

Wellbeing in Indian psychology

Channapatna Shamasundar

Abstract. *This paper proposes that Indian philosophy qualifies as a holistic psychology. It shows its scientific character by proposing a revised understanding of the scope of science. It describes the richness of many of its concepts in relation to mental health, and proposes that they can be usefully integrated into modern mental health theory, practice and research. Such assimilation will help the latter in many respects, for example by filling-up a few of its deficiencies and by expanding the scope of its application. Important areas of potential contribution of Indian psychology are the character of holism, scientific nature of spirituality, a revised understanding of the meaning of mental health, role and variants of coping-skills, the hitherto neglected concepts of 'will-power' and ideal love, the important role of values, and a potential for primary prevention. This article is a brief narrative of the above points.*

Keywords: Indian psychology, love, mind, primary prevention, thought power, wellbeing.

WCPRR March 2015: 3-15 © 2015 WACP
ISSN: 1932-6270

INTRODUCTION Indian culture has much to contribute to modern mental health theory, practice and research. This is the message of this paper along with examples of potentially useful concepts from classical Indian philosophy and spiritual practices. They are meant to be considered, experimentally verified and incorporated into the main body of mental health knowledge. Such an activity will hopefully encourage further exploration of ancient Indian literature to advantage. The advantages are three fold. Firstly, the holistic integration of currently seemingly diverse disciplines like psychology and parapsychology will become possible. Secondly, such phenomena like empathy, telepathy and intuition, which currently do not have viable and internally consistent explanatory system, will be explained. Thirdly, the scope of current mental health knowledge and practice can expand in a holistic fashion. But, such a cross fertilization of concepts evokes an ideological question about the scientific status of Indian philosophy and spiritual practices. This issue will be addressed and answered later in the affirmative.

This paper is organized into two parts.

The first part is preparatory for showing that the essentials of Indian philosophy and its spiritual practices are scientifically sound and qualify as psychology. It addresses the holistic nature of Indian culture, its philosophy, religion and spirituality; and includes a box with the summary of an earlier paper proposing an expanded scope of science that can accommodate faith, spirituality and moral values. It describes the scientific characteristics of spiritual practice of *Rajayoga*.

The second part offers some examples of paradigms from Indian scriptures that can be incorporated into main body of mental health knowledge in the manner described earlier. It is organized as follows: (a) it begins with the description of creation according to Indian philosophy as the concepts relating to creation are essential to understand most of its other concepts; (b) explaining a few modern concepts like empathy, telepathy from the point of view of Indian psychology as examples of its holistic

Correspondence to: Channapatna Shamasundar, MRCPsych., DPM, MB BS.

Retired Professor of Psychiatry at National Institute of Mental Health and Neurosciences, Bangalore, India

mailto: drshamasundar@yahoo.com

Received October 28, 2013. Accepted via minor revision July 22, 2014.

coverage; (c) some of the Indian concepts that can enrich modern mental health theory, practice and research. They include mind, mental health and coping skills, 'will-power,' ideal-love, Psycho-soma relationship, and a method of primary prevention.

PART I: INDIAN CULTURAL HOLISM

Indian culture is holistic like all cultures. The concept of culture has eluded unitary description on account of its multiple dimensions and facets. The *Sanskrit* equivalent of culture is *Samskruti*. For the purpose of this article, it means the sum total of cherished values, attitudes, and customs in a society that facilitate the continuous evolution to greater heights of the quality of existence of man in all areas of individual and collective living. For the purpose of achieving these results, the Indian culture expects every individual to nurture an ideal goal of 'self-realisation.' It is the highest goal of human life which inevitably contributes to collective evolution. All schools of Indian philosophy and even *Ayurvedic* system of medicine support this holistic goal asserting that family and social institutions are meant to cooperatively facilitate the achievement of this goal. According to Vivekananda (1992a) philosophy of a culture explains the basic principles, its goals and the means of achieving those goals. Its mythology transforms the abstract philosophical principles into living models of legendary lives of great men by providing a concrete framework for easy understanding. Its rituals represent their more concretised forms of principles. Spirituality is of course, the actual practice of its principles in one's life by those who are interested.

Philosophy evolves by the cumulative knowledge of personal experiences of past spiritualists successively integrated and organized as a coherent body of knowledge. Culture preserves, nurtures, and facilitates its members to achieve its ideal goal by embedding the religious values, customs, and practices into daily activities of living and providing historical continuity. Thus, Indian culture functions as a dedicated system to serve a holistic spiritual purpose. A facet of this holism is a popular Indian prayer (Debroy & Debroy, 1995), "Peace in the heaven, peace in the world, peace in water, peace on earth, peace in plants and wild trees, peace in all gods, peace in *Brahma* in us, peace in everything. May I attain peace." It is all encompassing, including even the ecosystem. It addresses wellbeing without aspiring for any limited objective. Its concept of 'peace' extends beyond the commonly understood meaning in English as its *Sanskrit* equivalent '*Shanthy*' represents a state of indifference to dualities like pleasure and pain (Monier-Williams, 2011)

Among the Indian spiritual practices, *Rajayoga* is a popular method for 'self-realisation.' The essential feature of its theories and practices is controlling the mind using the mind itself as the instrument in order to make it capable of finer perceptions beyond the senses. It is a logical extension of the principles of *Sankhyaphilosophy* (Vivekananda, 1992b) concerning the dynamics of the mind, whose creative power is responsible for all human achievements and happiness as well as to miseries and illnesses. As such, *Rajayoga* qualifies to be considered as 'Indian psychology' as it deals with the inner nature of mind. Besides, while analyzing the *Philosophy of the Upanishads*, Deussen (2011) describes as psychology the whole process of creation and subsequent evolution. These facts will become more evident later.

