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Guest Editorial

Relevance of Indian Psychological Thought for Clinical Practice

Kiran Kumar K. Salagame[1]

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

In India we have two corresponding terms used in our knowledge traditions viz., *darśana* and *dharma.* It is the former which determines the latter and the two words go in tandem. *Darśana* represents a vision of reality and *dharma* emerges from that. Hence, the usages *Vaidika darśana/ dharma, Jaiana darśana/dharma, and Bouddha darśana/dharma* from ancient times. Indian ways of living are therefore shaped by the three darśanas. They share certain common features and differ on certain aspects. Over thousands of years, they have mutually influenced each other and therefore, the phrase *sanātana dharma* stands for a composite worldview which represent the essential ways of thinking and living commonly shared by Indian traditions. Thus, we can trace back our knowledge traditions in general and the essential aspects of Indian psychology to our darśanas and dharma (Salagame, 2019). Kapil Kapoor (2011) a well-known Indian linguist observes that "Indian medicine is a good example of how knowledge forms an integrated whole in the intellectual traditions. While major philosophical systems provide the theoretical framework for an analysis of disease, its causes and cure, the world-view enshrined in those systems provide the governing philosophy of health and healing" (p.9). *Ārogyam, swāsthya* and *stithaprajňatva* are the three primary concepts related to health and well-being in our traditions (Salagame, 2013a).

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

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

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

However, in the past seven to eight decades winds have changed their direction. Within the medical profession itself many researchers have recognized that it is inadequate to understand all diseases, disorders and illness only with respect to bodily condition. The importance of the interaction of psychological and social factors with biological factors are recognized both in the causation of disease and illness and also in recovery and further maintenance of health. New concepts highlighting such mind-body interactions were developed - "general adaptation syndrome" and the "theory of stress" (Seyle, 1958); "psychological stress and coping" (Lazarus, 1966; Lazarus & Folkman,1984); "the relaxation response" (Benson, Beary Carol, 1974) "psychosomatic disorders" and "psychosomatic medicine" (Whittkower, 1977); and "perceived stress"(Cohen, Kamarck, Mermelstein, 1983); "health psychology" (Radin & Salovey, 1989) and "psychoneuroimmunology" (Ader & Cohen, 1993). All such developments highlighted that our experience of illness has more to do with the mind than body. That resulted in challenging the traditional bio-medial model (Engel, 1977) and the ushering in of 'biopsychosocial model' (Engel, 1980) which is gradually gaining greater acceptance (Koeltl-Glaser, McGuire, Robles & Glaser, 2002; Bolton & Gillett, 2019; Porter, 2020).

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

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

The Indian worldview does not limit life to a time duration between two specific events birth and death. Second, Indian worldview understands human constitution as three-fold viz., *sthūla, sūkṣma* and *kārāṇa sharīra*. Third, our worldview traces all human suffering to physical, supernatural, and self (*ādibhautika, ādidaivika, ādhyātmika*) origins. Therefore, the concepts of disease, illness, health and healing are not restricted to only gross physical body (Salagame, 2013b). In recent years even western researchers have been speaking of "subtle body" and "energy body" and therefore concepts of "energy medicine" (Eden & Feinstein, 1998) 'energy psychology' (Feinstein, Eden and Craig, 2005) and 'energy healing' (Schwartz, 2007) have emerged. Many of these scientists have been open to the Indian worldviews. In the light of such developments there have been attempts to develop "integrated view of health and well-being" by "bridging the Indian and Western knowledge" (Morandi & Nambi, 2013). Thus, holistic models which are inclusive of the spiritual dimension is not new for us (Kapoor, 2011; Ram Manohar, 2011)). The need for taking them seriously and integrating them with mainstream practices has been emphasized in the Indian context ((Rangaswami, 1996, Dalal, 2011).All our darśanas and dharma have throughout emphasized on the 'subjective nature of reality' in which the role of mind in perceiving the worldly phenomena is always emphasized. Hence, the concept of 'perceived stress' is inbuilt in our thinking about the causation of disease. A popular saying in Sanskrit, when translated reads as follows: *"Chita" and "Chinta" are said to be same, still there is a difference of a dot. Pyre (chita) burns the dead while Worry (chinta) burns the alive*[2]*."* That is why, we find the concept of *sthitaprajña* in Bhagavadgita as one "who is neither agitated in sorrow nor excited when one is happy and as one who has conquered attraction, fear, anger." (Ch. 2, sloka, 56).

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

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