

Chapter 3

The Perspectives on Reality in Indian Traditions and Their Implications for Health and Well-Being

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3.1 Introduction

Health and well-being are often used together as an alliterative phrase, as in kith and kin, to emphasize the positive state in human beings. Sometimes they are used interchangeably, but they have different connotations. In recent times, two different disciplines, viz. health psychology (Dimatteo and Martin 2007) and positive psychology (Sheldon et al. 2011), have claimed health and well-being as their primary subject matter, respectively. Though both are related, health and well-being seem to vary independently. Brief et al. (1993) found people with poor health having high subjective well-being and people with few objective health problems who had low subjective well-being.

Central to the understanding of health and well-being is the famous Cartesian duality between mind and body. Since Western intellectual tradition treated them as separate for the past three centuries, modern medicine being a product of this tradition has become primarily *body centred*. The notions of illness and health including the so-called mental health have developed with a biological orientation. All the efforts in treating illness or in promoting health have our physical body as the focus resulting in trillion-dollar health-care industry globally. Thus we have pharmaceutical industries, development of biomedical technologies and establishment of diagnostic centres, private hospitals, medical education, research facilities and medical insurance companies (see also Chap. 1 for detailed discussion on Western health system and its origins). All these elaborate paraphernalia often focus on aetiology, symptomatology, pathology, epidemiology, diagnostics and treatment of illness, and one is often left to wonder whether it is illness care or health care.

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Though these developments are not to be condemned or belittled, there is a flop side of health-care industry. People are finding it difficult to afford the increasing cost of modern health-care system. An article published in *Chicago Tribune* a few years ago (*Chicago Tribune*, 8 August 2007) carries the story of an American who chose to bring his aged parents to Pondicherry, in India, because he found out that the health care is cheaper there than back home. Not only that, many more persons from different countries have been finding that medical care and attention is more sophisticated and technologically advanced in India but less expensive compared to their own countries. However, for a vast majority of Indians, medical care is getting really more expensive and unaffordable due to the increased corporate culture surrounding such services.

I am reminded of an old saying in Sanskrit which reads thus: *vaidyārāja namas-thubhyam yamarāajahsahodarah!* *yamastu haratihprānān vāidyah prānān dhanāni call* (Oh doctor, brother of Yama the Lord of death, salutations to you! Yama only snatches life, whereas you take away both life and money!!). This ancient humour probably is more apt in contemporary period, than any other time, when so much money is involved in health enterprise.

The economic factors have been influencing even the illness that one can or cannot afford to have and get treated. I remember here an amusing, yet instructive, TV advertisement of an insurance company. A patient visits a clinic, and the doctor after having examined the chest X-ray says he has a problem with his respiratory system, for which the patient reacts with chagrin, 'it could not be so' and says 'a kidney problem is OK', because insurance company pays for that not for a chest disease! Thus, contemporary health-care practices have become *artha pradhāna* (money or wealth predominant) than *dharma pradhāna* (moral or ethical predominant), though Hippocratic oath continues to be administered to the new graduates!

Definitions of well-being are also loaded with economic considerations. The clinical psychologist Paul Watchel (1989) notes that when gross national product (GNP) is taken as a measure of well-being, even 'the medical costs due to the diseases caused by pollution are figured into the GNP as *pluses* ... if less pollution occurred, and as a result less medical treatment was required, this would show up as a drop in the GNP!¹' (p. 88). It is what happens when the materialistic and economic orientation is stretched to its logical limits.

There is a difference between the popular use of the term 'well-being', which usually relates to health and the philosophical use of this term that is broader, but related, and is concerned with the notion of a good life of which health is an aspect (<http://plato.stanford.edu/entries/well-being/>). Hence, well-being is more related to overall quality of one's life, and economists and sociologists have attempted to pin down the essential objective conditions required for a better quality of life. While social scientists – economists, political scientists and sociologists – have focused on the objective criteria, psychologists have looked into the subjective evaluation of one's level of satisfaction with one's life as the criteria for well-being

¹! added for emphasis.

(Diener 1984; Hoorn 2007; Conceição and Bandura 2013). Diener and Seligman (2004) found that mental disorders are a major cause of low well-being and poor mental health almost always causes poor well-being. It is likely that mental health is more related to well-being than physical health per se.

3.1.1 Contemporary Concerns About Well-Being and the Reductionist Paradigm

As about the concept of health and health care, so it is about the understanding of well-being and its enhancement strategies. The recent movement of positive psychology, in its focus on studying positive subjective experiences and positive traits, which include character strengths and virtues (Seligman and Ciszksenthmihalyi 2000), seems to be *mind centred*. Even here researchers are primarily guided by the reductionist paradigm and tend to operate within the physicalistic view of the universe. For example, researchers have examined the effect of laughter on health and well-being, but most of them focus on the brain mechanisms involved and neurochemicals released rather than on the psychological aspects. No one bothers about the social aspects of it, let alone the spiritual. It is the same approach in understanding the effects of meditation or prayer, which are basically spiritual practices.

Thus, health psychology and positive psychology betray the underlying dichotomy of mind-matter dualism. Though there has been much talk of mind-body interaction in various ways and many researchers have spoken about holistic approach to health often the discussion centres on how the psychological and social, nay even spiritual aspects ultimately enhance certain neurochemicals and neurotransmitters essential for healthy functioning of the body rather than on directly addressing them.

