessence of Yoga. The fifth step involves turning attention inward into the contents and processes of the mind. This step is a necessary prerequisite for the beginning of a systematic and concerted attempt to control the processes of the mind, such as thinking, imagining, wishing, deciding and so on. The Yoga Sūtras present a vivid picture of the process that concentrative meditation leads to: In the sixth step, the stream of thoughts is slowed down, then its contents become uniform as thoughts are focused on a single object. Following this, in the seventh step, the same thought is retained in awareness. What the meditator experiences after this in the final - eighth - step is a series of states called the Samādhi. To put it simply, the stages involve a gradual process of emptying the contents of the mind such as connotative and denotative meanings and the sensory bases of thoughts till ultimately experience is rendered totally empty or devoid of content. (For a more detailed discussion see Paranjpe, 1984).

When consciousness is emptied of all its contents, and the mental processes come to a stop, there is nothing toward which attention is directed. To put it in the light of modern psychology, this implies that in such a situation consciousness is not "intentional" as Brentano (1874/1974) called it. (This is a complex issue, and we will return to it in the last section of discussion to follow.) In other words, there is no experiencing subject as distinguished from objects of experience; both subject and objects are fused together into a united existence. In Yoga and the Advaita Vedanta, which are arguably the most dominant systems of Indian thought, the state of consciousness devoid of content and intentionality is not only strongly affirmed, but it is highly valued. Its valorization is based on following main claims: First, that its experience is a million times more positive than all the pleasures attainable by a strong and healthy person who may possess unlimited wealth and power – like that of a king. Second, that the true Self as the unchanging foundation underlying the changing images of the ego is discovered in the experience of the non-intentional state of consciousness, a state that is dubbed the Fourth state following the Mandukya Upanisad (#12; see Radhakrishnan, 1953/1994, p.701). Finally, subsequent to the experience of the Fourth and highest state of consciousness, the true and permanent basis of selfhood having been discovered, the meditator no longer needs to pursue ever more alluring self-definitions, and lasting and undisturbed experience of peace is attained once and for all.

This is all right, one may say, but where's the evidence? This is an epistemological question, to which Vyāsa, the earliest major commentator of Patañjali, provides an answer in his commentary on aphorism #3.6. The proof of Yoga lies in doing Yoga (yogo yogena jñātavyo; yogo yogāt pravartate), he suggests. In other words, if a person follows the procedures explicitly laid out in Yoga, she or he will attain the experiences as specified. This involves what may be called an experiential verification of Yogic claims. It obviously involves subjective and private sort of verification, as distinguished from the verification by observation in the public domain demanded by the logical positivists and by Skinner.

Finally, we need to take a look at the axiological foundation of Yoga. The answer is suggested by the Sāmkhya system where the very first aphorism states that its aim is to radically remove all forms of suffering. The way to do it is not by removing external stressors, but by directly experiencing the true Self which is beyond thinking, desiring, and feeling. The strategy here involves a transformation of the subject who enjoys and suffers rather than on removal of the objects that are supposed to cause pleasure or pain. This does not mean that there is no place for removal of falling objects that may cause wounds, or agents that cause diseases. The Samkhya aphorisms suggest that the removal of such suffering is left to physical means (such as moving away from a moving object), or using medical means to cure diseases. Sāmkhya and Yoga focus on the discovery of the true Self which transcends the mundane domain to which satisfaction and dissatisfaction belong. As indicated above, the true Self is realized by stopping the processes of thinking and feeling and the direct experience of a higher state of consciousness which ensues the stoppage of the mental processes. Such an experience is said to lead to a form of lasting peace, which is considered to be vastly more satisfying than the best of worldly pleasures attainable through wealth and power. This implies a distinctly individualist Nirvana, and not a utopian state of society like that of the Walden Two. The recognition and valorization of a state of human existence putatively higher than all mundane sources of happiness attainable through wealth and power is a dominant theme of the Indian cultural tradition. This persistent theme of culture has dominated psychology in the Indian tradition, and it accounts for one of the important ways in which Indian psychology differs from its Western counterpart. The purpose here is to point out the foundational principles on which the Yoga system is based, and not on defending or proving them.

DISCUSSION

Yoga is no longer restricted to the India, the land of its origin; it is now known around the globe. However, currently its image is mainly as a system of calisthenics useful for ensuring physical fitness. Although Yoga is also seen as useful in countering stress, the fact that bodily postures and breathing exercises are primarily meant to enable controlling

the mind is not widely known. From the sketchy introduction presented above it should be clear that Yoga is essentially a system of psychology. It is hardly surprising that psychology of Yoga is quite different from most Western systems of psychology; given their origins in eras centuries apart, and in regions continents apart, some differences among them would be natural. However, the differences are significant, not marginal especially when Yoga is compared with radical behaviorism.

Let us note once again the remarkable differences between their foundational assumptions: While Skinner dismisses mental events as simply a "myth", Yoga not only affirms that they are real, but also provides a time-tested methodology to help attain higher states of consciousness. Interestingly, Yogic view of mental processes is almost identical to Descartes's conception of the "cogito" which includes thinking, doubting, understanding, affirming, denying as well as imagining and feeling (see Wilson, 1969, in Essential Descartes, p. 174). Yet there is a radical difference between the ontological foundations of these two indigenous systems that provide the framework within which the nature of these processes is understood and dealt with. Skinner, working against the historical backdrop of the Cartesian dualism, stays closest to the material pole of the mind-matter dualism. Although Yoga is founded on Sāmkhyan dualism, the duality it postulates is vastly different from the Cartesian formulation. In Descartes's view, as with many of his followers in the Western tradition, consciousness is equated with the occurrence of mental processes. In contrast, in Sāmkhya-Yoga, Advaita Vedānta and other systems of Indian thought, the view of consciousness extends beyond mental processes to include a higher state of consciousness which is empty of content and devoid of the mental processes that constitute the wakeful state of consciousness. When experience is emptied of content by following techniques like those described by Patañjali, the distinction between the experiencing subject and object of experience is also overcome. The experiencing subject and the objects of experience are fused together in a unitive experience.

The resulting state is thus beyond *intentionality* which Brentano (1874/1974) described as the condition where consciousness is *about* something –

thoughts are *directed* to objects of thought. Brentano indicated that intentionality is an unmistakable feature of consciousness. Following Brentano's footsteps, many of his main followers in the phenomenological/existential traditions suggested the consciousness is always intentional. Husserl (1931/1962), for instance, said: "every consciousness is the consciousness of something" (pp. 257-258). Continuing this lead Sartre (1943/1966) says: "All consciousness, as Husserl has shown, is consciousness of something. This means that there is no consciousness . . . that . . . has no 'content'" (p.11). While this view of consciousness seems to be entrenched within the phenomenological/existential stream of Western psychology, Skinner represents the behaviorist stream that dismisses the relevance of consciousness altogether. In the Indian tradition, however, the notion of non-intentional state of consciousness is as persistent as it is central. In recent years, with increasing globalization an international forum for East-West exchange of ideas about the nature of consciousness has opened up in the form of the Journal of Consciousness Studies. In this forum, the non-intentional state of consciousness as described in Yoga as the highest state of Samādhi has been recognized as "pure consciousness" (Forman, 1980). Indeed, such recognition is an indication of one of the ways in which indigenous psychologies are beginning to make a mark on the international scene.

Claims regarding the existence and nature of higher states of consciousness naturally raises the question of evidence. As noted, in the Yogic tradition, the proof of the pudding is said to lie in experiential verification through actually doing or practicing yoga. Verifiability is surely the epistemic principle considered central to logical positivism, and although it is hard to find Skinner explicitly affirming the same, I see no deviation from it in Skinner's work. In his work, as with the logical positivists, verification implies observation in a public space, supported by replication and consensus among observers. To put it in a language which seems to be lately getting popular, while in Yoga there is reliance of first person statements, in Skinner as in much of modern science truth can be ascertained via third person statements. A parallel distinction is between private and public, and unless consciousness and mind are to be ruled out of bound for psychology as Skinner

and many other behaviorists have done, psychology cannot avoid first person statements. Insofar as this issue is crucial for indigenous psychologies whose voices have been suppressed for long, raising this issue to the forefront of psychology in the world at large could well be a major task ahead.

An even bigger challenge ahead for indigenous psychologies is to help psychology to cope with the highly diverse and complex views of what constitutes a good life, or the varied conceptions of the ideal human condition. Here again, the contrasting pair of indigenous psychologies presented here can suggest the scope of the task involved in this regard. Note how in developing his theory of learning following the steps of his forebear, Edward L. Thorndike (1932), Skinner tries to rid his brand of psychology of the slightest reference to even basic feelings of pleasure or pain attributable to animals in ingesting food or getting hurt. Thorndike had no problem in using terms such as satisfaction and annoyance (p. 176) implying subjective experience even in describing the behavior of cats and dogs used in his experiments. However, Skinner insisted on using the terms positive and negative reinforcement in terms of objectively observable phenomenon of the probability of repeatable responses even in the case of humans. Such an extreme case of meticulous avoidance of subjective feelings is rare even among other indigenous psychologies of America such as humanistic psychology and many others. Yoga, by comparison, stands at virtually the opposite pole in holding feelings and subjectivity at the core of its enterprise. Patañjali speaks repeatedly of happiness (sukha) and suffering (duhkha), and even refers (in #2.42) to unsurpassed levels of happiness (anuttamah sukhalābhah) attainable through the practice of Yoga. Moreover, the very aim of Yoga is to experience purely subjective experience untouched by any reference to objects, seen or unseen.

As noted before, in spite of his extreme disdain for subjective terms, Skinner does speak in Walden Two of a good life - presumably a style of living that makes one *feel* good. Note the expressions he uses in describing the life in the utopian or "ideal" society: There, he says, there will be "an absolute minimum of *unpleasant* labor", "*satisfying* personal contacts", and "relaxation and rest" (Skinner, 1948/1969,

p. 147-148; emphasis added). In my view, all these aspects of good life as viewed by Skinner involve mundane aspects living in a world of objects. As noted earlier, Yoga considers overcoming the desire for objects, seen or unseen, as one of the two main means for attaining its goals. In other words, a yogi is expected to shun pleasures attainable through tangible or "seen" or tangible objects, as well as "unseen" objects of desire – such as fame. But this does not mean that Yoga aims at something other worldly, such as pleasures in heaven. Rather, it aims at experiencing bliss – or "unsurpassed happiness" – attainable in this life through the discovery of the Self in the state of pure consciousness.

Given the sharp contrast between radical behaviorism and Yoga, one may wonder if we are comparing apples with oranges as the expression goes. However, there should be no doubt that both radical behaviorism and Yoga are but differing perspectives on the *same* issue, namely mental processes such as thinking. There should be no doubt that the occurrence of mental processes is a panhuman phenomenon which is most commonly recognized around the world. As William James put it: "The first fact for us, then, as psychologists, is that thinking of some sort goes on" (1890/1983, p. 219). Both the indigenous systems discussed here are concerned about the ontological status of thinking, and about what we can do with it, and to what end. Ironically, both these differing perspectives are interested in the possibility of *controlling* thinking and other mental processes as a means to improve the human condition. However, they go about it in radically different ways. For Skinner, committed as he is to the enterprise of "science" as envisioned by Bacon, exercising control and bringing about beneficial changes is the thing to do. Like science, Skinner looks at the world "out there" to exercise control. Mental processes can be controlled only from the outside; by arranging physical conditions in the environment. Skinner insists that like the early behaviorist Max Meyer (1922), his is a psychology of the Other-One, not about the self, whereas the entire focus in Yoga is on one's own self.

Interestingly, when Wundt started to develop psychology as a science, he had turned his gaze inward with his method of introspection. However, what his

followers like Titchener and other "introspectionists" wanted to do was to *observe* the contents of consciousness and find out the "elements" of which consciousness was composed. The yogis were most interested in *controlling* the mental processes, and much less in *observing* their contents. More specifically, the aim of contemplative search of the yogis was to find peace and bliss in the depths of the inner world hidden behind the smokescreen of the mind. Contemplative approach like that of Yoga is certainly not the monopoly of the sages of India; it has been an integral part of religious traditions of East and also of the West. As the Bible says, "the kingdom of God is within you" (St. Luke, 17.21).

Skinner's religious background and the "sacred canopy"

There is a tendency in the West to strongly differentiate between religion and science. True, Yoga has been closely associated with the Hindu, Buddhist and Jain traditions. However, there has been little difficulty in incorporating Yogic and Buddhist techniques of meditation as part of the "secular" enterprise of modern clinical psychology. Reading the voluminous writings of Skinner makes it appear that his is a strictly secular enterprise uncontaminated by anything concerning religion. But let me note a couple of things he says toward the end of the last of the three volumes of his autobiography (Skinner, 1983).

"My early religious experience was important" says Skinner. Then he continues: "... the point of [Beyond Freedom and Dignity] could be summarized as a scientific defense of the radical dissenting Protestantism of early 19th century England" (1983, p.402). He goes on to quote many sentences from his own work with parallel statements from Jonathan Edwards (1703-1758), a Congregationalist American theologian, who was for some time the President of Yale University. It is as if Skinner virtually reinterpreted the religious doctrine of predestination by substituting a thoroughgoing environmental determinism for a total control on the world by an omnipotent God. What is more, Skinner also points out that his denial of the self is in line with a distinctly Christian perspective. Thus, he says: "Assigning one's achievements to one's genetic and environmental histories is an act of self-denial that would have been

understood by Thomas à Kempis" (1983, p. 408). À Kempis (1380-1471) was a medieval Christian monk and the author of the famous work called *The imitation of Christ*. In that work, he essentially suggests the theme that humility and self-effacing as the true mark of becoming like Christ. Skinner adds that "[t]he theme turns up in mundane philosophy . . . and literature. It is of course a strong theme in Eastern mysticism" (1983, p. 408). Needless to say, Yoga is in essence a form of Eastern mysticism!

There are two points that may be noted in what is just pointed out: Frist, that for Skinner's perspective as for that of Yoga, religion seems to provide what Berger (1967) has called a "sacred canopy" – a broad, all-encompassing framework that is like a large tent under which varied perspectives emerge and flourish. Second, the fact that Skinner mentions Eastern mysticism that promotes a denial of the self even as he implies and means it suggests that East and West can meet even where we may least suspect it.

From contrast to complementarity

Regardless of the sharp differences between radical behaviorism and Yoga, neither of the two perspectives needs to be seen as exclusive to cultures of their origin. Indeed, neither is irrelevant in the other's land of origin. These systems are not "emic" systems designed to suit the specific conditions pertaining to the cultures of their origin. Rather, they are systems of potential universal relevance: universal in the sense of being appropriate for persons with specific needs no matter whatever part of the world they may belong to. There are good reasons why behavior modification is relevant in India to patients of certain forms of pathology such as obsessive compulsive behavior, and to students who need rewards to make progress in their learning. Also, Yoga appeals to a number of Americans not simply as a system of calisthenics, but as one of the pathways to higher reaches of human happiness. There are deeper existential needs of select groups of people for whom various techniques of meditation developed in indigenous traditions of the East have legitimate appeal and genuine utility. Behavior modification and teaching machines can be used meaningfully and effectively in meeting the needs of mental patients and students of certain types anywhere in the world.

Varied indigenous systems of psychology have developed in long traditions in a way that effectively fulfill the differing needs of different types of clientele. If this is correct, then the way to go is adopt a pluralist approach to psychology, and not to shun indigenous psychologies in the name of universal "science" where one size fits all.

REFERENCES

Berger, P. L. (1967). The sacred canopy: elements of a sociological theory of religion. Garden City, N.Y.: Doubleday.

Blanchard, B., and Skinner, B. F. (1967). The problem of consciousness – A debate. *Philosophy and phenomenological Research*, *27*, 317-337.

Boring, E.G. (1953). A history of introspection. *Psychological Bulletin*, *50*, 169-189.

Brentano, F. (1974). *Psychology from an empirical stand-point* (O. Kraus, Ed.; A.C. Rancurello, D.B. Terell, & L.L. McAlister, Trans.). New York: Humanities Press. (Originally published 1874)

Dasgupta, S.N. (1975). *A history of Indian philosophy* (Indian editon, Vols. 1-5). Delhi: Motilal Banarsidass. (Originally published 1922)

Danziger, K. (1990). Constructing the subject: Historical origins of psychological research. Cambridge: Cambridge University Press.

Forman, R. K. C. (Ed.). (1990). *The problem of pure consciousness*. New York: Oxford University Press.

Holland, J. G., and Skinner, B. F. (1961). *The analysis of behavior*. New York: McGraw-Hill.

Hume, D. (1978). *A treatise of human nature* (L.A. Selby-Bigge, Ed.). Oxford: Clarendon Press. (Original work published 1739)

Husserl, E. (1962). *Ideas: general introduction to phenomenology*. (W.R. Boyce-Gibson, Trans.) New York: Collier Books. (Originally published 1931)

James, W. (1983). *Principles of psychology*. Cambridge, MA: Harvard University Press. (Original work published 1890)

Kuhn, T. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago: University of Chicago Press.

Larson, G.J. (1969). Classical Sāṃkhya: An interpretation of its history and meaning. Delhi: Motilal Banarsidass.

Meyer, M. (1922). *Psychology of the other-one* (2nd ed.). Columbia, MO: Missouri Book Company.

Paranjpe, A.C. (1984). *Theoretical psychology: the meeting of East and West*. New York: Plenum.

Pargament, K.I. (1999). Psychology of religion *and* spirituality? *International Journal for the Psychology of Religion*, 9(1), 3-16.

Passmore, J. (1967). Logical positivism. In *Encyclopaedia* of *Philosophy* (Vol. 5, pp. 52-57). New York: Free Press.

Prasada, R. (Trans.). (1912). The Yoga Sūtras of Patañjali with the commentary of Vyāsa and the gloss of Vācaspati Miœa. Bahadurganj: Panini Office. (Vol. IV in the Sacred Books of the Hindus Series).

Radhakrishnan, S. (1931). *Indian philosophy* (2 Vols., 2nd ed.). New York: Macmillan. (First published 1927)

Radhakrishnan, S. (1994). *The principal Upanisads*. New Delhi: HarperCollins, India. (First published 1953).

Rao, K. R., and Paranjpe, A. C. (2008). Yoga psychology: Theory and application. In K. Ramakrishna Rao, Paranjpe, A.C., and Dalal, A.S. (Eds.). *Handbook of Indian Psychology* (pp., 186-216). New Delhi: Cambridge University Press, India.

Sartre, J-P. (1966). Being and nothingness: A phenomenological essay on ontology. (H.E. Barnes, Trans.). New York: Washington Square Press. (Original work published 1943)

Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis*. New York: Appleton-Century-Crofts.

Skinner, B. F. (1953). Science and human behavior. New York: Macmillan.

Skinner, B. F. (1957). *Verbal behavior*. New York: Appleton-Century-Crofts.

Skinner, B. F. (1969). Walden Two with a new preface by the author. New York: Macmillan. (First published 1948).

Skinner, B.F. (1971). *Beyond freedom and dignity*. New York: Alfred A. Knopf.

Skinner, B.F. (1974). *About behaviorism*. New York: Alfred A. Knopf.

Skinner, B.F. (1980). *Notebooks*. Englewood Cliffs, NJ: Prentice-Hall.

Skinner, B.F. (1983). A matter of consequences: Part three of an autobiography. New York: Knopf.

Smith, L.D. (1986). *Behaviorism and logical positivism:* A reassessment of the alliance. Stanford, CA: Stanford University Press.

Thorndike, E. L. (1971). *Fundamentals of learning*. New York: AMS Press. (First published 1932).

Watson, J.B. (1913). Psychology as the behaviorist views it. *Psychological Review*, 20, 158-177.

Wilson, M. D. (Ed.). (1969). *Essential Descartes*. New York: New American Library.

Scope & Substance of Indian Psychology

K. Ramakrishna Rao¹

Classical Indian thought is rich in psychological content. However, it is in the raw, covered by concerns and issues extraneous to academic psychology. They need to be mined from the depths of classical writings, cut by current analytical tools, crafted by concepts in vogue and displayed dressed in contemporary discourse so that one can see their natural brilliance and radiant splendour. Unlike western psychology, which is content dealing with problems of ego and social adjustment, classical Indian psychology is concerned with transformation of persons to higher levels of achievement and wellness.

Centrality of consciousness is the defining characteristic of Indian psychology. The chief concern is with the "person," conceived as consciousness-as-such. The person is conditioned and clouded in the existential context by a vortex of forces generated by the mind-body complex. Embodied, the "person" becomes the instrument of individualized thought, passion, and action. From this individuation arise subjectivity, rational thinking and the relativity of truth and values.

Psychology in the Indian tradition is an "inner" discipline in search of realizing truth and perfection in the human condition. The goal is to find oneself in an unconditioned and unmasked state. While assuming that consciousness is the ground condition of all knowledge, Indian studies consciousness psychology multifaceted manifestations and seeks to explore the experience of its true nature in one's being. Indian psychology is not only a body of generalizable principles but it is also a set of practices that can be used for the transformation of the human condition towards perfection. It has its own methods appropriate to its subject matter and objectives. The methods are observational, but they are different from the externally oriented observations of "outer" sciences.

They are a peculiar blend of first-person and second-person perspectives. They provide for personal, subjective, and non-relational authenticity and in-group inter-subject validity. The strength of Indian psychology consists in the potential it offers for transformation of the person, through successive stages, to a state of perfection.

Psychology of Transcendence

My own reading of Indian psychology suggests a new psychology, a psychology that is vastly different from what we know in western psychology. I see it as a psychology of transcendence. Some may call it psychology of enlightenment. The human psychological condition is a manifestation of various forces acting on and interacting with the "person." The person per se has access to consciousness in its pure form, knowledge in its true state, beauty in its pristine magnificence, and goodness in Its ultimate perfection. But in the existential situation, the person finds himself conditioned and his behaviour is determined in a variety of ways. Conditioned, the person becomes an instrument of individualized thought, action, and passion. Knowledge is now biased, happiness personal, and beauty subjective. It is possible to return the person to the unconditioned state. This could happen in various stages and degrees. There are techniques that could help in the process of returning the person to the unconditioned state, the state of transcendence. With obvious differences in detail, I suspect, the major systems of Indian thought, including Buddhism and Jainism, conform to this generalized model of delivering or liberating the individual from a conditioned state to the unconditioned state. This movement from the mundane to the sublime, from samsāra to nirvāṇa, or in the Vedānta jargon, from vyāvahārika to pāramārthika states is what I call transcendence.

¹ Rao, K. R. (2005). Scope and substance of Indian psychology. (pp. 18-40). In K. Ramakrishna Rao and Sonali Bhatt Marwaha (Eds.). *Towards a spiritual psychology: Essays in Indian psychology*. New Delhi: SAMVAD India Foundation. Re-published with permission.

Transcendence is generally understood in a metaphysical and otherworldly sense. But it makes sense also in more mundane terms by signifying an effort to transform the individual to reach the desired goal of knowing truth, becoming objective, and partaking in the good and the beautiful that are veiled by conditioned biases and distortions brought about by the attachments and subjective conditions in one's life history. Transcendence implies overcoming the existential constraints of one's body-mind complex. The goal is to achieve perfection in what we know, what we do, and how we feel. There is a general belief that such transcendence from a conditioned being to an unconditioned state of perfection is possible. It is variously called and described. In Buddhism it is nirvāna and in Yoga it is kaivalya. Śamkara [Ādi Śańkarācāryaḥ] among others speaks of jīvanmukti concept (Śaṃkara, 1980) and the Bhagavad Gītā describes at length the state of sthitaprajña (Date, 1971). These are essentially states of transcenddence achieved by controlling sensory inputs with suitable mind-control practices.

There are fundamental differences between western psychology and Indian psychological thought. These differences range from methodlogical preferences to theoretical assumptions, from the primary focus of subject matter to its practical orientations. In classical Indian psychology, the focus is on the person rather than on the object of experience. The emphasis is on the mental rather than the physical aspects. The preferred method is first-person based inner knowing (introspection) and personal insight. We find that in classical Indian thought metaphysical theories are grounded in psychological insights rather than built on physical facts. The intellectual exercise is more synthetic and less analytical in comparison to the West. Again, somewhat surprisingly, classical Indian psycho-logy is more practical than theoretical. It is oriented towards transcending existential limitations transforming the individual, as mentioned, from a state of conditioned being to an unconditional state of freedom, to know the truth (satyam), to practice the virtue (śivam), and to appreciate the beautiful (sundaram).

The purpose of contrasting the western and Indian perspectives is not one of merely showing how different they are. It is clearly not one of asserting that one is wrong and the other is correct. The differences may be seen as complementary aspects

and not necessarily as opposing alternatives. In the Indian situation, what is important is the cultural relevance of what we do as psychologists. If we begin to appreciate what is inherently indigenous and practice it in our profession, we will not only promote psychology in the service of India, but we will also help to enrich psychology at large by broadening its scope and content.

I will briefly refer here to Buddhism, Yoga, and Advaita Vedānta to illustrate what I mean by transcendence and how it may be accomplished, as conceived in the Indian tradition. I have discussed elsewhere in some detail the basic tenets of early Buddhist psychological thought and how they add up to provide a coherent psychological model that has empirical ramifications (Rao, 1978). A more detailed discussion of Yoga and Advaita may be found in my book *Consciousness Studies: Cross-Cultural Perspectives* (Rao, 2002).

Buddhist Psychology

Buddhistic psychology is essentially an attempt to understand the nature of transcendence and the methods of attaining it. Normal consciousness and the psychological processes associated with it are organized so that they generate a sense of stable and enduring ego, which in its turn influences, colours, and even determines our passions, thoughts, and actions. Transcendence is a state where the psychological processes lose their egoreference and thus attain a transpersonal state. Buddhism believes not only in the existence of such a transpersonal ego-less state but also in the possibility of attaining it by following certain practices. By describing the different stages involved in the progress from the normal to the transcendental states, Buddhism provides us with one of the most interesting and pervasive phenomenologies of consciousness.

As Charles Tart (1975) points out, some structures of our consciousness are essentially permanent such as the biological and physiological givens. These constitute the hardware of the mind. Other structures are mainly a result of our developmental histories and are formed by processes such as conditioning, learning, and acculturation. These constitute the software of the human mind. Our so-called normal state of consciousness is determined by the hardware of the mind as well as by the software programs that appear to be common to most individuals during most of their lifetime. This does not, however, mean that the

programs do not undergo any changes or that they are essentially identical in all human beings. Although the seed program is largely shared, the manifest program itself may be more or less complex and developed. Consequently, the information processed by one mind may not be processed by another in precisely the same way. Information processed by two minds relating to similar things is, however, likely to be similar because they share the same hardware and the basic program.

According to Buddhism, karma determines both the software and hardware inasmuch as the physical structures and psychological functions are fruits of the past karma. What is important, however, is the belief that modifications in the programming process are possible by the very process that is a source of accumulating karma. The key concept here is "volition" (cetanā). Volition, on the one hand, creates the illusion of self, "I-ness." Consequently, one's actions and experiences gain ego-reference. Such egoreference and attachment produce additional karma, which further conditions one's thought and action. Ego is an epiphenomenon of volition and not an intrinsic structure necessary for all mental processes. We may note that ego is not included among the skandhas. It is not mentioned even the seven universal elements among consciousness (cetasikas). On the other hand, volition may be directed to jñana and made to function in a way that actions lack ego-reference and do not accumulate further karma. Such transcendence from the karma producing egoinvolved thought and action would emancipate the person from a conditioned state and lead to an unconditioned state. In such an unconditioned state the knowledge process is free from the binding influences of karma so that one has access to knowledge as such, truth unsullied by the distortions brought about by karma determined biases, habits and reflex-like responses.

Buddhism postulates the existence of a stream of consciousness (*bhavanga*), which, functioning at the subliminal level, is the basis of the subjective feeling of continuity and identity and which is the binding influence on our perceptions, thoughts, actions, and feelings. This stream, which operates below the threshold of our normal awareness, carries with it the imprints of a person's life history, which predispose him to behave in certain ways. The imprints are the karma residues. They

motivate, condition, and drive an individual to behave in set ways; but they lose their strength and may even disappear soon after they have activated a set behaviour. The resultant experience, however, in its turn will produce another imprint. So the chain of causation continues. The karma imprints are formed when the mind functions in such a way that the resultant experiences have ego-reference and entanglement. But it is possible for the mind: (a) to function so as to destroy the previous imprints and (b) to function without precipitating new Attainment of a state where all these imprints are destroyed or disarmed and the mind functions independent of the constraining influences of karma is the state of psychological transcendence. This is basically a trans-ego state engendered by a reorganization of the psychic structures through devices such as meditation.

Yoga Psychology

Yoga is explicitly dualist. Its dualism consists in its conception of *prakṛti* and *puruṣa* as two irreducible but complementary principles of reality. *Prakṛti* is the ground condition of all material things (Keith, 1949). *Puruṣa* underlies all conscious events. The two are fundamental and represent the changing and permanent aspects of reality. *Prakṛti* with its components of *sattva*, *rajas*, and *tamas* is in constant change, evolving into the myriads of things of the physical universe (Kumar,1983). Mind is also, in this view, an evolute of *prakṛti*. Mind is subtle matter inasmuch as it is predominantly composed of the *sattva* element.

In the human condition, mind is the instrument of knowledge. It processes information with the available sensory apparatus. Mind (citta) is functionally distinguished into manas (the central processor), ahamkāra (the ego or self-referencing function) and buddhi (the executive function). The *manas* selectively reflects on the material provided by sensory processing. The ahamkāra appropriates what is processed and thus the processed material acquires self-reference. The buddhi then assimilates the information and reacts in an appropriate way. Up to this point all information is implicit and devoid of conscious awareness. Conscious awareness arises when the mind receives and reflects the light of purusa. Conscious awareness is subjectively experienced information content of the world of objects and events (phenomena) that are sensorially processed by the mind. It is the image of the world imprinted on the mind and reflected in the light of puruşa. Therefore, the knowledge of the world mediated via the sensory channels is at best a credible image and seldom a direct apprehension of reality as such. The image is a function of the sensory system. If our senses were of a different kind, the image of the world would be different. The images are distorted by the processing mechanisms and biased by buddhi's own state, which is influenced by past actions, karma, vāsanās, and samskāra (subliminal influences). Thus in the human condition, the way one gathers information and knows the world and of himself (phenomenal awareness) is anything but perfect. Yoga is a determined pursuit to transcend the limitations of phenomenal awareness to achieve higher states of awareness in which awareness is progressively delinked from sensory processing. Patañjali at the very outset states in Yoga Sutras that the practice of voga is to control the *vrttis* (fluctuating forms) of the mind. When transcendence is achieved, awareness is successfully delinked and dissociated from sensory mode in a state of samādhi, which is one of mind's absorption in consciousness. Transcendence involves achieving a state of pure consciousness or experiencing consciousness-assuch. Knowledge obtained in such a state is perfect and beyond falsification and doubt. Such knowledge is indubitable and certain by selfcertification in a manner similar to the certitude of one's cogito. Thus yoga practice is believed to lead to a state of niruddha, complete control and transcendence of sense processes that enables one to achieve *kaivalya* or perfection (Woods, 1927).

Pure Consciousness in Advaita

The metaphysical assumptions of Yoga system and Advaita Vedānta are glaringly different. Yoga, as mentioned, embraces dualism of matter and consciousness and pluralism of *puruṣas*, whereas Advaita is uncompromisingly nondualist and absolutist. Yet there is a great deal of similarity in their conception of mind and theories of cognition and perception. In both the systems mind and consciousness are different in kind and mind is regarded as material and physical. However, the Advaitins hold that our normal perceptions are only empirically real and they are ultimately unreal.

In Advaita view, existence or being has multiple levels extending from the essentially unreal like a hare's horn, or a barren woman's son or a sky flower to the ultimately real Brahman. In between there are other gradations such as the illusion of silver in a shell, the hallucinatory experience in a dream, dreamless sleep devoid of any imagery and various states of *samādhi*. Our waking perceptions are also regarded as lacking true reality. They are only empirically real. They fade out when true wisdom dawns and the realization of the ultimately real Brahman is achieved. By reality, then, the Advaitin means permanence and changelessness, whereas in yoga changelessness is not a necessary requirement of reality. Prakṛti the ground condition of the evolving physical universe is as much real as purușa, the changeless consciousness.

Putting aside the metaphysical differences, we find the antahkarana and citta, the concepts used by Advaita and Yoga respectively to denote mind, are essentially the same. Mind comprises of buddhi, ahamkāra, and manas (Dasgupta, 1988). The processes of cognition and perception are described in a similar manner in both the systems. The goal in yoga is to transcend sense-bound mental processes to attain a state of pure consciousness, Kaivalya. Similarly, advocates achieving the transcendental state of pure consciousness, which is realizing Brahman in one's being. Here the transcendence is from the (vyāvahārika) to the (pāramārthika). The absolute is none other than pure consciousness in which reality (sat), knowledge (chit) and fulfilment/enjoyment (moksa) blend harmoniously. It is a state of true and authentic being, of supreme and sublime knowledge, and of utmost and undiluted bliss.

Knowing at the empirical level, in Advaita view, does not give absolutely true knowledge, because such knowledge is essentially variable. At this level, dissociation between knowing and being, cognition and action, is possible. At the transcendental level of pure consciousness, knowledge is free from empirical distortions. At the empirical level, knowledge is mediated. It is representational and relative. At the level of pure consciousness, it is direct and immediate. It is intuitive apprehension of reality. Here, being and knowing become one. According to Advaita, the goal of human endeavour should be one of gaining absolute freedom from the limiting conditions of

empirical existence. Perfect knowledge achieved by realizing states of pure consciousness is the way. Yoga is a recommended means. It is possible to achieve states of transcendence in an embodied condition. Śaṃkara among others subscribed to the concept of jīvanmukti, the notion that the mind can be freed from its existential sensory bondage being in the embodied state. Jīvanmukta is one who has gained freedom from the constraints of the sense-bound mind and realized pure consciousness in his being.

Much of what has been said is admittedly metaphysical. But the subliminal stream, the carrier of past karma that Buddhistic psychology finds it necessary to postulate, for example, is no more mysterious than Freudian unconscious or Jungian archetypes. What is interesting, however, is the explanatory model that accounts for normal, abnormal, and paranormal behaviour. implications of Indian psychology to paranormal obvious. psychology are The transcendence is one in which new cognitive relationships are established and where subjectobject dichotomies cease. It is necessarily a state where our experience and knowing are not limited by space-time barriers or our normal sensory thresholds. The theory also fits well with several of the psychodynamic factors studied by depth psychologists. In fact, some aspects of the theory have test implications and permit empirical verification.

the Indian tradition. In states ofpure consciousness are not mere speculative conjectures or metaphysical presuppositions. They are asserted as empirical facts, grounded in the genuine experience of a few people. Procedures and practices that are believed to lead one to states of pure consciousness of the mind are systematized. Therefore, there are good reasons for assuming that transcendence in a secular sense is an achievable state of the mind with high potential for transforming the individual to enable him to live authentically (sat) to know truth in a pristine fashion (cit) and to live in happiness (ānanda).

I find the Indian approach particularly helpful in planning empirical studies of meditation. The rich phenomenology Buddhism provides for understanding the changes in consciousness accompanying meditation may be used for determining associated psychophysiological states. Such a determination would not only provide the

needed objectivity for the phenomena described but also permit a more precise application of the meditative techniques to perhaps less significant aspects than transcendence but more immediately relevant areas such as mental health. For example, much of psychoanalytic groundwork is aimed at scanning the client's life history to identify those critical past experiences that seem to be causing the present symptoms. But the treatment itself touches only the periphery of the problem. The Indian approach provides a way for tackling the very root of the problem through transformation of consciousness.

Core Concepts and Common Themes

What I have said above describing Indian psychology as a psychology of transcendence/ enlightenment is just one model. The great strength and beauty of Indian thought is that it is not monolithic. The colourful mosaic of pluralistic traditions has the potential to inspire one's creativity and generate a variety of models and even full-fledged theories to guide our research and practices in psychology. Despite the obvious of ideas and their enchanting diversity distinctiveness, there are common themes and perspectives across systems and schools that have significant psychological relevance. These include such concepts as jīva, the person, ātman, understood as Consciousness, with capital C, and karma, samskāra and vāsanās which have possibilities for clarifying many issues in consciousness studies and depth psychology. Some of these hold promise in such emerging evolution. biocultural areas purusārthās (kāma, artha, dharma and moksa) as primary motives, the five kośa (annamaya, prānamava, manomaya, vijñānamava, ānandamaya) as developmental stages and the three guna (sattva, rajas and tamas) as clinical dispositions have provocative possibilities for future psychological research.

Further, Indian psychology recognizes three levels of information processing, at the level of the brain, mind, and consciousness. Knowing is not limited to learning (*śravaṇa*), which is essentially a function of the brain, and understanding (*manana*), which requires the involvement of the mind. The more important aspect of knowing is *realization* of truth through meditation (*nididhyāsana*) (Bṛhadāraṇyaka Upaniṣad , IV.5.6, Panoli, 1992).This tripartite Upaniṣadic division of

knowing truth is restated in *Bhagavad Gītā* as surrender (pranipāta), inquiry (paripraśna) and (sevā) (IV.34). The concept nidhidyāsana has important implications to educational theory and practice. There is pervasive dissatisfaction with the current educational system and near universal appeal for value-based education. Understanding alone is insufficient to mould one's character. In the human condition, there is room for dissociation between knowing and being. One may know that smoking is bad for health and yet continue to smoke. Understanding needs to be reinforced with realization. In realization, knowing and being become one, and there is no room for dissociation between them. It is interesting that the $G\bar{\imath}t\bar{a}$ emphasizes service as an aspect of realization. If meditation and service are thus related, educationalists in our country need ponder how service can be incorporated into our curriculum to make students not only learn and understand truth but also realize it in their being.

The notion of *nidhidhyāsana* has also important methodological implications. Realization involves intrinsic authenticity, first-person validation and self-certification as distinct from external validation and so-called objective observation. Indian psychology successfully overcomes the "explanatory gap" between first-person subjectivity and third-person objectivity by providing for mediation via second-person involvement, as we will discuss in a subsequent section.

Consciousness and Mind

As mentioned, consciousness holds centre stage in Indian psychology. However, consciousness in the Indian tradition means much more than a quality of experience where one has introspective awareness. There are important differences here between western and Indian notions. The crucial and the most striking respect in which the Indian notion of consciousness differs from the western is in regard to the basic distinction made between consciousness-as-such and the mind. In the western psychological tradition since Descartes and Locke, mind and consciousness are used interchangeably. In the Indian tradition, a sharp and meaningful distinction is made between the two. This distinction is crucial in that it has several important psychological as well as epistemological and metaphysical implications. distinction itself is a consequence of the

overarching concern in the Indian tradition with the *being* rather than *knowing*. The emphasis on the *being* leads inescapably to evaluation of the existential matrix surrounding the *being* and an equally important concern for elevating the human condition to the best achievable state. The existential predicament is seen as suffering and the goal is to escape from it to a state of transcendence, a state of bliss or *moksa*.

The predicament is a consequence of the identification of consciousness with the mind. The escape is through the control of the mind. Karma is what binds consciousness with the mind, and gives rise to the constellation of the ego and concomitant attachments. Therefore, the purification of the mind by cleansing of its kārmic deposits enables to achieve the dissolution of the ego and the disappearance of attachments that colour our awareness and bias our attitudes. The concern with the being aspect, the experience of the existential predicament and the motivation to escape from it to attain a state of bliss or moksa are the steps in the path of transcendence. They stand in sharp contrast to western scientific inquiry, which with its concern for knowing is content with analysis and understanding without paying any attention to the value dimension. Thus quest for transcendence/enlightenment is valueladen and scientific inquiry is aimed at being value-free. Inasmuch as knowing is an aspect of being, inquiry cannot be completely devoid of values. Scientific inquiry, which begins bereft of values, finds them after the fact and therefore has unpredictable consequences.

Mind in the Indian tradition is considered to be a subtle form of matter, whereas consciousness is completely non-corporeal. The mind is the interfacing instrumentality that is connected at one end to the external world and to consciousness at the other end. Mental phenomena therefore manifest the influence of consciousness as 'subject' and of the world of things as objects. The subject-object dichotomy that is implicit in our ordinary phenomenal awareness is a consequence of the stage the mind sets up for the play of consciousness and the material world as subjects and objects.

The attention to the "inward" in Indian thought has led to an emphasis on consciousness and its primacy. The primacy is asserted either as an overarching single reality as in Advaita monism or as an irreducible aspect of reality independent of the physical as in Sāṃkhya-Yoga. In either case, the assumption is not engendered by rational argument alone based on metaphysical presumptions. They are derived from their respective epistemological positions, which are themselves grounded in psychological assumptions based not merely on the authority of the Vedas, but claimed to be empirically supported.

In its quest for truth, the Indian tradition turning inward, attempts to identify the elements that tend to distort and falsify our general understanding of the world around us. It seeks to explore methods and strategies to control them. Further, it endeavours to develop techniques that reveal truth in its pristine and unsullied condition, to formulate philosophical theories and to prescribe practices of conduct consistent with the truth so revealed. In such a scheme, the first step is to understand how we normally acquire information and the possible limitations and imperfections of such information. The beginning point then is cognitive science as systematic epistemology.

Now, the predominant mode of acquiring information is sensory processing. Such processing is known to be biased because of the manner in which the processing person is situated, whose presuppositions, attitudes, and motivations constrain and bias perceptions. More importantly, the processing mechanisms themselves determine to some degree the form, the extent and situation of the content of cognitions. The way bats perceive the world is different from the way we do. Humans cannot process low auditory signals as dogs or deer can. If we were situated differently with different kinds of sensory-motor apparatus we would likely function differently and our knowledge of the world would be different in significant ways. What then is the "true" world? Answers vary depending on what one's focus is. If the focus is outward, one's perception of the world consists in the way it is represented to us. The representations are believed to be true inasmuch as they are seen to correspond to the external objects and events, a correspondence attested by intersubject agreement/validation. Even though the outward reality is known only via representations we have of it and, in Kant's terms, the things-in-themselves are forever unknown. Our knowledge of the world is true and valid to the extent we have consensual agreement on it. If the focus is inward, however, one tends to view

true reality as no other than awareness itself. Some philosophers in the West subscribe to this view and asserted that our perceptions constitute reality. In the Indian tradition, even when reality is equated with awareness, awareness is not limited to representational perception. Rather awareness is regarded as consisting of direct and unmediated awareness of reality. Such nonrepresentational awareness in a significant sense is reality itself. Humans, it is assumed, have the ability to realize reality in itself as consciousness-as-such. Indeed, it is generally agreed among Indian thinkers, independent of their metaphysical preferences, that, by following specified procedures and cultivating certain habits of mind, it is possible to attain a state of awareness that is reality itself. Such an understanding underscores much of Hindu and Buddhistic thought.

We thus find in the Indian tradition a belief in the possibility of non-sensory source of knowledge, which by its very nature is free from the distortions. and imperfections that beset sensorially processed information. The ultimate goal of human achievement is spoken of as liberation or mokṣa. In an important sense it is the liberation of the mind from its sensory bondage that is believed to be the most significant single source that screens true reality from us. For the one who realizes reality in its true form, the sensory knowledge we have of the world appears as nothing but ignorance or avidyā, as a dream appears on waking. Freedom from such ignorance and disinformation is a necessary condition for realizing truth in one's being. The goal is to achieve perfect knowledge, because perfect knowledge makes one perfect. To know Brahman is to be Brahman. Knowing in the final analysis thus involves realization in the being. The strength of such assertion is not derived merely from rational argument. Rather, it is grounded in the belief that it is possible to find such persons in real life. Realizing consciousness-as-such considered empirical fact experienced subjectively as well as shared by those who undergo necessary training and practice (*sādhanā*) the prescribed discipline. Yoga is considered almost universally by Indian thinkers, to be a useful technique for emancipating the mind from its existential condition of sensory bondage so that it can access consciousness-as-such for realization of the absolute truth.

The equating of mind and consciousness has another important consequence in the western tradition. In general, intentionality has become the defining characteristic of consciousness. The emphasis on the intentionality of consciousness highlights on the one hand, the fundamental distinction between subject and object, whether functional or foundational, and entails on the other hand, a representational theory of knowledge. Moreover, it rules out a priori the possibility of states of pure consciousness. If consciousness is conceived to be inseparable from phenomenal content, there can be no direct knowledge of things except through their phenomenal representations. Even those who conceived of transcendental aspects of existence, such as Kant, admitted that things in themselves are essentially unknowable.

If consciousness as awareness in its broader sense includes explicit as well as implicit awareness, no fundamental distinction between consciousness and the unconscious can be sustained. Similarly, the attempts to restrict consciousness to focal attention, short-term memory or reflective awareness, i.e., awareness accessible to introspection, and to regard the mind more broadly to include implicit awareness and unconscious process (Farthing, 1992) are unsatisfactory.

The question then is whether consciousness is merely a quality of mental representations, as implied in the notion that equates it with focal attention or other brain processes. Alternatively, do mental phenomena as they manifest in our experience involve an independent factor or process without which experience of awareness is not possible? The western approach favours the notion that consciousness is merely a quality of certain mental states. The Indian perspective, however, takes the alternative position that leads us to regard consciousness as an independent source that makes subjective awareness possible in the human condition. In other words, in the Indian view, cortical processes alone cannot give us subjective awareness. Here a basic distinction is made between consciousness and mind, a distinction that helps to resolve the problem of interaction between mind and body in some important aspects. In Buddhism, however, consciousness is not seen as an outside source, something different from the mental states. At the same time, all schools of Buddhism recognize the existence of transcendental mental states and

provide for nonintentional states of pure consciousness. In the Mādhyamika and Yogācāra schools, this point becomes more explicit in the concepts of śūnya and ālāyavijñana.

Can We Observe Experience?

The primary characteristic of consciousness in human condition is subjectivity, which gives the phenomenal feel to awareness. Subjectivity involves exclusive accessibility to and ownership of a state of awareness by the experiencing person. For example, the experience of pain is uniquely personal to the one having it. Others may observe a person in pain. They may infer that she is experiencing pain from her behaviour or physiological state, but they cannot directly experience that pain. In this sense, felt pain is an exclusive experience of the one in pain and it is not directly accessible to outside observers. However, the pain behaviour, the pain report or the concurrent brain states of the person in pain are accessible to everyone who cares to attend to them and has the competence to read into them. In other words, the experience of pain is what it is like for one to have the pain, which is different from observing a person in pain. The former, experience of pain, has only first-person accessibility, whereas the latter, observation of pain, has also third-person accessibility. Thus awareness of pain has two contrasting aspects or perspectives. Between the two there is an epistemic asymmetry in that the experience of pain is uniquely personal and subjective and the observation of pain is public and shareable.

In the western scientific tradition, the approach to close the "explanatory gap" between first-person experience and third-person observation involves rendering the subjective into objective by reduction or by translation. For example, when a first-person methodology such as introspection is employed, the concern is to observe and not to experience. The attempt is to obtain an impersonal and objective account of what is going on within oneself. The introspecting individual is ideally one who reports a given state of mind in much the same way a machine records whatever it is monitoring. Critics of the use of introspection as a viable method, such as Auguste Compte, argue that it is an essentially impossible task for the experiencing person to be an observer of his/her own experience. "The thinking individual," wrote Comte, "cannot split himself in two, one part of which would think while the other would watch the former thinking. The organ observed and the organ observing being, in the case, identical, how could any such act of observation take place? This supposedly psychological method is therefore radically faulty in principle" (quoted from Vermesch, 1999, p.19).

Many of the methodological improvements to introspective techniques undertaken since the time of Brentano and James in the name of "systematic introspection" and "experimental introspection" by psychologists such as Binet in France, Kulpe in Germany and Titchner in the United States are important. They have a place in psychological research. However, they are all aimed at making introspective reports inter-subjectively reliable by transforming experience into observation. Even the so-called method of phenomenological reduction is one of making observations out of experience. In all these cases the basic difference between observation and experience is not adequately appreciated. It is assumed that attentive experience bereft of expectations, assumptions, biases, and prejudices is observation. It is questionable, however, whether a mere intellectual exercise could in principle enable one to effectively suspend the "natural attitude" so as to observe the phenomena in their pure state. Even if it were possible to arrive at such phenomenal data via reduction or by suitably refined methods of introspection, do such data capture the "what it is like" character of experience? In other words, can one ever transform an experience into an observation even at the level of the first-person? Can experience per se be observed? I believe, experience is an item for realization and not of observation.

The real source of the problem, it would appear, is the basic distinction made between 'subject' and 'object' in the western tradition. Such a fundamental dichotomy between the two does not allow any adequate transformation of one into the other. In the area of consciousness studies, this has unsuccessful attempts to reduce consciousness to its contents by regarding intentionality as the defining characteristic of consciousness. The contents are mistaken for the container, and consciousness is confused with the data it contains. With the spotlight on phenomenal data, the possibility of pure consciousness is lost sight of. This is the major lacuna in the western conception of consciousness.

In the Indian tradition, one way of circumventing this problem is to deny the distinction between subject and object at a fundamental level. The manifest dichotomy between them at the empirical level is regarded as an unreal appearance. At the more profound level of being, accessible with disciplined effort, the subject-object distinction disappears. Knowing truth in a representational form gives way to a different mode of realizing truth intuitively. In this view, the former gives us only the appearance of reality whereas the latter involves experiencing reality as such in an unmediated mode. The endeavour here is to seek and participate in pure conscious experience and realize truth in one's being. Realization involves participation and entering into a relation of identity with consciousness-as-such.

It is asserted that a pure conscious experience is intrinsically authentic; it does not require external validation. As mentioned, in experiencing states of pure consciousness, there is realization, which is understanding. distinct from Realization engenders instant conviction of certainty. Its validity is reflexive. How about those who have not reached a state of realization, but are on a path to it? How to relate their experience to reality? Here, it seems to me, Indian tradition resorts to the second-person perspective, which closes, in a sense, the "explanatory gap" between the first-and third-person accounts.

This problem is not unlike the one the introspective techniques in general face. The resolution of the problem in the Indian tradition is achieved by the second-person role of the teacher as a mediator. In the Indian tradition the guru (preceptor) is an important and indispensable part of any training program to reach higher states of consciousness. The guru should be the one who travelled the path before. He serves as the reference point and provides a second-person position. He is the "caravan leader" who guides his pupil mindful of checkpoints and signposts in transit. The guru plays an important role of guidance, helping the practitioner to improve and progress along the path he knows. Thus the guru occupies an intermediate position between firstperson experience of the practitioner and the final self-certifying state of pure consciousness, playing an indispensable role of mediation and providing a second-person perspective to supplement thirdperson observations. Thus Indian psychology advocates the use of first-person and secondperson approaches. The first-person methodology with second-person mediation provides for subjective and non-relational authenticity and ingroup inter-subject validity. We have here important methodological implications to psychological research, which deserve our careful pondering.

Sacred and Secular Aspects

We can neither ignore nor exaggerate the spiritual significance of Indian psychology. The emphasis on transcendence in Indian psychology gives one the appearance of focusing on the other-worldly and the "sacred" aspects of being. In the west the sacred and spiritual aspects, are considered antithetical to science. It is important to note, however, that in the Indian tradition there is no deep division/dichotomy between science and spirituality. Consequently the paradox naturalizing the supernatural is less of a concern. Even in systems like Advaita Vedānta , which make a distinction between empirical and transcendental realms, the two blend in our being just as dreams and wakefulness coexist in one's life. More importantly, transcendental states, it is believed, can be attained in the embodied human condition. Thus transcendence has a place in the world here and now. Let us remember that in Indian psychology transcendence and the states of pure consciousness are asserted as empirical facts grounded in genuine experiences of a few people and that *jīvanmukti*, i.e., embodied emancipation /transcendence, is possible. Steps on the journey towards transcendence/enlightenment are carefully described; and procedures and practices, may I say technologies, that one could use to travel the path of transcendence are assiduously developed and practiced. Thus while the emphasis and the goal of the quest is transcendence, the pursuit of that goal takes into consideration the existential situation. In doing so, Indian psychology provides an equally interesting secular account of human nature. The secular and sacred are not given as totally different and disparate realms of being. They can be presented as parts, aspects or stages in a coherent and consistent system. Let me illustrate this point with reference to mental illness and psychopathology.

In the Indian tradition, mental illness may be defined in terms of problems faced on the way to transcendence/enlightenment. They may be seen as problems of consciousness, underscoring the

spiritual significance of life and suffering in the human condition. As we are aware, western psychology by and large, with its focus on the ego in the mental health area, has few goals beyond Indian psychology with social adjustment. transcendence the goal goes as understanding dysfunctions caused by chemical imbalances, childhood trauma, and problems of sex. The focus then shifts to the problems faced at different stages of transcendence, problems with language and behaviour dependent on it, and clouding of consciousness by conditioned biases, habits and karma. Indian psychology puts a special emphasis on moral development; and morality is not considered arbitrary or external to human condition. Nidhidhyāsana is a nonlinguistic information processing resource. It could help alleviate a variety of ailments rooted in language related dysfunctions.

The rich phenomenology of consciousness contained in Buddhist and other classical texts can be applied for understanding the changes in consciousness accompanying various practices. For example, meditation studies could give us important knowledge about the psychophysiological states. Such knowledge would give not only the desired "objectivity" for the phenomena described, but also permit more precise application of the techniques in relevant areas of mental health. A good deal of psychoanalytic groundwork is aimed at scanning the client's life history to identify those critical past events and experiences that seem to cause the present symptoms. The treatment, however, touches only the periphery of the problem. What could be more important in psychotherapy than relevant methods of disarming, or even better, destroying the disruptive effects of the patient's past, karma. Ι speculate, based on understanding of Indian psychology, psychotherapeutic techniques designed to generate pureconscious experience could be invaluable tools to deal with a variety of psychopathological states. Inasmuch as pure-conscious states are states of realization in which there is no dissociation between belief and behaviour, they are necessarily conflict-free states of profound mental health. Also they could be utilized to bring about positive transformation of the person not only in the travel towards transcendence but also to cope with anxiety, depression and disease. What is a state of pure consciousness, you may wonder. Ponder for a

moment what is it that you have between two thoughts when your mind moves from one to the next!

I have already referred to the implications of the Indic system of the three-way information processing (*śravana*, *manana*, and *nidhidhyāsana*) and the normal and paranormal information sources to educational theory and practice. I want to emphasize again that Indian psychology should have a factual base. Its concepts should have empirical moorings, and its models testable. Contemporary meditation research offers ample evidence to show that Indian psychological concepts and theory are adequately rooted in empirically verifiable data. Again, parapsychology has a solid database that is very relevant to some of the basic assumptions of Indian psychology. of the controversy and confusion parapsychological surrounding research generated by the fact that western psychology does not simply have the conceptual and theoretical tools to meaningfully handle the available data.

Also, recent research on spiritual dimensions of health, the effect of religious beliefs and practices on human health, is quite relevant to Indian psychology. Here again, western psychology with its impoverished conceptual framework and narrow categories is unable to relish these findings and has difficulty in digesting them.

As I enthusiastically endorse programs of study and research in Indian psychology, let me also add a word of caution. Not everything that is Indian is great. There are some concepts and ideas that have neither relevance nor validity. Indian psychology we do, must be constructive as well as critical – critical to ensure their methodological rigor and conceptual clarity, and constructive to make the connection with current factual base and future directions and programs of research.

Research in the area of meditation could be an eye opener. A plethora of techniques are now paraded as yoga/meditation; and numerous claims are made of their beneficial effects. Some of them are in published research. However, the description of these techniques is often conceptually vague. The evidence presented is not always clear and unambiguous. Ill-defined and over-generalized, some of them are unlikely to stand up to rigorous and systematic scrutiny. I have reviewed elsewhere meditation research and some of the

significant omissions and commissions (Rao, 1989; 2002). There are as it is all too evident for us in India, numerous gurus and unorganized and unsystematic practices that claim to be based on yoga. Some of these gurus have wide following. To what extent are these claims credible? What is the theory/theories behind them? There is a need for a solid and scientific evaluation of the myriads of yoga based practices for their usefulness in psychotherapy, spiritual guidance and counselling. Let us hope psychologists in India gear themselves up to meet these challenges and help to push Indian psychology as a serious scientific discipline with a factual base and a strong empirical grounding.

Conclusion

We are able to touch only the periphery of the subject. Indian psychology is rich in content and sophisticated in its methods. It holds great promise for application in a variety of areas. As I have tried to show, in Indian psychology, transcendence (nirvāṇa, mokṣa, kaivalya) is the theme. Consciousness (ātman) is the centre stage. The spot light is on the person (jīva). Karmais the script. The mind (antaḥkaraṇa), its buddhi, ahaṃkāra, and manas and other adjuncts are the players. The vāsanās and saṃskāra are behind the scenes prompters and helpers that put the whole act together. The different steps in the climb to research the peaks of transcendence are the different acts in the play.

Mind enjoys dual citizenship in the physical world of sense, reason and objectivity, on the one hand, and in the realm of consciousness, on the other. Itself a material form, the mind's citizenship in the material world is by birth as it were. Its naturalization in the domain of consciousness is a matter of choice and an outcome of significant effort.

Normal and paranormal processes aid the mind in its dual roles. The sensory-motor processes are those that come under the category of the normal. The paranormal process involves accessing consciousness-as-such. In normal processes, consciousness is *reflected* in the mind. By the paranormal process, consciousness is *realized* in the mind.

Indian psychology is not opposed to science, even though it leaves room for understanding the spiritual side of human nature. First-person methodologies have extensive application in Indian psychology. Second-person mediation provides a way of bridging the explanatory gap between first and third-person perspectives.

What Indian psychology needs is the empirical base to anchor its concepts and theories. We need to cast the pillars in concrete facts gathered by carefully crafted designs of research. The bridges we build to cross into the future would rest on these pillars. Researches in the areas of meditation, consciousness studies, parapsychology transpersonal/spiritual psychology have already accumulated a significant amount of data that is waiting to be systematically organized to develop coherent models for productive research programs to emerge. For the inquiring mind in Indian psychology, indeed sky is the limit; vast areas of unchartered territory await our entry. The are too compelling opportunities are too obvious to overlook. It is time to usher in a new era. Let us not miss being an important participant in the burgeoning Indian renaissance. As Dr. Sarvepalli Radhakrishnan pointed out:

The land of ours is no sand bank thrown up by some recent caprice of earth. It is a stately growth with roots striking deep through the centuries. Nations have a history as well as geography. They live and grow, not by the forces of the wind and the rain, sun and stars, but by the passions and ideals which animate them... Anyone who has studied and meditated on the ancient classics of this country will testify to their peculiar greatness, their power to yield new meanings and their inexhaustible value as a criterion of present day modes of life.

References:

- Dasgupta, S. N. (1988). *A history of Indian philosophy*. Delhi: Motilal Banarisdass
- Date, V. H. (1971). *Brahma-yoga of the Gita*. New Delhi: Munshiram Manoharlal
- Farthing, G. W. (1992). The psychology of consciousness. NJ: Prentice Hall.
- Keith, A. B. (1949). *The Samkhya system: A History of the Samkhya philosophy* (2nd ed.). Calcutta:
- Kumar, S. (1983). Samkhya thought in the brahmanical systems of Indian philosophy. Delhi: Eastern Book Linkers.
- Panoli, V. (1992). *Upanishads in Sankara's own words*Vol. II. Calicut: The Mathrubhumi Printing and Publishing Co.
- Radhakrishnan, S. (1927). *Indian philosophy* (2 vols.) New York: McMillan
- Rao, K. R. (1978). Psychology of transcendence: A study in early Buddhisite psychology. *Journal* of *Indian Psychology*, 1, 1-21.
- Rao, K. R. (1989). Meditation, secular and sacred: Review and assessment of some recent research. *Journal of the Indian Academy of Applied Psychology*, 15, 51-74.
- Rao, K. R. (2002). Consciousness studies: Crosscultural perspectives. NC: McFarland & Co.
- Śaṃkara (1980). *Vedanta-sutras with Śaṃkara's commentary* (trs. Thibaut). Oxford: Clarendon
 Press
- Tart, C. (1975). *States of consciousness*. New York: E. P. Dutton.
- Vermesch, P. (1999). Introspection as practice. *Journal of Consciousness Studies*, 6, 17-42.
- Woods, J. H. (1927). *The yoga system of Patañjali*. Cambridge: M.A. Harvard University Press.

Classical Indian Approaches to Psychological Dysfunction¹ J. P. Balodhi ²

In understanding a culture's perspectives on various aspects of life, much is dependent on its understanding of the phenomenal world. In this paper, a brief overview of the Indian perception of the phenomenal world and its approaches to psychological dysfunctions is presented.

Whilst referring to psychological dysfunctions, contemporary western psychology refers to various kinds of dysfunctions, such as delusion, hallucination, paranoia, withdrawal, and categorizes them to enable us in mapping their field. In classical Indian thought specific manifestations of each dysfunction is not found except vague classifications available in the Ayurvedic medical literature.

In Indian thought, psychological dysfunctions are understood as symptoms of the greater misunderstanding of the phenomenal world. The phenomenal world is explained at three levels: adhibhūta(matter), adhvātma(mind) and adhidaiva (higher power). Hence, disturbance, imbalance, or dysfunction will occur at three levels, the physical, psychological and the spiritual. These three aspects of dysfunctions are independent but they interact with and have an impact on each other. In this paper, we discuss the Indian approaches to psychological dysfunction at these three levels. They will be discussed from the medical, psychological, and transpersonal methods.

In the earliest literature of India, (Vedic period), all the psychological functions including cognition, emotion and volition are known and described singularly through the concept of mind. The *Rg Veda* is a collection of poetic hymns in which numerous gods and goddesses, who are the personifications of different aspects of the forces of nature, are invoked and glorified These hymns appear to be simple prayers to the deities. Yet, couched in highly symbolic language, they contain

great philosophical and metaphysical meaning. All the thoughts of Indian philosophy flow from the profound origin of the *Rg Veda* (Tigunait, 1983, p. 10). It is the first available document of Indian literature in which mythological and religious meaning is attached to psychological dysfunctions. *Rudra*(Lord Siva), *Agni* (God of Fire), *Marut* (the fierce hosts of Siva) are the deities representing the phenomenology of aggression, violence, wrath etc. (Balodhi, 1984).

This trinity is followed by the *Athārva Veda*, which contains *mantras* that are believed to have great supernatural power. Unlike the *mantras* of the *Rg, Sama, and Yajur Veda*, whose purpose is spiritual, most *mantras* of the *Athārva Veda* deal with the mundane world and are for material gains. In the *Athārva Veda*, psychological dysfunctions are listed and understood as an act of possession by a demon or divine agent, sorcery and witches, an effect of an evil eye cast on the individual and a curse by deified souls of departed ancestors (Balodhi and Chowdhari, 1986).

In this period, the birth of psychiatry is registered as an independent branch of knowledge. It flowed in three broad streams: the religious, the medical, and the psychological. The literature of the post Vedic period namely the *Brāhmana*, *Tantra*, Rāmāyana, Mahābhārata, and Purāna form the religious part of it, wherein, innumerable references are available on the positive/negative emotions of humans. Mahābhārata, for example, consolidated its psychic formulations in terms of traits or innate attributes of personality, giving rise to psychological wellbeing and dysfunction. According to it, mind will be always active with one of three vedanā or feelings—pleasure, pain, and indifference—due to the three guna (attributes or states) sattva, rajas, and tamas. In the sattva or sattvic state, which is a state of wellbeing, joy, bliss, pleasure, happiness and peace of mind are

¹ Reprinted with permission from: Rao, K. R. and Marwaha, S. B. (Eds.) (2005). *Towards a spiritual psychology: Essays in Indian psychology*. New Delhi: SAMVAD India Foundation

² Formerly Professor, Department of Clinical Psychology, NIMHANS, Bangalore

experienced. The *rajasic* state includes feelings such as dissatisfaction, anxiety, grief, greed, and intolerance. The *tamasic* state is characterized by carelessness, infatuation, laziness, and dullness (*Shanti Parva* Chapter 94). The *rajasic* and *tamasic* are said to be dysfunctional states, as due to external and personality factors, they become a part of individuals.

The *Bhagavad Gītā*, which is the culmination of the *Mahābhārata* (Bhisma Parva) gives an account of *guṇa* theory in detail. The *sattvic* nature aims at light and knowledge, the *rajasic* nature is restless, full of desires and *tamasic* is dull and inert. The *rajas* and the *tamas guṇa* give rise to all psychological dysfunctions. Greed, unrest, craving etc. spring up when *rajas* increases; and *tamas*, dullness, which is born out of ignorance deludes all people. Its qualities are negligence, indolence, and sleep (*Bhagavad Gītā*, 14.7-10). All these functions, termed as *dosha*, originate from *kāma* (desire), *krodhaḥ* (aggression) and *lobha* (greed). A beautiful sequence of these *dosha* are expressed in two couplets.

"sangāt sañjāyate kāmaḥ kāmāt krodho'bhijāyate. Krodhād bhavati saṃmohaḥ saṃmohāt smṛtivibhramaḥ; smṛti bhraṃśād buddhi nāśo buddhi nāśāt praṇaś yati"

The man dwelling on sense objects develops attachments for them, from attachment springs up desire and from desire ensues anger, from anger arises infatuation, from infatuation confusion of memory, from confusion of memory loss of reason and from loss of reason one goes completely ruin (*Bhagavad Gītā*,2, 62-63)

The Medical Model

A well classified system of medicine called Āyurveda with full psychological bearing emerged after the Vedic period. The ayurvedic system of medicine is still practiced in India. Vivid descriptions of diagnosis, aetiology, psychology, treatment, psychopharmacology, and prognosis of physical and psychological dysfunctions is available and being practiced.

Dysfunction, psychological or physical, has a common law for its origin, existence, and treatment. The fundamental Ayurvedic concept is that

the processes of three humors (vat, pith, kapha) are regulated by the types of these governing principles, which are inherited in individuals from his parents. Pathological formations, exothermic reactions or impulses are the result of the influence of these physiological processes of vitiating substances, which have entered the body either through $\bar{a}h\bar{a}ra(\text{food})$ or $vih\bar{a}r$ (environment), they give rise to nija (metabolic) or agantuja (external/ineffective) diseases.

Psychological dysfunctions according to Āyurveda are due to rash and evil impulses of passion and delusion (*rajas*, *tamas*). When mind is enveloped by passion and delusion, the retention of true knowledge (*dhi*) is lost. His will power (*dhṛti*) is weakened and there will be derangement of memory (*smṛiti*). All the processes and faculties involved in it are technically called *prajñāprādh* or volitional transgression, because they come under the ken of mind.

The Psychological Model

The *Upanisads* speak altogether a different language as far as psychological dysfunctions are concerned. According to it, them is not the concept but that are importent, darśana (seeing) and philosophy (wisdom). Psychological functions or cognition is just abstract which prevents it being interpretative. No doubt, it can be interpreted in relation to some concrete system (behaviourism) as no explanatory principle can be got by abstraction. It is remarkable that the Upanisad texts speak of cognition as experience at different levels. It does not matter whether this is intelligence, imagination. perception. intuition, or insight. As the *Īsha Upanisad*(1-7) states, 'what delusion (moha), what sorrow (śoka) is there for the wise man who sees all beings as his own self?'

Truth is knowing one's own divinity (satyam, jñānam, anantam brahma); and one existential truth is interpreted in many ways by scholars (ékam sád víprā bahudhā vadanti). These two fundamental Upaniṣadic instructions further gave rise to different schools of philosophy. The different philosophical schools include the Sāṃkhya, Yoga, Nyāya, Vaiśeṣika, Mīmāṃsā, Vedānta, Jainism, and Buddhism. All these systems claim to be valid in their approach.

The Sāmkhya-Yoga School

Sāmkhya, which means enumeration investigation of the categories of the phenomenal world, is attributed to Kapil Muni. It accepts two basic categories "puruṣa" or the intelligent principle whose essence is consciousness; and "prakrti" or the unconscious principle, the ultimate cause of the world/universe. Prakrti is composed of three constituents collectively called guna, viz sattva, rajas, and tamas. Sattva contains knowledge, rajas activity, and tamas passivity. They are inseparable but the dominance of one over the other two will decide the nature of production. When sattva dominates, light, knowledge, intellect, and emotion equanimity prevail and there is no psychological dysfunction. However, when rajas and tamas dominate, emotional imbalance such as pain dullness, inertia occur and the individual self (which in its true essence is pure, unattached), identifies itself with prakrti (matter) and gets caught in the suffering. Following the same theoretical view, the Yoga school of Patañjali further explained that this failure to realize that consciousness is faulty and volitional, initiates four processes leading to psychological dysfunctions called kleśa or afflictions:

- 1. Ego consciousness (asmitā)
- 2. Sensory dependence (desire or attraction to pleasure resulting in the lack of mastery over the emotional nature (rāga)
- 3. Aversion the critical and defensive mechanism of the concrete mind (dveṣa), and
- 4. Will to live or fear of death (abhiniveśa).

Coster (1934) compared these kleśa or afflictions with the primary anxiety and insecurity in the light of psychoanalysis. Patañjali has further described the general symptoms of these psychological dysfunction as vyādhi (disturbance of system), styāna(gloominess), samasayā (doubt), pramāda (procrastination), ālasva(sloth), avirati (craving for sense pleasure), bhraritidarśan (hallucination), alabdhabhumikattva (failure to attend with concentration) and anavasthā (instability). While mapping the cognitive field, Patañjali declared all but one psychological dysfunction as erroneous or dysfunctional. Except for pramāṇa(right knowledge), others, viz. viparyāya (a state in which mental image does not correspond with the object), *vikalpa* (an image conjured by words without any substance behind it), *nidrā*(sleep, in which psychological functions cannot be validated) and *smṛiti* (memory which cannot be eliminated) are psychological dysfunctions.

The Nyāya-Vaiśeşika Schools

The Nyāya-Vaiśesika schools of philosophy are atomistic - realistic. According to Nyāva-Vaiśesika all psychological functions are attributes of self and they are produced mechanically with mind-sense-object relation. They are of two types: experimental and remembrance. Experimental functions again will have two parts: valid (*pramā*) and invalid (apramā). Apramā is doubt (samasya), erroneous (viparyāya) or hypothetical (tark). The Nyāva-Vaiśesika schools provided good theoretical viewpoints, but have no answer for how these invalid functions take place. The Nyāya Sūtra of Akṣapāda Gautama (200 CE) is a testimony of psychometry as he claims psychological dysfunctions can be assessed by means of logical proof - a formal analysis of proposition (pratijñā pareekśanam nyāyah (Nyāya Sūtra 1). Gautama has mentioned five kinds of fallacies of reason. These discrepancy (sabhyabhichar), contradiction (virudha), ambiguity (prakaranasama) mistimed (kalatita). Balodhi (1986) has proposed these fallacies as the tools of the assessment of thought disorder.

The Mīmāmsā-Vedānta Schools

Mīmāmsā does not believe in any psychological dysfunction, as according to it, all psychological functions manifest from the nature of their objects. When a cognition is found not to be in harmony with the real nature of its object, it is due to the presence of discrepancies in the conditions that give rise to them. Hence, dysfunctions are due to (1) passions of the mind, (2) disorders in the peripheral organs and (3) defects in the objective stimuli.

The Vedānta School admits , on theoretical grounds, Sāṃkhya-Yoga's concept of modification of mind as vrtti or psychological functions, but discards/disregards the existential reality as illusion or $m\bar{a}y\bar{a}$. Illusion, according to this school is due to ignorance, but mere ignorance cannot give rise to illusion. The illusion does not conceal the nature of object alone, but also distorts it,

making it appear as something else. Illusory modification of any substance, as of the rope into the snake, is called *vivarta* and real modification as of milk into curd is called *pariṇāma*. Projection or *adhyāsa*, is that which is non-existent but appears real.

The Jaina and Buddhist Schools

According to Jaina philosophy, an awareness of an object within and not without its limitation is right psychological function, and dysfunction is vice versa. Self is conscious entity and psychological functions are its manifestations rather than attributes – self-luminous. It talks of clairvoyance, telepathy omniscience etc., but seldom speaks of dysfunctions.

