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Using Indian Mental Concepts To Understand Psychiatric Interventions And Psychotherapy From Vedic Perspective

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ABSTRACT

The majority of psychiatric practice in India is governed by western notions of mental health and illness, which have largely neglected the importance of religion, family, eastern philosophy, and medicine in understanding and managing psychiatric problems. India is a melting pot of cultures, languages, ethnicities, and religious beliefs. Beyond these differences, there are some shared characteristics, such as the widespread practice of Hinduism as a religion, the traditional family structure, the use of the antiquated Indian medical system, and the emphasis placed on using age-old techniques like yoga and meditation to control the mind. In this article, it is discussed how Hinduism, Indian traditions, and Indian medical systems approach the mind and mental health. The study also focuses on how these Indian ideas might be applied to the practice of modern psychiatry.

Keywords: mind, mental health, and Indian notions.

INTRODUCTION:

The western (American and European) notions of mental health and sickness serve as the foundation for the majority of psychiatry practice in India and around the world. These psychiatric theories that have dominated the field for the past century or so were largely created for people with an internal locus of control (as in the west) and have largely disregarded the importance of religion, family, eastern philosophy, and medicine in understanding and treating psychiatric disorders. The distribution, phenomenology, behavior in regards to seeking treatment, and prognosis of those with mental illnesses have all been found to differ significantly between the east and the west. Consequently, there is currently more attention being paid to the contribution of Eastern ideas to the comprehension and treatment of psychiatric diseases. A larger focus has been placed recently on the person-centered approach, which emphasises that treatment and care should be provided by health services by putting the ill person and their caregivers at the centre of care. When attempting to incorporate these aspects of the patient into psychiatric care, the person-centered approach requires that the treating physician have a better understanding of the patient's socioeconomic, ethnic, cultural, religious, and spiritual beliefs, among other things; the currently used western models frequently conflict with the needs of the patients. India is home to a sizable population that represents a variety of cultures, languages, ethnic groups, and religious beliefs. India too

has its own unique traditional family structure. To a certain extent, Indian families still display a high level of cohesion, and the family members are willing to work together on tasks like caring for a sick relative, choosing a career, getting married, etc. The use of western psychiatric paradigms for treating Indian patients is primarily myopic because to the disparities between the Indian and western populations. Understanding the traditional Indian systems and the country's prevalent religion is necessary when attempting to comprehend what Indian traditions can contribute to psychiatry or what is unique about Indian patients (Hinduism). These do influence how the patient reports their symptoms, how they respond to stress and symptoms, how they seek care, how they deal with their distress, how they accept offered treatments, how their families react, and how the community as a whole reacts. In this post, we first go through how Hinduism, Indian traditions, and Indian medical systems perceive the human mind and mental health. We go over how some of these Indian ideas can be applied to modern psychiatry practise in the second half of the article.

HINDU CONCEPTION OF MIND

Indian religion was not originally known as "Hinduism," and those who practised it since the beginning never gave it a name other than "dharma," which simply means "the eternal law that upholds and maintains all who practise it." Ancient Persians used the terms "Hindu" and "Hinduism" to refer to people living along the banks of the river Sindhu (Indus). The Sanskrit letter "S" was changed to the letter "H" in the ancient Persian language, and this name has stuck ever since. The Vedas explain the worship of God through the use of natural elements like fire, water, wind, etc. The primary motivation for this worship was to show appreciation for the survival of all living things. This worship of God has evolved over time and now includes complex systems of sacrifices and ceremonies meant to appease the gods. When one attempts to comprehend the notion of the mind and mental sickness from the Rig Veda and Yajur Veda, which are ancient Hindu texts, it says that mention of prayer through mantras (rhymes) can lead to the production of noble concepts in the mind that help in the avoidance of mental anguish (depression). The Rig Veda also talks on how quickly the mind works, how to increase intelligence, how to pray for mental bliss, how to be curious about ways to be happy mentally, and how to use the power of the mind to cure. The concepts of the mind as the foundation of awareness, the inner flame of knowledge, the source of information, and a tool for hypnotism are found in the Yajur Veda and the Atharva Veda. The preservation of will, emotions, inspiration, and consciousness is also thoroughly described in many Vedas. The text also discusses other emotions, including sadness, enmity, joy, animosity, attachment, and lethargy. Unmada (psychosis) is also described as a delusional mental state. Theories of vision, cognition, consciousness, and memory are described in the Upanishads. Prakritui, which is described, can be compared to personality in contemporary psychiatry. The Upnishads outline the many mental states, including awake, dreaming, deep sleep, and Samadhi. In terms of their trigunas and tridosas, the psychopathology of the mind was comprehended. Emotions and cognitive errors are described in the