3.1.2 Paradigm Shift: Has That Really Occurred?

What if body in itself is not all that important in maintaining health? What if mind plays a crucial role in causing illness and also in improving health? What if interpersonal and social factors also have a say in our health? What if money has no value for well-being, beyond a certain point? What if health and well-being are not always related? What if subjective criteria are more important than objective criteria for well-being? What happens to health-care industry? How do policymakers go about improving the well-being of people in a nation? What is the role of social and behavioural scientists? These and many other questions have been debated by researchers. These debates call for a paradigm shift from a purely biomedical model to a bio-psychosocial or to a holistic model that subsumes even the spiritual dimension.

Ever since Hans Selye's (1955) concept of 'general adaptation syndrome' (GAS) gained currency leading to research on life stress and strategies of coping, there has been a talk of paradigm shift in the field of medicine. Researchers focused more on

psychological and social factors determining illness and recovery and also the way people manage their stress. Since then, there has been talk of 'mind-body medicine', 'psychoneuroimmunology', 'energy medicine', 'alternative medicine', 'complementary medicine', 'holistic health', 'integrative medicine', 'mind-body therapy', 'energetic therapies', 'eastern therapies' and so on (Eden 2008; Keegan 2002).

The primacy of body and body-centred approach was apparently giving way gradually to the new 'bio-psychosocial-spiritual model', which addresses the issue of illness and health taking into account not only biological functioning but also the psychological condition, social aspects and the religio-spiritual dimensions of human existence. The US National Institute of Health opened a new establishment to fund research in alternative and complementary medicine more than a decade ago. In India, a new initiative was mooted to bring together the different indigenous systems of healing under the banner AYUSH (Āyurveda, Yoga, Unani, Siddha and Homeopathy). It is interesting that this acronym also stands for life and longevity, because in Sanskrit *ayushya* means longevity. With these developments, has the paradigm shift really occurred in the world at large? Answer is no. Not much change is visible in the medical establishment all over the world, and the health industry (illness industry?) continues to thrive. Reason for this is not too difficult to find.

First, a large majority of physicians, psychiatrists, psychologists and other health professionals primarily operate within the established canons of scientific tradition. The most important of them is the fundamental assumption of primacy of materiality of the universe and hence everything has to be demonstrated at a physical level, i.e. in terms of biochemical and neurochemical activities, reactions and outcomes to be accepted as efficacious. Ajaya (1983) termed this as 'reductionist paradigm'. The fundamental assumption of this paradigm is that the only principle in the universe is matter and all other complex or abstract phenomena – be they psychological, sociological or spiritual – can be ultimately understood through a process of reduction to basic components of matter. This demand is hard to meet. Many of the so-called alternative or complementary systems involve interventions at psychological, social and even spiritual dimensions whose role in treatment outcome cannot be accounted for scientifically in the same way as it can be done with the administration of drugs. This is all the more evident when religious and spiritual aspects are part of such intervention strategies. Many researchers have tried to examine the role of spirituality in terms of prayer, healing through touch, meditation and many other means. All of them indicate that somehow our health is significantly determined by the spiritual aspect, though exact mechanisms are not understood. While there are many first person accounts of healing narrated by those who experienced it and there are a few physicians who vouch for it by and large, there is a lot of scepticism about such possibilities.

Second, there is a financial angle to this. Insurance companies pay for those treatment methods which are proven to be effective scientifically through randomized controlled trials, and there has been a greater emphasis on evidence-based practice. Consequently, investors are not willing to take risk in something not proved, lest they incur loss.

Third, there are many instances where people have not benefitted from such interventions, which further increase the scepticism towards them.

Fourth, an alternative system is chosen as second best either because the allopathic system did not work, or because they found it less expensive, or for some other reason, but not because it is more efficacious. Those who believe in the efficacy of alternative systems are few compared to the vast majority. Here again our beliefs, values and worldview seem to play a significant role.

The approach of 'one size fits all' in understanding the issues related to a disease, in the practice of intervention, in prevention of disease, in promotion of health and in the study of well-being is neither appropriate nor effective. Nor are we doing justice to the intended purposes of many of the interventions developed from an alternative perspective. In other words, however much modern psychology tries to incorporate a broader perspective on human condition, its adherence to the reductionist paradigm retards its thinking and the prospect of achieving a truly holistic perspective. So, we need to look elsewhere for an alternative way of approaching reality to overcome this drag or inertial force (*tamas* according to Indian view) of reductionism.

In this changing context, Indian perspectives on the nature of reality, on mind-body relationship and on the nature of consciousness have been found to be of much value as resources for developing the new paradigm. This chapter focuses on some of the essential elements of Indian perspectives, which are relevant and significant in this endeavour.

3.2 Perspectives on Reality in Indian Traditions

As indicated already, modern scientific approach to health and well-being as reflected in different related branches of knowledge such as medicine, psychiatry, psychology, economics and sociology is governed by the reductionist paradigm. To be more specific, it is governed by a materialist-monist view of reality, where primacy of matter is upheld. Even the Cartesian dualism of body-mind gets reduced to physical matter. Within this paradigm, mind and consciousness are viewed as synonymous, and consciousness is not accepted as an independent principle, in addition to matter. Therefore, all the issues of health and well-being are understood and dealt with materially. Even if one prays to God for better health, God is also conceptualized as a psychological resource, and the effects have to be measured in terms of the activity of the brain (neurochemistry) or of other bodily systems (biochemistry).