In contrast to the holistic character of Indian psychology, current theory and practice in the disciplines relating to mental health suffer two major instances of dissonance in spite of their holistic ideal. For example, the disciplines of psychology and psychiatry have isolated themselves from parapsychology that studies anomalous phenomena. This is in spite of the fact that its research methodology is more rigorous than that of psychology or clinical medicine as Sheldrake (1998) has pointed out: 85.2% of research studies in Parapsychology had adapted blind-techniques compared to 4.9% in psychology and 5.9% in medical sciences. All these three disciplines have shunned the concepts of Indian psychology though a few of its components have been adapted for symptomatic and other benefits. The irony of this situation is that all the four disciplines are engaged in studying mind and its dynamism.

The other area of dissonance is hidden under the current popular ideal of evidence-based practice. This ideal pre-supposes: (i) that the clinical practice had not hitherto been entirely based on evidence; (ii) years of experience of clinicians do not qualify as evidence, and (iii) that irrefutable evidences are

available. This situation sounds like replacing ignorance with pretence, on the face of the following facts: (i) etiology of psychiatric morbidity is multi-factorial and the pathways to recovery are many; (ii) different schools of explanations of psychopathology are equivalently valid; (iii) most of the knowledge base relating to mental health is statistical in nature with values of probability; (iv) genetic expressions are influenced by environmental factors; (v) patients derive benefit by such therapist qualities as empathy, tolerance, self-confidence, hopefulness, genuinity and honesty; (vi) the parameters of variables that are to be considered as evidences for clinical decisions are not clearly defined.

Incidentally, we would do well to remind ourselves what we are currently witnessing in physical sciences. The boundaries between disciplines in it have already become blurred, and great efforts are being made to integrate two apparently incompatible theories, namely quantum theories at the micro level and theory of relativity at the macro level. What should prevent us from attempting to holistically integrating all the four disciplines dealing with the mind? Obviously a serious attempt is required to study the scientific characteristics of spirituality and its concepts. A preliminary attempt towards this objective has been made in an earlier paper of mine titled *Science of mind* (Shamasundar, 2012). It shows that an expanded scope of science does accommodate faith, spirituality and moral values, and its summary is presented below.

Box 1 Summary of the paper: Science of mind

- (1) The widely accepted procedure that qualifies as scientific is hypothetico-deductive methodology.
- (2) Different types of phenomena in different disciplines require different investigative techniques of studying.
- (3) Science and faith are interdependent. Communication in and about science cannot do without faith, which is based on the credibility that results are repeatable under similar conditions. The word 'faith' has many meanings depending upon the context. Here, it is used in the sense of complete trust on the basis of assured correctness. Besides, it is also a matter of 'scientific faith' that every phenomenon occurs according to a law of nature, irrespective of whether it is discovered or not.
- (4) Science-skill or scientific manner of acquiring knowledge is an innate human potential irrespective of what is studied, and has survival value. People vary widely in this ability along a few dimensions. *Dimension of precision* refers to an ability to process information precisely. Along the *dimension of need and interest*, people apply their science-skill selectively. In respect of other areas of life, they rely with faith on the knowledge of others whom they believe as experts. *Dimension of objectivity-subjectivity* refers to the manner of data acquisition. Subjective experiences, when repeated across humanity and over time does accord credibility on par with objective data of the physical sciences. *Dimension of communicability and understandability* relates to the ability of people to accept as possibly valid and understand the communicated observations, experiences or conclusions.
- (5) In the *dimension of need and interest*, different cultures across the world have discovered comparable religious doctrines and moral values in order to understand how life came into being and to safeguard the long-term wellbeing of the society and its members.
- (6) Spiritual practice of *Rajayoga* fits well into the frame work of hypothetico-deductive model of science as described below:
 - a. the theoretical basis of *Rajayoga* is explained in the description of creation in Part II;
 - b. *Rajayoga* is a scientific experiment in which:
 - i. the objective is self-realisation;
 - ii. the hypothesis is that the objective can be achieved by training the mind to acquire perceptual abilities beyond the senses;
 - iii. this spiritual experiment is carried out with the *Rajayogi's* life as the laboratory, his mind as the instrument of study, using certain practices like *Pranayama* and meditation as the methodology

under the guidance of one who has self-realised;

- iv. the predicted results are that the aspirant becomes capable of perceptions beyond the senses, gains control over his mental and physical phenomena and achieves realization by direct intuitive experience which includes the awareness of 'Universal oneness.' As a consequence, at the objective level, observable virtuous qualities become a part of his being and others experience certain beneficial effects in his presence.
- c. Such spiritual experiments with similar or modified methodologies have repeatedly been verified by different saints (read, spiritual scientists) at different times in different cultures over millennia. All have confirmed the core features and values that are common across religions and cultures. These spiritual scientists never cared for nor enjoyed material prosperity during their life-long labour, which may explain why spiritual science has been an out-cast in scientific community. For the common people, religion is easier to follow.

In view of the above, science can be viewed as a continuum along which the physical science with its predominant objectivity is at one end, the spiritual science with its predominant subjectivity at the other, and the psychosocial sciences are the middle. Part II below initially shows how Indian psychology can explain many phenomena that modern psychology and parapsychology cannot. Later, a few examples of its concepts that can usefully be investigated and integrated into modern mental health theory and practice are described.

PART II

Description of creation

Major texts of Indian psychology begin with a description of creation as all of their concepts are natural consequences of its process. Hence, this article cannot avoid it. A simplified description sufficient for this paper is explained below with the help of **Figure 1**, based on the common themes from three sources: Ganguli (1970a), Ram Chandra (1978), and Vivekananda (1992c). A note of caution is warranted here. Ancient Indian seers described the process of creation according to their clairvoyant knowledge. They also asserted that any expression of an experience or clairvoyant knowledge is only an approximation and cannot truly represent the original. Consequently, the figure and descriptions here are only sign-posts to generate some simple frame-work of understanding. In addition, while attempting to understand these difficult or unfamiliar concepts, the limitation of language has to be borne in mind.