Bhagavad Gita. The Bhagwad Gita also provides lovely explanations for acquiring control over the wavering mind, as well as repercussions of not achieving such control. The Gita essentially teaches that a person can be his or her own master and offers a path out of troubles of this world.

FROM AN INDIAN POINT OF VIEW, PERCEPTION OF HINDU RELIGION

Hinduism has a strong focus on spirituality, as well as idealistic, introspective, and dharma philosophies. It also places a high value on ancestor worship and views all life as holy. Life and the idea of living are largely spiritual. The sole purpose of human life is never accepted to be material welfare. Instead of focusing on the outside world of physical nature, the introspective method stresses evaluation of a person's inner existence and sense of self. In essence, the idealistic philosophy emphasises the monoistic idealistic tendency and the conviction that reality is essentially spiritual and univocal. According to Wig, the four primary goals of life—Dharma, Kama, Artha, and Moksha—can be used to summarise the overall Hindu philosophy of life. Dharma is viewed as morality, virtue, or religious obligation. It also denotes selflessness and goodness of aim. Hinduism's greatest Dharma is to live a life of "Ahimsa," or nonviolence. The term "Kama" describes the satisfaction of bodily requirements or physical pleasures. "Artha" is a term used to describe the satisfaction of social requirements and includes material success, financial gain, and societal acceptance. Moksha is a Sanskrit word that denotes unity with the ultimate reality and freedom from worldly shackles. Dharma is regarded as the main axis around which life rotates among these. Any attempt to depart from the path of dharma usually results in misery. For instance, if one simply chases "Kama" or "Artha" without regard for "Dharma," this will eventually bring about suffering for both the person and others around him. The ideal Hindu holds that there is only one creator and a supreme truth that serves as the foundation for each person's divinity. This holy essence is known by the names Atman, Brahma, or self, and it is believed to be present in all living things, the same in each individual and identical to God. This heavenly reality is thought to be "pure" and beyond explanation, and it causes the eyes to see and the brains to think. It binds everything together, creates, destroys, and recreates with an unchanging divine force. As a result, even though there are many different gods, this guiding force or spirit is known by numerous names and is understood to have taken different incarnations throughout history. Hindus consider God to be unchangingly loving and totally beneficent, but they also think that those who feel terrible about their wrongdoings could see God in a punitive or punishing light. Because of their dread, individuals may worship frightening and enraged-looking representations of God. Hindus hold that God exists in every life and takes the forms of love, truth, and light. All lives must therefore be cherished and appreciated since they are sacred. The idea of ahimsa, or nonviolence, is derived from this notion. In Hinduism, all human deeds are referred to as Karma, and the main tenet is "as you sow, so shall you reap." The rule of Karma asserts that every occurrence has both a cause and an effect. Every action will have a response, and every cause's outcome will be decided in due course. Hindus hold the view that their struggle