Buddhism too has elaborated descriptions of pragmatic reality. According to it, man has by nature a number of traits, which condition him and make him suffer. The following three traits can be understood as psychological dysfunctions:

- 1. The three *bhāva*(emotions): *rāga*(desire), *dveśa*(aggressiveness), and *moha* (illusion).
- 2. The five obstacles: Emotion and craving, ill will, inactivity and drowsiness, nervousness and anxiety, and doubt.
- 3. The four *āsava* (obsessions): *kāma* (sensuality), *bhaya* (wish to be born), *drsti*(speculation), and *avidyā* (ignorance).

Conclusion

Indian ideas of psychological dysfunctions are influenced by their cultural context, both by the kind of conceptual structure in which they are cast, and the kind of moral and religious attitude that arise from the belief system of rebirth and release. In that sense, every mental function, including ordinary perception, emotion and motivation, can be called dysfunctions, as the purpose of their function is to create endless birth and rebirth. Patañjali in his opening line of *Yoga Sūtra* declares that yoga is cessation of all mental activities. So who is normal? Except God, none!

The psychological faculty is termed as an organ, an internal organ (antaḥkaraṇa). However, the different schools of Indian philosophy differ over this issue. All the different concepts of manas, buddhi, vijñāna, citta, hṛdaya etc., constitute the upādhi or limiting condition only of the self

(ātman) and does not offer a clear psychological picture.

Psychological dysfunctions are presented as obstacles on the way to spiritual journey, rather than the genesis of abnormal behaviour. For example, according to the classical texts, spiritual practices are not recommended for people who are diseased, dull, careless, lazy or mentally instable, doubtful and who show anguish, despair, nervousness and hard breathing (*Yoga Sūtra*, 1.30-31).

There is a need to demystify the concepts of psychological functions as mentioned in the classical Indian texts and formulate them into an adequate theoretical understanding of human behaviour and nature from the Indian perspective.

References

Balodhi, J. P. (1984). Phenomenology of aggression in ancient Indian thought: An analysis of Rig Veda. *The Vedic Path*, 46, 14-20.

Balodhi, J. P. (1986). Logical structure of sentence as tool for assessment of thought disorder (Ancient Indian view). *Indian Journal of Psychiatry*, 28(3), 253-257.

Balodhi, J. P. and Chowdhari, J. R. (1986). Psychiatric concepts in Athārva Veda: A review. *Indian Journal of Psychiatry*, 28(3), 63-68.

Click, C. (1975). Cognitive development in cross cultural perspective. *Review of Child Development Research*, Vol. IV, Chicago University Press. p. 113.

Coster, G. (1934). *Yoga and Western psychology*. Oxford University Press.

Hume, R. E. (1949) (Ed.) *Isha Upanishad*. Oxford University Press. p. 363.

Padmaprasad. (Ed.) (1942). *Nyaya Sutra*. Varanasi Chowkhamba Sanskrit Series.

Radhakrishnan, S. (Ed.) (1993). *The Bhagavad Gītā*. Indus: New Delhi. (First Published in Great Britain, 1948).

Rajagopalachary (Ed.). Mahabharata. Madras.

Tigunait, Rajmani Pandit. (1983). Seven systems of Indian philosophy. The Himalayan International Institute of Yoga science and Philosophy of the U.S.A., Honesdale, Pennsylvania

Elements of Mental Health Management and Psychotherapy in Indian Tradition

K.M. Tripathi¹

ABSTRACT

The aspects of mental health management were covered in a number of ancient Indian foundation texts of theology, spirituality, philosophy, Ayurveda and Yoga (Atharva-Veda, Mahabharata/Bhagawadgita; Yoga Sutra; Ramayana; Hatha Yoga Pradipika; Yoga-Vashistha and Rama Charita Manas). Ayurveda and Yoga, rather than finding out specific techniques of diagnosis and management of diversified problems caused by diversified external disturbing elements, focussed on the vision of strengthening the elements and processes of inner human psychic power. It is opportune to explore the coded precepts found in classical Indian literature and to unfold their roundabout implicit complex formulations in order to form their operational version according to the norms and needs of present world. Certain well identified techniques can be traced in classical Indian texts, found to be having psychotherapeutic elements. In this article *Atharvanic* techniques, *Sattvavajaya*, *Chitta prasadana*, *Jnana Yoga* and *Ashoka Vatika Upachara* are discussed. In another article the techniques related to *Hatha Yoga*, *Astanga Yoga* and *Pratyahara* are elaborated.

Atharvanic techniques:

In Atharvaveda certain human mental problems have been described and some of them are *Unmada* (insanity), Apasmara (epilapsy), Grahi (seizure-hysteria), Bhaya (phobia), Shoka (depression), Ranaka (Anxiety), Manastapa (paranoid schizophrenia) Krodha (anger leading to violent and aggressive behavior), Papa (guilt feeling), Moha (excess of eroticism), Duhswapna (evil dreams), Sharpa (evil compulsive desires) etc (*)

Atharvanic techniques are formulations, rite, rituals and retreats found in the Atharvaveda, the fourth Vedic Samhita. Atharvanic techniques comprise different kinds of *Hawana* and *Yajna* (fire-sacrificial retreats), *Mantropachar* (incantations of Vedic hymns in their specific styles) *Abhisheka* and *Marjana* (repeated dripping or continuous sprinkling of water in a consecrated manner), *Samvashikarana* (hypnosis), *Utarana* (transference), *Ashwasana* (persuation) and *Prayashchtini* (confession, penance and material

sacrifice) etc. .{*The terms and their meanings in English have been taken from the book of Dr. H.G. Singh (1977)}

Certainly, these techniques produce somewhat composure effect on human mind. In addition, certain devices, herbs, retreats and methods were also prescribed in Atharvaveda, intentionally for treating different kinds of physical, psychic or spiritual fluctuations. Unluckily the clear-cut psychotherapeutic guiding descriptions on operational aspect of the said processes are still missing. Certain scholars have some significant publication on Atharvanic techniques (Singh, 1982). Still there is need of sincere exploration and sound scientific studies in this potential area of indigenous tradition.

Sattvavajaya:

Sattvavajaya can be considered the psychotherapeutic system of Ayurveda. The composite term Sattvavajaya consists of two terms 'Sattva' and 'Avajaya'. In Ayurveda the term Sattva

POSTAL ADDRESS:- B. 35/70- F-102, Smriti Kunj Apartment, Tulsinagar Colony, Sarainandan, Varanasi - 221 001, (U.P.), INDIA. Contact: Mobile: 9335359243; e-mail: kmtbhu@yahoo.com

¹Veda Vijnana Kendra, Banaras Hindu University, Varanasi-221005.

is used with two connotations. One sense is inner psychic power which is needed for facing the unfavourable situations in life. The other denotes to Sattvika tendency. *Sattvika* tendency intends to control the emotional discharge and maintains the balance of mind and body. The term *Avajaya* gives the sense of re-strengthening. Re-strengthening of the *Sattvika* tendency makes the psychophysiological system free from deviations.

As far as, the other connotation of Sattva as inner psychic power is concerned, in Ayurveda, for preventive and curative aspect of health point of view, there is three categories of Sattva i.e. Pravara Sattva (the persons having super inner psychic power), Madhyama Sattva (the persons having average psychic power), Avara Sattva (the persons having lower kind of inner psychic power). The lower inner psychic strength verily brings about ailments. Thus, Sattvavajaya means re-strengthening of Sattvika tendency and/or inner psychic power, whichever is needed for all-round healthy life.

Charaka Samhita, the principal text of Ayurveda, not only recognized significance of psychic factors in the pathogenesis of disorders but also detected the role of mind management in curing diseases (Charaka Samhita/ Sutra/1/54). Mentioning the causative factors of illnesses, Charaka gives the very first place to the 'Prajnaparadha (Fall of cognitional or deviation from insight or intuition)' {Charaka Samhita/Sharira/1/102}. Later on, during the period of later Upanishads and Yoga-Samhitas, practices were evolved to alleviate physical, mental and ethical disorders. Yoga-Vashishtha asserts that disturbance of mind due to inadequate association with external world, further vitiates the expansion of *Prana* in Nardis (Yoga-Vashishtha/6/1/81/12-42). A brief guidance given by Charaka about the methodological feature of psychological treatment is quite lucid, Charaka defines Sattvavajaya as follows:

"Sattvavajayahpunarahitebyorathebhyomanonigrah" (Charaka Samhita, Sutra/1-54).

Here the term 'Manonigraha' is the essential component of the concept of Sattvavajaya. Manonigraha is also the aim of the Yoga system. In Yoga there are constituents of Yama and Pratyahara,

used as tools of *Manonigraha*. But the kind of self-control of mind, as needed in *Yama* and *Pratyahara*, should not be expected from a person who is suffering from any mental or physical problems. Therefore, it seems that the term *Manonigraha* in the definition of Sattvavajaya, has been used as an objective attempt. The term '*Ahita*' means unwholesome for the bio-system. Ayurveda, provides a good account of wholesome and unwholesome things and affairs, in perspective of healthy life, with the proper justification in the context of season, circumstances and surrounding. It is so salient and common element of Ayuvedic system that a separate division of Ayurveda i.e. "*Swasth Vrtta*" is formed specially.

In Indian tradition, whatever can be achieved through the human personality out of the material world, is known as 'Artha'. Each 'Indriya' (sense apparatus) has its own Arthas (objects of sensation and perception). Similarly, the mind, in addition to being involved in sensory and motor functions (Ubhayendriya), has been supposed to have its own five objects. As per Ayurveda, the objects of mind are thinking (Chintya), reasoning (Vicharya), presumption (Uhya), contemplation (Dhyeya) and determination (Samkalpa). Apart from these five, anything that can take place in the mind may also be admitted in the category of the mind's objects (Mano-arthas) (Charaka Samhita/ Sharira/ 1/20).

In Sattvavajaya, the five main devices to be applied can be listed as follows:

- 1. Refinement of thinking (*Chintya Parimarjana*)
- 2. Modification of ideas (Vicharya Parimarjana)
- 3. Improvement of understanding (*Uhya Parimarjana*)
- 4. Guidance for aims & objectives of life (*Dhyeya Parimarjana*)
- 5. Promotion of will power (Samkalpa Parimarjana)

The effective application of the aforesaid techniques definitely requires help, guidance and intervention of an experienced and expert clinician, who has undergone special training for it. In this context, Charaka prescribes the use of 'Jnana' (informative knowledge), 'Vijnana' (Experiential

and intuitive knowledge), 'Dhairya' (application of retained knowledge with patience), 'Smriti' (reminiscence) and 'Samadhi' (in order to get wisdom, leading to the precise solution for a problem profound contemplation on different aspect of disorder) (Charak/Sutra/1/58). Most of the mental problems are caused by an emotional disturbance. Here efforts should be made either for the catharsis or for the replacement of emotions.

Since time honoured, a good tradition of spiritual masters, psychics, and clinicians in India as well as in the other parts of world can be traced out who either overtly or covertly, have been using more than one psychotherapeutic component out of the following: (A.) Ashvasana (Assurance), (B.) Samsuchana (Suggestion), (C.) Pratyayayana (Persuasion or / follow up of the patient), (D.) Nirdesana (Guidance), (E.) Prashikshana (Education and training about what is / opportune or wholesome for mental health, (i.e. Manohitartha), (F.) Parimarjana (Correction and Modification), (G.) Sammohana (Hypnosis), (H.) Visamvedana (Desensitization), (I.) Rechana (Catharsis) and (J.) Samtripti (Satisfaction or replacement of feelings). Sattvavajaya process may also be composed of more than one component out of the above said. Positively this should be exercised only by experienced clinician because the after-effects of Sammohana or Rechana on patients can sometimes be stressful and traumatic.

The Procedure of Sattvavajava

Sattvavajaya therapy should form four steps of the psychotherapeutic process as below:

- To inquire about the conditions of the client's mental processes viz., thinking, reasoning, presumptions, decisions as well as aims and objectives.
- After getting information about these mental processes, the clinician should differentiate the wholesome and unwholesome trends in these mental processes in the particular case.
- Thereafter it should be decided that which devices should be applied to eliminate or attenuate the effect of these unwholesome trends.

4. Lastly, it is essential to evaluate periodically the efficacy of the devices applied for Sattvavajaya, so that the necessary modifications in the intervention may be made. For this good evaluation and updated techniques, evolved by modern or western psychologists, should be used or the devices based on Ayurvedic or Indian principles may be de evolved.

KINDS OF SATTVAVAJAYA

Kinds of Sattvavajaya

From practical point of view, three kinds of Sattvavajaya have emerged and they are: General Sattvavajaya, Individual Sattvavajaya and Group Sattvavajaya (Murthy et. al., 1989).

1. General Sattvavajaya

Normally this is practiced only by sincere expert physicians. The obvious feature of any therapeutic system is /establishment of a personal relationship with patients during the process of treatment.

2. Individual Sattvavajaya

When the mental problem is complicated enough, then the patient should be referred for intensive kind of Sattvavajaya. That warrants the intervention of an expert and experienced person. Here patient is treated individually for the specific mental disorder.

3. Group Sattvavajaya

Sometimes, the problems of patients cannot be managed only with the intervention of the specialist of Sattvavajaya. They also need the attention of physicians, social workers, yoga experts, and occupational therapists as well as family members of the patients.

Ashok Vatika Upachar

In Mythology, it was used by Hanuman ji (Rama Charita Manas/Sundar Kanda/Doha 13-17), to manage the mental dreadful afflictions of Sita ji. Because all this mental health management process took place in Ashoka Vatika that's why it is named Ashoka Vatika Upachar. Literally the term Ashoka Vatika signifies to a grove-setting able to reduce mental afflictions. It may be assumed as setting-prominent Indian approach of psychotherapy, parallel to as well as comparable with the orthodox clinical setting for western psychotherapy, especially prescribed for Freudian psychoanalytical

psychotherapy. It may be assumed to be a kind of naturo-psychotherapy. It may be taken as supportive to Sattvavajaya and *Chitta Prasadana* psychotherapy.

In the epic Ramayana, *Sita*, the wife of Lord *Sri Rama*, was kidnapped by *Ravana*, the king of Lanka. Intensive threatening of *Ravana* caused deep frustration in *Sita*, leading her to the suicidal desire. *Hanuman ji*, persuaded *Sita ji* to the extent of bringing forth the process of catharsis (an essential component of psychotherapy) in *Sita* with full emotional outbreak (*Sundar Kand/Doha* 13-14). Later on *Hanuman ji* created empathy and replacement of feelings (*Samtripti*). In order to grow adequate confidence, to manage her deep rooted dread and finally for the effective termination of psychic relationship with *Sita*, assumed a colossal terrible form, known as *Garima* in the Yoga.

(there is no description of 'Garima' in Yoga-Sutra of Patanjali)

Being inspired by the above said, instead of using orthodox psychoanalytical psychotherapy setting, a natural grove-setting, having the presence of all the five prime elements (Pancha Mahabhuta) and common varieties of flora and fauna in their proper proportion in the surrounding, has been chosen by the author for the Chitta Prasadana therapy (Tripathi, 1987). The initial trials on psychotherapy as Ashok Vatika Upachar took place in the Department of Kayachikitsa, Faculty of Ayurveda, Banaras Hindu University and later on, the further trials took place in Malaviya Bhawan, where the author served as Assistant Director (Yoga) for about 30 years. There are open lawn spaces' having required grove-setting with some stone or cemented benches, in front of old Dhanvantari Bhawan (Faculty building) and on both the side of Malaviya Bhawan (the memorial residence of the founder of the University)

Spontaneous vocal interaction between clinician and client took place. The role of clinician was of a rather passive instigator. The results were quite encouraging.

Jnana Yoga Therapy

Lord Krishna propounded eighteen paths of Yoga in Bhagavat-Geeta and which were finally concluded as three principal paths of Yoga in *Bhagvat-Purana* (Bhag-Pur/11/20/06) and they are (a) *Jnana-Yoga* (The path of knowledge/Intelligence), (b) *Karma-Yoga* (The path of Action/diligence) and (c) *Bhakti Yoga* (The path of Devotion and dedication).

The traditional Indian scholars have assumed above said three principal paths of Yoga, psychotherapeutic devices. For, Bhagavat-Geeta begins with a typical depiction of physiological and psychological concomitants of anxiety and/or depression of *Arjuna*, the commander of *Pandava* Army, in the battle of *Mahabharat*. The fear of war with own people caused anxiety in *Arjuna* and it resulted as autonomic and psychological changes. Lord Krishna analysed the problem, applying adequate devices to resolve the conflict of *Arjuna*.

Thus, the paths prescribed in the Bhagavad Gita starts with a discourse of Lord Krishna i.e. *Jnana-Yoga* (the path of fundamental knowledge). Even the illustrious *Karma-Yoga* (path of action) is also based on the path of fundamental knowledge (Bh.Gita/Ch.2). Therefore, certain learned scholar of modern time likes to signify all the paths propounded in Bhagavad Geeta as *Jnana-Yoga*. The knowledge of *Jnana-Yoga*, delivered by Lord Krishna comprised mainly the traditional Indian vision of *Samkhya* and *Vedanta* as well.

Empirical studies on *Jnana-Yoga Therapy*:

U.A. Asrani, propounded and applied *Jnana-Yoga* therapy. Sharing his experience and case studies (1975), emphasized that *Jnana-Yoga* therapy, the yoga of cosmic transpersonal meditation, heals the body without any physical manipulation. Gupta (1979), studied 43 cases of hypertension and insomnia, and concluded that mental relaxation can be achieved through *Jnana-Yoga* therapy.

Concluding Remark:

To the best knowledge of the author, considerable amount of work is going on psychic management techniques based on Integral Yoga psychology in southern India. So author intentionally has not thrown light on them. Out of the above described

eight categories of devices, the Atharvanic techniques are traditionally part of conventional Gurudom customs in Ashrams. Sattvavajaya is in frequent use in Ayurvedic clinics (Kumar, D. & Murthy, N., 2012). The techniques of *Astanga Yoga*, Pratyahara and *Hatha-Yoga* are also in practice in Yoga centres and Ayurvedic clinics. *Jnana-Yoga* treatment too is being applied by Indian scholars in informal ways.

References:

Asrani, U.A. (1975). 'Jnana Yoga Therapy' in Collected papers on Yoga. Kaivalyadham, Lonavla, Publication, p. 123.

Gupta, Meera (1979). 'Possibilities of Jnana Yoga Therapy for Psychosomatic Diseases'. Proc. I National Conference on Yoga, Science and Society, Banaras Hindu University, p. 89-90 & in 'The Yoga Review', Vol. III. No. 1, p. 35-43.

Kumar, D. & Murthy, N. (2012), 'Non-Pharmacological Approach in the Management of *Manas Rogas* through Yoga & Ayurveda', in '*Recent Advances in Yoga*' in Proceedings of ICRAY & AAIAY/ YOGACON-2010, held on 27& 28 November, 2010 at Banaras Hindu University, Edited by KHHVSS Narasimha Murthy & Mangalagowri V. Rao. p. 25-35.

Murthy, A.R.V., Tripathi, K.M. & Singh R.H. (1989). Therapeutic Studies on Group *Sattvavajaya*-Āyurvedic Psychotherapy in the Management of Irritable Bowel Syndrome vis-a-vis *Pakvasayangata Vata*. *Journal of Research in Āyurveda and Siddha. Vol. X* no. 1 & 2, March-June, 1989, p.1-14.

Singh, L. (1982); 'Bharatiya Manashchkitsa, in 'Asamanya Manovijñana; Pub.-Vinod Pustaka Mandir, Agara, p. 453-461.

Tripathi, K.M. (1987). 'A study of personality and behavior pattern profile in psychosomatic disorders and the role of certain therapeutic interventions.' Unpublished Ph.D. dissertation, Banaras Hindu University, 1987.

Tripathi, K.M. (2005). "An Indian Approach of Psychotherapy: Sattvavajaya- Concept and Application" Vol.: 'Consciousness, Indian Psychology and Yoga' Edited by Kirit Joshi et.al (in the sub-project: 'Consciousness Science, Society, Value and Yoga' of Project of History of Indian Science, Philosophy and Culture, sponsored by Centre for Studies in Civilizations, funded by Government of India; published by Indian Book Corporation, pp.419-425.

References from classical Indian Texts:

Charaka Samhita/Shareer/1/20; 101-102; Sūtra/1/54; 58.

Mahabharat/Bhagwat Gīta/(2/38, 48, 56 & 57, 58-62, 67-68; 6/17, 23, 35).

Rama Charita Manas/Sundar Kanda/Doha 13-17.

Tattiriyopanişad, 3rd Ch./Bhrgu Valli/2-6).

Yoga Sūtra/I/30-31; 32-39; II/2-3; 28-56, 54-56 & III/1-4.

Yoga-Vashistha/6/1/81/12-42.

Psychotherapeutic Concepts in Atharva Veda¹

K. Rangaswami²

Introduction

The Atharva Veda provides a broad conceptual framework to understand human nature within a worldview. It suggests ideas about mind, its normal and abnormal nature, and a set of psychotherapeutic techniques to develop personality and overcome mental sufferings. Meditation and the spiritual path are emphasized to over-come human suffering and attain super conscious state.

Atharva Veda deals with manas [inner sense, mind]. It is related to harmonizing the human psyche and the universal psyche. It is considered that, the psyche possesses sufficient energy to develop the self, solve problems, and achieve high goals (superconscious state). To attain these, the methods developed in Atharvaveda Upaniṣad are meditation and the spiritual path. Praśna Upaniṣad emphasizes these methods, which are psychogenic in nature (Shende, 1952). They are aimed at improving mental capabilities, mental health, and personality integration.

Scriptures advise all human beings to live for hundred years, working for both the temporal and spiritual aspects of the world. If life is spent in this way, karma can never taunt and cause sufferings. Ancient rsi's have spoken abundantly about selfcontrol through meditation and thereby achieve integration of self, stronger will, development of latent potentials, and self-purifications. Mundaka Upanisad declares that attachment and desires cause all distresses. In the absence of desires, the restlessness of the mind is composed and one becomes blissful. Balancing of personality through balancing of guṇa is a major teaching of the Vedas (Mundaka Upanisad). In addition prayers, meditation, sacrifices are used for attaining mental peace, and pure thoughts. The Atharva Veda

describes a number of psychotherapeutic methods for self-improvement and attaining *siddhi*.

It is a difficult task to pick up psychotherapeutic elements from *Atharva Veda* and organize them as a therapeutic discipline. It is equally difficult to establish the efficacy of the above procedures through empirical methods. However, efforts are being made in this direction.

Atharva Veda and Psychotherapy

Psychotherapeutic practices are since the Vedic period. The Rg Veda, Yajur Veda and Sāma Veda dwell upon the other world and the greatness of gods, while Atharva Veda dwells upon the ways of knowing individual psyche and attaining power in the world, specially related to atman and manas. The Atharva Veda considers psychic energy as omnipotent, capable of mental integration, and attaining *siddhi*. The psycho-therapeutic aspects of Atharva Veda have been expanded in Āyurveda and Yoga literature. It has shown remedies for illness and psychological health and wellbeing. Atharva Veda gives detailed description about normal behaviours, mental illnesses. therapeutic methods to cure them. It describes normality as well as severe forms of abnormality. It also deals with personality improvement, psychic integration, and mental health. Therapy for mental disorders have been explained by various exponents of Atharva Veda, for example, Max Müller (1964), Shende (1952) and others.

The psychotherapeutic methods used are *sankalpa* (self-determination), *sadesh* (suggestion), ritualistic therapy, *samvaśīkaraṇa* (hypnosis), *bhrahma kavca* (defensive belief), persuasion, and desensitization. *Deviya havan* therapy (spiritual healing) and *prāyaścitta* (confession, penance and sacrifice).

¹ Reprinted with permission from: Rao, K. R. and Marwaha, S. B. (Eds.) (2005). *Towards a spiritual psychology: Essays in Indian psychology*. New Delhi: SAMVAD India Foundation

² Clinical Psychologist, Chennai. Formerly Professor of Clinical Psychology, S.R.I.H, Hyderabad., India

Swami Akhilananda (1952) states that Indian psychology can contribute to the field of psychotherapy as they have the therapeutic value for mental integration. It is certain that Indian psychotherapeutic concepts originated from the *Atharva Veda*, which has been developed in Āyurveda and Yoga.

Sankalpa or Self-Determination

Sankalpa is a method of building will power (ātmabala), a strong volition, and energetic ego, and to make adjustments. Here manas or consciousness generates the self-determination, to bring normality by balancing/analysing rajas and tamas guņa in terms of past and present activities, thereby establishing harmony. Positive suggestions are repeated producing self-hypnotic effects. Hans Jacob (1961) in his book Western Psychotherapy and Hindu Sādhanā writes that Indian resourcefulness succeeded in discovering early auto-hypnosis and hetero-hypnosis. Hence, sankalpa is essentially will training or training to strengthen the ego. Suggestions are given in Atharva Veda about the application of saṅkalpa on phobia, in the form 'not to get fear as many different things do not get fear and so be fearless.' Similarly, sankalpa is used to overcome fearful dreams, for acquiring self-defence and physical energy. While giving suggestions, associations with lions, elephants, warriors etc. are made to acquire energy and confidence. This method can be quite useful in children and adults to develop ego strength and can be used to improve personality. It is a self-directive autotherapy. It can be conducted in an individual or a group therapeutic session. The patient must be conscious and be able to give autosuggestions.

Directive Therapy by Suggestion (sadesh)

In this technique, the therapist gives suggestions and plays an active role of a guide or teacher. Symbolism, personification, similarity, and contrast are used in *sadesh* or directive therapy. The therapist educates and corrects thinking, feeling and willing process of the patient in a confidential manner for psychogenic disorders such as sexual disorders, functional disorders, increase energy in a weak person, and bravery in a warrior. It is hetero-suggestion made through energetic suggestions and assurances. It can be used as the primary therapeutic technique or as an adjunct to other techniques.

Ritualistic Therapy

As in the western and oriental cultures, Indian socio-religious life is filled with rituals and faith healing beliefs and practices. In the rural areas, these practices are still prevalent. Some religious centres attract a large gathering of rural people due to their belief in the efficacy of the faith healing methods that are practiced there. In the AtharvaVedic interpretation, the release of symptoms is through faith and ritualistic suggestion.

These directive therapeutic techniques 'dramatic' methods mainly in the form of rituals performed with suitable mantras to make it effective. Symbolization, dramatization, demonstration are considered to have better effect on the uneducated persons, rather than the nondirective techniques, used with the literates. These non-directive methods involve ability analytical thinking that, it is believed, the literate individual would have had a better chance to develop. Number of commentators on Atharva Veda, like Max Müller (1964), and Karambelkar (1959), accept the use of symbolism in ritualistic therapy. The symbolization and dramatization brings about a psychological effect, bringing about a cure or change in the maladaptive behaviour. In contemporary parlance, it can be termed as "ritualistic therapy." Alexander (1979) and Kock (1976) have pointed out that, in rural areas the use of indigenous procedures, and belief systems are better suited addition to modern psychotherapeutic procedures. Many of the faith healing practices operate through suggestion and bring about dramatic changes with a majority of the rural population.

Psychological Defensive Belief (Bhrahma kavacha)

The *bhrahma kavacha* is a psychological defensive belief created against fear and danger. Sastri (1951) describes this method in detail. It is used to overcome fear by developing a sense of control over the environment, thereby creating self-confidence (AV/V/10/1-8). The self-confidence helps to mobilize mental energy and becomes a defence against every possible danger. Many chants (*mantras*) and spiritual texts addressing these aspects of human behaviour are available. Reading the scriptures is a popular

practice aimed at developing emotional and volitional strength.

Cognitive Change as Therapeutic Method (āśvāsan)

Arsh (1981) defined āśvāsan as hope, confidence, and satisfaction. It is aimed at redirecting and reeducating the patient to make him hopeful, confident, and satisfied. False beliefs are removed and confidence is reinstated. This therapy is directive in nature, as the therapist plays a dominant and authoritarian role. The therapist attempts to change the ideas and behaviour patterns that are not healthy and productive. Through encouragement, instilling hope, confidence, and satisfaction, modification of behaviour along positive lines is made. This method is commonly used by the elders of the family to assist the young with normal problems and attempt to bring about attitudinal changes in a person when required.

Prāyaścitta: The prāyaścitta hymns of Atharva Veda forms major part of this text. Karambelkar (1959), Max Müller (1964) and Satavalekar (1927) have dealt with this aspect extensively. Prāyaścittais a common religious practice still prevalent. It implies recognition of one's misdeeds and doing penance voluntarily with the aim of sublimating and purifying oneself. It is akin to the concept of atoning for one's sins. It aims at overcoming guilt, thereby improving the super ego functions and bring about long-term change in behaviour. This process establishes equilibrium of sāttvic, rajasic and tamasic qualities in person. As the concept of prāyaścitta is well understood by the Indian people, it can be effectively used to bring about a positive change in the personality of the individual.

Spirituality and Psychotherapy

Rg Veda has used offerings and prayer in order to achieve relief from disease. Atharva Veda explains in detail the deiviya and havan treatment (Arsh, 1981; Satavalekar 1927). The prayers and offerings can be made by the patient or by the priest on behalf of the patient. In spiritual psychotherapy, faith plays a significant part. The Atharva Veda has certain sections that are specifically meant for problems such as phobia, overcoming inferiority feelings, guilt, erotic anomalies, compulsions, and for growth and development. Ancient rishis have spoken

abundantly about self-control and balancing of *guṇa* through meditation, development of will, integration of self, unfolding latent potentials and self-purifications.

William James, Carl Rogers, Rollo May, Carl Jung and others recognized the influence of religion and its impact on individuals. A number of personality theorists have recognized the importance of spiritual and religious aspects in human development and values. counsellors such as Paul Pruyser, Wayne Oats have been influential in emphasizing the link between religion and wellbeing. Psychotherapists like Schaffer and Lazarus have recognized the importance of spirituality in psychotherapy. Recently, Miller and Martin (1988) in their book titled Behavior Therapy and Religion: Integrating Spiritual and Behavioral Approaches to Change, have discussed the ways in which spiritual perspectives can be incorporated in modern behaviour therapy.

Spirituality entails the acknowledgement of the transcendent being, and a reality greater than ourselves. As most people have unflinching faith in their beliefs, this faith can be used beneficially for their wellbeing. Disregarding the individual's spiritual beliefs and faith can become a major block in the therapeutic process.

Indian philosophy emphasizes the *karma* doctrine. Thus suffering, pain, loss, impending death etc. can be well integrated within this doctrine by emphasizing the spiritual dimension to bring about positive change. Surrender to the Supreme becomes a common practice in the time of distress, as it is an intrinsic part of the philosophy/world view of the Indian.

Bergin (1988) states that social, affective, and cognitive variables have been put forth as explanatory tools in psychological inquiry regarding spirituality-religion-wellbeing. However, a paradigm shift that goes beyond cognitive agentive ones and including spiritual factors is crucial. According to Bergin, the areas in which the spiritual perspective contributes to psychological thought and psychotherapy are in the existence of spiritual reality and anchoring of spiritual values. Spiritual experience has an impact on human behaviour. First person methods in the investigation of the influence of spirituality are necessary. Marks (1978) and others have referred

to this possibility after examining instances of dramatic behaviour change subsequent to religious experiences.

Spiritual perspective anchors values in universal terms. The application of values promotes self-control based on belief. The therapist can assist in reconstructing the client's world in terms of commitment to values, and control of impulses. Addictions, anxiety, depression are the areas where these methods may be effective. The commitment to values can be stronger and more lasting as it is developed through an intrinsic process, rather than one that is externally imposed. The strength and effectiveness of groups, such as the Alcoholics Anonymous, lies in this very principle of personal commitment to a change in values, brought about by a conscious process or choice.

Conclusion

The happiness of mind and body is not complete and permanent as it is only transitory and leads to sufferings. When mind reflects on truth, its distractions are restrained, senses become composed and return to its base of consciousness. It is the real enlightenment and it can be achieved through meditation and the spiritual path.

The AtharvaVeda concepts rely on prayer, rituals and penance. Collins (1980) calls these 'intrapsychic methods'; Marks and others have referred to these as 'faith healing'. Lovinger (1984),Spero (1985), Stern (1985) Rangaswami (1995, 1996) have suggested that it is possible to utilize traditional involvements in psychotherapy. The practice of sacrifice, rituals, confession, surrender, prayer, faith etc. are commonly used religious practices in almost all religions. The series of studies conducted at the Duke University seem to concur with Bergin (1988) and others who have identified a positive relationship between religiosity and positive health outcomes.

The approach of *Atharva Veda* is primarily psychogenic and psychosomatic. The *Atharva Veda* believes in omnipotence of psyche and that physical events can also be controlled by psychic energy.

According to Satavalekar (1958), all activities and deeds of the Atharva Veda are done through the capacity and concentration of *manas*, because

Atharva Veda is related to *Ātman, manas, buddhi* and *citta*. It purifies and energizes *manas*. Mantra are used to the benefit of the *manas* to cure psychogenic illness. Collins (1980) refers to these as intrapsychic methods, while others have called it faith healing.

In the modern psychotherapies, the importance of self has been emphasized. Self-control, self-direction, self-actualization, cognitive change, faith, assertiveness, positive thinking, and spirituality are liberally used and have become a part of the therapist's parlance.

The Atharvaveda methods enumerated in this paper have similar components as those used in some contemporary psychotherapeutic methods. Indian psychology is centred around historical philosophical schools of thought and not on psychological problems or subject based. Due to its strong link with socio-religious processes, it has not developed as an academic discipline with emphasis on empiricism. The therapeutic methods outlined in the Atharva Veda need to be verified scientifically for its applicability and efficacy and made relevant for contemporary use. Practices that are based on concepts that have, over the ages, been proved to be wrong or identified as superstitions, need to be sifted from the wealth of otherwise relevant and beneficial understand

References

Akhilananda, Swami (1952). *Mental health and Hindu psychology*. George Allen and Unwin Ltd.: London.

Alexander, V. K. (1979). Rural psychotherapeutic process. In M. Kapur. V. N. Murthy, K. Sathyavathy and R. L. Kapur (Eds.) *Psychotherapeutic Process*. NIMHANS, Bangalore

Arsh, P. (1981) *Atharvavediya Mantra Vidya*. Gurukul Kangri Press, Haridwar.

Bergin, A. E. (1988). Three contributions of spiritual perspective in psychotherapy and behaviour change. In W. R. Miller and Martin (eds.) *Behavior Therapy and Religion*. Sage Publications, New Delhi

Collins, G. R. (1980). *Christian counseling*. Waco, Texas, USA

Jacobs, H. (1961). Western psychotherapy and Hindu sādhanā. George Allen and Unwin Ltd, London

Karambelkar, V. W. (1959) *Civilization*. Nagpur University Press: Nagpur.

Kock, E. M. (1976). Psychotherapy for illiterates. In Aritic and Ghrzamonski (Eds.) *New dimensions in psychiatry*. Vol 2. John Wiley: New York

Lovinger. R. J. (1984). Working with religious in psychotherapy. Jason Aronson: New York

Marks, J. M. (1978). Behavior therapy of adult neurosis. In Garfield, S. L. & Bergin A. E. (eds.) *Handbook of psychotherapy and behaviour change*. John Wiley: New York.

Miller, W. K. and Martin, J. E. (1988). *Behavior therapy and religion*. Sage Publication: New Delhi.

Müller, M. (1964). Secret books of the East – Hymns of atharvaveda. Motilal Banarsi Das: Delhi.

Rangaswami, K. (1995). Spirituality and psychotherapy. *Indian Journal of Clinical Psychology*, 23(1).

Sastri, K. (1951). Further lights: The Vedas and tantra. Sri Aurobindo Ashram Press: Pondicherry.

Satavalekar, S. D. (1927). *Vedic chikitsa sastra*. Uadhya Mandal: Satara.

Shende, N. J. (1952). *The religion and philosophy of Atharva Veda*. Oriental Research Institute: Poona.

Spero, M. H. (1985) *Psychotherapy for religious patient*. Charles C. Thomas: Springfield, Illinois.

Stern, E. M. (1985). *Psychotherapy and religiously committed patient*. Howorth: New York

Therapeutic Techniques in Hatha Yoga, Patanjali's Yoga Sutras and in Yoga Upanishads

K.M. Tripathi¹

ABSTRACT

Since inception, the mind management techniques evolved in India, were basically based on strengthening of the constituents of human mental faculties and psychic functioning, rather than finding out specific techniques for managing various mental problems, being caused by diversified external elements. It is opportune to explore the clear-cut as well as covert coded precepts, available in classical Yogic literature, to disclose the secreted complex formulations, to find out their psychotherapeutic potentials and finally to standardize their operational approaches as per norms and needs of present world. Certain well identified techniques, having psychotherapeutic components can be traced in a number of classical Yoga-texts. In this article the techniques employed in Hatha Yoga, Patanjali's Yoga Sutras such as *Chitta Prasadana Upachara and Pratyahara* and other techniques enunciated in Yoga Upanishads (later Upanishads, composed around 9th to 12th century BC) are discussed for their potential usefulness in the mind management.

Effect of Hatha-yogic Practices in Psychological Disorders:

Hatha-yogic techniques are basically psychosomatic in nature. They escorts a balance in the internal body functions including regulation of hypothalamo-pituitary-aderno-cortico-neuro-axis activities of sympathetic part of autonomic nervous system. That's why the Hatha-yogic techniques are being used as adjunct to the other psychotherapeutic systems as a part of psychosomatic rehabilitation and relaxation training. Hatha *Yoga* practices lower down the possibilities of emotional excitations. In the Hatha-Yoga, Pranayama comprises breathing control technique. There is a close relationship between respiration and affective states. Slow and rhythmic breathing causes mental relaxation, as showed in the presentation as in Table-1.

In a study of the therapeutic role of Hatha-Yoga practices in the cases of anxiety and depression, Tripathi and Singh (2003) firstly formed and harmonized two schedules of Hatha-Yoga practices wherein both the schedules of yoga-practices com-

prised almost similar nature of yoga-practices. It has been observed that the schedule of practices causing bio-energy activation, was found to be effective in causing changes in affective behaviour-patterns,

Table-1: Respiration & Psychological states

1 Fast/irregular respiration	Anxious mental state accompanying with EEG/ Gama waves of 31-50 cycles/ per sec.
2 Moderate and consistent respiration	Normal mental state accompanying EEG/ Gama waves of 31-50 cycles/per sec.
3 Slow and rhyth- mic abdominal/ Yogic respiration/ Pranayama	Composed mental state accompanying with EEG/alpha waves of 8 to 12 cycles

whereas the IInd schedule supposed to produce composing effect, were found to be effective in bringing about coherence in personality variables in the long run.

POSTAL ADDRESS:- B. 35/70- F-102, Smriti Kunj Apartment, Tulsinagar Colony, Sarainandan, Varanasi - 221 001, (U.P.), INDIA. Contact: Mobile: 9335359243; e-mail: kmtbhu@yahoo.com

¹Veda Vijnana Kendra, Banaras Hindu University, Varanasi-221005.

Chitta Prasadana Upachara:

Notwithstanding that Patanjali, in Yoga-Sutra apparently does not seem to aim at management of mental health problems, nevertheless *Patanjali*, in addition to his methodology of eight-limbic approach of Yoga, suggested good number of effective Yogic techniques for the management of neurotic and physiopsychic symptom and syndromes, negatively intervening the practices of Yoga (I/30-31). Patanjali termed the techniques, suggested for the management of psychic disturbances as *Chitta-Prasadana* (Yoga-Sutra/I/32-39). The said techniques are also described by Patanjali in the first chapter (Samadhi Pada) of Yoga-Sutra, just before the actual descriptions of his illustrious eight-limbic approach of Yoga.

In the Yoga-Sutra, they are described as method of overcoming the initial difficulties, taking place in the attempts of stabilising one's mind, before taking up the serious practices (Pranayama and onward) of the Astanga-Yoga (Eight-limbic Yoga). Therefore, they can be considered as general techniques of achieving tendency of mental stability, can be treated as independent of the eight limbs of Yoga. These techniques are also observed to be effective techniques of the management of disturbed human psyche. In order to utilize the psychotherapeutic potential or curative aspect, implied in them, the spirituo-cultural aspect of the verses of said Yoga-Sutra, have been reinterpreted into their proximally possible psychotherapeutic implications. The techniques of Chitta-Prasadana, prescribed by the sage Patanjali, are as bellow:

(1.) One Pointed Concentration:

Patanjali suggests first device for the *Chitta-Prasadana* in his words as follows: '*Tat pratisedhartham eka tattvabhyasah*' (Yoga-Sutra/I/32), that denotes to the One Pointed Concentration.

It is initial common practice for exercising determination or will power. With the help of suggested practices of concentration, the spiritual masters attempts to bring the mental fluctuations under control. In clinic sometimes it has been seen to be effective in controlling minor schizoid tendencies.

(2.) 'Brahma-Vihara':

The next procedural psychotherapeutic technique suggested by Patanjali, is as follows:

Maitrikarunamuditoupekshanam Sukhdukhpunya punya-vishayanam Bhavanas-chittaprasadanam (Yoga-Sutra/I/33).

(By the cultivation of feeling of friendliness, compassion or apathy, delightedness and indifference or avoidance respectively for the pleased persons, for the suffering people, for the virtuous men and for the non-virtuous people, the mind becomes tranquil (translation, presented by Baba Hari Dasa Ji, 1999).

The above said has been propounded in spiritual perspective, that's why it is also termed as 'Brahma-Vihara'. The term 'Brahma-Vihara' connotes the conduct and routine, prescribed for the seekers of Brahma (the Cosmic Being) However, the concept of 'Brahma-Vihara' also provide necessary clues for the psychotherapy. Brahma-Vihara is an effective approach to manage the affective aspects of human personality, leading to the attainment of insight, needed for getting worthwhile solution of the psychic problems.

From psychotherapeutic point of view the *Maitr* may be seen as the initial rapport-establishment procedure applied during the initial clinical sessions. After establishment of an adequate rapport with the client, the succeeding sessions needs Karuna. Karuna signifies the feeling of compassion and empathy. Mudita conveys that during the psychotherapeutic sessions the client should always be welcomed warmly. In psychotherapeutic process, the term *Upeksha* may be applied by two ways i.e. 'In-therapy Upeksha' and 'post-therapy Upeksha'. The Intherapy *Upeksha* should be responded to the unorganized verbatim and neurotic patient whereas Posttherapy *Upeksha* signifies the sense of indifference, or unconcern, needed for terminating the psychotherapeutic process.

(3.) Prachchhardana Vidhana:

'PrachchhardanaVidhanabhyamvapranasya' (Yoga-Sutra/I/34)

The above Sutra denotes to the breathing practice using forceful exhalations followed by deep exhalation, a suspension of air for a while.

The above said series of Yogic breathing is repeated until and unless one feels somewhat giddiness, thereby and there after fluctuation of mind is successfully controlled for a good while. The findings of Meti (1997) supported it. The western psychotherapeutic approach of psychic management may be effectively supplemented by the application of the said breathing exercise. It may also be useful for clinician to get rid of the affect of 'transference'. This practice may also cause mild seizure effect in the brain (Meti, 1997) which is useful in management of abnormal mood fluctuations.

(4.) Practice of Meditation Causing Creative Consciousness

The fourth device of *Chitta Prasadana* suggested by Patanjali has been expressed in his words as follows:

Vishayavati ch pravritirutpanna mansah sthitini bandhini (Yoga-Sutra/I/35).

Prachchhardana Vidhana technique may be succeeded by the practice of meditation. During sincere practice of meditation, initially ideas and images concerning conscious level of mind comes out within, which may be further succeeded by the ideas and images concerning sub-conscious level. Ideas and images concerning sub-conscious level might lead to the Vitarkanugata Samadhi (transcendental states' followed by the outer pleasant experiences and feelings), of Patanjali, which leads to the level of creative or poetic consciousness that may result into placidity of mind.

(5.) Contemplation on Internal Higher Auspicious Experience of Luminous State Within:

Vishoka vaJyotismati (Yoga-Sutra/I/36).

The above said *Sutra* signifies that practitioner of meditation may experience internal appearance of higher auspicious and luminous feeling, causing a mental state, that is free from sorrow. This kind of contemplation causes placidity in mental activities

that may be supportive to the psychotherapeutic process.

(6.) Psychic Association with Sanctified Person, Place or Object:

Veetaragvishyamva chittam (Yoga-Sutra/I/37).

The above said *Sutra* signifies that the physical proximity and/or Psychic Association with any sanctified person, saint or spiritual master at a common place or in a sanctified surrounding, Ashrama or sanctum, may also calm down ones mental fluctuation or cause placidity of mind for a good while. It may also bring about a kind of *Pranic* healing effect might support to the psychotherapeutic process.

(7.) Analysis of One's Sleep and Dream States:

Swapna-nidragnanavalambanamva (Yoga-Sutra/I/ 38).

The above said aphorism, propounded in Yoga-Sutra by Patanjali, sense that by getting the information of dream state and dreamless sleep condition may also be helpful in management of mental problems. By analysing the quality and duration of sleep the mental health status of client can be figured out. The dreamless deep sleep state is comparable with the state of Samadhi (transcendence) that may bring forth solution of crucial problems of life. In psychoanalytic approach the dream state is supposed to be a way of going through the complexities of unconscious level of mind.

(8.) Contemplation as per the Personal Liking:

As the aphorism 'Yathabhimat dhyanad va' (Yoga-Sutra/I/39) signifies that lastly when none of the above said Chitta Prasadana technique is effective in resolving the mental problem the client is allowed for free contemplation on the subject or object as per his or her own liking. In the school of Sufism many a time one's profound love for one's beloved was altered into the devotion to one's favourite deity, Lord or God.

Astanga Yoga Therapy:

The Description of *Astanga Yoga* (Eightlimbic approach of Yoga) system of *Patanjali*, in the second chapter of *Yoga Sutra* (2/28-55) and it covers the methodology of psychic management. *Astanga Yoga* means eight constituents of Yoga as follows:

- Yamas (abstinances) five in number, comprises, Nonviolence, Truthfullness, Non-misappro priation, Celebacy, Nonmishoarding.
- Niyamas(observances):alsofive in number: Cleanliness, Contentedness, Austerity, Selfstudy & Refuge to God.
- 3 Asanas (Body postures) are of several kinds
- Pranayamas (Technique of biolnery control) are of several kind.
- 5. Pratyahara (Withdrawl, Abstraction & Interospection)
- 6. Dharana (Concentration)
- 7. Dhyana (Meditation)
- 8. Samadhi (Transcendence)

Further the above said eight constituents of Yoga are divided into two categories or steps of Yoga i.e. Bahiranga Yoga (exterior Yoga) and Antaranga Yoga (interior Yoga), but into three categories indirectly as well i.e. Adhikara Yoga (deservingness Yoga), Bahiranga Yoga (exterior Yoga) and Antaranga Yoga (interior Yoga). but into three categories indirectly as well i.e. Adhikara Yoga (deservingness Yoga), Bahiranga Yoga (exterior Yoga) and Antaranga Yoga (interior Yoga). There are no watertight kind of compartmentation or division between Bahairanga Yoga and Antaranga Yoga. Bahairanga and Antaranga are used in relative sense in Yoga-Sutra {see Yoga-Sutra/3/7-8}. The first-half of Pratyahara is supposed to be in Bahairanga Yoga and the rest half may be essentially treated as Antaranga Yoga. 'Pratyahara occupies central conjunctive place between the Bahiranga (Exterior Yoga) and Antaranga-Yoga (Interior Yoga). The entire process of Antaranga-Yoga seems to be a continuum of Pratyahara' (Tripathi, 2014).

Emotionality and Yoga are supposed to be the two ends of the continuum of emotionality. Emotional excitations are calmed down by the Astanga Yoga practices. Emotionality disturbs the orderliness of thought process. The said negative modifications in thinking process, brought about by the emotional excitations, may be checked by the Astanga Yoga practices and the person gets the space and insight for attaining the solutions. The probable effect of Astanga Yoga practices is presented in the diagram as given below:

Table 2 Emotional conflicts & practices of Astanga Yoga

Level at which conflict happens	Practice to be followed	Nomenclature
1 Conscious emotional conflicts	Yama & Niyama	Adhikara Yoga
2 Subconscious emotional conflicts	Asana, Pranayama and Pratyahara	Bahiranga Yoga
3 Unconscious conflicts & Complexes	Dhyana	Antaranga Yoga

Through the *Adhikar-Yoga* comprising *Yama* and *Niyama*, the interaction process between individual and environment as well as the components of human-self (Tripathi and Singh,1984) are modified. Yama and Niyama have a positive correctional effect onto the states of emotional agitation. The psychological attitude altered by observing Yama and Niyama can reduce tension and resolve psychological conflicts of conscious level.

Bahiranga Yoga (exterior Yoga) includes substantial techniques of Asana and Pranayama. Stability of the body caused by Asana, finally leads to emotional stability. The practice of Pranayama and relaxation effect caused by the Pratyahara, control the internal functions associated with emotion and tension.

The Antaranga Yoga (interior Yoga) takes in very subtle profound but substantial practices of psy-

chic control and includes the practices of *Dharana* (concentration), *Dhyana* (meditation) and *Samadhi* (transcendence). The process of *Antaranga-Yoga* may begin with a perception, reflection, or a quarry that finally might lead to a momentary or prolong state of transcendence. Earlier studies on the technique of Transcendental meditation has been found to cause positive mental changes

Pratyahara:

Literally the term Pratyahara consists of three syllables i.e. Prati (in response to, obverse, opposed to, against), Aa (near, towards) and Hri (to bring back properly) and thus it literally means 'the act of collection' or 'to withdraw back purposefully in order to utilize the process or energy in write mode in more powerful way'. Patanjali defined Pratyahara by the aphorism as follows:

Svavishyaasamprayoge Chittaswaroopanukara ivendriyanam Pratyaharah.

Tatah parama vashyatendruyanama. (Yoga-Sutra/ 2/54-55)

In the above aphorism Patanjali propounded that during the state of physical cut-off of contact between the sense-organs and their respective objects functioning, i.e. the reflections of sensory world in mind, is called Pratyahara. By regular practice of Pratyahara a great control over the internal and external senses, is attained, gradually that leads to the attainment of ability of attention and concentration (Yoga-Sutra/2nd/54-56). In Yoga-Sutra, Pratyahara is the entry point from Bahiranga-Yoga towards Antaranga-Yoga.

The entire process of Antaranga-Yoga seems to be a continuum of Pratyahara that initially starts with cutoff of the interaction of external sensory instrument from their respective sensory objects followed by disconnecting the mind from the external sense organs. Further at advanced level the Buddhi, the discriminatory element of mind is detached from the mind and finally the *Drasta* i.e. the real Self is isolated from all the external impressions.

Patanjali gave very brief account of Pratyahara in the Yoga-Sutra (Yoga-Sutra/2nd/54-56). Later on the concept and methodology of Pratyahara was duly developed on somewhat technical and applied way in the later Upanishdic literature (Darshanopanishad) (7/1-9).

Popular Techniques of Pratyahara in Yoga Upanishads:

1. Early Upanisdic Tattiriyopanishadic Integrated model:

The *Bhrigu Valli* in Taittiriyopanisad is highly noteworthy part of the earlier Upanisadic literature on Yoga Sadhana. No doubt, at places, Yoga was referred as Tapas in earlier Upanisadic literature and Yoga practices were the essential component of Tapas. Earlier the sequential retreats regarding realization of *Koshas* were not seen as the process of Pratyahara. Because, during the period of Taittiriyopanisad, the term Pratyahara was not in use. Historically the Yoga-Sutra of Patanjali is supposed to be a later-composed work in relation to the Taittiriyopanisad.

The kind of Tapas advised to Shwetaketu in the Bhrigu Valli of Taittiriyopanisad (Bhrigu Valli/Varuni Vidya/2-6) was intrinsic kind of Tapas. In the practical application of Tattiriyopanishadic model, initially at exterior corporeal stage (annamaya kosha), an analysis of dietary habits, waking and sleep behaviour and daily routine in terms of proper and improper actions, is done by the practitioner himself with the help of appropriate literature and experienced guidance. At the next stage i.e. at inner vital level (pranamaya kosha), the management of psychosomatic factors and regulation of autonomic functioning takes place through the practices of Asana, Pranayama and yogic relaxation. Certain grade of Pratyahara is mixed in all the practices of Yoga including Asana and Pranayama otherwise their yogic effectiveness will be doubtful. If the problem still stands then there is a need to probe at the deeper psychological level (manomaya kosha). At the Gnostic level (Vijnanmaya Kosha) all the conflicts and complexes are detected and resolved.

2. Later Upanishadic Technique of Pratyahara:

Kshurikopanishad (6-10), one of the later-Upanishads prescribes that the aspirant of Yoga should fix his eye and mind on the different sense organs and limbs. Finally the mind and the Pranic force should be

channelized to the white *Susumna Nardi* and then shift and fix on the great support of the heart, shining like a blood red lotus on *Anahata*. Breaking through that lotus it should reach the throat on *Vishuddhi*. Thence it should be fixed on the region in the midst of the eye-brows on Ajna and finally on the *Sahasrara* in the head (*Anahata, Vishuddhi, Ajna*, and *Sahasrara* are the parts of six Chakras, critical yogic points present in the *Susumna*).

3. Yonimudra:

Yonimudra is the traditional Hatha-yogic technique of high stature and it forms a continuum of Pratyahara, finally ending on a higher state of Meditation or transcendental state (Dhyabindupanishad/ 86; Yoga-Churdamani Upn./59). In classical texts Yoni-Mudra is also referred as Sanmukhi-Mudra (Yoga-Churdamani Upn./114-115; Darshanopa nishad 6/32-36). In its simpler form in Yonimudra, after assuming a good meditative pose, eyes (pressing the eye-balls) are closed by the index fingers, similarly ears are by the thumbs and tip of the nose is pressed with the middle fingers. So too the ring and little fingers are placed on respectively above and below the lips. Practically during Yonimudra certain Yoga experts prescribe a varied degree of pressure of fingers on their respective part of face may to be covered as follows:

1. Pressure on ears:- 100%; 2. Pressure on eyes:-50%; 3. Pressure on tip of the nose:- 25%; 4. Pressure above and below the lips:- 10%.

A beginner, during Yonimudra is simply advised to concentrate on the part of forehead and to assume the happenings, usually takes place in the sky, like the scene of dawn followed by a sunrise, diffusing sunbeams, the scene of setting sun followed by the panorama of dusk, after that twinkling starlings scattered in the whole area of forehead and thereafter, rising of moon on the region of midst of eye-brows and lastly the gradually increasing gentle darkness and so on. Similar kind of appearances are depicted in the Shvetashvataropanishad, one of the earlier Upanishad (Shwetastara/2/11) as well.

4. Yoga-Nidra:

Certain references on Yoga-Nidra can be seen in the later Upanisdic literature (Sandilya-Upn./1/17-1). The

term Yoga-Nidra means yogic sleep. In modern time the technique of Yoga-Nidra was developed and propagated by Swami Satyananda Ji (Yoga-Nidra, 1976), the founder of Bihar School of Yoga, Munger. Notwithstanding that the technique of Yoga-Nidra, developed by Bihar School of Yoga, contains good amount of *Tantrika* i.e. cultic components and has hypnotic effects, quite good findings have been reported in journals on the medical efficacy and psychological and physiological effect of Yoga-Nidra. The component of resolve (not will power) plays significant role in Yoga-Nidra. A wide range of technique of Yoga-Nidra have been developed according to the purposes, that's why it is very popular among the masses.

5. Vipasana:

The term Vipasana, firstly coined by Lord Gautam Buddha, is actually derived by the Sanskrit term 'Vipashyana' consists of two terms 'Vi'+ Pashyana, which means especial visioning. Gautam Buddha evolved a technique of meditation on certain aspects of respiration, supported by the practice of certain observances and called it Vipasana. It was advocated for modifying one's state of mind and uplift the level of consciousness. The special feature of Vipasana is profound concentration on different aspects of respiration that further leads to the regulation of subtle internal physiological and mental aspects, directly or indirectly associated with the process of respiration. In modern time it is a widespread technique of meditation with noticeable clinical results.

6. Anapana-Shati:

Another technique of contemplation and meditation on breathing was also prescribed by Yoga-Vashishtha (10th-12th century AD) as *Anapana-Shati* with positive psychotherapeutic effects. Obviously the variations in respiration are linked with the affective states and concerned autonomic functioning. Willingly it seems to be difficult to control the affective states and autonomic functioning, nevertheless, indirectly through breathing it may be done.

7. Preksha:

The later Jain literature, lucidly elaborated similar and allied processing, which focused on related problems and which evolved into the practice called *Preksha*. The term *Preksha* means to observe and experience the internal psychic and vital functions in order to regulate them. In modern time Preksha technique has been revived by Acharya Tulsi (1970), on the basis of traces available in ancient Jain scriptures and further it has been propagated by his worthy disciple Acharya Mahaprajna. The Preksha method (Mahaprajna, 1980; Mishra, J.P.N., 2003-04) have been found to be a powerful and effective technique to control one's internal functioning, actions and thoughts. Preksha forms a range of techniques for beginners as well as for the advanced spiritual practitioners.

8. Shavasana:

Shavasana is a classical Indian Yogic technique prescribed for psycho-physiological relaxation. The word Shavasana is a combination of two words, Shava and Asana, which means a posture like dead body. The description of Shavasana may be found in classical Hatha-yoga literature with a little bit varied nomenclature (Hath Pr./1/32; Gher. Sam./2/4; 2/19). So the techniques of Shavasana have been developed by health scientists in modern perspective to meet the problems of psychosomatic illness.

A noteworthy clinical technique for Shavasana has been developed by Datey et.al (1969; 1975). The first stage of Datey's technique is to lie down flat in a relaxed and comfortable posture. In the second stage, breathing should be unusually deeper and longer and one should concentrate on his abdominal movement. In the third and last stag to his technique, Datey suggests to concentrate on the coldness of inhalation and warmth of exhalation and so on. As it is observed in the Shavasana technique of Datey, only a relaxed posture is not sufficient. Because the meaning of Shavasana is a posture like dead body, one's body should be tensionless at muscular level, passive at vital (Pranic) level and relaxed at mental level. According to Datey one should concentrate on his abdominal movement. Whereas as it is evident that a dead body should have no breathing. An effective technique of Shavasana has been developed by Tripathi & Singh (1987). The said non-cultic procedure of Shavasana has been lucidly described in detail by Tripathi (2010, page 252). Having been regulated internal physiological functions through the practice of Asanas and yogic breathing, the biochemical changes and endocrine secretion may be controlled by the practice of body-talk part of the said Shavasana technique.

9. Introspection:

This practice could be done before going to bed at night and after getting up in the morning. Before sleeping at night, seat in a cross leg posture with a cool mind. Then one should focus on to the routine of the current day in a regulated way i.e. what happened after getting up in the morning with gradual passing of time, what did one has done 'with whom, where and what did one talk. What did one think and on what topics, when and what did you read and write.

One should try to recollect every detail of working of the whole day in a perfect sequential order till before coming to bed. After recollecting every detail from morning to the time of coming to bed at night, review the whole working of the day as a neutral observer as to what was right or wrong, whatever works have been done and what remains to be done and what kind of correction in the working or daily routine, is required. Through the consistent sincere and regular practice of introspection, one is able to rearrange his priorities, revive his memories amazingly and also to correct the behaviour there according.

Pratyahara-Contemporary Issues:

Turning the mind inward for the work of introspection, makes one's sensations, perceptions, notions, imaginations as the subject of study. The practice of regulating and modulating by understanding their nature and field of operation, helps in modification and redirection of their energy. Mostly Pratyahara follows a state or pose of physical relaxation, followed by the mental relaxation, leading to the vital (Pranic) relaxation. More one's body, bio-energy and mind is relaxed, more is the attainment of ability of communication with internal aspects (increased). 'The term Pratyahara used to refer the process of 'roping in/reining/withdrawal/ manoeuvring and marshalling all thoughts and feelings, which are jumbled and tumble about in the screen of the mind in a disorganized and disoriented manner' (Modi, T. 1997).

Pratyahara as a Method of Psychic Modification and Mental Health

Later Upanishads asserts that the consistent practice of Pratyahara, helps in getting rid of all the mundane sins, afflictions and mental disorders (Yoga-Churdamani Upn./109; Darsana Upn./Ch.7/9). Patanjali in Yoga-Sutra establishes that regular practice of Pratyahara helps in attaining a great control over the senses. Control over the senses incorporates components of control over the internal senses including proprioceptive and kinaesthetic senses as well as the sensory areas of the brain.

Normally during the active phase of external sensory involvement, only the lower part of mind and brain functions are active. But there is insufficient capacity of marshalling over the regulatory mechanism of internal psycho-physiological and autonomic sympathetic activities. Gradually by consistent practice, one is able to set up a better communication with the regulatory centers of autonomic sympathetic activities in the Brain. The process and instructions, being used for *Shavasana*, *Yoga Nidra and Preksha*, change the track of thinking and feeling that helps the person to forget worldly worries and tensions.

Concluding Remark:

The techniques of Hatha-Yoga, Astanga Yoga, and Pratyahara are in practice in Yoga centres and Ayurvedic clinics. So far as the eight processes of Chitta Prasadana are concerned the IInd, VIth and last one were wholly or partially being adopted either directly or in indirect ways, adopted in the western psychotherapy system whereas the Ist, IIIrd, IVth and Vth may also be treated as supportive kind of Yogic psychic management methods. But the IIIrd Chitta Prasadana device has ample potential to be supplement to the psychoanalytical or other kind of psychotherapeutic systems. Still there is lot of scope of fruitful psychotherapeutic clinical trial on Chitta Prasadana techniques and processes depicted in Yoga-Sutra of Patanjali.

Appendix:

Technique of Prachchhardana Vidhana:

It is performed in a standing up position, with a gap of 1-2 feet between the feet. Hands are kept relaxing

on the lateral sides. Inhale deeply and retain the air for the duration as per one's capacity. While exhaling the air, leaning forward slightly, relax the arms, keeping them in front of the body. Initially start inhaling slowly, coupled with forced exhalation. Gradually increase the frequency of respiration by forceful inhalations and exhalations, to the maximum as per the capacity. Gradually start decreasing the frequency of respiration. Again after a deep and prolong Inhalation, air will be retained for the duration as the capacity. Thereafter, once again forceful inhalation and exhalation is performed. This "slow-fast" cycle is repeated at least for three times or in odd number of cycles

References:

Datey, K.K. & Bhagat, S.J., (1975), 'Management of Hypertension by Shavasana', Proc. 'Seminar on Yoga, Science and Man' CCRIMH, New Delhi, pp.103-116.

Datey, K.K., Deshmukh, S., Dalvi, C. & Vinekar, S. (1969), 'Shavasana: A Yogic Exercise in the management of Hypertension' *Angiology*, 20, pp.325.

Kartikerya, K. (1973), 'A comparative study of the efficiency of T.M. relaxation techniques and Diaz- epam in patients with anxiety neurosis' (Thesis sub- mitted, MIMHANS, Bangalore, India).

Meti, B.L (1997) 'A glimpse on the neurophysiologi- cal aspects of Pranayama and meditation.' *Conference Handbook of IV International Conference on Frontier in Yoga Research and Applications*, Banga- lore, 1997, p-22.

Mishra, J.P.N., (2003-04), 'Dwi-Varshika Prativedana (2002-2003 & 2003-2004), Jain Vishwabharati Samsthana (Deemed University), Ladnun, Nagaur, Rajasthan, pp.43.

Modi, T. (1997), 'On Pratyahara', Yoga and Total Health, Vol. XL II June, 1997, No.II, pp. 18.

Nagarathna, R., Horia, C. and Nagendra, H.R. (1984) 'Preliminary investigation of yoga therapy for anxiety neurosis'. Vivekananda Kendra *YOCTAS* (1984) Report no. VK YOCTAS/BNG/011/84.

Satyananda Sarashwati (1976), 'Yoga Nidra', Yoga Publication Trust, Mungher, Bihar.

Singh, H.G. (1977),. *Psychotherapy in India: from Vedic to modern times* / by H. G. Singh; with an Introduction by H. C. Ganguli and a foreword by B.L. Atreya. Agra: Natiofnal Psychological Corporation.

Singh, L. (1982), 'Asamanya Manovijñana'), Vinod Pustaka Mandir, Agara.

Tripathi K.M. & Singh R.H. (1984). Astangic Yoga- Its Symmetrical Wholeness and Mutual Interrelations with Special Reference to Yama, Niyama and Samadhi." *The Yoga Review, Vol. IV.* no.1 & 2, Spring & Summer, p.27-40.

Tripathi K.M. & Singh R.H. (2003). "Role of Yoga in the Management of Anxiety and Depression". "*The Yoga Review*", Vol. IX. No.1 & 2, p. 23-38.

Tripathi, K.M. (1987) 'A study of personality and behavior pattern profile in psychosomatic disorders and the role of certain therapeutic interventions.', Unpublished Ph.D. dissertation, Banaras Hindu University, 1987.

Tripathi, K.M. (2010), "Mental Health Management in Yoga Sutra" in 'Psychosocial Aspects of Health and Illness' edited by Dr. Sandhya Ojha and Dr. Shambhu Upadyaya; Global Vision Publishing House, p. 337-346; ISBN no. 978-81-8220-315-0.

Tripathi, K.M. (2010) "Concept and scope of Pratyahara for Management of mental health" as 6th chapter in the IInd volume of "Foundations of Indian Psychology" edited by Matthijs Conellison, Girishwar Mishra and Suneet Verma. Pearson publication, p. 84-97; 2010. ISBN No. 978-81-317-3085-0.

References from classical Indian Texts:

Darshanopanishad (6/32-36; 7/1-9; /7/1st Pratyahara Lakshanama& 9th-Pratyahara Falam).

Gheranda Samhita /2/4; 2/19.

Hatha Pradipika /1/19,32; & 2/16-18.

Kshurikopanishad/6-10.

Mahabharat/Bhagwatgita/(2/38, 48, 56 & 57, 58-62, 67-68; 6/17, 23, 35).

Sandilya Upanishad/Ist Ch./Panchavidha Pratyahara;

Shvetashvatar Upanishad (2/11).

Tattiriyopanishad, 3rd Ch./Bhrigu Valli/2-6).

Yoga Chudamani Upnisad/109, 120.

Yoga Sutra/I /30-31; 32-39; II /2-3; 28-56, 54-56 & III/ 1-4

A Theory of *krodhaḥ and Cultivation of akrodhaḥ*: Ancient Solutions from the Bhagavadgītā

Dharm P S Bhawuk¹

ABSTRACT

To illustrate how indigenous models and theories can be developed from texts, a theory of *krodhaḥ* or anger is derived from the verses of the Bhagavadgītā in this paper. The construct of *akrodhaḥ* or nonanger, which is one of the 26 *daivika sampadas* or divine virtues, is also discussed. The indigenous theory of anger is compared with the cognitive behavioral therapy (CBT) that is popular in the West for treating anger. Some strategies for intervention are proposed, which may interest practitioners. It is hoped that the indigenous theory would interest Indian clinical psychologists and stimulate future research.

Keywords: Anger, Bhagavadgītā, krodhaḥ, akrodhaḥ, Daivika sampada, cognitive behavioral therapy (CBT)

The Bhagavadgītā is a rich source of models that offer solutions to life problems that we face in the contemporary times (Bhawuk, 2011). These models are useful the way they are presented, but can be polished to contribute to the extant literature. I developed one such model to capture the process model of development of anger from verse 2.62 of the Bhagavadgītā (Bhawuk, 1999). I was so enamored by the discovery of the model from the Bhagavadgītā and both the creative process and the satisfaction from seeing the model, that I remained oblivious for more than twenty years to the theory of krodhah or anger that was in plain sight in the two verses (2.62 and 2.63). In fact, I derived a model by employing both the verses a decade later (Bhawuk, 2010, 2011), but still missed that these verses provided a rigorous theory of anger. In this paper, I finally amend my short-sightedness and present the theory of krodhah that has eluded me for decades. In the theory of krodhah, the solution of anger or the process of prevention of anger is also embedded, which allows for a theory driven problem solution

following the dictum of Kurt Lewin— there is nothing as practical as a good theory.

The objective of the paper is not only to present the theory of krodhah as embedded in the verses of the Bhagavadgītā, but also to lead researchers to the study of the Bhagavadgītā and other Indian texts, which provide much insights into both understanding and solving human issues. As *Ādi* Śamkara noted in his commentary, the study of the Bhagavadgītā propels us toward both preyaz (pravrtti, abhyudaya, or success in the material world) and śreyasa (nivṛtti, niḥśreyasa), or success in the domain of spirituality leading to mokṣa or enlightenment), and so researchers can benefit from the study of the Bhagavadgītā in leading an internal life and also develop psychological models and theories to solve contemporary human problems. I also present the construct of akrodhah, which is presented in Canto 16 as a daivika sampada, and discuss how it can be cultivated to address the problem of anger. Some strategies for intervention and implications for developing theories from ancient texts for the contemporary times are discussed.

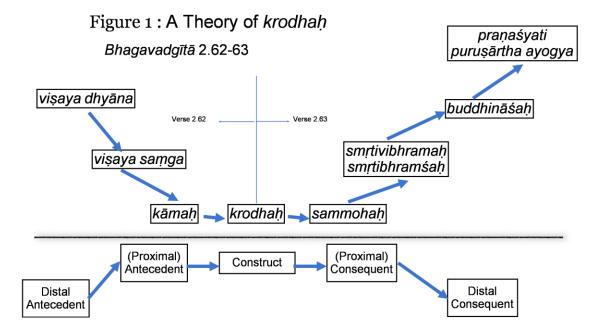
Keynote address presented at SSIAR-ICGAKS-2021-Reimagining the World, We Live In, International Conference on Global Ancient Knowledge Systems (GAKS) organized by Sri Sri Institute for Advanced Research (SSRA), India. February 17, 2021. I am grateful to Professor Kiran Kumar Salagame and Dr. Jyotsana Agrawal for their insightful comments that helped me improve the paper.

¹ Professor of Management and Culture and Community Psychology University, of Hawaii at Manoa bhawuk@hawaii.edu WhatsApp: +18083422939

A Theory of krodhah or Anger

In verse 2.62ⁱ of the second canto of the Bhagavadgītā, a process model is presented, which captures how desire leads to anger, which in turn causes the downfall of a person. process starts when a person cognizes (dhyāyataḥ) something — any object of the senses (viṣayān), a thought, or an idea. When a thought about an object crystallizes then he or she develops an attachment (samga) to it (or the visaya); the person thinks often about it. Attachment resulting from the repeated thinking about an object leads to desire $(k\bar{a}ma)$ for the object (or the *visaya*); we want it. When we want something and we do not get it, the non-fulfillment of desire leads to anger (krodhaḥ). Thus, cognition of an object leads to attachment, which leads to desire, which in turn leads to anger, when the desire is unfulfilled (see left panel of Figure 1). This verse presents the proximal and distal antecedents of krodhah. The proximal antecedent of krodhah is kāma or desire, and the distal antecedent of krodhah is visaya

samga or attachment to objects (or thoughts). The entire process starts when any of the five senses start exploring the world in their respective domains (eye-sight, ears-hearing, tongue-taste, nose-smell, and skin-touch) of the world. The interactions of our sense organs and the material world generates experiences, which constitute information until they become salient to us. We do not pay attention to the information that is not salient to us. The pieces of information that interest us, or are relevant to us for some reason, become salient to us. Some of these experiences provide positive and others provide negative experiences; positive experiences attract us and negative experiences repel us. We become attached to seeking positive experiences $(r\bar{a}ga)$ and avoiding negative experiences (dvesa). Recalling these experiences (viṣaya dhyāna) creates attachment (visaya samga), which in turn creates desire for (or against) the experience. Finally, fulfillment of desire leads to greed, or desire for more, and nonfulfillment of desires leads frustration to and anger.