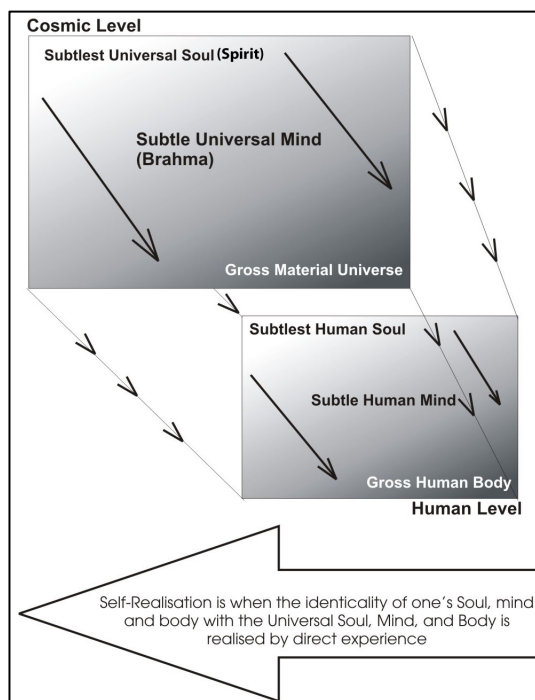
Formerly, there was only infinite *Akasha* (Sanskrit term) or un-manifest and un-describable *Absolute* containing infinite latent energy. This is represented in the figure as 'Universal soul (Spirit).' This energy or the root-force called *Prana* stirred into activity and the creation ensued. It constituted the universal-mind, which got transformed initially into subtler and subsequently into grosser objects possessed of density, and still later into individual forms. Just for the sake of interest, compare the above description of creation with the currently popular theory of creation in modern cosmology: the empty space with Higg's field of energy, subjected to 'big-bang' event, leading to generation of elementary particles and eventual material universe and its contents.

The *Prana* is the mother of all forms of energies, seen and un-seen, for example, the energies in the nerves and muscles and in the thought are all forms of this *Prana*. The same root-force of *Prana* appeared in man in the form of human mind, at the root of which is the dormant will, just as it was in the initial stir. Realisation by direct experience of the identity of one's soul, mind and body with that of the universal soul, mind and body constitutes self-realisation which is the goal of spiritual practice of Rajayoga.

A simple way of understanding this concept of *Pranic* energy is by the analogy of electromagnetic spectrum familiar to all. Somewhere in the middle of this vast spectrum is a tiny window of visible light which our senses can perceive. But, we need dedicated costly instruments to perceive and manipulate the energies outside this visible window. Similarly, if we can imagine the *Pranic* energy as existing on an

infinite spectrum, the entire electromagnetic spectrum of energy that is accessible to physical sciences represents a tiny window. Whereas physical sciences do not have access to *Pranic* energy out-side of this electromagnetic window, spiritualists can gain access to the entire range of *Pranic* spectrum by their practices. They can thus experience reality beyond the physical dimensions. Their mind in the middle between the ‘Spirit above and matter below’ can study both as well as itself.

Figure 1 Schematic representation of Creation according to Indian psychology



The Soul pervades mind and matter/body.

The Mind pervades matter/body.

Examples of how Indian psychology can explain phenomena like empathy, telepathy and pre-cognition

These examples are meant to serve only as pointers for future research. Empathy is an in-born ability to feel the other person's feelings in a manner of resonance by one's mind identifying itself with the other's, as a consequence of one-ness with the universal-mind and its field like properties. This ability manifests to varying degrees in human interactions. When maximized by spiritual practices, it enables the individual to experience other's happiness or suffering as one's own. Telepathy is a phenomenon similar to empathy but extending to the ideational and thought content and not limited to interactions, nor bound by distance.

The phenomena of pre-cognition is an individual's ability to become aware of events to happen in future by deliberate or inadvertent access to a higher level of organisation of the Universal-mind. This Universal-mind is believed to function as a kind of store house of all events, both past and future, analogous to a library of records. Those individuals who have an ability to have active or passive access to higher levels of Universal-mind will exhibit phenomena of extra-sensory perceptions.

Examples of ancient Indian concepts that can enrich mental health theory, practice and research

Mental health Mental health as we currently understand is not explicitly dealt with in Indian psychology. The main reason was that ancient Indians had discovered that opposites like happiness

and miseries, and health and illnesses are inevitable in human life (Mitra, 1891a). The individual was required to manage them to the best possible extent using the available means and methods. Like all major philosophies of the world, Indian philosophy aimed at helping man to transcend the dualities of opposites. Another reason was the concept of total health in *Ayurveda* (meaning science of longevity), the Indian system of medicine. Incidentally, it declared that righteous living promoted total health (Agnivesa, 1949a).

However, a description of mental health that is rich, holistic and operational was deduced from the Indian religious literature in an earlier paper of mine (Shamasundar, 1997) which is reproduced below. Its components are similar to those of desirable therapist qualities suggesting that any person with ideal qualities will naturally be mentally healthy and will also possess an innate psychotherapeutic potential:

A mentally healthy individual attends to all legitimate affairs of life in personal, familial, social and occupational areas to fulfill material, affectional, and spiritual needs of oneself and dependents according to role functions, abilities and circumstances within the limits of righteousness (social moral codes) with an attitude of hope, confidence and contentment. Contentment is an attitude of gracefully accepting the state of affairs at any point in one's life without pathological responses, learning from the past and planning future course of action.

