EDITORIAL

Reimagining Mental Health Approach Through Indian Perspectives

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ABSTRACT

India is a largest country (population wise) of the world, where residing 1.464 billion people, but still they have not their own theory, practice, approaches, and model in the area of mental health. Most of the psychiatry practice in India is guided and imported by the western approach, which have largely ignored the role of religion, family, eastern philosophy and medicine in understanding and managing the psychiatric disorders. Even, the research on mental health conducted in India utilizes the European perspectives and hardly have we used Indian perspectives to understand Indian reality. We resist the imposition of the European beliefs, values, thinking and life style in the name of social emancipation, empowerment and justice. Historically there is no evidence to show that the European values, thought or life style has empowered or uplifted any people in the third world. The western concepts in mental health practice would therefore be extremely short-sighted and unproductive. From last couple of decades few of the mental health professional have attempted to develop Indian perspective drawing inspiration from our rich cultural and philosophical wisdom, their works have been side-lined by the Eurocentric intellectuals who dominated the discourse with the help of government machinery.

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INTRODUCTION

India is a fast developing and evolving superpower in the world still values and holds on to its rich history, diverse cultures, traditions and philosophies, languages, ethnicities, and religious affiliations. The glorious era of ancient India had a rich tradition of philanthropy and altruism , which is deeply rooted in its religious and cultural practices Social justice, service, dharma, ahimsa, dignity, the value of interpersonal connections, integrity, self-worth, and competence are among the key values that are most in accordance with Hinduism. The Indic philosophical ideas of "Vasudhaiva Kutumbakam" (the world is our family) and "Sarve Bhavantu Sukhinah" (let everyone be happy) may serve as a useful compass for the Indian. Swami Dyanand saraswati, Swami Vivekananda, Raja Ram Mohan Roy etc., created a theory of action, a perspective that modern social engineering might use to its benefit. The proponents of mental health indigenization assert that mental health must be tailored to local circumstances. (Kumar.P,2024).

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Professionals from Africa and China are challenging the Eurocentricisim in practice in their countries. They are proposing Afrocentric and Sino-centric school for various streams of social sciences. They have been attempting to develop mental health paradigms inspired by their own philosophical and cultural wisdom.

So, this is right time of Bharatiyakaran of mental health as well as mental health approach. India has long history (since Vedic Era) of social service, social reform, social welfare, treatment, intervention and rehabilitation, while first mental asylum was established in Bombay (1745),second in Calcutta (1781),third Madras(1784) and forth in Bihar(1795) . The Indian sages, social reformers and thinkers have bestowed us holistic, integrated and scientific concept of thinking and working with society. The values of social service are inculcated in the psyche of every Indian through traditions, rituals, customs and Sanskars (holy acts and sins) in the process of his/her upbringing .Now, it's high time the Indian academicians and mental health professionals should own up the responsibility to study the treasure of knowledge from professional perspective and develop new theories, models and approaches. In preparing mental health approaches of tomorrow with contemporary realities, we cannot ignore our rich cultural heritage of ancient times.

Bharatiyakaran/ Indenisation: The treatise of Bharatiyakaran/ Indianization is based on three premises –[i] Indianisation, [ii] Indigenization and [iii] Decolonization. The Indianisation strives to include Indian principals, models, approaches and practices while Indigenization allows us to learn from our ethnic, tribal and regional experiences .The decolonization permits us to achieve the irrelevant and outdated knowledge imposed in India by Euro-American centric scholars. The Bharatiyakaran of mental health advocates the initiatives of de-colonization that itself a great challenge for the Eurocentric domination of the Indian Social Work in medical and psychiatric field (Kumar.A, 2019).There is need of absolute rejection of Macaulay's Education system and need to empower the Indianization of education system to promote our culture in academics.When we talk about modern psychiatry, which have dominated the field in the last century, have mostly been developed for individuals "with an internal locus of control "(as in the west) and have largely ignored the role of religion, family, eastern philosophy and medicine in understanding and managing the psychiatric disorders. Medicine is a cultural institution so that "disease and treatment must be viewed within a cultural context. Mental health professionals in India are facing problems, whenever they work with Indian patients due to Western based training model. The work by Indian psychiatrists looking into indigenous Indian methods of conceptualizing and treating mental illness."Self-fulfilment" – the goal of Western psychiatry is to help the patient achieve autonomy and to separate his or her needs from those of their family. The goal is the opposite in Indian psychotherapy:An Indian is always the ambassador of his family … his achievements, ambitions and aspirations are merely the reflections of those of his family.(Sethi.et al,1985, Shridhar. 2008, Ananth. 1981,Pande.1968,Surya.1966).It has also been increasingly recognized that there is a significant difference between the east and the west in the distribution, phenomenology, treatment seeking behavior, and prognosis of people with mental illness. Hence, now there is an increasing focus on the role of Eastern concepts in understanding and managing psychiatric disorders.