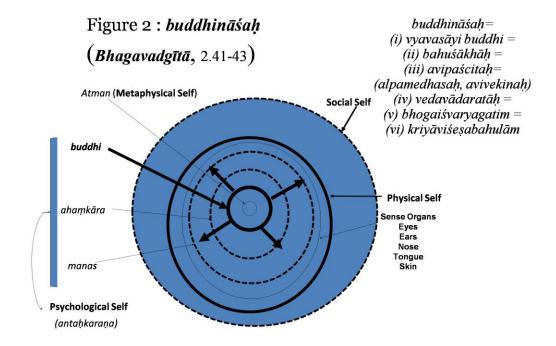
Verse 2.63ⁱⁱ extends this causal link further by presenting the consequences of anger. First, anger leads to confusion (*sammohaḥ*). When we are angry our *viveka* or discretion gets clouded, and we are not able to decide what is right. Confusion leads to bewilderment (*smṛtivibhramaḥ* or *smṛtibhramśaḥ*). In a state of bewilderment we

suffer from the loss of memory.ⁱⁱⁱ We are not able to recall learned experience from the past. Memory loss leads to the destruction of *buddhi*, which is an internal organ like the *manas* that provides us the ability to discriminate between right and wrong.^{iv} Loss of *buddhi* leads to the downfall of the person (*pranaśyati*) as the person

makes wrong decisions and rashly acts on them (see right panel of Figure 1). This verse provides the proximal and distal consequences of *krodhah* or anger, which make intuitive sense and, thus, have face validity. When we are angry we lose *viveka* or discriminating faculty, and often act inappropriately. This is the most proximal consequence of anger, the loss of our good sense (*sammohah*). The loss of good sense pollutes or clouds our past learned experiences or *smṛti*. Thus, we are not able to recall any of the good lessons in the context at that moment.

The distal consequence of *krodhah* is the ruination of buddhi (buddhināśah) and the resulting debasement of the person (pranaśyati). Verses 2.41, 2.42, and 2.43^{v} provide six aspects of unstable buddhi, namely that can be employed to characterize buddhināśaḥ (see Figure 2). First, a stable *buddhi* or *vyavasāyi buddhi* is one that helps one make decision by discriminating between proper and improper actions, whereas an unstable buddhi or avyavasāyi buddhi cannot discriminate properly. Second, a stable buddhi is focused, whereas an unstable buddhi is bahuśākhāh or fragmented. which makes it difficult discriminate between right and wrong actions.

Third, an unstable buddhi is associated with a person who is not situated in knowledge or is avipaścitah. Such a person is characterized by having little wisdom (or alpamedhasah), or little discriminating faculty (or avivekinah). Fourth, an unstable buddhi leads a person to get entangled in fruitless discussion that does not lead to a reasonable course of action (vedavādaratāh). Fifth, an unstable buddhi leads one to pursue material success (or bhogaiśvaryagatim). Finally, an unstable buddhi leads a person to pursue endless material pursuits (or *kriyāviśeṣabahulām*) that cause much mental strife and lack of peace and equanimity. In the Indian worldview, material pursuits that are not guided by śāstra or tradition befitting one's varnāśrama dharma or stage of life are guided by an unstable buddhi and are the cause of disharmony, whereas a stable buddhi follows the *śāstras* and leads to the pursuit of *dharma* (dutiful personal, social, and adhyātmika or spirituality-based life), artha (creation of wealth for the welfare of family and community), kāma (enjoying healthy desires), and mokşa (living an enlightened unbounded life). Anger leads to loss of buddhi in the end, which is the cause of the debasement of a person.vi



The link between desire and anger and how it leads to anger toward a person or institution that obstructs the process of realization of that desire is supported in the literature on anger (Reilly & Shopshire, 2019; Takebe, Takahashi, & Sato, 2017; Walitzer, Deffenbacher & Shyhalla, 2015; Zarshenas, Baneshi, Sharif, & Sarani, 2017). When we compete for scarce resources, we have anger toward our competitor, for he or she is in the way of us and the desired resource. When two people compete for the love of the same person, anger toward the other person arises. It could be argued that envy is another form of anger, which arises toward someone who has what we want for ourselves. Envy leads to plotting, a course of action to take away what the other has that we want for ourselves, which was captured famously by Gustave Flaubert in the novel Madame Bovary or by Shakespeare in his play Othello. Plotting often leads to some form of violence.vii

In the interpersonal context, desire takes the form of having some expectation from another person. When the expectation is not fulfilled, then we get with that person. Non-fulfillment of expectation is the primary mechanism of anger between parent and child (neither acts the way the other expects; parent — Why can't you focus on your studies! There will be time for fun later! Child — Why do I have to study engineering when I am interested in photography!), spouses (I am always giving and giving and giving; and you are simply taking; you are using me!), friends (Oh, how could you do that to me!), subordinates (You never deliver on time! Your quality is never up to the mark!), colleagues (You are never forthcoming!), customer and service provider (Why do I have to complain to get what I deserve in the first place!), and other interpersonal contexts.

Understanding that the process of getting angry is cognitive in nature is the first step of starting cognitive behavior therapy (CBT). Understanding the process helps shift the focus from the emotion of anger to its antecedents, desire or expectation. And we can cultivate toning down our expectation. It does not mean we have to settle with poor performance. We need to motivate the other person and create a procedure so that performance will be at the expected level. Creating a system, and then watching it to make sure the system works is another way of managing expectations, and preventing anger. The method presented by Shewhart (1939) — specification, production, and

inspection, which became plan-do-check-act following Deming's (1950) seminar in 1950 at JUSE (Imai, 1986; see page 60), does exactly this. PDCA became plan-do-study-act (Deming 1986) and has been successfully employed in improving quality all over the world (see Moen, n.d.). Examples of how such a process unfolds in anger management was discussed by Reilly and Shopshire (2019) and also Reilly, Shopshire, Durazzo, and Campbell (2019).

Akrodhah

Akrodhah is one of the 26 daivika sampadas. In the Śāmkarabhāsya, Ādi Śamkara explains akrodhah as the process in which when somebody uses harsh language against us or strikes us, anger naturally arises in us, and to subdue it immediately is akrodhah (paraih ākrustasya abhihatasya vā prāptasya krodhasya upaśamanam). emphasizes that daivika sampada constitute the qualities of an enlightened person, but they are practices for an aspirant of adhyātma spirituality. Thus, akrodhah is to be cultivated, and this fits with the CBT approach of anger management.

Sant Jñānadeva explains akrodhah by giving eight examples. (i) A rock will not germinate however much water we put on it. (ii) Butter will not come from rice water however much we may churn it. (iii) Stepping on a snake skin does not ever arouse the snake skin. (iv) Sky does not ever give fruits even in spring. (v) An enlightened person is neither tempted nor gets angry with the temptress (for example, Śukadeva ji was neither tempted by $Rambh\bar{a}$ nor did he get angry with her). (vi) Dead fire does not light up if we put ghee or butter on it. (viii) In a situation when even a child may get angry, if a person does not get agitated just like a dead person does not come alive even when placed on the feet of *Brahmā*, the creator, then that person has mastered the daivika sampad of akrodhaḥ. These examples illustrate akrodhah (Śrījñāneśvarī, 16.2: 125-130), and also provide guidance to sādhakas or practitioners in cultivating akrodhah (see Bhawuk, 2017 for a discussion of the 26 daivika sampada).

Autoethnographic Reflections

I would like to reflect on my personal journey and the role this model has played in helping me. I realized interacting with my two sons that I often got upset with them when they did not do what I expected of them. Their unacceptable behaviors triggered annoyance or anger immediately. Often, these situations are fraught with misunderstandings. I have known about misunderstandings that arise in intercultural interactions when people from other cultures act in ways that we do not expect. Misunderstandings caused by disconfirmed expectations arouse frustration and anger in intercultural interactions, and I have synthesized this in Kolb's (1976) model and use it in my research and teaching (see Bhawuk, 2009 for a discussion). Therefore, I was able to connect nonfulfillment of expectation to disconfirmed expectation, and was able to manage my expectations through open communication and making my expectations explicitly known following the PDSA process noted above. Despite doing so, it is natural to face non-fulfillment of expectation from time to time in interpersonal interactions, and the only way to avoid anger is to understand one's own self, expectations, and develop matured acceptance of occasional nondeliverance by others in inter-personal interactions. Researchers working in anger management also recommend these strategies (see discussion of the strategies of assertion and conflict management in Reilly & Shopshire, 2019).

Cultivation of akrodhah has become a part of my adhyātmika sādhanā or spiritual practice, which includes daily meditation, mantra japa (or silent chanting of various mantras), and mindfulness practices. It also includes svādhyāya or daily study of the Bhagavadgītā and chanting of viṣṇu-sahasranāma and lalitā -sahasranāma. I also conduct monthly service at a Hindu-temple in Hawaii, and have visited the ISKCON temple for mangal ārati (the early morning service) that starts at four thirty for many years. All these practices have made me a deeply reflective person, and I am able to see when I get annoyed, and manage it promptly.

I would like to share a personal story about how spiritual practice helps. The doctor found a few polyps when she performed the colonoscopy procedure for my wife. The polyps needed to be sent for biopsies to confirm that they were not malignant. As I was driving back with her, I noticed that I was chanting a *mantra* in my mind. I wondered why I was doing so. And it dawned upon me that I was anxious about the results of the biopsy that would take a week to come. I realized

that I had cultivated a defense mechanism against anxiety through my daily spiritual practice. I have now become aware that an automatic chanting of a mantra starts in my mind whenever I am facing stressful situations. Anxiety is a cause of anger, and when it is addressed by cultivating meditative practices, anger is managed effectively. It is no surprise that Mindfulness-based cognitive therapy (MBCT) is found to be effective in anger management (Kabat-Zinn, 1990; Segal, Williams, & Teasdale, 2002).

MBCT is one of the third generation of behavioral therapies (Fletcher & Hayes, 2005; Hays, 2004; Segal, Teasdale, & Williams, 2004), which is a theory driven psychological treatment that helps to reduce relapse for patients of depression. Mindfulness training, pioneered by Kabat-Zinn (1990), prepares people to observe thoughts and feelings as passing events rather than identifying with them or treating them as reality, which enables them to stop the cycles of ruminating thoughts that are dysfunctional. When we are able to separate ourselves from our thoughts, we can see our thoughts as just thoughts. We no longer look at our thoughts as "the reality," which often creates distorted view of the world and our interactions. In the distorted view, we always see ourselves as perfect and others at fault, always. Thus, separating ourselves from our thoughts allows us deeper insights in our interactions and we are able to make isomorphic attributions about others' behaviors; the causes we attribute to their behaviors converge with the causes themselves attribute to their behaviors. This allows us to manage our life more effectively (Kabat-Zinn, 1990). Thus, mindfulness training, much like cognitive therapies, creates decentering effect, which prevents relapse (Segal, Teasdale, & Williams, 2004).

The traditional practices of dhyāna, japa (or mantra japa), yajña, chanting of viṣṇu-sahasra nāma, ziva-sahasranāma, lalitā-sahasranāma, sudarśana-kriyā, kriyā-yoga, transcendental meditation (TM), and so forth are all tools that enable a person to create decentering effect by creating vairāgya or detachment, which allows one to observe the thoughts with equanimity. One develops the sākṣi bhāva or one becomes an observer rather than an actor. The theory of krodhah or anger provides the necessary theoretical foundation for spirituality-based third wave of cognitive therapies (see Bhawuk, 2019a,

2019b for a discussion of *adhyātma* or spirituality; see also Hayes, 1984).

Some Strategies for Intervention

Based on my experience of employing the model, I would recommend a strategy of action in which the counselors themselves use the model in their lives. A counselor should choose a specific relationship and reflect on the situations that cause her or him anger. Reflecting on the strengths of various desires allows one to see that he or she is passionate about some desires but does not care as much about some others. One learns through reflection that there are situations where one does not get angry, because a particular desire is not that important to him or her. Next, reflecting on the nature of attachment can shed light on how the desire was formed, and why one feels strongly about it. Finally, reflecting on how one cognizes the experience can show different triggers of the desire. Similarly, one can reflect on each of the consequents of anger.

When one starts employing the model in one specific relationship, the model is recalled in the context of other relationships also. Some people have more issues at work, whereas others express anger more readily at home. It is better to address it in one relationship at a time, and then take the success to other relational contexts. One could start with the relationship where stakes are high and anger could have major cost for the individual. Alternatively, it may be easier to start with a relationship where one faces fewer issues, and one can learn to manage anger in that relationship first before taking on more challenging relational contexts. In my experience, when one gets past the domain of anger one faces the world of annoyance, which is a form of subtle anger, but nevertheless causes stress and unhappyness. Having tried the model in one's own life for some time, the counselor would be able to guide the clients wisely.

Counsellors can share the model presented above with clients and encourage them to embark on a reflective journey. They can ask clients to note their experiences of anger and contexts that cause them. Clients should be engaged in identifying the objects (ideas, or relationships), nature of attachment with them, and the strength of the desires for them. They can also reflect on how quickly they got angry and what they did consequent to it. Reflecting on both the

antecedents and consequents of their experience with anger will allow them to have a meaningful dialogue with the counselor presenting examples from their experience and reflecting deeply on the issues under guidance.

This process is likely to be closer to the client-centered therapy that Rogers (1951) recommended, since it emphasizes the client's experience. Rogers (1961, p. 23-24) emphasized experience as "the highest authority," "touchstone of validity," "basis of authority because it can always be checked in new primary ways." He emphasized how "its frequent error or fallibility is always open to correction," and no expert, God, or text "can take precedence over [my own] direct experience." The application of the model can not only put the client at the center of therapy, but also allow them to constantly reflect on their experiences and how they navigate them.

I have found three other daivika sampadas helpful in the cultivation of akrodah, namely ahimsā (nonviolence). kṣamā (forgiveness), davābhūtesu (compassion for all beings). Becoming aware of the construct of akrodhah, and that it is a daivika sampada, helps inspire striving for its cultivation. Cultivation of nonviolence works like a brake, because when anger is aroused we can see that it can lead to violence, and we can start calming the mind. Chanting ahimsā paramo dharmah (nonviolence is the highest duty) can work like positive affirmation. Cultivation of forgiveness also works as a brake when anger is aroused. I have used the prayer for forgiveness from Seicho-no-ie, a Japanese spiritual practice group that started in the 1930s. ix Many other prayers are available, and one can try the one that one feels comfortable with. A prayer for forgiveness also works like a positive affirmation. We can see that *ahimsā* and *kṣamā* work as brake. When we cultivate compassion for all, it works against the arousal of anger. Cultivation of compassion leads to arousal of compassion in situation when we otherwise feel angry. Thus, the cultivation of ahimsā, ksamā, and dayābhūtesu can help with the cultivation of akrodhah. Therefore, akrodhah can be considered an indigenous deconditioning technique that can be employed to unlearn behaviors pertaining to anger.

In verse 9 of *bhajagovindam*^x (Mahadevan,1962), *Adiśankara* advises *sādhakas* or practitioners of spirituality to keep the company of wise saints and

others who are also *sādhakas*, for *satsaṅga* would lead to *nissaṅga* (nonattachment), which in turn would lead to *nirmoha* (absence of delusion). When one is free of delusion, one becomes calm or steadfast (*niścal*), and the *manas* does not run to objects (*viṣayān*). When the *manas* becomes calm, one lives in the world without any bondage (*jīvanmuktaḥ*). Thus, *satsaṅga* works on the root of the problem, *saṃga*, which is the antecedent of desire (see Figure 1), and by eliminating it, anger is eliminated. Thus, *satsaṅga* can be considered another indigenous deconditioning technique that can be employed to unlearn behaviors related to anger.

Discussion

Bruner (1961) hypothesized four benefits of active participation for the child. First, the child would be enabled to apply the learned material in problem solving, which will enhance his or her learning ability or intellectual potency. Second, participation leads to discovery, which is an intrinsic reward, as opposed to drive reduction model of learning. Third, discovery leads to employing trial and error and other heuristics like a rule of thumb or an educated guess. And finally, the learned material is more accessible in memory. I am taking the liberty of adapting Bruner's principles of discovery since they are applicable to self learning for adults when we take responsibility for our own actions and actively participate in the learning process by (i) guiding ourselves through self reflection (ii) in employing the models we learn (iii) in the context of our life experiences. Active participation empowers us to apply the concepts and theories we learn. learn to try new approaches through heuristics like trial and error. This process is rewarding in that we are constantly learning about ourselves, and growing. Naturally, the concepts learned are more accessible to us since we are employing them and also personalizing them to our context.

Encouraging clients to use the model would empower them and their participation would lead to self discovery and growth in which the clients would not be dependent on the therapists. The therapists would also be learning about herself or himself, and also be able to develop insights in the process. This generative experience would be valuable for the therapists also in guiding others. The experience and learning of the therapists could help polish the theory further.

To contribute to the current knowledge base, we need to synthesize the findings of the model with the extant literature. Such a process allows us to examine the ancient wisdom in the context of people's needs today. We should be open to tinker, polish, or even rewrite what is in the śāstras or texts. This should not be considered being disrespectful, since unlike the colonizers, as indigenous researchers we are attempting to perfect the traditional wisdom rather than trash it or undervalue it. We need to reflect on the current knowledge base, need of people, and how the wisdom tradition informs them in a nuanced way.

We know from the literature on goal setting that intention or desire propels us to set goals. Goals can pertain to one's health, finance, learning needs, and so forth. We go from desire to goals to behavioral intention to behaviors. When goals are frustrated, we experience anger. On the other hand, when we achieve our goals, our dreams come true, or our desires are met. This leads to satisfaction and contentment, and definitely not anger, unless some others who we compare ourselves with (Adam's equity theory, Adam, 1963, 1965) receive more than us or receive the same reward though they put in much less effort.

Bhawuk (1999) argued that fulfillment of goals causes people to seek other higher goals (Alderfer, 1969), or they continue to derive satisfaction from performing the same goals. The search for more is another name for greed, and so it is plausible that fulfillment of goals would lead one to greed. Alternatively, when goals are fulfilled, we are satiated, or we get bored because of lack of challenge. All of these, greed, satiation, and boredom, will lead to unhappiness. Thus, the model of anger can direct us to a model of unhappiness, in that desires lead us to either anger or greed (or satiation and boredom), and we cannot be happy in either situation. By reversing the process, we can also create a model of happiness (See Bhawuk, 2011, chapter 7 for a discussion of happiness models).

Neither CBT nor MBCT present a theory of anger that identifies its antecedents and consequents. The theory of anger presented above integrates both cognitive and behavioral theories of learning. Therefore, the theory of *krodhaḥ* contributes to theory building on anger management by presenting a novel indigenous theory from India.

Its application in India can provide insights that could contribute to global psychology.

In summary, krodhah is caused by desire and leads to confusion and destruction. Reflecting on one's behaviors and thoughts can help understand krodhah. Krodhah can be managed by managing desires. Akrodhah is to be cultivated along with the other 25 daivika sampadas. Twice a day meditation (30-minutes each time) can help tame anger. Doing mantra japa regularly can also help manage anger. Cultivation of nonviolence, forgiveness, and compassion can further help subside anger. In my personal practice, I have found that cultivating the practice of saying "Thank you very much" is also helpful in

References

Adams, J. S. (1965). Inequity in social exchange. In L. Berkowitz (Ed.), *Advances in experimental psychology*(pp. 267-299). New York: Academic Press.

Adams, J. S. (1963). Toward an understanding of inequity. *Journal of Abnormal and Social Psychology*, 67, 422-436.

Alderfer CP (1969). An empirical test of new theory of human need. *Organizational Behaviourand Human Performance*, 4(1): 142–175.

Bandura, A. (2018). Toward a psychology of human agency: Pathways and reflections. *Perspectives on Psychological Science*, 13, 130–136.

Bruner, J. S. (1961). The act of discovery. *Harvard Educational Review*, 31, 21–32.

Buss, A.H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personal and Social Psychology*, 63(3), 452–459.

Deming, W.E. (1950). Elementary Principles of the Statistical Control of Quality. JUSE.

Deming, W.E. (1986). Out of the Crisis. Cambridge, MA: MIT Press.

Edmondson, C.B., & Conger, J.C. (1996). A review of treatment efficacy for individuals with anger problems: Conceptual, assessment, and methodological issues. *Clinical Psychology Review*, *10*, 251–275.

Fernandez, E., Malvaso, C., Day, A., & Guharajan, D. (2018). 21st century cognitive behavioural therapy for anger: A systematic review of research design, methodology and outcome. *Behavioural and Cognitive Psychotherapy*, 46(4), 385–404.

Fletcher, L., & Hayes, S. C. (2005). Relational frame theory, acceptance and commitment therapy, and a functional analytic definition of mindfulness. *Journal of*

cultivating gratefulness and managing anger. I would like to end with an insight from my grandfather. He used to say that a parent should get angry with the child only in speech, not in the heart. Only we will know if we are acting angry or we are really angry, and that makes the personal growth process of managing anger a life-long journey. Acting angry can serve some purpose, but being really angry helps neither us nor the people who are the targets of our anger. It is hoped that the model, which is a cognitive-affective-behavioral tool, will be employed by therapists to guide their clients to help in deconditioning anger related learned behaviors and enrich their lives.

rational-emotive and cognitive-behavior therapy, 23(4), 315-336.

Gilchrist, G., Munoz, J.T., & Easton, C.J. (2015). Should we reconsider anger management when addressing physical intimate partner violence perpetration by alcohol abusing males? A systematic review. *Aggression and Violent Behavior*, 25, 124–132.

Hall, G.C.N., & Ibaraki, H.Y. (2016). Multicultural issues in cognitive-behavioral therapy: Cultural adaptations and goodness of fit. In C.M. Nezu & A.M. Nezu (Eds.), *The Oxford handbook of cognitive and behavioral therapies* (pp. 465–477). New York, NY: Oxford University Press.

Hayes, S. C. (1984). Making sense of spirituality. *Behaviorism*, 12, 99-110.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior therapy*, *35*(4), 639-665.

Henwood, K.S., Chou, S., & Browne, K.D. (2015). A systematic review and meta-analysis on the effectiveness of CBT informed anger management. *Aggression and Violent Behavior*, 25 (Part B), 280–292.

Imai, M. (1986). Kaizen: The Key to Japan's Competitive Success. New York: Random House.

Kabat-Zinn, J. (1990). Full catastrophe living: The program of the Stress Reduction Clinic at the University of Massachusetts Medical Center. New York, NY: Delta.

Kassinove, H., & Toohey, M.J. (2014). Anger management for offenders: A flexible CBT approach. In R.C. Tafrate & D. Mitchell (Eds.), *Forensic CBT: A handbook for clinical practice* (pp. 141–160). Malden, MA: Wiley-Blackwell.

Lilienfeld, S.O., Lynn, S.J., Ruscio, J., & Beyerstein, B.J. (2010). 50 great myths of popular psychology: Shattering widespread misconceptions about human behavior. New York, NY: Wiley- Blackwell.

Mackintosh, M.A., Morland, L.A., Kloezeman, K., Greene, C.J., Rosen, C.S., Elhai, J.D., & Frueh, B.C. (2014). Predictors of anger treatment outcomes. *Journal of Clinical Psychology*, 70 (10), 905–913.

Mahadevan, T. M. P. (Ed.). (1962). Śańkara's *Bhaja Govindam: Text in Devanāgarī and Roman with an English Translation and Commentary* (No. 7). Madras, India: Ganesh & Co.

Moen, R. (n.d.). Foundation and History of the PDSA Cycle. https://businesswales.gov.wales/sites/businesswales/files/Foundation%20and%20the%20history%20o f%20the%20PDSA%20cycle.pdf (Retrieved 2021, 05 03).

Olatunji, B.O., Lohr, J.M., & Bushman, B.J. (2007). The pseudopsychology of venting in the treatment of anger: Implications and alternatives for mental health practice. In T.A. Cavell & K.T. Malcolm (Eds.), *Anger, aggression and interventions for interpersonal violence* (pp. 119–141). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Reilly, P.M., & Shopshire, M.S. (2019). Anger Management for Substance Use Disorder and Mental Health Clients: A Cognitive–Behavioral Therapy Manual. SAMHSA Publication No. PEP19-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA).

Reilly, P.M., Shopshire, M.S., Durazzo, T.C., & Campbell, T.A. (2019). Anger management for substance use disorder and mental health clients: Participant workbook. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA).

Rogers, C. R. (1951). Client-centered therapy: Its current practice, implications and theory. New York, NY: Houghton Mifflin.

Rogers, C. R. (1961) *On Becoming a Person*. New York, NY: Houghton Mifflin.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford Press.

Segal, Z. V., Teasdale, J. D. & Williams, J. M. G., (2004). Mindfulness-based cognitive therapy: Theoretical rationale and empirical status. In S. C. Hayes, V. M. Follette, & M. Linehan (Eds.), Mindfulness and acceptance: Expanding the cognate e-behavioral tradition. New York, NY: Guilford Press.

Shewhart W A. (1931). Economic control of quality of manufactured product. New York: Van Nostrand.

Shewhart, W. A. (1939). Statistical Method from the Viewpoint of Quality Control. Dover: Department of Agriculture.

Takebe, M., Takahashi, F., & Sato, H. (2017). The effects of anger rumination and cognitive reappraisal on anger-in and anger-control. *Cognitive Therapy and Research*, 41(4), 654–66.

Walitzer, K.S., Deffenbacher, J.L., & Shyhalla, K. (2015). Alcohol-adapted anger management treatment: A randomized controlled trial of an innovative therapy for alcohol dependence. *Journal of Substance Abuse Treatment*, 59, 83–93.

Zarshenas, L., Baneshi, M., Sharif, F., & Sarani, E.M. (2017). Anger management in substance abuse based on cognitive behavioral therapy: An interventional study. *BMC Psychiatry*, 17(1), 375.

Endnotes:

ⁱVerse 2.62: dhyāyatovisayānpumsahsaṅgastesūpajāyate; saṅgātsañjāyatekāmahkāmātkrodho'bhijāyate.

ⁱⁱVerse 2.63:krodhādbhavati saṃmohaḥsaṃmohātsmṛtivibhramaḥ; smṛtibhraṃśādbuddhināśobuddhināśātpraṇaśyati.

iii A question arises if loss of *smṛti* means forgetting the *Atman*. The process detailed here ends with loss of *buddhi*, which would not happen to a person who is *sthitaprajña*, self-realized, or enlightened. Therefore, the process applies to people who are *sādhakas* or are on a path of spirituality, but are still struggling with the interactions with the material world; people whose *vairāgya* or detachment has not fully matured. One who knows the self never forgets it.

iv buddhi is often translated as intellect or wisdom, but neither does a good job of capturing the meaning of buddhi. For the Indian population, buddhi needs no translation since the term is used in all major Indian languages. This also speaks for the generalizability of the construct in the Indian culture across the nation.

Verse 2.41: vyavasāyātmikābuddhirekehakurunandana; bahuśākhāhyanantāścabuddhayo'vyavasāyinām.

Verse 2.42: yāmimām puṣpitām vācam pravadantyavipazcitah; vedavādaratāh pārtha nānyadastīti vādinah.

Verse 2.43: kāmātmānahsvargaparājanmakarmaphalapradām; kriyāviśeṣabahulāmbhogaiśvaryagatim prati.

viThe same word *dhyāna* is used in the eightfold path presented in *pātañjala yogasūtra*, which is the seventh stage, the one before *samādhi*. When I do *dhyāna*, I am observing my thoughts that are running around to various past experiences or future events. With

practice, I notice that my thoughts slow down and I experience calmness and joy. The practice helps me see what my desires are, and what triggers anger or other emotions. Thus, I am able to analyze my thoughts and feelings, and have a better handle on them, i.e., I am able to manage my emotions with equanimity. I am able to see my $r\bar{a}ga$ and $dve\bar{s}a$, and their causes, and manage them. I discussed management of desire as a path that can lead to peace or $s\bar{a}ntih$ (see Bhawuk, 2011, Chapter 7).

viiProverbs 14:17: A quick-tempered person does foolish things, and the one who devises evil schemes is hated.14.30: A heart at peace gives life to the body, but envy rots the bones. https://www.biblegateway.com/passage/?search=Proverbs+14&version=NIV

viii-I have forgiven you; you too have forgiven me (say it twice). You and I are one in God. We are one in God. I love you; you too love me (say it twice). You and I are one in God. We are one in God. I am grateful to you; you too are grateful to me (say it twice). You and I are one in God. We are one in God. There is no longer the slightest ill feeling between you and me. I pray for your happiness from the bottom of my heart. May you be blessed with increasing happiness. Thank you very much. Thank you very much. Thank you very much. Thank you very much. Thank you very much it is recalled when one feels angry, and chanting it a few times melts anger away. Another shorter prayer that has worked for me goes as follows — "I forgive you. I love you. I am grateful to you. Thank you very much. Thank you very much. Thank you very much should be repeated until anger subsides.

ixVerse 9, bhajagovindam: satsangatve nissangatvam nissangatve nirmohatvam, nirmohatve niścalitatvam niścalitatve jīvanmuktih.

Prajñā, Prajñāparādha and Sthitaprajña

Conceptualizing a Therapeutic Approach from Wisdom Perspective

Tissy Mariam Thomas¹, U Arathi Sarma² & T Sasidharan³

ABSTRACT

One of the most profound conceptualizations of wisdom exists in the ancient philosophies of India. Dated back to centuries of written and oral traditions, the Indian philosophy conceives wisdom as the essential virtue to pursue ultimate perfection and self-realization. The present article proposes a theoretical integration of the Indian philosophical principles of prajñā, prajñāparādha, and sthitaprajña along with the Western positive psychological concept of wisdom. The concepts of prajñā and prajñāparādha, adopted from the Aitareya philosophy, explain the role of intellect, and misuse or abuse of intellect in the cause of illness in Ayurveda. Sthitaprajña, with its origins in the Bhagavad Gītā, corresponds to the steady state of wisdom, an ultimate form of intellectual stability. The Indian principles are read along with positive psychological understanding of wisdom to prepare an individual for psychological well-being. The paper rides through tracing the origins of these concepts that extend from the philosophical to the pragmatic ends and proposing a new psychotherapy that emphasizes situational stability of wisdom as a well-being tool.

Keywords: prajñā, prajñāparādha, sthitaprajña, positive psychology, wisdom

INTRODUCTION

Mental health constantly gets a low priority irrespective of the country and economy, whereas developing countries face a much more severe issue. In the context of India, modern psychiatry dominates the public health care system, even though Ayurvedic psycho-therapy has recently been implemented effectively in dealing with academic, developmental, and behavioral issues in children, anxiety-related and psychosomatic problems in elderly persons, as well as mental health issues of childrenin general (Kulkarni et al., 2017; Rathi & Rathi, 2020; Khatana et al., 2020; Priyadarshini et al., 2020) and in the Covid scenario in particular (Febin & Madhavan, 2020).

The Indian medical system of Ayurveda has roots in the Veda and Upanişads, which contain medical

doctrines. It dates from as early as the second millennium B.C. (Thomas, 2008) or even prior to that. The tradition of Ayurvedic medicine, which reached its highest point of development from the first to the sixth century A.D., lent itself to sophisticated reasoning, intense speculation, and scholarly curiosity (Gallagher, 1993). The fundamental principles of Ayurveda are mostly derived from the Sāmkhya Yoga system, and the applied principles are largely based on Vaiśeşika and Nyāya schools (Gupta, 1977). These philosophies explain mind, body, and soul as codeterminants in the conceptualization of health and illness.

The present paper primarily gives importance to the concepts, *prajňā* and *prajňāparādha* from Ayurveda and *sthitaprajňa* from Bhagavad Gītā.

¹Assistant Professor, Department of Psychology, University of Kerala

²Ph.D. Scholar, Department of Psychology, University of Kerala

³Reader (Retd), Department of Psychology, University of Calicut

The paper is developed after reviewing selected chapters of these two classical Indian works and related interdisciplinary studies. The concepts, prajñā and prajñāparādha, are primarily derived from Aitareva Upanisad and are discussed in Ayurveda with reference to mental disturbance. Sthitaprajña is a concept elaborated in the Bhagavad Gītā and it refers to a steady state of intellect that is considered as ultimate well-being. The principles are studied in their authentic sense. interpretations are analyzed, and their implementtations are inferred for practising a new psychotherapy. The research on wisdom and therapeutic extensions of positive psychology are used as a western referential standpoint for discussing the psychotherapeutic implications of Indian psychological principles.

Prajñā

The Sanskrit term *prajñā* has many meanings depending upon the context in which it is used (see Sreekanth et al., 2018). The origin of the term prajñā can be traced back to sloka 5.2 in Aitareya Upanisad, which explains the faculties that comprise the subtle body - samjñānam (clarity of perceptions), ājñānaṁ (lordship), vijñānam understanding), (discriminative prajñānam (comprehension, knowledge, intelligence) and medhā (retentive memory) (Gurubhakthananda, 2019). $Praj\tilde{n}a$ has three components – $dh\bar{t}$ (intellect or understanding that enables decisionmaking), dhrti (the fortitude required to act out dhī's decisions), and smṛti (the capacity to remember the decisions promptly) (Sreekanth et al., 2018). In this paper, $praj\tilde{n}\bar{a}$ is conceptualized as higher knowing that fosters decision-making, execution of decisions, and retention and appropriate use of the obtained knowledge. When the three components of prajñā are in a state of balance, svāsthya (health) results and any impairment (vibhramśam) of these components in physical or mental dimensions causes prajñāparādha (misuse or abuse of intellect) (Sreekanth et al., 2018).

Prajñāparādha

Caraka attributes the causes of diseases to $\bar{a}yoga$ (deficient), atiyoga (excessive), and $mithy\bar{a}yoga$ (perverted) conditions of $indriy\bar{a}rtha$ (senses), karma (action), and $k\bar{a}la$ (seasons). The samayoga (equability) of $praj\bar{n}\bar{a}$ (intellect), $indriy\bar{a}rtha$ (senses) and $parin\bar{a}ma$ or $k\bar{a}la$ (seasons) symbolises health. Whenever the samayoga

(equability) is disturbed, illness is caused. Such disturbances occur due to misuse or abuse of intellect, which is called *prajñāparādha*; misuse of senses, termed as *asatmyēndriyārthasamyōga*; and seasonal variations or *pariṇāma* (Sharma & Dash, 2008).

A person whose intellect, retention, and memory are impaired subjects himself to *prajñāparādha* by his act (Sharma & Dash, 2008). Prajñāparādha generates actions which heighten tridosa (bodily humors) and upsurge rajas and tamas (psychological attributes), allowing disease to take origin (Kumar et al., 2018). As Thirumulpad (1997) has forward, prajñāparādha consists intellectually harmful actions committed by a person's body, mind, and words. They include (a) bodily actions such as himsa (violence) and steyam (stealing); (b) mental actions including vyapādam (thoughts that are harmful for self and others), abhidhya (prayers for the destruction of others), and *drugviparyayam* (susceptance to ideas of hatred and violence), and (c) actions related to words such as paiśūnyam (bad-mouthing), paruṣaṁ (arrogance), anrtain (lying), sambhinnālāpam (incoherent and misleading talks intended to create conflicts and confusions among others).

Kumar et al. (2018) explain the role of prajñāparādha as a predisposing, precipitating, or perpetuating cause of mental illness. According to them, improper diet and lifestyle lead to prajñāparādha, resulting in the impairment of dhī, dhṛti, and smṛti, the three basic components of prajñā. These imbalances lead to various mental disorders like unmāda (group of psychiatric disorders), apasmāra (seizure disorders), and atattvābhiniveśa (obsessive compulsive disorder). Conversely, intellectual errors or defective judgments also cause errors in diet and opting for the wrong lifestyle, which is not suitable for one's constitution and health (Deole & Anagha, 2021).

Sthitaprajña

The present paper conceives the concept of $praj\tilde{n}a$, not just from an impairment perspective but from a growth-oriented/ strength-focused perspective as well. Therefore, $sthitapraj\tilde{n}a$, a steady intellect unaffected by situational or emotional demands, is brought from the Bhagavad $G\bar{\imath}t\bar{a}$ to represent the ultimate reservoir of a person's well-being, "as one understands the truth at a direct intuitive and experiential level" (Dalal

& Misra, 2010, pp.17). *Sthitaprajñata* puts forth a holistic explanation for a psychotherapeutic solution rooted in Indian psychology.

In the Bhagavad Gītā, Lord Krishna enlightens the mighty yet distressed Arjuna with the eternal truths of human existence. He advises Arjuna on the steps of jñāna (accurate perceptive judgment and deeper knowledge of the universe, and the insignificance of experiential existence), karma (appropriate action directed by dharma, executed without anticipation of the outcome), and bhakti (dissolving one's egocentricities and identifying with the ultimate soul). In the second chapter of the Gita, Arjuna enquires about the nature and characteristics of a sthitapraiña - one who has a stable intellect and steady wisdom (Verse - 54). Those characteristics are described in detail in Verses 55—72. Lord Krishna describes that when one gives up all types of desires for sense gratification created by the mind and rejoices in one's Self alone, the person is said to be in a state of steady wisdom, in perfect knowledge (2:55). A sthitaprajña is not shaken by the joys and sorrows of life, is free from attachment, fear, and anger, and is established in a higher state of Self (2:56, 57) (Swami Prabhupada, 2010). A sthitaprajña has his intellect taking complete command over his sense organs. He is compared to a tortoise, which withdraws its limbs (the senses) from sense objects under the shell (the intellect) (2:58) (Dhingra & Dhingra, 2011). A sthitaprajña "is one who has transcended the opposites in life" (Salagame, 2015, pp.17).

The concept of sthitaprajña illustrates one of the highest principles of Indian philosophy that the ultimate source of happiness and well-being in human life rests within the individual and is not contingent on any external factors (Salagame, 2014). It has been subject to various integrations modern psychological concepts perception and resilience (Dhingra & Dhingra, 2011; Prakash, 2017). Empirical research on these lines suggests the position of sthitaprajña and similar indigenous concepts in convergence with the modern developments in positive psychology. An existential positive psychological vantage point on wisdom as a character strength has much potential to deliberate here.

Wisdom Perspective

For long, happiness, well-being, life satisfaction, and quality of life were distant from mainstream

psychological discourses and empirical research. The pioneering efforts of Seligman and Csikszentmihalyi (2000) to establish positive psychology as a "science of positive subjective experience, positive individual traits, and positive institutions" (pp.1) steered research attention away from the disease framework that reigned modern Western psychology. As have been rightly pointed out by Seligman and Csikszentmihalyi (2000), "Psychology is not just a branch of medicine concerned with illness or health; it is much larger. It is about work, education, insight, love, growth, and play is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue" (pp.7).

Positive psychology and Indian psychology, sharing a growth-oriented perspective, address similar issues concerning human existence. The two streams tend to complement and reinforce each other, with the meta-theoretical framework of Indian psychology grounding the reconstructive vigour of positive psychology (Rao, 2014). Though systematic efforts at integrating and comparing positive psychological concepts with Indian psychological principles are well-acclaimed (e.g., Dabas & Singh, 2018), recent efforts have not been able to tap the complete essence and scope of Indian psychology, as pointed out by Salagame (2014).

The contexts from which the two hails suffice to explain the distinct terrains at which the two operate. To understand this, one may peek into the limitations and inadequacies of applying Western psychotherapy to Indian populations due to cultural inappropriateness (Sidhu, 2017). A major reason for this stems from the fact that Indian culture promotes personality development through submission to authority, fostering dependence, acceptance of external support, reluctance to seek intra-psychic explanation, and belief in transcenddence, interspersed within the sociocultural hierarchies (Balodhi Keshavan, & Interestingly, philosophy and life are interwoven in Indian culture, and self-transformation and collective well-being play the central stage. Bridging the contours of positive psychology and Indian psychology is still a long way to go, but potential synergies undoubtedly, offer an enriched life of personal and social harmony.

It is an excellent academic exercise to place the Indian concept of $praj\tilde{n}\bar{a}$ amongst various

wisdom perspectives prevalent globally. Wisdom is a quality highly revered for its contributions to better living. Modern definitions connect it to those attributes like knowledge, scholarship, good judgment, sharp perception, insight, right-wrong discernment, and sagacity. Different conceptualizations of wisdom focus either on the cognitive aspects like knowledge and understanding about the pragmatics of life, or on the non-cognitive, affective aspects like emotional responsiveness and regulation, or an integration of both (Ardelt et al., 2018). Wisdom, according to Peterson and Seligman (2004), is a noble virtue or trait - one that people appreciate in others. It encompasses creativity, curiosity, judgment, love of learning, and perspective. Among the modern psychological theories, Erik Erikson has identified wisdom as a virtue attained in old age as the cumulative result of successful human development (Santrock, 2011). Though contemporary western models do not restrict wisdom to old age only, they agree upon certain domains encompassing the multidimensional concept of wisdom. They are "rich knowledge of life, emotional regulation, acknowledgment of and appropriate action in the face of uncertainty, personal well-being, helping common good, and insight" (Jeste &Vahia, 2008).

The conception of wisdom develops within a cultural context (Yang, 2011). Based on its geographical and living conditions, every culture conceives and nurtures a unique worldview, from which emerges the ideas of how to lead a good life, ultimately referred to as wisdom. Compiling excerpts from the Bhagavad Gītā, Jeste and Vahia (2008) enlist the ten comprehensive domains of wisdom propounded by the Indian traditionknowledge of life, emotional regulation, control over desires, decisiveness, love, and faith in God, duty, and work, self-contentedness, compassion, and sacrifice, insight/ humility, and yoga or the integration of wisdom for the benefit of humanity. Promisingly, Gītā posits that some of these components can be taught and learned during life, and people progress across a range of the levels of wisdom from a negative state of indulging in dark ways to the highest state of a Yogi (Jeste Vahia, 2008). We can locate the notion of sthitaprajña at this highest state of wisdom. But it should be emphasized that the wisdom implied in sthitaprajña is distinct because it is rooted in transcendental Self-awareness as explained in Gita

(2:55) and is associated with a state of contentment within Self. It is intrinsic.

Discussion

Indian psychology is a "science of a multi-layered being, comprising of subtle inner being, physical being, and social being" (Dalal & Misra, 2010, pp.8). It is "that body of knowledge related to consciousness, mental functions and behavior embedded in the wisdom traditions of India gained by the seer, by sages, saints, and thinkers from transcendental and empirical perspectives, as distinguished from the knowledge of modern psychology, which is primarily rooted in empiricism." (Salagame, 2019). While western theories are shaped by a value system that emphasizes individualism. capitalism, materialism, Indian psychology represents a social order of an ideal society and an ideal person (Dalal & Misra, 2010). According to Behere et al. (2013), integrating Vedic principles psychotherapy dictates how to rediscover critical knowledge of the universe, its natural forces, and rhythms that support and strengthen human experiences. Attempts to bring up cultural knowledge and practice as a source psychotherapeutic practice in the framework of prajñāparādha and sthitaprajña marks the beginning of a reconstructive turn into Indian psychotherapy. Prajñāparādha generates actions in terms of body, mind, and word, which intensify tridosa and arouse rajas and tamas. This imbalance in body and mind creates a favourable environment for various mental disorders (Kumar et al., 2018). The impairment of dhī, dhṛti and smrti results in misuse or abuse of intellect, and the affected can be cured only by strengthening the idea of *sthitaprajña*.

A sthitaprajña is not someone who renounces worldly actions and engages in deep contemplation throughout his/her life but a person with positive mental health (Balodhi & Keshavan, 1986). Bhagavad Gītā endorses action or social engagement and meditation or self-reflection as complementary processes. As Menon, Rajaraman, and Kuchibotla (2018) notes, "in order to be actively engaged in living, one must meditate, and in order to meditate, one must be physically and mentally active." (pp.17). Therefore, transcenddence progresses from action, which is detached from its outcomes, and a balanced mind, which assumes the role of an observer oriented to the

present. Salagame (2013) interprets *sthitaprajña* as the ultimate state of well-being and adds that the pursuit towards this steady state of spiritual awareness is based on the practice of the 'psychospiritual discipline' of Patanjali's Ashtānga yoga, as distinguished by Haridas Chaudhari, a disciple of Sri Aurobindo. The psycho-spiritual discipline, constituted by *pratyāhāra* (withdrawal of senses), *dhārana* (concentration), *dhyāna* (meditation), and *samādhi* (absorption), progressively detaches a person from the external sensory world, towards the inner world.

The role of a *sthitaprajña* in any society is underlined in the interpretations of the Bhagavad Gītāby Bal Gangadhar Tilak and Mahatma Gandhi, as reviewed by Prakash (2017). Tilak characterizes *sthitaprajña* as a model for society to perform worldly duties with non-attachment and lead a pure and good life. Gandhi, too, renders a similar idea, but he adds that a *sthitaprajña* can serve as a potential solver of social problems. This characterization enlightens the fact that while integrating the concept of *prajñā* to psychotherapy practice, therapists should incorporate these philosophical ideas into themselves and pursue the path of intuition and transcendence.

strength-based Being a approach, positive psychology understands that the current psychotherapeutic practice does not address mental health holistically. The culture-sensitive nature of positive psychotherapy identifies wisdom as the 'positive means and ends of a good life' (Baltes et al., 2002). The present paper alliance between proposesa therapeutic prajñāparādha and sthitaprajña rooted in traditional Indian thought and practice, as well as the wisdom viewpoint from positive psychotherapy. A need is felt to reconstruct the prevailing prescriptive stances of psychotherapy by adopting an integrative method based in Indian psychology and positive psychology. A new psychotherapy that accommodates these diverse thought systems opens a broad array of possibilities for better personal and social harmony.

The integration of the key concepts such as *prajñā*, *prajñāparādha*, *sthitaprajña* and wisdom can be approached conceptually, methodo- logically, and inferentially. In this paper, *prajñā* is conceptualized as higher knowing that nurtures a person's ability to know oneself from a compre-hensive and cultural framework.

Here, the balanced and coordinated pursuit towards a person's situational stability of wisdom (also known as *sthitaprajña*) leads to oneness with self and the world.

Conclusion

Reflections on *prajñā*, *prajñāparādha*, and *sthitaprajña* guide one towards an attainable pursuit of self-awareness and clarity of mind, which can potentially prevent mental health issues due to any kind of stressors. As part of positive psychotherapy, positive psychology proposes techniques to increase wisdom as a strength. Integrating the western idea of wisdom with Indian concepts of *prajñā* extends the personal growth of a therapist and client through an intuitively led voyage than mere, insightful realizations achieved through intellect. A new psychotherapy by strengthening *prajñā* contributes to the indivisible unity of *saccidānanda*, of absolute existence, consciousness, and delight.

References

Ardelt, M., Gerlach, K.R., & Vaillant, G. E. (2018). Early and midlife predictors of wisdom and subjective well-being in old age. *The Journals of Gerontology: Series B*, 73 (8), 1514–1525. https://doi.org/10.1093/geronb/gby017

Balodhi, J.P., & Keshavan, M.S. (1986). Bhagavadgita and psychotherapy. *NIMHANS Journal*, *4* (2), 139-143. https://nimhans.ac.in/wp/content/uploads/2020/10/11.B hagvadgita-and- Psychotherapy 139-143.pdf

Baltes, P.B., Gluck, J.,& Kunzmann, U. (2002). Wisdom: Its structure and function in regulating successful lifespan development. In C.R. Snyder & S.J. Lopez (Eds.). *Handbook of Positive Psychology*. New York: Oxford University Press.

Behere, P. B., Das, A., Yadav, R., & Behere, A. P. (2013). Ayurvedic concepts related to psychotherapy. *Indian Journal of Psychiatry*. https://doi.org/10.4103/0019-5545.105556

Dabas, P., & Singh, A. (2018). Bhagavad Gītā teachings and positive psychology: Efficacy for semi-urban Indian students of NCR. *Cogent Psychology*, 5(1).https://doi.org/10.1080/23311908.2018.1467255

Dalal, A. & Misra, G. (2010). The core and context of Indian psychology. *Psychology and Developing Societies*, 22 (1).

https://doi.org/10.1177/097133360902200105

Deole, Y.S., & Anagha, S. (2021). Prajñāparādha. In G. Basisht. (Ed.). *Charak Samhitha*. Charak Samhita

Research, Training and Development Centre. https://www.carakasamhitaonline.com/mediawiki-1.32.1/index.php?title=Prajñāparādha

Dhingra, M.,& Dhingra, V. (2011). Perception: Scriptures' perspective. *Journal of Human Values*, *17*(1), 63–72. https://doi.org/10.1177/097168581001700104

Febin, H.,&Madhavan, J. (2020). Psychological well-being of children in Covid scenario – Ayurvedic approach. *Journal of Diagnosis & Case Reports*, 1–4. https://doi.org/10.47363/jdcrs/2020(1)107

Gallagher, N.E. (1993). Islamic and Indian medicine. In K.F. Kiple (Ed.). *The Cambridge world history of human disease*. New York: Cambridge University Press.

Gupta, S.P. (1977). *Psychopathology in Indian medicine* (*Ayurveda*). Aligarb: Ajaya Publishers.

Gurubhaktananda, S. (2019). *Aitareya Upanishad: By a peasant for the peasant*. Chinmaya International Foundation.

 $\frac{https://www.v0.chinfo.org/images/userupload/Reflectio}{ns/34~Aitareya~Upanishad.pdf}$

Jeste, D. V., &Vahia, I. V. (2008). Comparison of the conceptualization of wisdom in ancient Indian literature with modern views: focus on the Bhagavad Gītā. *Psychiatry*, 71(3), 197–209. https://doi.org/10.1521/psyc.2008.71.3.197

Khatana, R., Rathi, R.,& Khatana, A. (2020). A conceptual study on prevention &management of behavioural disorders in children through complementary & alternative medicine. *International Journal of Research in Pharmaceutical Sciences*, 11(SPL4), 1945–1952.

https://doi.org/10.26452/ijrps.v11ispl4.4402

Kulkarni, R., Kumar, A., & Savitha, H.P. (2017). Academic stress: A conceptual understanding based on Ayurvedic principles. *Journal of Research and Education in Indian Medicine (Est.1982)*, 1. https://doi.org/10.5455/jreim.82-1378902288

Kumar, A. G., Savitha, H. P., Shetty, S.K., Kavyashree, K.,& Keshav, R. (2018). Contemplating the relevance of *prajnaparadha* as a root cause of mental disorder. *Journal of Ayurveda and Integrated Medical Sciences*, 3 (4), 123-126.

http://dx.doi.org/10.21760/jaims.v3i4.13295

Menon, S., Rajaraman, S.,&Kuchibotla, L. (2018). Well-being and self-transformation in Indian psychology. *International Journal of Transpersonal Studies*, 37, 13-26. https://doi.org/10.24972/ijts.2018.37.1.13.

Peterson, C., & Seligman, M. E. P. (2004). Character strengths and virtues: A handbook and classification.

American Psychological Association; Oxford University Press.

Prakash, A. (2017). The Social Construction of Psychological Resilience in the Light of the Bhagavad Gītā (Publication No. 7320) [M. Phil Thesis, Christ University]. Christ University Institutional Repository.

Priyadarshini, D., Tripathy, B., & Nanda, G.C. (2020). *International Journal of Ayurveda and Pharma Research*. https://doi.org/10.47070/ijapr. v8i11.1686

Rao, K.R. (2014). Positive psychology and Indian psychology in need of mutual reinforcement. *Psychological Studies*, 59, 94–102. https://doi.org/10.1007/s12646-013-0228-4

Rathi, R., & Rathi, B. (2020). Application of Ayurvedic principles in prevention and management of behavioural problems in children. *International Journal of Ayurvedic Medicine*, *11*(4), 636–643. https://doi.org/10.47552/ijam.v11i4.1661

Salagame, K.K.K. (2013). Swāsthya and stithaprajnatva: Health and well-being from an Indian perspective. In K.D.Keith (Ed.), *The Encyclopedia of Cross-cultural Psychology* (Vol. 3)(pp.1254-1258). Chichester, UK: Wiley-Blackwell.

Salagame, K.K.K. (2014). Positive psychology and Indian psychology: Birds of the same feather. *Psychological Studies*, *59*, 116–118. https://doi.org/10.1007/s12646-014-0258-6

Salagame, K.K.K. (2015). Indian perspectives and positive psychology. In U. Kumar, Archana, & V. Prakash (Eds.), *Positive Psychology: Applications in Work, Health and Well-being*(pp. 1-18). New Delhi: Pearson India.

Salagame, K. K. K. (2019). Spiritual and religious sources of Indian psychology. In W. Pickren (Ed.), Oxford Research Encyclopedia of Psychology – History and Systems of Psychology. USA: Oxford University

Press.https://doi.org/10.1093/acrefore/9780190236557.0 13.475

Santrock, J. W. (2011). *Life-span development* (13th ed.). The McGraw-Hill Companies, Inc. Seligman, M. E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *The American psychologist*, 55, 5-14. https://doi.org/10.1037/0003-066X.55.1.5.

Sharma,R.K.,& Dash,B. (2008). *Agnivesa's Caraka Samhita*. (Nidanasthana-Indriyasthan). Vol IV. Varanasi: Chowkhamba Sanskrit Series Office.

Tissy Mariam Thomas, U Arathi Sarma & T Sasidharan / Conceptualizing a Therapeutic Approach from Wisdom Perspective

Sidhu, G. (2017). The Application of Western Models of Psychotherapy by Indian Psychotherapists in India: A Grounded Theory [Doctoral Dissertation, Antioch University]. AURA: Antioch University Libraries. https://aura.antioch.edu/cgi/viewcontent.cgi?article=138 6&context=etds

Sreekanth, V.M., Krishnan, P.R., Chitre, R.,& Gokul, J. (2018). Understanding prajñā: A review article. *World Journal of Pharmacy and Pharmaceutical Sciences*, 7 (11), 314-322. https://doi.org/10.20959/wjpps201811-11805

Swami Prabhupada, A.C.B. (1983). *Bhagavad-gītā: As It Is*. Bhaktivedanta Book Trust

Thirumulpad, R. (1997). *Ayurveda Darshanam*. Thiruvanathapuram: The State Institute of Languages.

Thomas, T.M. (2008). Conceptual Schemes of Abnormal Behaviour: A Study on the Logical Foundations of Medical Sciences. [Doctoral dissertation, University of Calicut]. Shodhganga Inflibret Centre.

Yang, S. (2011). East meets West: Cross-cultural perspectives on wisdom and adult education. *New Directions for Adult and Continuing Education*, 2011(131), 45-54. https://doi.org/10.1002/ace.420

Pātañjala Yoga-Sūtra based Individualized Yoga Therapy to support Mental Health

Dr. Latha Satish¹ and Ms. Devi Shah²

ABSTRACT

Patañjali's Yoga-Sūtra is based on the Yoga-Darśana which provides a comprehensive and practical model of mental health. The Mind-Body complex is an integrated material part of human existence, and is available at disposal for a person to transact with the world. The Indian tradition generally accepts three modes of interaction with the world, through the instruments of the mind, body and speech (that is unique only to humans) which are interconnected, and the more they are coordinated and in tune with one another, the greater the integration of the overall personality of an individual. If these three instruments work tangentially with each other, it can cause complete disintegration of the individual personality. This implies that the source of most human sufferings or problems is rooted in the nature and functioning of this triad. The disturbances of the mind eventually percolate down to the body level, and likewise whatever happens to the body by means of its use or abuse, tends to shape the mental activities. Indian Psychology never differentiates the body and mind as separate entities.

While acknowledging an entity termed as pure consciousness which is the subject or experiencer, Indian psychologists offer a broader scope and choice to handle the object or matter called Mind. Through a vast array of tools, Sage Patañjali presents the different states of the mind in the form of simple aphorisms – a clouded mind that is prone to distraction and confusion, a conflicted mind that is unable to progress, and a clear mind that is capable of reaching a state of calm alertness. A potentially powerful mind is one that can comprehend with clarity, both the internal and external worlds and beyond. One of the important aspects of yoga practice is to discipline the Mind both as a sensory and motor organ such that it can turn inwards or flow outwards at call, thus changing the perspective of life and its impact.

Appropriate practices are advocated to be applied to help persons achieve a state of holistic wellbeing. This dynamic support process of yoga therapy is constituted by an active interaction between a yoga therapist and the care-seeker to enable the latter to gradually reach a state of being fully functional. This article critically presents the theoretical foundations and practice modes as employed in therapy situations. The yoga therapy discussed herein is an individualized process-oriented approach to empower a distressed mind to move towards a more functional state.

Keywords: Mind; Practices; Yoga Philosophy; Yoga Sutra; Yoga Therapist

¹ Dr. Latha Satish Technical Advisor, Krishnamacharya Yoga Mandiram, Chennai-28, Tamil Nadu, India Email: lathamesha@gmail.com Mobile: 9840141011

² Ms. Devi Shah Research Associate, Krishnamacharya Yoga Mandiram, Chennai-28, Tamil Nadu, India Email: research.assistant@kym.org Mobile: 9884753035

INTRODUCTION

The Mind or *Citta* has been credited by the Yoga-Darśana as being a pivotal part and parcel of daily living. It has been recognized as both the seat of all problems, as well as the route to all solutions. Patañjali's Yoga-Sūtra-s unveil this human mind by providing a profound understanding of it, and also recommending multiple tools and techniques that can be applied to discipline and cultivate this mind to bestow wellbeing. Therefore, any training in Yoga therapy is incomplete without a firm grip on the principles and wisdom enunciated by Sage Patañjali.

The distinguishing feature of yoga therapy lies in the holistic approach that is adopted in promoting wellbeing by addressing the entire range of physical, emotional, social, moral and spiritual dimensions. This all-inclusive approach to health and its management bears close similarities with the concepts of Āyurveda that have also been derived from the same philosophical tenets of Sāṃkhya and Vaiśeśika-Darśana-s.

The subject matter of the Yoga-Sūtra-s covers two important aspects. One is the experiencer or perceiver which is the indwelling pure consciousness principle, called the *Draṣṭā* or *Puruṣa*. The other is the mind or *Citta*, which is the non-conscious, matter principle that serves as a reflector of the pure Consciousness. Patañjali's Yoga-Sūtra-s explicate the role played by this *Citta* in conscious human experiences of pleasure (*Sukham*) and pain (*Duḥkham*) or even the transcendence of this dualism (*Dvandvātīta*).

Its theoretical foundations are therefore based on the introspective understanding of the 'Mind as an Instrument', which has the power to uplift a person towards positive growth and higher potentials on one end or even drag one down into the dumps of suffering and stagnation on the other end, if it is mismanaged. Hence, it is imperative to contemplate upon and have an adequate background of the Yoga-Stūra-s and their import, especially when providing care for others.

Citta (Pronounced as Chitta)

The body $(K\bar{a}ya)$, mind (Manas) and speech $(V\bar{a}k)$ are considered to be fundamental instruments or mediums (Karaṇa-s) that enable one to interact with the worlds within and without. Out of these three, the mind or Citta is the central theme of the

Yoga-Sūtra-s and hence the practices techniques of yoga are mainly aimed at reaching this mind, refining its quality and redirecting it. As the body, mind and speech are regarded as instruments of perception and interaction, their harmonious functioning requires maintaining these tools at their optimum capacities, which is a choice granted by the Yoga-Sūtra-s. Here, it is important to note that the concept of mind-body duality is non-existent in Yoga Psychology. Rather, it is a unit that is most intimately experienced along with the breath. Thus, it has been classified as Prakṛti which also includes the entire gamut of all externally experienceable entities and phenomena in the form of other people (Jīva-s) and the world (Jagat), that are interdependent and coexistent (Krishna, 1972). This Bio-Psycho-Spiritual approach is best presented in the Brahmānandavallī and Bhrguvallī of Taittirīya Upanişad (Swami Chinmayānanda, 1983), through the Pañcamaya-Koṣa model elaborating the five sheaths of awareness or existence, beginning from the outermost Annamaya-Koşa (the gross physical body that is nourished by the food consumed as indicated by the term 'Annamaya'), Prāṇamaya-Koṣa (the vital body composed of life and energy), Manomaya-Kosa (the mental field that is constituted by moods, feelings and emotions), Vijñānamaya-Koşa (the intellectual layer that is endowed with the discriminative and cognitive capacities) and the innermost Ānandamaya-Koṣa (the blissful field which is the subtlest and the source of unadulterated supreme joy, that is capable of showering pleasing experience).

The concept of mind as an instrument of perception and action, which is apart from the consciousness or the experiencing principle, is the fundamental tenet of yoga philosophy. The mind or Citta is part of Prakrti (matter) that is only a percept, but not the perceiver. This dyadic view provides the opportunity to perceive, handle, refine and train the mind most effectively. Studying the nature and form of mind, its characteristic contents, its varied states and also exploring the aspects that are beyond the mind is the pathway to the yoga process. Understanding the mind and its potentialities aids in regulating and utilizing it efficiently. All the tools of yoga are directed towards enhancing the efficiency of the mind thereby making a person optimally functioning, also specified in the Bhagavad-Gītā

as, *Yogaḥ Karmasu Kauśalam*, denoting that proficiency in actions may be considered as a form of Yoga (BG II:50). Yoga is therefore a process of keeping the mind and its capabilities stable and resourceful, which can ultimately lead one to a state of peace and freedom.

The ability to take control of the mind and regulate its activities and functions with particular focus on espousing equilibrium, characteristic state of yoga. One may call this a skill or state, but certainly the quality of such a state of mind is desirable for holistic wellbeing. The inability to remain focused and the incapability of maintaining balance are the primary causes for all problems which result in psychological distress. In Indian Psychological thought, the perceiver or observer is inherently pure and unafflicted as it always perceives through the mind, but which itself is not subject to any variations. This phenomenon has been quoted in the Yoga-Sūtra as Drastā Drsimātra Suddho Api Pratyayānupaśya (YS II:20). In other words, it is only the mind and its dynamics that become a source for all problems, which has also been clearly stated by Sage Vyāsa in his commentary for the Yoga-Sūtra-s as, Mana Eva Kāraņam Manuşyāṇām Bandha-Mokṣayoḥ, meaning the mind alone is the cause for bondage or suffering as well as freedom or liberation of human beings (Swami Hariharānanda Aranya, 2000).

There are no diagnostic criteria or nomenclature in yoga in terms of diseases, but the plane or ground on which the mind functions conveys the status of a person's wellbeing.

Citta-Bhūmi

Typically, the mind is said to be distracted when it is unable to focus or sustain attention on a given task, or it could also be confused and agitated. Whatever may be experienced in such a state of mind is likely to be painful or coloured, causing more distress. Patañjali's Yoga-Sūtra-s provide an insight into the state of a focused, alert and relaxed mind that is most desirable, healthy and efficient. This state is also equated to *Sattvam* (*Ekāgrata* or one pointed focus) which is endowed with clarity. Performing actions from this non-troublesome position of clarity is most conducive in facilitating freedom from suffering.

However, a mind that is agitated, deluded or dull is also another state (*Vyutthita-Cittam*, literally

referring to a scattered and wavering mind) which is a source of problem not only for the self but for others as well. When this is noticed by people, they strive hard to make the mind happy. The practices of yoga also aim to reduce these undesirable tendencies of the mind and allowing it to rejoice in a state of *Sattvam*. These momentary periods of relaxation, lightness and clarity are quintessential in negotiating the activities of life. This is also the outcome that is seen in many research reports on yoga, i.e.,positive mood, subjective wellbeing, calm alertness and emotional regulation. Physiologically, this condition may be correlated with parasympathetic activation that induces a state of relaxed awareness.

However, it is impossible for the mind to constantly dwell in one particular stateal one due to its inherent nature that is characterized by the Triguna-s (Sattva, Rajas, Tamas) which make the mind ever dynamic and remain in a state of flux. A person who is afflicted with distress may experience either volatility or dullness that can be quite crippling even to carry out routine tasks or activities such as sustaining relationships, livelihood, etc. All ancient Indian scriptural injunctions without exception, classify the wide spectrum of human motives and activities into fourfold categories namely, Dharma (righteous living while satisfying one's roles responsibilities), Artha (pursuit/acquisition of materialistic resources), Kāma (fulfilment of legitimate desires) and finally Mokşa (liberation through self-realization). When the status of the mind-body instrument is shaken, even the achievement fundamental of Puruṣārtha-s (endeavours) such as Svadharma (fulfilling of one's duties) and Artha-Sañcaya (working towards one's goals) tend to get affected and compromised.

When a person repeatedly attempts to maintain a focused state by restoring the mind from agitation to calmness, the plane of mental functioning is more stable. This ability to keep the focus fixed, reduce reactivity and improve self-control provides immense opportunities to enhance work life, relationships and goal orientation.

Triguṇa-s

The changing dynamics of the mind and its activities can be alluded to the *Guṇa-s*. In Indian Psychology, the inherent nature of a person called *Svabhāva* is comparable to the personality

construct that is based on the dominance or subdominance of the *Guna-s*.

The *Sattva-Guṇa* represents a characteristic luminescence of virtues that promote lucidity of thoughts, awareness, perceptions, understanding and knowledge, which in turn ensure purity and morality of deeds (*Satkarmāṇi*). A *Sāttvic* mind is likened to the '*Sphaṭikamaṇi*' which is a sparkling white crystal or gemstone that clearly reflects anything that is placed before it. Thus, such a state of mental transparency is considered to be most admirable and beneficial (Swami Hariharānanda Araṇya, 2000).

Rajas is the Guṇa that propels the mind towards energy and action. It drives and motivates an individual to enthusiastically pursue goals and achievements. When utilized finely, it serves as an impetus to perform various kinds of humanistic and service-oriented actions that can be a boon for the society at large. However, when this action mode is churned with the forces of lust and avarice, it can cause havoc in the life of the person.

The third attribute of *Tamas* is characterized by inertia and concealment of the intellect with ignorance, delusions and misconceptions, which make the mind slow and lethargic. However, *Tamas* is also a necessary *Guṇa* because of its qualities of slumber and torpidity which are typically required by the mind to respite and rest for better functionality.

These three attributes periodically expand and contract the mind through the modes of reflection, action and withdrawal. Every individual possesses all these three traits but in varying degrees of predominance, and it is this diversity that is responsible for the overt multiplicity of individual differences that are encountered among people (Krishna, 1972).

Indian psychologists have attempted to measure the dominance of these *Guṇa-s* of the mind as implications of health and wellbeing of a person. It is important to note that the *Guṇa-s* are not visibly apparent. They can only be inferred through certain affective states, attitudes, beliefs and behaviours, since they are mental faculties. There is no physical constitution or substratum that is directly correlated with or representative of the *Guṇa-s*, in terms of appearance or any other type of neurological or biochemical parameters.

Guṇānām Paramam Rūpam Na Dṛṣṭipatham Rcchati. Yattu Dṛṣṭipatham Prāptam Tanmāyā Iva Sutucchakam, meaning the actual form of the Guṇa-s does not fall within the visual field, and that which falls within the visual field is as frivolous as an illusion (Krishna,1972). The reason is that the underlying latent Guṇa-s become perceptible only when they dissolve into a state of disequilibrium (Guṇa-Vaiṣaṃyam), which is then manifested through certain personality indicators and modes of operation.

Citta as Karmāśaya

The Citta which is characterized by the Triguna-s (Sattva, Rajas, Tamas), can take different planes or grounds due to the influence of these Guna-s. It is composed of contents that may have been accumulated over years which determine the present state of the mind. Therefore, the state of mind is not only ever-changing, but also forms the substratum for a wide range of impressions and conditionings, termed as Smrti-s, Samskāra-s and Vāsana-s. They encompass a complex pattern of tendencies, predispositions, patterns, skills, competencies, etc.In Patañjali's analysis of the human mind and its structure, these Vāsanā-s and Saṃskāra-s or impressions need not necessarily be rooted only in the childhood experiences of the current life, but which could have also been accrued over several births. This has been cited in the Yoga-Sūtra as, Kleśa-Mūlaḥ Karmāśayo Drstādrstajanma Vedanīyah, connoting that the root of afflictions known as *Kleśa-s* may be grounded in the present birth that is immediately evident or other past unseen births that may not be evident at this moment (YS II:12).

Thus, the scope and content of the mind is vast and timeless. This enormous and immeasurable sub-stratum of Samskāra-s opens the door to accept innumerable and wonderous experiences that may occur during one's lifetime. Hence, one can neverproclaim that, "I can clearly understand and predict a behaviour", neither about oneself nor another person since the activities of the mind are largely driven by the patterns of these Saṃskāra-s that are potent and vigorous. This bears a very close similarity to the concept of the unconscious mind which Sigmund Freud compared to an iceberg submerged in an ocean, as the material buried therein is so deep and impactful. What is visible above the surface is only the 'Tip of the Iceberg'. Therefore, the Yoga-Sūtra offers the

solution as follows: Dhyāna-Heyah Tad Vrttayah (YS II:11), indicating that contemplative practices like meditation facilitate the process of working on thoughts and behaviours, and diluting those particular mental activities that are ingrained in negative Samskāra-s or sufferings (Desikāchār, 1987).

immersive Such introspections enable practitioner to delve into an inner space of silence wherein the origin of various habitual and behavioural tendencies and patterns may be traced that may be rooted in certain traditions, personal experiences, parental reactions or even acquired through heredity. Tracking the source of the Samskāra-s in this manner can be a very insightful experience as it can provide some guidelines to the person to channelize these Samskāra-s appropriately. Thus, the Yoga-Sūtra claims, Saṃskāra-Sāksāt Karanāt Pūrva-Jāti-Jñānam (YS III:18), which essentially means that an exclusive focus on one's own habits and tendencies will lead an individual to their very source or origin, thereby enabling the person to gain an in-depth knowledge of the past (Desikāchār, 1987). This process again draws a parallel with the Freudian Psychoanalytic therapy which involves unravelling and accessing the memories repressed in the unconscious layer of the mind, especially those that have been traumatic, through the technique of hypnosis by which an individual withdraws into an altered state of consciousness, and the knowledge thus acquired can provide the solution to various unresolved issues.

Observation and awareness are the initial steps to tackle negative conditioning. However, being in that vigilant state of applying the mind to observe itself and its own vagaries as it were, is a skill or ability in itself that can be achieved through Antaraṅga-Sādhanā-s (contemplation). requires holding the hand of an adept therapist or teacher who can clear the mist of ignorance and gradually lead the student onto the path of reflection and consequent transformation of the mind.

The strength of specific yoga practices lies in revealing those Smrti-s and Samskāra-s which provide a state of Ekāgrata and clarity, by reducing the negative Samskāra-s and scaling up the positive ones, which also involves many other disciplines like food habits and lifestyle practices.

At this juncture, it is necessary to understand how these negative tendencies get crystallized in the mind through the power of Kleśa-s and their consequences.

Kleśa-s as Source of Duhkham

Kliśnāti Iti Kleśaḥ – that which causes conflict is a problem (*Kleśa*). It can be defined as something that binds and causes an individual to go through suffering. The five major Kleśa-s are ignorance or confusion ($Avidy\bar{a}$) which determine the actions and experiences of life, characterized by complete ignorance of reality or the real potential of things, beings and happenings, thereby resulting in an inability to understand and accept the truth or occurrences of life; Creation or construction of an identity of the self that is based entirely on the ever-changing internal and external structures (Asmitā); Having strong and binding cravings and wants, high expectations and attachments, and clinging to objects, situations, persons or possessions ($R\bar{a}ga$); Aversion for loss of pleasure and the experience of pain (Dvesa); and finally, Abhiniveśa, which is an intense desire for continuity of one's life due to a fear of death 1972; Desikāchār, 1987; Swami (Krishna, Hariharānanda Araņya, 2000).

The characteristic elements of life like pleasure or pain, problems and their duration and intensity, are all dependent on the accumulated Vāsanā-s and Samskāra-s which in turn are sourced in the Kleśa-s. In order to extricate oneself from the influence of these Kleśa-s, it is essential to understand their style of functioning in the mind, which is not always an easy task.

For this purpose, it is crucial for one to judiciously discern whether a particular action is being performed from the standpoint of a Kleśa or with clarity of mind. The complete set of Krivā-Yoga practices has been recommended by Sage Patañjali in the Yoga-Sūtra as, Tapaḥ-Svādhyāya-Īśvara-Pranidhānāni Krivā-Yogah (YS encompassing Tapas (Discipline/Austerity), *Svādhyāya* (Reflective enquiry or re-examination) and *Īśvara-Pranidhāna* (Surrender to the Divine) that are meant to weaken and/or eliminate the influence of these *Kleśa-s* on everyday perceptions and actions, and this outcome has also been succinctly highlighted in the Yoga-Sūtra as, Samādhi-Bhāvanārtha-Kleśa-Tanu-

Karanārthaśca (YS II:20).