While such an approach may help in certain ways, it fails to take into account a macro perspective on the interrelation of different dimensions of the universe and the interplay of many factors in a grid. Though, of late, ecologists have been trying to impress upon policymakers the adverse impact on health of the human created ecological imbalance, all those arguments are again presented within the materialist-monist view of reality. There is no scope or role of any other factor. This is quite understandable given the fact that modern science started as natural philosophy in ancient Greece, which meant trying to understand the universal phenomena in naturalistic terms without invoking any supernatural principle or factor (Leahey 2004).

This view still rules the roost, despite contradictory evidences that point towards the existence of the spiritual realms beyond the perceived physical reality (Church 2007; Krippner and Friedman 2010a, b; Schwartz 2007, 2011).

In contrast to this scenario of the modern Western intellectual tradition, Indian traditions have all along affirmed the existence of multiple realities (*loka*) in the universe and a spiritual dimension to human nature that enables them to make contact with those realities. Consequently, the entire human existence is viewed with reference to a radically different perspective that may be characterized as *transcendental or spiritual* vis-à-vis the material perspective of the modern Western intellectual tradition. As a corollary, even the issues related to health and well-being are appreciated in a different way. To understand this difference, we need to elaborate on how such a perspective provides alternative views on the nature of reality and on human nature.

Indian thinkers espoused different views on reality, and we have a complete spectrum of them (Hiriyanna 1993), ranging from the absolute materialism or physicalism epitomized by Chārvaka to the dualism of Sāṃkhya on to the non-dualism of Advaita Vedānta. It is important to note that there is an experiential base for such views and they are not just matters of intellectual debate or argument. Such a base can be found in the discussions on the nature of reality, self, consciousness and mind in several Upanishad and later in the Yogavāsiṣṭa, Bhagavad Gita and Yoga Sutras of Patanjali, just to speak of ancient original sources of sanātana dharma.

Frawley (1995) translated *sanātana dharma* as ‘the eternal tradition’ which literally means the ‘eternal or universal truth’ and is ‘sometimes translated as the ‘perennial wisdom’ ... a tradition conceived as inherent in the cosmic mind, arising with creation itself ... [it] is a set of teachings which comprehend Universal Life and Consciousness, including religion, yoga and mysticism, philosophy, science, art and culture as part of a single reality’ (p. 18). Frawley identified the following characteristics of *sanātana dharma*: (a) It is not limited to any messiah, prophet, scripture or church. (b) It is not restricted to any particular community or looking towards any particular historical end. (c) It embraces all aspiration towards the Divine or Supreme Being by all creatures, not only human beings but also plants and animals and the creatures, godly or ungodly, of subtle worlds beyond our physical senses. (d) It maintains our connection with the universal tradition through all worlds and all time, to the ancient past and the distant future ‘in the vision of a timeless self-renewing reality (Brahman)’ (1995, pp. 20–21).

We find similar ideas though not the same, in the ancient sources of Jain and Buddha traditions as well. From these, we can infer a set of fundamental assumptions, principles and practices that represent the Indian paradigm.

3.2.1 *Non-dualism in Veda and Upanishad*

Indian traditions subordinate physical reality to a higher spiritual reality. This is true no matter which *darsana* (perspective) it is, be it *Vedic* (Pūrva Mīmāṃsa and Uttara

Mīmāṃsā/Vedānta), *Vedic related* (Sāṃkhya-Yoga and Nyāya-Vaiśeṣika) or *non-Vedic* (Jainism and Buddhism). The differences in these perspectives emerge in view of how the higher spiritual reality is conceptualized. That in turn can be speculated to arise from the nature and extent of the awareness (experiences) of the ancient seer and sages who formulated them, just as we have Freudian and Jungian psychologies. While this is not the place to review all these different perspectives, at least highlighting some of their distinctive features can be useful.

The first view is that there is only the reality that governs everything, which is designated as Brahman, and everything is its manifestation. So, there is no real duality. The apparent duality of subject-object is 'dream like', and the manifested multiplicity and variety of the world do not have substantiality. It can be compared to the holographic images projected in the sky. This view has emerged from the realization of many seers and sages of Vedic tradition, who vouch from their experience that behind and beyond the three states, viz. waking, dream and sleep, there is a fourth (*turīya*) state (Māndukya Upanishad, 12th verse) (Nikhilananda 2000). It is claimed to be pure awareness, or the awareness of awareness of the contents of mind that supports, as the ground for the figure in Gestaltian sense. It is variously termed as *sat-chit-ānanda*, *shuddha chaitanya*, *sākshi chaitanya*, *Purusha*, *Ātman* and so on in different *darsanas*.

The fact that there have been annual conferences on non-duality and science taking place for the last few years in California (SAND conferences – www.scienceandnonduality.com) and that their logo is $Om = mc^2$ highlights that Indian perspectives are not to be misclassified as primitive as some anthropologists of structuralist tradition attempted to do. Ken Wilber, a well-known transpersonal theorist, distinguished between the 'pre-personal' and the 'transpersonal' and pointed out that many researchers often confound the two (Wilber 1977).

Even Gautama the Buddha, who did not accept the Vedic teachings as authority and also disagreed with the notion of a permanent or eternal Self-sense (*Ātman*), did not deny a transcendental dimension of human consciousness. Some schools of Buddhist tradition also hold a non-dualistic view of reality.