Person-Centred Approach, Indian Family and Culture: At Present, there has been a greater emphasis on person-cantered approach (*Salvador & Mezzich,2012).* Practice of person-centred approach requires that the treating physician must have better understanding of the patient's socioeconomic, ethnic, cultural, religious, and spiritual beliefs, etc. When one tries to incorporate these aspects of the patient in psychiatric care, the currently practiced western models are insufficient. India has its traditional system of family. To a certain extent, the Indian families maintain until today, a great degree of cohesiveness and the members of the family show readiness to cooperate with one another on issues like taking care of sick relative, making career choice, marriage, etc. India has the lowest divorce rate worldwide in 2022, estimated to be 0.01 for 1,000 people (Divorce.com,2024). Given the differences between the Indian and western population, utilization of western psychiatric concepts for treatment of Indian patients is a largely myopic. A study by Sharma *et al*. compared schizophrenia patients living in Liverpool, UK and Bangalore, India and found that Bangalore patients were more socially integrated than Liverpool patients (Sharmaet al 1998).The biopsychosocial model empathised on mutual interaction between the biological and the psychosocial aspects of a person's life (Engl,1982) and focussed how psychosocial factors influence individual expression and how psychosocial treatments change brain activity.(Tienari et al 2004, Roffman et al 2005) . Role of culture has been studied in disorders such as schizophrenia, major depression, anxiety disorders and attention deficit hyperactive disorder (Trujillo,2008, Canino & Alegrıa,2008), cultural factors determine which symptoms or signs are normal or abnormal (Kirmayer,1984) and shapes the illness behavior and help seeking behaviour (Devins,1999).Unlike the West, in India, family is the key resource in the care of patients with mental Two cross-cultural studies having

schizophrenia reported that less than 50% of patients in the Western world lived with their families, while the comparable figure in India was 98.3%.[Sharma et al 1998, Dani & Thienhaus,1996]. From last a century, there are so many studies have also been done in the Indian context to evaluate the role of family interventions in the management of various psychiatric disorders. It has found that family play significant positive role in the treatment, prognosis, outcome, betterment and rehabilitation of person with mentally ill as well as person with intellectual disabled. (Chacko,1967, Narayanan et al 1972, Pai & Kapur,1982, Pai & Kapur,1983, Pai & Roberts,1983, Pai et al,1985, Verghese,1988, Narayanan et al 1988, Ismail Shihabuddeen & Gopinath,2005, Thara et al 2005, Suresh Kumar &Thomas,2007, Kulhara et al 2009, Paswan & Kumar,2021, Paswan & Kumar 2022, Paswan & Kumar 2023). The traditional joint family that exists in India is seen as a source of social and economic support and have capacity to absorb additional roles in times of crisis. (Sethi & Chaturvedi, 1985,Sinha,1984) .Leff et al. have suggested that traditional joint families allow for diffusion of burden in families caring for the mentally ill and could be responsible for mediating the good course and outcome of major mental disorders . Traditional Indian family plays an immense role in the management of psychiatric patients. These do shape the patient's reporting of the symptoms, reaction to stress and symptoms, help-seeking behavior, coping with distress, acceptance of suggested treatment, family's reaction and reaction of community in general.