Another outcome of yoga practice is *Viveka* which refers to a discriminative awareness of the appropriateness or inappropriateness of an action indicating a favourable quality of the mind that is full of clarity. This sharpness of the mind is not to be associated with academic intelligence, but with the ability to make prudent decisions.

In a nutshell, the aforementioned discussions vividly point to the facts that the *Citta* functions as a medium, which has the dynamic potential to change because of the underlying operating *Triguṇa-s*, and it also forms the substratum for the repository of all the accumulated *Saṃskāra-s* and *Vāsanā-s*, which in turn are based in the *Kleśa-s*. Generally, the activities of the mind (*Vṛtti-s*) are determined by these combined forces.

Citta-Vrtti-s

The Vrtti-s or activities of the mind can be manifold, occurring in various contexts of time and place such as attending to a task, perceiving, understanding, responding, reasoning, memorising, sleeping, communicating, interacting and so on and so forth. Patañjali has categorised all these forms of processes under 5 main modalities which are, right apprehension (Pramāṇa), wrong understanding (Viparyaya), fabricated imagination/ visualization that need not be evidence based or factual (Vikalpa), sleep (Nidrā) and memory (Smrti). The out comes of such transactions can either be painful or pleasurable depending on the nature or form of the Citta. If the Citta is predominantly Sāttvic, then the actions or perceptions are likely to be more pleasant rather than painful. On the other hand, if the Citta is predominated by Rajas or Tamas, then the perceptual processes and cognitions or actions may leave behind unpleasant or painful residues in the form of memories and imprints that could have immediate and/or long-term effects.

People may sometimes sway from a very efficiently functioning and competent mental status to an agitated and dysfunctional state causing disturbances, suffering, negativity, etc. These states are psychophysiological and when they are dysfunctional, they become impediments in the path of progress and wellbeing. They have been described in the Yoga-Sūtra as, Duḥkha-Daurmanasya Angamejayatvā Śvāsa-Praśvāsa-Vikṣepa-Sahabhuvaḥ, which translates as mental anguish owing to negative thoughts, inability to feel at ease with different body postures and

difficulty in breath regulation tend to co-occur along with a fragmented mind(YS I:31).

Antarāya-s

As the mind is inherently governed by the *Triguṇa-s* and their dynamics, it is but natural for it to be swinging from restlessness to relative calmness. The calmness and focus of the mind can be disrupted through various forms of obstacles which are termed as *Antarāya-s*. In other words, an *Antarāya* may be defined as something that interferes with the smooth flow of the mind and its activities.

The *Citta* is comparable to a river flowing towards the ocean that is the goal. When this flow is obstructed, it impedes the proper functioning of the mind which subsequently also pervades the body and breath. Patañjali has enumerated 9 such innate interruptions in the Yoga-Sūtra that can distort the mind and which can become psychophysiological in nature, viz physical or mental illness (Vyādhi), mental stagnation (Sthyāna), doubt (Samśaya), lack of foresight or carelessness (Pramāda), lethargy or inertia $(\bar{A}lasya)$, indulgence (Avirati), illusion about one's true state of mind (Bhrānti-Darśana), lack of perseverance or failure to attain a goal (Alabdha-Bhūmikatva) and inability to sustain a sense of accomplishment or completeness (Anavasthi tatva). These barriers or impediments can deplete the mental health and wellbeing of a person (YS I:30).

Thus, the etiology of psychological distress maybe traced to various aspects of the *Citta*, such as its quality and contents, and its conditionings as well as obstacles.

Focus of Yoga Therapy

The clinical application of yoga therapy in healing and promoting health and functionality is based on the aforementioned theoretical principles.

The implementation of techniques and therapeutic principles is best guided by the traditions of great masters (*Yogācārya-s*) who have practised these principles while leading a yogic lifestyle. The majority of the modern-day yoga practitioners confine their focus chiefly on executing postures or simple forms of *Prāṇāyāma* and meditation, while the scope of yoga as a lifestyle is much vaster in its processes and practices.

Therefore, yoga is basically a way of life involving different approaches that follow a sequential course, which can be broadly subdivided into 3 major stages:

(A) Disciplining Strategies – Citta-Praśamanam

These include a whole set of maintenance techniques through various activities and moderations that sustain health and wellbeing. It serves to expel all kinds of impurities from the body and mind that obstruct the smooth flow of life energy $(Pr\bar{a}na)$.

These disciplines include (a) Yama —individual worldview covering one's orientation and relationship with others, (b) Niyama — personal practices that serve to maintain functional hygiene and purity at both the body and mind levels, which encompass lifestyle, food habits, daily rituals, practice of Svadharma, etc., (c) Āsana-s—postures that promote wellness, agility and stability of the body, (d) Prāṇāyāma—different techniques of breath regulation which boost mental balance and keep the mind free of distractions and delusions.

Generally, the therapeutic practice begins with a comprehensive consultation process which can take anywhere between an hour or two, that lays the foundation for building a caring rapport and identifying the exact level at which person's practice should begin. The coordination of breath with movements helps in regulating the flow of feelings and thoughts in a rhythmic manner. This synchronisation of the breath or even sounds is the very first step towards creating an ambience of tranquillity in the mental field of an individual -'it is a state of relaxation induced by systematically weeding out the thorny influences of Rajas and/or Tamas thereby making space for Sattva to bloom'. This state is the primary level of Citta-Prasamanam (Satish, 2019).

(B) Accessing Positive Inner Resources – Citta-Śodhanam

This is an intense process of reflective enquiry undertaken during deeper levels of practice. This form of introspection is believed to promote clarity of thoughts and actions which assist in aligning the internal psychological resources towards personal growth and wellbeing. Apart from the usual postural and $Pr\bar{a}n\bar{a}y\bar{a}ma$ practices, other supportive techniques may also be employed, like *Mantra* and *Śloka* chanting or *Japa*, contemplative analysis, *Satsanga* and

seeking guidance from the teacher or a *Guru*, which has also been advocated in the Bhagavad-Gītā as, *Tadviddhi Praṇipātena Paripraśnena Sevayā*, implying that knowledge is to be acquired by surrendering and offering service to the *Guru*, and having open-ended discussions clarifying all the doubts arising in the disciple's mind (BG IV:34).

The therapist may devise several procedures such as Prāṇāyāma, chanting, visualisations, etc., along with Asana-s to inculcate desirable Samskāra-s that naturally incline the mind towards a Sāttvic state, making it more receptive, perceptive and reflective, enabling the person to gain better control over the self. Undergoing this stage of therapy strengthens care-seekers to take charge, making them more responsible and courageous to face the challenges strewn by life in all sectors including work, relationships and emotional regulation. Hence, this stage is referred to as Citta-Śodhanam since the mind is cleansed and freed from the restraining shackles of the past inconducive Samskāra-s and Smṛti-s, that restrict personal growth and development (Satish, 2019).

(C) Setting Direction – Śubhāśrayam

Staying healthy requires one to be mindful of one's own thoughts and actions. All actions particularly, must be performed with deliberation and the awareness that not all consequences shall meet the expectations of the doer. It is important to realize that many situations or outcomes cannot be completely controlled by the person performing the actions, and this understanding and acceptance is brought about by certain yoga therapy practices that enter into the spiritual domain. The spiritual realm is a unique instrument that can aid in ego transcendence, which in due course can grant the ability to rise above the ordinary or worldly entanglements like any form of emotional trauma, cravings. losses. physical limitations incompetencies, etc. Different types of *Dhyāna* are conceptualized to liberate the Citta from the trap of all negative Samskāra-s (Krishnamāchārya, 1988). Thus, spiritual understanding and religious faith are harnessed in order to facilitate healing as a supportive anchor during distress. In clinical yoga therapy, these spiritual practices are used to train the mind to comprehend its limitations as well as its potentials. The ultimate goal is to help the mind.

The background of the person and belief systems are appropriately utilized to nurture the mind with solace, which can be an enriching experience as it elevates the person from overwhelming feelings and thoughts by providing a direction to life, thereby obtaining Śubhāśrayam (Krishṇamāchārya, 1988).

Yoga Therapist as Facilitator

As in the case of any helping profession, in yoga therapy too, the special relationship or bond between the therapist and care-seeker serves as a catalyst for healing to take place. The qualities and competencies of a yoga therapist are crucial in promoting better health. It is not only the knowledge of the techniques or tools of yoga, but also the wisdom and expertise of the therapist in applying this knowledge, that plays a vital role in achieving the therapy goals.

Unlike pharmacological or psychological interventions, the effectiveness of a yoga therapist is greatly influenced by the depth and reflectiveness of personal practice in addition to a thorough understanding of the philosophical tenets of yoga, and a firm belief in this knowledge. Thus, the difference between yoga therapy and other helping professions lies in steadfast conviction and commitment. The yoga therapist needs to imbibe and model the behaviours to be practised.

The moral and ethical codes of conduct are quite similar to that of any of other care-giving profession. Unconditional care, non-judgemental attitude, authenticity, empathy and a genuine intention of doing good to another are some of the important prerequisites for therapeutic effectiveness. Patañjali has defined specific qualities like Akṛṣṇa-Aśukla-Yogī-Vīta-Rāga-Viśaya-Citta which illustrate the mind of a true Yogī that is

which illustrate the mind of a true Yogī that is free of expectations, devoid of greed and is beyond any sort of personal gains (YS IV:7). In fact, it is an ideal state of being of a person who is capable of uplifting another mind and bringing about transformation. It does not refer to personhood, rather it is reflective of an illuminative calibre that is enlightening.

Yoga therapy has got its own scope and perimeter of influence. An honest therapist is one who acknowledges the limitations of the therapeutic process and accordingly works with professionals from various disciplines to impart the most effective therapy and promote wellbeing at the

individual level and to the community at large. Yoga can be employed as a standalone therapy in case of mild psychological distresses like anxiety, depression and other adjustment problems. However, it can serve as a complementary therapy to other interventions when dealing with more severe psychological conditions.

One-on-one yoga therapy is akin to individualised counselling or psychotherapy. The care-seeker's background, physical capacity, mental ability and state are some of the other specific aspects that determine the therapy application and process. Since yoga is process oriented, it requires a stepwise application of the tools in order to facilitate gradual transformation.

The Bahīraṅga-Sādhanā-s include postures and Prāṇāyāma that form the basis for keeping the mind and body pleasant and maintain a positive functional status. Dhāranā and Dhyāna are essentially Antaraṅga-Sādhanā-s or internal processes that have the potential to free a person's mind of deeper internal conflicts ,negative conditionings, emotional reactivity and perceptual requires well disparities. This established preliminary practices like *Āsana*, *Prāṇāyāma* as well as other lifestyle disciplines. Further, mentoring or coaching from a trained therapist is paramount, in conjunction with a host of other supportive tools, for inner transformation to take place.

Individualized Yoga Therapy and Mental Wellbeing – Verbatim Expressions of Care-Seekers

The following narrative describes the experiences shared by a care-seeker who sincerely and regularly adhered to the Yoga practices taught, and the way in which this yoga support brought about significant changes in the overall lifestyle (Satish et al., 2018):

I was in a very bad shape when I came here, feeling very dull and depressed mentally, with a lot of mood swings, but I decided to treat myself as a student and respect the trainer as my Guru. My main purpose for coming was to deal with my Diabetes, caused because of the sedentary lifestyle that I was leading at work, and once the Diabetes gets controlled, my plan was to go to a psychotherapist. But after I got enrolled here, even my emotional needs have been

addressed. Yoga has really brought about a routine in my life, and I actually get up passionately everyday at 5.30 am, do my Yoga practice for one hour, after which I feel really hungry, and so I really have to cook breakfast, something which I used to avoid doing earlier. Instead, I used to eat a lot of junk food and bread, which I have completely stopped now. In fact, I don't even have a craving for it anymore like before when I just used to go to the shop and buy all kinds of junk foods. Also, as a result of this set schedule in my life, I have started eating at proper times too. Earlier, I used to wake up very late and so I never had the time to cook anything and sometimes I even used to skip breakfast and so on.

It is empirically proven that the practice of breath regulation and rhythmic postures bring about emotional stability. The subjective awareness of this balance improves self-control in interpersonal relationships too. The yoga therapist also coaches the care-seeker in handling the surge of feelings or thoughts along with appropriate practices. It is different from suppression of feelings. Instead, there is better clarity in the emotional experiences and control over their expression, as depicted through the anecdote hereunder (Satish et al., 2018):

I feel my anger has really been controlled. Earlier, I used to get very angry with my mother and have serious fights with her, mainly because 'I felt that I have a right over my mother and express anything I want to her'. Even small things used to really trigger my anger, and I feel that she was really patient in listening to me. Now, that has really come down. Although I get angry even now, I'm able to control the agitation. Besides Yoga, my teacher's advice and counselling to control the anger and agitation also helped me a lot. She advised me to change myself rather than trying to change others, and that really helped me in lowering my expectations from others, which has helped in reducing my anger to a great extent because only when we have expectations, it leads to anger.

Yoga therapy and specific psychological counseling or psychotherapy can be meaningfully combined to augment the effectiveness of the two

remedies. Here is an instance in which a careseeker could fruitfully integrate both these therapeutic approaches into regular practice (Satishet al., 2018):

I was taking medicines for disturbed sleep even before I started Yoga which were helping me, but after starting Yoga practice, the sleep medicines have been gradually tapered within the last few months. I am currently only doing Yoga, and I am expecting my sleep to become normal soon, like before. My doctor who was prescribing the sleep medicines to me had also referred me to a psychologist who understood that I was not suffering from any major depression or anxiety. So, she taught me certain exercises like using visualization imageries which I combine with the breathing practices taught to me over here, and it has really helped me a lot.

References

Desikāchār, T.K.V. (1987). *Reflections on Yoga-Sūtra-s of Patañjali*(2nd ed.). Krishnamacharya YogaMandiram, TN: India

Krishna, I. (1972). *Sāṃkhya Kārikā: Gauḍapāda Bhāṣyam* (English Translation by Mainkar). Oriental Publishing Agency, MH: India

Krishnamāchārya, T. (1988). *Yoga Vallī: Samādhi Pādam* (Sanskrit Commentary). Krishnamacharya Yoga Mandiram, TN: India

Satish, L. (2019). Counselling Principles and Practice for Yoga Therapists. Krishnamacharya Yoga Mandiram, TN: India

Satish,L., Cruceana R.P., Shah,D. & Chandrashekar, S. (2018). *Manobalam:* An Evaluative Study of Individualized Yoga Therapy for Psychological Wellbeing. *International Journal of Yoga and Allied Sciences*, 7(2), 79-86

Swami Chinmayānanda (1983). *Taittirīya Upaniṣad*. Central Chinmaya Trust, MH: India

Swami Hariharānanda Araṇya (2000). Vyāsabhāṣya of Patañjali Yoga Sūtra – Yoga Philosophy of Patañjali with Bhāsvatī (4th ed.). University of Calcutta, WB: India

Conflicts of Interest: None

Acknowledgement: This article is based on the learnings received from the T. Krishnamāchārya tradition of Yoga, under the tutelage of Śrī T.K.V. Desikāchār. The philosophy-based therapy

applications are teachings imbibed from these masters and thousands of care-seekers who have taken yoga therapy under the portals of KYM. The authors sincerely acknowledge the *Guru-Paramparā*.

Buddhist Psychology: A Framework for Counselling

Nivedita Chalill¹

ABSTRACT

This article offers a glimpse into Buddhist Psychology and its application as a framework in Counselling. The understanding of Buddhist Psychology is explored within the larger context of the Buddhist view, which is expressed as the combination of Wisdom and Compassion, and is introduced in a traditional format. The process of counselling using Buddhist Psychology is guided by the deeper understanding of truth, of human nature and of the inextricable connection between psychology and ethics. The Four Noble Truths are used as a theoretical framework to explore the process of Counselling. Meditation, mindfulness and other techniques are discussed within the larger path of mind training that leads to an awakened state.

Key words: Buddhist psychology, Approaches to Counselling, Four Noble Truths, Mental Health\

INTRODUCTION

As irrigators guide water to their fields,
As archers aim arrows,
As carpenters carve wood,
The wise shape their lives
(Dhammapada: 145)

Buddhism is often considered a religious, spiritual or philosophical school instead of a pragmatic. holistic and profound approach to liberate an individual from suffering, to help achieve greater well-being and perhaps realize their highest potential. In the Cula-Malunkya sutra², where the Buddha is asked a series of questions related to life, death and the Universe, the Buddha actually compares our state of asking these meta-physical questions with someone who has been shot by a poisoned arrow; where instead of seeking treatment for our immediate suffering, we are seeking responses about the person who shot us and their background. The focus of Buddhist teachings stays on the understanding of our suffering (Sanskrit: dukkha³) and its cessation,

with the realisation of our full potential or Buddha-nature as the final goal, and therefore it could also be seen, explored and understood as an approach to Mental Health.

At the outset, I wish to clarify that this article attempts to articulate the process of Counselling using Buddhist Psychology in its traditional format. There are several reasons this is challenging. One, Buddhism is over 2500 years old with a spread across many countries and cultures. As a result, there is heterogeneity in the schools and traditions that have developed, and various paths within each school. Given this diversity, I would like to clarify that the teachings that guide this paper primarily follow the Tibetan Mahayana path.

Second, the teachings are vast and in Buddhist practice there is great emphasis on 'skilful means'. So a skilled lineage teacher would be able to use any of the teachings to lead the student to the next stage of the path towards Bodhicitta or an awakened heart/mind, thereby negating the need

¹ Email for correspondence: <u>arth.mumbai@gmail.com</u>

² https://www.accesstoinsight.org/tipitaka/mn/mn.063.than.html accessed on 10/6/2021 at 8pm

³Dukkha is often translated as suffering, but that translation is inadequate and often misleading given the colloquial use of the term. Readers could refer to Walpola (2016) or Tsering (2005) for a detailed clarification, and for this article may replace suffering with 'un-ease' (not *disease*) as the antonym of 'ease' or 'contentment', if they find it more helpful.

for a fixed approach as described here. This article is mainly intended for Mental Health Professionals as an overview of the key concepts that guide Buddhist Psychology and a theoretical framework that practitioners may find helpful in Counselling.

Third, as I write this I recognise that the influence of my own academic training and professional experience with my leanings towards the Humanistic and Existential models of Counselling, along with the Ecological model of understanding systems has contributed to my interpretation and practice of Buddhist Psychology. I offer this clarification to the reader so any error in this paper is attributed to my own understanding, and not to the teachings that I have received or my teachers.

The origin of Buddhism reveals the journey of a man of noble descent, by the name of Siddhartha Gautama who became a Buddha ('an awakened one'). His life as a nobleman/prince was a luxurious and comfortable one, but glimpses of illness, ageing, sickness and death made him acutely aware of the inevitable suffering in our lives. He was so moved that he took it upon himself to find a way out of that suffering. Over the course of several years of study, contemplation and austere practices, he realised a profound truth became 'awakened' with understanding that our suffering originated from ignorance and an inaccurate way of seeing ourselves and the world. Stemming from this profound realisation and moved by great compassion, the Buddha decided to teach and continued expounding the View skilfully for the next 45 years.

The teachings are a gradual path to move from our current state to full awakening and the Buddha famously compares his teachings to a raft that is used for crossing this stretch of darkness, i.e to cross over the challenges in *samsara* and reach over to the other shore of wisdom and contentment. He also clarifies the need for the raft is simply to tide over, and one should ideally abandon the raft once we get to the other side (Walpola 2016). *Samsara* and *Nirvana* are words which can be interpreted in multiple ways. For the purpose of this article, *samsara* and *nirvana* can be understood as points of view, where identifying with experiences as painful/unpleasant is called *samsara*, and this results in repeated, almost

cyclical patterns of looking for happiness unsuccessfully (Mingyur Rinpoche, 2007). And *nirvana* is a cessation of these activities with a flourishing and expansive state of mind that allows for an acceptance of all experiences without judgement. This transformation is brought about by certain practices and the cultivation of states of mind that are considered positive, since they help us have a more accurate view of reality, and build our capacity to feel compassion for all sentient beings.

Our life is shaped by our mind; we become what we think.

Suffering follows an evil thought as the wheels of a cart follow the oxen that draw it... Joy follows a pure thought like a shadow that never leaves.

(Dhammapada: 1, 2)

Through his own realisations, Buddha recognised it is the quality of an individual's mind that determines the quality of our life and therefore each of us could, if we so chose, to practice and transform our minds. The invitation therefore, is not to believe or accept on faith, but to examine and determine for oneself. Buddha's words, which are often repeated in teachings by His Holiness the Dalai Lama (2018) 'As gold is tested by burning, cutting and rubbing, examine my words thoroughly and accept them only then-not just out of respect for me' reveal an openness to questioning, scrutiny and study. It is only after being thoroughly convinced, that one develops conviction to pursue the path, and then one must take action. While Buddhism offers the ideal of a transformed and awakened mind with clear pathways to follow, it recognises individual freedom, responsibility and action at every stage. This is reiterated in the Dhammapada, which clearly states that any enlightened being can only show the way, but the effort needs to be made by the individual who seeks liberation (p. 205 Easwaran 2015).

Buddhist Psychology, Counselling and Psychotherapy

There are obvious parallels in the purpose and process of Counselling and the Buddhist path, which explains the tremendous interest in bringing Buddhist ideas into the field of psychotherapy and Counselling. This has also perhaps been facilitated by the growing interest in spirituality and positive psychology over the past

several decades. Interests in understanding Buddhist Psychology and collaboration between Buddhist practitioners and Western scientists appear to have occurred through the last century, ranging from Rhys Davids translations of the Abhidharma in early 1900 (Davids, R. 1914), to interests of psychoanalysts like Carl Jung, moving towards the more recent Mind and Life dialogues, and the works of Jon-Kabat Zin, Daniel Goleman, Tara Brach and many others. These resulted in approaches that have ranged from the use of select techniques such as mindfulness or meditation, to detailed approaches like (Mindfulness based Stress Reduction), Dialectical Behavior Therapy, MBCT (Mindfulness Based Cognitive Therapy), or integrated forms like Contemplative Psychotherapy which include Buddhism, emphasis on the clinicians' mindfulness, western developmental psychology and counselling skills. Many of these approaches contribute to evidence based practice, with mindfulness becoming an established aspect of treatment for many Mental Health Professionals due to its benefits on psychological health (Keng, Smoski & Robins 2011). Mindfulness based interventions and research are not without criticisms, from limitations in methodologies (Baer et al. 2019, Goldberg et al. 2017, Van Dam et al., 2017, Davidson, R. J., & Kaszniak, A. W., 2015) to losing the benefit of ethical practice and other critical understandings (Harrington & Dunne2015, Purser & Milillo 2015) when alienated from its Buddhist roots in an attempt to secularise the technique. This paper attempts to provide an overview of the counselling process using Buddhist Psychology with its roots in larger Buddhist thought and concepts.

Primary Sources of Buddhist Psychology

Buddhist teachings are largely divided into three categories/baskets, called *Tripitaka*; of these the *Abhidharmapitaka* is the main source for the teachings in Buddhist Psychology and Philosophy. Geshe Tsering explains that psychology (the study of what the mind is) and epistemology (the study of how the mind functions) are critical inner sciences in Tibetan Buddhism that help us on the path to relieve suffering and achieve happiness (Tsering 2006). The purpose of familiarising ourselves with the mind and its workings is to recognise the negative mental states (which are rooted in *ignorance*-which is used here to denote an inaccurate way of seeing the world), cultivate

positive mental states (which are rooted in wisdom, or an accurate way of seeing the world) and build a deeper understanding of our habitual patterns which keep us in ignorance. The key texts used include the *Abhidharmakosha* (Treasury of Valid Knowledge by Vasubandhu, 5th Century CE) and *Abhidharmasamuchhaya* (Compendium of Valid Knowledge, by Asanga) which focus on the mind, consciousness and mental states, the external manifestations of mental events and the habitual thought patterns that lead to either peace or discontent.

The way the mind works and how knowledge develops has also been extensively covered in the Pramana texts, viz. Pramanasamucchaya (Compendium on Valid Perception, by Dignaga) and Pramanavartika (The Commentary on Valid Perception by Dharmakirti). These texts elucidate in great detail how the mind develops knowledge and the examination of the validity and scope of that knowledge, since it directly contributes to our suffering or contentment There is a detailed analysis with ways of classifying the mind, for instance 'Conceptual Mind' and 'Perceptual Mind' and 'Ways of Knowing' to elucidate how the mind knows, and also the potential errors and challenges posed by specific ways of knowing. allows the individual/practitioner continuously reflect and investigate the workings of their own mind, and move towards more valid ways of knowing.

Key Elements

There are key elements from the larger Buddhist view or theory that supports the methods and techniques used to understand and work with our minds. These include:

1. View of Human Nature: Buddhism recognises that all sentient beings have 'Buddha Nature' or the potential to eventually attain Buddhahood or become enlightened, irrespective of our current mental state. Our destructive emotions, which are referred to as 'afflictive mental factors' are not inherent in the ultimate nature of the mind (Mathieu Ricard as cited in Goleman 2003, p. 80) and

92

The term 'destructive' is used since it prevents the mind from ascertaining reality as it is, or may refer to the motivation that inspires the emotion (Matthieu Ricard cited in Goleman 2003 p.75)

therefore can be worked upon. This offers hope and a space of reverence for all life, and from a Counselling perspective this becomes relevant on three counts: 1) the recognition that both 'counsellor' and 'counsellee/client⁵' are equal, in terms of their potential; 2) it allows for an unconditional positive view of the client; and 3) it recognises that the counsellor is also on the same path that the counsellee is on, and encourages the counsellor⁶ to engage consistently and diligently in their own study, contemplation and meditation, to constantly enhance their own understanding, skills and capacity for compassion and mindfulness.

Impermanence: The Dhammapada states 'All created things are transitory; those who realise this are freed from suffering. This is the path that leads to pure wisdom(Easwaran 2015, p 205). The concept of impermanence is studied greatly in Buddhist teachings to counteract our tendency to view things as permanent. From a functional evolutionary point of view, treating things as permanent seems to allow us to enjoy a amount of certainty considerable predictability in our day and lives. For instance, we may take our health or our parents for granted, and yet we know that they are not fixed or permanent in any way. The problem with this way of life, is that it sets us up for disillusionment, or worse, denial and a life of fear and anxiety. The concept of impermanence is often considered negative, but the truth is that impermanence is neither positive nor negative, it simply is. Because all factors, events and phenomenon arise due to causes and conditions, they will cease to exist in that manner, when the causes and conditions change. Buddhist teachings draws attention to impermanence and then guide us into cultivating a more refined understanding of impermanence as change which is constant rather than sequential. For instance, our body and its millions of cells are in a simultaneous process of ageing, death, birth, growth and decay at this very moment, yet this often

escapes our awareness. This. when understood correctly, can be greatly motivatingsince it allows a certain freshness into every experience from a daily cup of tea to a conversation with an 'old' friend. The recognition of causes and conditions that contribute to each moment can also help us moderate our expectations, enhance the pliancy of our mind and allow for an expansiveness in our perspective. We see the benefits of impermanence, including process of counselling, which has potential to be effective due to the impermanent nature of phenomenon7 and their dependence on causes and conditions. This understanding of causes and conditions also creates opportunities in the mind for gratitude and cultivating a sense abundance, for instance when we recognise thebenefits we have received through the kindness of others, or supportive factors that have allowed us to succeed.

Understanding of 'Self': Mental health vocabulary includes terms such as self-esteem and self-confidence while the explanation of the term 'Self' is often not articulated adequately or comprehensively. Buddhism recognises Self as an entity imputed on the basis of the Five aggregates or Pancha Skandha:(1) Form (Physical form, or body), (2) Feeling (feeling positively or negatively or in a neutral way towards a phenomenon), (3) Discernment, (4) Mental factors or states, and (5) Consciousnesses (which is categorised and elaborated in great detail in the texts, but can be simply understood as awareness for this article). This allows for a new vocabulary and a subtler understanding of mind states, habitual patterns that get established, and the confusion that emerges when we simply identify 'ourselves' with a habitual/repetitive mental state. For example, I am an angry person; or I am very anxious by nature. And an exploration of this deeper understanding of 'self' encourages us to recognise that our view of ourselves is often - limited and inaccurate. And stemming from inaccurate view or ignorance, we oftenjudge

⁵ The term 'counsellee' or client has been used to denote the person who is accessing the services of the Counsellor

⁶ Therefore, the term 'counsellor' is used interchangeably with 'practitioner' in this article.

⁷ The term 'phenomenon' is used to indicate any thing or event that has a beginning, middle or an end, for instance, this sentence, a breath or this planet.

ourselves and our interactions, and that becomes a significant source of suffering.

Ethics: Buddhist ethics has been summed up in the words 'Not to do any evil, to cultivate the good and purify one's mind' (De Silva 2005). Buddhism highlights the interconnecttedness of ethics and the purification of one's mind. This is rooted in the understanding that individual psychological factors are directly related to living a harmonious life (without labelling any behaviour as innately moral or immoral). Our habitual patterns of body, speech and mind are often more visible in our interactions with the world around us, and using the ethics of restraint, virtue and compassion becomes a skilful way of transforming our mind. This radically experiential psychology of Buddhism thus bridges the gap between the individual and society, by encouraging us to work on ourselves as we continue to engage with the world. This allows for the merging of Wisdom (the right view of Dependent arising/Pratityasamutpada) 8 and Compassion which stays at the heart of the Mahayana path.

The Process of Counselling

The framework of Buddhist Psychology in Counselling can be explored through the first teaching of the Buddha: the Four Noble Truths (Tsering 2005). They serve as a theoretical framework that allows clients a space for self-discovery, insight and growth rather than a linear or prescriptive set of steps to be followed.

The four Noble Truths are:

The truth of suffering;

The truth of the origin of suffering;

The truth of cessation of suffering; and

The truth of the path that leads to the cessation of suffering.

A basic analysis of these Four truths reveal that the first two are the problem statement, while the second two offer the solution. The Four Noble Truths sutra clearly states that the first truth needs to be understood, the second truth is studied to be abandoned, the third truth is to be realised and the fourth truth has to be developed. And it is with these four truths that the Counselling process9 can be explored. This is an invitation to work with the immediate distress/suffering of a client, but can also serve as an invitation to explore further and move beyond the obvious/immediate distress/suffering to examine the causes that led/contributed to that distress/suffering, along with the the hope of a resolution and a clear path in that direction.

The Truth of Suffering

Clients often access counselling to address issues such as broken relationships, academic stress, professional challenges, coping with an illness or grieving. The COVID pandemic has brought a range of issues such as loss of livelihood, loss of loved ones, uncertainty and anxiety with regard to health and illness, traumatic memories of hospitalisation periods, economic insecurities and the fatigue of a pandemic that has gone on for a year and a half. We recognise suffering clearly in these obvious forms and they are a part of this truth. However, if we are to explore further, we can also recognise that there is also a subtler lever of un-ease that is caused by change, which includes changes which may even be considered as positive. For instance, a new car which gives us joy, can become a source of stress while trying to park on a crowded street or when your child/relative borrows it. And besides these two levels of un-ease/distress, it is possible for our understanding to become subtler when we recognise the pervasive restlessness and anxiety that plagues most of us. As counsellors we explore the challenges faced by the client, but also probe to understand deeper patterns of discontentment that may become evident during the course of sessions. Exploring this deeper discontentment and recognising that it almost seems to stem from the fabric of our existence is an insight worth developing, since it can motivate us to explore the cause of this un-ease, which is the second noble truth.

⁸ Dependent Arising is briefly explained as part of the second noble truth, but the topic requires intense study and is beyond the scope of this article. Interested readers are requested to mail the author for recommendations

⁹ In describing the counselling process, the first person, or third person (for Client) pronouns are used interchangeably, since both Counsellor and Client are on the path to develop their minds, and several aspects apply to both.

The truth of the origin of suffering

Clients sometimes narrate how their causes of suffering are 'external' to themselves, such as a nagging spouse, a demanding boss or the loss of work or a relationship. And in exploring the suffering, it often becomes evident that the 'external phenomenon' meets with an 'internal phenomenon' or some aspect of the self, which then triggers the suffering. For instance, the incessant demands of the boss, which is the 'external factor' interacts with the anxiety that the client has been living with, and upon exploring an older habitual pattern of worry and insecurity may be revealed. Sometimes there may be no 'external' event, for instance, a client with depression may have simply started losing interest in their lives and experience decreased energy. The exploration at this stage helps to draw attention to inaccurate perceptions or patterns of misunderstanding that are often embedded in our beliefs and our thinking patterns. For instance, a client who feels they will never be happy again, after their marriage dissolves reveals a certain permanence to their current understanding, or the divorce may feel like a pervasive part of their identity which will affect them negatively forever.

We often forget the impermanence and interdependence of phenomenon and view them incorrectly, and further impose values on them, ignoring the relativity of the values that we impose. This is our basic ignorance, which the 2nd century scholar Nagarjuna 10 explains leads to an overvaluing or undervaluing of the phenomenon, which in turn leads to our afflictive emotions of desire and attachment, or dislike and aversion. And stemming from these strong emotions we take actions, through our body, speech and mind, which eventually leads to our suffering.

This compassionate exploration helps to reveal not only our ignorance and strong emotions that are at play, but also the habitual patterns with which we interpret and respond to the world. And this offers hope and a sense of control over seemingly uncontrollable events, by learning that our minds also have a part to play in our suffering. Basically, we learn that things are not good or bad as

inherent qualities, but are labelled by our dualistic minds based on where we are and how we see the event. To illustrate this, I narrate an example of parents who were struggling with a sense of loss, grief, and helplessness when their child was discovered to have a severe developmental disability. Eventually, not only were they able to find ways of coping and helping their child, but they went on to become a part of an advocacy group that has led to changes on a policy level, thereby helping thousands of children and families. One can see how broadening of our perspective, connecting with others through our own suffering and changing our patterns can be transformative for self and the world.

This area of study is at the core of the Madhyamaka tenet school of Buddhism and is Dependent Arising. While explanation of this topic is beyond the scope of this article, it will suffice for our immediate purpose to understand it as 'interdependence'. This simply means that any phenomena depression, divorce, loss of job - does not exist independently but is caused by other phenomena, and similarly it is not 'whole', but it is made up of parts, including how we perceive the event. In understanding dependent arising at even a basic level, we can begin to understand our potential to free ourselves from inaccurate views of ourselves or the phenomena that appears to be causing our distress (Wallace 2019). Dependent arising is understood as the middle way since it is neither nihilistic nor absolutist and a more refined view of this subject allows us to engage more authentically with all aspects of life and the world around us11. This also offers us hope for change and the cessation of suffering, which is the third Noble truth.

The truth of cessation of suffering

Meditating on the nature of interdependence Can transform delusion into enlightenment Samsara and suchness (nirvana) are not two They are one and the same (Thich Nhat Hanh, 2006 pg 197)

¹¹This exploration leads to a discussion of the two truths in Buddhism, the Ultimate truth and the Conventional truth. Readers may contact the author or visit www.tibethouse.in for more information.

¹⁰ in the Fundamental Wisdom of the Middle Way / Sanskrit: Mulamadhyamakakarika, chapter 18 (Tibet House 2018)

Counselling in addition to empowering a client to change and grow, also provides a space of hope and respite. The third Noble truth is about the knowledge that our suffering can end and that we can work towards realising it. The space of the counselling relationship may occasionally offer a glimpse or temporary experience of the absence of suffering. Those moments can serve as powerful motivation as they allow clients some respite, and replenishes their hope to have 'freedom' from their distress. This reinforces their confidence in the counselling process and encourages the effort needed to change. It could be throughthe recognition of a changed habitual pattern which occurs in hindsight, or recognising subtle shifts which are significant in themselves, or simply experiencing a more expansive way of being despite similar external situations. Developing faith on their own ability and on their own recovery process are important to continue working on the path that leads to the cessation of suffering, which is the fourth Noble Truth.

The truth of the path that leads to the cessation of suffering

To cover all the earth with sheets of leather-where could such amounts of skin be found?

But with the leather soles of just my shoes, it is as though I cover all the earth!

And thus the outer course of things, I myself cannot restrain.

But let me just restrain my mind...

- Shantideva (5: 13, pp 63)

Armed with the profound insights about the origin of suffering and fuelled by the hope and knowledge of cessation, the client is encouraged and supported by the counsellor / practitioner using compassion and skill, as they move on the path that leads to cessation. The fourth Noble Truth gives us the way to cut through our habits by exploring them and examining our view of reality, recognising problems in our thinking which include: permanence, singularity (seeing something as a 'whole', rather than made up of 'parts') and independence (Mingyur Rinpoche 2009 p. 105-114). The path of cessation is not simply an intellectual one, but requires an understanding to be developed initially, followed by contemplation which helps to deepen understanding, and action which completes the full loop of experiential learning. This loop is

repeated often which allows for a refinement of our own view and practice. For instance, if I am battling with anger issues, the first few loops may help me decrease my physical violence towards others, the next few may help decrease the verbal violence, but the final goal will be to end the mind of anger which may take considerably longer. De Silva (2005) explains how intellectual knowledge develops capacity for self-analysis, our mindfulness and penetrative insight, but moving deeper helps eradicate bias and afflictive emotions, thereby experiencing a 'transformation of perspective'. Transforming the mind to minimise distress includes recognising obscurations of our mind and to move towards wisdom, making our minds more pliable through meditation and training, and engaging joyfully/ enthusiastically with the world in meaningful ways, through the practice of generosity, patience and ethics. These 6 aspects (Generosity, Ethics, Patience, Joyous perseverance, Meditation and Wisdom) which are practiced with Wisdom at the heart of it, are called the Paramitas/transcendental perfection¹² and are part of the Mahayana path of mind training that leads us to a state of flourishing or awakening.

The term 'meditation' given its colloquial use here requires some elaboration. The Tibetan word for meditation is gom, which literally means 'becoming familiar with' - so the practice of meditation is to allow a safe space to become familiar with the workings of our mind at a deeper level (Pg 51, Mingyur Rinpoche 2007). Meditation is of two types: Shamatha, or single pointed meditation that helps our minds become steady and pliant, and Vipassana or insight meditation that moves this pliant and stable mind towards a more accurate way of perceiving reality/moves us away from the root ignorance that leads to our suffering and helps in cultivating a compassionate heart. Just as a light source needs to be both bright and steady, for any long term change

Please note: The practice and use of the Paramitas in counselling is not sequential or linear, but rather iterative and aimed at where the client is at. The understanding or the wisdom elements are explored along with how it influences our motivation and behaviour, while meditation and mindfulness are used as techniques that help us shift our habits towards more beneficial ones. The skills that are imparted in the counselling process include learning to continue on this path to keep refining our view and ensuring that our behaviour and attitude move in line with this more nuanced understanding of reality.

towards developing a wisely discerning mind, both forms of meditation become a part of this growth and transformation. Shamatha allows us to increase our capacity to stabilise and calm our mind which is helpful in itself, but also becomes a support and necessity for Vipassana, which allows us to cut through our ignorance effectively and move towards wisdom.

Moving towards our full potential

Counselling using the framework of Buddhist Psychology does not simply aim to decrease our immediate distress but aspires for every individual to achieve their full potential. The skilful exploration of a clients' distress reveals to them the working of their own mind; and that knowledge can be a powerful source of empathy and compassion, which allows them to connect with others in their life authentically and meaningfully. For instance, a client who deals with a fear of being rejected engages with their phone constantly while in the company of potential friends. Not only is the fear stemming from an inaccurate understanding of the self and the world, but their interpretations of others' behaviour and their own level of engagement during interactions continue to reinforce and perhaps increase their own challenges. The process of exploration in counselling would ideally not stop with the client simply developing insight into their own patterns, but would move further to use that understanding to help strengthen their connection with others who share a common desire for genuine friendships and happiness, and also to avoid rejection and other forms of suffering. This allows the client to move beyond their own suffering and open their minds to the well-being of others in their life.

Ideally, one aspires to move beyond the dualities of 'me' and 'the other', to cultivate a loving presence for all sentient beings equally. There are several established practices to cultivate this awakened heart/mind, which is referred to as *Bodhichitta* or the mind that is spontaneously awake to the suffering of all sentient beings and spontaneously works towards relieving that suffering (Mingyur Rinpoche 2009). Similarly, there are meditative practices to develop our capacity to feel compassion or *Karuna* (a desire to relieve others of their suffering), loving-kindness or *Maitri* (a desire for others to have genuine

happiness), rejoicing or *Mudita* (the genuine joy we experience when others find happiness) and equanimity or Upeksha. These practises are often misunderstood as self-sacrificing, but that is inaccurate since an aspiration for 'all' sentient beings includes 'us', and directing compassion towards self can be very healing and transformational (Neff & Germer, 2017). For instance, a client who has not experienced adequate nurturing and is dealing with immense hurt and pain could be taught to meditate on compassion and lovingkindness for themselves initially and slowly begin to expand that feeling to the ones they are close to and then perhaps for helpers in their environment such as healthcare workers, garbage collectors, and so on. These practices can often allow for a great amount of interpersonal and interpersonal growth (Neff and Germer 2017).

Conclusion

Buddhist Psychology offers an established combination of theory and techniques, or what is referred to as the 'View' and 'Method'. This article has attempted to provide an overview of Buddhist Psychology which can serve as a framework for counselling. Key elements of Buddhist thought such as the view of human nature, the understanding of impermanence and the 'self', and the inextricable relationship between ethics and psychology were introduced as part of the larger understanding that supports the study of the mind. Select links between counselling, psychotherapy and a Buddhist approach to understanding the mind were mentioned, along with the primary sources and texts for this knowledge. The process of counselling was explained using the Four Noble Truths, which begins quite simply with the truth of suffering or dukkha. An exploration of the origin of our suffering leads to insight about the habitual patterns of our mind and the ways in which we see ourselves and the world that often causes and contributes to our suffering. While the third noble truth about cessation of suffering gives us hope, the fourth noble truth gives us a holistic path to address the obvious distress which clients may be dealing with, and also the option to continue working on our minds to achieve a greater transformation. The path is not an intellectual exercise, but allows for learning to become more experiential through contemplation and

meditation, thereby giving us the opportunity to move closer to achieving our full potential.

Dedication prayer

May all beings be endowed with happiness and the causes of happiness

May all beings be free from suffering and the causes of suffering

May all beings never be separated from happiness and the causes of happiness

May all beings abide in a state of equanimity free of excessive attachment and aversion (Tibet House, 2017, pp 26-27)

References

Baer, R., Crane, C., Miller, E. & Kuyken, W (2019) Doing no harm in mindfulness-based programs: Conceptual Issues and empirical findings. Clinical Psychology Review, Vol. 71, pp 101-114

Davids, R. (1914) Buddhist Psychology: An Inquiry into the Analysis and Theory of Mind in Pali Literature. London: G. Bell & Sons

Davidson, R. J., & Kaszniak, A. W. (2015). *Conceptual and methodological issues in research on mindfulness and meditation*. American Psychologist, 70(7), 581–592.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627495/

De Silva, P. (2005): An Introduction to Buddhist Psychology. Palgrave-Macmillan: Australia

Easwaran, E. (2015) *The Dhammapada*. India: Jaico Publishing House

Goldberg, S.B., Tucker, R.P., Greene, P.A., Simpson, T.L., Kearney, D.J., Davidson, R.J. (2017) *Is mindfulness research methodology improving over time? A systematic review.* PLoS ONE Vol. 12, Iss. 10. https://doi.org/10.1371/journal.pone.0187298

Goleman, D. (2003) Destructive Emotions: How can we overcome them? Bantam books: New York

Hanh, T. N. (2006) *Understanding Our Mind*. Parallax Press: California

Harrington, A., & Dunne, J. D. 2015. When Mindfulness Is Therapy: Ethical Qualms, Historical Perspectives. American Psychologist 70, no. 7: 621–631. http://nrs.harvard.edu/urn-3:HUL.InstRepos:25757884

His Holiness the Dalai Teachings on The Diamond Cutter Sutra

https://www.dalailama.com/news/2018/the-diamondcutter-sutra Accessed on 10th June, 8pm

Keng, S-L., Smoski, M. J. & Robins, C. J. (2011): Effects of Mindfulness on Psychological Health: A Review of Empirical Studies. Clinical Psychological Review

https://greatergood.berkeley.edu/images/uploads/Keng-Mindfulness Review and Conceptions.pdf

Mingyur Rinpoche, Y. (2007). *The Joy of Living*. Bantam Books.

Mingyur Rinpoche, Y. (2009) *Joyful Wisdom*. Harmony Books: New York

Neff, K. D. & Germer, C. (2017). Self-Compassion and Psychological Wellbeing. In J. Doty (Ed.) Oxford Handbook of Compassion Science, Chap. 27. Oxford University Press.

https://self-compassion.org/wp-content/uploads/2017/09/Neff.Germer.2017.pdf

Purser, R. E & Milillo, J. (2015) *Mindfulness Revisited:* A Buddhist-Based Conceptualization. Journal of Management Inquiry, Vol. 24, Its. 1, pp 3-24

Shantideva. *The Way of the Bodhisattva*. Translated by the Padmakara Translation Group, Shambhala- South Asia Edition 2012.

Tibet House (2018). *The Blaze of Non-Dual Bodhicittas: Study and Meditation Manual*. Tibet House: New Delhi

Tsering, G. T. (2005): *The Four Noble Truths*. The Foundation of Buddhist Thought, Volume 1. Wisdom Publications: USA

Tsering, G. T. (2006): *Buddhist Psychology*. The Foundation of Buddhist Thought, Volume 3. Wisdom Publications: USA

Van Dam, N. T., van Vugt, M. K., Vagot, D. R., et al. (2017) *Mind the Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation*. Perspectives on Psychological Science, Vol. 13, Iss. 1, pp. 36-61

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC581799

Wallace, B. A. (2019): Afterword: Buddhist Reflections. In Zara, H., Robert, B. L. And Alan, W. Where Buddhism Meets Neuroscience: Conversations with the Dalai Lama on the Spiritual and Scientific Views of Our Minds. Shambhala: South Asia Editions

Walpola, S. R. (2016) What the Buddha Taught. Oneworld publications: London

Acknowledgements:

The author expresses gratitude for all the teachings received from HH the Dalai Lama, HE Dzongsar Khyentse Rinpoche, Jetsunma Tenzin Palmo, Geshe Lhakdor la and other precious teachers over the years. The author recognises the immeasurable guidance and kind support received by Ven. Geshe Dorji Damdul (Director, Tibet House-Cultural Centre of His Holiness the Dalai Lama, New Delhi) and Asha Pillai- Balsara (Executive Director, WCCL Foundation, Pune) through their teachings which has served as the main source of my understanding, in addition to the references cited.

Probabilistic Orientation and 'Sailing Through' Therapy

Narayanan Annalakshmi¹

ABSTRACT

Literature in a given culture can provide a record of the worldview held by people of that culture in the specific period. The worldview reflects the beliefs about reality that influence the perception, thinking, and behavior of people. *Probabilistic Orientation* (PO) represents a unique cognitive style derived from the worldview recorded in ancient Tamil literature of *the Sangam* period of Tamil Nadu, in India. PO as a cognitive style can be seen as a marker of balanced and matured personality. This cognitive style js constituted by seven factors, viz., *unbounded expectancy*, *sensing unlimited possibilities*, *insight into bias*, *healthy skepticism*, *unconditional acceptance*, *appreciation of chance*, and *awareness of predictability*. PO provides a unique perspective to understand life that can nurture wellbeing and resilience. Research on PO spanning over four decades and a half show that PO is positively correlated with a number of positive outcomes in several target populations, and interventions on PO are effective in promoting wellbeing and resilience. Therapists can incorporate the tenets of probabilistic orientation theory and its factors into other types of therapy. The perspective provided by PO, in terms of postulates of the PO theory and factors of PO, can be useful in designing interventions that aim to promote resilience.

Keywords: Sangam literature, Probabilistic orientation, locus of control, wellbeing, resilience

Probabilistic Orientation and 'Sailing Through' Therapy

A worldview represents a set of assumptions about physical and social reality and has a strong influence on individuals' cognition, personality, and behavior (Koltko-Rivera, 2004). Worldviews differ across cultures and literature can serve as a rich resource that record and report various worldviews. Therapy through literature (bibliotherapy) that can help individuals expand their own worldview by integrating new knowledge is gaining currency in recent times. Though positive outcomes are reported in studies that attest to the clinical effectiveness of bibliotherapy, therapeutic writing, and poetry therapy, further studies are needed to clarify and measure the effectiveness of these interventions (McArdle & Byrt, 2001). In this paper a particular construct, probabilistic orientation (PO), derived from an ancient literary source of India, which recorded the worldview prevalent in a particular period, is described and its usefulness in measuring the effectiveness of therapy through literature is discussed.

Literature in a given culture can provide a record of the worldview held by people of that culture in the specific period. The worldview reflects the beliefs about reality that influence the perception, thinking, and behavior of people. Sangam literature can be viewed as providing a valuable framework to understand personality. It is so characterized because it represents the literature of Sangam period in Tamil Nadu in India that dates back to 400 BC to 200 AD. That period is known as the golden era and is popularly known as a prosperous period that was free from crime and misery. Further, during this period people were reported to be flourishing. The saints and seers of this period can be seen as the epitome of mental health and wellbeing. The purananuru, anthology of poems of the Sangam literature, contains nearly four hundred poems that deal with the

Bharathiar University, Coimbatore, Tamil Nadu, India.

war, politics, and public life. Kanniyan Poonkundranar was a renowned poet of the Sangam period in Tamil history. His poem "Yadumooreyavarumkelir" which means, "all places are my abode, and all are my kin" describes the lifestyle of people of the Sangam period. Based on this poem, the concept of probabilistic orientation was construed by Narayanan (1977a, 1977b; 2001) of Bharathiar University located in Tamil Nadu, a state in South India.

Probabilistic orientation represents the worldview of people during the *Sangam* period. It refers to a set of beliefs and convictions about the probable nature of events that happen in the world. The poem provides the basic postulates for the concept of probabilistic orientation that are presented below.

Nature is unbiased (Narayanan & Annalakshmi, 2001). Events in nature occur following a stochastic principle. The stochastic principle reflects a process where the values change randomly over time. Thus the probability of occurrence of an event constantly changes based on all other events that are happening around it. The chance of occurrence of an event changes every second with the happenings of multiple other events in the background, some may be known and many may not be known to an individual.

Nature is constantly evolving and is in a state of flux always. All events unfold themselves as programmed by the evolution in nature. Thus, one need not take everything happening in life as personal. Events happen not as isolated events but are connected to chains of events in the past. No event is happening for or against anyone since it is connected to a chain of events in the past and also to many other events that are happening at the moment. What happens today does not pop up from nowhere. It has roots in not one but multiple events that have occurred in the past, or that may even be happening at the moment in other places. Here, we are not referring to just that past that we are aware of, but this is the past that extends to time immemorial. Since events are connected to many events in the past, whatever happens to you is not "given" or "caused" by another person.

Further, what happens today will, along with several events of the past, decide what will happen tomor-

row, or the course of what will happen in the future. Once we are aware of this, we would not react disproportionately to any event. Now think of the example of a pool game. The stick hits a ball, and that ball is not the target ball. But the ball that gets the hit from the stick moves to hit another ball, which again hits another. Like this, a sequence unfolds, and finally, the target is hit and pushed to the pocket. Thus hitting a target ball is not happening as an isolated independent movement. For this to happen, a sequence made up of several independent events must occur.

Ups and Downs are natural (Purananooru 192, verse 6-11). With thunder and lightning in the sky, comes the rain. First small drops and then comes heavy drops of rain. With the heavy rain the big rocks roll, and some break into tiny pebbles. The rain continues and forms waterways, and with heavy rain, they become ferocious rivers that carry big stones and small pebbles. Our life is like a small boat that is traveling on this river. The river path has lots of twists and turns, has some places that are smooth and some that are rough. Our life, a little boat sailing in the river also has twists and turns, has smooth phases, and has rough phases (Purananooru 192, verse 6-10). One who is aware of this remains calm and patient during all phases of life.

The status of a person is impermanent (Purananooru 192, verse 12 & 13). The probabilistic orientation emphasizes the impermanence of things, which is also referred to as *Anitya* in Katha Upanishads (Duessen, 2010) and is also recognized as one of the essential doctrines of Buddhism (Anâlayo, 2013). A king can become a pauper and a pauper can become a king. So one need not be amazed at someone who has so-called "high status" in life. And one should not also look down upon someone who has so-called "low status" in life. Everyone should be treated equally since the status of a person is not permanent.

Events are neutral (Narayanan & Annalakshmi, 2001). No event is good or bad in itself. An event that appears good today may eventually become bad tomorrow. Similarly, an event that appears bad today may turn out to be to your advantage in the long run. So one must not hail an event as good, or curse an event as bad. We will not blame one single

event or one single person for any so-called "bad" that happens. Nor will we be praising one single event or one single person for any so-called "good" that happens. Thus, one who is given to probabilistic orientation does not attach any value judgment to any outcome. It also refers to a cognitive style that allows individuals to perceive all events happening in life using a neutral stand that helps to navigate freely in life. PO can be considered as an inner guard of resilience because it provides a unique perspective to understand the life that can nurture resilience.

Neutral locus of control. Probabilistic orientation indicates a neutral locus of control, as opposed to internal/external orientation (Lefcourt, 1983). Individuals who are probabilistically oriented believe that their behaviors are not fully controlled by their individual efforts or external factors like other people (Narayanan et al., 1984). The individuals believe that nature is a system, a system that is constantly in a state of flux, i.e., nature is a system that consistently changes with time. Every event that occurs in the course of nature is governed or influenced by system characteristics. However, changes can be initiated or introduced by individuals that can alter the system in time. Thus, both external and internal forces play in the occurrence of every event. Think of a man sailing in a boat in a big river. Several factors decide how quickly he will reach the other side of the river, viz., the water current, the wind, the muscle strength of the person sailing, the size of the boat, etc. It is important to note that both internal and external factors play a significant role in deciding the outcome in any context. Now think of another example, driving in traffic. We have the freedom to move to a certain extent. But the freedom is restricted by the other vehicles on the road, which is what we can call "the system". So we have freedom, but the freedom is restricted by the limits set by the system. Thus, any event that occurs in reality may be seen as a product of a dynamic balance between both internal and external factors or forces within a system from time to time. An individual cannot induce any change all of a sudden in a system. Nevertheless, it is possible to introduce a change in the system in course of time.

Universal outlook. The poem (Purananooru 192, verse 1) further reflects a belief that all places are

one's abode, and totally rejects the idea of parochial regionalism and nationalism. The entire world is to be considered as one's native or hometown. This belief nurtures a sense of belongingness that is not limited by any geographical boundary. All are regarded as one's kith and kin that signify universal brotherhood. A reference to this belief that directs perception of the whole world as one family is also reflected in the Sanskrit phrase *Vasudhaiva Kutumbakam*seen in the mantra VI-72 in Maha Upanishad (Badlani, 2008; Moses, 2002) which belongs to Samaveda tradition.

Internal locus of control. The poem (Purananooru 192, verse 2&3) also highlights that good or bad things that happen to us, or sadness and comfort from sadness are not given by others but are outcomes of our actions. Every event occurs in the process of evolution and is connected to several other events linked in a chain to the past, and also present. Thus, the probability of an event occurring changes with one's action. Hence, good or harm that is happening to one is in fact due to his/her action than something given to him/her by others.

Sufferings are natural, impersonal, and universal.

The poem (Purananooru 192, verse 4) further states that sickness is natural and so is the capacity for recovery from the sickness is natural in that it can happen to anyone and is not targeted against anyone in particular. Similarly, death is also natural and not new. Those who hold a belief that sickness, convalesce and death are natural and can happen to anyone, will neither rejoice life as sweet nor despise life as sour (Purananooru 192, verse 5). This belief promotes equanimity (Fronsdal, 2004), or *upekca* (in Sanskrit), which is one of the four sublime attitudes described in Buddhism. Those who understand that the sufferings and relief from suffering are all natural and impersonal are neither excited about anything nor dejected about anything in life.

Since events occur not independently but are connected to a chain of events in the past and present, and events occurring in nature are random and not personal what people achieve or lose are not purely due to their competencies or efforts. Many factors need to co-occur with hard work for one to achieve. The poem (Purananooru 192, verse 12 & 13) states that those who understand the nature of "nature"

do not wonder or show awe at anyone for achieving greatness, and also do not look down upon those who are meek and weak. With multiple factors playing a role in one's achievement and attainment of a high status, no one has direct control over the achievement.

Factors of Probabilistic Orientation

Probabilistic Orientation (PO) was conceived as a cognitive style that is based on the worldview described in the poem cited above (Narayanan, 1977a; 1979; 1983; Narayanan & Annalakshmi, 2001). This can be seen as one that is representing a matured personality and reflecting wellbeing and mental health. Narayanan (1977a) developed a probabilistic orientation questionnaire to measure PO as a cognitive style. The questionnaire consists of 30 items in the form of statements reflecting different beliefs representing probabilistic orientation presented to the respondent in a 'Yes' or 'No' response format. A factor analysis of the data collected from a large sample of elderly subjects using the Probabilistic Orientation Questionnaire (POQ) yielded seven factors (Narayanan, 1977a; 1983). They are: Unbounded expectancy, Sensing unlimited possibilities, Insight into bias, Healthy Skepticism, Unconditional acceptance, Appreciation of Chance, and Awareness of predictability. The seven factors are briefly described here below:

Factor 1 - Unbounded expectancy. This denotes not being bound by expectations. This factor also emphasizes Nishkamva Karma, doing one's duty without expecting the rewards as described in Bhagavat Gita. When we do anything we should do it for the very act itself and not because it will lead us to something else. It does not entertain holding fixed, rigid, and detailed expectations regarding any outcome. In studies or job or in any other work, you do an activity for the pleasure and meaning you find in doing that activity, and not because it will fetch you external incentives like grades, promotions, or appreciation. Action without expectations as this factor suggests is related to many other psychological constructs. Intrinsic motivation that is implied in this factor is reported to be strongly correlated with psychological wellbeing (Olivares et al., 2020) and flourishing (Kazak et al., 2021). Rigid and/ or unrealistic expectations are associated with

mental illnesses. Expectations are relevant to mental disorders like anxiety disorders (Rief & Glombiewski, 2017), PTSD (Janoff-Bulman, 1989), and depression (Rief & Glombiewski, 2016). They may also be a core issue in adjustment disorders. Similarly, unmet expectations can also affect mental health. PO that emphasizes unbounded expectancy can be an effective antidote for issues related to expectations in clients.

Factor 2 - Sensing unlimited possibilities. Events that happen are connected to several other events in the past and present. The probability of occurrence of any event changes with time following a stochastic principle. Hence, it is not possible for anyone to enumerate all the possibilities and predict what will happen in the future. Thus, our expectations about the possible outcome are restricted to a minimum range and do not exhaust wide range of probable possibilities. We often guess what would happen in the future based on our past experiences. The experience of the past like success or failure, or sometimes what we see or read can also direct our perception of the future. Since we have limited experience, and even what we see or read is not exhaustive we can only enumerate limited number of possible outcomes for anything to happen in the future. Sensing unlimited possibilities refers to being aware of this limitation and being open to multiple possibilities that include a few which may be completely unexpected. This gears an individual to keep an open eye for something totally unexpected to happen. This factor encourages individuals to be open to experiences as they come, and be totally free from fixed tunnel vision. This can help them sense new possibilities. Openness to experience is strongly related to subjective well-being, more than any other bigfive factors (Steel et al., 2008), and life satisfaction (Stephan, 2009). Negative health outcomes, physical strain, and emotional stress are linked to perceived lack of choice (Schulz et al., 2012). On the other hand, greater choice, control and lack of restrictions are associated with greater life satisfaction (Martin& Hill, 2012). Lack of control, autonomy, and choice is found to affect the quality of life of people with mental illness (Connell et al., 2012). PO emphasizes on sensing unlimited possibilities in any given situation, and hence can be helpful to clients to appreciate the choices they have in the lives providing them with a sense of choice, control and autonomy.

Factor 3 - Insight into bias. Bias is an inclination or mindset colored by past experiences or expectations. Bias can lead to pre-judgment. The beliefs, opinions, and attitudinal dispositions held by individuals shape their inclinations. For example, when we hold strong stereotypes against someone, or we are prejudiced against someone, it interferes with our realistic understanding of the situation and his/her behavior. This factor reflects one's awareness of the cognitive biases that can influence his/her judgment. This will enable individuals to have a balanced judgment and make appropriate decisions without errors. Cognitive biases have strong link to health and psychiatric disorder (Aue & Okon-Singer), and are found to predict depression, anxiety and wellbeing above neuroticism (Smith et al., 2018). The interventions that were focused on improving cognitive biases are reported to have beneficial effects on positive symptoms and insight among schizophrenics (Sauve et al., 2020). Cognitive biases are associated with depressive symptoms (Beevers et al., 2019; Losiak et al., 2019), and anxiety (Hertel, 2002). Self-serving attributional bias is found to be higher for depressed individuals compared to their non-depressed counterparts (Greenberg et al., 1992). Attribution bias is recognized to play animportant role in persecutory process in schizophrenic patients (An et al., 2010). Self-serving biases are found in patients and nonclinical individuals with psychotic-like experiences (So et al., 2015). PO highlights the need for providing insight into biases. Thus, PO interventions should include a module devoted to help the clients identify the cognitive biases and attributional biases in their, and challenging those biases.

Factor 4 - Healthy Skepticism. Healthy skepticism refers to thinking critically as you engage with new content, ideas, or perspectives. One given to healthy skepticism does not immediately accept an idea of content as true as soon as he/she sees it. Healthy skepticism also refrains one from going with the bandwagon and accepting what everybody says is true as true. A scientific attitude moderated with skepticism is healthy, and must be differentiated from being cynical or paranoid. Every new idea is always checked and validated against the available knowledge. Only after the idea is systematically checked for validity it is accepted. This factor also reflects being critical in evaluating a new idea and being

rational and logical. It does not mean you have to doubt everything and be paranoid. Healthy skepticism is logic pure and simple, and involves reasonable doubt and question before accepting anything. Anew idea is accepted only after it passes through simple and straightforward rationality and logic check. Skepticism involves pursuing knowledge through systematic doubt, and can be seen an essential part of critical thinking. Skeptics "inquire into" or "look around" for additional corroboration or evidence before accepting someone else's claim with a willingness to challenge, with an open mind, the existing belief or question the status quo (Price-Mitchell, 2012). Clients with higher critical thinking skills are more likely to choose treatments with empirical support while those who are low on critical thinking are more likely to choose pseudotreatment (Talboy, 2013). Thus, healthy skepticism can benefit clients in choosing the right treatment besides appreciating the beneficial elements of the treatment chosen. Critical thinking dispositions are positively associated with life satisfaction (Celik et al., 2015). Further, critical thinking intervention is reported to improve happiness and tolerance of ambiguity (Veiskarami et al., 2018).

Factor 5 - Unconditional acceptance. Many events in our lives happen that are beyond our control. Loss of loved ones, or a traumatic experience, for example, can occur in our lives, and we are left with no role to control the happening of such events. Engaging in denial when such events occur does not help. Accepting things that happen over which we do not have any control is the best thing to do. That can help us engage in a more productive response rather than deny it and complicate the response. Accepting such situations without prejudice seeing them as personal, and notlabeling them as good or bad can be helpful to navigate during such times. Reality should be accepted as it is, without ifs and buts, or pretentions, games, and defenses. Holding the bull with its horns is emphasized by this factor. This is parallel to one of the core principles of acceptance and commitment therapy (Hayes, 2004; Hayes et al., 2012). Use of releasing techniques (Carrington, 1984)to oppose a potential source of stress emanating from the frustrations one experiences when one desires to change things that are either hard or not feasible to change immediately,

has been found to be effective in reducing tension rather than getting into an inescapable cycles of "self-defeating overpush maneuvers" (Wolberg, 2013; pp.309). Unconditional acceptance refers to accepting things and events that we cannot change. This is akin to REBT philosophy of Unconditional Life Acceptance (ULA). Awfulizations, frustration intolerance, downing beliefs, and self-demands in situations that one cannot change can lead to significant distress and even mental health problems. Thus, PO can be relevant to clients in helping them accept the happenings in their lives unconditionally without indulging in defenses.

Factor 6 - Appreciation of chance. Chance refers to risk or luck possibilities, probabilities, likelihood, opening, opportunity, opinion, prospect, etc. This factor underscores the significance of the role of serendipity or chance. Since all events that happen in reality are connected to a number of factors in the past and also to the present, we cannot be in total control of what is to happen in a given time. This factor refers to acknowledging the fact that more than human effort, serendipity or 'chance' works; however, the chance of success can be improved by better efforts. This factor emphasizes that in some situations when all doors appear to be closed, new hope can blossom by chance which can save the individuals in the challenging situation when they least expect it. Thus, surprises and miracles can happen in our lives, and we need to be open to recognizing them. This may be seen as an optimistic state of mind where one expects positive outcomes in lives, even when the present does not seem promising. Optimism significantly influences physical and mental wellbeing (Conversano et al., 2010), predicts flourishing (Peterson & Chang, 2003; Yildirim, 2020), and is related to mental health (Chen et al., 2019). The cognitive theories of depression propound that depressive people use more pessimistic explanatory style when they think about stressful events compared to those who are not-depressed (Seligman, 1998). Hopelessness is associated with depression (Abramson et al., 1989; Abramson et al., 2000). Pessimism and optimism contributed independently to the prediction of depression and life satisfaction (Plomin et al., 1992), and are related to a number of psychological and physical health indices (Gillham et al., 2001). When trying to infer cause of a negative

event, depressive patients showed greater tendencyto employ causal attributions marked by internal and global attributions (Leposaviæ & Leposaviæ, 2009). PO factor, appreciation of chance, relates to being optimistic in the face of adversity and challenges. Promoting this factor can nurture optimistic attributional style in the clients, helping them to hope for and be open to chance factor that can improve the situation when things are beyond their control.

Factor 7 - Awareness of predictability. This factor emphasizes the awareness of the possibility of prediction even in cases where it is difficult to make any. There is a pattern and rule following which events unravel in the real world. Nature is a large system. The law of inertia of large number operates in Nature, i.e., everything gets balanced out in the long run or at large when we look at the system as a whole. There is a statistical regularity in what happens in this world, and life remains balanced with tragedies and comedies when you look at it as a whole. Thus, it is possible to make a reasonable prediction even when we acknowledge that multiple factors, including chance factors influence the occurrence of every event. For example, we can predict rain after thunder. We can predict that with good water and fertilizer, plants will grow well. Similarly, using our experience and the understanding of how the world goes, we can make reasonable predictions about happenings. A sense of predictability can provide a sense of control. Sense of stressor predictability and control can influence sleep (Yang et al., 2011), and physical and psychological wellbeing (Schulz, 1976). Predictability has stress-reducing effects (Miller, 1981; Weiss, 1972). Awareness of predictability of events can provide a sense of control in the clients. Thus, PO intervention can nurture awareness of predictability, thereby helping clients to cope better with stress.

Correlates of Probabilistic Orientation

Probabilistic orientation is reported to be positively correlated with a number of positive factors like mental health (Augustine, 1978; Jayaraj, 1984; Priya, 1997), sense of security (Narayanan & Govindarasu, 1986), the business attitude of innovation (Balakrishnan, 1985), protestant ethic (Balakrishnan, 1985), expectation-achievement congruence

(Gopukumar, 1998), personal values namely variety and practical mindedness (Narayanan, 1986), social processes of communication, interaction and decision making (Indumathi, 1989), emotional control and perception of reality (Ganesan, 1986), positive perception of the environment (Shillymol et al., 2007), achievement (Krishna, 2007; Natarajan, 1983; Prem Anand & Narayanan, 2005), values (Arulvadivu, 2004), and resilience (Amrutha & Annalakshmi, 2013). Individuals higher on probabilistic orientation also scored higher on various vocational personality traits like realistic, artistic, enterprising, and conventional than those who had lower probabilistic orientation scores (Balakrishnan, 1985; Narayanan & Govindarasu, 1986). Entrepreneurs were found to be high on probabilistic orientation compared to the general population (Devi, 1995) and managers (Balakrishnan, 1985). Probabilistic orientation was negatively correlated with alienation and role conflict (Govindarasu, 1988), stress (Ramapriya, 2004; Rani, 2004), death anxiety (Narayanan, 1983), and job burnout (Brindha, 1997; Govindarasu, 1988; Ponnusamy, 2000). PO was found to moderate the relationship between workplace incivility and work stress (Annalakshmi et al., 2017). PO was found to be positively correlated with ego resiliency and perceived self-efficacy (Annalakshmi, 2016). Criterion groups representing high, middle, and low PO did not differ on materialism-spiritualism (Annalakshmi, 2009).

Sailing Through Therapy

The wisdom from ancient literature can guide therapy. Thus, the postulates and factors of Probabilistic Orientation can be applied to design interventions that can help individuals navigate through challenging times. Probabilistic orientation intervention aligns to re-educative approach of therapy (Wolberg, 2013), in particular a merger of philosophic approaches and cognitive therapy. The PO intervention typically involves orienting the client to the basic tenets of the theory and also the seven factors of PO, via story telling or discussions to help client examine their interpretation of events using PO framework. The PO intervention aims at providing a unique and new cognitive framework to the clients to help them "perceive" things in an adaptive way. The PO intervention is delivered in weekly sessions spread between 8-12 weeks.

Probabilistic orientation intervention, also called *Sailing Through Therapy* (Narayanan, 2003a, 2003b), can be effective in helping individuals sail smoothly through the course of life (Narayanan, 2002). A few studies have examined the efficacy of probabilistic orientation interventions in promoting positive outcomes, and are briefly described below.

- (a) **PO** intervention and reduction in mental symptoms. Intervention programs for individual well-being exclusively based on probabilistic orientation have been found efficacious in improving several positive outcomes in students (Anuradha, 2003; Balakrishnan, 2003; Amsakumaran, 2004; Chacko, 2005; Shettigar, 2005; Sivaraman, 2004; Poduval, 2005; Usha, 2005). Intervention that employed probabilistic orientation were found to be effective in improving anxiety and depression among several other outcomes in adolescent school students (Annalakshmi, 2004a) and adult cancer patients (Annalakshmi, 2004b).
- (b) **PO** intervention and cognitive vulnerability. Probabilistic orientation can be helpful in reducing the cognitive vulnerability of individuals, there by improving their resilience. In highly cognitively vulnerable individuals, relatively mild negative life events are sufficient to initiate the etiological chain towards depression while for those lower on cognitive vulnerability, the overall level of life stressors should be greater to interact with the vulnerability and lead to depression (Abramson et al., 1989).
- (c) **PO** intervention and subjective well-being. Probabilistic orientation intervention was effective in improving subjective wellbeing among adult novices (Thomas, 2005, 2011).
- (d) **PO** intervention and resilience. To promote resilience in culturally meaningful ways various models described in Indian literature can be used to design indigenous psychological intervention. In an experimental study an attempt was made to broadcast an intervention program for improving probabilistic orientation among 12th grade adolescent radio listeners. The intervention improved probabilistic orientation as well as resilience among the participants (Siddharthan, 2010). PO intervention was effective in improving resilience among institutionalized adolescents (Lijo

& Annalakshmi, 2017). An experimental study was conducted to investigate the efficacy of PO intervention in enhancing resilience among at-risk adolescents from rural low-socio-economic backgrounds (Prasanth & Annalakshmi, 2021b). A purposive sample of 115 at-risk adolescents in the age group 11-15 years participated in the study. There were 59 adolescents in the experimental condition and 56 participants in the control condition. A 12-week PO intervention was delivered to the participants in the experimental condition. All the participants completed self-report measures of emotion regulation, interpersonal competency, psychological well-being, wisdom, psychological resilience and probabilistic orientation, which were assessed at three time points, i.e., pre, post, and follow-up. In addition to this, semi-structured interviews were conducted with 12 participants randomly selected from each group to understand the efficacy of the interventions in promoting resilience and psychological well-being. Quantitative results suggested that PO intervention was effective in enhancing resilience, probabilistic orientation, wisdom, interpersonal competency, emotion regulation, and psychological well-being (Prasanth & Annalakshmi, 2021b). It is found that the PO intervention has a stronger effect size when compared to the control group. Qualitative results suggested that PO intervention was found to be effective in effecting significant improvement in resilience, anger management, perception of experience, and drive and determination among atrisk adolescents (Prasanth & Annalakshmi, 2021a).