3.2.2 Dualism of Sāṃkhya

A second major perspective in Indian traditions posits that there are two fundamental realities instead of one. This is the perspective of *Sāṃkhya* system. According to this system, both the pure consciousness and the phenomenal universe are recognized as independent realities. While the former is called *Purusha*, the latter is called *Prakṛti*. *Prakṛti* again is understood to be constituted of three operational principles *guṇa*, viz. *satva*, *rajas* and *tamas*. Each and every phenomenon in the universe – mental or material – is understood in terms of these three principles. *Sāṃkhya* system derives from these two fundamental/primary realities 24 secondary principles (*tattva*) that help to account for the origin, evolution and manifestation of universal phenomena. Yoga philosophy of Patanjali is rooted in the *Sāṃkhya* perspective.

The dualism of *Sāmkhya* system is different from the Cartesian dualism of mind and matter because in *Sāmkhya*, both matter and mind are viewed as the products of *satva*, *rajas* and *tamas* (i.e. *Prakṛti*), and hence there is no essential difference between the two. They may be considered to be on a continuum (these topics are extensively developed also in Chaps. 4, 8, 9 and 10 of this volume). Though all the three are present in what we recognize as mind and matter, gross matter is understood to be preponderant of *tamas*, while mind is understood to be preponderantly characterized by *satva* (Murthy and Kumar 2007). Though the three are described to have many characteristics, *prakāsha* (illumination, brightness) for *satva*, *pravṛtti* (being active, being engaged) for *rajas* and *moha* (delusion, confusion) for *tamas* are regarded as the cardinal features in the Bhagavad Gita (Chapter, 14, v.22).

In the Bhagavad Gita, this dualism is described as *kshetra* and *kshetraja* (the entire Chapter 13 is devoted to a detailed discussion of this distinction). The former is the field, and the latter is the Knower of the field. The Knower here is the absolute principle of reality, not the cognisor/subject/ego of modern psychology. For this Knower, everything else is the field that includes mind-matter continuum. For a psychological interpretation of the Bhagavad Gita, one can refer to Rama (1996).

3.2.3 Other Indian Perspectives

Jainism and Buddhism are two other major perspectives in India. Jaina tradition is believed to be as old as Vedic tradition. There seem to be a lot of mutual influence between these two traditions. Jainism has also influenced Buddhism to quite an extent.

Jainism and Buddhism, being non-Vedic in origin (meaning not accepting the authority of Vedas as revealed scriptures), do not share all the fundamental assumptions of the Vedic tradition. Yet, they also recognize the transcendental dimension of reality, the spiritual nature of humans, the notion of pure awareness, mind-matter continuum and such like.

3.3 Some Basic Assumptions and Principles Derived from Indian Perspectives

The possibility of the existence of another state beyond the three states normally experienced by all human beings relativizes the experiences of our waking state. Just as we tend to attach a secondary significance to our dream experiences, however good or bad they may be, after waking up, all the sages and saints of India have time and again asserted that even our waking state experiences lose their intensity once we 'know', i.e. experience, the higher state. The meaning and significance of pain, suffering, illness, disease, health, happiness, well-being and related constructs get radically altered.

This is not strange if we just look at it as another evolutionary possibility available to humans. What prevents us from accepting such a possibility is that it changes the figure-ground relationship to which we have accustomed to and also alters the time-space relationship, which serves as the coordinates of our daily routine. Adherence to the modern scientific framework adds to the disbelief in such a possibility, while many individuals irrespective of caste, creed, class, religion, gender, age and nationality report such experiences all over the world. Modern evolutionary perspective, with the view that humans are at the peak of evolutionary ladder, also blinds our vision to the possibility of future evolution of mankind to a higher level.

The fact that Indian thinkers recognized the evolution of man, but did not limit themselves by considering humans as the ultimate primates, enabled them to move ahead and realize other human potentialities available (see Chap. 4 for further discussions on this topic). Even the evolutionary perspective is regarded as a tale told to a child to lull it into sleep, because it has validity only from a waking standpoint. Just as a baby conceived, given birth, which grows into adulthood, marries, begets children, reaches old age and dies – all in the dream – has no reality in waking state, even the story of evolution is not valid from the ground state of consciousness.

This radical view of things is not limited to Indian seers and sages. Even mystics of other traditions in other part of the world have reiterated it. So, what we consider as Indian perspective is not exclusive or limited to India and hence universal in nature. Probably, the only difference is due to some historical or environmental or cosmological circumstance. Only Divinity perhaps knows why it is so that in India we have had more seers and sages than those entire put together elsewhere in the world, just like there are more cars in America than anywhere else in the world. So our lifestyle has been determined by the vision of those ancient ones, and it continues to operate till date. We can summarize the Indian viewpoint as below.

Indian tradition upholds that (a) the spiritual reality can be perceived through intuitive faculty; (b) the soul is independent of body; (c) consciousness, *cit*, is different from mind/psyche; (d) body and mind are constituted of the same three properties or *guṇa – triguṇa* – and hence they are not different in substance; (e) there is life after death; (f) there are paranormal phenomena which can be experienced; and (g) a human being can attain liberation from the cycle of birth and death through Self-realization. These and other related beliefs have shaped the way of life in the Indian subcontinent leading to a holistic perspective, in which a human being is understood as biological, psychological and spiritual in nature and is in constant relation with the whole cosmos.

3.3.1 *Triguṇa*

Among the above central themes and concepts, the one that has far-reaching implications for understanding the happenings in the universe is *triguṇa*, already referred to in Sect. 3.2.2. This concept had its origins in the Vedas but was further developed in the *Sāṃkhya* perspective and has been found to be useful by all other systems.