with mental illness is likewise a result of past karma. We can alter our circumstances via self-improvement and awareness, according to the law of Karma. Since they increase the patient's motivation to change for the better, such beliefs can be utilised in therapeutic settings. Hindu philosophy also places a great deal of emphasis on the idea of reincarnation, which holds that the soul is thought to be everlasting and that it will take many various forms until fully realising itself. Up until self-realization and reunification with the creator, the soul continuously takes on new bodies. This stage, which is also known as Nirvana, is when the soul finally discovers spiritual wisdom, realises it, and is set free from the cycles of birth and death. Thus, a Hindu's ultimate aim is to live according to the moral principles set forth by Dharma. Self-realization advances in such a life. Hindus adore and venerate their ancestors because they think that their ancestors watch over them. Hindus have differing beliefs about their ancestors: some believe they provide them with advice and inspiration, while others believe they are furious with them since they didn't do the rites they had planned to do after passing away. It is possible to think of Buddhism and Jainism as Hindu philosophy's offspring. Around the same time as Buddhism, in the sixth century BC, the Jain faith also emerged. Reincarnation, Karma, and non-violence are just a few of the ideas that Hinduism and Jainism have in common. The entire cosmos is living, according to the Jains. As much as is practical, one should refrain from harming any living thing. Each and every object, including plants, animals, and even rocks and stones, has a living quality to it. The Jains place a lot of emphasis on the concept of ahimsa, or non-violence, which has profound ramifications for them. Denial of the body and purification of the soul are the ultimate goals, which are prerequisites for achieving the soul's departure from physicality. Buddhists, like Hindus, who practise it, believe in rebirth and karma. Buddhism also has its roots in India. Buddhists reject the notion of a self or soul, considering it to be a delusion brought on by one's attachment to material things. No permanent self persists in the stream of life, according to the Buddha's teachings. Perception, emotion, will, intelligence, and physical form are all composites that make up an individual and are all governed by the rule of karma. Desire is the root of all suffering, and the only way to find Nirvana (or salvation) is to put an end to all desires. As a method of avoiding desire, non-attachment to eating was typically practised. In light of the fact that all beings share the same planet, compassion for animals was also recommended. The idea of "Ahimsa," which is so pervasive in Indian philosophical and spiritual systems, has an impact on lifestyle decisions like eating. The prevalence of vegetarianism in India is due to the country's abhorrence of violence towards "living things" in any form. Beef use was increasingly regulated beginning in the third century AD. Meat consumption was once more limited to sacrifice-related events by the Law of Manu in the fourth century. The Bhagavad Purana, which dates to the fifth century, contains the biography of Krishna. The Krishna religion, which is where Hinduism's reverence for the sacred cow started, had the most influence on Hindu vegetarianism. This viewpoint continues to be held today. It is important to keep in mind that, although being a way of life for millions of people, vegetarianism does, if proper dietary precautions are not taken, raise the danger of specific deficiencies like Vitamin B12, which can result in the emergence of psychiatric symptoms.

Psychiatric Interventions And Psychotherapy From Vedic Perspective

INDIAN MEDICAL SYSTEM: AYURVEDA, MENTAL HEALTH AND MENTAL DISORDERS.

The classic Vedic scriptures serve as the foundation for the Indian medical system known as Ayurveda. The fundamentals of Ayurveda are thoroughly outlined in medical books from the first and second centuries AD. Caraka Samhita is one of the texts that addresses medical diagnosis and care. According to the Caraka, the human body is a collection of cells whose growth is influenced by Karma, Vayu (air or bioenergy), and Svabhava (personal nature). Shareera (the body), Indriya (the senses), Satva (the psyche), and Atma are all together to make life, or AYU (soul). The direction of the senses, self-control, logic, and deliberation are all functions of the mind, according to the Caraka. The descriptions also cover the Triguna hypothesis, which proposes three innate qualities or forms of nature. The three operational qualities of the mind, or gunas, are: Sattva (also known as light, goodness, or purity; includes self-control, self-knowledge, and the capacity for discrimination or well-considered decision-making); Rajas (action, energy, passion; denotes violence, envy, and authoritarianism); and Tamas (darkness, inertia which reflects dullness and inactivity). Different personality types are also described using the three gunas theory. 21 different types of personalities are described in accordance with the numerous permutation combinations. Insanity (Unmada) and spirit possession are also described in Ayurvedic writings (Bhutonmada).