Conclusion

The worldview held by saints and seers of Sangam period, recorded in what is popularly known as *Sangam* literature of ancient Tamil literature formed the basis for the development of the concept Probabilistic Orientation (PO). This worldview is reflected in the cognitive style of people, i.e., the ways in which they organize and process information and experiences (Messick, 1989). PO hence may be understood as cognitive expressions of personality. It provides a unique perspective to understand life that can nurture wellbeing and resilience. Research on PO spanning over four decades and a half show that PO is positively correlated with a number of positive outcomes in

several target populations. PO intervention aligns to re-educative approach of therapy, in particular a merger of philosophic approaches and cognitive therapyand is effective in promoting wellbeing and resilience. Therapists can incorporate probabilistic orientation into other types of therapy. The perspective provided by PO, in terms of postulates of the PO theory and factors of PO, can be useful in designing interventions that aim to promote resilience. Probabilistic orientation intervention aka *Sailing through therapy* can provide individuals with a unique cognitive framework that can be useful to alleviate stress and promote resilience, thereby enabling them to navigate and sail through the ups and downs in the course of life.

References

Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, *96*(2), 358–372. https://doi.org/10.1037/0033-295X.96.2.358

Abramson, L.Y., Alloy, L.B., Hogan, M.E., Whitehouse, W.G., Gibb, B.E., Hankin, B.L., & Cornette, M.M.(2000). The hopelessness theory of suicidality. In T.E. Joiner & M.D. Rudd (Eds.). Suicide Science: Expanding boundaries (pp.17-32). Boston: Kluwer Academic Publishing.

Amrutha, P., & Annalakshmi, N. (2013). *Resilience among women in self-help groups and housewives* [Unpublished doctoral dissertation]. Bharathiar University.

Amshakkumaran, R.M. (2004). *Efficacy of programme on probabilistic orientation* [Unpublished master's thesis]. Bharathiar University.

An, S. K., Kang, J. I., Park, J. Y., Kim, K. R., Lee, S. Y., Lee, E. (2010). Attribution bias in ultra-high risk for psychosis and first-episode schizophrenia. *Schizophrenia Research*, 118 (1–3), 54-61.https://doi.org/10.1016/j.schres.2010.01.025.

Anâlayo, B. (2013). Impermanence (Buddhist). In A. L. C. Runehov, L. Oviedo (Eds.), *Encyclopedia of sciences and religions*. Springer. https://doi.org/10.1007/978-1-4020-8265-8_1618

Annalakshmi, N. (2004a, Dec.10-13). *Integral psychotherapeutic intervention for disturbances of mind, body and vital, among adolescents* [Paper presentation]. Psychology: The Indian Contribution', National Conference on Indian Psychology, Yoga and Consciousness organized by the Indian Council of Philosophical Research at the Sri Aurobindo International Centre of Education Pondicherry, India.

Annalakshmi, N. (2004b).Intervention for cancer patients through integral psychotherapy. In K. Joshi &M. Cornelissen (Eds.), *History of science, philosophy, and culture in Indian civilization* (pp. 444-460). Paul Press.

Annalakshmi, N. (2009). Probabilistic Orientation, Materialism and Spiritualism. In A. Hussain (Ed.), *Twenty-first century psychology: Spiritual perspectives* (pp.67-82). Global Vision.

Annalakshmi, N. (2016). Ego-resiliency, probabilistic orientation, and self-efficacy. In S. Subramanian et al. (Eds.), *The recent trends in psychology* (pp.17-31). Garuda Publishers

Annalakshmi, N., Udita, P., & Abirami, S. (2017, Feb. 23-25). Workplace incivility, work stress and organizational citizenship behavior among IT employees [Paper presentation]. 52nd National and 21st International Conference of Indian Academy of Applied Psychology (IAAP), Jaipur, Rajasthan, India.

Anuradha, P. (2003). Efficacy of program of probabilistic orientation among adolescents. *Journal of Indian Academy of Applied Psychology*, 30(12), 90-96.

Arulvadivu, S. (2004). *The effect of probabilistic orientation on importance of various values* [Unpublished master's dissertation]. Bharathiar University.

Aue, T., &Okon-Singer, H. (2020). Cognitive biases in health and psychiatric disorders (1sted.). Academic Press.

Augustine, V. D. (1978). *Mental health of industrial worker* [Unpublished master's dissertation]. University of Madras.

Badlani, H. G. (2008). *Hinduism: Path of the ancient wisdom*. iUniverse.

Balakrishnan, R. (1985). A study of motivational and personality characteristics of entrepreneurs [Unpublished doctoral dissertation]. Bharathiar University.

Balakrishnan, T. S. (2003). *Efficacy of training for probabilistic orientation* [Unpublished master's thesis]. Bharathiar University.

Beevers, C. G., Mullarkey, M. C., Dainer-Best, J., Stewart, R. A., Labrada, J., Allen, J. J. B., McGeary, J. E., &Shumake, J. (2019). Association between negative cognitive bias and depression: A symptom-level approach. *Journal of Abnormal Psychology*, 128(3), 212–227. https://doi.org/10.1037/abn0000405

Brindha, M. (1997). A Study of Burn-out Among Physicians in relation to I-E Locus of Control and Probabilistic Orientation [Unpublished master's dissertation]. Bharathiar University.

Carrington, P. (1984). Releasing. New York, William Morrow & Company, Inc. 1984. (Releasing tapes: Pace Educational Systems, Inc. P.O. Box 113, Kendall Park, NJ 08824).

Celik, I., Saricam, H., Sakiz, H., Ilbay, A. B.(2015). The link between critical thinking dispositions and life satisfaction among University students: The mediating role of meaning of life. *Ozean Journal of Social Sciences*, 8(3), 121-138.

Chacko, P. V. (2005). Efficacy of probabilistic orientation programme with reference to goal adherence [Unpublished master's thesis]. Bharathiar University.

Chen, Y., Su, J., Ren, Z., &Huo, Y. (2019). Optimism and mental health of minority students: Moderating effects of cultural adaptability. *Frontiers in psychology*, *10*, 2545. https://doi.org/10.3389/fpsyg.2019.02545

Connell, J., Brazier, J., O'Cathain, A., Lloyd-Jones, M., & Paisley, S. (2012). Quality of life of people with mental health problems: A synthesis of qualitative research. *Health and Quality of Life Outcomes*, 10(1), 1-16. https://doi.org/10.1186/1477-7525-10-138

Conversano, C., Rotondo, A., Lensi, E., Della Vista, O., Arpone, F., &Reda, M. A. (2010). Optimism and its impact on mental and physical well-being. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 6, 25–29. https://doi.org/10.2174/1745017901006010025

Devi, S.R. (1995). A study of women entrepreneurs as an instance of manifest vocational choice mediated by personality variables [Unpublished doctoral dissertation]. Bharathiar University.

Deussen, P. (2010). Sixty Upanishads of the Veda V. M. Bedekar& G. B. Palsule.MotilalBanarsidass. (Original work published 1921).

Fronsdal,G. (2004). "Equanimity". Insight Meditation Center. https://www.insightmeditationcenter.org/books-articles/equanimity/

Ganesan, G. (1986). A study of probabilistic orientation in relation to Rorschach indices [Unpublished master's dissertation]. Bharathiar University.

Gillham, J. E., Shatté, A. J., Reivich, K. J., & Seligman, M. E. P. (2001). Optimism, pessimism, and explanatory style. In E. C. Chang (Ed.), *Optimism & pessimism: Implications for theory, research, and practice* (pp. 53–75). American Psychological Association. https://doi.org/10.1037/10385-003.

Gopukumar, K.(1998). Expectancy-valence analysis of attribution of meaning by long-term unemployed male adult to certain concepts [Unpublished doctoral dissertation]. Bharathiar University.

Govindarasu, S. (1988). A motivational analysis of burnout among sports coaches with specific reference to probabilistic orientation, social desirability, alienation, role conflict and job-related tension: Efficacy of programme on probabilistic orientation [Unpublished master's thesis]. Bharathiar University.

Greenberg, J., Pyszczynski, T., Burling, J., &Tibbs, K.(1992). Depression, self-focused attention, and the self-serving attributional bias. *Personality and Individual Differences*, *13*(9), 959-965.https://doi.org/10.1016/0191-8869(92)90129-D

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, 35 (4), 639-665.https://doi.org/10.1016/S0005-7894(04)80013-3

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

Hertel, P. T. (2002). Cognitive biases in anxiety and depression: Introduction to the special issue. *Cognition & Emotion*, 16(3), 321-330. https://doi.org/10.1080/02699930143000509

Indumathi, K. (1989). Job reactions under different systems of management among textile organizations [Unpublished doctoral dissertation]. Bharathiar University.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social cognition*, 7(2), 113-136. https://doi.org/10.1521/soco.1989.7.2.113

Jayaraj, S. M. (1984). Study of probabilistic orientation in relation to innovativeness, perceived support for innovation, mental health, performance, and age [Unpublished master's dissertation]. Bharathiar University.

Kazak, Z., Lochbaum, M., &Canpolat, A. M. (2021). Flourishing in Young Adults: The Role of Achievement Goals, Participation Motivation, and Self-Perception Levels in Physical Activity Contexts. *Sustainability*, *13*(13), 7450.https://doi.org/10.3390/su13137450

Koltko-Rivera, M. E.(2004). The psychology of worldviews. *Review of General Psychology*, 8(1), 3-58. https://doi.org/10.1037%2F1089-2680.8.1.3

Krishna, S. (2007). Study of academic achievement with reference to I-E locus of control, probabilistic orientation and protestant work ethics [Unpublished doctoral dissertation]. Bharathiar University.

Lefcourt, H. M., (1983). The locus of control as a moderator variable: Stress. In H. M. Lefcourt (Ed.), Research

with the locus of control construct: Developments and social problems (pp.187-270). Academic Press.

Leposaviæ, I., &Leposaviæ, L. (2009). Attribution style of patients with depression. *Srpskiarhivzaceloku-pnolekarstvo*, *137*(9-10), 529–533. https://doi.org/10.2298/sarh09105291

Lijo, K. J., & Annalakshmi, N. (2017). Promoting resilience among institutionalized adolescents through fostering probabilistic orientation, forgiveness, and gratitude. Indian. *Journal of Health and Well-being*, 8(12), 1551-1560

Losiak, W., Blaut, A., Klosowska, J., &Losiak-Pilch, J. (2019). Stressful life events, cognitive biases, and symptoms of depression in young adults. *Frontiers in Psychology*, 10, 2165. https://doi.org/10.3389/fpsyg.2019.02165

Martin, K. D., & Hill, P. R. (2012). Life satisfaction, self-determination, and consumption adequacy at the bottom of the pyramid. *Journal of consumer research*, *38*(6), 1155-1168. https://doi.org/10.1086/661528

McArdle, S., &Byrt, R. (2001). Fiction, poetry and mental health: Expressive and therapeutic uses of literature. *Journal of Psychiatric and Mental Health Nursing*, 8(6), 517–524. https://doi.org/10.1046/j.1351-0126.2001.00428.x

Messick, S. (1989). Cognitive style and personality: Scanning and orientation toward affect. ETS Research Report Series. Wiley Online Library. Retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.1002/j.2330-8516.1989.tb00342.x

Miller, S. M. (1981). Predictability and human stress: Toward a clarification of evidence and theory. Advances in Experimental Social Psychology, 14,203-256. Academic Press. https://doi.org/10.1016/S0065-2601(08)60373-1

Moses, J. (2002). Oneness: Great principles shared by all religions. Ballantine Books.

Narayanan, S. (1977a). *Probabilistic orientation question-naire* [Unpublished Monograph] Bharathiar University.

Narayanan, S. (1977b). Probabilistic orientation and social change [Paper presentation]. Seminar on Rural Development, Department of Social Work, Sri Ramakrishna Mission Vidyalaya Arts College, Coimbatore.

Narayanan, S. (1979). Probabilistic orientation and social change. *Journal of Madras University*, 51, 1-5.

Narayanan, S., (1983). Probabilistic orientation and death anxiety among adults and elders [Paper presentation]. National Seminar on old age, Sri Venkateswara University, Tirupati.

Narayanan, S. (1986). *Probabilistic orientation in relation to personal values* [Unpublished manuscript]. Bharathiar University.

Narayanan, S. (2001, Jan. 3-7). The tap root of personality [Dr (Mrs). Anima Sen Memorial Award Lecture]. 88th Indian Science Congress, The Indian Council for Agricultural Research, New Delhi.

Narayanan, S. (2002, Sep.2-Oct.1). Probabilistic orientation counseling [Paper presentation]. National Conference on Yoga and Indian Approaches to Psychology Sponsored by Pondicherry: Sri Aurobindo Ashram the PPA, IAAP, IAP, ICSSR, Infinity Foundation (USA) held at Pondicherry.

Narayanan, S. (2003a). Probabilistic orientation therapy sailing through therapy [Paper presentation]. Annual Meeting of the Indian Science Congress Association, Bangalore University, Bangalore.

Narayanan, S. (2003b). Probabilistic orientation therapy alias sailing through therapy [Paper presentation]. National Seminar on Psychology in the Indian Traditions: Conceptual and Methodological Issues for Indian Schools. New Delhi: NCERT.

Narayanan, S., & Annalakshmi, N. (2001). The probabilistic orientation of personality. In M. Cornelissen (Etd.), Consciousness and its transformation – papers presented at the second international conference on Integral Psychology (pp.163-187). Sri Aurobindo Ashram.

Narayanan, S., & Govindarasu, S. (1986). Probabilistic orientation and security-insecurity. *Journal of Psychological Researches*, 1 & 2, 1-7.

Narayanan, S., Venkatapathy, R., & Govindarasu, S. (1984). Locus of control and probabilistic orientation. *Psychological Studies*, *29*(1), 68-70.

Natarajan, V. (1983). A study of probabilistic orientation in relation to socio-economic status, cognitive and personality variables [Unpublished master's dissertation]. Bharathiar University.

Olivares, A. L. G., Navarro, O., Sanchez-Verdejo, F.J., & Muelas, A. (2020). Psychological well-being and intrinsic motivation. *Frontiers in Psychology*, *11*, 2054.https://doi.org/10.3389/fpsyg.2020.02054

Peterson, C., & Chang, E. C. (2003). Optimism and flourishing. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 55–79). American Psychological Association. https://doi.org/10.1037/10594-003

Plomin, R., Scheier, M. F., Bergeman, C. S., Pedersen, N. L., Nesselroade, J. R., &McClearn, G. E. (1992). Optimism, pessimism and mental health: A twin/adoption analysis. *Personality and Individual Differences*, *13*(8), 921-930. https://doi.org/10.1016/0191-8869(92)90009-E.

Poduval, U. (2005). Study of efficacy of probabilistic orientation programme on stress tolerance [Unpublished master's thesis]. Bharathiar University.

Ponnusamy, A. (2000). A study of role-conflict, burnout, career achievement (subjective), and probabilistic orientation among personnel managers [Unpublished doctoral dissertation]. Bharathiar University.

Prasanth, C., & Annalakshmi, N. (2021a). Building resilience among at-risk adolescents using interventions based on *Thirukkural* and probabilistic orientation. *Indian Journal of Psychology and Education*, 11(1), 59-72.

Prasanth, C., & Annalakshmi, N. (2021b). Enhancing the Resilience among at-risk Adolescents using Probabilistic Orientation Intervention [Unpublished manuscript]. Department of Psychology, Bharathiar University.

Prem Anand, V., & Narayanan, S. (2005; Jan.13-15). The effect of probabilistic orientation on emotional competencies [Paper presentation]. National Annual Conference of Indian Clinical Psychologist, Jansons School of Business, Coimbatore, India.

Price-Mitchell, M. (June, 2012). The art of positive skepticism.https://www.psychologytoday.com/us/blog/the-moment-youth/201206/the-art-positive-skepticism

Priya. (1997). A study of mental health among college students in relation to I-E locus of control and probabilistic orientation [Unpublished master's dissertation]. Bharathiar University.

Ramapriya, K. (2004). A study on adolescence stress with reference to probabilistic orientation [Unpublished master's thesis]. School of Distance Education, Bharathiar University.

Rani, J.H. (2004). A study of stress among nurses in relation to I-E locus of control and probabilistic orientation [Unpublished master's thesis]. School of Distance Education, Bharathiar University.

Rief, W., & Glombiewski, J. A. (2016. Erwartungsfokussierte Psychotherapeutische Interventionen (EFPI). *Verhaltenstherapie*, 26(1), 47-54. https://doi.org/10.1159/000442374

Rief, W., & Glombiewski, J. A. (2017). The role of expectations in mental disorders and their treatment. *World Psychiatry*, *16*(2), 210–211. https://doi.org/10.1002/wps.20427

Sauvé, G., Lavigne, K. M., Pochiet, G., Brodeur, M.B., &Lepage, M. (2020). Efficacy of psychological interventions targeting cognitive biases in schizophrenia: A systematic review and meta-analysis. *Clinical Psychology Review*, 78, 101854.https://doi.org/10.1016/j.cpr.2020.101854

Schulz R. (1976). Effects of control and predictability on the physical and psychological well-being of the institutionalized aged. *Journal of Personality and Social Psychology*, *33*(5), 563–573. https://doi.org/10.1037//0022-3514.33.5.563

Schulz, R., Beach, S. R., Cook, T. B., Martire, L. M., Tomlinson, J. M., &Monin, J. K. (2012). Predictors and consequences of perceived lack of choice in becoming an informal caregiver. *Aging & Mental Health*, *16*(6), 712–721. https://doi.org/10.1080/13607863.2011.651439

Seligman, M. (1998). Learned Optimism. Pocket Books.

Shettigar, M. (2005). Efficacy of training programme on probabilistic orientation [Unpublished master's thesis]. School of Distance Education, Bharathiar University.

Shillymol, K. P., Thomas, C. V., & Narayanan. S. (2007). Psychodynamics of the individuals with probabilistic orientation. *Journal of the Indian Academy of Applied Psychology*, 33, 261-268.

Siddharthan, T. (2010). Efficacy of probabilistic orientation program broadcast in enhancing subjective wellbeing and resilience - An intervention study [Unpublished doctoral dissertation]. Bharathiar University.

Sivaraman, O. (2004). A study of efficacy of a programme on probabilistic orientation [Unpublished master's thesis]. School of Distance Education, Bharathiar University.

Smith, E. M., Reynolds, S., Orchard, F., Whalley, H. C., & Chan, S. W. (2018). Cognitive biases predict symptoms of depression, anxiety and wellbeing above and beyond neuroticism in adolescence. *Journal of Affective Disorders*, 241, 446–453. https://doi.org/10.1016/j.jad.2018.08.051

So, S. H., Tang, V., & Leung, P. W. (2015). Dimensions of delusions and attribution biases along the continuum of psychosis. *PloS one*, *10*(12), e0144558. https://doi.org/10.1371/journal.pone.0144558

Steel, P., Schmidt, J., & Shultz, J. (2008). Refining the relationship between personality and subjective wellbeing. *Psychological Bulletin*, *134*(1), 138-161. https://doi.org/10.1037/0033-2909.134.1.138

Stephan, Y. (2009). Openness to experience and active older adults' life satisfaction: A trait and facet-level analysis. *Personality and Individual Differences*, 47(6), 637–641. https://doi.org/10.1016/j.paid.2009.05.025

Talboy, A.N. (2013). Role of critical thinking in mental health treatment selection [Unpublished master's thesis]. University of West Florida.

Thomas, C.V. (2005). The efficacy of the Probabilistic Orientation Counseling (POC) among the novices [Unpublished doctoral dissertation]. Bharathiar University.

Thomas, C. V. (2011). *Probabilistic orientation counseling in the formation of novices*. Dharmaram Publications.

Usha, P.G. (2005). *Probabilistic orientation and stress tolerance* [Unpublished master's thesis]. School of Distance Education, Bharathiar University.

Veiskarami, H., Amirian, L., &Khodaei, S. (2018). The effectiveness of critical thinking training on the happiness and tolerance of ambiguity in medical students. *Research in Medical Education*, 10(3), 58-66.http://rme.gums.ac.ir/article-1-641-en.html

Weiss J. M. (1972). Psychological factors in stress and disease. *Scientific American*, 226(6), 104–113. https://doi.org/10.1038/scientificamerican0672-104

Wolberg, L.R. (2013). The technique of psychotherapy (4thEd.). International Psychotherapy Institute E-Books.

Yang, L., Wellman, L. L., Ambrozewicz, M. A., & Sanford, L. D. (2011). Effects of stressor predictability and controllability on sleep, temperature, and fear behavior in mice. *Sleep*, *34*(6), 759–771. https://doi.org/10.5665/SLEEP.1044

Yildirim, M. (Sep., 2020). Optimism as a predictor of flourishing over and above the big five among youth [Paper presentation] UBCAK conference, https://www.researchgate.net/publication/344669166_Optimism_as_a_Predictor_of_Flourishing_Over and Above the Big Five Among Youth

An Indian Approach to Psychotherapy from the System of Vedanta

Dharitri Ramaprasad¹

ABSTRACT

The Vedantic thought on existence and human life lays down a wide range of principles of life based on its concepts and constructs. The Vedantic view of life and the life goals are pointers towards its evolutionary nature more importantly the evolution of the *Atman* through inner purification or *chittashudhhi*. In this process men go through distress and suffering or *dukha*. Suffering is the result of the *atman* coming in contact with the external world and transacting with it continuously. Since the approach is to guide people towards healthy living both physically and mentally, one would not find mention of psychotherapy or counseling as intervention for mitigating suffering in the scriptures. *Paramarsh and Marshanam or Sattvavajaya* (Ayurveda) would be close to these terms. Persons with psycho-social problems sought consultation from their *Gurus* and/or spiritual *Gurus* whose ability to connect with the disciple's psyche provided the needed assurance. Learning to face the life problems and dealing with them was integral to the *guru's* teachings. This article presents the Vedantic view of life as applicable to therapy and a framework for therapeutic work with case studies.

Key Words: Psychotherapy, Vedanta, Gunas, Atmavalokan, principles of life

The Vedanta Darshana is the core of Vedic wisdom and is founded on three authorities i.e. The Upanishads, The Bhagavadgita and the Vedanta Sutras also called Brahma Sutras and are referred to as *Prasthanatraya*. The Upanishads are the essence of the wisdom of the earlier parts of the Vedas hence also referred to as Vedanta. The Bhagavadgita reflects the teachings of the Upanishads in a simpler way. The Vedanta sutras (formulas) are concise aphorisms full of philosophic ideas (Rangacharya, 2005).

Commentaries on Vedantic texts have been written from different philosophical viewpoints. Three major philosophies are *Dvaita* (Dualism) of Madhavacharya, *Advaita* (Non-dualism) of Shankaracharya, and *Vishista Advaita* (Qualified Non-dualism) of Ramanujacharya. They differ in their interpretation of the texts. However, they all agree on certain core concepts. Human life is about pursuit of knowing the *atman*, the spiritual core of one's personality i.e., *atmaswaroopa* which is happiness or *satchitananda* and ultimately attain *moksha* or liberation from the cycle of birth and death

and rebirth. All the viewpoints accept the theory of *karma*, which is responsible for the cycle of birth and death.

Psychotherapy, providing psychological help for mental health problems, should be embedded in the people's cultural tradition. Indian culture is deeply rooted in Vedantic teachings. Vedantic scriptures provide effective pathways to not only mitigate the problems but also opportunity for personal growth. These are based on positive view of life and wellness paradigm and are spiritually oriented. They have practical implication and provide a knowhow of what is called 'Science of Self' or atma vidyā,/adhyatmavidyā (Paranipe, 1998). Rao (1978, a, b) points out that in any kind of reconstructive psychotherapy spiritual aspect of personality cannot be ignored. In this article the Vedantic principles are employed to suggest an approach to psychotherapy. An attempt is made to first describe the therapeutically relevant principles. Then they are employed in describing a framework for counselling and psychotherapy. In the end three case studies are presented using the framework.

Consultant Clinical Psychologist, Bangalore
Mobile: 9448258854, Email: dharitri r@yahoo.co.in

Some of the therapeutically relevant principles

Self-awareness and being in the present moment (**present centeredness**) are important aspects of human mind to bring about any change. Self – awareness is the ability to know and understand self in terms of psychological strengths and weaknesses, attitudes, one's emotional triggers, behavior patterns, thinking styles, and basic core values. However, according to Vedanta it also includes the knowledge that this self-construal is different from the *atman* (Adidevananda, 2009; Rangachar, 2000).

Being in the present moment is to do with the ability to observe and identify accurately ones thoughts, feelings, and impulses and to understand how much they are rooted in reality, moment to moment changes, and ones reactions to these at the moment. These can facilitate focusing, getting an objective view of the situation, learn acceptance and be proactive.

Self-restraint is of utmost importance to have a healthy transaction with the world around. Two aspects of regulation are distinguished viz., indriva nighraha and manonigraha. For example, the Bhagavadgita emphasizes control over the senses, 'indriya nighraha'. One should be able to move freely among the objects, with his senses under control ever free from both attraction and aversion. This gives him a deep sense of tranquility (B'Gita, II 64). A tranquil mind alone can keep the intellect steady in its application (B'Gita II 65). Bringing the restless and unsteady mind under the subjugation of the self alone (B'Gita VI 26) is advocated (Adidevananda) From these follow the state of **emotional regulation**. Emotions are considered to be an important aspect of human life. Emotions are seen as arising from desire. The impact of emotions depends on their quality i.e. the direction they take. The gunas determine their direction and the nature of action they result in. Emotions are harmful if they are self-centered and can result in suffering. It is also recognized that one is bound to have desires in life. The scriptures warn against becoming a slave to the desires by yearning, craving and attachment which is the source of suffering. "Evan when one has the indriyas (sense organs) under his control the presence of the objects will disturb him. The mind described as reins is more important than even the objects because the mind becomes inclined towards the objects even in the absence of objects. The mind will be of little importance if the *buddhi* (intellect) does not decide wisely." (Rangacharya, 2003). Emotions are considered as virtues and can be beneficial if they are directed towards social cause. The stress is on emotional regulation and not suppression.

Trigunas is an important concept which refers to attributes or traits.. Prakriti has attributes or Gunas. They have always been and continue to be present in all things and beings in the world. These are sattva, rajas and tamas. In human beings these are associated with temperaments, patterns of thinking, and the nature of action one undertakes. Tamas is associated with fatigue, inaction, indolence, nondiscrimination. Rajas is a state of dynamic movement characterized by self flattering, indulgence, self enhancement, greed, self centeredness, intolerance. Sattva is associated with self restraint, cheerfulness, equanimity, forgiveness, gratitude etc. All of these gunas are present in everyone. It is the proportion that is different and there would be predominance of one of these. The interplay of these gunas defines the character of someone and determines the progress of life. According to Pandey (2011) human misery is triggered at middle stage of psychological evolution, called the rajasic, especially at the two transiting stages namely rajo-tamasic and rajosattvic.

Freedom to choose and act: Human beings endowed with intellect and discriminating capacity have freedom to choose the goals or purushartha (dharma, artha, kama, moksha) and the path of action. One needs to use his discriminating capacity to choose between the one that is 'shrevas' (good) and one that is 'preyas' (pleasurable). Making the right choice of goals is the responsibility of man (Katha Upanishad, 2-1, 2-2, Rangacharya, 2003). Similarly, men can choose their action or the path they want to tread but having made a choice they are bound by the result of the action. Hence, it is wise to make the choice using one's intellect and then perform the action with involvement, steadfastness and enjoyment without worrying about the result i.e., 'Nishkama Karma' (B'Gita 47). This brings us to the concept of Swa-prayatna or self-effort towards reaching desired goal which is a sign of life. Selfeffort gives one freedom of independent action regardless of the nature of *vasanas*. *Vasanas* are the latent tendencies to act in a particular way. They are the prime-movers in the mechanism of action. In the chronology of an action *vasana* come first then thought, then desire, followed by action. Through self-effort one can modify or change the patterns of *vasana* driven actions (Parthasarathy, 2001). The choice of goals and actions should be determined by what is good and ought to be done, using the discriminating capacity wisely. This facilitates objective appraisal of the options and making an informed choice without emotional attachment.

Non-attachment, or aparigraha is a mental state which allows one to move through life without a sense of desire and sense of possession and not letting people, things, or places have an overwhelming impact (B'Gita VI.10). Scriptures emphasize that attachment (raga), produced by desires and personal ambitions, leads to constant worries and mental disturbances. It is said 'from continuous thinking of objects, attachment to them is formed. From attachment arises longing and from longing and yearning anger; from anger comes delusion, from delusion loss of memory. From loss of memory comes the ruin of discrimination and from ruin of discrimination he perishes'. This clouding of intellectual discrimination and judgment leads to suffering (B'Gita II62.63).

Detachment, anasakti is the ability to distance oneself and show lack of interest in objects, people, things or places.i.e., Acting from a space of egolessness (anahankara) or without a sense of agency. A detached engagement is prescribed. Having made a choice of goal and the path to attain it one should take full responsibility of one's own contribution to the consequences and refrain from blaming the external world. (B'Gita III.19)

Being responsible for one's won actions he then takes personal responsibility for the choices he makes and the results that follow. Similarly, he also learns to accept one's social responsibility and act accordingly with commitment (B'Gita III 20). This includes family, community, and the society. Value based living is at the core of healthy living. (B'Gita XIII 7-9; XVI.1-3, Adidevananda)

Values are basic and fundamental beliefs that guide and motivate people. Developing one's own system of values, and living by them is important for a meaningful life. This includes both intrinsic and extrinsic values. A healthy **life style** (*jeevana charya*) forms the basis of healthy living. It includes the nature of daily activities he indulges in, his eating habits, sleeping patterns, exercise, interaction patterns, leisure time activities etc. (B'Gita, XIII 7-11).

Faith is a crucial component in the process of psychotherapy. Having faith, shraddha/bhakti, is a common factor in both eastern and western thought. Intrinsic faith of the client in the therapeutic work is the foundation for the process. Faith works best when it arises from within. Faith has two aspects, faith in the therapy and in the therapist. The other aspect is having faith in the higher power irrespective of the name given to it. This is an anchor to which man holds on to and that keeps him grounded (Chandogya 7-19-1). Lack of faith or loss of it is commonly associated with psychological problems, especially depression(Pandey, 2011)

Acceptance, *swikriti* is a person's assent to the reality of a situation, recognizing a process or condition without attempting to change it or protest it. It is one of the cornerstones for change to occur.

Surrender, *samarpan*, a willful acceptance and yielding to a dominating force or higher power and it's will, is another attitudinal factor (B'Gita III.30).

Sankalpa is the intention formed from within with conviction. It is a one pointed resolve to focus and align one's actions in the set direction. (B'Gita VI 24,25, Adidevananda).

Attitude of *shraddha/ bhakti, Swikriti, Samarpan and Sankalpa* are the four constituents of the foundation on which therapy works. When any one or all of these are found to be insufficient the therapist works towards instilling them.

It is significant to note that these concepts when adopted and practiced results in increase in *sattvic guna* and reduction in *tamasic* and *rajasic gunas*. 'The chief obstacle is the accumulation of negative tendencies. These can be destroyed only by the cultivation of positive tendencies. This is followed by self-surrender which generates inclination towards life divine. Then the practice of virtues like the control of mind and sense, austerity, purity, nonviolence, compassion, etc., becomes easy. All du-

ties are to be performed, and prohibited actions are to be avoided – the whole conduct being conceived as the offering to higher power or supreme power. (Adidevananda, 2002).

Framework for Therapeutic Intervention

The framework for intervention is similar to one used in current practice of psychotherapy. However, the content and process in the framework are based on the Vedantic concepts discussed above.

Goals of Therapy

Goals of therapy can vary from person to person and the demand of the situation. As in the present models of therapy it can be symptom removal and or resolving present conflicts. In addition therapy can go beyond equipping the persons with strategies to deal with the stresses of life. There can be short term and long term goals. From this perspective the aim of psychotherapy/counseling 'is not merely to strengthen and assist survival and provide stress-busting strategies, but even more importantly to assist in the Atman's evolutionary journey. It is against this background that we can consider some of the strategies and solutions offered to counteract psychological and other forms of human suffering' (Pandey, 2011).

Process of therapeutic change

In this approach the therapist facilitates personal growth by helping the person to increase *Sattvic gunas*, and reduce *Rajasic gunas* as well as *Tamasic Gunas* by achieving equanimity, overcoming polarities, increasing self regulation, practicing forgivingness and gratitude by guiding the client to adopt a healthy mode of living which in turn help him to cope up with the existing problems.

The Therapist and Therapeutic Relationship

Therapeutic relationship is formed and developed from the time of the first contact with the client. As in the western model, the relationship is characterized by basic trust, mutual respect, and empathy, nonjudgmental attitude on the part of the therapist, unconditional positive regard, and genuineness. Therapist provides the client a safe space and time

to share his concerns wherein confidentiality is ensured. Flexibility in being directive (not prescriptive) or non-directive is important. Therapist provides support through compassion, authentic love and through himself as a person with inner strength. His Being serves as a catalyst for the change to take place. One can draw parallel between the help seeking by a disciple or follower from a spiritual guru. The attitude of Shraddha and bhakti, samarpan, swikriti, and sankalp is essential for seeking such help from a guru. The guru utilizes his inner resources of the above mentioned principles to resolve the disciple's problems and mitigate suffering. Since they are a part of the guru's way of life it comes naturally for him to guide the disciple. He uses different suitable strategies to do so. In other words, therapeutic relationship would have similarity to Guru-Chela relationship (Neki, 1975). This suggests that the therapist needs to put in practice the aforesaid principles and evolve personally in this journey.

Procedure

Intake Interview: This first contact and conversation with the client to gather information is of immense significance. It needs to be a facilitative, motivating and assuring conversation. Gathering adequate clinical information using the case history format is the first step. Personal history should specifically include information about interests, attitude, belief system, values, religious practices, leisure time activities, client's way of managing stress. Similarly family history needs to pay specific attention to family life style, values and belief system, family norms, religious practices and spiritual practices if any. This stage includes assessments of personality, attitude, interests etc. Personality assessment in terms of three *Gunas* would be relevant.

At this stage the therapist explores the client's understanding of the concepts relevant for the client. The therapist also educates the client about these and related concepts and practices. This is also the stage when rapport is established.

Intervention: The therapist works within a cognitive framework with behavioral inputs when required. Ragavachar (2002) notes that mind can be trained at two stages first by *karma* (action) and *jnana* (knowledge/cognition) and then followed by *bhakti* (emo-

tional component). Initial focus is on the presenting problem and tracing them to their genesis which could be, desire and expectation, direction of emotions, polarized thinking, failing to see options and make choices, drawing unauthenticated conclusions and inferences, contradiction in thought, feeling and action, accepting permanency of states.

The client is led through this by questioning, reflecting, clarifying, validating, challenging, confronting, tracing backwards the chain of thoughts, emotions and feelings to the source.

Relaxation: A tranquil mind is achieved by training the client in body-mind relaxation technique. *Shavasana or Yoganidra* are effective techniques.

Introspection (Atmavalokana) consists of the therapist guiding the client to become aware of the i) self and the body, that body is not the self, ii) examination of the real nature of the body (giving examples of changes, growth and development), iii) Understanding self without reference to the body, iv) discriminating between body and self, v) understanding who experiences and how (Raghavachar, 2002). Atmavalokan should be practiced under supervision. Depending on the client's need focus can be on detachment, understanding and accepting impermanence of sharira and the prakriti, experience of emotions etc.

Experimentation (*Pratitivam*): Experimenting can be a helpful strategy for the client to learn and make a change. Experimenting is about testing and validating an experience. Experiments should be based on the therapeutically relevant Vedantic principles mentioned above. Therapist and the client jointly work on a hypothesis. The client then sets to test it by implementing relevant practices for a set period of time. The outcome, in terms of emotional experience, feelings and thought, is jointly examined along with other issues related to it. The client is encouraged to sustain the practice. This technique was found to facilitate reflection, adopt an objective view, and re-pattern emotional responses on the part of the client.

Questioning: Questions that facilitate enquiry as well as reflection are used. In therapy questions are used to lead the person from the presenting problem to their genesis. It is response focused and not problem focused. This also subtly helps the client explore his own responses. Client is also guided to question self while looking within.

Cognitive Methods: These techniques aim at changing the way one thinks from the core. Wherein the understanding and inner acceptance of the belief that self is not the body, plays an important role. Therapist helps in identifying the errors in the thinking pattern. Cognitive techniques involve developing alternate perspectives on the problem situation and one's own responses and practicing them consistently, and repeatedly. Techniques to understand and develop attitude of non-attachment, bringing the focus on action and effort and withdrawing from attachments to their outcome are involved. Forgiveness, and gratitude are other cognitive strategies that are used.

Contemplation, which involves thoughtful observation, reflection, deep thinking on the subject matter in a calm manner is another powerful cognitive strategy that is used.

Home Assignment: This can be powerful technique for the client to experience the process of change and strengthen the change. Importance of this technique should be impressed upon the client at the start. Home assignments are specific, structured, and have purpose. The therapist assigns different and relevant tasks which have a bearing on the therapy. These assignments could be specific reading task and making own notes, listening to discourses, experimenting and maintaining a personal journal. The tasks need to be person/client specific. These assignments should be brought to the sessions for further deliberation, clarification and reflection.

Supportive techniques: Supportive techniques as mentioned in Atharvaveda are used when appropriate. *Atharvaveda* mentions supportive techniques which can be handy for the thera-

pist. Some of these are *Sadesh*(suggestion), *Ashvasana* (assurance/reassurance), encouraging *sankalp*(self-determination), *samarpan* (surrender), relaxation, re-education, change of environment, prayers, recreation and engaging in creative hobbies, spiritual activities like *satsanga*, listening to discourses, reading spiritual books, engaging in welfare activities are some of them (Rangaswami, 1996).

Use of Stories: Stories have a healing quality and can be used as mediator between the therapist and the patient. They can be powerful tool for counseling and therapy if used appropriately. Stories from Indian scriptures help to connect to the client's inner self and serve a therapeutic purpose (Dharitri.&Lata.; 2011; Shamsundar, 1993).

Referrals: Clients are referred for Yoga practices when the therapist sees the need and requirement. Psychiatric referrals are made when required.

Termination

Therapy can be terminated once the goal of therapy is achieved. However, the therapist keeps it open if the client wishes to work beyond the goal i.e. symptom removal, problem solving and so on. Therapist would keep in mind that the client is able to generalize the new response patterns and thinking style and that these do not remain problem centered but bring about an overall change of attitude.

Importance of therapist's knowledge about this approach, it's basic philosophy and concepts is imperative. Not only theoretical knowledge but the significance of experience in practicing them cannot be ignored. The approach to therapy provides ample opportunities for personal growth of the therapist. However, one needs to keep in mind that this approach may not suit all. The techniques must emerge from the client's own life experiences, belief system and values. Nothing can be imposed on the client. Therapist should respect the religious sentiment of the client. It can be noted that the techniques and even the principles can be de-linked from religion when required.

Case Studies

This section presents case studies using this framework. The author would like to make the submission that these are not controlled studies nor were they carried out from a research perspective. These are experiential and based on spontaneous and intuitive use of techniques.

Client 1.

Smt. Susheela (name changed), aged 40 years, coming from a middle class nuclear family, a bank employee, with two children, who lost her mother and brother in an accident about 8-9 months prior to the first contact with the therapist, reported feeling depressed, having consistent negative thoughts, not sleeping well, not able to get over the loss and at times feeling agitated. It was noticed that during the session she would cry and also reported to have crying spells. She had consulted a psychiatrist and was prescribed antidepressant. She continued to take it. With treatment she felt better for some time. But slowly she again got into the depressed state. She had also attended 3-4 counseling sessions with another counsellor/therapist prior to meeting the present author.

She engaged in religious practices e.g. regularly praying in the morning for 5-10 minutes including lighting lamp etc. Occasionally she visited a temple. She had also attended a discourse on Bhagavadgita 2-3 years back but not regularly. She spoke about *karma*, *papa* and *punya* during the conversation, though she did not have clarity on this.

The therapeutic intervention was conducted in three phases in 13 sessions spread over a 10-week period. The details are as below.

Phase 1

After the initial introduction to the therapeutic process and the Vedantic approach of the therapy she was taught Yoga-nidra for relaxation which she was asked to practice at home regularly. Five supervised sessions were held. This helped to bring about a calm and tranquil state of mind as reported by the client. In these sessions concepts of *karma*, *papa*, *punya*, and the cycle of *janma* and *mrityu* were deliberated upon. Relevant texts like Bhagavad Gita,

and Upanishad (Kathopanisad) commentaries were also used to bring in clarity. This also led to discussion on impermanency of everything in the world. This was brought in using simple examples like infancy, childhood, youth, old age, and death (seen as a change in state), happy and unhappy times. This included understanding her emotional responses and insights into her thoughts. She was also given home assignments of studying specific text or part of it discussed in the session and contemplating on them

Phase 2

This was followed (sixth session) by atmavalokan. It was a guided meditation on the lines described in the techniques section in three sessions. The discussion and the practice complemented each other. Further two sessions examined her cognitions and feelings and reiterated the cognitive methods of studying and contemplating (manana).

It was seen that her crying during the sessions stopped and she was composed. She also reported to be feeling light and better and her mood had improved. On PHQ 9 her scores came down to 4 from 12. Further supportive measures like helping her to perform religious activities meaningfully and with concentration were adopted to strengthen the changes she had showed in her cognitions and emotional responses. On her own she started reading up the meaning of all the prayers (in the form of shlokas) she used to recite at different times and occasions. She was also encouraged to attend/listen to discourses, especially on Bhagavadgita. She needed to do this to consolidate the changed views on life and since she had attended discourses earlier it made it easier for her to do so. She did this with a renewed interest.

Phase 3

Later 2 sessions, were utilized to strengthen *shraddha* and *samarpana bhavas*. Deliberation on various other concepts put forth earlier using cognitive methods of studying, contemplating, questioning, and experimentation facilitated this.

At the end of the 13 sessions she expressed that she does not feel depressed and was actually feeling good. She found her job and the household respon-

sibilities more engaging and satisfying.

Termination: The process of termination started from the 12th session. This involved reassuring her about her ability to sustain the improvement, explaining to her the importance of her faith in the approach and her determination to follow the Vedantic approach to life. The final session consisted of summarizing the therapy sessions and the client's learning and reiterating the need to continue her journey to consolidate it.

A follow up session after about 2 months revealed that she had discontinued the medication and was feeling good. She sustained the change in her thought, emotions, mood and behavior. She continued to read, attend discourses, contemplate and reflect of her own interest. She was able to come to terms with life events without emotional over reaction.

Therapy Sessions: The sessions were of 1 hour duration. Initial 4 sessions were twice a week and later 9 sessions were once a week.

Client 2.

A young bright student, aged 20 years, in a professional program sought help for his anxiety that centered on his academic performance. His anxiety symptoms were palpitations, excessive sweating, and discomfort in the stomach and restlessness. His mind was cluttered and could not do anything.

He reported to have felt nervous and anxious during school but only before tests and examinations. He was able to manage it. Lately, since about a year the anxiety had become very intense and affected his performance and he often avoided class presentations and tests. When this happened he would weep at night. He was worried about his condition especially if this happened before examinations. He could not afford to avoid them. He had consulted a psychiatrist who prescribed an anti-anxiety tablet. He felt better with that but did not 'solve' his problem.

He came from a middle class family with no particular religious or spiritual practices. Though, his parents would visit temples and on festivals they participated in *pujas* and celebrations. He personally would not engage in any such activities but was familiar with practices of Yoga and meditation as he

had some exposure in school. He had become familiar with Bhagavadgita through media, friends and acquaintances. He was familiar with stories of Ramayana and Mahabharata.

After the initial intake session, he was introduced to the intervention strategy. Therapy was carried out in 12 sessions spread over 3 months.

Behavioral techniques: He was taught body-mind relaxation (a combination of *Shavasana* and *Yoganidra*) in 3 sessions. He was asked to practice it regularly. He was also taught breathing techniques of sectional breathing or Vibhagiya Savasana and Alternate Nostril Breathing or Nadi Sodhana. This did make a difference in his anxiety state and he reported to be more relaxed. In addition, he was guided through self-awareness practice in later 2 sessions. This involved becoming aware of his body, body reactions and changes, his thoughts and his feelings. In addition, tips on healthy life style were given.

Cognitive strategies: Attitude (Bhava) of shraddha and samarpana bhava was important to be strengthened. Understanding the role and contribution of the 'higher power' (also referred to as the unknown) and accepting it was important. This involved discussion, revisiting his life experiences, analyzing them, using examples from texts. The discussions had to be reflected upon during the self-awareness practice for internalizing it. With examples of life events the role of the 'unknown' was delineated referring to Bhagavadgita, chap. 18 shlokas 13-16 which say that there are five causes for accomplishing actions. They are the body governed by the self known as the seat, the individual self, the five karmendriyas including manas, the cheshta or svaprayatna and the fifth one is the daivam or Divinity or the unknown factor. A parallel was also drawn with his anxiety and anxiety triggering cognitions. This led to deliberation on the concept of nishkama karma (B'Gita 2-47&48) or performing the work (duty, for him studying) with samarpana bhava, as an offering to that power of the 'unknown' can be helpful. Importance of sustaining the focus on the learning and preparation rather than on 'what will happen in the examination' was pointed out. Repeated practice in this direction was part of home assignment.

Home assignment: This included regular practice of body-mind relaxation, and pranayama taught to him in the session, contemplation on concepts of Nishkama Karma and samarpan bhava. He also had to experiment with s hypothetical situation where he only has to focus on learning and there is no 'test' and 'examination'

During this period he had an opportunity to make a class presentation and had to take two tests. This contributed to his experimentation with the practices. Though he reported mild anxiety for class presentation, he did not avoid it. He could make the presentation which added to his confidence. For one test he reported to be anxious initially but as he settled down he could write well. Another test went on well. He was able to enjoy the learning process.

Tips on study methods were also given which he could use and found them helpful. These were also helpful in focusing on the process instead of the results.

The therapist's emphasis was on bringing about a change in attitude towards one's actions and not just reducing anxiety related to examination or performance.

Termination: Termination session (12th) involved review of the therapy sessions, ensuring the goal of the therapy was achieved as expressed by the client, use of simple directives to continue to implement the strategies learnt, and generalize them, especially the core attitudes. He was also encouraged to study books on teachings of Bhagavadgita. Taking up a Yoga course was suggested.

Booster sessions (3) were provided spread over 3 months till his final examination.

His anxiety level came down to Mild anxiety (12) from Moderate anxiety (26) on Hamilton anxiety rating scale. The therapist assessment of qualitative change was based on the client's report about a change in his attitude and in his perspective not only towards performance but also towards life in general. It was expressed in his conversation later after his Final examinations. He had experienced mild anxiety a day before the examination but he recovered from it soon. On the day of examination he felt comfortable. He got through the examination with good grades.

Sessions: Therapy was carried out in 12 sessions, first four sessions twice a week and then once in 10 days. Three booster session were provided spread over 3 months till his final examination.

Client 3

Ms. Sunita (name changed) aged 41 yrs, married, having a daughter aged 13yrs, reported with feelings of sadness, mood changes, difficulty in falling asleep, and excessive thinking. She had been on antidepressant for about 7 months. It helped her to some extent but she was not feeling good. She was employed in a firm. Enquiry revealed that she lost her husband about a year before the present consultation. She spoke about three salient feelings she had been going through. She was sad and depressed due to the untimely loss. The severity had reduced but the feeling was still present and she was not as enthusiastic in carrying out her duties towards her daughter, her parents-in-law, her parents and also her work. The second feeling was anger. She was angry with her husband who had health issues due to alcohol use. According to her he was a very nice loving husband and a great father. But his habit killed him. He did not bother about his health. He left them when she and their daughter needed him the most. She had guilt about feeling angry towards him.

She had faith in God but lately she had reduced her *puja* time. She did not feel like it. She used to attend spiritual discourses when time permitted her and was familiar with Bhagavadgita. She expressed that it was nice to listen to the discourses but not possible to practice them.

The therapy was carried out in ten sessions spread over 10 weeks.

Phase 1

Initial sessions provided space and time for ventilation and sharing and the therapist used supportive measures. This was followed by training in bodymind relaxation (a combination of Shavasana and Yoganidra as mentioned in the technique section of the framework) in two supervised sessions. With this practice she reported to be mentally calm and had reduced rush of thoughts.

Attitude of having Faith (shraddha) Acceptance (swikriti) and Surrender (samarpan) was also introduced and deliberated upon in these sessions.

Phase 2

The next level of intervention was self-awareness and then *atmavalokana*.(three supervised sessions) She volunteered discussion about her insights into her feelings of anger and guilt gained during the self-awareness practices. The sessions then focused on karma theory and principles (four sessions). Relevance of this to her present situation and her husband's life was pointed about and how each person has to take the responsibility of his own karmas whichever they are Prarabdha karma, sanchita karma or aagaamikarma. Mode of overcoming them was also looked into. Concepts of attachment detachment, freedom to choose, were reflected upon. Insights from atmavalokana facilitated the understanding and acceptance of impermanence or perishability of the physical body and permanence/imperishability or nityatvam of the atman

Home Assignment: This consisted of regular practice of body-mind relaxation and gradually reviving her religious practices. Experimentation as home assignment consisted of hypothesizing her problem to be someone else's problem. Then exploring her own thoughts, emotions and feelings and actually responding. This had to be done repeatedly. This helped her to understand the non-attachment process.

After the eighth session she reported to be able to get over her anger toward her husband and the guilt related to it. According to her the concept of *karma* and *karmaphala* helped her to let go and develop non-attachment. Since she could relate it to her own life she felt relieved. She also spoke about some positive aspects of the loss especially about the end of further suffering. She was able to talk about her husband without anger and with objectivity. She reported to be feeling good. She was more focused and was taking interest in her work and in her religious practice

The therapist's assessment was based on the client's report. She expressed that her *shraddha bhava* and

samarpana bhava were stronger. At this point, by the tenth session she wished to terminate the therapy. But she wanted to keep it open too.

Termination: Therapy was terminated after 9 sessions. The tenth session engaged the client in summarizing the sessions and her own view of life as she viewed now. Importance of acceptance and surrender was reiterated. Listening/attending to spiritual discourses was suggested.

Sessions: First two therapy session were held in one week. Later 8 sessions were once a week.

Therapist's note: The cases presented here highlight the techniques used. In all these cases the therapist's assessment was that the goal of symptom removal was reached. In addition, the clients were able to develop a different view of life which they had heard but were not able to see its authenticity and usefulness. There can be resistance on the part of the client. This can be handled either by changing the line of intervention, or giving time and space to overcome it.

Conclusion

The Vedantic perspective on life and principles of good living are of practical value. The core concepts of atman, karma, papa-punya, moksha, punarjanma appeal to the Indian psyche. The principles expounded are based on these concepts and go beyond mitigating suffering and facilitate personal growth. Using them therapeutically can help the clients to not only resolve the presenting problems but also move beyond it. These principles are of practical value and can be applied in daily life making life more meaningful and peaceful. This is about a shift in one's attitude while performing the duties or responsibilities and learning to maintain a state of emotional stability being in the materialistic world (Dharitri, R, 2003). These can be integrated in the current practices or they can be an independent approach to therapy. This approach can be put into a formal structure familiar to the professionals. However, much remains to be done. Developing relevant and appropriate tools for both, quantitative and qualitative assessment, carrying out well designed controlled studies, further exploration for intensive analytical work are some of them.

In the author's experience this approach can be of benefit to adults and adolescents with anxiety disorders, depression, stress reaction, relationship issues, family members/caregivers of patients, having at least average intellectual ability and for non-clinical population. The concepts are of universal value and not limited to any religion. These concepts and techniques can be delinked from religion and religious practices.

References

Adidevananda, Swami, (n.d.). Sri Ramanuja Gita Bhasya, English Translation, Sri Ramakrishna Math, Mylapore, Madras.

Dharitri, R. and Lata, H. (2011). Use of stories in counseling and psychotherapy – An Indian experience. Indian J. Social Psychiatry, 27(3-4), 125-131.

Neki, J.S. (1978). Psychotherapy in India: Traditions and Trends. M.Kapur, V.N. Murthy, K. Sathyavathi, R.L. Kapur (Eds.), Psychotherapeutic Processes: Seminar Proceedings, NIMHANS Publications.

Pandey, A (2011). Psychotherapy and Indian thought. InMatthijs Cornelissen, R.M., Girishwar Misra, & Suneet Verma (Eds.), Foundations of Indian Psychology, Vol II Practical Applications, Pearson Publications, Delhi.

Paranjpe, A.C. (1998). Self and Identity in Modern Psychology and Indian Thought. Plenum Press, New York and London

Parthasarathy. (2001). Vedanta Treatise. Vedanta Life Institute, Mumbai, India.

Raghavachar, S.S. (2002). VedarthaSangraha of Sri Ramanujacharya. (English Translation), Advaita Ashrama Publications.

Rangachar, M.E. (2000). The Philosophy of Visistadvaita. Sri Nithyananda Printers, Bangalore.

Rangacharya, Anantha, N.S. (2003). Principle Upanishads according to Sri Ranga Ramanujamuni, Vol.I (English Translation), Sri Rama Printers.

Rangacharya, Anantha, N.S. (2003). Principle Upanishads according to Sri Ranga Ramanujamuni, Vol. II (English Translation), Sri Rama Printers

Rangacharya, Anantha, N.S. (2005). Vedanta Deepam (Vol.I)- Commentary on Vedanta Sutras by Sri

Ramanujacharya, (English Translation). Sri Rama Printers.

Rangaswami, K. (1996). Indian system of psychotherapy. Indian J. of Clinical Psychology, 23,(1), 62-75.

Rao, A.V. (1978). Bhagvad Gita and Psychotherapy I, Bhavan's Journal, 2,20-23.

Rao, A.V. (1978). Bhagvad Gita and Psychotherapy II, Bhavan's Journal, 16, 36-38.

Shamsundar, C. (1993). Therapeutic wisdom in Indian Mythology. American J. Psychotherapy, 47, 443-450

The Concept of Happiness in the Upanishads and its Relevance to Therapy

Hemchand, Lata¹

ABSTRACT

Unraveling the mysteries of happiness has preoccupied philosophers, psychologists and the whole human race. However, all these treatises on the subject of happiness cannot surpass the insights that have emerged in the ancient Indian thought, especially the *Upanishads*. They are the concluding part of the *Vedas* which contain the essence of the Vedas and are also known as the *Vedanta*.

Most of the research done so far in the field of Psychology has focused on what are the reasons for person to be happy or the external factors that contribute to happiness. Large surveys conducted have come up with the components of happiness factor such as; satisfaction with life and the balance of positive and negative affect. Objective factors that are important means of satisfaction in life include: income, health, employment, social relationships, leisure, housing and education (Argyle, 2001). The Upanishads on the other hand give a suggestion to the researcher to look within. They encourage reaching the state of *Aananda* through spiritual practices or mental exercises which are within the control of the individual rather than the external factors which may not always be under individual's control.

The unique contribution of Vedanta in understanding the concept of happiness in Upanishads has been analyzed by late Professor. Satyanarayana Shastri(2014). The author discusses how such a conceptual understanding could enhance the mental health of clients and therapists. Using case studies, in which these concepts have been used to help clients with a variety of problems, the author illustrates the use of these concepts therapy.

Key words: Upanishads/Vedanta, happiness/Aananda, spiritual practices. Sukha-Dukha Pareeksha

Introduction

The pursuit of happiness is central to human life and whole human race is constantly seeking it. However, the concept of happiness has remained mysterious and obscure. Philosophers have felt compelled to identify happiness with "virtue" because they believe that we ought to want this sort of happiness. Greeks had the word "eudaimonia" to describe happiness which translates literally as "good spirit", probably implicates the meaning, "A life well lived" (Ryan and Deci., 2001)

Psychologists have tried to arrive at components of the happiness factor. Some of the components of this factor include; satisfaction with life; affect balance, quality of life, optimism, psychological wellbeing and self-esteem (Argyle, M.2001, Kiran Kumar,2003). Research in the field of well-being has been centered around two viewpoints, namely, the hedonic viewpoint which focuses on subjective wellbeing and greater life satisfaction or happiness derived from fulfilling desires. While the eudaimonic dimension has been operationalized as a set of six dimensions; autonomy, personal growth, self-accep-

Consultant Clinical Psychologist. Richmond Fellowship Society, Bangalore.

Dr. Lata Hemchand, No. 327, 15th Cross, 2nd Block Jayanagar, Bangalore 560 011 Phone: 080-26564116

E-mail: lata.hemchand@gmail.com

tance, life purpose, mastery and positive relatedness. (Ryan and Deci., 2001)

In the Indian context, the *vedantic* school of thought states that bliss is the effective core of consciousness or existence. The idea of "*Sat-chit-ānanda*" implies that the ultimate reality is inseparable oneness of existence (*Sat*), Consciousness (*chit*) and bliss (*Aananda*).

The unique contribution of *vedanta* towards understanding the concept of happiness has been explained by late Prof. ASN. Shastri*(2014) The present article is an effort to elucidate his study on this subject and its application in therapy with individuals suffering from anxiety and depression.

Research done on satisfaction in life, points out certain objective factors such as income, health, employment and jobs, social relationships, leisure, have substantial influence on the level of satisfaction. General satisfaction is also affected by emotional state, cognitive factors such as attribution and perceived control and the way people think about past events(Argyle, M.2001) However, the objective factors listed above may not always be under the person's control and even if an individual strives to achieve them, within no time staleness sets in and he/she begins to question the meaning of life. Similarly, the cognitive factors of attribution, perceived control and self-efficacy, affect the judgment of satisfaction or happiness in complex ways. The quintessential finding is that judged happiness does not reflect an individual's actual situation in a simple or direct way. In this context, therapy for enhancing happiness have substantial component of cognitive therapy which involves teaching clients to change their perspective from a negatively biased one to a more balanced and rational view (Argyle.2001).

Upanishads have a similar approach of understanding the state of mind during the experience of joy so that it can be recreated without an external source of stimulation. Vedanta provides an approach towards attaining shaashwatasukha or lasting happiness. There is a notional shift that is proposed in vedanta which implores the person to look within rather than with-out.

In other words, to attain lasting happiness one has to focus on the 'content of happiness' or examine the state of mind while experiencing happiness rather than look for causal factors (what makes me happy). This suggestion has never been proposed in any other school of thought. What makes it so unique is that once we know what happens to the mind during the happy state, we can learn to reproduce it at will. The individual can use different spiritual practices to go into a state of *Aananda* and he need not depend on external agencies (such as wealth, achievement, relationship etc.) to make him happy. Such a proposition makes happiness a much attainable goal in one's life and consequently his/her sense of well-being can be enhanced.

Sukha-DukhaPareeksha- The analysis of happiness and sorrow (A.S.N. Shastri, 2014).

Vedas are subdivided into the karma kanda and jnana kanda. Karma-kanda refers to the ritualistic portion of vedas which contains sophisticated and detailed procedures of the vagnas or sacrifices and the powerful mantras to be chanted to propitiate different Gods (Indira, Varuna, Agni, Bramha, Vishnu, Maheshwara). The other subdivision of *jnana kanda* constitutes the philosophical treatise, also known as the upanishads. The meaning of Upais near, nishanna -is sitting - you sit at the feet of the teacher and absorb his knowledge. It can also be interpreted as- nishat- removal of ignorance or ajnana through discussions with the teacher. The special features of these upanishads are that they emphasize knowledge gained through investigation or logical analysis. The main subject matter that they deal with consists of: Brahmavidva- the causal stuff of the universe; the original substance whose transformed state is the universe. Secondly, the atmavidya, is the knowledge of self-realization and finally the anandavidya or the madhurvidya which is the science that gives you secrets of happiness. It is the anandavidya which is of relevance in understanding the concept of happiness. There are several upanishads that deal with this subject and Prof. Shastri has culled out his findings mainly from Mandukva, Taittiriva, Chandogva, Brhadāranyaka, Katha and Mundaka Upanishads. He has been able to demystify and simplify the concepts through his analysis. His interpretation of the essence of upanishads reflects clarity and practical application of these principles to everyday life.

Most of the upanishads deal with certain fundamental questions that are posed by the student, who is seeking liberation or *moksha* and the teacher uses methodologies that are unique such as illustration through stories, experiential learning, introspection and self-reflection. In ChandogyaUpanishad (Swamy Gambhirananda, 1983), Sanat Kumara the teacher tells the student Narada that one will involve oneself in that activity which brings him happiness or Sukha (Chandogya Upanishad 7-22.) hence, we have to investigate into the nature of Sukha. A similar statement is made in Taittiriya Upanishad (Swamy Gambhirananda, 1998), where Aananda is discussed in detail- the teacher calls the student for an investigation on ananda-("Saesha Aanandsyameemamsabhavati'.(Taittiriya Upanishad, 2-8.) Shastriji begins his discourse on the topic of happiness by stating that just the absence of sorrow is not happiness or sukha. Generally, it implies a positive experience that is experienced through objects of enjoyment which the Upanishads call bhogasukha or enjoyment derived through the five senses (vision, hearing, smell, taste & touch). Happiness may also result through achievements in the profession, name and fame, acts of altruism (serving the poor, disabled).

Shastriji's contribution through the analysis of happiness is that he culled out the technique through which happiness could be experienced. From the vast store house teachings from the Upanishads, he focuses on those writings which describe the internal state of a person who is happy. A shloka in the *Kathopanishad*⁷proclaims the same truth – ("yada panchaava tishtante....."Katha Upanishad, (2-6-10) The meaning being, when the five sense organs are not functioning when the mind and the intellect have become inactive, that is your exalted state or blissful state. In Chandogya Upanishad(7-24), the same expansive state is described-"When you are not using your organs of perception through seeing or hearing and you are free from cognizing, and that is the exalted state." The word 'bhooma' is further explained as the blissful state or the expansive state. This is the state when the mind is not constricted by stream of unending thoughts and is free of being confined. The same Upanishad describes consciousness as the One, the infinite and bliss. Parallel strain of thought has been discussed by Walsh, R(1988), while making comparisons between

eastern and western approaches to mental health. According to him, Asian practitioners of meditation, who are deeply into it, have stabilized the states where ego boundaries become illusory and arbitrary. "They experience themselves as one with all people and the entire universe, they no longer identify with mental contents and processes such as thoughts, images and emotions" (P.548-49)Based on these descriptions, it becomes evident that the suggestion from the Upanishads is to shift one's focus from the 'agency' that brings happiness to the 'content' of happiness, one becomes aware that during that moment of *sukha*, the mind refuses to think, our problems disappear and we are carefree.

Thought Experiment

Shastriji suggests a small experiment to understand this better, he asks you to actually indulge in some sensory pleasure (bhogasukha) that brings you intense joy – it could be sipping of coffee, enjoying a sweet or listening to music of your choice. While you are savoring this experience of joy, at that precise moment you need to shift your attention from the coffee, sweet dish or music (agency) to the mental state or the thinking center (content) and just watch. In that moment, the bulk of mind does not exist; world and its problems do not exist. The burning problems of life have suddenly disappeared for that moment. According to Shastriji, you have had a glimpse of the 'Amani bhava', 'Manorahitya' or nomind state or mindless state and you have become your 'atmaswaroopa', your true self. The "Oceanic feeling" described by J.Krishnamurty. (Krishnamurthy, J, 1980) comes close to this description, where the mind has expanded and has become diffuse and 'thought-less'.

In other words, *BhogaSukha* or worldly pleasures can give us a glimpse of *Brahma Sukha* or the ultimate bliss. This has been clearly stated by Shankara in his commentary or *Bhasya on TaittiryaUpnishad* (*Taittiriya Upanishat, Shankara Bhashya*,2-8-197) meaning "*BhogaSukha* is but a fraction of that same *Brahma Sukha*." Shankara explains that you are in your '*advaitasthiti*' or non-dual state, no-mind state in that moment of joy. Some thinkers may find it difficult to accept that something as pure as bliss can be glimpsed through such superficial means. Shankara clearly states that there is nothing like

noble or ignoble bliss. The agency may be noble or ignoble but *aananda* per se is *brahma sukha*. He further justifies this through a quote from *Bṛhadāraṇyaka Upanishad* — (*Bṛhadāraṇyaka Upanishad*,4-3-32) which suggests that anybody in this world can experience this *Aananda* which is an expansive state and a stretch of undiluted joy. Hence, the experience of joy has no barriers as to the agency or the virtuosity of the person experiencing it.

Shastriji further reiterates on the nature of happiness through the *maandukya karika* (Swamy Gambhirananda, 2000) as explained by Gowdapada,- "self-realization is nothing but capturing the no mind state and the non-mind state is verily *brahma*".

The final conclusion drawn from this analysis into the *upanishads* is that the nature of happiness is expansive no-mind state. The worldly pleasures might give you a glimpse of this state but we clearly understand the impermanence of this state when it is derived through worldly means (objects of enjoyment). Hence one needs to practice quietening of the mind and reach a state of 'letting go' through certain practices which we can continue at our will. Shastriji gives the suggestion that the karma kanda portion of the vedas can come to our aid in devising such practices. The repetitive chanting of mantras and japa is one of the ways in which the mind can be softened. The different rituals involved in daily worship done over a long period of time become repetitive mechanical actions which help in regulating mental activity. Similarly, the different steps of ashtaanga yoga are all meant to bring in mental tranquility. If one has the knowledge of truly blissful state as discussed earlier and uses the different procedures of the karma kanda, the benefits are truly impactful. Meditative states can also give us the same experience of Aananda. Veena Kapoor (2009) has aptly described it; "meditation is a method of disengaging from the mind and connecting with the deeper consciousness. It is silence. It is not the silence of a still evening. It is a silence when all perception has ceased"

Dukha Pareeksha or the analysis of Sorrow (A.S.N.Shastri, 2014)

It may be pertinent to understand the nature of sorrow as described in the upanishads, since most

people seek freedom from suffering. In *Chandogya Upanishad*, *Naarada* the student poses the same question to his teacher. He says that he is well versed in the *Vedas*, in the science of valor, in astronomy, music and arts, yet he is unable to free himself from sorrow and is not at peace with himself.

The *Upanishads* refer the person to look within to find answers to the problem of suffering. The creator has created the five sense organs in man which are outward directed. He has structured them in such a way as to always look outward for objects of pleasure(Paraanchhikhani vyatrunat...Katha Upanishad 2-4-1). It is rarely that a courageous one is born who turns his vision inward, using his discriminating intellect (buddhi) as a tool and is able to reach a blissful state. Shastriji takes this internal examination little further to study the content of sorrow. In other words, he suggests the study of the mental state during the experience of sorrow and he is able to summarize it as the speed in all mental and physiological activities. In psychological terms, it is the flight-fight reaction that is experienced under stress. Shastriji, draws out the common factor from all negative emotions such as fear, anger jealousy, agitation or hatred as the element of speed. He clarifies further that he is not talking about the physical speed, but about the internal or the mental speed which is exponentially faster than speed at the physical level. He quotes from the Bhagavad Gita (SwamyChinmayananda, 1992))- "man can only be happy when he is able to control or reduce the speed arising out of desire, anger and fear" (Ch-5,23) The description of "sthita prajna" in Bhagavad Gita again talks of the equanimity or the calmness of mind with the use of a detached attitude. Similar thoughts have been reported by others (Modi and Singh, 2010)

The second characteristic of suffering according to Shastriji is the intense focusing of mind or the mind getting compressed and one pointed. He uses the term "coning" from the language of Physics (Greenwood, 1988) to describe this phenomenon. The mind acquires the highest density because of constriction or the reduction in volume. Hence, there is a feeling of heaviness or the load of sadness. He points out to the body posture of the person in deep sorrow-he is crouched, with his head bent and his gaze fixed as though he is trapped, all of which suggests a restricted, confined state. The confined and re-

stricted state is experienced by the person who has intense craving who becomes obsessed with the object of his desire. As espoused by Walsh(1988), Asian Psychologies believe that suffering is rooted in craving and addictions. Addictions can occur not just to drugs and food but, can include material possessions, relationships, prevailing status quo, self-image, affects and beliefs. Shastriji's concept of compressed or single focused mental state is akin to that of a person who has an addiction.

Vedanta clearly emphasizes our true state as an expansive, diffused and pervasive state.when we compromise this true state into a narrow space of searching and longing for the denied objects, we experience sadness. Shastriji summarizes on the two characteristics of sadness as speed and focusing. There is a curious inter relationship between these two characteristics, when a person adopts slowness, his focusing also becomes more leisurely and less burdensome. He gives an example of a man who is building up his anger and there is a rush of angry thoughts, at that very moment if he decides to slowdown his thinking (with the knowledge that slowing down will reduce his suffering) his anger will get dissipated and he becomes more self-aware. The converse is also true that when you inculcate a detached attitude, there is a reduction in the speed of your thinking. Consequently, the solution for sorrow lies in slowing down mental activity and adopting a letting go attitude(Udaseena bhava). Shastriji illustrates this attitude further quoting the verse from Yoga Vasishtha(3-9-39) "Dwaitvai Kartvadrushou.." (Shastri, 2014) The meaning of this verse is that there are two dimensions of the mind: one which cognizes several objects at the same time, or that which focuses on a single object. It is only when both these dimensions are dissolved that the person is in that 'let go' state. Prajapati(2018), describes happiness as 'a state of calm when mind's habitual agitation ceases.

Relevance in Psychotherapy

The notion of quietening the mind to experience joy can be applied to people suffering from anxiety, agitation and excessive thinking. Shastriji explains that energy for all actions physical or mental comes basically from *the pranic* energy or the breath. Hence, a softening of prana can lead to slowing down of men-

tal and other activity. *Pranayaama* or breathing control is a sure way to achieve the quieter and softer state. These principles of slowing down to achieve stillness of mind can be done through many other means such as meditation, different types of Pranayama or breathing exercises, listening, reflecting on the *vedantic* truths (*sravana and manana*) and finally practicing nidhidhyaasana or being in the 'non-doing /no mind state.'

In this context the author would like to share the application of these Vedantic truths in therapy with clients. The application of these principles involves making notional corrections or in the language of Psychology it can be thought of as cognitive restructuring. Several OCD clients, whose symptoms revolve around religious beliefs and rituals, suffer from self-doubt about the correctness of procedure. The author would like to illustrate through a case study, how this could be resolved.

Client-1. This is case of a 48-year-old lady, who came with the complaints of feeling anxious, taking a long time to finish her daily worship (4-5hrs.) which would interfere with her carrying out her other functions and guilt feelings about not following the right religious procedure, and sleep disturbance. The symptoms were gradual in onset since the last 5 years and had become more intense in the last one year. She was being treated by a psychiatrist with a diagnosis of obsessive-compulsive disorder and put on anti-depressant medication. Referral for therapy came from the psychiatrist.

Background history of the client indicates that she hails from a middle class, Brahmin family, who had always been a devout person. She was brought up in a traditional household, where there were several rules to be followed in her childhood for chanting her daily prayers. She grew up believing that if she made a single mistake, she had to repeat the correct ritual at least three times. Elders at home had told her that if she did not follow this she would be punished by God. She finished her graduation and got married into a similar household. However, up until her mother-in-law's demise, client didn't have much of a chance to do her individual pooja (daily worship). She was also quite busy attending to her two children and husband. It was following the demise of her mother-in-law, that she had to start performing

the daily pooja. She was also in her menopausal state at this time. Her anxiety about the correctness of procedure to be followed made her highly tense and confused during her pooja time. It increased over a period of time and resulted in her getting into compulsive acts; such as repetitiveness in performing rituals and in chanting. When she came in for therapy, her daily pooja would take her 4 hours to complete. The time would get extended because half way through the pooja she would be tortured by the doubt that she missed one of the prescribed rituals and this would make her repeat the whole procedure from the beginning. After finishing the pooja, she did not experience any positivity, in fact her anxiety would reach its climax before starting the pooja. She was being treated with medication but the improvement was slow.