Personality and Mental Health :Rig Veda and Yajur Veda mentioned of prayer through mantras (rhymes) can lead to formation of noble thoughts in the mind which help in the prevention of mental pain, like depression. The Rig Veda discusses about the speed of mind, curiosity for methods of mental happiness, prayers for mental happiness, methods of increasing intelligence and power of mind in healing (Murthy,2010). Ayurvedic texts also give description of insanity (Unmada) and spirit possession (Bhutonmada) (Murthy,2010). The Upanishads provide descriptions of theories of perception, thought, consciousness, and memory. There is a description of prakritui, which can be considered as equivalent of personality in modern psychiatry. The Upnishads describe the different states of mind: waking state, dreaming state, deep sleep state, and Samadhi. This concept is more or less similar, which was later mentioned by Freud concept of conscious, subconscious and unconscious. The psychopathology of the mind was understood in terms of their trigunas and tridosas (Murthy,2010).In modern era Freud (id, ego, super ego) and Eric Burn (Transitional analysis identifies the ego states –parent, child and adult-that shape how we interact with others in many conversation) explain about three types ego stares of personality. The Bhagavad Gita provides a description of emotions and cognitive deviations. The Bhagwad Gita also gives beautiful description for gaining mastery over the vacillating mind and also describes the consequences of failure to attain such mastery. Essentially, The Gita shows a way out of worldly concerns and teaches that a person can be his/her own master(Murthy,2010) . Helen Harris Perlmen mentioned that if anyone is in stress only he /she can be responsible for this. They know what the better solution of their problem is because he/she is familiar with their strength and weakness / limitation. In modern era H H Perlmen (1957) emphasized about client normality and capacity for personal self- determination, which it seeks to enlist in a search for growth and positive change. Maslow and Rogers emphasized a view of the person as an active, creative, experiencing human being who lives in the present and subjectively responds to current perceptions, relationships, and encounters. (Carlson et al 2017).

Stages of life /Life Cycle/Needs/Goals : According to Hindu mythology/Sanatan belief the whole life can be divided into four parts Ashrams (Ashrams System) .The concepts of the four Ashrams originates from ancient Hindu scriptures (Manusmriti and Dharamshastras).These Ashrams are [i] Brahmacharya(students life):focus on education and self- discipline [ii]Grihastha (householder life):building a family, career and contributing to the society[iii]Vanprastha(Retitement life): Gradually withdrawing from world life and focusing on spiritual liberation.[iv] Sannyas (Renucination life) : Focusing on spiritual liberation (In modern era in sannyas period not needs to move into the Jungle, people can do spiritual practice in their home or someone in old age homes) .These stages provide a framework for a living a balanced and meaningful life with each stage building on the previous one. Monica Mc Goldrich and Betty Carter identifies the following stages: (i) between family, (ii) The joining of family through marriage, (iii)the family with young children, (iv)the family with adolescence, (v) Launching children and moving on (vi)The family inlatter life(Navigating retirement,aging and potential health issue) . Eriction mention about eight stages of life :[i] Trust vs Mistrust (0-2 years) [ii]Autonomy vs shame and doubt(2-3 years) [iii]Initiative vs guilt(3-5 years) [iv]Industry vs inferiority(6-12 years) [v] Indentity