TYPICAL WAYS OF CONTROLLING THE MIND THROUGH YOGA AND MEDITATION:

Yoga is a practise that originated in India many centuries ago with the primary goal of promoting the expansion, improvement, and evolution of the mind. Controlling one's own body, managing the senses, and taming a seeming never-ending internal demand are the three ultimate goals of yoga. It provides a worldview, a way of life, and a number of methods for altering human awareness in order to realise one's full potential. Yoga is practised in many different ways. The goal of all is the same, though, which is to induce altered states of consciousness, also referred to as the cosmic awareness, transcendental illumination, or Samadhi. According to legend, when yogic techniques are correctly applied, certain kinds of reactions develop inside the individual, which aid in both qualitative and quantitative shifts in awareness. Regular yoga practise is thought to lessen psychological stress as well as the deterioration of one's physical health. Worldwide acceptance and popularity of yoga and meditation have increased recently.

INDIAN VIEW OF PSYCHIATRY

It is suggested that the inner self of an average Indian is trapped in a "sphere of proximity" or the family when one attempts to characterise Indian personality in general. The Indian self absorbs into the intimate circle, where connection, bondship, and kinship become the gratifying aspects of existence, in contrast to the western man whose self-hood is restricted to his own body. Indians may talk without worrying about being rejected within these deep relationships and rely on compassion, consolation, and support without seeing them as gifts. Since grandparents, uncles, aunts, and siblings are all part

of an Indian child's social network from an early age, parents are not the child's only guardians or authorities. Indians never fully accept individual responsibility because interactions of variable intensity and length emerge during the course of an individual's development. The creation of a new set of relationships, rather than independence, is even marked by marriage. As a result, the core Indian psychology is founded on closeness, family security, and stability, as opposed to the uniqueness, self-sufficiency, and independence of western self-hood. As was previously mentioned, the Hindu philosophical notions of soul transmigration, rebirth, and fatalism have a significant impact on Indian psychology. Indians' inner selves have evolved over time thanks to the blending of diverse religions, languages, and civilizations as the various conquerors who came to India at some point interacted and united with the Indians. Thus, the biggest threat to the Indian identity was only presented during the British colonial period by a "intruder" who, for the first time in Indian history, made no effort to blend in with the developing Indian psyche. Indians attempted to resolve the conflict in these circumstances by delaying and avoiding it rather than going through a major shift in which they were on the inside. Identity models were segregated, and behaviour patterns were adjusted to fit the circumstances. Identification with the conqueror by absorbing them, in this case the western belief of self, was the other model adopted to address the identity issue. The original Indian self, though, continued to exist and was constantly felt. This disjointed, complex portrayal of the Indian self has persisted up to this point without causing any major internal conflict or upheaval. Recognizing this dichotomy helps to shed light on Indians' coping, resilience, attitude towards mental illness, and behaviour when seeking treatment. It also helps to conceptualise mental health issues and their care in the Indian setting.

INDIAN FAMILY SYSTEM

Indian society, in contrast to western civilization, is a meritocratic society that places a strong emphasis on the sanctity and cohesion of the family. A typical Indian, views his family as an essential component of himself because they are a part of the "we" and "circle of intimacy." Since the family and the individual are practically interwoven, it is nearly difficult to manage patients, especially those who have mental illnesses, without taking the family into consideration. Given the resources available and the social model, the family must take on more of the responsibility of patient safety than the government. Additionally, the presence of family members is a crucial component of psychiatric treatment; they always accompany the patient during hospital visits, participate in health decisions, and assist in the diagnosis. According to reports, families play a bigger role in India when it comes to helping patients decide on a course of treatment, a career, and even a spouse. Families, particularly those in rural areas, typically quite understand of people with mental illness. It has been established that joint families aid in distributing the responsibility of caring for the mentally ill, which improves the course and outcome of mental disease. In the western world, there has been a great deal of research on the idea of expressed emotions in the family context. This idea refers to the affective attitudes and behaviours of family members towards a member who has a mental illness and has