The above description, though operationally sound falls short of the holistic ideal of total health as described in *Ayurveda* (Agnivesa, 1949a) according to which health is a state of:

- (a) *Integration of body, mind and spirit*, implying a state of balance among the three areas of human activities. This task requires *disciplining of the senses and mind*, implying an attitude of personal responsibility and discipline;
- (b) *Enduring happiness under all circumstances*, implying an attitude of contentment. The equivalent word for happiness in Sanskrit is *Prasannatha* compared to which the meaning conveyed by 'happiness' sounds gross;
- (c) *Regulation of moral life in order to accord happiness and goodness to humanity* implying a sense of responsibility towards collective wellbeing. Of course, one's own wellbeing is assured in the bargain;
- (d) *Survival against odds posed by nature and age*, implying a challenging attitude of internal locus of control and resilience.

The above concept of total health demonstrates:

- (a) The holistic character of Indian psychology encompassing humanity, beyond the symptoms and the individual's happiness or miseries. This allows for the same criteria of health to be applied successively to higher levels of social organization like a healthy family, a healthy organization, a healthy society or a healthy country;
- (b) The individual's responsibility towards one-self, the society and its moral values as essential requirements for health. In contrast, sadly, the concepts of health and mental health in vogue are bereft of values either human or environmental;
- (c) The individual's responsibility to achieve certain degree of resilience towards stresses of life. This requires a nurturing environment that thoroughly grooms coping skills, which in turn demands mature parenting skills. Thus, mental health is not a passive state to enjoy but a virtue to be achieved by continuous striving by successive generations to improve the coping skills of its progeny. In such a scenario, such concepts as 'right to health' become absurd and counter-productive.

However, it would be useful if behavioural and attitudinal expressions of the above components of mental and total health can be incorporated into survey and assessment tools. They can also become useful part of curriculum in educating children. Some of the above components have been identified as factors contributing to recovery from mental illnesses in a latest review by Leamy *et al* (2011). They are, in the decreasing order of number of studies identifying them: personal responsibility and control over life (*read as 'internal locus of control'*); hope and optimism; quality of life (*Should this be read as contentment?*); spirituality (*Does this imply moral values?*) [Parenthesis added].

Coping skills or life-skills Descriptions of how one should cope with the inevitable difficult or conflicting situations in one's life are scattered across ancient Indian literature in the form of statements and anecdotes. The following components are compiled from different sources, important ones being Kumarji (1984), Mitra (1891b), Sarvananda (1962), Ganguli (1970b), Penzer (1968), and Sastri (1983):

- (a) appraisal of the prevailing circumstances in relation to the objective or goal to be achieved;
- (b) choosing a plan of action among potential options by: (i) considering the means and methods in reference to moral values; (ii) distinguishing between what is beneficial to all in the long run and what is currently pleasing as their consequences are different; (iii) avoiding those options that are motivated by such factors as greed, anger, revengefulness, jealousy, and self-importance; (iv) assessing one's abilities and readiness to sacrifice or compromise as required. Here, 'sacrifice' or 'compromise' mean something like: "what advantage I am prepared to sacrifice for the sake of what other advantage ... what inconvenience I am prepared to tolerate in order to avoid what other inconvenience?" This sacrificial readiness is based on the eternal truth that it is impossible to have the best of everything all the time. Unfortunately, brainwashed by the media, most people behave as if the opposite is true and end-up paying a heavy price in the form of physical and psychological morbidity;
- (c) carrying out the chosen decision with: (i) a sense of responsibility, sincerity, courage, hope and confidence; (ii) unambiguous communication when interacting with others;
- (d) contentment.

Some of the above components are described by a UNICEF document (2003): (i) critical thinking, information gathering, and evaluating alternate solutions; (ii) problem solving skills; (iii) internal locus of control that include setting goals, self-evaluation of abilities and limitations and confidence; and (iv) communication skills.

It should be possible to operationally dissect the above components into micro-components of attitudes and behavior that can enrich currently available measures of life-skills and training schedules. In addition, I believe that when adapted to specific contexts, these coping-skills become social-skills, marital-skills, parenting-skills, psychotherapeutic-skills, and even management-skills. It would be interesting to verify this proposition by comparing the micro-components of these different skills.

Interestingly, not only are moral values important in the above coping-skills, but are also vital in marital, parenting and psychotherapeutic skills. But, the management-skills have acquired commercial value in corporate establishments where moral values are most likely to be subordinated to financial interests. Such a dissonance due to the decline in moral, ethical and spiritual aspects of life due to the domination of materialistic values in Western culture has been pointed out by Carlisle *et al* (2009). Besides, Eggerman and Panter-Brick (2010) have found that key cultural values form bedrock of resilience against effects of stress. In the light of these findings I suspect that what are currently called in respectable terms as "life-style illnesses" are in reality "illnesses of corrupt values." This probability deserves investigation.

Mind The concept of mind in Indian psychology can best be understood in relation to the process of creation. Important characteristics and abilities of mind are as follows:

- (a) human mind is a part of cosmic or universal mind, but this relationship has become successively opaque due to unwarranted self importance and materialistic orientation;
- (b) it is a form of energy and has creative potential;
- (c) it pervades the physical body;
- (d) it is an instrument of knowledge, interacting with outside world through its five sensory and one motor instruments;
- (e) by suitable training, it is capable of: (i) finer or subtle perceptions to acquire knowledge beyond the senses by direct experience in an introspective mode; (ii) functioning in a disciplined manner; (iii) becoming able to consciously control the functions of the physical body, and (iv) studying itself;