The concept of the three *guṇa* (*satva*, *rajas* and *tamas*) is widely used to understand the properties of gross physical matter and its various inorganic and organic manifestations in nature and also in accounting for psychological, social and religio-spiritual phenomena. Hence, this concept has attracted the attention of psychologists, and there have been many attempts to develop scales to understand the personality with reference to the three *guṇa* (Murthy and Kumar 2007).

The three *guṇa* (also discussed in Chaps. 4, 9 and 10) operate in all the persons, and the ancient literature has described the trait characteristics of those who are predominantly governed by one of them. But these are not absolute, and it is quite common that in a given situation or state, a person may be governed by a *guṇa* other than the one which chiefly characterizes that person. Hence, the operation of *guṇa* in human beings can be understood both as state and trait. Indian systems have understood illness and disease as products of the predominance and malfunctioning of *rajas* and *tamas* and health and well-being as the predominance of *satva*, both at the level of a person and at social or even cosmic level. Increase in *rajas* and *tamas* leads to negativity, and increase in *satva* leads to positivity. Since the three *guṇa* always remain everywhere, the action and reaction, cause and effect are understood with reference to them for everything. Just to take a simple example, if one consumes more chillies, which is supposed to have an energizing property, it is *rajas* that is acting and overacting to bring about certain effects. On the other hand, drinking milk has the calming effect, and it is *satva* which is acting.

Since the *triguṇa* system allows for the interaction of mind and matter, a systemic view is possible in which person and the environment mutually influence each other, wherein the predominance of one of the three *guṇa* can affect one way or another. Whether it is ecological imbalance at the macrocosmic level, biochemical imbalance at the microcosmic level or cognitive/affective/conative disturbance at psychological level, all are viewed as manifestations of negativity, and harmony at all levels is understood in terms of positivity (as highlighted in Chaps. 5 and 10 of this volume). Thus, illness or disease and health and well-being of a locale, a person, a society, a nation or a culture reflect the dynamic equilibrium of the three *guṇa*. For example, increased violence, aggression, crime, sexual assaults, corruption and such other negative behaviours across globe are manifestations of increased dominance of *rajas* and *tamas* over *satva*; so also the natural calamities and man created calamities occurring all over the world. Understanding of global events in this way has led to another popular conceptualization known as *tāpa traya*.

3.3.2 *Tāpa Traya*

The word *tāpa* means heat. It generates suffering and therefore is metaphorically equated with suffering. *Traya* is three, and suffering is of three kinds originating from three different sources, viz. physical (*bhautika*), supernatural (*daivika*) and self (*ātmika*) since reality has many dimensions. *Ādibhautika* refers to all kinds of suffering originating from physical or material causes, including environmental

factors, natural calamities, accidents, other physical beings – animal and human, and all kinds of physical or material factors. *Ādidaivika* refers to all kinds of suffering originating from discarnate entities and beings. *Ādyatmika* refers to all kinds of suffering originated from personal factors – biological, psychological and social. Thus, human suffering can take any form, and disease and illness are one such manifestation.

Therefore, in Indian tradition, a person's health and well-being are understood not only with reference to gross physical body and its functional status but also in relation to one's mental status and supernatural aspects. A person's illness, disease, health and well-being may be influenced by one or more of these factors, and hence they are understood multidimensionally. Thus, a person suffering from a prolonged illness could be due to something that happened in this life in the physical world or it may have been due to the action of a supernatural factor or it could have its origin in the activities of a previous life or it could be due to one's mental factors and so on. Since the past can carry its effect into the present, present can equally affect the future. Similarly, even health and well-being are also understood with reference to past, present and future. Thus, interventions required have to be appropriate to the dimension of reality from which the suffering has originated. This is reflected in Āyurveda (which means theory and practice of longevity, not just medicine) that speaks of three kinds of intervention: *yuktivyapāshraya*, *daivavyapāshraya* and *satvāvajaya*, which correspond to the three origins of suffering. The first one involves all kinds of medical treatment, also known as *kāya chikitsa* (treatment for the body); the second refers to all kinds of practices that are aimed at influencing supernatural forces, also known as *bhoota vidya*; and the third refers to psychological therapy and counselling which involves restrengthening *sātvic* tendency.

It is to be noted here that the concept of *tāpa traya* is meaningful only when one understands it in the context of how a human being is viewed in Indian traditions. The recognition and affirmation of the spiritual/transcendental dimension of human nature led ancient Indian seer and sages to view human being as bi-dimensional rather than uni-dimensional. In other words, human being is not understood only in terms of gross physical body but also in terms of an extracorporeal soul/spirit that transcends the limits of the physical body as well as the notion of space and time. It is not that people and thinkers in other parts of the globe have not recognized this dimension. The distinctiveness of India in this issue is its consistent and continuous affirmation of this dimension for the past thousands of years and upholding that as the primary aspect of human nature rather than gross physical body.

This feature comes through very explicitly and forcefully in one of the verses of the Bhagavad Gita, which when translated in English reads as follows: 'just as humans throw away a torn cloth/dress and wear a new one, the one who is in this body takes upon a new one when it gets worn out (dies)' (Chap. 2 v. 22) (translation author's). This distinction between *dehi* (own who is in the body or owns the body) and *deha* (gross physical body) is fundamental in shaping the traditional views on illness, suffering, health and well-being. It has made possible for people in India to view the body as something that takes birth, develops/grows and decays and dies eventually just as a plant or an animal. That provides a detached perspective on

one's body and understands illness and health, disease and recovery, treatment and cure in a more natural way.