been linked closely to relapse in psychiatric disorders, particularly schizophrenia. Excessive participation is connected, and that warmth may serve as a crucial barrier of defence. Males and females have distinct, well defined functions and separate positions in the hierarchy in the Indian family structure. Indian males are supposed to make the majority of the decisions and handle the household's finances, while women are expected to focus mostly on family and domestic matters. Tragically, Indian women lack independence, decision-making ability, and access to a source of autonomous livelihood, and as a result, many facets of their life and health will unavoidably be out of their control. Compared to males, this makes them more vulnerable to and exposed to a variety of health problems, which consequently reduces their ability to exert control over the factors that affect their mental health. Any persuasive, socially contextualised analysis of the gender specific risk factors for poor mental health outcomes must start by elaborating on the distinctive features of women's life. The chance of physical and mental health issues is increased by a lack of education, early marriage, adolescent pregnancy, multiple pregnancies spaced close together due to lack of access to or cultural rejection of family planning, son preference, and less food provided to girls and women. Social and cultural factors, not biological ones, affect all of them if not actually cause them.

TRADITIONAL INDIAN COPING MECHANISM

The fixed hierarchy in Indian society places a higher importance on God than on personal accountability. In order to cope with life's stresses, Indians turn to religion, visit temples and shrines, and ask the Gods and Goddesses for their blessings. They are satisfied to abdicate responsibility to God, a higher power, alleviating themselves of their heavy burdens in the process. The western world, where the autonomous man is required to carry the responsibility of his own issues and seek their solution without relying on others, is in striking comparison to India's external locus of control, which is so essential and acceptable to Indians. Surprisingly, not many Indian researches have examined how religion can help people cope with stress and mental illness. The association between religious coping and the psychological health of those who care for individuals with schizophrenia has only been the subject of one study. A strong religious conviction was found to be crucial in assisting family members in managing the stress of looking after a mentally ill person. Although other research have not studied the use of religion as a coping mechanism for mental illness, some of these studies imply that religiosity has an antagonistic association with despair and homicidal intent in depressed individuals. With regards to practically all categories of psychiatric diseases, the strong connection between stress and psychological suffering has been accepted. Therefore, coping mechanisms play a crucial role in both the diagnosis and management of mental disease. The culture and the culturally specific buffers have an impact on the coping mechanisms in turn. From the perspective of the Indian mindset and customs, religious coping is among the many coping mechanisms discussed in the literature and is crucial. In the past two to three decades, research from all over the world has begun to concentrate on the use of religion as a coping mechanism for stress and the signs of mental illness. The idea is that wherever religion is "available and accessible," overcoming obstacles frequently

includes a religious component. Religious coping is typically thought of as a multidimensional notion that encompasses a range of active to passive, problem-focused to emotion-focused, positive to negative, cognitive behavioral to interpersonal and mystical approaches. A a person experiencing stress may characterize the stressor through religion as benign and valuable, or as a God's punishment for his transgressions, regard the stressor to be the devil's creation, or feel oneself helpless because only God has the power to modify the stressor. Others may turn to religious gurus for advice and strength to face the stressor, engage in solitary religious activities to divert attention from the stressors, consult religious gurus for guidance and strength to face the stressor, seek comfort and assurance from the love and care of religious congregation members when facing a stress, or look for spiritual meaning when experiencing a stress. According to studies, the majority of patients spent close to half of their total coping time interacting in religious activities, with prayer being the most common one. Furthermore, it was discovered that the adoption of religious coping mechanisms was linked to more severe symptoms, a higher level of frustration, and a larger degree of symptom-related impairment. Additionally, patients who spent less time engaging in religious coping mechanisms reported suffering from illnesses with greater intensity and experiencing greater levels of dissatisfaction. A further study looked into the extent of religious attendance at services, gatherings, and/or activities, the frequency of prayer or meditation, and the significance of religious faith/spirituality among dementia carers. It was observed that carers who participated in different forms of religion had fewer depression symptoms.