- (f) ancient Indian spiritualists discovered the nature of mind by direct clairvoyant experience during the course of their spiritual practice using mind itself as the tool of study. The human mind becomes functionally one with the Universal mind in self-realised states;
- (g) consciousness is only one of the levels at which mind functions. For example, Vivekananda (1992d) while giving an example of how food is eaten consciously but digested unconsciously says "... yet, it is I who am doing all this we have two planes in which human mind works ... conscious plane in which all work is accompanied by the feeling of egoism ('I-ness,' or ownership of action) ... and the unconscious plane, where work is un-accompanied by feeling of egoism ... There is still a higher plane upon which mind can work, the superconscious plane (*acquirable by spiritual practices*), which is also un-accompanied by feeling of egoism ..." [parenthesis added].
- (h) according to Ram Chandraji (Sarnad, 1996) mind has three doors: (i) first is the gross-body. When the mind settles at this door, it interacts with the outside world; (ii) the second is the mind itself in the middle. When it settles in its own region or place, it gets opportunity to think, meditate, adhere to a particular decision, etc. Here, *Chitta* is the thinking faculty, *Manas* is the contemplating instrument, *Buddhi* is the deciding instrument, and *Ahankar* is the instrument of ownership or 'I-ness.' It is in this middle position that mind experiences happiness and sorrow; (iii) when the mind rises above to the third door, it reaches the Spirit, and experiences peace, stability, carefree happiness, etc.

On the basis of the above, I suggest that our present methods of studying mind must be complemented by introspective methods in the manner of the ancient Indian seers. Sage Vasishtha (Mitra, 1891c) asserts that it is possible for the mind to study itself by perceiving inwardly. For this purpose, the interfering and distracting activities of the senses are to be temporarily suspended to enable the extremely subtle and delicate operation of self-perception. For this, *Rajayoga* is the popular and readily available method. In such studies, only those conclusions of subjective experiences including instincts and insights that are internally consistent can be considered as valid, as Vivekananda (1992e) says, "Instinct develops into reason, ... real inspiration never contradicts reason, but fulfills it ..."

A potentially difficult area for future investigation is the role of mind and its dynamics in such interesting phenomena as: (i) reincarnation-type cases (pre-birth memories) as reported by Stevenson (1974); (ii) near-death experiences as reported by Atwater (2007).

'Will,' or thought power As described earlier, mind and its thought are forms of *Pranic* energy. This thought power can explain many phenomena ranging from 'will-power,' expectancy effect, positive thinking and placebo-effect. In their guest Editorial, McQueen and St John Smith (2012) report that placebo effects are larger than 'evidence based treatments,' and that they are attributable to beliefs, expectations, etc. 'Will' results in action by virtue of its energy. This thought power is the basis of all human achievements, fate and overcoming it, and of re-birth.

'Will' is beginning to be studied in modern mental health literature, and by para-psychologists who study anomalous events. For example, Krippner and Ullman (1970) reported about the influence of one person's thought on another's dream content. Hunter (1988) reports that 'will to survive' is a key variable in survival among captives. Without this the captives have been known to curl-up and die within a brief period. Sheldrake (2005) reported about numerous experiments demonstrating that people respond to being stared at either from behind or through closed circuit TV with even changes in their skin conductance. Jahn and colleagues (2007) reported about experimental results of intentionally influencing the output of electronic generators of random numbers.

'Will' is rooted in all human activities and achievements, small or great. We all 'will' our day-to-day actions, but are largely unaware of it. Most likely, great achievers too are likely to be unaware of exercising their will. For example, Reinhold Messner is the world's greatest mountain climber, first to climb all 14 of 8,000 meter peaks, some of them solo, and the Everest without oxygen (Alexander, 2006). He is quoted, "...When I start to climb, *I am so concentrated that there is nothing else existing* ... I am what I do..." Those readers who have personal experience with competitive athletics and sports are aware of this phenomenon of 'will' however vaguely or by whatever word. They will have experienced

moments in such activities when one is aware only of the 'goal' and nothing else, a state similar to that described above by Reinhold Messner.

There is yet another aspect of 'will' that almost all mental health clinicians are familiar with. It is the extra-ordinary strength that excited manic patients display in contrast to their physical build by recruiting larger number of muscle fibers than is ordinarily available. The subjective symptom of 'weakness' and decreased motor output in depressive syndrome is possibly its opposite. This paradigm offers an opportunity to study not only the psycho-physiology of 'will' but also the relationship between feeling and thinking. In addition, a large scale survey of eminent achievers can be conducted to record the data about the state of mind associated with the important moments of their achievements when 'will' could have been exercised. Perhaps, such data can form a working description of 'will.' This in turn will hopefully generate hypothesis for further research. Such research about 'will' has the potential of clinical application to facilitate functional recovery from both physical and psychological illnesses. In addition, *Rajayogic* practices can also provide methods of enhancing one's will-power.

Explanation of fate and re-birth The energy of the 'will' or intent has to be spent or dissipated in the action resulting in the intended effect. For example, sage Vashishtha (Mitra, 1891d) instructs: "Whatever is thought upon keenly and firmly without doubt, the same comes to take place accordingly ..." Doubts are negative thoughts and thus neutralise the effect of 'will-power.' This fact about doubt is very familiar to sports persons. If the intended effect of the 'will' is blocked for any reason, it is stored up as an impression or *samskara*. This *samskara* is analogous to the electric energy stored in a capacitor waiting to spring into action under fertile circumstances or to a computer programme that gets activated at a later time by certain inputs. A *Samskara* can also be imposed by 'will' of others as in the case of sincere 'best-wishes.' Accumulated Samskaras constitute fate. But, at any time, an individual has free will to exercise and make appropriate effort to change the course of one's life. For example, "... bad effects of yesterday (*fate*) can be overcome by sincere remedial efforts of today ..." (Mitra, 1891e). This principle is the basis of a repeated assertion in ancient Indian literature that an individual alone is responsible for what one is and for what one wants to become. Its modern equivalent is "internal locus of control", whose role in wellbeing is well established. For example, a prospective cohort study by Sturmer and colleagues (2006) showed that internal locus of control offers reduced risk and better prognosis of common chronic diseases like cancer and heart attack.