The course of therapy: The author started by building rapport and making sure to empathize with her about her religious concerns. A total of 12 face to face, weekly sessions of 1 hour were carried out. She was first introduced to Cognitive Behavior Therapy and Behavior Therapy techniques. She showed marginal improvement but she found it difficult to reduce her repetitive chanting and her guilt feelings which distressed her a great deal. At this point of time, the author decided to introduce the wisdom given by the *upanishads* and Shastri's (2014) interpretation of understanding the meaning of carrying out the religious rituals. How these rituals were meant for quietening of mind and not get agitated over the correctness of the procedure. The client was further explained about the relevance of the rituals in the karma kanda also called the smritis that are different from the Shruthis or the Vedas. Bibliotherapy (Swamy Ranganathananda, 1990) was used to allow her to read and understand that part of *vedanta* literature which clearly explained that smritis or the ritualistic part of the vedas need to undergo changes according to the current yuga- or the period and the rituals need to be modified in the context of the present time. She was also introduced to the book containing Shastriji's discourses (A.S.N. Shastri, 2014). The reading of this literature made her realize that the intense guilt that she carried within her mind was uncalled for, because all the rituals were basically meant to quieten her mind and this relieved her greatly. She was asked to use this information whenever she had a doubt about her

performing a particular step. This helped her to gradually bring down her repetitions and the time she spent on her daily pooja came down to 1 hour. The most important gain according to the author was that she became much calmer and free of guilt. She realized the true meaning of her daily worship which was to quieten her mind. Several other clients who had religious compulsions were helped in similar manner.

Client-2 This was the case of a 53-year-old man who was a highly successful and busy surgeon. He came with complaints of excessive stress due to work, loneliness, depressed mood and abuse of alcohol (moderate degree). These symptoms had a gradual onset over several years but had increased in the last six months.

Background History indicates that he was the last among five siblings born in a lower middle-class family. His relationship with the father was strained due to father's excessive anger and the client had to suffer physical and emotional abuse. It was only towards the father's later years by which time client had become a successful surgeon that the relationship improved. His mother has always been supportive and continues to live with his family at present. Father passed away several years ago. Client's educational history was excellent and he topped his class in his MBBS and in MS exams and went on to specialize in pediatric surgery. He is presently the HOD at a well-known Children's hospital. He got married to his classmate when was doing his post-graduation. The relationship was good in the early years of marriage and they have two grown up children both of whom are studying in college. Wife continues to work as a consultant in a private hospital. In the last ten years, they have had several differences between them and are not happy in the relationship. Client finds himself to be constantly on the move and take on excessive responsibility at work, which gives him no time to spend with his family or even to pursue his social life. There was constant rift between him and his wife over this issue and children also drifted away from him. He felt lonely and frustrated but couldn't bring about a change in his lifestyle. He had acquired name and fame in the profession but that did not satisfy him. He suffered from low mood and started resorting to alcohol intake to forget his sorrows. He was referred

by the Psychiatrist who was treating him for depression with antidepressants. He was a voracious reader and had a lot of interest in understanding the scriptures.

The course of therapy: He was initially given a course of relaxation and 5 sessions of CBT. He did improve to some extent; his stress levels came down and he was more at peace. However, he was not able to bring down the intake of alcohol. His existential questions such as 'what is the purpose of my life?' or 'when there is no emotional closeness in the family, why should I not continue my drinking? etc. continued to distress him. During therapy, he mentioned that he knew that his psychological issues could finally get resolved if he could apply some of the insights he had from Bhagavad Gita, but he was unable to apply it in real life. He was introduced to the concepts of slowing down and 'the letting go' attitude, as explained by Shastri(2014). Discussions on these concepts and through bibliotherapy, he was able to restructure his earlier ideas using these concepts. He could see that he did not need the external rewards such as professional recognition or alcohol to experience feeling good and he could experience it through relaxation and slowing down, which was within his reach. He decided to practice Yoga and Praanayama (breathing exercises) to slow down, on a regular basis. It had a beneficial effect on his mood and his intake of alcohol also showed reduction (from drinking 2-3 times a week to only on social occasions when he was offered a drink). He reflected on why he was so focused on his career, he analyzed that he was excessively involved because he wanted to compensate for the feeling that he felt unwanted at home. He also realized that his workaholism was psychologically burdening him and was further distancing him from his family. He started spending more time at home with his children and his relationship with them showed a positive change.

One can observe that both the causes of suffering as summarized by Shastri(2014) namely speed at the mental level and focusing could be seen in this case. His change in attitude and slowing down practices helped him to improve his mood. He could also reduce his psychiatric medication and his antihypertensive medication, within six months of making these changes. After a year of follow up, he continues to maintain the improvements he made during

therapy.

In both the above cases, there were certain characteristics that helped in receiving the inputs from *Upanishadic* wisdom. The first facilitating point was their familiarity with basic Indian thinking and their mental alignment with it. Secondly, for both the clients spiritual growth was a motivating factor. Probably, the use of these concepts needs to be studied with clients who do not have such facilitative factors mentioned above to be able to see whether these concepts can be applied to other clients irrespective of their background. Further, the suggestions given through the wisdom of Upanishads were complimenting the other treatment methods (pharmacotherapy and BT, CBT), and not exclusively used. The author observed that the level of distress experienced by the clients showed a definite decline and there was a sense of relief and calm.

As therapists we are constantly bombarded with negative emotions and this can take a toll on our own tranquility. Application of *vedanta* can address this need of all mental health professionals. Many existential dilemmas faced during therapy may also be resolved using the wisdom from Vedanta. While conducting therapy with highly anxious clients, suicidal clients or those with multiple issues a committed therapist would find himself or herself emotionally drained and in Shastriji's words their mind would be in a state of 'coning' or constricted. Adopting an attitude of detachment and letting-go would be beneficial. Reflecting and contemplating on our true state which is pervasive and expansive, we can enhance our resilience.

According to Bhugra (2007) positive mood states many of which are religiously encouraged play a role in reducing depressive mood and illness. Research done extensively, in the area of mind-body medicine indicates that, techniques such as relaxation, visualization and meditation can decrease blood pressure, decrease anxiety, general stress and improve mood (Kabat-Zin et,al, 1992, Benson, 2000, Miller, et.al.1995). In other words, there is research evidence to show that slowing down of mental and physiological activity through different practices leads to well-being and reduces suffering.

In conclusion, the western paradigm of understanding happiness and suffering is outward-looking

whereas the ancient Indian wisdom views it from the inside using deeper philosophical aspects. There is a strong need to embrace these Indian paradigms in the field of mental health and establish a scientific basis to apply them through research. To quote Venkoba Rao (1997) on Hinduism-"Nevertheless, to be satisfied with the glory of the past is to turn into a fossil; but to interpret the old from a new point of view is to revitalize the past and bring in a current of fresh air into the monotonous present".

REFERENCES

Argyle The Psychology of Happiness. Special Indian edition. Routledge 2001.

A.S.N. Shastri-*Let Go: Discover lasting Happiness.*- Collected Manuscripts ed.by GaraniRadhakrisnan 2014.Publishers: Yoga Bharati, Bengaluru.

Bhugra D. and Bhui K. 'Spirituality and Cultural Psychiatry' in Textbook of Cultural Psychiatry. Edited Bhugra D. Cambridge University Press 2007.

Benson H. The Relaxation Response (Revised edition). Avon Books, N.Y. 2000

Gilbert, D. Stumbling on Happiness. Harper Perennial, London, NY 2006.

Greenwood, D.T. Principles of Dynamics. Prentice Hall, Inc., Upper Saddle River, New Jersey, second edition, 1988.

Kiran Kumar, In Henry J (Ed) European Positive Psychology Proceedings, 2002. UK, British Psychological Society. 2003.

J. Krishnamurty. The core of teachings. J. Krishnamurty online http://www.jkrishnamurti.org/about-krishnamurti/the-core-of-the-teachings.php 1980.

Kapoor Veena. 'Introspection and spirituality: A tool for the growth of therapists' in Spirituality and Mental Health. Indian Psychiatric Society Task Force (2008-2009) in association with Medical Wing, Rajyoga Education and Research Foundation, Mount Abu 2009. Kabat-Zin et al. Effectiveness of a Meditation based Stress Reduction Program in the Treatment of Anxiety Disorders. American Journal of Psychiatry, 1992. pp149(7), 936-942

Miller J. et al. A three year follow up and clinical implication of mindfulness meditation based stress reduction intervention in the treatment of anxiety disorders. General Hospital Psychiatry, 1995 Vol.17, pp192-200.

Modi, R. and Singh, A. (2010). Indian Ancient thought and well-being, Shodh Sanchayan, Vol-2, issue 1&2, ISSN 2249-9180 (Online) ISSN 0975-1254 (Print) RNI No.: DELBIL/2010/31292

Prajapati, S.(2018). Concept of Happiness in India, IJRAR, Dec, Vol 5, issue 4.

Rao, R.K., Marwaha, Sonali Bhatt. Towards A Spiritual Psychology. Essays in Indian Psychology., Samvad India Foundation, New Delhi. 2005.

Ryan, R. M. and Deci, E.L.On Happiness and human potentials: A review of research on hedonic and eudaimonic wellbeing. Annual Review of Psycology, 2001, 52, 141-166

Swamy Chinmayananda,1992. *The Holy Gita*. Central Chinmaya Mission Trust, Mumbai-40072.

Swamy Gambhirananda. Katha Upanishad.First edition. Advaita Ashrama Mayavati 1980.

Swamy Gambhirananda. Chandogya Upanishad. Advaita Ashrama, Mayavati, Champavati 1983.

Swamy Gambhirananda. Taitterya Upanishad. Advaita Ashrama. Mayavathi 1998.

Swamy Gambhirananda. Mandukya Upanishad. (Fourth edition). Advaita Ashrama. Mayavathi 2000.

Swamy Ranganathananda. 1990. The charm and power of Upanishads. Advaita Ashrama. Mayavati. Pithoragarh.

Venkoba Rao A. Culture, Philosophy, Mental Health. Bharati Vidya Bhayan, Mumbai 1997.

Walsh. R. Two Asian Psychologies and their implications for Western Psychotherapists. American Journal of Psychotherapy, vol XLII, 4, Oct. 1988.

Acknowledgement

*Late Professor A. S. N. Shastri was a scholar and practitioner of Vedanta. The founder member of Swami VivekanandaYoga Anusandhâna Samsthâna (SVYASA), a deemed to be university near Bangalore, involved in training and research in Yoga. He was actively involved in the academic activities of the organization and has been a resource person. He has given discourses on *Upanishads*, *Bhagavad Gita* and *Yoga Vasishtha* in national and international conferences. I gratefully acknowledge his help as a teacher in enriching my understanding of Vedanta.

Sattva Enhancement Therapy: An illustrative report

Jyotsna Agrawal¹

ABSTRACT

The current paper is a report of using an Indian-psychology based psychotherapy approach called as Sattva Enhancement Therapy with a client. Thematic analysis of core yoga texts, i.e., *Yoga Vasishta, Bhagavadgita,* and *Patanjali Yogasutra,* led to the development of a heuristic model of therapeutic approach, with six interlinked themes as the primary focus of intervention. This approach was successfully utilised with a 68 years old man presenting with complaints of sadness, anger, bitterness and guilt. The paper briefly introduces the heuristic model along with discussing the details of the therapeutic intervention.

Key Words: Sattva, Sattva enhancement therapy, Indian psychology, Yoga psychology

INTRODUCTION

Indian civilization has a long history where a variety of contemplative traditions flourished over time. The focus has been on exploring meaning and purpose of life, understanding the root cause of suffering and finding pathways to achieve freedom from the same. In this process various ideas, concepts, and models have been developed to understand the nature of reality, nature of Consciousness, nature of mind and Self. Among them *Triguna* model is important because it is generally accepted by all the systems of Indian thought. Triguna, is a theory which attempts to describe both cosmic creations, as well as life on earth. It is grounded in the Samkhya Darshana, probably one of the oldest comprehensive philosophies in the world. As per Samkhya, the entire creation is made up of matter (Prakriti) and Consciousness (Purusha). The material aspect or prakriti is made up of three principles, Sattva, Rajas and Tamas. Sattva is associated with illumination and balance; Rajas is associated with dynamism and Tamas is associated with inertia. In *Bhagavadgita*, Triguna model has been used to describe human cognitive, affective and behaviour patterns. For example, it depicts Sattva as being associated with peacefulness, serenity, happiness, and wisdom; Rajas being associated with desire, greed, attachment, craving, ambition and aggressiveness; and Tamas is linked with poor attention, carelessness, lack of interest in work, inertia etc. As per the classical Ayurvedic traditions of Charaka and Sushruta, based on the interactions of the *Guna*/qualities and their respective proportions, people can be classified into 7 or 16 different types (Shilpa and Murthy, 2012; Srivastava, 2012). However, the current article would not go into these details. It is sufficient to mention that everyone has these three Gunas in different proportions and these Gunas are dynamic and interact with each other leading to various outcomes (Srivastava, 2012; Murthy and Kumar, 2007; Rastogi, 2005).

Theoretically as well as empirically, *Triguna* seems to be a holistic model of mental health and well-being. On the one hand *Sattva* has been found to be associated with positive mental health (Khanna et al., 2013; Singh and Slezackova, 2013; Swaroop et al., 2017; Wolf, 1999), on the other hand *Rajas* and *Tamas* have been associated with poor mental health, such as low well-being, anxiety (Sharma et al., 2012), depression (Anoop and Balodhi, 2016) and sub-

stance abuse (Nedungottil et al., 2020). Sattva has been found to be associated with many desirable personality traits such as extraversion, openness, agreeableness, and conscientiousness (Nedungottil et al., 2021; Singh, 2016) and multiple studies have found it to be higher in the community sample. Thus, it seems that absence of Sattva makes a person vulnerable to psychological issues (Swaroop et al., 2017), while its presence may act as a protective factor.

Since sattva guna is associated with well-being and Rajas and Tamas are associated with mental illness, increasing sattva may be an effective means of prevention and treatment of mental illness along with promotion of mental health. In ordinary scheme of things, Sattva has been found to be associated with increasing age (Khanna, et al., 2013), probably since with age and growing perspective, emotion regulation and interpersonal harmony may improve. In the Indian tradition, yoga sadhana or practice is supposedly targeted towards increasing sattva, on the way to ultimate enlightenment which is associated with 'trigunateeta' state or described as 'being beyond all gunas/qualities.' A few empirical studies have been carried out to increase sattva, mostly utilising either only, or predominantly, hatha yoga practice (Khemka et al., 2011). While, Patil and Nagendra (2014), used an Integral Yoga module which consisted of a mix of Asanas, Pranayama, chanting, Nadanusandhana, and games, to increase sattva. They found the practice of such Integral yoga leads to a significant increase in sattva guna, and decrease in rajas and tamas guna. However, most of these studies have given less attention to the psychological components of yoga. In one study, Puta(2016) successfully utilised a combination of yoga based psychological aspects, such as life style change, ideas of happiness, motivation for action etc., to enhance sattva.

Since the *gunas* are broad concepts which include a multitude of qualities (Swaroop et al., 2016; Srivastava, 2012; Pallavi and Suresh, 2016; Rastogi, 2005), a variety of interventions may be planned to increase *sattva*, depending on a specific client's needs to improve their mental health. One can target *sattva guna* by cultivating the qualities associated with it, such as harmony, balance, wisdom, perspective, spirituality, humility, kindness, sincerity, determination, serenity, satisfaction.

Development of Sattva Enhancement Therapy

This is a novel therapy approach developed on the basis of theoretical literature review, clinical insights, and personal practice associated with Indian psychology. A thematic analysis of 3 core ancient yogic texts was done, i.e., Yoga Vasistha, Bhagavadgita, and Patanjali Yogasutra, by reading and six interlinked themes were found (Agrawal, 2019). The process was based on Braun and Clarke (2008) guidelines for thematic analysis. Initially the authentic English translation of these texts, which are originally in Samskrit, were read to familiarize oneself with them (Yoga Vasishta, translation by Swami Venkatesananda; Bhagavadgita, translation by Sri Aurobindo; Patanjali Yoga Sutra, translation by Iqbal Kishen Taimini). Thereafter a more systematic verse by verse reading and noting down of the emerging codes was done. These codes emerged in response to the question about ways one can experience higher states of being, develop Sattva, and/ or improve well-being. Subsequently these codes were reread to find underlying themes and the codes were categorised accordingly. Finally, these themes were brought together under overarching themes, and were named based on the content of these themes. Thus, the process followed was an inductive (bottom up) one, with themes closely linked to the data, and not bound by earlier literature (Braun and Clarke 2006). These overarching themes were associated with Perspectives on Life, Self, Divine, Other, Action, Experiences, and Positive qualities (Agrawal, 2020, In press) and are briefly described next.

One of the important aspects of Sattva enhancement process is a gradual shift in perspective on life. Samkhya system of thought proposes that the creation is an outcome of an interaction between basic materiality and Consciousness. This material nature in itself is a combination of three primary principles (Triguna), i.e., sattva, rajas and tamas. While suffering is associated with increased rajas and tamas, and absolute inner freedom is associated with the experience of Pure Consciousness within, sattva seems to be an in-between stage of well-being, especially of eudaimonic kind. Thus, one can improve their well-being by enhancing sattva and Sri Aurobindo (1997), has suggested that although satvika happiness is not the highest state, given

that the influence of ego and desire is still present, but with increasing inner freedom from these, it may culminate into highest bliss (Bhagavadgita; Sri Aurobindo, 1997). For this, one is encouraged towards having higher goals (samkalp), develop witness quality (sakshibhav), deidentify from mind and emotions (vivoga) and consider one's difficulties as having potential for growth. A shift of attention, away from outer self (ahamkara) and towards one's deeper Self or Center of Consciousness within (antaratman) is encouraged, to cultivate a quieter ego. In therapy, one can aim for a relative balance by enhancing inner self-awareness, along with its associated wisdom, and this process is supported by various exercises and activities. Another component is that of a deeper connection with others, related to the idea of an interconnected world, enhanced through various reflections and meditations. This leads to a sense of general goodwill and friendliness (maitri), along with non-violence (ahimsa) and associated positive interpersonal qualities. The tradition also gives importance to the presence of a transcendental spiritual reality and clients may be encouraged to explore and connect with their own sense of sacred, while also working through any associate lingering negative emotions, such as anger, disappointment

The theme related to action emphasises discovering one's authentic path (svadharma) and goals, broadly understood as creative movements or 'karma' in Indian tradition and is associated with the process of self-discovery (svabhava). Since a multitude of factors may influence the outcome of any action, attention is given to the intrinsic motivation, process of work, potential for growth or 'rising upwards', ethics, work as an offering and for social benefit (Lokasangraha), without becoming attached to any external rewards (Karma yoga). Action in this manner can become means to the greatest good and consequently to authentic happiness. Similarly, it is considered that identifying with one's experiences can not only strengthen one's attachments, but also swell one's ego. Thus, in the realm of experiences, one is advised to develop a witnessing capacity, and equal-mindedness towards pleasant and unpleasantness (Sama), resulting finally in a playful engagement with life while having a healthy psychological distance. A variety of techniques have

been given in the tradition to cultivate such a state. Finally, these texts have reiterated the importance of cultivation of positive qualities, both intra-personal and interpersonal.

Each of these themes can be seen as interconnected, which can interact and play a role in various kinds of psychological difficulties. For example, focusing too much on the material aspect (Perspective), having a narrow sense of one's identity (Self), disharmony with people around (Other), being too outcome and reward focused in one's activities (Action), attachment with certain experiences (Experience) and ignoring self-development (Positive qualities) can lead to poor mental health. Finally, for believers in God(s) having difficulties in their relationship with the same power, and for non-believers, considering the universe as a hostile or indifferent place, may add to their suffering (Divine).

An illustrative report utilizing Sattva Enhancement Therapy approach

Mr. MV, a 68 yrs. old man, retired from a government job, living with his wife and son, presented with 3 yrs. history of low mood, worry about son's future, guilt about pushing son in a wrong career and bitterness about the world, along with wish for other people including relatives to suffer as he is suffering. In the intake session he appeared sad and tearful. Utilising the above-mentioned framework, an integrative approach was taken to understand and help the client in his difficulties through Sattva Enhancement Therapy. There were total 10 sessions conducted with the client, with significant improvement as per the subjective report of the client, and objective clinical observations. He reported feeling better, had consistently above average mood report, was able to come out of guilt and anger, was able to not only acknowledge the multiple factors behind his and his son's current difficulties, but also appreciate the good in his life, other people and wish them well. The therapy was subsequently terminated. A booster session was also taken after two months where therapy gains were consolidated. He was also found to be focusing on his self-development in the form of challenging himself by learning a new language, for the purpose of reading saint-poet Kabir's work in the original language.

Therapy process and discussion

Given that these themes are interconnected, Sattva Enhancement Therapy may focus on few selected aspects, based on a client's needs. A variety of meditations and contemplative exercises are used, along with stories, videos, worksheets and discussions. The current client had approached the clinic on selfreferral after reading about its Indian-psychology focus. He was already attending yoga classes, which although got disrupted during lockdown but he had continued his personal practice of yogasana and pranayama. In the initial sessions, apart from discussing the yogic perspective, the therapist also explored his meaning making related to suffering in life. In the process he spoke about his feelings of unfairness of life since his life was good for six decades and then he had to face difficulties in his old age, while he would have preferred it earlier in his life. Similarly, he shared about his anger towards God and that he had stopped all his usual prayers and rituals. He found one of the breathing techniques (Pranakarshana pranayama) which incorporates visualisation, very useful. Similarly, his childhood and life trajectory were explored which indicated the salience of close relatives and friends in his life. He was gently encouraged to re-establish contacts with them. Since he had accumulated bitterness towards his sister, where she was perceived to be ungrateful and insensitive, interconnection and Maitri meditation was taught. In the process he was able to let go of his anger and develop good wishes for her. Later he tried to reach her sister over phone, which although unsuccessful, but he remained unruffled and continued with his practice of having good wishes for her. On similar lines he was able to express his appreciation for his wife, and his interactions with his son also improved, to whom he was now better able to offer support. He was also encouraged to try few kindness activities for other living beings and write about his experiences.

Another area of significant difficulty was his guilt related to his son's failure in his career. Client had encouraged his son to leave his job and attempt civil services exam. However his son could not qualify for it and instead lost many years in the process. Son was currently not doing any productive work, since he could not get any suitable job after a gap of few years. He also had incapacitating levels

of perfectionism and was under behaviour therapy for the same. Client was encouraged to take a larger perspective, understand the varied factors influencing any decision and also the outcome of any action, and to decide what level of responsibility would he like to take for his son's past, present and future actions. He was also encouraged to read relevant shlokas in Bhagavadgita. The process not only enhanced his perspective, understand his own limited role in the career outcomes of his son, released him from intense guilt but also helped him to reconnect with his personal spirituality. He expanded his reading of Bhagavadgita to various other sections, especially on Bhaktiyoga and restarted his prayers, which further gave him solace. He was now open to exploring his feelings in this realm and was able to write a letter to his favourite Lord Krishna. He expressed his feelings, as well as indicated his resilience when he ended the letter with a wish to handle his life's difficulties with strength and courage. He also found support in old Hindi and Kannada songs with philosophical tones. Given that his daily routine was balanced now, and he seemed to be doing well, the sessions were subsequently terminated with a plan for a booster session.

Conclusion:

This is an innovative approach to psychotherapy informed by Indian psychology. The approach although comparatively new in the psychotherapy field, has deep roots in the Indian tradition and might have been often used in an unstructured manner in various contexts. Currently a study is ongoing and a manual is being prepared for the same. However, it needs to be studied further to build evidence base, which can support its utility in the field of mental health.

References

Agrawal, J. (2019, Dec 1-4). *Insights from three core yoga texts for mental health promotion* [Conference session]. International Congress in Spirituality and Psychiatry, 4th Global Meeting in Spirituality and Mental Health, Jerusalem, Israel.

Agrawal, J. (2020). Yogic Tradition and Well-being. Springer Handbook of Health and Wellbeing: Challenges, strategies and future trends. Ed. Sibnath Deb & Brian A. Gerrard (*In press*).

Anoop, K. V., & Balodhi, L.D.J.P. (2016). Sattwa, Rajas & Tamas (SRT) Factors in Depression. *The International Journal of Indian Psychology, Volume 3, Issue 4, No. 56*, 74.

Braun, V., & Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Khanna, P., Singh, K., Singla, S., & Verma, V. (2013). Relationship between Triguna theory and well-being indicators. *International Journal of Yoga-Philosophy, Psychology and Parapsychology*, 1(2), 69.

Khemka, S. S., Ramarao, N. H., &Hankey, A. (2011). Effect of integral yoga on psychological and health variables and their correlations. *International Journal of Yoga*, 4(2), 93.

Murthy, P. K., & Salagame, K.K. K. (2007). The concept of triguna: A critical analysis and synthesis. *Psychological Studies*, *52*(2), 103-113.

Nedungottil, C., Agrawal, J., Sharma, M. P., & Murthy, P. (2020). Men with and without alcohol dependence: A comparative study of Triguna, Anasakti, Personality and Subjective Well-being.[Unpublished manuscript] Department of Clinical Psychology, NIMHANS.

Pallavi, V., & Suresh, S. (2016). Redefining triguna theory W.s.r to human nature & metabolism. *International Ayurvedic Medical Journal*, 4(2), 94–100.

Patil, S. S., & Nagendra, H. R. (2014). Effect of Yoga personality development camp on the triguna in children. *Voice of Research*, *3*(3), 19-21.

Puta, M. (2016). *Promoting Health by Sattva-Guna*. Unpublished doctoral dissertation, Chemnitz University of Technology.

Rastogi, M. R. (2005). Triguna and psychological well-being. *Indian Journal of Community Psychology*, *1*(2), 115-124.

Conflict of Interest:

Author declares no conflict of interest

Acknowledgements:

The author gratefully acknowledges the helpful comments by the reviewers and the editor.

Sharma, M. P., Salvi, D., & Sharma, M. K. (2012). Sattva, Rajas and Tamas factors and quality of life in patients with anxiety disorders: A preliminary investigation. *Psychological Studies*, *57*(4), 388-391.

Shilpa, S., & Murthy, C. V. (2012). Development And Standardization of Mysore Triguna Scale—Advanced. *Humanities and Social Science Studies*, 2(3), 84-98.

Singh, K., &Slezáèková, A. (2013). Relationship between Gunas and mental health, flourishing, positive and negative experience: an Indian and Western perspective. Retrieved from https://www.muni.cz/en/research/publications/1111046.

Singh, L. (2016). The relationship between the Trigunaand five factor model of personality. *Lokayata Journal of Positive Philosophy*, 6, 12-25.

Sri Aurobindo (1997). *Essays on Gita*. Sri Aurobindo Ashram Publication Dept, Puducherry.

Srivastava, K. (2012). Concept of personality: Indian perspective. *Industrial Psychiatry Journal*, 21(2), 89.

Swaroop, R., Salagame, K.K.K., & Kallahalla, A.B. (2016). Triguna: A conceptual study and the development and validation of AHS scale. *Indian Journal of Positive Psychology*, 7(4), 380.

Swaroop, R., Salagame, K.K.K., & Kallahalla, A.B. (2017). Triguna and Eysenck personality dimensions. *Indian Journal of Health and Wellbeing*, 8(1), 1.

Wolf, D. B. (1999). A psychometric analysis of the three gunas. *Psychological Reports*, 84(3 suppl), 1379-1390.

Swami Venkatesananda (2003). *The Supreme Yoga: Yoga Vasistha*. Divine Life Society; Rishikesh.

Taimini, I.K. (2001) Patanjali Yoga Sutra. The science of Yoga. The Theosophical Publishing House, Chennai.

Sattva: The General Factor of Personality from the Indian Tradition

Chandana Nedungottil¹, Jyotsna Agrawal², Mahendra P. Sharma³ and Pratima Murthy⁴

ABSTRACT

The current study aimed to explore the relationship of *Triguna* model from Indian psychology with respect to meta traits of personality as well as affect. For this purpose, a cross sectional survey method was conducted after approval from the institute ethics committee. A total of 84 males between the age of 18-50 years with a minimum of 10 years of formal education were selected from colleges and various organizations. Vedic personality Inventory, Big Five Aspect Scale, and Positive and Negative Affect Schedule, were used in the study. A quantitative statistical analysis was carried out using SPSS. An integration of the Indian model of personality with the western concept of general factor of personality (GFP) was carried out here and *Sattva* was found to be highly positively correlated with the general factor of personality or gamma plus (integration) and alpha plus (stability) and moderately positively correlated with delta plus (self-restraint) followed by beta plus (plasticity), at the 0.01 level of significance. *Tamas* was highly negatively correlated with general factor of personality or gamma plus (integration), followed by alpha plus (stability), at 0.01 level. *Rajas*, was also negatively correlated with the positive traits. Thus, *triguna* model contributes towards integrative personality theories.

Key Words: Sattva, General factor of personality, Triguna

INTRODUCTION

The field of Indian psychology, although having a long history, has got advancement as an academic field essentially in the last few decades, with the publication of multiple scholarly work in this area. Given its potential to bring depth and richness to both theoretical and applied aspects of psychology, there needs to be continuous expansion of our understanding of the concepts from Indian psychology, its empirical exploration and documentation of its applications.

Triguna

Triguna is one such concept which has attracted attention of various researchers in the past (Swaroop, Salagame, and Kallahalla, 2016; Kumar and Balodhi 2016; Sharma, Salvi and Sharma, 2012) and still newer dimensions are discovered with renewed research interest. Broadly, triguna is an indigenous theory of personality, mentioned in the Chandogya Upanishads, Samkhya Karika, Bhagavad Gita and Patanjali Yogasutra, which is elaborated in terms of three (tri) + principles or qualities (guna), i.e., Sattva, Rajas and Tamas.

Correspondence concerning this article should be addressed to: jyotsna.agl@gmail.com

Telephone number: 91-80-2699-5862/ 5180

³Dr. Mahendra P. Sharma, Ph. D., Professor, Department of Clinical Psychology, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India

⁴Dr. Pratima Murthy, MD, Professor, Department of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India

¹Chandana Nedungottil, Lecturer in Clinical Psychology, Department of Psychiatry, PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India,

²Dr. Jyotsna Agrawal, Ph. D., Associate Professor, Department of Clinical Psychology, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India

The model of *triguna* largely pertains to the *Samkhya* philosophy, which describes two realities, that of spiritual and material, known as *Purusha* and *Prakriti* respectively. *Purusha* is the supreme Consciousness from which *prakriti*, the matter is derived from and unlike western approaches, here the body and mind both are considered to be in the domain of the *prakriti*. This *prakriti* is expressed in terms of the three *guna*, namely *sattva*, *rajas* and *tamas* and thus, *gunas* are different components of matter (Murthy and Kumar, 2007). How these *gunas* express themselves in an individual personality has been elaborated in *Bhagavad Gita*, across multiple chapters. Details of individual qualities under these *gunas* are given below:

Table 1: Characteristics of Triguna (Wolf, 1999)

Gunas	Qualities		
Sattva Guna	Balance, peace, equanimity, cleanliness, truthfulness, dutifulness, detachment, discipline, contentment		
Rajas guna	Intense activity, dynamic, passion, agitation, anxiety, nervousness, materialistic mentality		
Tamas guna	Mental imbalance, anger, ignorance, arrogance, helplessness		

We may note from this table (Table 1) that the qualities described under sattva such as balance, peace, contentment etc., are those which may be considered ideal, healthy, akin to character strengths and desired socially. As per Gita, although the highest state is that of being established at all times in the inner Self/ Purusha which is beyond gunas (Trigunateetha), such a state is also outside the reach of most people. The wisdom and illumination emerging from this deeper Self/Consciousness is reflected in the form of satvik qualities, and influences the buddhi. Gita talks about how a movement towards sattva increases health and well-being, while a movement towards rajas-tamas may lower wellbeing. This has also been found in various empirical studies that sattva is positively associated with wellbeing, while rajas and tamas are negatively associated with well-being (Khanna et. al., 2013).

Although *rajas* and *tamas* have its own utility in life (Swaroop, Salagame, and Kallahalla, 2016), one

needs to differentiate between state level expression of *rajas* and *tamas* which are transient and based on the needs of the context, versus sustained, trait level *rajas-tamas*. Murthy and Kumar (2007), observed that although *gunas* exist together and not in isolation, the degree of predominance of any one *guna* determines the individual personality type.

Triguna as a theoretical model can be useful in the clinical setting, where rajas and tamas is associated with mental illness and may be targeted to be reduced, while sattva may be targeted for mental health promotion. Swaroop, Salagame, and Kallahalla (2017) identified hedonism and sadism as the underlying motivational forces in rajas and tamas, respectively and suggested the possibility of development of mental disturbances in the absence of sattva. Thus, they empirically found sattva as the primary force behind mental health and equilibrium. For the field of Indian psychology to contribute towards clinical psychology, we may need to emphasize sattva and develop intervention programs to increase it.

Similarly, we need to understand the role of rajas and tamas, and how it has been observed in relation to psychiatric disorders in previous studies. For example, in depression, Kumar and Balodhi (2016) observed a combination of tamas and rajas predominate the gunas. Supporting this evidence, Sharma, Salvi and Sharma (2012), reported the interaction between rajas and tamas signals anxiety disorders and low quality of life. In these two studies, the community sample showed predominance of sattva, with which the clinical sample was compared. In another study, two groups were compared on the basis of presence or absence of alcohol dependence, and it was observed that though sattva was predominant in both the groups, there existed a significant difference between the two groups on two gunas, namely, sattva and tamas (Nedungottil et. al., 2021, unpublished study). Sattva was significantly higher in the group without alcohol dependence, while tamas was significantly higher in the group with alcohol dependence.

Other integrative theories of personality

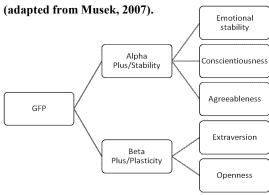
In western personality research, a variety of theories have been proposed for understanding an individual on the basis of personality. The integrative theories of personality and meta traits of personality are increasingly acknowledged in the recent years. Thus, in past there has been theories discussing the idea of an ideal personality type, for e.g., ARC typology of resilient, over-controlled and under-controlled types (Robins et al, 1996) where the resilient type is the ideal, flexible and well-adjusted personality. Even in recent times, there have been attempts to look at personality types and its dynamics through a fresh perspective using big data analysis. A recent study which analysed the personality of 1.5 million respondents found a stable cluster with low scores on neuroticism and high on other big five traits, and was called the 'role model' type. The other common types were 'reserved' (low scores on neuroticism and openness) and 'self-centered' (low scores on openness, agreeableness and conscientiousness) types (Gerlach, Farb, Revelle, and Amaral, 2018). Thus, the indigenous model of triguna can be considered an alternative integrative model of personality and need more studies.

The re-emergence of integrative theories in the field of personality research, points towards the significant need for understanding healthy and well-adjusted traits and people who possess them. One such integrative model of personality is the General Factor of Personality (GFP), a concept similar to the general factor of intelligence. This model by Musek (2007) emphasizes a single general factor of personality having a collection of socially desirable or positive personality traits, among the big five traits; i.e., agreeableness, openness, conscientiousness, extraversion and emotional stability (reversed neuroticism), which is similar to the 'role model' type (Gerlach, Farb, Revelle, and Amaral, 2018). We may notice similarity with the concept of sattva, especially in abiding to rules, emotional balance, flexibility, and a non-confrontational attitude towards others.

Similarly, the concept of Big One in personality is an integration of two lower order meta-traits (Big Two), known as stability/alpha and plasticity/beta (Rushton, Bons and Hur, 2008; DeYoung, 2002), underlying the big five domains, and has found empirical support in studies by Digman (1997), and DeYoung, Peterson, and Higgins (2002), and DeYoung (2006). Factor alpha or stability, subsumes the domains such as agreeableness, conscientiousness, and emotional stability, which are interperson-

ally and socially beneficial. While factor beta with openness and extraversion traits, has the idea of personal growth and self- actualization inherent within the concept (Rogers and Maslow, 1979). These factors are also known as alpha plus and beta plus in other similar theories (Cieciuch and Strus, 2017).

Fig.1. Hierarchy of personality characteristics



This alternative but related theory has also been suggested by Cieciuch and Strus (2017), who verified the existence of Circumplex of Personality Metatraits (CPM) using the big five personality traits. In this model, the Big One or GFP is considered as one of the meta traits named gamma plus/integration, with similar big five configuration as that of GFP, and has sattva like characteristics, such as being warm, prosocial towards the world, and having a state of well-being. The CPM model also represents the Big Two, as two other meta traits, alpha-plus (stability) and beta-plus(plasticity) at the same level of hierarchy as GFP. These meta traits are orthogonal to each other, along with an additional 4th meta trait of self-restraint. These 4 meta traits with their opposite poles (sensation seeking, disinhibition, disharmony and passiveness) make it a circumplex. which can integrate a variety of theories of personality, motivation, emotion and mental health (Cieciuch and Strus, 2017).

Several studies have been conducted looking at the clinical relevance of these integrative models. One study was to enquired about the general factors between psychopathology, personality and personality disorder, and the authors observed a considerable shared variance among the three (Oltmanns et al., 2019). Similarly, Mosterman (2013) concluded that the presence of a general factor of personality indicates absence of severe psychopathology along

Table 2: Circumplex of Personality Metatraits and their association with Big-Five personality traits (Cieciuch, and Strus, 2017)

Meta- trait	Characteristics	Big-Five configuration		
Delta- Plus (Self- restraint)	Low emotionality, high behavioural control, and a tendency to adjust oneself.	-N, -E, -O, +A , +C		
Alpha- Plus (Stability)	Stability in emotional, motivational and social functioning, and a general social adaptation tendency	-N, +A, +C		
Gamma- Plus (Integration)	Well-being, warm and prosocial attitude towards the world	-N, +E, +O, +A, +C		
Beta- Plus (Plasticity)	Tendency to explore, openness to change and engagement to new experiences.	+E, +O		
Delta – Minus (Sensation seeking)	Impulsiveness, high emotional lability, stimulation seeking	+N, +E, +O, -A, -C		
Alpha- Minus (Disinhibition)	High- level of anti-social tendencies, low frustration tolerance	+N, -A, -C,		
Gamma- Minus (Disharmony)	Distrust, coldness, distance in interpersonal relationships	+N, -E, -O,-A,-C		
Beta- Minus (Passiveness)	Apathy, submissiveness, passivity	-E, -O		

with the presence of social fitness. As much as there is interest to know the underlying factors in psychopathology, there is also interest in understanding what protects one from the deterioration of mental health. Thus, we may note that *triguna* model is a similar integrative model, theoretically as well as empirically, and *sattva*, as a meta trait is characterised by balance, harmony and self-regulation.

Along with personality traits, we also considered affect, which is a broad term that is used to cover mood, feeling, attitude, preference and evaluations (Oyebode, 2008). Positive affect (PA) reflects the extent to which a person feels enthusiastic, active, and alert. While negative affect (NA) is a general dimension of subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear, and nervousness (Watson, Clark and Tellegen, 1988). Apart from this valence (pleasuredispleasure) dimension of affect, another dimension discussed in the literature is that of arousal or alertness, based on the two fundamental neurophysiological systems (Circumplex Model of Affect, Russell, 1980). For e.g., excitement represents an activated pleasant/ positive emotion, whereas depression is a deactivated unpleasant/ negative emotion. We believe that while *rajas* like dynamism may be associated with high arousal, *tamas* like inertia may be associated with low energy. Thus, this model of affect may have overlap with the *triguna* model, and its relationship with integrative models of personality also needs to be explored.

In sattva, there seems to be some similarity with the agreeableness and conscientiousness domains of big five personality traits, along with subjective wellbeing, in terms of positive affect and life satisfaction. On the other hand, tamas is characterised by inertia, misery and dullness, which might go along with neuroticism as well as deactivated negative affect. The concept of rajas is more complex, as it is characterised by heightened activity, desires and associated pleasures and frustrations. Given approach motivation behind it, we expect it might have some overlap with extraversion and openness to experience traits of personality, since high levels of rajas might lead to high approach motivation towards people and experiences, along with activated affect (both positive and negative).

Hence, in the current study, we attempted to explore the association of *triguna* with different models of personality and affect rooted in the modern psychology, since triguna integrates not only personality but also affect, in terms of valence and arousal. Sattva guna, representing the cluster of socially desirable traits according to Indian psychology seems to have theoretical similarities with (GFP) or gamma plus (Musek, 2007) and needed to be tested empirically. It also needed to be empirically tested whether there is an overlap between the 2 dimensions of affect and triguna, in terms of sattva being similar to deactivated positive emotions, while rajas being a combination of activated positive and negative emotions and tamas relating to deactivated negative emotions. Since these linkages have either never been explored or rarely studied, this study was planned as an initial step in a series of studies to build better understanding of Indian mental health concepts and their linkages with mainstream mental health concepts. This study has implications for clinical work, wherein we may consider enhancing sattva or GFP as a protective factor against common mental disorders, given that in independent studies GFP (Mosterman, 2013) and sattva (Kumar & Balodhi, 2016 and Sharma, Salvi and Sharma, 2012) have been found to be low in clinical populations.

METHOD

The current study was aimed to explore the relationship of *triguna* model of Indian psychology, with respect to meta traits of personality as well as affect. This was part of an M.Phil research where a comparison of clinical (males with alcohol dependence) and community (males without alcohol dependence) was also carried out and has been presented in another paper (Nedungottil et. al., 2021 unpublished Study). The study included a cross sectional survey, conducted after approval by the institute ethics committee. Males between the age of 18-50 years with a minimum of 10 years of formal education were included in the study. A total of 84 participants were selected from colleges and various organizations.

Measures

Socio-demographic data sheet: This datasheet was developed by the researcher to gather basic socio demographic data such as age, education, occupation, marital status, religion, living arrangement, and income.

Vedic Personality Inventory (Wolf, 1998): This inventory has 56 items to assess vedic concept of gunas as related to personality. It gives a standardized score for each guna. The participants were asked to give their agreement to the given statements on a 7 point scale from very strongly disagree (1) to very strongly agree (7). It includes 15 sattva items, 19 rajas items and 22 tamas items. It has an internal consistency ranging from 0.70 to 0.92 for the gunas. Its reliability coefficient is in the range of 0.74-0.79 (Wolf, 1999) and it has been widely used in the Indian context.

Big five Aspect Scale (DeYoung, Quilty and Peterson, 2007): Big Five Aspect Scale was used in this study to assess personality. It contains 100 statements which the participant has to rate in a 5 point Likert scale from strongly agree to strongly disagree according to whatever suits him/her the best. It has 5 broad domains namely, neuroticism, extraversion, agreeableness, openness/intellect and conscientiousness. The test-retest reliability of the scale in Indian population was also established in our study and it ranged from 0.82 to 0.89 for the domains (neuroticism-0.70, extraversion-0.80, agreeableness-0.82, openness/intellect-0.73 and conscientiousness-0.72). For the ten factors under these 5 domains, the coefficient ranged between 0.499 and 0.789.

PANAS Revised (Rao and Mehrotra, 2006): The Positive and Negative Affect Schedule (PANAS) revised version was used to assess the subjective well-being of the participants. It contains 26 words describing various emotions and feelings and participants were asked to rate each word according to its frequency in their life. It exists in both trait and state version. For the current study trait version of the scale was used. The reliability of the positive affect scale ranged from 0.86 to 0.90, the negative affect scale from 0.84 to 0.87. Agrawal and colleagues (2010) have used, PANAS revised scale in an Indian setting. Both positive and negative affect was calculated to denote valence, while activation-deactivation was calculated to denote arousal levels.

For all the standardized measures which are not in the public domain, requisite permission was taken from the authors for using it in the study and written informed consent was taken from all the participants.

RESULTS

The results were analyzed using SPSS 20.0 version. Based on the normalcy of the data, the correlations were obtained using both parametric and non-parametric measures and thus correlations involving rajas and delta plus variables were obtained using Spearman's method. To explore whether triguna is similar to integrative theory of personality, we calculated the 4 meta traits and explored its relationship with triguna along with the general factor of personality or gamma plus (minus neuroticism, plus agreeableness, plus extraversion, plus openness/ intellect and plus conscientiousness), alpha plus or stability (plus agreeableness, minus neuroticism, plus conscientiousness), beta plus or plasticity (plus extraversion, plus openness/intellect) and self-restraint or delta plus (minus neuroticism, plus agreeableness, minus extraversion, minus openness/intellect and plus conscientiousness). The results are given in Table 3.

Table 3: The relationship between *Triguna*, Metatraits, and Affect (arousal & valence)

Variables		Meta-traits			Affective arous al			
		Integration / General factor of personality / Gamma Plus	restraint/ De lta	Alpha Plus/ Stability	Beta Plus Plasticity	/Activation		
Triouna	Sattva	.791**	.528**#	.796**	.397**	228	140	
	Rajas	486**#	467**#	500**#	205#	.253*#	.163#	
	Rajas K Tamas	767**	440**#	721**	447**	.096	.060	
	Gamma Plus	1						
Affective	Delta Plus	.420**#	1					
	Alpha Plus/	.887**	.790**#	1				
	Stability Beta/ Plasticity	.686**	271*#	.273*	1			
	Activation	056	414**#	268*	260*	1		
	De-activation	136	165#	199	.018	.578**	1	
	Positive	.446**	077#	.239	.558**	.395**	.520**	
	Affect Negative	602**	.360**#	583**	375**	.626**	.399**	

*. Correlation significant at the 0.05 level (2-tailed), **. Correlation significant at the 0.01 level (2-tailed), #. Correlation by Spearman, Note: Correlation by Pearson method

Sattva: As depicted in the table, *sattva* is highly positively correlated with general factor of personality or gamma plus (integration) and alpha plus (stability) and moderately positively correlated with delta plus (self-restraint) followed by beta plus (plasticity) which is significant at 0.01 level.

Rajas: Rajas, on the other hand is negatively correlated with the positive traits, of alpha plus (stability), followed by general factor of personality or gamma plus (integration), delta plus (self-restraint) and positively correlated with affective activation.

Tamas: Tamas is highly negatively correlated with general factor of personality or gamma plus (integration), followed by alpha plus (stability), at 0.01 level with delta plus (self-restraint) and beta plus (plasticity), it has moderate negative correlation, significant at 0.01 level.

Additional analysis: Some additional analysis to understand the inter-correlations among meta-traits was also conducted.

General factor of personality or gamma plus (integration) is highly positively correlated with alpha plus (stability, 0.89**) followed by beta plus (plasticity, 0.69) and delta plus (self-restraint, 0.42). Further, general factor of personality or gamma plus does not have any significant correlation with arousal, although it was related to valence, in terms of significant negative correlation with negative affect and moderate positive correlation with positive affect.

Alpha plus (stability) had highly positive relationship with delta (0.79) and moderately positive with beta (0.27) at 0.05 level. Stability has a weak negative correlation with activation and moderate negative correlation with negative affect.

Beta plus (plasticity) showed low positive relationship with alpha plus and negative relation with beta (both at 0.27). A weak negative correlation with activation and negative affect and positive correlation with positive affect.

Delta plus is also having high positive correlation with alpha plus/stability at 0.01 level. With beta/plasticity it has a weak negative correlation. With activation, it has a moderately negative correlation and a moderate positive correlation with negative affect.

Affective activation and deactivation are moderately positively correlated, which is significant at 0.05 level. Activation has more positive correlation with negative affect and weaker positive correlation with positive affect. Deactivation, on the other hand, has more positive correlation with positive affect and lesser positive correlation with negative affect.

DISCUSSION

The current study explored *triguna* as an Indian alternative to two different but overlapping models of personality. The results to the question whether *sattva* is GFP (Musek, 2007) were encouraging and we found *sattva* has very high relationship with general factor of personality (0.79) indicating possible redundancy. Thus, *sattva* seems to be a very good measure of general factor of personality, which is theoretically similar to *sattva* as a collection of beneficial and socially desirable traits. Interestingly *sattva* also had similar high correlation with one of the two big factors, alpha plus/stability. Further, stability and GFP also had very high correlation indicating towards a need for revision in the theory.

The second theory on GFP considers 4 positive metatraits at same level of hierarchy, i.e., of gamma/integration (same as GFP), alpha plus/ stability, beta plus/ plasticity and delta plus /self-restraint (Cieciuch, and Strus, 2017). As mentioned earlier, *sattva* had very high correlation with both, alpha plus and gamma plus while it had moderately high with self-restraint and moderate correlation with plasticity. This also indicates towards the possibility that *sattva* as a meta-trait, is closer to stability and self-restraint, but also has some overlap with plasticity or flexibility.

Like mentioned in earlier studies, *triguna* is an integrated model and three *gunas* exist together. Looking at specific behaviours we can see the manifestation of different *gunas*, which is transient and depends on the state. For maintaining balance, the interaction among the three is necessary. Nevertheless, in various Indian texts spiritual development is associated with the predominance of *sattva* (Aurobindo,1995). Hence, these study findings are encouraging and strengthens the need for further contributions from the Indian psychology for the enhancement of mental health and well-being.

Conclusion: Overall, such results indicate an acknowledgement of ideal personality both in western as well as Indian theories, and the presence of a general factor of personality, and *sattva* supported empirically in western and Indian data, respectively. However, more research needs to be done to explore this single factor, which may tie a variety of modern personality theories together.

This is the first Indian study which has treated triguna model of personality as an integrative model of meta traits, and has compared it with western integrative models of personality. Since there are two such integrative models, a hierarchical model and a circumplex model, the study results may add to research evidence for these models, especially the hierarchical model with one general factor of personality at the top. We used a relatively new scale to assess big five personality domains in Indian context. Conducting an in-depth assessment and association with integrative models of personality is a strength of this study. Our study included activation-deactivation dimensions of affect, which is often overlooked, when researchers focus more on the valence (positive vs. negative) aspect of affect.

The Indian psychological concept of triguna explored in the study is abstract, and available tools may not be able to capture the exact construct. This might also explain the results associated with rajas, some of which although significant but did not have very strong correlation, as expected from the theory. The cross-sectional design and purposive sampling used for data collection and quantitative analysis has its limitations when it comes to gaining in-depth insight. Sample was selected only from urban Bangalore due to language constraints. There was a requirement to include only educated population and hence, the study may not be representing population which differs with respect to education or live in a rural area. As this study is part of another study including a different sample, the sample considered here is small and the age difference is wide.

The replication of study results can be done with varied sample. Studies can be done with similar variables in females, or with elderly and in larger sample to understand the dynamics of *triguna* and personality in that group. Relationship of *triguna* may also be explored with psychological well-being, as well

as character strength and virtues. Future study may also explore factors relevant for development of *sattva*, and how it can be increased which will help in development of promotive mental health interventions, since *sattva* seems to capture an ideal or desirable personality.

REFERENCES

Agrawal, J., Murthy, P., Philip, M., Mehrotra, S., Thennarasu, K., John, J. P., ... & Isaac, M. (2011). Sociodemographic correlates of subjective well-being in urban India. *Social Indicators Research*, *101*(3), 419-434.

Anoop Kumar, K. V., &Balodhi, L. D. J. P. (2016). Sattwa, Rajas & Tamas (SRT) Factors in Depression. *The International Journal of Indian Psychology, Volume 3, Issue 4, No. 56*, 74.

Aurobindo, S.(1995). Essays on the Gita. Lotus Press.

Cieciuch, J., & Strus, W. (2017). Two-factor model of personality. In *Encyclopedia of Personality and Individual Differences* (pp. 1-17). Springer, Cham.

DeYoung, C. G. (2006). Higher-order factors of the Big Five in a multi-informant sample. *Journal of Personality and Social Psychology*, *91*(6), 1138.

DeYoung, C. G., Peterson, J. B., & Higgins, D. M. (2002). Higher-order factors of the Big Five predict conformity: Are there neuroses of health? *Personality and Individual differences*, 33(4), 533-552.

DeYoung, C. G., Quilty, L. C., & Peterson, J. B. (2007). Between facets and domains: 10 aspects of the Big Five. *Journal of Personality and Social Psychology*, *93*(5), 880.

Digman, J. M. (1997). Higher-order factors of the Big Five. *Journal of Personality and Social Psychology*, 73(6), 1246

Gerlach, M., Farb, B., Revelle, W., & Amaral, L. A. N. (2018). A robust data-driven approach identifies four personality types across four large data sets. *Nature Human Behaviour*, *2*(10), 735-742.

Khanna, P., Singh, K., Singla, S., & Verma, V. (2013). Relationship between Triguna theory and well-being indicators. *International Journal of Yoga-Philosophy, Psychology and Parapsychology*, 1(2), 69.

Mosterman, R. M. (2013). Normal people in clinical practice: A general factor of personality in biproportional scaling and its practical relevance. *Journal of Personality Assessment*, 95(1), 13-25.

Murthy, P. K., & Kumar, S. K.K. (2007). The concept of triguna: A critical analysis and synthesis. *Psychological Studies*, *52*(2), 103-113.

Musek, J. (2007). A general factor of personality: Evidence for the Big One in the five-factor model. *Journal of Research in Personality*, 41(6), 1213-1233.

Nedungottil, C., Agrawal, J., Sharma, M. P., & Murthy, P. (2021). Men with and without alcohol dependence: A comparative study of Triguna, Anasakti, Personality and Subjective Well-being.

Oltmanns, J. R., Smith, G. T., Oltmanns, T. F., & Widiger, T. A. (2018). General factors of psychopathology, personality, and personality disorder: Across domain comparisons. *Clinical Psychological Science*, 6(4), 581-589.

Oyebode, F. (2008). Sims' symptoms in the Mind: An Introduction to Descriptive Psychopathology. Elsevier Health Sciences.

Rao, D., & Mehrotra, S. (2006). Negotiation of life-tasks and subjective well-being in young adults pursuing professional courses. *Psychological Studies, Special issue: Psychology of Health and Wellbeing*, 51(2–3), 144-152.

Robins, R. W., John, O. P., Caspi, A., Moffitt, T. E., &Stouthamer-Loeber, M. (1996). Resilient, overcontrolled, and undercontrolled boys: three replicable personality types. *Journal of Personality and Social psychology*, 70(1), 157.

Rushton, J. P., Bons, T. A., &Hur, Y. M. (2008). The genetics and evolution of the general factor of personality. *Journal of Research in Personality*, 42(5), 1173-1185.

Maslow, A. H., & Rogers, C. (1979). Humanistic psychology. *Journal of Humanistic Psychology*, 19(3), 13-26.

Russell, J. A. (1980). A circumplex model of affect. *Journal of Personality and Social Psychology*, 39(6), 1161.

Sharma, M. P., Salvi, D., & Sharma, M. K. (2012). Sattva, Rajas and Tamas factors and quality of life in patients with anxiety disorders: A preliminary investigation. *Psychological Studies*, *57*(4), 388-391.

Swaroop, R., Salagame, K. K. K., & Kallahalla, A. B. (2016). Triguna: A conceptual study and the development and validation of AHS scale. *Indian Journal of Positive Psychology*, 7(4), 380.

Swaroop, R., Salagame, K. K. K., & Kallahalla, A. B. (2017). Triguna and Eysenck Personality Dimensions. *Indian Journal of Health & Wellbeing*, 8(1).

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063.

Wolf, D. B. (1998). The Vedic personality inventory: A study of the Gunas. *Journal of Indian Psychology*, 16, 26-43.

Wolf, D. B. (1999). A psychometric analysis of the three gunas. *Psychological Reports*, *84*(3 suppl), 1379-1390.

Conflict of Interest:

Authors declare no conflict of interest

Acknowledgements: Nil

Effect of Bhagavadgita Discourse on Perceived Sense of Well-Being

Siddalingayya Hiremath¹& Kiran Kumar K Salagame²

ABSTRACT

Bhagayadgita is a well-known spiritual text of the Sanâtana Dharma tradition of India that has gained worldwide acclamation. The insights embedded in the teachings of this text have guided several generations of Indian population to negotiate the course of life successfully and to achieve enhanced well-being. Its application is universal. In recent times several persons, spiritual and professional, have highlighted its value in the field of counseling. For several centuries people of India have benefited from the discourses on Bhagavadgita in group setting as well. This study aimed at exploring the possibility of the impact of one such discourse among 292 voluntary participants [21 to 60 years, males -202 (69.2%) M = 33.95 years, SD=11.18 and females 90 (30.8%) M = 32.63 years, SD=10.27] on a number of personality variables. They attended the discourse for a month daily for one hour. They were assessed on different measures of personality pre- and post- the Gita discourse. Repeated Measures MANOVA was employed to analyze the data obtained from different measures. In this paper findings related to self-perceived psychiatric problems assessed by employing Modified MINI Screen (MMS), developed by the New York City Department of Mental Health and Hygiene are reported and discussed. Participants showed a significant decrease in their perception of psychiatric problems from pre-discourse to post-discourse period. Wilcoxon Sign Rank test was employed. An effect size was calculated. For the total scoreit was 0.47 which is large. In sections A, B, and C (Mood, Anxiety and Psychotic disorders) it was 0.29, 0.42, and 0.35; in Q No 4 (suicidality) the effect size was 0.17 and for Q Nos 14 & 15 (Post Traumatic Stress Disorder) the effect size was 0.23. The findings are discussed with graphical representation.

Keywords: Bhagavadgita, Discourse, Counseling, Spirituality, Well-being

INTRODUCTION

Bhagavadgita (BG) is one of the sacred scriptures of India. It is an integral part of the Mahabharata epic, which is well known across the world. It is believed to have been composed by a sage Krishna Dwaipâyana popularly known as Veda Vyâsa. The current version of BG has 700 verses distributed across 18 chapters. These verses emerged in the context of helping one of the epic heroes, Arjuna, who refuses to fight the 'battle of righteousness' (Dharma yuddha) to uphold truth and justice and gets into a state of dejection and despondency

because his opponents were his kith and kin, preceptors, and mentors. Krishna, the Divine incarnation, who was Arjuna's cousin and also a friend, philosopher, and guide, accepted the role of his charioteer and counsels Arjuna to perform his duty as a royal. In the process of counseling, Krishna addresses many aspects of human existence, both material and spiritual. In particular, he discusses the nature of self and identity, personality types, bases of human motivation, causes of human suffering, and ways of overcoming them. These are discussed across the eighteen chapters of the BG.

¹Assistant Professor & Head of the Department, Post-Graduate Department of Psychology, Teresian College, Mysuru. Correspondence concerning this article should be addressed to Dr. Siddalingayya Hiremath, Email-siddarth.hiremath@gmail.com

² Former Professor of Psychology, University of Mysore, Manasagangotri, Mysuru.

Some of the important spiritual aspects that have a direct bearing on our sense of wellbeing are discussed in BG. They include (a) right perspective on self and non-self; (b) right action; (c) control of life force to attain control of the mind; (d) state of perfection; (e) three modes of nature (sattva, rajas, and tamas) which are responsible for action; (f) causes for pain and pleasure; (g) and how to maintain a state of equanimity. By discussing all these aspects, Krishna aims to help Arjuna to realize his spiritual Self so that his actions, including waging the war, is not coloured by his idea of doership. According to Krishna, it is the identification of oneself with one's actions that result in human suffering. The only way to free oneself from suffering is to transcend ahamkara, the 'bio-psycho-social self-sense' to put it in the modern psychological language (Hiremath, 2014). Thus, BG gives guidance for many practical problems like confusion about one's duties, right action, and righteousness (dharma). Hence, many Indian authors have given different titles for their commentaries on the BG highlighting this point. For example, Ekanath Eshwaran, named it 'The Bhagavadgita for daily living.' Swami Sadashiva Tirtha titles it as 'Bhagavadgita for modern times'; and D. V. Gundappa named it as 'Jîvana Dharma Yoga,' which means 'Principles for Right living (Hiremath, 2014), Because of this, there is a tradition all over India of arranging spiritual discourses on BG teachings as a way of developing self-awareness among people. It is believed that attending scriptural discourses, visiting holy places, and being in contact with spiritual persons will also help to solve practical problems. Hence, attending spiritual discourses in holy places is very common. Such discourses happen throughout the year. In North Karnataka, organizing BG discourses for an extended duration (from 10 days to 30 days) is a standard feature.

Many psychiatrists and psychologists believe that religion and spirituality play an important role in maintaining mental health. There are many empirical studies which indicate that religiosity and aspects of mental health tend to be positively correlated (Pearce, 2013; Pargament & Kenneth, 2011; Garner, 2002; Larson, 1992). Psychotherapists like Schaffer and Lazarus recognized the importance of religion and spirituality in psychotherapy (McCullough, 1998; Ventis, 1995). Spirituality is viewed by

psychologists (Abi-Hashem, 1999; Nicholls & Vicky, 2007; Tedeschi, 2006; Guindon, 2002 and Hickson 2000) as powerful psychological change agent; as important in grief and loss issues; as aid to overcome daily difficulties; and in career and decision making (Ruffin, 2014). Ways to develop strategies to integrate religious and spiritual teachings into mainstream psychology, counseling, and psychotherapy is actively explored (Richards & Bergin, 2005; Lines, 2006).

Though BG is not a well-developed system of counselling and psychotherapy in the modern sense it has solutions for many psychological problems when viewed from a spiritual perspective. Ramachandra Rao (1962) described Bhagavadgita as "counseling in the battlefield." He has observed that it is a lengthy treatise to guide, resolve conflict, get clarification, assurance (based on karma yoga), and to enlighten the individual to achieve adequate ego strength. Many contemporary spiritual masters and mental health professionals have focused on the potential of employing the essential teachings of BG in counseling and clinical contexts (Satyananda, 1972; Gour Gopal Dasa, 2005; Sukhabodananda, 2007; Menon, 2008; Swami Rama, 2008; Pandurangi, Shenoy & Kesavan 2014). Spiritual teachers opine that BG teachings relieves guilt, improves energy output, and morale (Satyananda, 1972) and that it can Gour Gopal Dasa (2005) has noted that it provides solace from all kinds of mental agonies and canbe consulted in all critical times. However, BG discourse is distinguished from contemporary counselling and psychotherapy. In contemporary counseling and therapeutic situations, one would focus usually on material aspects related to human action. They deal with the problems, working on problems, and how to solve the problems. On the other hand, Gita deals with the 'person' by focusing on shifting the self-sense from individual self (jîvâtman) to Universal Self (Paramâtman/Brahman) and how to shift the Being of the person to sthita prajna (even-minded state) (Sukhabodananda, 2007). Bhagavadgita has in it the principles of psychodynamic psychotherapy, Cognitive Behavioural Therapy, and grief emancipation therapy. BG also prescribes mindfulness as a way of being detached from the onslaught of the senses in order to attain the state of sthitaprajna (Bhatia, 2013). Some of the

elements of cognitive-behavioral and metacognitive principles can be found in BG1:29, 30, BG2:47, 54,55,63,64, and BG18:73 (Pandurangi, Shenoy & Kesavan, 2014).

Notwithstanding such opinions and theoretical views there is hardly any empirical investigation on this topic. Therefore, a study was undertaken as part of the first author's doctoral research to examine the effectiveness of attending a discourse on BG on certain personality traits and the experienced sense of illbeing and wellbeing. The main research questions examined include whether attending BG discourse has an effect on major personality factors such as self-construal and self-sense, temperament and motivational traits, ego-functioning, and selfperceived level of mental well-being. To examine these aspects inventories and questionnaires developed from Western and Indian psychological background were used. The following five main hypotheses were formulated. 1. Attending Bhagavadgita discourse will reduce psychological problems. 2. Attending Bhagavadgita discourse will help to enhance sattva guna. 3. Attending Bhagavadgita discourse will help to strengthen ego functions. 4. Attending Bhagavadgita discourse will reduce the bio-psycho-social self-sense. 5. Attending Bhagavadgita discourse will help expansion of self-sense/ identity to incorporate spirituality (Hiremath, 2014). In this research article, findings related to the first hypothesis are reported and discussed in detail.

Method

Since this investigation was exploratory in nature and employed convenience sample method and also because it was difficult to find a matching sample there was no control group. A pre-and post- assessment study was conducted. Data was collected from those participants who were attending a month-long discourse on BG and volunteered to answer the psychological tests. The discourse happened in Mamadapura Village, Gokak Taluk, Belgaum District, Karnataka state, India.

Participants

The study included all those who attended daily one-hour BG discourse and who could read, write and understand Kannada language. Participants' background was different in terms of education qualification, profession and caste. A total of 306 persons consented to participate in this study. Out of these, data of four persons were rejected because the protocols were incomplete. Data of ten more participants were dropped (two divorcees, two widows and six participants who were studying at postgraduate level) because they were insufficient for subgroup analysis. The remaining 292 participants were in the age range of 21 to 60 years [males 202 (69.2%) M = 33.95 years, SD=11.18 and females 90 (30.8%) M = 32.63 years, SD=10.27]. Participants differed in their marital status (married - 191, unmarried -101); and education qualification (degree - 71, preuniversity course - 75, 10th standard and below -146).

Measures

Since this is a part of Ph.D. thesis work, five questionnaires were used(Hiremath, 2014). The Modified Mini Screen (MMS) (Spotts, 2008) to assess the self-perceived tendency to develop psychiatric disturbances; Self Expansive Level Form (SELF) (Friedman, 2004), Ahamkara Questionnaire (AQ) (Kumar & Raj, 1999), and Ego-Functions Questionnaire (EFQ) (Kumar & Raj, 1999) to assess self-construal, self-sense and ego-functioning. Vedic Personality Inventory (VPI) (Wolf, 1999) to assess temperamental and motivational traits from Indian perspective. In total there were 27 variables: MMS (6), SELF (2), AQ (4), EFQ (12), and VPI (3). Since this paper is related to psychiatric problems details of MMS are provided here.

Modified MINI Scale (MMS) is an adapted version of MINI (Sheehan et al., 1998, p.34-57) which is a well-known tool for assessing psychiatric symptomatology. To help self-administration this version was developed by the New York City Department of Mental Health and Hygiene by Spotts (2008). This adapted version was used because the other versions of MINI require specialized training for administration and scoring in a mental health facility. This version comprises 22 Yes-No items. The inventory is divided into three sections -Section A (Q. No-1 to 6) (mood disorders), Section B (Q. No-7 to 15) (anxiety disorders), and Section C (Q. No 16 to 22) (psychotic disorders). Each 'Yes' response will carry 1 point. Out of the 22 items, if a participant scores 1-5,

then he/she is considered to be in Zone One, which represents "low likelihood of mental illness." If a participant scores 6-9, then he/she is considered to be in Zone Two, which represents a "moderate likelihood of mental illness." If a participant scores 10-22, then he/she is considered to be in Zone Three, which represents a "high likelihood of mental illness." Among the 22 questions, item number 4 relates to Suicidality. Questions 14 and 15 refer to Post-Traumatic Stress Disorder (PTSD). The Chronbach alpha coefficient was used to estimate the reliability and the obtained value was 0.91 (n = 22 items), indicating that the MMS scale exhibits adequate internal consistency reliability and adequate validity (Spotts & Lynn, 2008).

Details of the discourse In the discourse the first four chapters of the BG was narrated. They are Yoga of Dejection (Arjuna Vishada Yoga) (BG 1), Yoga of Analysis (Sañkhya Yoga) (BG 2), Yoga of Action (Karma Yoga) (BG 3) and Yoga of Knowledge (Jñana Yoga) (BG 4). The orator chose relevant verses from other chapters whenever it was suitable and helpful to explain the content from the first four chapters. The discourse was conducted in the vernacular (Kannada) language by a Hindu monk Sahajananda Swamiji, who belongs to the tradition of Swamy Shivananda. He was well versed in Hindu scriptures. He delivered the content very slowly and clearly. The investigator also attended the discourse.

Data collection and analysis

The data was collected one week before the commencement of the discourse. Participants were requested to assemble in the temple. Daily around 50-60 participants used to gather in the temple and investigator administered the questionnaire in the group. Doubts regarding items were clarified then and there. Again, at the end of the discourse, postassessment was carried out. All of the participants could read, write, and understand the Kannada language in which the tests were administered. The total of 27 variables belonging to five different measures viz., MMS, SELF, VPI, AQ and EFQ, were analyzed employing Repeated Measures MANOVA (SPSS version-16) technique, to examine the significant within subjects' effects, effects of interaction between test scores and demographic variables, and between subjects (sub-groups) effects.

Results

Overall findings

The Repeated Measures Multivariate Analysis of Variance showed an overall significant difference in the test scores of all the 27 variables taken together from pre to post assessment (DF=26, MS=115.469, F=6.113 and p< .005). On the demographic variables there were significant differences in the interaction between (i) test scores and gender (DF=26, MS=52.469, F=2.778 and p<.005); (ii) test scores and marital Status (DF=26, MS=40.887, F=2.164 and p<.005); (iii) test scores and education-(DF=52,MS=29.730, F=1.574 and p<.005); (iv)testscores, gender and education-(DF=52,MS=31.122, F=1.648 and p<.005); and (v) test scores, marital status, and education-(DF=52,MS=43.162, F=2.285 and p<.005). The test of between subjects effects result revealed a significant difference in some combinations as follows: a) Marital Status x Education (DF=2, MS=170.547, F=4.939 and p<.005); and b)Gender x Marital Status x Education (DF=2, MS=131.228, F=3.800 and p<.005). The results reported above demonstrates that BG discourse has effect on the scores of different personality variables. Those effects are pronounced in relation to the interaction effects of demographic variables viz., gender, marital status, and education (Hiremath, 2014). The scores on MMS were subjected to Wilcoxon Signed Rank Test to assess the significance of the difference between pre- and postscores. The frequencies of 'Yes' and 'No' responses, Mean Ranks, z value, p value and the Effect Sizes for the total score on the scale (ABC); for Section A, B, C; for Q4 and Q14 and 15 are provided in the table (see Table 1). Mean Rank is a measure just to understand whether the instances are greater or lesser during the post assessment than the pre assessment. In case, if the mean ranks are same, then conclusions are drawn on the basis of p value which reveals whether a significant difference exists or not and the r indicates that there is a positive correlation. The final inferences can be made on the basis of frequency alone.

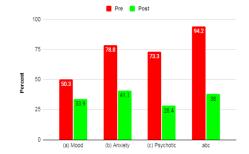
Table-1

Yes and no responses for the presence of the perceive tendency of the psychiatric disorder in the pre-post assessment, z-value, p-value, effect size (r)-value of section A,B,C, Q.NO-4 and Q.NO-14 and 15

	See-A				Sec-B				Sœ-C				Sec-ABC				Q.No.4				QNo-14&15				
	PreTest		Post	Post Test		Pre Test		Post Test		PreTest		Post Test		PreTest		Post Test		Pre Test		Post Test		Pre Test		Post Test	
	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	110	yes	no	yes	no	
Prepost response	147	145	99	193	230	62	120	172	214	78	83	209	275	17	111	181	31	261	06	286	115	177	39	253	
Mean Rank	87.79		67.54	67.54		113.70		79.68		113.79		104.04		140.03		94.01		19.00		19.00		72.63		66.02	
p-value	.000				.000			.000			.000			.000			.000								
z-value	-7.084			-10296			-8.623				-11.594			4110			-5.642								
r-value		.29			.42			35			0.47			0.17				023							

The result indicated that in section A i.e. Mood Disorder after attending the BG discourse (pre mean rank 87.79 and post mean rank 67.54, z = -7.084, p=.000, r=.29) showed a small effect size. In the section B i.e., Anxiety disorder (pre mean rank 113.70 and post mean rank 79.68, z=-10.296, p=.000, r=.42) showed an effect size larger than the previous one. In the section C i.e. Psychotic Disorder (pre mean rank 113.79 and post mean rank 104.04, z=-8.623, p=.000 r=.35) there was an effect size larger than in Mood disorder category. For the total score (pre mean rank 140.03 and post mean rank 94.01, z=-11.594, p=.000 r=.47) the effect size is considerable. Though the effect sizes are not large all the z values are significant at p=0.000 level. Hence, we can infer that the pre-post differences in scores are statistically significant. That is, there is an overall tendency of reduction in the selfperceived tendency for developing psychiatric problems as reported by the participants. A visual representation of the data in the form of percentages of those who reported 'Yes' and 'No' in pre and post assessment is provided for total scores and for sections A, B, and Cin the form of bar graphs (see Figure 1);

Figure-1Graphical representation of pre-post test results of section A, B, C and ABC

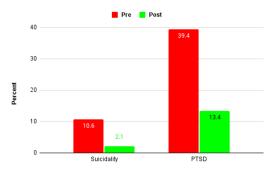


As evident in the figure the bar graphs for total score (abc) and for (a)Mood, (b)Anxiety and (c) Psychotic disorders show that the percentage has shown a decline pre to post assessment. That demonstrates a considerable reduction in self-perceived psychiatric problems as reported by the participants suggesting that attending the discourse did have a positive impact on their mental status.