vs role confusion(13-21 years) [vi]intimacy vs Isolation(22-40 years) [vii] Generativity vs stagnation (40-65 years) [viii] Integrity vs Despair(65 and above years) :Reflecting on life and feeling a sense of accomplishment. When we talk about Indian perspactives cannot ignore the importance of the 16 Samskars (Shodasha Samskaras) are a set of rituals and sacraments that mark important milestones in a person's life :[i]Garbhadhana (Conception) [ii] Pumsavana (Rite of child) [iii]Simantonnayana (Hair-parting ceremony) [iv] Jatakarma (Birth ceremony) [v]Namakarana (Naming ceremony) [vi] Nishkramana (First outing) [vii] Anna Prashana (First feeding of solid food) [viii]Chudakarana (Shaving of head) [ix] Karnavedha (Ear-piercing ceremony) [x]Vidyarambha (Beginning of education) [xi]Upanayana (Thread ceremony) [xii] Vedarambha (Beginning of studies) [xiii]Keshanta (First shaving) [xiv] Samavartana (Return home after education) [xv]Vivaha (Marriage) [xvi]Antyeshti (Funeral rites),These Sanskars aim to purify and sanctify various aspects of life, promoting spiritual growth and well-being. Wig mentioned about the broad Hindu view of life can be summed up in four basics aims of life, i.e., Dharma, Kama, Artha, and Moksha. Dharma is understood a righteousness, virtue, or religious duty, goodness of purpose and selflessness, practice of “Ahimsa” or non-violence(Juthani,2001). “Kama” refers to the fulfillment of the biological needs or sensual pleasures. “Artha” refers to the fulfillment of social needs and includes material gain, acquisition of wealth and social recognition. “Moksha” means liberation or release from worldly bondage and union with the ultimate reality. Among these, “Dharma” is considered to be the central axis around which life revolves. If somebody tries to move away from dharma, it usually results in suffering, for example, if one just pursues “Kama” or “Artha” without “Dharma,” then in the long-term it will result in suffering for the individual and others around him. According to this the ultimate goal is to live a life by ways of conduct as described by Dharma. Such a life progresses in self-realizatio (Juthani,2001). In brief the four Purusharthas mentioned in ancient Hindu Dharmshatras/Smriti: [i]Dharma (Righteous living, duty, morality) [ii] Artha (Wealth, prosperity, economic values) [iii] Kama (Desire, pleasure, love) [iv] Moksha (Liberation, spiritual freedom),while Maslow's Hierarchy of Needs consists of five Levels-[i] Physiological[ii]Safety[iii] Love/Belonging[iv] Esteem[v]Self-Actualization. These needs are often depicted as a pyramid, with basic physiological needs at the base and self-actualization at the top. This is time to incorporate these Indian (Ashram system, Shodasha Samskaras,Purusharth)-western (Eriction, Maslow , Mc Goldrich and Carter) concepts of various stages, needs and goals of life into the professional practice.

Reincarnation and Parapsychology: Reincarnation is the religious or philosophical belief that after biological death, the soul or spirit begins a new life in a different body, which may be human, animal, or plant. Rigveda, makes numerous references to rebirths. Researchers at the University of Virginia School of medicine's division of perceptual studies have been studying the science of reincarnation for nearly half a century. After investigating thousands of stories of people who claim to remember a past life. In India, the foundation for reincarnation and spiritual research was founded in 1985, especially to focus on reincarnation, the technique developed by American parapsychologist Ian Stevenson. Jamuna Prasad is the leading researcher connected with the foundation. Integral to the program of the foundation was the attempt to discover correlations between the results of scientific research and the teachings of the ancient Hindu (Vedic and yogic) literature of India. Satwant Pasricha documents the child's statements, then identifies the deceased person the child remembers being, and verifies he facts of the deceased person's life that match the child's memory. She has even correlated the birthmarks of the child with the physical trauma or deformity present in the deceased person of the past life the child has remembered by verifying his medical records (Pasricha 2008). She has also presented cases of “Xenoglossy” (ability to speak a different language without having learned it normally) and “Spirit Possession” (In which case the spirit possessed actually existed but in a different location wherein both the families never knew each other) (Pasricha 2008a,Pasricha 2008,Kumar,2023).

Law of Karma, Live events and mental illness: According to Hinduism, all deeds of a human being are called Karma and the law of Karma states that every event is both a cause and an effect and the basic philosophy is “as you sow, so shall you reap.” Every action will have its reaction and every cause will have its destiny determined in due course of time (Thakkar,1998). Accordingly Hindus believe that their suffering from mental illness is also due to Karma of the past. In Trateyug, accidently king Deshrath was killed to srawankumar near saryu river in ayodhaya. Parents of shrawan kumar cursed that just as I am dying from separation from my son .you too will die from separation from your son”. In the end of his life ,King of Ayodhaya raja Deshrath told that

dekho srawan kumar ke matapita kah rahe hey tum tarap tarap ke moroge .It may be or can be assumed a kind of visual hallucination. This law of Karma also states that we can change what happens to us by our awareness and efforts to change ourselves. Therefore, such beliefs can be used in the therapeutic situations to improve the motivation of the patient to change for betterment. There is close relation between critical life events, psycho-emotional health, and emotional regulation (Marc et al 2024).