This distinction has also shaped the way such events as death are expressed linguistically, with reference to *dehi* rather than *deha*. For example, in Kannada language, which is my mother tongue, it is said *jīva hoitu* (soul has gone). Since *dehi* or *jīva* is the same as *prāna*, life force, *prāna hoitu* (life force has gone) is also another usage to refer to death. In Sanskrit literature and its derivatives, the *prāna* is also equated with a bird, *pakshi*, and one's death is referred to metaphorically as the flying away of a bird from its nest. One can find such expressions in all the Indian languages.

There are two important aspects here which require further elaboration. First, since the gross physical body is not viewed as the primary aspect of a human being, it does not get more attention than what it is due, either in birth or death or during one's life. Compared to Western culture, where lifestyle predominantly centres on primary bodily needs and its secondary elaborations, Indian culture is centred on *dehi* or *jīva*, its terrestrial and transmigratory existence and the eventual release from the cycle of birth and death. Therefore, it is the culture of the soul that is practised rather than culture of the body. Sixteen culturing rites and rituals (*shodasha samskāra*) are practised, starting from the stage of conception to death, aimed at the development of the soul first, and only secondarily of the body, for it is the soul which is on its journey from one bodily existence to the other (the importance of rituals for health and well-being is thoroughly discussed in Chap. 6). Soul in this journey can continue to actualize its immense potential for which body is a vehicle. Thus, a yogi can leave his/her body and enter a dead body (*para kāya pravasha*), dismantle one's limbs and torso and reassemble (*khanda yoga*), cast of his/her aged or worn out body at will (*prāyopavesha*), manifest simultaneously in more than one place, transfer one's youthfulness to an aged person, take on someone else's physical illness and consciously suffer, self-cure one's dreaded diseases and what not.

While the above examples are exceptions rather than rule and only adept yogi could do all that, they are cited here to illustrate the fact that ancient Indian seer and sages were well aware of the immense hidden potentialities of the soul that can manifest through the body and hence cared and protected their body as an instrument rather than body as the only living reality. Towards this end, they had developed very sophisticated understanding of bodily organs and functions and their maintenance, which modern medical science is yet to come to terms with.

There is enough traditional knowledge and wisdom available in folklore as well as in classical texts related to medicine about how to care for the body from birth to death. What it means is life of a human being was/is not construed in terms of bodily existence alone, thereby attaching all the importance to bodily security and bodily needs. In other words, it was/is not body centred still, despite all the modern innovations like ventilators, pacemakers, plastic surgeries, transplantation and implantations. The idea that body is like a cloth that gets worn out in due course is an integral part of the Indian psyche.

If this is so, then how do we understand the place of body in human existence; what is the purpose of bodily existence; what is the relation of body, mind and soul;

and what is the meaning of illness, disease, suffering, death, health, well-being and so on? All the Indian systems have dealt with these issues as their central concern. Gautama the prince became Buddha the realized one, in course of finding answer to these questions. It is not possible to review all the different answers found by ancient seer and sages for these questions. But what can be discussed is how their insights shaped the cultural outlook of Indian civilization in general and issues related to health and well-being in particular.

3.3.3 Perspectives on the Constitution of Human Beings

Though we speak so much about psychology and psychological effects, the existence of mind, soul and Self remains controversial. However, in Indian traditions, soma (body), psyche (soul/mind) and spirit (Self) are recognized as aspects of a human being, and their experiential validity is affirmed time and again. In other words, man is regarded as a complex of biological, psychological and spiritual features.

In *Kathopanishad* (a.k.a. *Kāthakopanishad*), there is the metaphor of a chariot, *ratha*, which describes the relationship between these three as follows: ‘one has to understand the ‘self’ as the person seated in a chariot and the ‘body’ as the chariot; ‘*buddhi*’ has to be considered as the charioteer; ‘*manas*’ as the bridle and the ‘sense-organs’ as horses’ (I, 3, 3–4) (Hiriyanna 2004). As Jadunath Sinha (1961) has noted, in this framework of understanding, *manas* is superior to sense organs; *buddhi*, intellect, is superior to *manas*; self is superior to *buddhi*; and there is nothing superior to the Self. The self mentioned here is identified with the supreme Self (Brahman). From the Upanishadic point of view, the mind-body complex is an organ of experience subordinated to the Self. The body, sense organs, *manas* and *buddhi* exist for the Self, but the Self exists for itself, and there is no reality beyond it (Sinha 1961). It is spiritual in nature and is different from the bio-psychosocial identity or self-senses that we develop in our lifetime, which leads to a conditional existence.

In *Taittiriya Upanishad*, the same idea is expressed in a different way, with another metaphor: *kosha*. In this Upanishad (Section 2 – *Ānandavalli*), spiritual Self is characterized as *ānandamaya* and is distinguished from the other four *koshas* ordinarily translated as sheaths. They are labelled *annamaya* (gross physical body), *prānamaya* (vital or life force), *manomaya* (emotions and drives) and *vijnānamaya* (discriminative intellect and intuitive functions). From *Taittiriya Upanishad* point of view, a person’s innermost essence or Self is itself blissful, *ānandamaya*, and at the core all human beings have unbounded joy. However, people do not realize this because this inner core is covered by the four sheaths from subtlest (*vijnānamaya*) to grossest (*annamaya*).