If an individual's accumulated impressions cannot be fulfilled in a lifetime, they cause *rebirth* for providing opportunities for their fulfillment. It is interesting that certain Buddhist spiritual practices include exercises to remember earlier events in one's life, successively back in time in order to train the mind for subtler perceptions.

Psycho-somatic or mind-body relationships The concept of mind-body relationship in Indian psychology is best understood as a qualitative continuum of mind and body as described in relation to creation. Indian psychology declares that body is an extension of the mind, both being intimately connected with each other (Mitra, 1891f), and that the organs and members of the body receive the qualities of the mind (Mitra, 189g).

The above concept can explain such known facts as: (i) the co-morbidities of physical and psychiatric illnesses and their temporal relationships; (ii) control of such brain events as epileptic discharges or fMRI activations through bio-feedback techniques. In both instances, the biochemical correlates are probably the mechanisms through which effects are mediated.

In association with phenomenon of will-power, the psycho-somatic relationships can predict the following verifiable hypotheses: (i) for any given physical illness on standard treatment, those with psychological co-morbidity exhibit poorer prognosis; (ii) for any given surgical procedure, functional recovery will be slower in those patients with psychological co-morbidity; (iii) functional recovery from any illness, either physical or psychological on standard treatment will be qualitatively better and earlier in those individuals who have higher scores on measures of hope, confidence, determination, internal locus of control, and 'will-power' if such measures could be developed.

Ideal-love Ideal love, as a medium of human relationships has to be distinguished from the meaning of the word 'love' in common usage. Every religion and great works of literary art in all cultures have projected the concept of ideal-love. Yet, this concept is scarce, if not absent in mental health literature. Ideal-love is a quality of 'one-ness' with the beloved, or of 'universal one-ness' with humanity. The ancient icons of human ideal like Buddha, Christ, or Muhammad were embodiments of this ideal-love. Its description from an earlier paper (Shamasundar, 2001) is summarised below:

- i. it is a state of maximum empathy;
- ii. it accepts the beloved unconditionally;
- iii. it has unassailable loyalty to the beloved;
- iv. it transcends the senses, gender and sex;
- v. it manifests as self-effacing and un-selfish sacrifice for the beloved;
- vi. it always gives and does not bargain;
- vii. it evokes a sense of freedom, peace and blessedness.

Amidst the present day life, styles and value systems, this ideal-love may sound annoyingly and embarrassingly utopian and tough. Some people may feel even intimidated. Yet, it is operationally valid because, some components in the above description are similar to the desirable qualities of a psychotherapist as reviewed by Frank (1974, pp. 183-199; 325). Some of the qualities he mentions are: empathic understanding, genuine acceptance, tolerance, sincerity, genuine concern for the patient's welfare, and being a good person in general.

Recently, the importance of love is making its appearance in mental health literature. Interestingly, majority of the articles are from the nursing profession who necessarily spend more qualitatively meaningful time with the patients. Obviously, they have already realized the importance of this quality of love. If a suitable study can be devised, it may find that a larger proportion of patients feel benefitted by those therapists whose family members and colleagues rate them high on qualities of love. It is time that the mental health profession, especially in the area of marital therapy and parenting skills devise a scale of love for research and practice with the ideal at one end of the continuum.

A set of simple etiological factors The explanatory systems available about etiology in the form of psychopathology in current mental health literature are mutually complementary and offer the clinician or researcher freedom to use a given concept according to one's choice. Ayurveda (Agnivesa, 1949b) mentions such factors as greed, selfishness, anger, grief, fear, and jealousy as contributing to physical illnesses. I propose that they are also capable of being studied as potential etiological factors in psychological morbidity if suitable scales can be developed for measuring them. Not surprisingly, value systems in any culture regard them as "undesirable," and their influence in decision making is required to be avoided as mentioned earlier in respect of coping skills.

Primary prevention Bringing-up mentally healthy progeny constitutes the ideal of primary prevention. Current mental health literature is weak in this respect. Ancient Indian concepts and customs relating to procreation and child rearing can fill this lacuna. This proposal is supported by modern studies on fetal memory and learning, parenting-skills, and health promoting property of ideal behavior. It is capable of investigation and verification by suitable cohort studies. There are many stories in Indian mythology describing the phenomenon of fetal learning and memory that persist into adulthood. Mythologies in other cultures too may have similar anecdotes. An example of this phenomena in modern studies is Hepper's review (1996) finding that fetuses do possess functioning memory. The role of parenting skills in promoting child and adolescent mental health is well documented. The importance of moral development is highlighted by Damon (1999) who reports that: (i) children seem to have an innate capacity for empathy and fairness on the path of moral development; (ii) for most children, their parents are the original source of moral guidance; (iii) deviation from this norm emerges only later, consequent to exposure to value systems of their culture. Thus, moral conduct during adulthood has roots in childhood experiences. The importance of moral

development is also related to the fact that many mental health promoting factors are also components of social values as indicated earlier in the section on mental health.

By integrating the above facts, a recipe emerges for primary prevention in mental health by facilitating the inculcation of ideal qualities in successive progeny. The principles to be followed are organized from many sources and only the principal sources are referenced, as Agnivesa (1949c), Pandey (1949), and Kunjalal (1963):

- (a) partners should jointly pray for good progeny before co-habitation. They must also 'will' (*Samkalpa* in Sanskrit) for a good progeny. They must be in pleasant disposition. Co-habitation should not be attempted if there is feeling of fear, dejection, grief, or anger. The woman has to think of those qualities that she wishes her child to have;
- (b) during pregnancy, the mother should avoid emotional excitements either positive or negative, particularly fear, grief, anger, or other agitating emotions. To whatever extent possible, the mother should be maintained in a happy mood. The family atmosphere must be pleasant;
- (c) while rearing the children, the parents should behave in a manner of being role-models to their children. For example, "He who waits upon or associates with a person soon takes on the qualities from that companion" (Ganguli, 1970c).