Mind and Personality: Personality also pertains to the pattern of thoughts, feelings, social adjustments, and behaviors persistently exhibited over time that strongly influences one's expectations, self-perceptions, values, and attitudes (Roberts et al 2022) .Freud divides human personality into three significant components: the id, ego and super-ego. The id acts according to the pleasure principle, demanding immediate gratification of its needs regardless of external environment; the ego then must emerge in order to realistically meet the wishes and demands of the id in accordance with the outside world, adhering to the reality principle. Finally, the superego (conscience) inculcates moral judgment and societal rules upon the ego, thus forcing the demands of the id to be met not only realistically but morally. According to Freud, personality is based on the dynamic interactions of these three components (Carver & Scheier,2004, Pearson et al 2020).The Indian belief system is different, theory of Triguna mentioned that three gunas or the three operational qualities of mind are: Sattva (variously translated as light, goodness or purity and includes self-control, self-knowledge and an ability to discriminate or make well thought out choices), Rajas (action, energy, passion and is indicative of violence, envy and authoritarianism) and Tamas (darkness, inertia which reflects dullness and inactivity). The theory of three gunas is also used to describe different types of personalities (Murthy. 2010).

Traditional methods of controlling mind: Yoga is an ancient Indian practice that integrates physical postures (asana), breath control (pranayama), meditation (dhyana), with the basic aim of growth, development and evolution of mind and is to promote overall well-being of the person (Taimni, 1961). The ultimate goal of yoga is to control one's own body, to handle the bodily senses, and to tame seemingly endless internal demand (Liu et al 2008). It offers a world view, a lifestyle and a series of techniques by which changes in human awareness can be brought about which can help in realizing the human potential. There are various forms of yoga. However, all aim to achieve the same, i.e., bringing about altered states of consciousness, which is known as the cosmic consciousness, transcendental illumination, or samadhi. It is said that correct practice of yogic techniques gives rise to certain types of reactions within the person, which facilitate qualitative and quantitative changes in awareness (Salvador et al 2012). It is considered that regular practice of yogic exercise reduces psychological tension, as well as reduces the decline in physical health.(Liu et al 2008). At present, yoga and meditation have received wide acceptance and popularity all over the world. (Murthy. 2010). Various forms of yoga exist, each emphasizing different aspects of this union, such as Hatha Yoga, Bhakti Yoga, Ashtanga Yoga and Jñāna Yoga. The integration of Ashtanga Yoga into mental health interventions provides profound psychosocial benefits by enhancing emotional regulation, mindfulness, self-esteem, self-awareness and social functioning. As research continues to highlight its effectiveness, yoga should be considered a valuable complement to traditional mental health treatments, providing a holistic approach to mental well-being (Bhardwaj &Kumar,2024). Studies have demonstrated that yoga practitioners exhibit increased gray matter density in brain regions associated with emotional regulation, self-awareness, and cognitive flexibility (Hölzel et al., 2011; Tang et al., 2015.Research suggests that mindfulness-based practices help reduce rumination, enhance self- awareness, and promote emotional regulation, which are essential for mental well-being (Gard et al., 2014). Mindfulness is bringing attention to one's experience of the present moment without judgment or attachment to outcomes. It encourages individuals to make changes in their association with their thoughts, feelings and bodily responses. These interventions help the individuals to skillfully adapt to unpleasant thoughts, feelings, situations and events. The skillful change acquired helps the individual bring a meaningful change to the whole Scenario. Though there is considerable evidence for the efficacy of mindfulness-based interventions in variety medical and psychological conditions however there is still a long way to go. (Raj & Kumar,2018) .Ashtanga Yoga incorporates mindfulness through breath awareness (pranayama), bodily sensations (asanas), and meditative focus (dhyana). These elements train the mind to stay present, reducing habitual negative thought patterns that contribute to stress and emotional distress. By cultivating focused attention and open awareness, individuals learn to disengage from automatic negative thinking, leading to reduced symptoms of depression and anxiety (Kabat-Zinn, 2003).