INDIAN PSYCHE, RELIGION, CUSTOMS, AND PSYCHOPATHOLOGY

The reporting of psychopathology may be influenced by one's religious upbringing and habits. Studies on patients from the west who suffer from psychosis have revealed that the patients' hallucinatory themes are typically based on mythology from ancient cultures. These ideas are referred to as mythologems. Similar to this, some perceptions that may be seen as being typical of the patient's religious upbringing may be seen as a symptom of psychopathology. Therefore, failure to consider the patient's religious affiliation could result in a wrong diagnosis. Other times, psychotic patients may take religious doctrine literally and act in ways that are damaging to them or those around them. Independent of the educational and racial backgrounds of patients and carers, studies from India reveal that cultural influences frequently colour delusions and hallucinations in terms of paranormal phenomena. Studies also indicate that a large number of patients credit spiritual origins for their ailments. They might also refuse to receive treatment and insist that only prayers will cure their condition. It is also argued that guilt-related thoughts in depression may be less distressing because they are frequently linked to Karma or past-life deeds. In contrast to hypochondriacal, guilt-related, and pessimistic delusions, delusions of punishment and reference may be more prevalent in Indian patients due to the same forces. The higher occurrence of possession states, trance states, fugues, and hysterical fits in India compared to the west is an

intriguing facet of neurosis. However, our patients rarely experience multiple personality disorders, a common issue in the west. The observed high incidence of hysterical possession in India is said to be influenced by religious beliefs in polytheism and reincarnation, while the social acceptance of role acting in the west has increased the incidence of multiple personality disorder in these regions. While dissociative amnesia, fugue, and depersonalization-derealization syndrome are uncommon in India, pseudoseizures, other motor manifestations of dissociation, and dissociative amnesia are all more prevalent. Psychosocial factors might have a pathoplastic impact on the kind of psychopathology. For instance, in an Indian context, obsessive compulsive illness known as "Suchibai Syndrome" is noted in Bengali widows (characterized by repeated washing and purity rituals). Many young men with sexual difficulties exhibit hypochondriacal, anxious, and depressive symptoms in addition to the major obvious "pathology" of semen loss, which is known as "Dhat syndrome." The syndrome develops in the context of Ayurvedic teachings, which explain the physiology of semen production based on the fundamental notion that the seven Dhatus—chyle, bile, blood, flesh, fat, bone marrow, and semen—are the seven essential components of the body and are produced through a cycle of subsequent internal cooking and transformations. Semen is the most concentrated and therefore most valuable elixir among the components of the body after final distillation (dhatu). Disorders of the dhatus are described in detail in the Charak Samhita, where a sickness known as sukrameha (shukra = sperm + meha = passage in urine) that resembles modern-day Dhat syndrome is prominently featured. According to Susruta Samhita and Ayurveda, semen loss in whatever form causes a depletion of vigour and energy on the physical and cerebral levels.

INDIAN CULTURE'S TRADITIONAL STANCE TOWARDS TREATING MENTAL ILLNESS

The traditional Indian family values view asking for aid from "outsiders" as unnecessary and dishonourable because family members are capable of fixing all difficulties. The religious bent of the typical Indian psyche directs people first to the temples and religious leaders when they need to turn to outsiders for assistance for any condition (particularly mental illness). In mental disease as compared to physical sickness, the belief in the supernatural causation, the curse of God, or demonic spirits is significantly more prevalent. Indians think that a magical cure can be obtained by eradicating these sins with the help of the Almighty. Magico-religious therapists use a variety of therapeutic techniques, such as promoting better interpersonal relationships and promoting adherence to societal norms. Additionally, these healers use complementary and alternative forms of treatment. Numerous reports indicate that a significant majority of people do think that these visits have been beneficial to them. Psychiatrists need to be aware of these healers' significance in society. Many people also have a propensity to link their psychiatric illnesses to physical conditions, which leads them to seek care from family doctors before seeking help from mental health specialists. Because of this, the majority of our patients only seek psychiatric consultation after trying all of these other

options. It is not unexpected that after coming into contact with the medical community, patients and their families still go to magico-religious healers.

USING INDIAN MENTAL PRINCIPLES, INDIANIZING PSYCHIATRY

Let's discuss how well the broad Indian notions might be applied in the context of psychotherapy and current psychiatric practise now that they have been reviewed. Understanding these ideas can aid in developing a better understanding of the patients, in creating or customising the supplied treatments, and in enhancing the outcome overall. Hindu philosophical ideals have a significant impact on the Indian mind as well.