If we assume the above scheme as logically sound, it can easily be verified by multi-center cohort studies over a period of 20-25 years involving groups of volunteer co-habiting couples. A project can be designed to study the effect of the implementation of the principles by procreating parents. Successive follow-ups can record the health status of the parents and their children over 2-3 decades. The prediction is that children of parents scoring high on the above principles will be healthier and remain so till adulthood. The Good Childhood Inquiry commissioned by the Children's Society observed that (i) people who bring children to the world should have a long term commitment to each other to live harmoniously, and (ii) schools should become value based communities fostering development of character along with competence.

A cohort study partly supporting the above thesis is reported by Hawkins and colleagues (2005) who studied a group of cohorts from childhood to adulthood and assessed the effect of teaching interpersonal skills to children and parenting skill to their parents. They found positive effect. Why not start the positive intervention at the very beginning, even before conception as a preventive measure and allow the positive influences to cascade over generations?

SUGGESTIONS Specific suggestions which the mental health profession could pursue have been mentioned earlier in respective contexts. But, for Indian psychology, holism is a virtue. The message is, mental health profession must actively pursue the ideal of holism by integration of all related disciplines and respective knowledge bases, and aim for internal consistency among and between its parts. The following steps will help in this aim:

- (a) as psychology can never divorce itself from subjective phenomena, accept carefully reviewed subjective data as valid with the provision of repeatability. For this purpose, develop means and methods of analysing and classifying subjective data;
- (b) consider the field of parapsychology as a subdivision of psychology, and incorporate its well established research findings and knowledge base;
- (c) consider religious/spiritual doctrines as scientific, capable of being studied using subjective methodology. It may be worthwhile attempting to collect copies of diaries of spiritual practitioners and study them in relation to the doctrines and methodologies adapted;
- (d) investigate the paradigms of Indian psychology for validity and incorporate them into main body of knowledge;
- (e) include the findings of above effort in standard textbooks and course curricula so that interested students may later choose to study those phenomena;
- (f) a final point concerns the role of values in mental health that has repeatedly cropped up in this article. Every reader knows the degree to which the values are compromised in the

currently popular life-style as well as the professional's helplessness in this regard. Some of the questions to reflect upon are: what is our role? Is it our responsibility to educate the public about the role of values in matters of health? Should "charity begin at home?" Should we start educating our undergraduates about values?

ACKNOWLEDGEMENTS I am grateful to Prof. B.V. Subbarayappa, Project Coordinator and Secretary of National Commission for History of Science in India, New Delhi, and Dr. Shantala Hegde, NIMHANS, Bangalore for kindly reviewing earlier draft of the this paper and offering valuable suggestions.

REFERENCES

- Agnivesa. *The Charaka Samhita, Section.6, Chapt.14*. Jamnagar, Sri Gulabkunverba Ayurvedic Society, 1949a, Vol.1, p.621
- Agnivesa. *The Charaka Samhita, Section.3 (Chikitsastana), Chapt. 3*. Jamnagar, Sri Gulabkunverba Ayurvedic Society, 1949b, Vol. 3, verses 114, 122-123, and Chapt. 8, verse 24
- Agnivesa. *The Charaka Samhita, Section 1 (Sharirasthana), Chapt 8*. Jamnagar, Shree Gulabkurveba Ayurvedic society, 1949c, Vol. 3, verses 5-9.
- Alexander C. Murdering the impossible. *National Geographic*, November: 42-67, 2006
- Atwater PMH. *The Big Book of Near Death Experiences*. Charlottesville, Hampton Roads Publishing Inc., 2007
- Carlisle S, Henderson G, Hanlon PW. 'Wellbeing': a collateral casualty of modernity? *Social Science and Medicine*, 69: 1556-1560, 2009
- Damon W. The moral Development of Children. *Scientific American*, 281: 72-78, 1999
- Debroy B & Debroy D. *The Holy Vedas, 2nd Ed. (Part 2, Yajurveda, Chapter 36.)* Delhi, B.R. Publishing corporation, 1995, verse.17, p. 207
- Deussen P. *The Philosophy of the Upanishads*. New Delhi, Motilal Banarsidas, [1919] 2011, pp. 256-296
- Eggerman M & Panter-Brick C. Suffering, hope, and entrapment: resilience and cultural values in Afghanistan. *Social Science and Medicine*, 71: 71-83, 2010
- Frank J. *Persuasion and healing - a comparative study of psychotherapy (Rev. Ed)*. New York, Schocken Books, 1974
- Ganguli KM. *The Mahabharatha. (Shanthi Parva, Chapt. 182-4 and 217)*. Delhi, Munsiram Manoharlal Publishers Pvt. Ltd, 1970a
- Ganguli KM. *The Mahabharata. (Udyoga Parva, Chapt.34; Vana Parva, Chapt. 38, & 205-8; Shanti Parva, Chapt. 321; and Anusasana Parva, Chapt.111-113)*. Delhi, Munsiram Manoharlal Publishers Pvt. Ltd., 1970b
- Ganguli KM. *The Mahabharata. (Udyoga Parva, Chapt. 37)*. Delhi, Munsiram Manoharlal Publishers Pvt. Ltd., 1970c
- Hawkins JD, Kosterman R, Catalano RF, Hill KG, Abbott RD. Promoting positive adult functioning through social development intervention in childhood: long-term effects from the Seattle Social Development Project. *Archives of Child and Adolescent Medicine*, 159: 25-31, 2005
- Hepper PG. Fetal memory: Does it exist? What does it do? *Acta Paediatrica supplement*, 416: 16-20, 1996
- Hunter EJ. *Psychological effects of being a prisoner of war*. In: Wilson JP, Harel Z, Kahana B (Eds). *Human adaptation to extreme stress – from the Holocaust to Vietnam*. New York, Plenum Press, 1988, pp 157-170
- Jahn RG, Dunne BJ, Nelson RG, Dobyns YH, Bradish GJ. Correlations of random binary sequences with pre-stated operator intention: a review of a 12-year programme. *Explore (NY)*, 3: 244-253 & 341-343, 2007
- Krippner S & Ullman M. Telepathy and dreams: A controlled experiment with Electroencephalogram-electro-oculogram monitoring. *Journal of Nervous and Mental Disease*, 151: 394-403, 1970
- Kumarji Pratham, MSM. *Jaina Stories. Vol.3, Story of Surasundari*. Delhi, Motilal Banarsidas, 1984
- Kunjajal BK. *An English translation of Sushruta Samhita*. Varanasi, India, Chowkamba Sanskrit Series, 1963, Vol.2, Chapt.2, 4, 8, & 10