Authors name and year	Psychiatric disorder, psychological symptoms/psychosocial problems/issues	Outcomes
Gothe et al. (2019), Fredrickson et al. (2008), Pascoe et al. (2017), Riley and Park (2015), (Cramer et al., 2013) Manincor et al. (2016)	Stress /stress management	yoga's ability to regulating the autonomic nervous system (ANS),decrease sympathetic nervous system (SNS) activity, enhance parasympathetic recovery, promotes a state of calm and helps individuals cope better with chronic stress, reduced cortisol levels, improved heart rate variability, markers of stress resilience, led to decreased levels of perceived stress and improved emotional well-being, increased resilience and reduced burnout symptoms .
Goyal et al. (2014), Cramer et al. (2013) , Streeter et al. (2017), , Bussing et al.(2012) , Rathore et al. (2018).	Anxiety and Depression	yoga to be comparable to cognitive- behavioural therapy (CBT) in reducing symptoms of anxiety and depression, mitigate ruminative thinking and promotes mood regulation, significantly increased gamma-aminobutyric acid (GABA) levels, enhanced emotional stability and reduced depressive symptom, reduce negative self-talk, fostering greater emotional balance and self-acceptance, Improved social functioning, better communication, experiencing fewer mood swings and heightened self-awareness. enhanced stress management,
Streeter et al. (2010), Van der Kolk et al. (2014), Jindani et al. (2015), Mitchell et al. (2014), Zaccagnini (2019)	Post-Traumatic Stress Disorder (PTSD).	Yoga's focus on body awareness and breath work helps individuals with PTSD reconnect with their bodies, an essential aspect of trauma recovery, reduces social withdrawal and promotes social reintegration, substantial reductions in hypervigilance and emotional dysregulation ,improving interpersonal relationships, reducing social anxiety and helping in build supportive networks, reductions in hyperarousal symptoms, Decreased frequency and intensity of nightmares and intrusive thoughts, Strengthened social reintegration,
Gupta & Sharma (2020)	Adjunct to Cognitive Behavioural Therapy (CBT) in Generalized Anxiety Disorder (GAD)	Decreased worry intensity and cognitive rumination, enhanced body awareness, reducing psychosomatic symptoms (e.g., muscle tension, headaches), Increased self-efficacies

Chaturvedi et al. (2021), Schuman-Olivier et al., (2020). Gaiswinkler & Unterrainer, (2016) ,Neff & Germer, (2013), Dale et al., (2019)	Schizophrenia and Psychosocial Rehabilitation	Reduction in negative symptoms, Improvement in cognitive flexibility and working memory, Increased engagement in daily activities, including vocational training. Through breath control and mindfulness, individuals learn to respond to social conflicts with greater patience and empathy rather than reacting impulsively.. Yoga practitioners report lower levels of hostility, aggression, and emotional volatility, leading to improved relationships with family, friends, and colleagues, social bonding, reducing feelings of loneliness and increasing social support networks, It provided an effective, evidence-based preventive or therapeutic supplementary or alternative intervention for COVID-19 related mental health issues (Ransing et. al., 2020)
West et al., 2017	substance abuse	improve group cohesion and collective resilience in support groups of substance abuse recovery programs
Trichal and Kumar,2020	Borderline Personality Disorder(BPD)	Kundalini Yoga (64%) and Sudarshan Kriya (58%) was proved mostly effective mindfulness practices in decreasing the symptoms of BPD. The practices have a vast impact in decreasing the symptoms of BPD, while incorporating with medications.