A third way of understanding human being that we come across in Indian tradition is in terms of three types of body, viz. *sthūla sharīra*, *sūkshma sharīra* and *kāraṇa sharīra*. *Sthūla sharīra* refers to gross physical body. *Sūkshma sharīra* also called *linga sharīra* termed as subtle body is understood as constituted of *prānamaya*,

manomaya and *vijnānamaya kosha* as described in *Taittiriya Upanishad*. *Kārana sharīra*, termed as causal body, represents the *ānandamaya* of *Taittiriya Upanishad*, and deep sleep is the manifestation of causal body (Chap. 5 further describes the three bodies). Beyond these three bodies is the *Ātman*, which is self-luminous, pure, immutable and eternally free – the witness of the three empirical conditions of waking, dream and deep sleep, and different from the five sheaths (Sinha 1961).

Hence, according to Indian traditions, when one realizes spiritual nature, his/her locus of identity shifts from biological and psychosocial aspects to newly found spiritual nature, and the person attains an inner sense of ‘peace’, ‘tranquillity’ and ‘bliss’, even if one is having some problem at the levels of the gross and subtle body. Therefore, Indian traditions hold that the ultimate sense of well-being is not contingent upon the absence of physical or psychological ailment. We have in India plenty of instances of *mahātma* (as in Mahātma Gandhi, meaning an evolved soul) and *jeevanmukta* (a person who is liberated from the cycle of birth and death through Self-realization) who did suffer from certain physical diseases and yet could remain in a state of bliss like Sri Ramana Maharshi who underwent surgical intervention for a malignant cancerous growth without anaesthesia three times (see Swamy 1985).

Thus, from traditional Indian point of view, all issues related to disease, illness, therapy and treatment are applicable only to gross physical body (*sthūla sharīra*) and to what is understood as subtle body (*sūkshma sharīra*), not to *Ātman*, which is free from all kinds of afflictions. Thus, health and well-being defined with reference to gross and subtle bodies are considered relative, and one is urged to attain the supreme well-being, which is associated with *Atma sākshātkāra*, Self-realization.

If we really think about the Cartesian differentiation of *res cogitans* and *res extensa*, and also his famous statement *cogito ergo sum* (I think, therefore I am), we find that Descartes was very near to Indian thought, except that he located himself or his identity at the thinking principle, whereas Indian seer and sages went beyond that and affirmed another level of identity, viz. *I am, therefore I am*.

While all the Indian systems recognized that level as pure awareness, different systems spoke of it in different ways.² Veda, Upanishads and other Vedic related systems called this level as *Ātman*, the *Sāmkhya* referred to it as *Purusha*, Bhagavad Gita called it *kshetrajna* and Patanjali in his Yoga Sutra called it *drashtu*. But Buddha refrained from equating it with any first-person references. Whatever may be the difference, the fact remains that the Indian systems recognized a level of *ground awareness*. It is interesting, as I type this chapter sitting here in Conway, I remember the difference in how we refer to the different floors of a building. What we refer to as ground floor in India is termed as first floor in the USA. But the site of demolished World Trade Centre is referred to as Ground Zero, because there are no buildings and floors any more. What Indian thinkers are referring to is such a *Ground Zero State of Consciousness*.

Operationally, this state has two aspects: intelligence/awareness/consciousness and energy. The term *caitanya* embodies both of these connotations. So to have

²*Ekam sat viprā bahudā vadanti – Truth is one but knowledgeable persons speak of it differently (trans. author’s).*

realization of this fundamental principle is to be omniscient, omnipresent and omnipotent. This can only be realized when one wakes up from a 'grand dream'.

The seers and sages who had this realization (a) could manipulate the forces of nature at will, (b) could be present simultaneously at different dimensions, (c) could affect changes at distance and (d) could intervene in the life of people for their good from a cosmic perspective and remove their *karma*. They were also embodiment of great compassion, love, altruism, wisdom and such other virtues. They were the real *Guru*, not the contemporary corrupt usage of that term appended to all kinds of persons whether they have really attained that level or not.

In the presence of such great Guru, healing happens, illness gets cured, health improves and the ultimate sense of well-being termed as *ānanda* is attained. All this happens whether a person is near or far physically, because the 'presence of a Guru' is not the bodily presence, it is the presence of a spiritual kind. Autobiographies and biographies of many great masters, day-to-day recordings in the presence of such masters and first-person accounts of people who underwent healing experiences shared in print in popular and academic sources document the myriad instances of suffering being removed.

This sounds like a fairy tale to many, but there have been records and testimonies of the existence of many such personages who include modern mystics and sages of the twentieth century.

3.4 Implications for Health and Well-Being Research and Practice

In the recent past, more and more researchers are willing to believe in mind and its effects, though their views on mind differ. While some accept it as independent of body, others consider it as an emergent phenomenon of the activity of the brain. Either way it has been possible for researchers to speak of psychophysiological disorders, mind-body medicine, psychosomatic medicine, and psychoneuroimmunology, all resulting in bio-psychosocial models of illness and health. However, beliefs in a soul and Self are a far cry, and holistic approaches which incorporate all the three aspects of human nature are rare.