PATIENT ASSESSMENT AND UNDERSTANDING

The patient's sociocultural environment and set of beliefs should always be taken into account when evaluating the patient's history, pathophysiology, and perception of illness. Even the patient's physical examination must take this into account because the person's body can reveal their religious views (via piercings and other manifestations) as well as their general nutritional state, which is crucial considering that many Indians adopt a vegetarian diet. Even though the symptoms are solely psychological, a physical examination supports the medical concept of seeking assistance. The suggestion is that a psychiatrist in practise should be sufficiently knowledgeable about their patients' cultural backgrounds. The therapist is advised to be as sympathetic to the patient's belief system as possible while working with patients who have a particular religious background. In order to do this, the therapist must be well-versed in the patient's religious beliefs. The patient may be encouraged by the therapists to give their religious practises a higher priority, depending on the circumstances, so as to support their recovery from disease.

REALISING THE REQUIREMENTS OF BOTH PATIENTS AND THEIR FAMILIES

Given the diversity of Indians, it is important to recognise that treatment should be personalised to meet the needs of each individual and their family and that the notion that "one size fits all" should be abandoned. The psychiatrist should keep in mind the physical or medical idea of mental disease that is common among Indian patients in addition to maintaining a psychosocial mindset. In addition to having an impact on how mental illness manifests, it also raises the possibility that patients would expect their therapist to handle their issues using a medical strategy rather than a psychological one. It is crucial to keep in mind that just suggesting psychological treatment without of medication may be a challenging concept. When just psychological interventions are necessary, it is crucial that the psychiatrist gives the patient and family's expectations for the treatment modality considerable consideration. Before recommending just psychological treatment in clinical settings that don't call for medicine, psychiatrists should take enough time to address this problem.

MANAGING STRESS

Religious coping does, as was previously mentioned, play a significant role in managing the signs of mental diseases. In order to better understand their patients' religious habits and how they help them cope with stress, clinicians should always ask their patients about their spirituality. Simply inquiring about it, acknowledging it, and appreciating it is said to be quite beneficial from a variety of angles. At the beginning, it can assist the doctor in comprehending how the patient interprets and makes sense of the sickness (both its causes and consequences). Those who practise strong religions may utilise their beliefs to provide meaning and purpose to the bad things that happen to them. The meaning of the incident and its integration and processing may be shaped by the faith. In addition, simply encouraging and supporting someone who uses prayers and/or religious visits to live with mental illness would improve this method of coping, especially if the religious practises are not making the emotional or mental condition worse. Respecting and acknowledging the patient's religious beliefs may enhance the relationship between the patient and the therapist because the patient may view the therapist as a whole person who attempts to address the mind, body, and spirit.

EMPLOYING FAMILIAL SUPPORT

Psychosocial factors also have a role in the biological and physiologically mediated nature of mental illness. According to a review of the literature, patients with psychoneurotic and depressive disorders are overrepresented in tiny and unitary households, whereas women from joint families are more likely to experience hysterics. The explanation is because in a unitary family there is less emotional dilution and less opportunity for communicating feelings, especially during stressful periods, which causes feelings to swell and creates the basal layer for later precipitation in the form of sadness. The "restrictive" atmosphere of the joint family, on the other hand, requires women to exercise more restraint and requires everyone to submit to the authority of the "elders," which results in interpersonal maladjustment. Because a secondary benefit is so easily accessible, hysterical symptoms may start or continue. So, it's crucial to comprehend how family dynamics and personal psychology interact in order to manage patients effectively. The efficacy of family interventions in the therapy of serious mental diseases like schizophrenia is due to the significant role that families play in the Indian culture. A better support system with adequate coping skills and good adherence to the treatment programme can be provided by group meetings of carers of patients with schizophrenia and bipolar mood disorders. These meetings have also been shown to improve the monitoring of patients' functional status, reduce subjective family burden and family distress, and provide a better support system. Family intervention treatment has been shown to dramatically lessen the severity of alcohol consumption, increase abstinence drive, and shift the locus of control from external to internal in patients with alcohol dependency when compared to controls.

YOGA AND MEDITATION ARE USED TO TREAT PSYCHIATRIC PROBLEMS.