Indian psyche and psychotherapy: The rich heritage of Indian mythology has been very little explored and used in psychotherapy in India. When one tries to define Indian personality in general, it is proposed that the inner self of an average Indian is lodged in a "circle of intimacy" or the family (*Chakraborty, 2010*). Unlike the western man whose self-hood is confined to his own body, the Indian self diffuses into the intimate circle, with bond, bondship, and kinship becoming the fulfilling elements of life. Within these close ties, Indians can communicate without the fear of rejection, depend on sympathy, comfort, and support without considering them as charity. From childhood, social relationships in Indians are spread over several people like grandparents, uncles, aunts and siblings, and hence, parents are not the sole guardians or regulators of the child. With the growth of the individual, a series of similar relationships of varying intensity and duration develop and at no point of time do Indians assume full individual responsibility. Even marriage marks the development of a new set of relationship instead of independence. Hence, unlike the singularity, self-sufficiency and independence of western self-hood, the core Indian psyche is based on intimacy, family security, and stability (*Liu et al 2008).* Under these circumstances, the boundaries between "me" and "not-me" tend to get blurred, and for Indians, "we" rather than "I" becomes important. Indian psyche is lot by the Hindu philosophical beliefs of transmigration of soul, re-birth, and fatalism. The inner self of Indians has been enriched through the ages by the integration of different religions, languages and cultures, as the various invaders who came to India sooner or later mingled and mostly became an Indians (Chakraborty,2010).Understanding this dualism is useful not only in conceptualizing mental-health problems and their management in the Indian context but also to throw light upon the coping, resilience, attitude toward mental-illness, and treatment seeking behaviour of Indians. In Indian thought, human behavior has been explored at length. In post-vedic period, in Upanishads, Bhagwad Gita, Yogic and ayurvedic literature abnormalities of human behavior have been described and the treatise has been emphasized mainly through psychic changes (Gautam,1999). In India psychotherapy also needs to be based on cultural concepts and the prevailing belief system through centuries from generation to generation, which becomes more acceptable to the patient. If we accept psychotherapy as a interpersonal method of mitigating suffering, the process of change occurs in an individual through a psychotherapeutic relationship which has been described as the 'guru-chela relationship' in India, where in the wise offers advice to the pupil and helps him in relieving the suffering. These are some example of Indian Guru-Chela relationship-

Guru	Chela	Guru	Chela
Vishwamitra,Vashisth	Sri Ram	Sandipani Muni	Sri Krishna
Pershuram	Bhishma,Kern,Droncharya	Chanakya	Chandragupta Morya
Droncharya	Pandav,Kaurav	Ramanad	Kabir
Ballavacharya	Surdas	Baba Narhari	Tulsidas
R.Paramhans	Vivekanad	Ramdas	Shiwajee

Vedanta Model and Grief Reaction: Ancient literature like Ramayana, Mahabharata and later writings like Neeti Shlokas and Panchatantra can be very usefully employed in supportive psychotherapy. Indian patients tend to accept the diagnosis of cancer easily. The concept of death prevalent in Indian culture based on philosophy of Gita where soul is accepted as immortal and it is believed to transfer through death from one to another human/species plays a significant role in the easy acceptance of the diagnosis and the planning for the rest of the life (Gautam and Nijhawan,1987). Anecdotes from Bhagwat Gita as a psychotherapy of dying patient is virtually a tradition in Indian culture. Even now in many families when death is anticipated preaching of Lord Krishna stating that thoughts at the time of death determine the species of next birth help the individual to accept the death in a more gracious manner. The concept of "sthit pragna" how a person can remain detached from pleasure and sorrow unaffected by losses and gains inoculates peace in the mind. One of the Neeti Shlokas says.