More recently, a new field known as 'energy psychology' has emerged, which essentially deals with notions that are similar to the concepts of *sōkshma sharīra* and *kārana sharīra*. Though we in India do not have scientific research to prove the existence of *sōkshma sharīra* and *kārana sharīra* as described in our tradition, some of the research studies conducted in Western countries on energy fields or aura around the human body (referred to as subtle body) using imaging techniques such as Kirlian photography lend some support to such a conceptualization. Such researches and personal experiences of people there have led many Westerners to take the concept of *chakra* seriously

Chakra is a Sanskrit term, which literally means a 'wheel'. In the present context, it refers to centres of energy located across the human spine, from lumbar region

to the vortex/top of the head. They are totally seven in number. As Dale (2011) puts it, 'chakras regulate, maintain, and manage the physical, emotional, mental, and spiritual aspects of our being on the physical plane. Chakras themselves serve as revolving doors or portals between our body, mind, and soul' (p. 23). The reports of people who are endowed with clairvoyant abilities have provided some additional evidence confirming the conceptualization of subtle and causal body (Dale 2009, 2011; Lockhart 2010).

Further, recent popularization of healing practices such as 'pranic healing' and 'reiki', which are known to operate on energy fields around gross physical body, may be treated as another indirect evidence for the existence of subtle and causal dimensions of human nature (Eden 2008). Many of the traditional healing practices prevalent in India operate at these levels. Similarly, research on 'out-of-body experiences' (OBEs), 'near-death experiences' (NDEs) and 'reincarnation' cases conducted by both Western and Indian researchers (Krippner, and Friedman 2010a, b) may also be taken as possible supportive evidence for the Indian belief system.

Second, in Indian traditional society, metaphysical beliefs – in *karma*, in God's will and in spirits – are presumed to be important determinants of many events in one's life including diseases and suffering of all kinds. *Karma* or *karmaphala* refers to the suffering that is frequently attributed to one's own misdeeds in this and/or previous lives. God's will refers to the control of an external agent or power that governs reward and punishment, not always according to what one deserves. Fate implies that all life events are predestined and one can do little to alter them (Kohli and Dalal 1998). Hence, Indian tradition holds that disease and illness can be understood as one manifestation of human suffering. A more recent development in the Western world that lends some theoretical and empirical evidence is what is known as *information medicine* (McTaggart 2008a, b; <http://www.thelivingmatrixmovie.com>).

These developments are interpreted with reference to the quantum view of the universe, which is again coming closer to the non-dual and dualistic view of reality espoused in the Indian traditions (in Chap. 8 the parallelism between quantum logic and Vedic view of the universe is deeply discussed). While the dualist view of two fundamental realities of *purusha* and *prakṛti* can be used as a framework to understand, many healing approaches that involve invoking a higher power, the spontaneous healing that take place in the presence of mystics or in sacred places could be explained with reference non-dual perspective.

While the positive psychology movement is hotly debating on the nature and sources of happiness and well-being, the ancient Indian seer and sage went a step ahead and declared that the fundamental or essential sense of well-being lies in the transcendental dimension and characterized it as *ānanda*. They did not make any distinction in the quality of happiness associated with the material life and the spiritual life. On the other hand, they treated *ānanda* as the basic experience and regarded happiness related to mundane life as an aspect of this essential experience. They also spoke of well-being as *preyas* and *shreyas*, the former corresponding to the material and social levels of reality and the latter to the transcendental level of reality. Contemporary distinction between hedonic and eudaimonic happiness

corresponds to *preyas*. Ancient seer and sages as well as modern ones have along pointed out that *shreyas* is what matters ultimately (Salagame 2012).

3.5 Modes of Intervention from the Indian Perspective

In view of the multidimensional outlook on human nature and his/her suffering, the modes of therapy and treatment range from the most mundane to the highly spiritual, according to the level at which disease and illness are understood to have occurred. To put it in medical terminology, the relation of symptomatology to aetiology and pathology is governed by ontology, and therefore the modes of intervention become multimodal.

Anand et al. (2001) have noted that healing systems differ in terms of explanations of suffering, healing techniques and the types of healers. They distinguish between three types of healers: (a) Professional healers, known as *vaid* (*vaidya*) and *hakim*, who deal primarily with physical suffering though they frequently practice what we can call ‘psychological medicine’. This corresponds to physical/bodily origin of problems (*ādhyatmika*) already referred to in Sect. 3.3.2. (b) Folk and popular healers, who include palmists, horoscope specialists, herbalists, diviners, sorcerers (a variety of shamans) and *ojhas*. Their healing techniques draw from astrology, medicine, alchemy and magic and thrive on folk and popular beliefs and practices. (c) Mystical-spiritual healers, who include *sādhus*, saints, priests, and *swāmis*. They primarily work on the religious faiths and belief systems of the community. While a *vaidya* or *hakim* may address problems related to *ādhyatmika* source, the other two – folk and mystic-spiritual healers – address problems emerging from all the three *ādibhautika*, *ādidaivika* and *ādhyatmika* sources. According to these researchers, all these traditional healing practices share an element of mysticism and a flavour of sacredness; they thrive on myths, legends, history, rituals and belief systems of the local communities; and cultural symbolism is used to bring about a transformation of consciousness (see Chaps. 6 and 7 in relation to these topics).

Thus, it is to be noted that Indian perspectives on health and well-being gain a wider meaning than how it is understood in modern medicine, psychiatry and psychology. Health and well-being of a person are integral aspect of the health and well-being of the cosmos as a whole. Hence, the prayers – *lokāḥ samasthāḥ sukhi-nobhavantu* – let the whole cosmos be well or let everyone in all the worlds be well; *sarve santu sukhinah*, *sarve santu nirāmaya*, *sarve bhadrāni pashyantū, ma kashid dukhabhagbhavet*, *Om Shānti, Shānti, Shānti* – let everyone be well, let everyone remain at ease, let everyone have an auspicious view or outlook, let not sorrow afflict any one, Om peace, peace, peace (author’s translation).

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