When we consider tendencies for Suicidality (Q -4) and PTSD (Q - 15 and 16) again we see a significant difference between pre- and post-assessment scores. In the case of Suicidality though the Mean

rank is same (19) for pre and post-assessment, as evident from z and p values and the effect size. the suicidality has reduced during the post assessment to a greater extent.

Figure-2
Graphical representation of pre-post test results of suicidality and PTSD



A visual representation of the data in the form of percentages of those who reported 'Yes' and 'No' in pre and post assessment (see Figure 2)indicates there is a considerable reduction in suicidal thinking and also in the level of stress after the discourse.

Discussion

The overall findings and the findings specifically related to self-perceived tendency to develop mental problems demonstrate that the BG discourse of one month duration did have positive benefits in increasing the sense of well-being among the participants. In any modern therapeutic intervention, many factors are known to be responsible to induce the change. The most important of them are the client's pre-therapeutic characteristics, motivation, and expectation of therapy (Sheehan et al., 1998; Tinsley, Bowman & Ray, 1998). In this study the participants who were attending the discourse on BG were not mentally disturbed persons. They were persons with a low likelihood of mental illness (LLM). They were attending the discourse primarily as a matter of spiritual learning not as persons seeking counselling for any particular problem. However, culturally there is an implicit understanding that attending such discourses throw light on many problems of living, give insights and clarifies the issues, and thereby help to resolve some of the problems one might be facing. The MMS scores reveal that

the number of those who were in the high likelihood of mental illness(HLM) zone reduced in the post assessment and suicidality and PTSD scores also reduced (see Figures 1 and 2).

When one considers the potential of discourse on BG to serve as an individual or group counselling session it is chiefly because the first chapter has a graphic description of the despondency and dejection Arjuna experiences in the battlefield. After facing a host of his brothers, uncles, beloved grandfather, and revered teachers among his opponents in the battlefield he realizes the magnitude and gravity of his task and the amount of destruction and havoc that will be caused due to war. He feels it impossible to fight and kill his own people and loses his cognitive stability that leads to his feeling of dejection. He experiences the approach-avoidance conflict. Foreseeing the inevitable death of his relatives Arjuna sinks into deep emotional turmoil which exhibits in the physical form (parched mouth, failing limbs, trembling body, standing hair, skin on fire, losing grip, rambling mind (BG 1:28-31). He loses his discriminative ability. In this state of overwhelmed feeling, Arjuna uses false reasoning (BG 1:31-46) to justify his inclination to abandon his duties of fighting to establish righteousness (Dharma). At this point, there was cognitive dissonance in Arjuna that resulted in giving up his duty. Arjuna had symptoms of depression such as negative thought (BG1:32), guilt (BG1:44), death wish (BG1:45), and anxiety (BG1: 29, 30) (Reddy, 2012). Since the discourse commences with the first chapter that elaborately and graphically describes Arjuna's state of despondency and dejection, it is plausible that the participants unconsciously identify themselves with the portrayal of that character and listen to the rest of the discourse. This chapter is appropriately named as Arjuna Vishâda Yoga (Yoga of Arjuna's dejection). Here the word Yoga implies that Arjuna had identified his self with biopsychosocial aspects of material existence. Krishna attempts to help Arjuna to transcend his narrow self-identification to realize his real identity, which is spiritual. The remaining chapters of the BG focus on this.

In terms of the content of the first four chapters of BG teachings, there are some psychological principles involved that may be considered as therapeutic of re-educative and reconstructive significance.

These contents have been integral aspects of the Indian spiritual worldview that have survived for several thousands of years. They have shaped the outlook on reality, life, and self of several generations of people till date. Swami Rama observes that there are fundamental differences in the way Krishna treats Arjuna and the approaches psychotherapists employ today. As he notes "psychotherapists attempt to help the client modify his conscious attitudes and unconscious processes and behaviors, but their analyses lack the depth and profundity found in the Bhagavadgita." (Swami Rama, 1985). The essential principle involved in BG is to shift the locus of identity from ordinary material awareness to transcendental state of awareness. Since, Indian worldview has affirmed this possibility for several centuries, Indian mind is open to such a possibility. A few examples of how Krishna counsels Arjuna gradually helping him to bring about this change of awareness is given below as illustration.

To begin with, in the second chapter, Krishna hearing the lamentations of Arjuna, urges him to come out of the feeling of self-pity and counsels him not to abandon his duties (BG2:31-33). Then, he observes that his state of turmoil is because of uneven mindedness (BG2:15, 38). Further, he explains that for the sake of society, he must fight the evil as a role model (BG2:34, 35) and even for the sake of social standing (BG2:36). He points out that the fear of ending the existence of relatives is illusory, for the real Being in all is deathless, which transcends the material existence (BG2;16-30). Then he says either you will win and rule the kingdom or if you die you will reach heaven, both of which are desirable goals (BG2:38). These are intended to bring Arjuna to the reality of material and social life and to help him realize his duty as a king. When Arjuna persists in his distressed state Krishna introduces the idea of remaining even-minded amidst all the ebbs and flows of life. This is a steady state of wisdom and evenmindedness (stithaprajñatva) through sense discipline, detachment, inner calmness, overcoming attraction, and aversions (BG2:45-71). This is the essential teaching of the second chapter of the Gita. In this chapter the teachings are aimed at changing the locus of identity from the ordinary bio-psycho-social self-sense to the establishment of that identity sense in transcendental awareness. In the third chapter Krishna dwells on the difference between action and inaction under any circumstance, and explains that the perfection of mind is achieved only through the right action (Karma Yoga) and not from inaction (BG3:4). Everyone is compelled into action by the three modes of nature (triguna) viz., sattva, rajas, and tamas (BG3:5). It is futile to resist only the physical activity when the mind is not free from thoughts of sensual pleasures (BG3:6). Then he brings in the difference between acting with attachment and hope of reward and acting without attachment to the outcome of one's actions. In the fourth chapter this idea is elaborated and how one should live in the world and what is the ideal way of living. With wisdom, one must disengage self from attachment, fear, and desire (BG4:10). One must be equanimous at all times and free from negative emotions (jealousy, enmity) (BG4:22).. Thus, Krishna suggests that Arjuna act with wisdom for the sake of upholding the dharma. In other words, Krishna employs procedures that are familiar to modern-day counsellors such as bringing Arjuna out of the misery, giving him courage, helping him to achieve stability of mind, and teaching about the social consequences of inaction. (Yogananda, 2002, p. 343). We should note that Krishna goes a step further in bringing about transformation in one's sense of identity. Modern counselling and therapeutic attempts focus on strengthening the bio-psycho-social identity, which is called ahamkara. Indian psychology-oriented counselling and therapy aim at moving beyond this and shift the locus of identity to a spiritual dimension, which is called atman (Salagame, 2014)...

In conclusion, the change found in the participants can be attributed to attending the discourse and applying BG principles in their life. Also, there is a belief that visiting holy places, being in contact with spiritual people, and attending spiritual discourse will help to come out of the worldly sufferings. Besides, the influence of the discourse per se and influence of the orator might have also served as prestige suggestions on the participants.

Limitation of the study

The discourse was limited to only four chapters of the Gita. Many of the personality related information found in other chapters were not completely discussed. Second, the duration of the discourse was only a month. Third, most of the participants were in the least likelihood of mental illness zone on MMS. That means, they did not have any specific type of mental disturbance per se in pre-assessment. Fourth, there was no comparison group. In view of these a more focused study with an intervention module specifically developed based on the teachings of the BG will be useful to verify and validate the effects on wellbeing. Inclusion of direct measures of wellbeing is also needed.

Implications

Indians are strongly influenced by the Vedas, Upanishads, Ramayana, Mahabharata, Jaina and Buddha's teachings. For several generations psychological elements in these sources have helped to deal with the problems faced by people in informal individual and group settings. This study has indicated that Bhagavad Gita discourse has the potential to serve as a method of group counselling. Hence it is important to systematically study the effect of aforementioned on individuals' psychological health and make use of them in a more systematized manner to deal with minor mental problemssince the country faces shortage of trained mental health professionals.

Reference

Abi-Hashem, N. (1999). Grief, Loss, and Bereavement: An Overview. *Journal of Psychology and Christianity*, 18 (4), 309-329.

Bhatia, S. C., Madabushi, J., Kolli, V., Bhatia, S. K., &Madaan, V. (2013). The Bhagavadgita and contemporary psychotherapies. *Indian Journal of Psychiatry*, 55(Suppl 2), S315.

Friedman, H., MacDonald, D., & Kumar, S. K. K. (2004). Validation of the Self- Expansiveness level from with an Indian sample. *Journal of Indian Psychology*. 22 (special issue) 44-56.

Garner, L. F. (2002). Spirituality among baccalaureate nursing students at a private Christian university and a public state university. *Christian Higher Education*, *I*(4), 371-384.

Gour Gopal Dasa. (2005). *Conquest*, 2ndEd. Mumbai: Prerana Books.

Guindon, M. H. (2002). Coincidence, happenstance, ser-

endipity, fate, or the hand of God: Case studies in synchronicity. *The Career Development Quarterly*, 50(3), 195-208.

Hickson, J. (2000). Counselors' perceptions of spirituality in the therapeutic process. *Counseling and Values*, 45(1), 58-66.

Hiremath, S.(2014). *Bhagavadgita Discourse as counseling Strategy: An Exploratory Study*. (Unpublished Doctoral thesis). University of Mysore.

Hiremath, S., & Salagame, K. K. K (2014). Bhagavadgita typology of devotion: An empirical Analysis. *International Journal of Multidisciplinary Educational Research. 3*, *6* (3) 1-15.

Hiremath, S., & Salagame, K. K. K (2014). Effect of Bhagavadgita discourse on Ahamkara. *International Journal of Multidisciplinary Educational Research*. *3*,10 (3)175-186

Kumar, S. K. K., & Raj, A. (1999). Ahamkara and Ego-Functions among Meditators and Normals. *Journal of Indian psychology*. 17(1), 46-55.

Larson, D. B. (1992). Religion, anxiety, and fear of death. *Religion and mental health*, 98-109.

Lines, D. (2006). Spirituality in counselling and psychotherapy. Sage.

McCullough, M. E. (1998). Religious commitment and health status: a review of the research and implications for family medicine. *Archives of family medicine*, 7(2), 118.

Menon, S. (2008). *Transpersonal Psychology in Bhagavadgita*, In K.R. Rao., A.C Paranjape., & A. K. Dalal (Eds.). In Hand book of Indian psychology. New Delhi. Cambridge University Press India Pvt Ltd.186-216.

Nicholls, V. (2007). Loss and its truths: Spirituality, loss, and mental health. *Illness, Crisis & Loss*, 15(2), 89-98.

Pandurangi, A., Shenoy, S., & Kesavan, M., (2014). Psychotherapy in Bhagavadgita, the Hindu Scriptural Text. *The American Journal of Psychiatry*. 1 Aug 2014.

Pargament, K., Feuille, M., &Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, *2*(1), 51-76.

Pearce, M. J. (2013). Addressing religion and spirituality in health care systems. In K. I. Pargament, A. Mahoney, & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality (Vol. 2): An applied psychology*

of religion and spirituality (pp. 527–541). American Psychological Association. https://doi.org/10.1037/14046-027

Rao. (2009). *Counseling and guidance*. New Delhi: Tata McGraw Hill Education private limited.

Richards, P. S., & Bergin, A. E. (2005). *Religious and Spiritual Assessment*. In P. S. Richards & A. E. Bergin, *A* spiritual strategy for counseling and psychotherapy (pp. 219–249). American Psychological Association. https://doi.org/10.1037/11214-008

Ruffin, N. R., & Wickman, S. A. (2011). The impact of a spirituality interest group on counselor development.

Available from: URL http://counselingoutfitters.com/ vis-tas/vistas11/Article 39.pdf

Salagame, K.K.K (2014). *Ego and ahamkara: Self and identity in modern psychology and Indian thought. (Ch.10).* In R. M.Matthijs Cornelissen, Girishwar Misra, & Suneet Varma (Eds.) Foundations and Applications of Indian Psychology. New Delhi:Pearson

Satyananda S. (1972). *Song of the soul*, 1st ed. Calcutta: Sree SreeRamkrishnasevayatana publication.

Spotts, Jennifer Lynn. "Utility of the Modified Mini Screen (MMS) for screening mental health disorders in a prison population." PhD (Doctor of Philosophy) thesis, University of Iowa, 2008. http://ir.uiowa.edu/etd/462

Sukhabodananda. (2007). *Karma yoga*. Bangalore, Prasanna Trust Publication.

Swami Rama. (1985). *Perennial psychology of the Bhagavadgita*. (1st ed.), Himalayan International Institute of yoga science and philosophy of the USA.

Tedeschi, R. G.(2006). Time of change? The spiritual challenges of bereavement and loss. *OMEGA-Journal of Death and Dying*, *53*(1), 105-116.

Ventis, W. L. (1995). The relationships between religion and mental health. *Journal of social Issues*, 51(2), 33-48.

Wolf D. (1998). The Vedic personality inventory. *Indian Journal of Psychological Medicine*, 16:26-43.

Yogananda. (2002). *The Bhagavadgita Royal science of God-Relation*. Kolkata: Yogananda Satsanga Math.

The Light that Heals: Clinical Implications of Sri Aurobindo's and The Mother's Perspective on Human Evolution

Monica Gupta¹

ABSTRACT

The article examines the evolutionary patterns of human developmentas envisaged by Sri Aurobindo and The Mother and its clinical correlates. A dialogue is created between The Neo-Darwinian and Relational-Developmental Metatheories given by developmental philosopher Willis.F. Overton to locate Sri Aurobindo and The Mother's Integral-developmental perspective in current developmental discourse. The Psychotherapeutic implications for Integral-developmental perspective are discussed with reference to the multiple trajectories of development, the dialectics of development, double nature of developmental principles, patterns of stability and change, operation of hierarchies of consciousness, the principle of ascent-widening-integration and the process of healing.

Key words: Integral Healing, Integral Psychology, Hierarchy of Consciousness, Dialectics of Development, Metatheories of Development, Stability and Change

Introduction

This article outlines the Integral-Developmental thought contained in the works of the Indian sage-philosophers Sri Aurobindo (1872-1950) and The Mother (1878-1973) and its clinical correlates. I find it useful in this specific article to examine the metatheoretical perspectives in mainstream Developmental Psychology so as to paint bold stokes and lines that define current developmental discourse and also to see how this vista looks if colours from Sri Aurobindo and The Mother developmental thought were added to it.

Metatheoretical Perspectives in Developmental Psychology

In philosophy of current discipline of Developmental psychology, there are two useful impulsions —a tendency to see the disciplinary progress in terms of paradigms, metanarratives and grand theories and also a post-modernistic urge to step back from these organized metatheoretical perspectives to recover the diverse, emergent, plural, subjective perspectives. In my view, both these together form the differentiation-integration, deconstruction-construc-

tion, look-relook dialectic of the way in which disciplinary developmental knowledge is constructed. I examine the metatheoretical impulsion in this article. I focus on work of noted developmental philosopher Willis. F. Overton (2006) according to whom metatheories in mainstream Developmental Psychology can be grouped into two dominant themes –the Neo-Darwinian metatheory and the Relational-Developmental metatheory.

The Neo-Darwinian Metatheory: This metatheory sees the psychological subject as reactive, fixed and uniform and relies on mechanical explanation as a metamethod. (Overton, 2006). The psychotherapeutic perspectives based on this metatheory are likely to emphasize one-way causation i.e., changes in environment as a way of effecting individual behavioural changes or adaptations to a given environment(e.g., classical behavioural approaches; evolutionary psychology, sociobiology, behavioural genetics). Change is additive in nature. The external environment here becomes the predominant category and evolving better behaviours, scripts, strategies and skills of 'coping with' and 'adaptation to' the external demands of the environment can become the underlying sub-script of therapy. Further,

¹ Associate Professor, Department of Elementary Education, Gargi College, University of Delhi, New Delhi. Ph: 9810515693 Email: monicag21@rediffmail.com

this metanarrative looks at reality in a split fashion. For instance, what percentage of a human characteristic is explained by heredity or environment, stability or change, biology or culture etc., creating mechanical explanation.

The Relational-Developmental Metatheory: In Relational-Developmental metatheories one finds a shift away from the perspectives that emphasize split factors and one-way causation to dialectical perspectives. The root of relational dialectics can be traced to the dialectical theory of Hegel. The Relational-Developmental metatheory looks at the nature of person as changing, active and organized. It seeks to understand the dialectics between two related factors in terms of identity of opposites or opposites of identity. This means that any two seemingly opposite factors like Mind-body, Biology-Culture, Intrapsychic- Interpersonal etc. are actually mutually constitutive as identity of a factor depends on the creation of its opposite category e.g., the relational category of 'master-slave' - an examplar given by Hegel. They both together form a relationaldialectical category and metamethod of reason, explanation and understanding is used to reveal the relationship. The reality can be looked at through this inclusive category and also through the opposites of identity where each of the two mutually constitutive factors becomes a point of view or a specific vantage point from where to observe reality. The dialectical relationship is formed through assertion of a thesis, and its corresponding antithesis and the tension between both resolves itself in a higher synthesis.(Overton, 2006)

An example of this approach is Erik Erikson's lifecycle theory that creates relation and tension between opposites at each stage in form of a crisis and offers possibilities of manifestation of ego-strengths and core pathologies in case of an unresolved tension at each stage and also potential of resolution of crisis like a 'breaking of fever' and emergence into higher stage of development through synthesis of a core virtue (Erikson,1950). Another work located in this metatheory is that of Antonio Damasio who looks at the physical-cultural basis of human emotion through the concept of embodiment (Damasio 2000).

Also, in my view there is potential in relationaldevelopmental metatheory with its 'process ontology' to create a psychotherapeutic process that can emphasize a dialectical understanding of the oppositional forces acting on an individual, viewing their dynamics as mutually constitutive, analyzing their power dynamics and differentials, understanding individual lines of view or viewpoints of the opposites as manifested in individuals or in relationships, identifying a disturbed dialectic as well as potential for an emergent synthesis.

Sri Aurobindo and The Mother's Integral-Developmental Perspective

The aim of exploring Sri Aurobindo and the Mother's perspective on evolution of consciousness is to recover for Developmental and Clinical Psychology, perspectives that look at psychological person as *conscious, evolving and integral*. These perspectives, if recovered can form another metatheoretical vantage point useful for integrating developmental knowledge that has emerged through engaging with the inner dimension of human experience. Sri Aurobindo's and the Mother's writings were an occasion for creative interpenetration of Eastern and Western philosophies. They seem to havea Hegelian root that flowers into the heights of Non-dual Absolute of the Indian philosophy.

Psychology: A Subjective Science of Consciousness: According to Sri Aurobinbdo (1982), Psychology as a discipline of knowledge ought to be science of consciousness. It is essentially a subjective science that can link metaphysics and everyday life following the philosophy that entire life is yogic in nature. Yoga is the method (Sri Aurobindo 1997a) through which inner psychological change can be effected and it is in essence Psychology which is practical in nature. Yoga is the connection with our higher divine possibilities revealed through an intense aspiration of a being. A change in nature is possible through Yoga creating future evolutionary possibilities of humankind.

The Multiple Evolutionary Trajectories: To understand the minutiae of human growth as seen by Sri Aurobindo and the Mother, I have used the developmental frames from Developmental Psychology to outline the trajectories or stories of development that Integral- Developmental perspective offers. According to Sri Aurobindo (1998, 2000)—there is a hidden plan and order in the Universe amid appar-

ent chaos, as the highest Divine Consciousness has through a descent 'involved' itself in seed form in the Inconscient (fragmented) base of creation. This is called 'involution.' Nature in its vastness is doing Subconscient Yoga and it attempts to recover the Divine light and order involved at the dark Inconscient base of Creation which it releases through progressive evolution through an ascent of consciousness. Life emerges in matter and mind emerges in life and in the current poise, humanity is struggling to create conditions for expression of forces higher than the mind, the Supermind. This can be seen as the *cosmogenetic* story of evolution. The sociogenetic story is presented by Sri Aurobindo (1997c) in the form of a human cycle that goes through multiple stages from dawning or descent of a symbolic idea from higher realms of consciousness, to its fall into typal and conventional social consciousness of the lower collective Mind and its progressive recovery through the individualistic and subjective stages into its higher spiritual values. The *ontogenetic* story is critical as it is selfconcentration of the Infinite in an individual that can hasten through yogic practice the pace of human evolution and compress in a lifetime what would take Subconscient Nature eons to do (Sri Aurobindo, 1998). Sri Aurobindo states-"One man's perfection still can save the world" (Sri Aurobindo, 1997b, p.531). This developmental frame I feel could be further refined to say that Sri Aurobindo's and The Mother's perspectiveis amenable to a subtilised micro-genetic understanding (moment-to moment change in real time., Karmiloff-Smith, 2013) of vogic processes in terms of self-observation of critical inner attitudes, functioning of transformational hierarchies and grounding of spiritual practice in everyday life to create new and individually unique forms of knowing, being healing, working and relating.

In a psychotherapeutic approach based on Sri Aurobindo's theory, all these trajectories can coalesce together to become a many–patterned complex ground for clinical-developmental practice and create a unique psycho-therapeutic moment. The 'cosmic-evolutionary trajectory' defines the nature of existential moment or crisis in an individual and the therapist; the 'social evolutionary trajectory' can define the current patterns of social rigidities, relations, power dynamics and inclusions as manifested in the client, therapist or the psycho-thera-

peutic situation; the 'ontological trajectory' is an expression of the unique life view, nature and crisis of the individual as located in evolving *swadharma* and *swabhava*; and micro-genetic analysis can reveal the specific individual habits, characteristic turns of thought, body and emotions, attitudes-in-motion, unique patterns of light and shadow in crisis resolution, nature of aspiration and potentialities of higher yogic synthesis.

Integrality and Dialectics in Development: The psychological person is conscious as at the base of Nature is a conscious seed that evolves into mulself-expressions of the highest Sachchidananda Consciousness. The consciousness of the person is *Integral* because integrality is the Alpha and Omega point of creation. Integral Consciousness is indivisible, complete, and all-embracing. The evolutionary process explores progressive multi-poises of the Integral consciousness in the form of Perfection-in Progress. According to Sri Aurobindo (2005) the integral consciousness joins the upper hemisphereof Sachchidananda Reality to the lower hemisphere of Mind, Life, and Matter and is called the Supermind. It is the Supermind that transforms lower nature into its higher notes of the being (Sri Aurobindo, 2005).

The Supermind has three simultaneous poises. In its highest comprehensive poise, the object of cognition is seen as itself and subjectively experienced as itself -subject-object distinction vanishes through identity and Knower, Known and Knowledge become one. In its second poise the Being (the Witness or Purusha), by apprehension throws it as an object of cognition away from itself but within the circle of the consciousness. It is the apprehending consciousness that puts mind in motion, and reveals the knower to itself. In the third poise, the consciousness enters the phenomenal world and in action becomes seemingly forgetful to itself (Sri Aurobindo, 2005). The yogic methodology of healing and integration is based on creating a stillness in the phenomenal mind that in rush and twirl of the noise of the phenomenal world has forgotten its higher poises. In the stillness of the being, there can emerge a deep poise of witnessing, listening, and self-reflexivity of the apprehending consciousness useful for healing and self-healing. In moments of perfect comprehending identity, the distinctions between healer and healed can disappear with a descent of accompanying higher light and affect in the Being, creating integral healing. The higher poises of the mind can be accessed through meditation, contemplative techniques, self-reflective journaling and other methods such as conscious self- observation and self-organisation.

According to Sri Aurobindo (2005), the dialectical intellect of the surface mind can be used to clarify and organize the expression of relationships but it deals with abstract ideas and words as though they were binding chains and is not able to look beyond them into essential knowledge and spiritual realities. It can grasp aggregates of things divided and the sameness that underlies them but it cannot fathom ultimate unity and infinity that is Absolute. The nature of lower dialectics is to oppose each other in order to comprehend the nature of the other. It is not through a mutual adjustment that a higher synthesis can be reached but through mutual love-becoming the opposite that egoism disappears, leading to an influx of a higher light. This higher dialectic can be used for new formats of psychotherapy and research that seek to organize through a higher soul-aesthetic. It is the evolving divine dialectic of the collaboration between Nar (human) and Narayana (Divine) that invites to us to heal the contradictions disjoints and fissured nature of the phenomenal consciousness.

Ascent, Widening and Integration: The dialectics of differentiation and integration pervade the theories that constitute the relational-developmental metatheories. However, in Sri Aurobindo's writing we find a unique variant of the developmental principle suited to explaining inner transformational change in form of ascent-widening-integration. Sri Aurobindo (2014) sketched the varied planes and parts of the human being on evolutionary canvas with an exactitude that emanated from his yogicpsychological view. Each part of the being represents a specific quality or concentration of Divine Consciousness. It is the operation of Consciousness on consciousness within a hierarchy of consciousness that forms the developmental science of human subjectivity. The developmental principle that can be used to understand human growth is ascentwidening-integration. An evolutionary step is taken forward by the evolving consciousness through ascent or heightening of consciousness (vertical development). This ascent reveals to the being new vistas of experience. In this new developmental poise, the being also gains strength through a widening by gaining multiplicity of the experiences (horizontal development). The old stage of development is not discarded but purified, subtilized and integrated with the new emergent principle of being (Sri Aurobindo, 2005)

This principle can be applied dynamically to resolve the knots of the parts of the being. According to Sri Aurobindo (2014), there are five parts of the being – surface physical, vital and mental consciousness that form the surface ego complex; the deeper secret presence of the psychic being (individualised soul that takes part in evolution); and the *spiritual* consciousness that is Eternal and Infinite Consciousness. The solution to a problem that is rooted in a particular part of being does not lie in the same level. One must be able to heighten the consciousness, to emerge at a higher stage from where it becomes easier to view, understand, and resolve one's problems. For instance, to get rid of the inertia of the physical mind, the dynamic energy of the vital mind (life-mind) can be invoked; to get rid of the tempestuousness of the vital mind, the calmness and intensity of mental will can be invoked; to give purpose, direction, and stability to the surface nature comprised of physical-vital-mental ego, the calm presence of psychic being and the spiritual consciousness can be invoked. These principles can be used in ordering the being in the process of healing.

In addition to the parts of the being, there too are planes of consciousness below, above and surrounding the Conscient mind. The Inconscient and the Subconscient mind are the bottom two rungs of this ladder and are marked by darkness, inertia, insensitivity, and mechanical nature of consciousness. The Conscient mind is the third rung; above lie the higher reaches of Superconscient –the Higher mind, the Illumined mind, the Intuitive mind, the Over mind and the Supramental Consciousness. These higher planes are marked by a progressive increase of the effulgence of light and its resultant power to manifest a new consciousness. Surrounding the Conscient is the Circumconscient through which one is in touch with others and with the Universal forces. (Sri Aurobindo, 2014)

In traversing the planes of consciousness too, the same principle of ascent-widening- integration is operative (Sri Aurobindo, 2005). For instance, the calm reason of the Conscient mind can be used to challenge the upsurge of the infrarational material from the Inconscient and Subconscient Mind. The contradictions of Conscient rational mind can be resolved by an ascent to the higher mind. Rational mind thinks by cutting up reality into pieces and unable to handle mutually contradictory ideas. However, with ascent to the higher mind, even mutually contradictory ideas can be phalanxed together in a higher synthesis that opens possibility of new ways of knowing and being. A person can initially experience only a touch of the higher mind, but with repeated experience the entire being can be confirmed in a new poise through a decisive reversal of consciousness. Ascent to even higher reaches of the mind can be greater capacity of Truth vision and Consciousness Force. As a rule, the higher one ascends in the planes of consciousness, the greater is the power to heal the darkness, inertia, and fragmentation of the nether levels of consciousness. In Sri Aurobindo's words "A highest flight climbs to a deepest view" (Sri Aurobindo 1997b, p. 660)

It is interesting to note that Sri Aurobindo was aware of Sigmund Freud's work. One finds a similarity in the works of both the thinkers in terms of viewing a large part of human consciousness as submerged in the unconscious and the subconscious. But there is also a point of departure. According to Sri Aurobindo(2014), to release the unconscious repressed forces as done by Psychoanalysis without invoking steady healing light of the higher consciousness could create problems in the recovery process if the released material was too much to handle by the conscious mind. Sri Aurobindo in his writings emphasizes that the true foundation of things is the Superconscient and not the Subconscient. Freud did not recognize any such higher states. The creation of a steady atmosphere of light, peace, rest, calm and quietude is the most important condition for recovery of disturbed energies of the being rather than wading through the Subconscient upsurge. The significance of a lotus cannot be found by analysing the mud below but in the heavenly archetype of lotus that blooms forever in a higher Light. (Sri Aurobindo, 1997a)

Growth, Psychic Being, and Healing: The Mother (2004d) spoke extensively about the process of individuation and deeper integration and harmonisation of the being as led by the secret voice of the psychic being from behind a veil. It is through inwardisation of consciousness that outer surface nature is transformed into Divine values and a true Gnostic Individuality manifestthat is self-aware of its purpose of existence. The task of individuation requires an individual to become conscious of the samskāra given by parents and society, examine and challenge the nature of collective influences operating on the self so as to form one's own unique style of thinking. The journey can be at times difficult full of crisis emerging from external pressures and inner confusions. Widening of consciousness is important for individuation because a person unexposed to multiplicity of views is like a musical instrument with only one or two notes but a fully developed individuality, rid of its rigidities and prejudices, is like grand orchestra (2003c, 2004d). I am reminded of a similar analogy used by a noted developmental psychologist Klaus Riegel (1975) who likened the process of dialectical development to orchestral arrangements whereas cacophony or random alignments have no synchrony and therefore cannot be likened to development.

The task of even deeper integration and harmonisation beyond the ego according to The Mother (2003c, 2004d) requires a person to organise multiple sub-personalities to form an integrated identity that is led by the conscious striving to express the psychic being. In healing too it is the bringing forth of the psychic being or soul that plays a critical part for it is the fount of love and a glue that has the power of binding the fragments of human consciousness together (The Mother, 2002). The presence of the psychic being is the reason why humans progress and strive for perfection. The psychic responds to all that is true, beautiful, and good. During the healing process, it is an atmosphere of true beauty that can heal and harmonise the discordant notes of the being. According to The Mother (2002)there needs to manifest beauty in thought, work, action and sentiments. A suffering mind exposed to ugliness of physical surroundings, ugly disorder of emotions and sentiments is unlikely to create psychological poise that can aid recovery. A moment of beauty however stills our mind and creates an intensity of consciousness in the being –a creative insight can breakthrough the old mechanical rounds, habits, or inertia of the being. According to Sri Aurobindo (1997c), beauty can give significance to the least and the greatest of actions giving it a depth of meaning that wells up from the soul. We may find meaning and significance even in the patterns of our suffering and pain for it is the darkest before the dawn.

If a person experiences imbalance in the being, imbuing the physical with order and aesthetics can create a fine ground for recovery. Beauty and order need to become a part of the person's daily routine and the surroundings. A rational routine can make life breathe with rhythm. A simple thing like cleaning up the room, desk, drawers, organising things can help organise a person's mind, create lightness of being and eschew disorder (The Mother, 2004f). In the vital realm, engaging with growth - nurturing plants, people, ideas, material things can also return the energy and rhythm back of life and push back the disintegrative impulse of life. In the *mental* realm, exercises of self-observation and self-organisation can help order the mind, increase the power of will and creative expressions like poetry, art, and music can give uplift to the human nature. The process of self-observation need not be like a dissection of the human personality.

Double Nature of Developmental Principles: The Integrality of Sri Aurobindo's evolutionary perspective lies in the fact that he sees divine in the broken and fragmented consciousnessas in the enlightened and the exalted. In his understanding, it is important to hold both the Ignorance and Knowledge in a single view to get an Integral understanding of human evolution. Sri Aurobindo (2003) affirms a statement in the Isha Upanishad which is as follows: "Into a blind darkness they enter who follow after the Ignorance, they as if into a greater darkness who devote themselves to the Knowledge alone (p.18)". The reason for this position is the existential condition of humanity which is utterly natural to itself with all its problems, challenges and crises. To quote him-"I have forgotten what vice is and what virtue; I can only see God, His play in the world and His will in humanity" (Sri Aurobindo 2014, p.438) or that "I saw a child wallowing in the dirt and the same child

cleaned by his mother and resplendent, but each time I trembled before his utter purity" (Sri Aurobindo 2014, p.438). Seen from an evolutionary point of view, nothing in humanity needs to be negated but just put in its right place in the evolutionary march forward. In fact, there is double nature of many of developmental principles that guide evolution. According to him, the human ego, desire, effort, reason, and animality are forces that aid human growth and yet impede it after these forces have played out their evolutionary role in giving shape to the human individuality. (Sri Aurobindo, 1997c)

Sri Aurobindo's perspective of evolving humanity is based on affirmation of human nature and its possibilities. It is an integral self-compassionate viewing of humankind where desire, ego, and animality etc, too are organised principles that aid evolution. It is only when the ego-based organisation of personality becomes a hindrance, the ego is surpassed into self-giving. It is when the endless rounds of desire result in lack for self-fulfilment, that desire flowers into aspiration. It is when the reasoning mind begins to gnaw its own reason, that need for knowing through silence dawns. It is when fruitless agitation of effort-like beating of water in a cup is stilled, that we see the truth in the calm mirror of our being. However, until the being is ready, human nature cannot be compelled to evolve beyond an evolutionary principle. The ego, desire, and effort as yet may be required for individualisation of a being and to affirm it against the white background of Infinity.

This attitude has much to offer in the process of healing. Haste, agitation, hurry, the anxious need to hasten change is all likely to lead to imbalance in the recovery process. Too much pulling, even subtly, can break the fibre of the being that is already fragile. It is important to understand with gentleness a person from its own viewpoint-without pre-judgment and with the trust and faith that a person knows what is the quality that a person wants to manifest in the world.

The Dynamics of Stability and Change: In relational-developmental theories, there has been along engagement with processes of stability and change largely circumscribed to understanding patterns of external nature. In Sri Aurobindo and the Mother's writing too we find a reference to these two devel-

opmental processes to explain the patterns of inner transformational change. According to Sri Aurobindo (2014) there may be period of long preparation that is required whereby one can arrive at a psychological condition which when ready opens doors of experience where one can move from one vista to another. The Mother (2003b) too talked about the moment of reversal of consciousness as it is manifested within the patterns of stability and change and gave an analogy of the chicken and the egg. According to her, the consciousness of the evolving chicken inside the egg remains of a certain level for a very long time and when it is ready it pecks at the wall of the egg which offers it resistance -a persistent pecking and there is hole in the shell that reveals another world. Human psychological change is of a similar nature and intense aspiration can break the wall of resistance of human nature that seems unyieldable. The breaking of 'shell' of the egg in process of conscious development gives rise to the experience of an abrupt ascent, and an experience of a revelation or an unexpected joy. This is vertical progress. Before vertical progress, there is a long horizontal progress that prepares its ground where no visible signs of progress may be visible (The Mother 2004b). Steady, perseverant effort, even in arid periods of life, leads finally to a vertical progress. The surface human nature is difficult to change and an attitude of gentle understanding to the resistances that it poses and the time required for horizontal progress must be factored into understanding of the healing processes.

It is interesting to note that most relational developmental theories (e.g., Jean Piaget, Lev Vygotsky) use the principle of qualitative-transformative change to explain movement of external nature from one stage of development to another. However, the nature of this dialectical development here is unconscious in nature. Sri Aurobindo and the Mother apply the principle of transformational change to the area of conscious or intentional development which gives a much greater role to the *human agency and aspiration* in charting prospective development.

The Integral Healing Process: A healer using the Integral psychology paradigm of Sri Aurobindo needs to be a practitioner of the conscious art of self-development. The healer also needs to heal within as he or she attempts to heal others. Through

conscious development, the healer needs to manifest an inner quietude, for it is in utter silence that we can hear the whispers of the Gods. There needs to be an aspiration of an *affirmative stance* where you can 'see' the true person in still mirror of the mind that needs no *effort* of mental analysis or dissection of the personality of the person who needs healing. Such a psychological poise is inherently creative for it breathes peace, listens deeply, and creates receptivity in the being for higher forces to manifest.

The healing process needs to coordinate the being and becoming in the individual being -where the task is to increase the steady light of the inner being in which the myriad becomings of the surface being and its discords, can find healing and harmonise. The healer and the healed both need to develop static and dynamic power. The static power will help the person bear the outer shocks and adversities of life with a calmness of being. This is achieved through a progressive capacity of stepping back into the inner quietness in face of vicissitudes of life. The dynamic power is the capacity to use energies of the being to effectuate inner self expression in everyday life. The dynamic power sometimes when not strong enough can take a blow in action. If dynamic power has to succeed in its action, the accompanying static power has to be strong (The Mother, 2003a, 2003b).

The being of the healer, needs to manifest a spiritual fragrance where a suffering individual can experience a moment of rest and a creative pause that can help to look for patterns of meaning and significance in life amidst chaos. The power of the word also needs to be harnessed (The Mother, 2002). Careless words can create a fissure in the evolving relationships. Words have a creative power and need to emanate like a clear fount from the quiet truth from the being of the healer. Imagination is another such power which according to The Mother (2004b) goes forth and creates the path that you can walk. A healer, holding in imagination the fruition of the best possible result of a healing encounter is likely to put in motion positive energies. Negative suggestions, quick vital judgments that pull down imagination need to be entirely rejected. An attitude recommended by The Mother could be beneficial in exercising power of imagination in healing encounters both for the healer and the healed. The Mother explaining *Dhammapada* says (2003a, p. 215)--" The purest of the lily can spring out of a heap of rubbish in the wayside. That is to say that nothing is so rotten that it cannot give rise to the purest realisation...Concentrate on what you want to be, forget as entirely as possible what you do not want to be."

In healing relationships based on the Integral perspective, the sense of 'otherness' of the person needing healing needs to be decisively transformed in the being of the healer and take form of a close identity. In such an inner stance of identity, the healer cannot but see the problems, agonising and struggles of the person seeking healing as a part of one's own Universal Self. Each decisive moment of healing of any special tendency or problem too is victory in the Universal consciousness and adds to collective evolutionary potential of human evolution.

The process of integral healing is a form of a divine dialectic between the being of the healer and the healed. The inner beings of both get healed and nourished in a process of close engagement. It is in this intensity of engagement that there is a possibility of emergence of an unforeseen new element, which can break current developmental boundaries and emerge into an unexpected synthesis and its resultant power of healing. In final analysis, I end my dwelling on Sri Aurobindo's Integral Psychology on the essence of healing relationships with his words- "Turn all things to honey, that is the law of the Divine being" (Sri Aurobindo 2014, p.475).

The Painted Canvas: A Re-look

It is interesting to see what picture three metatheories together create in understanding human nature and healing process. Charles Darwin's theory emerging from a rationalistic age of the European Renaissance tries to create an objective view of how humans evolve and Neo-Darwinian metatheories try to apply Darwinian ideas in psychological sciences creating a better and better fit with their environment. The relational theories try to see change as dynamic and dialectical rather than mechanistic and adopt a process view that seeks to tap into the surface 'becomings' (consisting of a series of static being moments, Hardesty et al, 1978) of human subjectiv-

ity. Sri Aurobindo (1997c) wanting to avoid the *sceptic*, *objective*, *and material errors* taps into even a deeper subjectivity of human experience and presents it as an *inner* subjective science of consciousness with an exactitude of operations. Sri Aurobindo (2005) likens the idea of movement without any stable base to staircase of ascent which abruptly comes to an end and is suspended without any support in the Void or the Nihil. There is an attempt to recover the Being or Purusha that can simultaneously support the movements of Becomings –like "ecstatic dance of Shiva which multiplies the body of the God numberlessly to the view" (Sri Aurobindo 2005, p.85)

Sri Aurobindo lived in an age that was excited by the thought of Charles Darwin, Sigmund Freud, Friedrich Nietzsche and Karl Marx. This age sought to release suppressed and repressed energies of the individuals, attempted to shake-off values of old world order and create new individual and social freedoms. These are reflected in the radical healing methods of the psychodynamic theories of Freud and Carl Jung of that time. Sri Aurobindo living in this age could feel its pulse and created a forward-looking evolutionary theory that recognised the need for freedom and futility of suppression of vital urges. He was also aware of the dangers of living in the outer vital desire being that would never yield to an individual the freedom that it so desired. He sought to give human freedom a higher impetus by giving inner methodologies of purifying lower nature and organising it around the steady light of the Superconscient so that it can get transformed and express Divine values. He did not wish individuals to 'pull' the spiritual force which has its own dangers in case of weak ego-boundaries or impurity in the being. A strong individuality, purified, was an asset for a spiritual journey.

Sri Aurobindo was not a psychotherapist, nor did he write on Psychotherapy but his philosophicalpsychological writings and letter written to his disciples can potentially be used to inform healing practices. His writings have inspired transpersonal psychologists who attempt to look beyond the human ego and seek a higher growth potential. An Integral— Developmental theory based on his writings can be used to order healing practices of all individuals and not just those who have transpersonal growth needs but all through creation of a psychic and spiritual atmosphere and training of the healer. According to Sri Aurobindo and The Mother, the pain inherent in evolutionary process will only finally heal when we can in our individual and collective journeys, create *receptive* and *luminous struc-tures* that can harness descent of a healing light from higher reaches of our being.

References

Damasio A. (2000). *The feeling of what happens*. Vintage Pub

Erikson, E.H. (1950). *Childhood and society*. New York: Norton.

Hardesty, F., Baltes, P., Birren, J., Freedle, R., Overton, W., & Meacham, J. (1978). The contributions of Klaus F. Riegel (1925–1977). *Human Development, 21*(5/6), 346-369. Retrieved July 26, 2021, from http://www.jstor.org/stable/26765553

Karmiloff-Smith, A. (2013). 'Microgenetics': No single method can elucidate human learning: Commentary on Parnafes and diSessa. *Human Development*, *56*(1), 47-51. Retrieved July 25, 2021, from https://www.jstor.org/stable/26764644

Overton, W. F. (2006). Developmental psychology: Philosophy, concepts, methodology. In R. M. Lerner (Ed.) *Theoretical models of human development* (6th ed., Vol. 1, pp. 18-88). New York: Wiley.

Riegel, K. (1975). Toward a dialectical theory of development. *Human Development*, *18*(1/2), 50-64. Retrieved July 25, 2021, from http://www.jstor.org/stable/26764216

Sri Aurobindo. (1997a). *Essays divine and human* (Vol. 12) Complete works of Sri Aurobindo Pondicherry: Sri Aurobindo Ashram Press.

Sri Aurobindo. (1997b). *Savitri*, Complete works of Sri Aurobindo (Vols. 33-34). Pondicherry: Sri Aurobindo Ashram Press.

Sri Aurobindo. (1997c). *The human cycle*, *the ideal of human unity, war and self-determination*. Complete works of Sri Aurobindo (Vol.25). Pondicherry: Sri Aurobindo Ashram Press.

Sri Aurobindo. (2003). *Isha upanishad*. Complete works of Sri Aurobindo (Vol. 17). Pondicherry: Sri Aurobindo Ashram Press.

Sri Aurobindo. (2005). *The life divine*. Complete works of Sri Aurobindo (Vols. 21-22). Pondicherry: Sri Aurobindo Ashram Press.

Sri Aurobindo. (2014). *Letters on yoga* (Vols.1-4). Complete works of Sri Aurobindo Pondicherry: Sri Aurobindo Ashram Press.

Sri Aurobindo. (1998). *The synthesis of yoga*. Complete works of Sri Aurobindo (Vols.23 & 24). Pondicherry: Sri Aurobindo Ashram Press.

The Mother (2003a) *Questions and answers, 1929-31*. Complete works of The Mother (2nd ed., Vol.4). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2002). *On education*. Complete works of The Mother (2nded., Vol.12). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2003b). *Questions and answers, 1950-1951*. Complete works of The Mother (2nd ed., Vol.4). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2003c). *Questions and answers*, *1953*. Complete works of The Mother (2nd ed., Vol.5). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2003d). *Questions and answers*, 1954. Complete works of The Mother (2nd ed., Vol.6). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2004a). *Words of long ago*. Complete works of The Mother (2nded., Vol.2). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2004b). *Questions and answers, 1955*. Complete works of The Mother (2nd ed., Vol.7). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2004c). *Questions and answers*, 1956. Complete works of The Mother (2nded., Vol.8). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2004d). *Questions and answers, 1957-1958*. Complete works of The Mother (2nd ed., Vol.9). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2004e). *Words of The Mother-1*. Complete works of The Mother (2nd ed., Vol.13). Pondicherry: Sri Aurobindo Ashram Press.

The Mother. (2004f). *Words of The Mother-3*. Complete works of The Mother (2nd ed., Vol.15). Pondicherry: Sri Aurobindo Ashram Press.

Introduction to Integral Yoga Psychology and Therapy

Anuradha Choudry¹

ABSTRACT

In a world where people are connected across the globe but ironically disconnected from those around them and from their own selves due to technology's insidious invasion of our individual and collective mind-spaces and 'me-time', there is an increasing need for psychotherapeutic interventions to help people deal with psychological disorders effectively and safely. Different schools adopt different approaches to address psychological issues based on their respective worldviews, namely their comprehension of the inner psycho-physiological landscape of human nature, its potential, of its relationship with its environment and their innate ability to master it. I would like to introduce the concept of 'Psycho-Physiological Anatomy' (PPAn) as the detailed study of the map of an individual's multi-layered inner bio-affecto-psychological+ landscape which is unique in every school of psychology and which determines the psychotherapeutic technique used by them to tackle psychological problems. This work will first seek to introduce Integral Yoga Psychology and explain its detailed PPAn and then show its application in Therapy for promoting *svāsthya* or health for the Integral Well-Being (IWB) of the therapist and the client.

Key Words: Psychotherapy, Psycho-Physiological Anatomy (PPAn), Integral Yoga Psychology, Therapy, svāsthya (Health), Integral Well-Being (IWB)

Introduction

Etymologically, the term Psychology means the 'study of the psyche'. What the psyche is and the techniques used to study it vary from school to school based on their unique world view which consists of partially verified 'assumptions' about human nature and its behaviour in various life-circumstances. In both the First and Second Forces of Psychology, Psychoanalysis and Behaviourism, the human being is essentially regarded as an animal organism (Dalal, 1991) who, in the face of dire conditions of existence, will return to her primeval instinctual attitudes and behaviours as a legitimate reaction to the perceived threat of the external stimuli. Dalal (1991) states that this premise presents a reduced version of the human being since it "consists in an attempt to explain the complex behaviour of the more highly evolved human organism in terms of the same physiological and biological principles applicable to the simpler behaviour of the less evolved animal organism" (Dalal, 1991, p. 12). On similar lines, the Humanistic and Positive Schools of psychology recognised the possibility for the human being to rise above every possible dehumanising life-circumstance and achieve selfactualisation. This was epitomised in Viktor Frankl's pertinent observation that circumstances can take away from a person all of her freedoms but her last, which is her freedom to choose her attitude in every given circumstance (Frankl, 1992). Yoga Psychology also investigates the concept of human identity systematically in a bid to comprehend its essential features using 'technologies of consciousness' (Cornelissen, 2000). It then offers an alternative paradigm of human nature rooted in the substratum of a higher consciousness beyond its animalic tendencies. Sri Aurobindo and the Mother, founders of Integral Yoga philosophy and psychology, state that while the animal mind cannot ever escape its origins and become a 'more free, magnificent noble being' (Aurobindo, 1971, p. 598), the human being is destined to release her dormant inner energy and unravel the power of her supramental form as a spiritual being (Dalal, 1991, p.13).

This article will introduce the psycho-philosophical worldview of Integral Yoga Psychology (IYP) then seek to define Mental Health, Psychotherapy, its goals, the changes it brings and the challenges and benefits in the light of Integral Yoga based Psychology Therapy(IYPT) or Integral Psychotherapy (Narayanan, 2004). In order to do so it will discuss the 'Topography of Consciousness' (Cornelissen, 2018) by laying out a map of the inner landscape consisting of the 'Planes and Parts of the Being' that is discussed in great detail in IYP (Cornelissen, 2018). On similar lines, I would like to introduce the concept of 'Psycho-Physiological Anatomy' (PPAn) as the study of the map of an individual's multilayered inner bio-affecto-psychological+ landscape which is unique in every school of psychology and which determines the psychotherapeutic technique used by them to tackle psychological problems for promoting svāsthya or health for the Integral Well-Being (IWB) of the therapist and the client.

Integral Yoga Psychology: Worldview, PPAn and its implications for Therapy

The term worldview coming from the German word *Weltanschauung* or *jīvanadṛṣṭi* in Sanskrit, means a view or perspective of the world or the universe which is "used to describe one's total outlook on life, society and its institutions" (Wolman, 1973, p. 406).

To understand the relationship between the world view of IYP, its PPAn and their implications on the type of Therapy that has evolved from there, I will try to answer selected questions, in a modified sequence, from those that were raised by Zeig J. K. (1987) in the first conference on the Evolution of Psychotherapy.

1) How do you define psychotherapy? What are its goals? How do you define mental health?

- 2) How do people change in therapy? What are the basic premises and underlying assumptions in your approach to facilitate change?
- 3) What are seen as the benefits/ limitations or challenges of your approach?

The fist question I will deal with, corresponding to significance of the shared worldview between the therapist and patient is, What are the basic premises and underlying assumptions in your approach to facilitate change?

Intergral Yoga Psychology

The IYP is based on Vedic ontology which affirms that the world is primarily a manifestation of Consciousness rather than matter (Aurobindo, 2012) that is characterised by three qualities Existence (sat), Consciousness or pure awareness (cit) and ananda or Bliss (Dalal, 1991). This manifests itself through involution, a gradual process of self-limitation whereby the illimitable unconditioned free Spirit of Divine Self, at one end of the 'Spectrum of Consiousness' (Wilber, 1974), self-accepts to be bound within a conditioned limited material sheath, our body, at the other end, resulting in a progressive veiling of its inate potentials and true nature. Wilber (2003) compares the multi-levelled human personality to a Spectrum 'which ranges from the Supreme Identity of cosmic consciousness through several gradations or bands to the drastically narrowed sense of identity associated with egoic consciousness' (p. 106).

The goal of an individual's existence is to progressively out grow her egoic limited consciousness at all the levels of her being, by first realising the inherent divinity within and then striving for an integral transformation of human nature under Divine influence (Cornelissen, 2018) as part of the evolutionary movement of the Cosmic and individual Consciousness.

Cornelissen (2018) has sought to represent the 'Topography of Consciousness' or an outline of the PPAn of IYP in Fig.1. which depicts key terms used by Sri Aurobindo to describe three different sets of the planes and parts of the being:

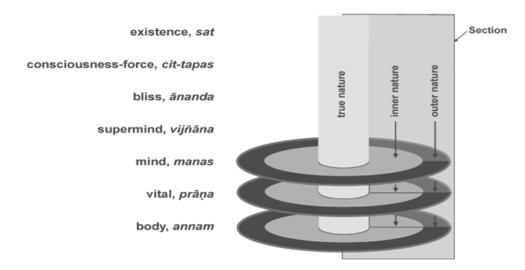
- 1. One set of terms pertain to a vertical system derived from the Vedic "sevenfold chord of being", viz.: matter, life, mind, supermind, sat, chit-tapas, ananda.
- 2. The second set of terms pertains to a concentric

system: *outer nature, inner nature, innermost or true nature, psychic being, psychic entity.*

3. The third set of terms pertain to one's centre of identification: *self, soul and ego*

Figure 1

The Threefold Intertwined Systems of the 'Topography of Consciousness' according to Sri Aurobindo



Note: From Cornelissen, 2018, p.85.

Sri Aurobindo and the Mother did not make any schematic diagrams of human nature, but they elaborated on these systems and their sub-parts very methodically in their writings to provide a comprehensive PPAn so that both the therapist and the patient can consciously comprehend and navigate through the nuances of psychological movements of their consciousnesses presentented by thethreefold system - Vertical, Concentric and Centre of Identification.

Vertical System

In Fig. 1, the vertical system is founded on the Vedic vision of the "sevenfold chord of being", viz., matter - body or annam, life - vital or - praṇa, mind or manas, supermind - vijñâna or mahas, bliss or ânanda, consciousness-force or cit-tapas and existence or sat (Cornelissen, 2013).

The top four levels of Existence, Consciousnessforce, Bliss and Supermind correspond to the higher universal Consciousness-stuff while the lowest three, namely, Matter, Life and Mind are related to the evolving and complex manifestation and apply to:

- 1. Parts and planes in one's own personal nature, and
- 2. Stages of collective and individual evolution.

He continues that the Vedic Rishis identified a deep connection between psychology and cosmology and stated that one cannot act on either without automatically impacting the other. This requires the individual to become aware of the influence of personal psychological movements at a cosmic scale and conversely regard the influences of Cosmic Forces (to be differentiated from supernatural ones) on her individualised consciousness. A therapist of IYPT needs to be familiar with the nature of these Cosmic Forces to identify their influence on the psychophysiological condition of the patient and also on

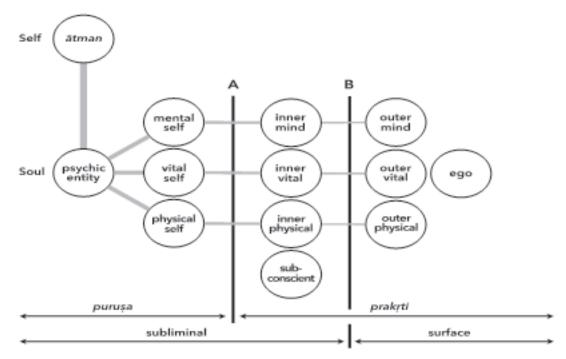
herself, as well as on the therapeutic process itself. The implications of this aspect will be further dealt with in the discussion section dealing with the question of the benefits and limitations of this approach.

The exhaustive classifications of the planes and parts of the being and their functional implications are extensively covered in Cornelissen (2018, 2013) and

Figure 2

Detailed 'Topography of Consciousness'

by Dalal (1991). Fig. 2 portrays further details of the threefold system of the 'Topography of Consciousness' from the external most manifested surface reality corresponding to the outer nature or *prakṛti*, ego-self, to the right, moving progressively towards the hidden subtler and inner dimensions of the truer Self towards the left.



Note: From Cornelissen, 2018, p. 85.

The following section will elaborate on the remaining two sets of systems within the scope of this topic.

Concentric System

Discussing the concentric system, Sri Aurobindo (2012) observes that it consists of three parts:

1) the *outer nature* corresponding to the *surface being*, 2) the *inner nature* constituting the inner self corresponding to the *subliminal being* and the 3) *true nature* consisting of the *Inmost Self* which is independently constituted and corresponds to the transcendental nature of the individual. Relating it

to the Samkhyan school of Indian Philosophy, he says that the inner nature and outer natures are part of *prakṛti* or universal Nature whereas the *inmost*, or *true* nature, the Self belongs to the *puruṣa*, the Witness Consciousness.

Outer Nature

According to Cornelissen (2018), the *outer nature*, of which a person is usually partially consious of, in her normal waking consciousness, falls within the domain of the subjective knowledge which can be cognised through introspection. It is made of the *outer mind*, the *outer vital* or the *life-force* and *outer physical*, where the cognitive, conative, emotional

and physical elements are mixed and a change in one, like an emotional distress, spontaneously affects the functioning of the others, for example, a strong pang of hunger can at times lead to the inability to think clearly.

Outer Body or Physical Consciousness

The outer physical reality, linked to the Upanisadic concept of annamayakooa, is related to the material world and has its own distinct body-consciousness and innate intelligence that is overpowered by the influences of the mental and vital consciousnesses. According to Dalal (1999), it manages the complex operations of the various physiological systems and bodily organs. It also maintains the health of the body and heals it in accident and sickness. He adds that it is 'relatively inert, obscure, narrow or limited, and automatic or mechanical in its functionings. Thus attitudes which are characterised by rigidity, narrowness, conservatism, or slowness to change, indifference or boredom and habitual or routine modes of action and reaction are related to the physical part of our being (p.vii).

Outer Vital Consciousness

The vital, associated with the prāṇamayakośa, the life-force and pertaining to the emotional being is in between the mental and the physical. It is consists of 'life-energies, sensations (pleasure, pain, etc.), instincts and impulses (anger, fear, lust, etc.), desires, feelings and emotions' (Dalal, 1999, p. vii). The vital consciousness expresses itself through likes and dislikes. It searches for enjoyment and pleasure, and seeks to avoid any form of pain and discomfort. It is characterised by the desire to accumulate and possess and finds its expression in a hedonistic orientation that Freud referred to as "the pleasure principle". Furthermore, the pleasure-seeking attitudes impel the individual to constantly seek variety and change. These lead to strong attachments and repulsions, ambitiousness and consequently aggression, fear and impulsiveness also (Dalal, 1999, p. vii).

In the context of Mental health, when an individual is not in control of her vital plane and her unfulfilled desires turn into anger stemming from an egoistic self-assertion, it can lead to various kinds of mental imbalances and perceptual distortions leading to pain and suffering (Cornelissen, 2018) that will eventually result in the person's destruction as says the *Bhagavadgīta* (Chapter 2, Verse 62-63).

Outer Mind or Mental Consciousness

The Mental Consciousness or the *manomayakośa* is very different from the other two. The Mind models reality, thinks about it to plan actions and then formulates its mental constructions to itself first and then to others (Cornelissen, 2018). Dalal (1999) states that reason and intellect are its most developed expressions. Unlike the vital that is driven by the principle of pleasure, "the mental is guided by what accords with reason and is deemed to be true or good" (p. vii). The attitude of an individual with a predominant mental consciousness is characterised by a rational outlook based on moral and intellectual principles. Similar to the other parts of the being, Sri Aurobindo has identified many levels of the mind that are given in Fig. 2.

A deeper introspection of the surface being allows the therapist and the patient to identify these specific aspects of their own consciousness and address their concerns adequately.

Inner Nature

The inner nature or 'subliminal' self consists of the inner physical, inner vital and inner mental which have further sub-classifications (Fig. 2). Cornelissen (2018) makes a pertinent observation when he says that 'the word inner might give the impression that one is dealing only with a small, dark, and purely private territory. (p. 65) as in Psychoanalysis. Instead, 'the opposite is true: the inner nature (a) is vaster and more luminous than the outer nature; (b) has access to broader and higher ranges of experience and knowledge; and (c) is more, not less, connected to others and the rest of the world' (p. 65). He adds that the subliminal indirectly influences an individual's surface consciousness through mood changes, dreams and also through unexplained feelings etc., or through sudden thoughts, since it is connected to two systems - the vertical one, to layers below and above her ordinary awareness, and in the horizontal system, to other people and to the multiple beings and forces that surround the person.

True Nature and the Centre of Identity

The third and innermost layer of the concentric system is the True Nature which also corresponds to the third set of terms used in IYP pertaining to the individual's Centre of Identity. Sri Aurobindo (2012) used the terms True being and Central being to refer to the highest core of one's individualised existence which has two parts: 1) a transcendental and universal essence – the Self or the $\overline{A}tman$ or Paramātman (above) and 2) the soul, antarātma, psychic being or caitva-purusa or the jivatman (within) which is the highest individualised essence at the core of the individual's manifested being. Normally, most individuals do not function on the basis of their True Nature and regard the Ego as the Centre of identity. Sri Aurobindo defines the Ego as 'temporary, makeshift arrangement that nature makes to centralize the action and provide a focal point for one's sense of identity' (Cornelissen, 2018, p.79).

Professional psychologists consider it important to have a healthy ego as an essential factor for psychological well-being since they often encounter patients who lack sufficiently strong egos (Cornelissen, 2018). The goal of yoga, however, is to shift the Centre of Identity from the limited identifications of the individual from the various projected notions of the ego-centric self to its truer potential – the individualised transcendental Self or the Psychic Being. Sri Aurobindo says "When the true being is discovered, the utility of the ego is over and this formation has to disappear—the true being is felt in its place" (cited in Cornelissen, 2018, p. 97). In IYP, he develops the various stages of this shift, from psychicisation, to spiritualisation of all the planes and parts of the being till they become complete instruments of the Divine Consciousness and are integrally transformed at all levels of their manifested forms.

Mental Health, Psychotherapy and its goal in IYPT

Psychotherapy as it is practised today, consists of more that 450 therapies (Manickam, L. S, 2010) that pertain to different Schools of Psychology who have evolved different techniques based on ongoing research and application in clinical settings. Despite their differences, they share certain 'common

factors' (Wampold et al., 2011) in the client-therapist relationship that determine their effectiveness., of which the culturally informed shared worldview is very important (Wittkower & Warnes, 1974; Torrey, 1972b; Bolman, 1968; Foulks, Bland & Shervington, 1995; Tseng, 2004, 2005).

The sections above have given the PPAn of IYP. This section will seek to answer the question: **How do you define mental health?** (Zeig, 1987) in IYPT.

According to Sri Aurobindo (1971, Vol. 22), a lot of the psychological ailments occur because human beings are unable to differentiate the various parts of their being that 'are lumped together as mind because it is through a mentalised perception and understanding that they know or feel them' (p. 233). He goes on to say that 'It is part of the foundation of yoga to become conscious of the great complexity of our nature, see the different forces that move it and get over it a control of directing knowledge' (p. 233).

Mental Health would therefore imply becoming 'complete in being, in consciousness of being, in force of being, in delight of being and to live in this integrated completeness is the divine living' (Aurobindo, 1997, Vol. 22, pp. 1024-1025). This definition of Mental health complies with the Sanskrit term for health *svāsthya* which means to be established in oneself. The corollary to this term referring to treatment is *cikitsā*, implying to look for the right consciousness.

This leads us to the next questions: **How do you define psychotherapy? What are its goals?** (Zeig, 1987).

Psychotherapy in the context of IYPT, would imply that the therapist has to help the patient understand the planes and parts of her being and their respective functionings based on a thorough knowledge of PPAn. The patient should be taught to distinguish them clearly and to identify the origins of the movements arising in her like impulses, conflicting wills that push her to action and her reactions to different life circumstances (Mother, 1978).

The goal of IYPT, would be to be to help the patient acquire that knowledge, which would allow her to go to the root of her troubles because according to

Figure 3

Flow Chart of the Therapeutic Process

Help thepatient identify 'stressful'trigger(s)

Create awareness about the different planes and parts of the being

Comprehend the nature of the functionings of each part of the being

Locate which part of the being is affected based on PPAn

Cobserve minutely the exact nature of reactions to the trigger(s)

Help to distinguish between ego-based reactions and psychic responses

Suggest exercises to apply conscious will to choose psychic responses instead of egoistic reactions to trigger(s)

Repeat exercises till Mastery is achieved over trigger(s)

e.g.: Experience psychic equanimity in the face of trigger(s)

Repeat systematically to achieve Mastery till Integral Well-being (IWB) is experienced e.g: Perfect psychic equanimity in all circumstances

Sri Aurobindo (1971, Vol. 24, p.1394) that in itself has a marvellous healing-power. By diving down and down within to get at what really ails her would help the pain disappear as though by a miracle, which is similar to the effect of insight in Psychoanalysis (Dalal, 1991).

The next question is **How do people change in therapy?**

The success of IYPT would be directly proportional to 1) the patient's degree of increased self-awareness about the causes of her illness, 2) her confidence to exercise self-control for making choices that align her being to act on the basis of her higher nature instead of the lower 3) her experience of a spontaneous feeling of joy that stems from a progressive psychicisation of the being as it evolves out of the limitations of her ego-centric self towards its truer nature of her blissful Self. The therapist would also have to grow into a more conscious person in order to administer an effective treatment. The following Flow chart will seek to trace the steps involved in this process.

Conclusion

I would like to conclude by examining the final question: What are seen as the benefits/ challenges of your approach? (Zeig, 1987).

Some of the benefits of IYPT are as follows:

IYPT holds the potential to enable mutual growth for the therapist and the patient since an effective therapy can only take place when both have a very clear conceptual and practical understanding of the map of the PPAn consisting of the multiplexed interactive threefold systems of the planes and parts of the being.

Sinha (1965) identifies features of psychological well-being in the Vedic tradition that are relevant in this context also, viz. (1) integration of emotions with the help of an integrated teacher (a spiritual master, Guru,) or the therapist, (2) putting into perspective inner tensions to resolve them with the help of a higher philosophy of life (3) channelizing basal passion by directing the emotions towards an ulti-

mate reality, (4) cultivating an attitude that acknowledges everything as a manifestation of an ultimate reality (5) nurturing higher qualities to replace negative ones, and (6) the power and practice of concentration.

A successful IYPT would also necessitate a complete 'independency' of the patient from the therapist eventually because it has the scope to awaken her inner therapist to take charge of managing her own challenges knowledgeably. This, for example, would not be fully possible in psychodynamic psychotherapy or CBT since their underlying PPAn conceives of human nature as being essentially animal-like. Consequently, there would be no possibility of 'mastering' the 'unconscious' according to Freud, or being completely free of 'conditioning' according to the behaviourists. At best the patient may acquire a certain degree of manageability of the problem which may recur circumstantially resulting in some form of sustained dependency on the therapist.

Some of the challenges of IYPT are as follows:

The scheme of PPAn is very extensive and complex. Conceptualising it clearly and then practically recognising the movements of the different layers of consciousness can be very daunting for the untrained practitioner, be it the patient or the therapist, leading to even greater confusion if not guided well.

Like all psychotherapies, this approach also would require a lot of sincerity, patience, courage and goodwill from the therapist and the patient to systematically keep addressing the shortcomings till they are reliably mastered.

The PPAn of Integral Yoga Psychology offers the patient and the therapist the possibility of experiencing the essence of the etymological sense of the term Psychotherapy which is 'to administer healing to the self' (Caroll, 2015) and thereby healing oneself from within reliably and sustainably to experience a state of Integral Well-Being (IWB) in all circumstances.

References

Aurobindo, S. (2005). The life divine. In *Complete works of Sri Aurobindo* (CWSA) (Vols.21-22). Sri Aurobindo Ashram.

Aurobindo, S. (1997). *Essays divine and human*. Purna Yoga. In *Sri Aurobindo Birth Century Library* (SABCL) (Vol. 12). Sri Aurobindo Ashram. 98-102.

Aurobindo, S. (1971). The supramental manifestation and other writings. In Sri Aurobindo birth century library (SABCL) (Vol.16). Sri Aurobindo Ashram.

Aurobindo, S. (1971). *The synthesis of yoga*. In *Sri Aurobindo Birth Century Library* (SABCL) (Vol. 21). Sri Aurobindo Ashram.

Aurobindo, S. (1971). *Letters on yoga*. In *Sri Aurobindo Birth Century Library* (SABCL) (Vol. 22). Sri Aurobindo Ashram.

Aurobindo, S. (1971). *Letters on yoga*. In *Sri Aurobindo Birth Century Library* (SABCL) (Vol. 23). Sri Aurobindo Ashram.

Aurobindo, G. (2012). Letters on yoga – I: Foundations of the integral yoga. In Complete works of Sri Aurobindo (CWSA) (Vol. 28). Sri Aurobindo Ashram.

Bolman, W. M. (1968). Cross-cultural psychotherapy. *American Journal of Psychiatry*, 124(9), 1237 – 1244.

Carroll, R. (2015, June 18). Counsellor or therapist: What is the difference? *Counselling Directory*. https://www.counselling-directory.org.uk/memberarticles/counsellor-or-psychotherapist-what-is-the-difference

Cornelissen, M. (2013). Types of knowledge and what they allow us to see. In A. Choudry & V. K. Banavathy (Eds), *Perspectives on Indian psychology*. Jain University Press. 73-108.

Cornelissen, M. (2018). The self and the structure of the personality: An overview of Sri Aurobindo's Topography of Consciousness in Sri Aurobindo's yoga. *International Journal of Transpersonal Studies*, 37(1), 8. 62-89.

Dalal, A. S. (1991), Psychology, mental health and yoga: Essays on Sri Aurobindo's psychological thought implications of yoga for mental health. Sri Aurobindo Ashram Press.

Dalal, A. S.(Compiler) (1999). Looking from within: A seeker's guide to attitudes for mastery and inner growth. Gleanings from the works of Sri Aurobindo and the Mother.

Foulks, E. F., Bland, I. & Shervington, D. (1995). Psychotherapy across cultures. In J. M. Oldham, & M. B. Riba (Eds.), *Review of psychiatry* 14, Section IV/Cross-cultural psychiatry. American Psychiatric Press. 511 – 528.

Frankl, V. E. (1992). Man's search for meaning: An introduction to logotherapy (4th ed.). Beacon Press.

Koltko-Rivera, M. E. (2004). The Psychology of Worldviews. *Review of General Psychology*. https://doi.org/10.1037/1089-2680.8.1.3

Manickam L. S. (2010). Psychotherapy in India. *Indian Journal of Psychiatry*, *52*(Suppl 1), S366–S370. https://doi.org/10.4103/0019-5545.69270

Mother. T. (1978). *On education*. In *Collected Works of the Mother* (CWM) (Vol. 12). Sri Aurobindo Ashram.

Narayanan, A. (2004) Integral psychotherapeutic intervention for disturbances of mind, body and vital among adolescents at Psychology: The Indian Contribution, National Conference https://ipi.org.in/texts/ipyc/ipyc-full/nannalakshmi.php

Torrey, E. F. (1972a). What Western psychotherapists can learn from witch doctors. *American Journal of Orthopsychiatry*, 42(69).

Torrey, E. F. (1972b). *The mind game: Witch doctors and psychiatrists*. Emerson Hall.

Varma, V. K. (1982). Present state of psychotherapy in India. *Indian Journal of Psychiatry*, 24(3), 209-226.

Tseng, W. S. (1995). Psychotherapy for the Chinese: Cultural adjustment. In L. Y. H. Cheng, Baxter, & F.

Cheung (Eds.), Psychotherapy for the Chinese, II. The Chinese University of Hong Kong, Department of Psychiatry.

Tseng, W. S. (2004). Culture and psychotherapy: Asian perspectives. *Journal of Mental Health*, *13*(2),151-161.https://doi.org/10.1080/09638230410001669282

Wampold, B. E. (2007). Psychotherapy: the humanistic (and effective) treatment. *American Psychologist*, 62, 857–873. https://doi.org/10.1037/0003-066X.62.8.857

Wampold, B. E., Budge, S. L., Laska, K. M., Del Re, A. C., Baardseth, T. P., Fluckiger, C., et al. (2011). Evidence-based treatments for depression and anxiety versus treatment-as-usual: a meta-analysis of direct comparisons. *Clinical Psychology Review.* 31. 1304–131. https://doi.org/10.1016/j.cpr.2011.07.012

Wilber, K. (1974). The spectrum of consciousness. Main Currents, 31,2.

Wilber, K. (1980). The Atman Project: A Transpersonal View of Human Development. Quest.

Wilber, K. (2003). Psychologia perennis: The spectrum of consciousness.

Retrieved from: https://www.semanticscholar.org/paper/ PSYCHOLOGIA-PERENNIS-%3A-THE-SPECTRUM-OF -Wilber 98b0f969e2eba1c4afeb0b0c31b946c45d46e01e

Wittkower, E. D. and Warnes, H. (1974). Cultural aspects of psychotherapy. *American Journal of Psychiatry*, 28, 566.

Wolman, B. B. (Ed.). (1973). *Dictionary of behavioral science*. Van Nostrand Reinhold.