Yoga has gained widespread reputation for its ability to manage stress and promote good mental health, and research from the west and India have assessed its efficacy in treating a range of psychiatric problems. Studies evaluating Hatha yoga, Iyengar yoga, Sudarshan Kriya yoga, and various meditative yoga styles for the management of various psychiatric diseases were included in a recent meta-analysis. Yoga-based techniques could help with problems that aren't being addressed by more conventional therapies like psychopharmacology and psychotherapy. Yoga breathing is a very effective therapy for PTSD and anxiety. The recommendation to patients to practise yoga under the supervision of a professional may be very helpful as a complement to other forms of treatment, given the benefits of yoga and the acceptance of the practise by many patients.

INDIAN CONTEXT FOR PSYCHOLOGY

A therapist may take on many positions during psychotherapy, such as instructor, rehabilitative listener, healer's companion, inspirational speaker, and debater, and engage in various forms of interactions. The western approach of individual psychoanalytic-based psychotherapy is challenging for the Indian psyche because of its distinctive characteristics. The maintaining of "therapeutic neutrality," a crucial component of western psychotherapy practise, is challenging since Indian patients want the therapist to play an active and dictatorial role. Because that heavy reliance is a social norm in India, the western forms of psychotherapy that promote independence are pointless there. Indian psychotherapy differs greatly from the western model due to the Hindu philosophical ideas of the transmigration of the soul, rebirth, and fatalism, as well as the different nature and degree of guilt felt in Indian culture, as well as the therapist's need for confidentiality, lack of activity, especially when it comes to the patient's decision-making, and manipulation of the environment. As a result, adjustments such as face-to-face seating arrangements, playing a more active role than in the western model with the use of ideas, sympathy, and environment management as well as education and reassurances should be employed more regularly. The diversity of cultures, even within India, points to the necessity of modifying psychotherapy approaches to fit patients with their circumstances. To better comprehend the patient, it has been advised that the therapist and patient's traits (such as ethnicity) be matched. The lack of qualified psychiatrists and psychologists, the diversity within ethnic groupings, and the vast variances in socioeconomic class, educational attainment, language, and dialects make exact matching almost impossible. Nonetheless, therapists should be knowledgeable with the local cultural structure, worldviews, and values, as well as etic-emic variations and language notions. When exploring a patient's difficulties, stress, personality, coping mechanisms, context, and culture, effective therapists can use and adapt their psychotherapy models to give structure. It has been argued that psychotherapy treatments should be brief, crisis-focused, encouraging, adaptable, eclectic, and adjusted to the social and cultural contexts. The psychotherapeutic model depicted in the Bhagvad Gita has also been a haven for therapists. and in the bond between the guru and chela. It is possible to draw attention to psychiatric symptoms, psychological concepts, unconscious conflicts, defence mechanisms, automatic thinking, and cognitive errors

using anecdotes from ancient mythology and religious writings. Many people are familiar with ancient literature and tales, which offer therapeutic advice and are simple to comprehend and relate to. Several therapists working in multicultural environments use pragmatic and eclectic approches to handle a range of issues. Although eclecticism is frequently disapproved of by purists, its value in clinical practise keeps it popular. Shamsundar suggested a comprehensive strategy that included experimenting with actual clinical situations, innovations driven by cultural and personal specificities, and integration of traditional cultural conceptions.

CONCLUSION

In line with contemporary economy, India is rapidly developing as a nation. It still respects and adheres to its rich history, customs, and philosophical foundations. The typical Indian differs significantly from the typical American and European in terms of personality, requirements, and support systems. So, it would be highly naive and fruitless to uncritically implement western ideals in the provision of mental care. Notwithstanding our training in current western schools of psychiatry, we, as Indian psychiatrists, should be open to incorporating Indian notions in our practise. In order to legitimise our centuries-old concepts and philosophies and avoid dismissing them as the remnants of third-world superstition, we should also rigorously examine their relevance, including practises like yoga and Indian forms of psychotherapy. We have made a name for ourselves as a nation that is a superpower in transition, so we ought to value what makes us special, cherish our traditions, and uphold them as an essential component of our upkeep.

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