- Leamy M, Bird V, le Boutillier C, William J, Slade M. Conceptual framework for personal recovery in mental health; systematic review and narrative synthesis. *British Journal of Psychiatry*, 199: 445-452, 2011
- McQueen D & St John Smith P. Guest Editorial – Placebo effects: a new paradigm and relevance to psychiatry. *International Psychiatry*, 9: 1-3, 2012
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book 6, Chapt. 83*. Calcutta, Bonnerjee and company, 1891a
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book 6, Chapt. 64*. Calcutta, Bonnerjee and company, 1891b
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book 6, Chapt. 73*. Calcutta, Bonnerjee and company, 1891c
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book 6, Chapt. 27*. Calcutta, Bonnerjee and company, 1891d
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book 2, Chapt. 5, 6 & 9*. Calcutta, Bonnerjee and company, 1891e
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book.3, Chapt. 92*. Calcutta, Bonnerjee and company, 1891f
- Mitra VL. *Yoga Vasishtha – Maha Ramayana of Valmiki. Book.4, Chapt. 44*. Calcutta, Bonnerjee and company, 1891g
- Monier-Williams M. *A Sanskrit-English Dictionary, 16th reprint*. Delhi, Motilal Banarsidas Publishers Pvt. Ltd, 2011
- Pandey RB. *Hindu Sanskars: A Socio-religious Study of Hindu Sacraments*. Benares, Vikram Publications, 1949, Chapt.5, pp 85, 96, & 112
- Penzer NM (Ed). *The Ocean of Story*. Delhi, Motilal Banarsidas, Vol.3, 1968,, story no.49.B.
- Ram Chandra. *Sahaj Marg Philosophy, 2nd Ed*. Shahjahanpur (UP), Shri Ram Chandra Mission, 1978, pp. 19-21
- Sarnad SA (Ed). *Ram Chandrajī. Truth eternal, 4th Ed*. Shahjahanpur (UP), Shri Ram Chandra Mission, 1996, Chapt.6, pp.73-74
- Sarvananda S. *Kathopanishad*. Madras, Sri Ramakrishna Muth, 1962, Chat.2, verses 2-4
- Sastri JL (Ed). *Shiva Purana, Ancient Indian Tradition and Mythology*. Motilal Banarsidas, Delhi, 1983, Vol.3, Koti Rudra Samhita, Chapt.6
- Shamasundar C. *Psychotherapeutic paradigms from India mythology*. In: Dwivedi KN (Ed). *Therapeutic use of stories*. London, Routledge, 1997, pp 64-82
- Shamasundar C. Love, praxis and desirable therapist qualities. *American Journal of Psychotherapy*, 55: 273-282, 2001
- Shamasundar C. Science of mind. *Mens Sana Monographs*, 10: 109-121, 2012
Available on the Internet at <http://www.msmonographs.org/preprintarticle.asp?id=86137>. Retrieved on February 27, 2015
- Sheldrake R. Experimenter effects in scientific research: how widely are they neglected? *Journal of Scientific Exploration*, 12: 73-78, 1998
- Sheldrake R. The sense of being stared at. *Journal of Consciousness Studies*, 12: 10-31, 2005
- Stevenson I. *Twenty cases suggestive of reincarnation, 2nd Rev Ed*. Charlottesville, University Press of Virginia, 1974
- Sturmer T, Hasselbach P, Amelang M. Personality, lifestyle, and risk of cardiovascular disease and cancer: follow-up of population based cohort. *British Medical Journal*, 10: 332: 1359, 2006
- UNICEF. *Lifeskills – which skills are life skills*. 2003
Available on the Internet at: http://www.unicef.org/lifeskills/index_whichskills.html
Retrieved on February 27, 2015
- Vivekananda S. *Complete works of Swami Vivekananda, (5th reprint, Volume 2, Lectures)*. Kolkata, Advaita Ashrama, 1992a, p. 377
- Vivekananda S. *Complete works of Swami Vivekananda, (5th reprint, Volume 1, Rajyoga)*. Kolkata, Advaita Ashrama, 1992b, p. 134
- Vivekananda S. *Complete works of Swami Vivekananda, (5th reprint, Volume 1, Rajyoga)*. Kolkata, Advaita Ashrama, 1992c, p. 147-149
- Vivekananda S. *Complete works of Swami Vivekananda, (5th reprint, Volume 1, Dhyana and Samadhi)*. Kolkata, Advaita Ashrama, 1992d, p. 180-181
- Vivekananda S. *Complete works of Swami Vivekananda, (5th reprint, Volume 1, Dhyana and Samadhi)*. Kolkata, Advaita Ashrama, 1992e, pp.185.