Zeig J. K. (1987). *The evolution of psychotherapy – Fundamental issues*. In J. K. Zeig (Ed.)., Brunner/Mazel Publishers, Routledge. xv–ix.

Integral Counseling Psychology

Pulkit Sharma¹

ABSTRACT

Sri Aurobindo's contributions to counseling psychology emerged during the zeitgeist of a resurgent Indian nationalism and his own phenomenal spiritual realization. Integral counseling psychology is an integrative approach based on the insights of Sri Aurobindo and his spiritual collaborator, The Mother into the depths and the heights of human consciousness. The perspective provides a new paradigm along with aunique opportunity for the discipline of counseling to expand its horizons and develop into a holistic perspective —securing a perfect knowledge of the human consciousnessand guiding people towards self-growth, transformation, and spiritual evolution. The presentpaper looks at the genesis of integral counseling psychology, some of its principles andits applications to the understanding, healing, and resolution of psychological afflictions.

Keywords: Integral counseling, Sri Aurobindo, The Mother, Psychic being, Transformation, Consciousness

ORIGINS

The origins of integral counseling psychology can be traced to the yogic approach developed by Sri Aurobindo and his spiritual collaborator, Mirra Alfassa (The Mother). Their work elucidates that western psychology and counseling approaches and the idea of human development described by these approaches is extremely narrow and embedded with confusion and disorder. Such perspectives focus only on the superficial layers of human consciousness and outwardly progress, leading to an incomplete resolution of human problems. Sri Aurobindo and The Mother were equally critical of some traditional eastern ideas which glorified renunciation from the world as a mandatory steppingstone for spiritual development. They believed that a new approach integrating the two extremes, bringing together the vigour and wisdom of our mind, body and soul was needed for the next evolution.

According to Sri Aurobindo, it is the superconscient and not the subconscient, which is the true basis of existence. We must know the whole before attempting to describe the part and the highest before we can comprehend the lowest (Sri Aurobindo, 2015, p.613-16). An integral perspective highlights that the Divinity with its infinite existence chose to undergo involution and manifested itself as finite matter and became concealed in the process. Then, through the secondary process of evolution, it chose to reveal itself slowly in stages giving rise to life, followed by mind. But mind is not the ultimate manifestation of the Divine because there are many more sunburst layers of consciousness above mind waiting to reveal themselves.

The Mother observed that in the present stage of evolution, our self is often a disorganised conglomeration of different facets, which become active one after another, pulling us in conflicting and opposite directions and leading to mental and emotional problems. According to the part that is active, we assume a certain set of characteristics which then change rather quickly when another part becomes active. This makes our existence volatile. Consequently, an individual can grow psychologically and spiritually only when he or she learns to unite the various facets of the self and achieve a reasonable degree of inner harmony (Hadnagy, 2010).

These ideas set the stage for the emergence of integral counseling psychology as a distinctive field. Sri Aurobindo's disciple Indra Sen formally established the field of integral psychology in 1940s by amalgamating western psychological ideas with Sri Aurobindo's consciousness framework, stressing that counseling should have a deeper, spiritual dimension to it. But it was Haridas Chaudhuri whoconceptualizedwhat we now call an integral approach to counseling. Chaudhuri firmly believed that psychological development and spiritual growth exist on a continuum because we all are a spiritmind-body unity forming an indivisible whole. Therefore, the field of counseling psychology must not restrict itself to one or two levels of consciousness but expand its horizons, focusing on the entire continuum right from the unconscious, preconscious, waking consciousness to the higher meditative states (Shirazi, 2018).

OUR MANY SELVES

The Integral perspective talks about a two-tiered system explaining the levels of consciousness. The horizontal system consists of concentric rings or sheaths and moves from the outer layers to inner layers of the being with the psychic at the centre. The vertical system includes a flight of steps involving ascension beyond mind into higher planes of consciousness, transforming all the lower parts and moving towards the absolute Truth.Our outer being includes our *physical* part, our *vital* part, and the *mental* part.

The *physical* part within us consists of the human body and its habits and it is entrenched to a large extent in subconsciousness. Our body is made up of the same matter that was created with the birth of the universe and what exists within a rock also exists within us in some form or the other.

The *vital* part within us consists of energy, desires, impulses, and passions. It follows hedonism, craves for pleasures and wishes to avoid even the most minor frustrations. Under the influence of the vital we experience the entire gamut of emotions ranging from enthusiasm, excitement, restlessness to sadness, rage, and emptiness. The vital tries to dominate us most of the times by pressurizing us come up with reasons that justify all its feelings and demands. As a result, our consciousness remains pre-

occupied with baser and trivial pursuits and is unable to realize its enormous potential. However, at a deeper level the vital part seeks intensity and delight, and it can thrive well in both a 'bad' and a 'good' environment.

The *mental* part includes our mind. The *mind* is the highest layer of consciousness manifest in most human beings. It is the seat of cognition, intelligence, perception, ideas, memory, and creativity. Our mind helps us in acquiring, discriminating, and organizing information and creating new possibilities. It enables us to know what has been already known and make sense of the unknown. For those human beings who are not on a spiritual path, the mind and the consciousness are one and the same. But whenever a person aspires to break through this glass ceiling and practices spirituality rigorously, higher planes of consciousness above the mind begin unravelling themselves progressively.

The psychic being. In the practice of integral counseling, such a transformation of self is accomplished with the help of our psychic being. The 'psychic' is the dynamic representation of the soul, a glimmer of the Divine consciousness within us that seeks to integrate, transform, and evolve different parts of our being in order to support the manifestation of divinity in life. Through this affinity with the Divine, the psychic can bestow upon us enormous psychological strength, transform our ego functioning and heal psychological conflicts, deficits, and symptoms.

Subjectively, the psychic being is usually felt as residing deep within the center of the chest, behind the heart chakra. Opening to the psychic being floods us with feelings of spiritual devotion, surrender to the Divine, gratitude, bliss, joy, love of all that is good and beautiful and harmonious, and a renunciation of all that is false, evil, dishonest, selfish or discordant. When the psychic takes the charge of our psychological evolution, we begin our journey to the crescendos of consciousness which include the *higher mind*, the *illumined mind*, the *intuitivemind*, the *overmind* and the *supermind*, all finally leading us toward *Sachchidananda*.

Although the word 'psychic' has different connotations in common parlance and in mainstream psychology, it has a very deep and specific meaning in integral counseling psychology. Sri Aurobindo and

The Mother have clearly stated that 'psychic being' is a higher entity which develops around our soul across lifetimes, constantly evolving, and remaining with us through birth and death, from one lifetime to another.

It strives to transform the human nature into a divine form and always seeks those sources that are good, true and beautiful. However, in most people, the psychic being remains hidden behind the ordinary consciousness of the physical, the vital, and the mind. But whenever we come into contact with something that is spiritual, pure, and higher in nature, the psychic being emerges from the shadows of our ordinary consciousness, steadily gains momentum, and seeks to take charge of our self. When the psychic being is completely established, we gain a complete awareness of the Divine consciousness and manifest it in our being and in our life. Therefore, in integral counseling psychology, psychic development is one of the most important milestones.

GOALS

Integral counseling psychology aims to understand various parts of our self and the different layers of consciousness, working toward the attainment of the highest level of spiritual perfection. An integral counselor begins with helping the client understand and unify the three different components of his or her self: the inner, the interpersonal and the transcendental. Haridas Chaudhuri (1977) referred to these as the triadic principle of *uniqueness*, *relatedness*, and *transcendence*. He believed that different schools of psychology and counseling overemphasize one aspect over the other two but all three are interrelated aspects of our being and that is why we should look at them in unison.

Theinner part of our self is very unique, unlike others, which makes us distinct from everyone else. It consists of our needs, desires, personality patterns and habits. The interpersonal or relational component of our self develops and maintains relationships with other human beings, animals, plants, and the planet earth. Whereas the third layer of the self, the transcendental seeks peace, harmony, meaningful existence, spiritual perfection, and the transformation of the self into a luminous whole.

The integral counselor believes that there is no part or layer of the self, which is to be looked down upon, neglected, renounced, suppressed or shunnedaway and everything that we are is worthy of being transmuted into a greater perfection and beauty. Even the most undesirable traits and vital urges in our personality are just shadows — shadows which exist in our being with a purpose — representing a battle that we must fight and win in order to be luminous. The purpose of these shadows is to shake us from our ignorance, inertia, and indecision and pursue perfection and self-growth.

The Mother explained: "The deficiencies with respect to a particular quality show you where you have to mend and reinforce it and in what way to improve it in order to make it perfectly perfect. It is the hammer that beats the weak and soft iron to transform it into hard steel. The preliminary discord is useful and needs to be utilized for a higher harmony. This is the secret of self-conflict in man. You are weakest precisely in that element which is destined to be your greatest asset (The Mother, 2004c, p. 335)."

Although integral counseling may typically begin in a clinical setting focusing on the presenting psychological symptoms and emotional distress, it never ends with the removal of symptoms. An integral counselor aims at helping the client establish a connection with his or her psychic being and find ways of developing it so that it takes charge of their growth and development.

PROCESS

Since integral counseling psychology is a **psychospiritual approach**, the client needs to be psychoeducated that it does not represent a religion. People coming from different religious and spiritual backgrounds are welcome to seek help from an integral counselor. The goal is to enable the client to experience a shift in his or consciousness regardless of his or her religious or spiritual affiliations.

The process of integral counseling psychology helps a person in searching for his or her true self. The first step involves a dedicated observation and developing familiarity with all layers and facets of our self. Following this, we begin strengthening our aspiration for an evolved and truthful existence which gives us the force to move toward our true self. In this journey, a strong resistance can come up from the vital part of our being and therefore we need to purify, refine, and integrate this part. Once we have managed to work through this part, we can connect to our true self through a deeper meditation and surrender.

The integral counselor introduces these practices progressively in the sessions, at the pace at which the client is comfortable and receptive, in order to facilitate the process of psychic transformation in the client. For doing this deeper work, it is crucial that the integral counselor must have established some contact with his or her own psychic being, manifests it in the outer world and has an experiential sense of these lofty ideas.

Self-observation

Throughout the day, different parts of our outer being express themselves, often competing with each other incalling for our attention. In responseto this, our consciousness experiences intense shifts and takes turns in identifying with them. Consequently, our understanding of who we are and what we want is in a constant flux. We want different things at different times and feel pushed and pulled in multiple directions. A careful self-observation is a good starting point to understand and slowly integrate bits and pieces of our self. The process increases our awareness of the different voices within us: the voice of the body, the voice of the vital, the voice of the mind and the voice of the psychic being.

The easiest way to begin self-observation is to find out with which part of our being the 'I' consciousness has identified in a given moment. At different times in the day, we must pay attention to this 'I' consciousness, locatingits voice. As we observe it, we should try developing the habit of stepping back from our outer being and disidentifying with the 'I' consciousness, so that we slowly gain freedom from the power it holds over us. This can be done by reminding ourselves that what we see is not our whole being but a very tiny, superficial part and therefore we must not let it overrule us. We could use a small visualization technique where we visualize ourselves as a vast ocean. All parts of our outer being represent the surface where waves are mov-

ing in a volatile and forceful manner and beneath the surface there is deep and calm water that represents our psychic being. While holding this image in our consciousness and feeling its vibrations, we reflect on the fact that we are the deeper part and not the volatile surface layer.

Through consistent practice of self-observation and disidentification, we gain awareness of all the parts of our beingand comprehend their functioning. We also realize that most of our conflicts and problems come from a lack of self-integration and from the pursuit of superficial goals. This awareness gives us the choice for feeling, thinking, and acting from deeper layers of our consciousness and manifesting them in our life.

Aspiration

The next process in integral counseling is aspiration, which involves making a firm resolve to transform ourselves. The aspiration is a yearning within our soul for a joyful, meaningful, and truthful existence. It is not merely a desire or a mental decision, but a deeper calling that permeates all layers of our being and seeks a reformation. The aspiration oftenbecomes a point of conviction where one feels the absolute necessity of changing oneself for the better.

It is best to make a three-layered aspiration. Firstly, one must resolve to work through the negative in one's actions, feelings, and thoughts as well. Usually, people hold a misconception that by just reforming their actions, they will be able to transform themselves. However, from a spiritual point of view, the negative thoughts and feelings are as hazardous as negative actions in pulling down our consciousness. Secondly, besides transcending the negative, one must also aspire to nurture the complementary positive in one's consciousness. For instance, if we are a very angry person then, besides working to understand and conquer our anger, we must also actively aspire for being peaceful, loving and forgiving. This ensures that when the negative is being transcended, there is no vacuum created within us as a consequence.

Thirdly, our aspiration must not be limited to just becoming a better person, but the goal should be to transform ourselves in such a complete manner that we become fit to be used as a faithful instrument in the Divine agenda. This type of aspiration ensures that we do not become contended with a minor degree of self-improvement but continue to march ahead in our journey till we are able to bring down the Divine light into our being.

Once we create an aspiration, we must make it stronger by repeatedly remembering and concentrating on it. We need to find ways to remember it for the duration of the day and the night. Beginning our day by recollecting our aspiration and praying that all contemplations, feelings, and exercises that we carry out must be in line with it can be extremely helpful. While going to the bed, we can once again summon our resolve, with a petition that its fire ought not to be diminished during our sleep. Likewise, whenever we have a couple of free minutes during the day, rather than wasting our time in trivial pursuits, we can utilize it to strengthen our aspiration. Once this aspiration is strong, it stays in our consciousness all the time like a constant flame guiding us towards truth and perfection.

Vital Refinement

While various parts of our being can throw different kinds of obstacles on the spiritual path, the vital part stands out in its vehement resistance. The vital tries to dominate our consciousness most of the times by pressurizing the mind and the body to come up with reasons that justify all its feelings, needs, and demands. This collusion between the vital, the physical and the mental part muffles the voice of our psychic being, silencingour aspiration for self-growth and as a result, we remain preoccupied with baser and trivial pursuits. Therefore, refining the vital is a particularly importantmilestone in integral counseling psychology.

As stated earlier, an integral perspective firmly believes that everything within us whether big or small, baser, or unrefined has the potential of evolving into something beautiful and becoming divinized. Thus, we need not look at our vital part as an aberration or an impediment. We should rather approach it with love, nurturance, and an implicit faith that it too will transform into something splendid, pure, and blissful. The vital always seeks intensity and in its pursuit of pleasure, it makes us undergo a regression in

our consciousness. This has to be consciously stopped. When providing nourishment to the vital, we should always seek sensory delight from higher and purer sources so thatslowly, our vital part starts relishing this higher delight and gives up its thirst for crude pleasure.

However, there are certain aspects of the vital which are so embedded in darkness that they oppose any movement toward positive change, no matter what. In dealing with these parts, it is crucial to take a step back from them, cultivate detachment and consciously reject their negative movements. While doing this, we can firm up our aspiration to change and also call upon the Divine grace to descend and alter the negative part and its movements. The Mother recommended that one should offer stubborn negative thoughts, impulses, vices, and defects to the Divine and pray to the Divine for help in transforming them."To give the best one has is very fine and is much appreciated; but to give the worst one has is much more useful; and perhaps this offering is even more appreciated — on condition that it is given in order to get rid of it, not to take it back afterwards! (The Mother, 2004b, p.309)"

Dynamic Meditation

The most crucial step in claiming a deeper existence is moving beyond the limitations of the body, the cacophony of the vital and the incessant chatter of the mind. As soon as we do this, we begin experiencing an expansion and a heightened awareness. According to Satprem (2000, p.54), "As a matter of fact, step by step we discover that there is no necessity to think: something behind, or above, does all the work, with a precision and infallibility that grow as we get into the habit of referring to it."

Our psychicbeing is omnipotent and can cure any malady in a twinkling provided we are in touch with it and feel connected to the Divine. However, for most of us, establishing such contact with the psychic, requires time and effort. Many people who try to connect with their psychic feel as if it is tightly shut in a compartment or enclosed in a cell and it requires a lot to liberate it. Many disciples who were struggling on this path had sought The Mother's guidance on how to connect with their psychic being.

She would tell them that 'dynamic meditation' characterized by a burning aspiration, a deep sincerity and a consistent effort are indispensable in this journey: "To sit in meditation before a closed door, as though it were a heavy door of bronze — and one sits in front of it with the will that it may open — and to pass to the other side; and so the whole concentration, the whole aspiration is gathered into a beam and pushes, pushes, pushes against this door, and pushes more and more with an increasing energy until all of a sudden it bursts open and one enters. It makes a very powerful impression. And so, one is as though plunged into the light and then one has the full enjoyment of a sudden and radical change of consciousness, with an illumination that captures one entirely, and the feeling that one is becoming another person. And this is a very concrete and very powerful way of entering into contact with one's psychic being. (The Mother, 2004a, p.268)."

It becomes easier if we can identify a key that helps us acknowledge the presence of the psychicwithin us. This keycan be an image, a word, a sound, or anything that makes us yearn for a deeper existence. Once we have chosen the key, we need to invoke it repeatedly with an aspiration that it helps us connect to the psychic."To do it immediately, you must sit down obstinately before the door until you have found the means. It may be a key, it may be a word, it may be a force, it may be anything at all, and you remain there before the door until it opens. And you do not think of anything else. Only of the door (The Mother, 2004b, p. 144)."

Surrender

While self-observation, aspiration, refinement, meditation and effort are important initial steps on the road to psychic transformation, even more essential is surrendering to the Lord. Surrender is a powerful inner movement through which we completely offer ourselves and our existence to the Divine with absolute trust, without conditions expectations. When there is complete surrender, our being becomes open and malleable to the Divine influence. It is a state where all parts of the being and all layers of our consciousness want nothing but the Divine. At this point, we simply derive joy from being a flower offered at the feet of the Divine and, happily allow the universal force to take over.

There is a feeling of oneness and bliss. Then, the grace pours down, and an intense transformation takes place. According to Sri Aurobindo (2013, p. 67), "Surrendermeans to consecrate everything in oneself to theDivine, to offer all one is and has, not to insist on one's ideas,desires, habits etc., but to allow the divine Truth to replace themby its knowledge, will and action everywhere."

Some people often confuse surrender with passivity. However, surrender is far from being passive—it is a force that is alive, active, and powerful. We consciously choose what represents the Divine and reject all that is anti-divine in all parts of our self. Our will is associated with the Divine Will. We do what is required of us with effort, sincerity and perfection and leave the rest to the Divine. There is no part of our being, no cell in our body that resists this movement (Sharma, 2019).

The Mother (2004d, p.102-103) described thefollowing ways of deepening our surrender: "(1) To prostrate oneself at His feet, giving up all pride in perfect humility. (2) To unfold one's being before Him, open one's whole body from head to foot, as one opens a book, exposing one's centres so as to make all their movements visible in a complete sincerity that allows nothing to remain hidden. (3) To nestle in His arms, to merge in Him in a loving and absolute trust. These movements may be accompanied by three formulas or any one of them according to the case: (1) Let Thy Will be done and not mine. (2) As Thou willest, as Thou willest. (3) I am Thine for eternity. Generally, when these movements are done in the true way, they are followed by a perfect identification, a dissolution of the ego, giving rise to a sublime felicity."

In a nutshell, integral counseling psychology represents an amalgamation of practical psychology and integral yogic wisdom — elucidating a deeper approach to understand, heal, rediscover, and transform the self. This goal is not just an amelioration of emotional distress and the emphasis is on enabling the client to evolve into a deeper, greater, and luminous consciousness. This approach suits those who dream big — those who desire complete and permanent freedom from suffering, or seek meaning in life, a deeper understanding of themselves and the universe, striving towards greater self-perfection and

aspiring for inner transformation and a connect with the Divine.

CONCLUSION

Integral counseling psychology is based upon Sri Aurobindo and The Mother's teachings, covering the entire expanse of consciousness ranging from the psychological manifestations, moving upwards toward the higher consciousness characterized by true existence, true consciousness, and true bliss. Through the psycho-spiritual process of integral counseling, the counselor helps the work toward a complete self-awareness self-integration, self-realization, and psychic growth, leading to a metamorphosis of the human self. This upward journey of consciousness is made possible by establishing a strong connection with our psychic being. Some practices that catalyze this process include: selfobservation, aspiration, vital refinement, dynamic meditation, and surrender.

REFERENCES

Chaudhuri, H. (1977). *The Evolution of Integral Consciousness. Madras*, India: The Theosophical Publishing House.

Hadnagy, P. (2010). Becoming One, the Psychology of Integral Yoga: A Compilation from the Mother's Writings. Pondicherry: All India Press.

The Mother (2004a). *Collected works of The Mother, Vol.* 7. Pondicherry: Sri Aurobindo Ashram Trust.

The Mother (2004b). *Collected works of The Mother, Vol.* 8. Pondicherry: Sri Aurobindo Ashram Trust.

The Mother (2004c). *Collected works of The Mother, Vol.* 15. Pondicherry: Sri Aurobindo Ashram Trust.

The Mother (2004d). *Collected works of The Mother, Vol.* 14. Pondicherry: Sri Aurobindo Ashram Trust.

Satprem (2000). Sri Aurobindo or the Adventure of Consciousness. Mysore: Mira Aditi Centre.

Sharma, P. (2019). When the Soul Heals — Explorations in Spiritual Psychology. Pondicherry: Auro publications.

Shirazi, B. (2018). *Haridas Chaudhuri's contributions to integral psychology*. International Journal of Transpersonal Studies, 37(1).

Sri Aurobindo (2013). *Letters on Yoga, Vol. 2.* Pondicherry: Sri Aurobindo Ashram Trust.

Sri Aurobindo (2015). *Letters on Yoga, Vol. 4.* Pondicherry: Sri Aurobindo Ashram Trust.

Consciousness Based Counselling based on Sri Aurobindo's Integral World-View

Dr. Soumitra Basu¹

ABSTRACT

Sri Aurobindo's integral vision considers the human being to be a transitional being capable of further evolutionary growth in terms of consciousness. In consonance with this world-view he presents a flexible structure of the being that is a synthesis of psychological knowledge and experiential spirituality. There are different dimensions of consciousness; a vertical dimension that spans from the Inconscience to Superconscience traversing supra-cognitive matrices and a horizontal dimension that spans from the egobound surface personality and crosses an inner being in communion with the cosmic consciousness to the soul-space that harbours the fourth dimensional psychic being which can come forward to replace the ego. The aim is to foster an integral personality poised in the soul-principle that is capable of ascending the hierarchies of consciousness. In the process, the myriad planes of consciousness and their different interacting matrices (like the vital-physical, physical mind) can be studied to understand the roots of psychopathology which would help to design corresponding healing modalities. In this scheme rebirth is viewed not in individual terms but as a cosmic phenomenon and karma is not considered in terms of reward and punishment but as a phenomenon through which the soul grows through a spiralling array of lives. Instead of resolving past karmic effects by regressive therapies, a superconscious poise of dealing with them is recommended. Sri Aurobindo also recommends a non-conventional way of activating the chakras that obviates the risks involved in the conventional process. Finally, the pursuit of spirituality itself carries psychopathological risks that need to be understood and dealt from a consciousness perspective.

Key Words: consciousness, vital-physical, physical mind, psychic being, inner being, rebirth, karma, chakras.

Consciousness Based Counselling

Consciousness Based Counselling is derived from Consciousness Based Psychology (CBP)* that arises from Sri Aurobindo's psychological Thought and more popularly known as Integral psychology or Integral Yoga Psychology. CBP is not intended to be a competitor to other systems but provides a vast architecture of consciousness which can be exclusively used in counselling or different aspects of it can enrich and enlarge the scope of myriad other systems. Apart from counselling for clinical conditions, this knowledge can be used to construct a program for personal growth.

[*CBP is a nomenclature used by Dr.Soumitra Basu and Dr. Michael Miovic to designate Sri

Aurobindo's psychological Thought in their forthcoming book on *Consciousness Based Psychology: Sri Aurobindo's Vision of Yoga, Health and Transpersonal Growth* (Miovic & Basu,2021)]

Structure of Being

Central to CBP is the structure of being where the human being is studied along different denouements of consciousness. There is a vertical perspective that spans from the Inconscience to the Superconscience and traverses the physical, vital and mental planes and subsequently reaches out to supra-cognitive matrices of consciousness. There is a horizontal perspective that extends from the outer being to the inmost soul-space traversing the inner being that is connected to the cosmic

consciousness. Both the perspectives are interwoven into each other. (Aurobindo, 2012, p.84) Moreover the being is not static but poised in an evolutionary paradigm of consciousness where it can progressively manifest hitherto unmanifest powers and potentialities. Sri Aurobindo considers the human being to be transitional and not a finished product of nature.(Aurobindo, 1997, p.221) It can evolve further through a transformational program that needs the collaboration of human nature and activation of a transmuting Supramental force. The collaboration of human nature needs a flexible psychological endeavour while the Supramental transformation falls in the domain of spirituality. Sri Aurobindo's world-view is a synthesis of psychology and experiential spirituality.

The Outer Being

The outer being is what is studied as the personality in contemporary psychology and rotates around the ego. At the outer being there is no harmony between the different physical, vital and mental planes of consciousness and they are also interspersed with each other producing various combinations. Sri Aurobindo named such combinations with two words like "physical mind", "vital physical" and "physical vital"; the second word representing the index plane of consciousness and the first word representing the plane that is impinging on the index plane. Each of these combinations need to be explored to understand the basis of various psychopathologies as well as well as to design therapeutic programmes.

Physical Mind: The physical mind is that part of the mind enmeshed in sensory schemata and is thus at the lowest end of the mind-range. It goes on ruminating habitual and trivial thoughts that are usually related to life's ordinary pre-occupations. Typically, it deals with primitive behaviours and not with intellectual stuff. The physical mind is that part of the mind-range closest to the Inconscience. The Inconscience is a stark denial of Reality and represents a negation of consciousness and imparts the sense of negativity, pessimism and doom to the physical mind which then goes on repeating and magnifying these issues.

The repetitive habitual thoughts of the physical mind arise de novo and cannot be simplistically explained by the psychoanalytic theory of resurgence of repressed material. Yoga psy-

chology recognizes the resurgence of repressed materials but such repressions represent material usually rejected from planes of consciousness above the physical mind. The habitual patterns of the physical mind can be better explained not by resurgence of repressed material but by the principle of automaticity which is now used to explain many habitual patterns like most of the operations of executive function of ADHD children. The principle of automaticity that explains habitual behavioural patterns has to be differentiated from the phenomenon pathological automatism where acts are performed involuntarily in an unconscious manner as in somnambulism or temporal lobe epilepsy or even hypoglycemia demonstrating an episodic timespan of automatic behaviour which is invariably brief and followed by normal behaviour. contrast, the principle of automaticity is exhibited in conscious states not as episodic patterns but as chronic, persistent, repetitive and often pervasive patterns. It is only in the beginning of 21st century that the principle of automaticity is being recognized in psychology as an alternative explanation for habitual behaviours that cannot be adequately explained by resurgence of repressed material though Sri Aurobindo dwelt on it long back in The Life Divine (serialized between 1914 to 1919) and explained how evolution begins with a blind automatism of Matter resulting in an obscure harmony of a stereotyped existence. (Aurobindo, 2006, p.962) Even in his last prose writings (1949-50), he commented about a kind of automatism in the physical plane of consciousness that goes on without the interference of the mindprinciple. (Aurobindo, 1998, p.529) One is reminded how electrons go on rotating in their orbit! The evolutionary nisus has to struggle to escape from the limitations of a stereotyped harmony to a harmony of a higher denouement of spontaneity, luminous perfection and delight. (Aurobindo, 2006, p.962) Only then we can have sustainable victory over the automaticity that characterize our physical mind.

It is interesting to note that obsessive compulsive disorder (OCD), an ailment involving the physical mind (of yoga psychology), is now no longer being explained in psychoanalytic terms. Instead, the principle of automaticity is being traced to brain circuits regulating primitive aspects of behavior to neuro transmitters and to gene mutations. It is true that in a section of OCD

subjects, stress and traumatic events are present in the background (Adams, 2018) but it might be that they are not prime causative factors, only OCD subjects might be more vulnerable to these influences. Moreover, OCD subjects do not appreciably respond to psychoanalysis or any indepth psychotherapy but to behavioural and cognitive behavioural therapies and in extreme cases, require psychosurgery. In OCD, there is an ideational as well as an action component. In obsessive spectrum disorders certain trichotillomania, and in most of other habit disorders like tics or torticollis, mediated through the physical mind, there is no ideational component but only mechanically recurrent habitual movements which are even more refractory to behavioural interventions.

The physical mind is not only involved in clinical conditions like OCD but is hindrance to contemplative thinking. That is why nearly all spiritual traditions use the "japa"- repeating a sacred name or mantra verbally, often with the help of rosary beads so that instead of ruminating on habitual ideas one can galvanize oneself by repeating the name of the Lord! Sri Aurobindo explains that in the yoga of transformation, the physical mind has to be transformed first before the intellectual mind is transformed. At the moment however one has to learn to shift from the physical mind to higher ranges of mental functioning for which newer techniques need to be developed.

Vital-Physical: Sri Aurobindo considers that the Vital-Physical is also largely responsible for most of the suffering and disease of mind and body to which the physical being is subject in Nature.(Aurobindo, 2012, p.203) In the course of evolution the Vital force or Lifeenergy impinged on the physical substrate converting inanimate Matter to animate Matter. That impingement caused a friction when it met the inertia and resistance of Matter. In terms of consciousness, an unconscious memory of that friction is still carried in us in the "vital-physical plane of consciousness" and lies dormant in our organs and may surge up anytime very much like a strange post-traumatic stress memory to cause multifarious somatic symptoms. This is a probable reason why even in the absence of depression, certain pain syndromes respond to antidepressants more than pain-killers.

Therapeutic programmes to deal with the Vital-Physical can be designed to work consciously on selected organs and bring the Light and peace into them. There can be variants of such programs where subjects are told to visualize target organs or typical cells of organs (like the neuron in case of the brain) and then bring the Light and peace to infiltrate them.

Physical-Vital: The Physical-Vital describes the vital plane of consciousness when it is subjugated to the characteristics of the physical consciousness which actually cramps vitality. The physical consciousness is marked by inertia, slow arousal and stereotypy. At one end of the spectrum the Physical-Vital would endorse a perpetual habit of laziness. At the other end of the spectrum, the Physical-Vital would be explicit perversities like rape and sado-masochism where the primary romanticism of vitality would be missing and the vital would just follow a mechanical habit of the physical consciousness.

The Ego

The ego in this system is an entity that arises from the different planes of consciousness during the emergence of the being from Inconscience and tries to balance the different planes which are not in harmony with each other. Its problem is that it is biased towards one or other plane and therefore cannot ensure a balance or harmony in the outer being. Traditional Indian spirituality tried to solve the problem by abandoning the ego to take refuge in the Absolute or Great Void. This was suited for an ascetic life but could not be a psychological solution if one has to live in the world of dualities. Sri Aurobindo gave a different solution. He advocated replacement of the ego by an egosurpassing fourth dimensional soul-principle, the psychic being or chaitva Purusha or the secret intuitive Self and Spirit that itself was the projection of the Jivatman in the manifestation. (Aurobindo, 1999, p.804) The psychic being would be the real harbinger of unity and harmony in the system. The Mother described that the psychic being is a center of light and truth and knowledge and beauty and harmony, in short, the centre of Divinity in the individual matrix and is therefore the builder of inner life. (Mother, 1978, p.62-63) (see the section on Inmost Being for

further discussions on psychic being). However, the psychic being cannot directly replace the ego, it requires the development of the inner being.

The Inner Being

The inner being or subliminal being stands behind the outer being and has an *inner mind*, an *inner vital* and an *inner or subtle physical* with the psychic being behind them.(Aurobindo,2012, p.93) The inner mind deals with supra-rational faculties like intuition. The inner vital deals with a life-energy that is in connection with the universal life-energy and therefore not cramped as in the outer vital. The subtle physical deals with subtle senses that can get activated in deep meditative states.

The inner being is connected with the cosmic consciousness from where universal creative energies and rhythms enter the inner being and a little of these percolates into the outer being through half-open channels of communication and are responsible for the great human creative outputs. (Aurobindo,2014a, p.325) These channels of communication between the inner being and outer being are known as *chakras* in the Indian tradition. The inner being is not supported by the ego but by the soul-principle or inmost being in the soul-space behind the inner being.

The inner being extends upwards to the Superconscience traversing new supracognitive matrices which are yet untapped but which can be activated. It extends below to the subconscious (the Freudian Unconscious) that sinks to the Inconscience. The Inconscience is no longer individual but merges with the terrestrial Inconscience. The subconscient lies in between the Inconscient and the conscious mind, life and body. (Aurobindo,2012,p.226) The Jungian collective unconscious represents the lower part of the cosmic consciousness that incorporates part of the terrestrial Inconscience.

Cultivating the potentialities of the inner being and therapeutic benefits

In Sri Aurobindo's paradigm, the real psychological work to grow in consciousness begins in the inner being. Cultivating the potentialities of the inner being has also therapeutic benefits. A few illustrations are given below.

1) Working at the inner Vital: The Vital at the level of the outer being is the repertoire of Life-Energy and our conflicting emotions. In ordinary life, the quota of Life-Energy at the outer Vital is constrained by the inertia of the body and the rigidities in thinking and doubts of the mind. This is why work can get strenuous and even lead to fatigue. Moreover, the outer Vital moves with our demands of time and the sense of time-urgency becomes an important feature of the work-alcoholic Type A personality who is more prone to ischaemic heart disease. If one can learn to shift to the inner Vital and experience the peace and silence there, one can establish the poise of inner stability. This inner poise is connected with the cosmic consciousness allowing one to expand in consciousness that actually helps to absorb the stresses of life. The inner poise is linked to timelessness and an experiential contact with it removes the strain of competing with time which is at the base of many our stresses in a corporate and consumerist world. If one can cultivate a poise of stability in the inner being, one is less likely to suffer from the strenuous nature of modern corporate life. Thus, the classical relaxation response has to be supplemented by an experience of widening of the consciousness in the inner being. This is not possible at the outer being because of the presence of the ego. The inner being is beyond the grasp of the ego. In fact, an attempt to de-link the ego at the outer being is risky as it could lead to a sudden disruptive effect leading to an acute psychotic reaction or a psychosomatic problem.

outer mind two unique The has characteristics that limit its scope of functioning. Firstly, it builds up its basic world-view upon sensory perception and reason. Secondly, it cannot effectuate an ideal synthesis between Knowledge and Will-Power. The inner Mind is capable of suprarational modes of acquiring knowledge like intuition.(Aurobindo, 2006, p.291-292) Sri Aurobindo talks not of the intuition in the ordinary sense of the term but as a leap of a higher knowledge which is revelatory and comes in flashes. It is through intuition that Ayurvedic seers could describe Sarpagandha

or Rauwolfia Serpentina which was the only correct psychopharmacologic drug for schizophrenia till chlorpromazine was synthesized in the 1950s. Sri Aurobindo has in his logbook of yoga, The Synthesis of Yoga, described techniques how this higher intuition can be developed.

The inner mind leads to progressively higher supracognitive matrices. The higher echelons of this trajectory belong to a high spirituality but it is now time for a futuristic psychology deal with first the supracognitive matrix which Sri Aurobindo named as the Higher Mind.(Aurobindo, 2006, p.292) It is the mind of mass ideation that holds complimentary and contradictory ideas simultaneously without any conflict in everexpanding perspectives. An experiential contact with this zone frees one from exclusivist thinking that is at the basis of overvalued ideas. Clinical psychologists spend a lot of time on delusional thinking which is okay but mental health of the community at large is actually affected more by overvalued ideas which claim one subset of ideas or one religion or sect or cult or one political system as the greatest and try to force that on others. If psychology today acknowledges the concept of Higher Mind as envisaged by Sri Aurobindo, we would at a stroke be free from communalist, sectarian and militant world-views that facilitate radicalization of the youth-mind to take recourse to terrorism.

The chasm between Knowledge and Will at the level of the outer mind is at the root of our maladies in individual and collective life. Thus, in a subject with depression one may not have the will-power to rise above pessimistic thinking. Or a subject in a manic phase may boast about great prowess but an inconsistent will-power may not serve a mind with fleeting ideas. Similarly in collective life, a leader may have knowledge but lack an effectuating will-power or may sport a dynamism that is not backed by an adequate knowledge. Sri Aurobindo explains that the synthesis of Knowledge and Will takes place

at a very high supracognitive level. Yet the process can be initiated in the inner Mind. The individual will-power can be trained to get linked with the universal will to serve a higher knowledge. Such experiential techniques can be cultivated in the inner mind to help us have a greater control over our own lives.

2). The Inner Physical or subtle physical: There is a gross physical consciousness proper to the limbs, tissues, glands, organs but there is also a subtle consciousness, called by Sri Aurobindo as the "body consciousness" which can change the obscurity of the gross material part to a conscious, luminous and responsive awareness. The body consciousness that is actually in the domain of the subtle physical can be developed to act independent of the bodily will or even against the body will. Though the ordinary mind is ignorant of the body consciousness, the response of the body to techniques like Hathayoga, Pranayama, relaxation and biofeedback show that the higher vital and mental energies can directly act on the body. Sri Aurobindo describes that the body consciousness can be awakened and trained to become such a conscious instrument that even a mental will or suggestion can cure the illness of the body.(Aurobindo,2012, p.175-176) The concept of body consciousness indicates that like the individual has an unique mind and a unique vital, one has similarly an uniqueness in terms of the body consciousness though this uniqueness is experienced in the domain of the subtle physical rather than in the gross material body.

The Mother extended the scope of the body consciousness yet further with accessing the subtle cellular consciousness without whose activation the transformational agenda of Sri Aurobindo's Integral Yoga would be incomplete.

The Inmost Being

Behind the inner being is the inmost being in the soul-space which itself is a projection of the Jivatman or the unevolving Central Being that supports the manifestation from outside. The inmost being has different poises but the most essential and central poise is the chaitya Purusha or psychic being. The psychic being is the true integrating centre of the being and around it the physical, vital and mental planes can be perfectly harmonized. The psychic being is that portion of the soul which takes part in evolution and actually evolves through life-experiences from birth to birth. If it can come forward, it can replace the ego, govern our instincts and impulses and transform life.

An experiential contact with the Jivatman different realization than gives experiential contact with the psychic being. Both experiences are needed for an integral perspective. The contact with the Jivatman gives one the experience of infinite wideness, silence, purity, mastery and a sense of universality. It helps one to enjoy the dimension of impersonality that supports the personality. While the Jivatman gives the experience of infinity, a contact with the psychic being focuses on the most intense, deepest and sweetest experiences of life - it brings bhakti, devotion, discrimination and choice of all that belongs to the Divine -Truth, Good, Beauty and rejection of all that is false, evil, ugly and discordant.(Aurobindo, 2012, p.106-107)

The psychic being is intrinsically pure and has no imperfection. What has to be perfected is its control over the instruments –the mind, emotions and body. (Aurobindo, 2012, p.113)The psychic being is free from psychological disturbances and the influences of the subconscious; it is the true integrating centre of the personality.

When the psychic being comes forward, it leads to a fusion of the inner and outer beings and the psychic being can then replace the ego to be the leader of our being. A personality integrated around the psychic being can be ready to ascend the hierarchies of consciousness to travel towards the superconscious.

Counselling programs have also to be sensitive to the presence of the psychic being. The psychic

being can radiate peace, joy and spontaneity even amidst the most adverse situations. In clinical practice it is not uncommon to come across people who, in spite of being chronically ill or demented or in terminal states awaiting death, can yet retain a poise of calm and equanimity and can radiate peace and joy. They still can progress spiritually despite their physical suffering. This is possible because the psychic being is unaffected by external conditions and if given a chance to flower, can still enliven an individual suffering from a chronic degenerative disease. quintessence of Consciousness based Counselling or Integral Psychotherapy lies in a shift to this inner essence of an individual. The possibility of such a shift is a valid reason why a counselling program is even necessary for people who seem to be "lost" because they are either chronically or terminally ill.

The Psychic Being and Rebirth

The psychic being carries the deepest experiences of life which have a higher value. It is the essence of these Truth-experiences that are carried from life to life and exist as memory transcripts in the cosmic consciousness to influence future lives in many ways. very deep musical or mystical transcripts may be transmitted to one or more receptive individuals scattered in space and time (like many receptive musicians could imbibe Beethoven's music). Or a more composite transcript may be transferred at birth to an individual. Thus, rebirth in Aurobindonian terms is a cosmic phenolmenon and involves transmission of highly significant and meaningful seed-memories stored in the psychic being that may be transferred to one or more individuals, it does not mean that a certain X is born as a certain Y. In Sri Aurobindo's world-view, the outer personality or outer being is formed at every birth by an interaction of the Self with Nature, it is constructed in consonance with the social, cultural and psychological milieu of the particular era and is deconstructed along with the individual subconscious after every life-span. This is natural as the characteristics required of a certain role would be different at different eras of history. This means that pastlife theories which traces problems in one life to the surface personality of a past life do not have value here. Certain spectacular encounters described in past life therapies may be with vital beings or formations in the cosmic consciousness. Sri Aurobindo explained: "Certainly, the subconscient is formed for this life only and is not carried with it by the soul from one life to another. The memory of past lives is not something that is active anywhere in the being – if by memory is meant the memory of details...But usually it is only the essence of past lives that is activised in the being, not any particular memories". (Aurobindo, 2012, p.551) In Sri Aurobindo's vision, the old idea of rebirth actually errs by an excessive individualism. (Aurobindo, 1998, p.365)One enters into birth not in a separate being but in the life of the whole and therefore inherits the life of the whole. Sri Aurobindo's world-view gives more importance to the future -to a greater life to which we are all evolving.

The Law of Karma and Counseling

The law of Karma exists in some form or other in different cultures, either denoting automatic consequences of one's actions or the Divine's judgments for follies, lapses and wrongdoings. Sri Aurobindo did not believe in the oversimplified notion of Karma which seems to subscribe exemplary punishments for the bad and rewards for the good for actions in the present or past lives. Rather he explains that it is the soul-principle that willfully chooses a myriad array of experiences in its spiraling growth through lives. (Aurobindo 2012, p.523-524)

To a question whether the Divine punished injustice, The Mother had explained that the Divine did not see things the way human beings did and was perfectly non-judgmental and therefore did not need to punish or reward. All actions carried in themselves their fruits and consequences. According to its nature, the action brought one closer or further to the Truthand that alone was significant. (Mother, 2000, p.274-275)

Sri Aurobindo did not seem to recommend an expenditure of time and energy to dig out and resolve Karmic conflicts of the past lives even if they had carry-over effects as each new manifestation actually projects a new personality in accordance with the zeitgeist: "If the memory of past personalities comes of itself (without a name or mere outward details) that is sometimes important as giving a clue to something in the present development, but to know the nature of that personality and its share in the present constitution of the character is quite enough. The rest is of little use". (Aurobindo, 2012, p.552)

In fact, instead of trying to resolve past Karmic conflicts by past life or regressive therapies, Sri Aurobindo recommended a superconscious poise to deal with them. It is just in the same way that he recommended that instead of delving in the Inconscience to resolve conflicts in the psychoanalytic way, the Higher Light from the souldepths or the Superconscious could be directed to the recalcitrant points for their transformation. In fact, there are five important steps in dealing with the past Karmas if one would aspire to do so:

Firstly, the physical mind has to be worked upon to free it from the clutches of repetitive habitual thought-patterns that go on recurring endlessly.

Secondly, the individual will have to be aligned with the Divine Will. Our concept of free-will is too illusory and relative and only if the individual will surrender to the Eternal Will, then a higher freedom from the past can be ensured.

Thirdly, the alignment of the individual will with the Divine Will can only be consolidated if the ego is replaced by the fourth dimensional soul-principle or Psychic Being which is a projection of the Undying Self in the manifestation.

Fourthly, an identification with the Undying Self or *Jivatman* can "lift the yoke imposed by birth in Time" and free one from "the soul's long compound debt" accumulated through "numberless lives". (Aurobindo, 1993, p.12-13)

Fifthly, the full and creative freedom from the past comes with the envisaged transformation of life. It is not enough that we are free from past Karmas by never being born again (as the Buddhists and Mayavadins would want it), it is more important to conceive of a higher life free of Karmic effects and where there would not be a recurrence of past Karmas. This can only be guaranteed in a transformed Supramental existence. In that scheme of integral transformation, the bodily transformation would lead to 'the supreme spiritual rebirth' and free us from all possibilities of bondage of Nature's common activity of cause and effect, propelling us to an existence in the ego-transcended Supernature.

The Chakras and Personal Growth

The inner Being is connected with the cosmic consciousness with which it has a spontaneous affinity and is connected with the outer Being through specialized centres of consciousness initially described in Tantra acknowledged by yoga; it is these centres that are identified as 'chakras' in the Indian tradition. Sri Aurobindo explains that the subliminal is connected with the small outer personality by certain centres of consciousness [Chakras] of which we can become aware by yoga. (Aurobindo, 2014a,p.325)The Chakras are therefore "conscious centres and sources of all the dynamic powers of our being...These centres are closed or half-closed within us and have to be opened before their full potentiality can be manifested in our physical nature". (Aurobindo, 2014b, p.551)The chakras are thus usually not fully operative. Sri Aurobindo has described those great creative waves of arts, music and perennial wisdom enter the inner Being through the cosmic consciousness and a little of those trickles into the outer Being through the chakras which are usually not fully operative and even then, that little is responsible for our highest creative outpourings. "Only a little of the inner being escapes through these centres into the outer life, but that little is the best part of ourselves and responsible for our art, poetry, philosophy, ideals, religious aspirations, efforts at knowledge and perfection. But the inner centres are, for the most part, closed or asleep - to open them and make them awake and active is one aim of Yoga. As they open, the powers and possibilities of the

inner being also are aroused in us; we awake first to a larger consciousness and then to a cosmic consciousness; we are no longer little separate personalities with limited lives but centres of a universal action and in direct contact with cosmic forces". (Aurobindo 2014a, p.325) A program of personal growth therefore necessitates that the chakras or centres of consciousness in the inner Being be made fully operational so as to be in communion with the outer Being.

The traditional way in the Indian tradition to activate the chakras and open the channels of communication between the inner Being and outer Being is to start from below upwards, opening up the channels from the nethermost planes of consciousness and work up the evolutionary trajectory by activating the Kundalini Shakti or primeval energy lying coiled up in the lower recesses of the being. This Kundalini Shakti rises up, opening up one chakra after another from below upwards till it reaches the summit of the being to culminate in fusing with the splendor and puissance of the superconscient energy. However, this journey is risky and requires the presence of an expert guide throughout the process. The initial activation of the chakras positioned at lower ranges of consciousness is often accompanied by an increase of physical and libidinal energy. It required highly expert guidance to deal with this initial vital upsurge that had to be transcended to activate higher levels of energy. This guiding expertise became diluted through centuries. As a result, many aspirants became stuck up at the lower chakras, so that Tantra later began to be represented as gymnastics of the libido. Nevertheless, the famous erotic sculpture in some ancient temples of India appear to have been conceived from experiential insights gained during the activation of the lower chakras en route the trajectory of the Kundalini coursing its way upwards to higher annals of Consciousness.

Sri Aurobindo for the first time in spiritual history charted a different way for activation of the chakras that did not carry the risk involved with the usual practice of awakening Kundalini from below. The superconscience above the manifestation at the supramental ranges carries the Force of transformation. This higher Force, a sort of Maha Kundalini can be invoked to descend into the being which then opens up the chakras from above downwards but in a way and with a priority that

suits each individual subject's personal growth. The power from above not only opens all the centres or chakras but also brings out the Psychic Being; "for until that is done there is likely to be much difficulty and struggle of the lower consciousness obstructing, mixing with or even refusing the Divine Action from above". (Aurobindo, 2013, p.307) This process does not carry the risks involved with the traditional process for the lower chakras are activated only after a higher poise is established and made secure at every stage and the gains are consolidated by the deeper poise of the Psychic Being. In fact, unless a higher poise in the superconscious or a deeper poise around the soul-essence is achieved, it is risky to deal with the lower forces. This danger is why Sri Aurobindo had recommended that the probing of the unconscious in psychoanalysis was risky unless pursued from a higher or deeper poise in consciousness.

The Mother elaborated on Sri Aurobindo's recommendation of activating the chakras from above instead of the conventional activation from below:

"Sri Aurobindo said that all Tantrics start from below; they start right down below While with him, you went from above downward, so that you dominated the situation. But if you start right down below, it's obvious that, right down below, that's how things are: anything that's a little stronger or a little vaster or a little truer or a little purer than ordinary Nature brings out a reaction, a revolt, a contradiction and a struggle.

I prefer the other method. Though probably it isn't within everyone's reach" .(Mother, 1988,p.216)

Psychopathological risks in Spiritual practice

Spirituality is not a panacea to perfect mental health. On the contrary spiritual endeavour per se carries inherent pathological risks that have to be constantly worked through. There are several ways in which an aspiring subject can be affected.

Firstly, one can pull in spiritual forces that cannot be handled because an overall or integral harmony has not been established in the being.

Secondly, in great yogis, the inner being develops so fast that the outer being cannot follow suit and the resultant disharmony results in yogis contacting serious illnesses like malignancy.

Thirdly, as great yogis and mystics are connected with the cosmic consciousness, they often have to share the burden of cosmic suffering and ignorance.

Fourthly, Sri Aurobindo describes an intermediate zone between the outer being and the inner being where one can get lost(Aurobindo, 2014a, p.299-300) and get affected by diverse psychopathological conditions like hallucinations and delusions.

Fifthly, hostile forces in the cosmic consciousness can enter the inner being and can catch hold of the ego making an aspirant who had started sincerely turn into a diabolical agent. Or else the hostile forces can cut off the soul-space veiling the psychic being from the rest of the being. This is "possession" of the being in terms of consciousness. (Basu, 2004)

A spiritual odyssey is thus to be worked through very meticulously in accordance with a consciousness based psychological approach. In fact, Consciousness based Psychology integrates psychology and spirituality in a new and exciting denouement that merits a thorough exploration.

CONSCIOUSNESS BASED COUNSELLING

References

Aurobindo, Sri (1993): Collected Works, Vol.33-34, Pondicherry, India: Sri Aurobindo Ashram

Aurobindo, Sri (1997): Collected Works, Vol.12, Pondicherry, India: Sri Aurobindo Ashram.

Aurobindo, Sri (1998): Collected Works, Vol.13, Pondicherry, India: Sri Aurobindo Ashram.

Aurobindo, Sri (1999): Collected Works, Vol.23-24, Pondicherry, India: Sri Aurobindo Ashram.

Aurobindo, Sri (2006): Collected Works, Vol.21-22, Pondicherry, India: Sri Aurobindo Ashram.

Aurobindo, Sri (2012): Collected Works, Vol.28, Pondicherry, India: Sri Aurobindo Ashram.

Dr.SoumitraBasu/Consciousness Based Counselling

Aurobindo, Sri (2013): Collected Works, Vol.29, Pondicherry, India: Sri Aurobindo Ashram.

Aurobindo, Sri (2014a): Collected Works, Vol.30, Pondicherry, India: Sri Aurobindo Ashram.

Aurobindo, Sri (2014b): Collected Works, Vol.13, Pondicherry, India: Sri Aurobindo Ashram.

Basu, S (2004): Occultism and Psychiatry: Implications in clinical practice. *Journal of the World Psychiatric Association*, 3(1), 194

Miovic, M & Basu, S (2021): Consciousness Based Psychology: Sri Aurobindo's Vision of Yoga, Health and Transpersonal Growth (in press)

The Mother (1978): Collected Works, Vol.3, Pondicherry, India: Sri Aurobindo Ashram.

The Mother (1988): Agenda of the Supramental Action Upon Earth, Vol. V, Mysore, India: Mira Aditi Centre

The Mother(2000): Agenda of the Supramental Action Upon Earth Vol. XI, Mysore, India: Mira Aditi Centre.

Thomas G. A. Benjamin K. C. A.B. Patricia G. Christal L. B & Christopher. (2018). The Role of Stress in the Pathogenesis and Maintenance of Obsessive-Compulsive Disorder. *Chronic Stress*, 2, p. 1-11. DOI: 10.1177/2470547018758043, Published online 2018, Mar 4

BOOK REVIEW

Psychological Perspectives on Childcare in Indian Indigenous Health Systems

Malavika Kapur¹

- S. Venkatesan

"Death is a spiritual illness to eradicate physical and biological life."

Institutions, people, and resources for delivering health care to individuals are universal. The general concepts, classification, understanding of their causes and treatments reflect their cultural systems. There may be primitive, naturalistic, nonscientific medicine based on magic, rituals, and religion in preliterate societies. Such practices still coexist to less extent, even in modern, most advanced societies. Whether it is admiration for exotic cultures, esoteric novelty, or ethnocentric self-adulation, the indigenous Hindu, Egyptian, Chinese, Roman, or Persian Medicine have always been appealing. The fascination for their study never ends (Faria, 2015).

A distinction is often made between indigenous and allopathic systems of healthcare. The indigenous is a lived and practiced medicine. It has its philosophy and beliefs developed over centuries. The allopathic is based on the Euro-Western paradigm of understanding illness and disease. A general impression is that indigenous practices are relatively inferior and non-scientific. misinterpreted indigenous gets misrepresented. They are deemed as full of superstition and grandma recipes, lacking in evidence-supported tenets, and, discouraged or even suppressed through powerful legislation (Nicole Redvers, 2019).

Despite all attempts, the indigenous health systems have survived all the onslaught. Despite

all attempts, the indigenous health systems have survived all the onslaught. There are currently attempts to rebuild or resurrect them. On one side, if there are efforts to deconstruct, decolonize and dismantle the Euro-Western paradigms, on the other side, there are endeavors to build bridges between the two streams through sustainable collaboration. There are growing movements to revive and regulate ancient health systems with enhanced State funding even in our country. On 9th November 2014, the Department of AYUSH (acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) was formed as Ministry under the Government of India (Taylor, 2020; Jaiswal, 2016).

Against this background, the book under review gathers immense importance. Among the very few writings available on the theme in the country, especially authored by a Euro-Western trained Indian clinical psychologist, this book is unique. There are several forms of "indigenous health systems." both ancient and contemporary. However, the author has reasons to include only four thoughts, viz., Ayurveda, Siddha, Unani, and Tibetan Medicine.

For one thing, availability and access to literature or texts on the chosen segments in the languages known to the author and their amenability to being fitted into the framework covering brief history, phenomenology, etiology prevention, and treatment have guided the choice of the the systems

Formerly Professor of Clinical Psychology, NIMHANS, Bengaluru, Professor of Clinical Psychology, AIISH, Manasagangotri Mysuru

¹ Publisher: New Delhi, Heidelberg, New York, Dordrecht, and London, Springer ISBN: 978-81-322-2427-3; ISBN: 978-81-322-2428-0; Year: 2016 Pages: 265
Formerly Professor of Clinical Psychology, NIMHANS, Rengalury, Professor of Clinical Psychology, AII.

included in this book. The discussion for each stream proceeds along with a laid format of enunciating their basic principles, developmental approach in children, normal development before explaining their minor or major disorders. The chosen format is meticulously followed such that the reader gets a comparative view of similarities and differences between the chosen parameters across the discussed health systems.

A common strain among most of them *recognizes elements* of life, spirits, humor, and interactions, resulting in certain temperaments or body constitutions, their increased or decreased effects. They *all believe in the patient's self-healing capacity*. People in India are generally aware of these systems, find them acceptable, accessible, and affordable.

Physical examination of the patient is undertaken by touch, inspection, palpation, questioning, pulse, urine, or stools. This technique cuts across all forms of indigenous health systems. consideration of their age and temperament also matters. The stress on developmental approaches to childcare is recognized by all of them. The themes commonly addressed are: conception, pregnancy, embryology, development, stages of pregnancy, diet, sleep and rest for the expectant mother, medicinal baths and physical massage, and mental hygiene, breastfeeding, time or types of delivery, handling the umbilical cord, role of wetnurse or midwife, swaddling, dentition and weaning, appetite of mother and child, infant or child care practices, the role of play, developmental milestones, and rites of passage. The role of cosmo-physical events and right karma is also underlined in Tibetan medicine. It is impressive to know that there are seven substages of child development within the first two years of life itself that is described intricately in a dedicated treatise in Siddha medicine. What can be of more interest for future research should be how these practices are uniquely similar or different from other indigenous or western child healthcare systems.

The *classification of diseases* follows a rationale across all the indigenous systems. It may be founded on origin (psychological, physiological, or spiritual), site of manifestation (heart, lungs, liver, and others), or on causative factors (Vata, Pitta, and Kapha) as in Ayurveda. In that case, it

may be based on temperaments, elements, humor, organs, forces, actions, and spirits in Unani. The Siddha system of medicine has identified many diseases, although their subclassification varies by different sources. In the Tibetian School of Medicine, ignorance, attachment, and aversion are identified as three mental "poisons" resulting from illnesses. They produce desire (wind), hatred (bile), and stupidity (phlegm). The theory, principles, practical application, and preparation of medicine are understood or explained by four Thus, there are nearly fifteen major categories of diseases according to Tibetian practice. Psychiatric disorders and their treatment are recognized as Bhoota Vaidya in Ayurveda and as a separate text in Sage Agasthiar's Siddha Medicine. where autism was known MandhaSanni cerebral palsy as Siravatham.

Treatments are typically rested upon diets, use of precious stones, herbs, massages, medicinal ointments, and baths. Others involve inducing vomit, purging, physiological detoxification, rejuvenation or revitalization. Stress is laid on daily routines, exercise, fumigation surroundings, lifestyle (including meditation, atonement, fasting, performing holy rituals, chanting of verses, and auspicious offerings), and psychotherapy (raising awareness, education, or imparting knowledge), pharmacotherapy, and in rare cases, even surgery. Specific forms of treatment like leech therapy and cupping therapy remain controversial even today. Treatment of symptoms for emergencies and accidents or acute symptoms is a grey area requiring answers. They are more advisory and preventive than curative. The use of metals like mercury and sulphur in some streams raises issues related to safety. Despite an allegation of gender bias from the illplaced perspective of western notions, Tibetian medicine uses abstractions like wisdom, virtue, and contemplation or meditation as treatments. The mundane treatment uses medicationsleaving fundamental treatment to the Buddhist priests (gurus).

While the reader is taken through a long and detailed tour of each of the four indigenous health systems spanning twenty-one chapters, there is one last chapter (of fifteen pages) to cover the implications for theory, research and practice. A pertinent question is asked: whether by accepting and accommodating the spiritual needs of the

client, does the practitioner become non-effective and unscientific?

Not necessary. The author invites a move away from the ancient and narrow Cartesian body-mind dualism that plagues modern understanding of health and disease. She urges moving ahead of only paying lip service to spirituality (as with the recent proposal by WHO) in medical practice, to delve into matters related to the mind, soul, and spirit. Issues related to child development, baby care, the importance of physician's qualities, the arduous effort and quality time spent by them on physical examination, role of psycho-education, parent training, and the study of temperaments, lifestyle modifications are few areas that are relevant for research and clinical practice even today. Above all, the value and respect accorded to a patient's life experience and the patient's acceptance as the supreme knower of such lived experience are lessons to be learned or emulated by modern-day health providers.

CRITIQUE

A distinction is needed between broad indigenous health systems and fringe medicines, specific/narrowed down treatment practices like acupressure, acupuncture, breathwork, chiropractic treatments, faith healing, hydrotherapy, moxibustion, meditation, miracle therapy, pranic healing, reiki, biosys, or magnet therapy and many more. In a related study, attention was drawn towards the use of nearly 238 types of therapies by contemporary parents, out of which there were reports of using 40 types of alternate types of treatments tried on children with autism in India (Venkatesan & Purushotham, 2008). This demonstrates that they are lived therapies in society even today.

Although kept outside the ambit of this book, the inclusion of a critique on prevailing indigenous health systems would not have been out of place. The issues related to their effectiveness, training-preservice or in-service, size, composition and distribution, certification of practitioners, quality of evidence, safety, and validity are matters needing open scientific inquiry. Shortage of trained workforce and uniformity in maintaining standards of clinical practice are common issues across all health systems-indigenous or universal. The problems of indigenous systems are even

more acute since, until recently, they were long wrapped in a secretive attitude of their practitioners, informal, family-centered, over-reliance on word-of-mouth oral traditions, lack of availability of texts in print, and undocumented practices.

There is growing branding, propaganda, and commoditization of indigenous clinical practices. There is a need to exercise caution, skepticism. and guarded acceptance of their claims. There are few randomized case-controlled studies operationally defined populations with adequate sample size and replications. Novelty, expectancy, Rosenthal, and placebo effects need to be eliminated. The internal validity of most of these studies is suspect. The therapeutic success gets attributed to the indigenous practice when they could have been due to historical, maturational or natural growth, or developmental factors. segment of the book could have critically evaluated these issues for the benefit of prospective researchers.

The states primarily administer the prevailing healthcare system in India. The National Health Policy was first endorsed by the Parliament of India in 1983, updated in 2002, and again in 2017. Mental Healthcare gets subsumed under these heads with child and adolescent mental healthcare within their ambit. Healthcare beliefs, quality, usage, and practices markedly differ in rural-urban as well as North-South India.

There is no specific statement about the intended audience or the stated objectives of the book. Some Western-trained health professionals are likely to denounce or dismiss anything indigenous backward, magico-religious, herbalists, diviners, traditionalists, prophets, folklore, and faith healers. The book can serve as an introduction and invitation to such readers itching to orient themselves on indigenous health systems. From personal experience, admittedly, the reviewer not being an avid follower of all that is indigenous, the book has given ideas on how one can undertake meta-analytic reviews on current psychopathology conditions vis-a-vis indigenous health systems.

Although not stated by the author of the book under review, there are many ongoing efforts to revive, re-engineer, and re-conceptualize ancient streams like Ayurveda towards seeking explanations or solutions for modern childhood disorders. For example, in Ayurveda, any disturbance in Tridoshas (Vata, pitta, and Kapha) and *Triguna* (*Sattva, Raja*, and *Tama*) in specific coordination and balance results in these conditions. Attempts are on to examine whether Ayurvedic drugs can improve IQ levels or learning. Research is being attempted with Unani formulations to treat psychiatric disorders in general or on specific childhood mental health conditions like autism, intellectual disabilities, and cerebral palsy. Reading from this book can help such investigations.

The elegant cover design, outward appearance, hardcover case binding, and handy book size are appealing. Just as there is a foreword, the author could have added a short reflective afterword to give a closing statement. A subject and author index would have helped identify specific places in the book. A glossary of terms would have been an added treat for the readers.

An excess fascination for the western or overfamiliarity with what is Indian-it brings in the sense of avoidance or dread to study indigenous people. From that angle, the author deserves applause to overcome both fear and fascination to choose a subject ignored by mainstream clinical psychologists and handle the theme with a stroke of ease and mastery for all youngsters to emulate.

REFERENCES:

Faria, M. A. (2015). A fascinating look at primitive and ancient medicine by medical historian and classical scholar Plinio Prioreschi, MD, Ph.D. *Surgical Neurology Inter-national*, *6*: 87

Jaiswal, S. (2016). Revival or Regulation?' Indigenous' Medical Practice in Independent India. *History and Sociology of South Asia*, 10(2), 184-203...

Nicole Redvers, N. D. (2019). The Science of the Sacred: Bridging Global Indigenous Medicine Systems and Modern Scientific Principles. North Atlantic Books.

Taylor, C. E. (2020). The place of indigenous medical practitioners in the modernization of health services. In *Asian Medical Systems* (pp. 285-299). University of California Press.

Venkatesan, S., & Purusotham, P. (2008). A profile of etiological & therapeutic searches by netizen parents/caregivers of children on the autism spectrum. *Journal of All India Institute of Speech and Hearing*. 27(1): 89-94.

OBITUARY KONERU RAMAKRISHNA RAO

4 October 1932 - 9 November 2021

By Sonali Bhatt Marwaha¹



Born into a middle-class agricultural family in a small village on October 4, 1932 in Krishna District of Andhra Pradesh, India, Padma Shri Professor Koneru Ramakrishna Rao was the first to attend college from his then tiny village. Graduating with B.A. (Hons) in 1953 and M.A. (Hons) in 1955 from Andhra University, he earned Ph.D. (Philosophy) and D.Lit. (Psychology) degrees from the same university. As a Smith Mundt Fulbright scholar and a fellow of the Rockefeller Foundation he attended the University of Chicago.

Professor Rao's intellectual curiosity spurred by a combined background in Indian philosophy and western psychology poised him to take a path less travelled, against the then existent behaviourist trend in psychology, and enter into fields of inquiry that looked too esoteric and subjective to be scientifically studied – parapsychology and consciousness studies. This was reflected in the synthesis of Indian philosophy/psychology and empirical parapsychology in his master's thesis on *Paranormal Cognition: An Essay in Survey of Evidence and Theories*, and his first published paper in 1955 "Vedānta and the modus operandi of paranormal cognition".

His enduring interest in one of the most enigmatic areas of human experiences – extrasensory perception (ESP) – led him to work with J. B. Rhine, the father of modern experimental parapsychology at Duke University in USA from 1962 to 1965. On his return, he established the Dept. of Psychology and Parapsychology at Andhra University (1967)—one of its only kind in the world. His training at Duke transformed him from being a theorist to an experimental psychologist. In tune with the research

1

trend of the day, he contributed to the body of work examining personality and cognitive factors in ESP, including theoretical issues of interest at the time. His Presidential Address at the Annual Convention of Parapsychological Association held in New York in 1965 reviewed his research, its rational and significance. This body of work contributed to the pool of data that has led to understanding several aspects of the phenomenon.

His growing disenchantment with the behaviourist and materialist paradigm in psychology of psi phenomena brought him back to his roots in the Indian philosophical traditions leading to a renewed interest in consciousness studies and the crosscultural perspectives on the meaning of consciousness, and Indian psychology as an alternate paradigm in psychology. Narrating his experience as a student on shifting between eastern and western paradigms in the philosophy-psychology classroom he stated:

"We were studying behaviour in a deterministic paradigm and the stimulus-response framework. Conditioning is the overarching law governing behaviour, we were taught. There is no place for mind or consciousness. So, this sudden shift from one hour to the next, day after day, from Brahman to behaviourism was not easy to handle, because my interest was more than passing the exams and getting a good grade. The gap between Brahman consciousness and stimulus driven behaviour appeared too wide to bridge." (Rao, 2011, p. 224)

Emphasizing the importance of the Indian viewpoint on consciousness studies, in 1972 he presented the paper *Consciousness in Indian Psychology* at the Third International Conference on Humanistic Psychology in Tokyo. The core ideas were later published in *Consciousness Studies: Cross-Cultural Perspectives*.

Rooted in Indian philosophical traditions he defined Indian psychology as "..... a body of psychological knowledge involving coherent model(s) to systematically explain human nature with concepts, categories and models derived from thought native to India"; consciousness is its defining characteristic.

His book Cognitive Anomalies, Consciousness, and Yoga (2011) is a comprehensive review of

relevant areas of consciousness studies, psi phenomena, and Yoga psychology. It provides a coherent model for developing Indian psychology as a system with significant implications for understanding cognitive excellence, transcognitive states of consciousness and human well-being. Reinterpreting the concept of pure consciousness in Advaita Vedanta, Buddhist psychology of transcendence and yoga practices for controlling mind and cultivating consciousness, he developed the "Trident (Triśūla) Model (T-M) of Body-Mind-Consciousness" as a composite of body, mind and consciousness, with significant research implications for psychology East and West. I had the privilege of serving as a sounding board during the process of the development of this model. Often, when I met him in the morning when reporting for work, he would sit me down and read out some new insights that he had gained overnight, which he would jot down on a paper by his bedside. In my view, the T-M model is his best work representing a culmination of ideas that were seeded in his postgraduate work.

In his later years, he returned to his primary interest in Gandhian thought, thetopic of his PhD dissertation nearly fifty years ago. He moved away from a pragmatic interpretation of Gandhi to an understanding from a spiritual perspective, from a philosophical study to psychological investigation.

In his role as an academic, Professor Rao was the founder editor of the *Journal of Indian Psychology*. He edited the *Journal of Parapsychology* for almost two decades. Through his prolific career, Rao published 25 books, nearly 300 research papers and about 50 book chapters.

In recognition of his contributions Professor Rao was awarded the Padma Shri in 2011.

Professor Rao extended his role of an academic scholar to the establishment of institutions that have served as the schooling ground for several psychologists. In 1967, as Founder-Head of the Department of Psychology and Parapsychology at Andhra University, Professor Rao initiated several new programs of research. Among them was the establishment of the Dream Laboratory with state-of-the-art equipment to monitor and record the subject's dreams in a laboratory setting. First of its

kind in the country, it was started in early seventies and several students received their PhD degrees for their work on nocturnal dreaming under his guidance. In 1985 he established the Institute for Yoga and Consciousness at Andhra University.

In 2002-2003 Professor Rao establishedthe Institute for Human Science and Service at Visakhapatnam. Eventually it was transferred to GITAM University, Visakhapatnam, and formed the bases of the Department of Applied Psychology at the School of Gandhian Studies, which was also established by Professor Rao, starting as the Centre for Gandhian Studies in 2010. He donated his large personal library consisting of parapsychology, psychology, and Gandhian studies literature for the benefit of students and scholars. This collection is a scholar's delight.

Starting out as University Librarian, Andhra University (1966 – 1968), Professor Rao was the President of the Parapsychological Association (1965, 1978, 1990) and Executive Director, Foundation for Research on the Nature of Man (1988 – 1994), Durham, NC, USA, which was renamed as the Rhine Research Center in 1995, and is the premier parapsychology organization. He served as the Vice-Chancellor, Andhra University (1984 – 1987), Chairman, Indian Council of Philosophical Research (2006 – 2012), and Chancellor, GITAM University, Visakhapatnam (2012 – 2021).

Aside from his role as a scholar, teacher, institution builder, and president of various academic bodies, Professor Rao has contributed in administrative roles spanning 50 years. He served as Chairman, Andhra Pradesh Commissionerate of Higher Education and Advisor to Government on Education (1987 – 1988), Vice-Chairman, Andhra Pradesh State Planning Board (1994-1995). As Chairman of the Committee on Reorganizing Higher Education in Andhra Pradesh, Professor Rao was instrumental in providing a blue print for organizing higher education in the state. Following his recommendations, the Andhra Pradesh State Council of Higher Education came into being. The first of its kind, it is taken as a model by several other states. He headed several other national and state level committees on education. These include the Committee on the Governance of Universities in the State, the committees to establish on Gandhian model the Institute for Professional Studies, and a rural university in Andhra Pradesh. Another committee under his chairmanship prepared a comprehensive report in 1995 on reorganizing school education in the state of Andhra Pradesh. The reports of all these committees were published, extensively discussed, and became the bases for state legislation and administrative action.

On a personal note, I started working with him in 2002. I was aware of his work and the theoretical position that he took. Thus, when I met him first, I introduced myself and specified that I stood on the materialist side of the theoretical divide, lest it interfere with his views. This started a long relationship where I learnt from him the idealist and dualist position from the Indian perspective. Coming from a purely clinical psychology background, he guided me towards becoming a critical thinker and theoretical researcher, eventually leading towards a full-time career in parapsychology. Along with my colleague Sadashiv, we put together what I call his "magnum opus", the 800-pageCognitive Anomalies, Consciousness and Yoga from his hand written chapters—a feat in itself. Working with him for nearly 10 years was a learning experience that has been invaluable for me along several lines. His loss is heartfelt.

References

Rao, K.R. (1955). Vedānta and the modus operandi of paranormal cognition. *The Philosophical Quarterly. Vol.5*

Rao, K. R. (2002). *Consciousness studies: Cross-cultural perspectives*. Jefferson, NC: McFarland.

Rao, K. R. (2011). *Cognitive anomalies, consciousness and yoga*. New Delhi: Published by Centre for Studies in Civilizations for the Project of History of Indian Science, Philosophy and Culture and Matrix Publishers.

Rao, K. R. (2011). The *Triśūla* (Trident): The Trilogy of Body-Mind-Consciousness. In *Cognitive Anomalies, Consciousness, and Yoga*. Project of History of Indian Science, Philosophy and Culture (PHISPC), Delhi: Matrix Publisher.