गते शोको न कर्तव्ये, भवि यं नैवचिन्तयेत। वर्तमानेन कालेन वर्तयन्तिच विचक्षणा।।

"Don't let the past weigh you down or the future fills you with anxiety. Focus on the present moment – it's where true strength and wisdom lie. "This message encourages mindfulness and living in the present, which can help alleviate worries about the past or future. There is a need to re-explore this vast treasure of knowledge which may be culturally relevant and useful for Indian patients. What is needed is to make our patients aware of their hidden potentials as was done by Jamwant to Hanuman before going to Lanka in the epic of Ramayan. N.N Wig explored very well Through Hanuman complex. In Ramayana where king Sugreeva, has sent a mission(monkey army) to search for Queen Sita, wife of Lord Rama. In between Sampati, who was Jatayu's (the king of Vultures and Ayodhya's king Dashrath friends) elder brother,informed that he had seen RavanTaking mata sita towards Lanka .They are all quite despaired to see the intervening sea. There is hurried consultation on what to do. Then Jambavan turns to Hanuman and says, "Why are you sitting silent and dejected in a corner? Do you know who you really are? You are "Pawan Putra" – son of God of wind.You have the power to fly and reach any corner of the earth. Unfortunately, you are not aware of your own powers". Jambavan then narrates to Hanuman the story of his birth and childhood curse. Listening to this Hanuman gets back his powers and confidence. He assumes his great size and flies to Lanka, meets Sita and the story of Ramayana continues. In the further story, Hanuman does many more heroic deeds like bringing "Sanjivini" herbs from the Himalayas for the revival of Lakshmana and so on, but it is the intervention by Jambavan which transforms Hanuman into a great hero for the rest of the Ramayana. The Psychological Implications is Hanumanjee not knowing his true potential, as "Hanuman Complex". The mythological tale to make two points:[i]To a patient who has lost confidence and who feels unable to meet life's challenges, relate this story and said he has temporarily lost the knowledge of his own powers due to his illness, due to this veil of ignorance. Like Hanuman he has to shake off this diffidence and realize his true potential. The golden Lanka lies across the sea and he has the power to reach there.[ii]To the doctors in training should narrate this story to emphasize that "when do psychotherapy, do not assume that power to change the life of the patient lies with you. It is professionals job as a therapist (like Jambavan) to restore this power back to the patient."The ancient mythological figures like Shiva or Vishnu, Rama or Krishna, Ganesha or Durga are worshipped everyday all over the country. For an Indian, Ramayana or Mahabharata are not merely books of old epic stories like Homer's Iliad or Odyssey in Greece, but are models for day-to-day life and behaviour. Hence mythological stories have tremendous power and hold over Indian people. Religious teachers regularly use these stories to exhort listeners to modify their behaviour. It is surprising and sad that we, the mental health professionals make so little use of them. In Psychiatry we have incorporated the psychoanalytic concepts of Oedipus complex or Electra complex for psychotherapy, which hardly make an impact on our people, while our own rich heritage of mythology remains untapped or unused. (Wig,2004).These ancient texts should be re-explored for models of conflict resolution, understanding psychopathology and attainment of self-realization. Recently,in Europe especially in Scandinavian countries like Norway, Finland etc. many therapists are increasingly using stories, metaphors and allegories from their respective cultures. A present "Narrative Psychotherapy" has been coined to describe these developments. In USA, Milton Erickson is well known for use of narrative and metaphor in patient work . Nossrat Peseschkian (from Germany) who uses Persian Sufi tradition in his work has suggested the term "Positive Psychotherapy" and advocated the application of stories, fables, wisdoms and myths in such psychotherapy (Wig,2004).India is a developing country and have a limited resources , which is not going to increase in the required proportion. India is known for its diversities of cultures, race, caste, class, religion, unique geographical area, great and ancient cultural heritage. Unlike the West, almost all the patients and handicapped persons are in the community. (Chandrashekar,2005, Sanjay and Kumar,2021,Kumar,2013). So, such types of indigenous model are essential in this country.

Conclusion: There are fundamental differences between India and the West. The psychiatric treatments often used so successfully in the West, cannot be directly transposed to the developing world. Hence, there is need to develop a locally applicable theory of treatment and test models of intervention. There is lack of indigenous material in mental health, which has forced us to borrow theories and perspectives from the west while our

culture is full of best practices that can be used. The multidimensional and noticeably diverse practice base should be open to the incorporation of Indian concepts in contemporary practice. This is time to recognize our uniqueness, nurture our traditions and embrace them, making them an indispensable part of our practice. Embracing ancient Indian wisdom, we should actively explore the relevance of practices like yoga, meditation and other traditional mode of treatment to validate our rich cultural heritage and philosophical principle.

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