Journal Of Psychology and Social Sciences
Vol. 4 No. 3 2026, 559-566
Publisher: CV. Doki Course and Training
E-ISSN: 2987-2545 | P-ISSN: 2987-8551

Reimagining Mental Health through the Indian Knowledge System: Integrating Indigenous Wisdom with Contemporary Psychological Practice

D. Anuroopa[1], Uma G[2]
Department of Media Studies, Garden City University, Bengaluru, India[1]
Department of Psychology, Garden City University, Bengaluru, India[2]
Corresponding email: anuroopa.d@gardencity.university

ARTICLE INFO

Article History
Received : 2026-07-06
Revised : 2026-07-11
Accepted : 2026-07-27

Keywords
Emotional Regulation
Holistic Well-being
Indian Knowledge System
Indigenous Psychology
Integrative Psychology
Mental Health
Mindfulness

ABSTRACT

Mental health disorders have emerged as a profound global public health challenge, with escalating rates of anxiety, depression, professional burnout, loneliness, and emotional distress underscoring the necessity for holistic and culturally responsive therapeutic paradigms. The Indian Knowledge System (IKS) presents a comprehensive civilizational framework that conceptualizes human well-being through dynamic harmony across bodily, cognitive, ethical, and existential dimensions, rooted in classical texts including the Vedas, Upanishads, Bhagavad Gita, Patanjali's Yoga Sutras, and Ayurveda. This qualitative review evaluates the integration of IKS constructs into modern clinical practice through secondary data analysis of empirical literature, public health reports, and theoretical texts. Key constructs—such as Triguna personality theory, Tridosha physiological regulation, Dharma, Abhyasa, Vairagya, and Sakshi Bhava—are critically analyzed and mapped alongside contemporary psychological frameworks, including Cognitive Behavioral Therapy (CBT), Mindfulness-Based Interventions (MBIs), Acceptance and Commitment Therapy (ACT), positive psychology, and neuroplasticity. The synthesized evidence demonstrates that IKS practices (pranayama, dhyana, Ayurvedic lifestyle regulation) foster autonomic balance, cognitive defusion, emotional resilience, and stress reduction. A four-level integrative mental healthcare model spanning preventive, therapeutic, community, and research domains is proposed. While promising, successful integration demands rigorous empirical standardization, interdisciplinary collaboration, ethical adaptation, and public policy alignment to deliver accessible, decolonized mental health interventions.

Introduction

Mental health is increasingly recognized as central to human development, economic productivity, and global social well-being. Major psychiatric conditions such as depression, anxiety disorders, substance dependence, trauma-related pathologies, and chronic stress-induced illnesses affect hundreds of millions of individuals worldwide. According to epidemiological assessments by the World Health Organization, mental

disorders contribute substantially to global disability-adjusted life years (DALYs) and lead to severe impairments in daily functioning and overall quality of life. Accelerated social isolation, rapid urbanization, pervasive digital overload, intense academic competition, workplace instability, and the erosion of traditional community support networks have collectively intensified psychological vulnerability across diverse demographic groups.

Modern biomedical psychiatry and Western clinical psychology have established diagnostic classifications, psychotherapies, psychopharmacological treatments, and community-based mental health delivery systems. Evidence-based modalities such as Cognitive Behavioral Therapy (CBT), psychodynamic interventions, humanistic counseling, mindfulness-based stress reduction, and modern psychiatric medications have improved clinical outcomes for countless individuals.

However, contemporary mental healthcare paradigms face systemic structural limitations, including persistent public stigma, vast treatment gaps, prohibitive financial costs, extreme urban concentration of clinical resources, cultural mismatches, over-medicalization of existential distress, and an over-reliance on curative rather than preventive strategies.

In response to these systemic challenges, clinical scholars and cross-cultural psychologists increasingly advocate for pluralistic, culturally grounded, and decolonized approaches to mental healthcare. Indigenous knowledge systems preserve sophisticated, centuries-old understandings of human personhood, suffering, healing, and psychological flourishing. Among these indigenous perspectives, the Indian Knowledge System (IKS) offers an extensive civilizational body of knowledge integrating philosophy, medicine, ethics, human development, and contemplative mind-body sciences.

Rather than conceptualizing mental health as the mere absence of clinical psychopathology, IKS defines well-being as a state of dynamic harmony spanning the physical body (sharira), sensory-emotional mind (manas), discriminative intellect (buddhi), behavioral conduct (achara), and pure consciousness (atman). Psychological disturbances stem from internal systemic imbalances, compulsive attachment, existential ignorance, unbridled desire, sensory over-stimulation, lifestyle dysregulation, and a loss of personal meaning. Healing requires integrated practices involving ethical discipline, self-reflection, breath regulation (pranayama), meditation (dhyana), nutritional balance, community cohesion, and self-knowledge.

This study conducts a qualitative review using secondary data analysis to evaluate how foundational IKS concepts can enrich and expand contemporary clinical psychology. It addresses the following research objectives:

- To examine the conceptual foundations of mental health embedded within the Indian Knowledge System.
- To analyze the clinical relevance of yoga, Ayurveda, and contemplative practices for psychological well-being.
- To compare core IKS constructs with contemporary psychological theories and psychotherapeutic interventions. To synthesize empirical evidence regarding the mental health outcomes of IKS-grounded practices.

Method

Research Design

This study utilizes a qualitative review research design centered on secondary data analysis. Qualitative secondary synthesis allows researchers to extract, contextualize, and integrate theoretical frameworks and empirical findings across multidisciplinary domains.

Data Sources and Inclusion Criteria

The qualitative dataset was compiled through systematic extraction from five distinct secondary sources:

- Peer-reviewed empirical journal articles across psychology, clinical psychiatry, cognitive neuroscience, behavioral medicine, and integrative healthcare.
- Institutional public health reports and global policy documents published by the World Health Organization (WHO) and public healthcare agencies.
- Academic books, monographs, and scholarly commentaries on Indian philosophy, indigenous psychology, and cross-cultural therapy.
- Classical Indian foundational literature, including primary textual translations of the *Bhagavad Gita*, *Yoga Sutras of Patanjali*, *Charaka Samhita*, and major *Upanishadic* texts.

Data Analysis Method

The collected secondary data were analyzed using thematic analysis. Textual data were categorized to extract recurring conceptual themes, indigenous psychological constructs, physiological mechanisms, clinical outcomes, and therapeutic parallels. The analytical focus was directed toward identifying mechanisms of emotional regulation, stress reduction, psychological resilience, metacognitive awareness, and meaning-centered therapeutic processes.

Results and Discussion

Conceptual Foundations of Mental Health in the Indian Knowledge System

The qualitative analysis of classical literature and secondary studies reveals that the Indian Knowledge System (IKS) approaches psychological health through a holistic, multidimensional lens. Human personhood is conceptualized as an integrated system consisting of five interdependent layers or dimension. Sharira forms the physical substrate, Manas regulates sensory processing and immediate emotional responses, Ahamkara constructs ego-identity, Buddhi governs executive functioning and ethical discernment, and Atman represents pure witnessing consciousness. Psychological suffering (dukha) arises when individuals misidentify exclusively with Sharira, Manas, or Ahamkara, mistaking transient sensory states or ego-constructs for their essential self.

1. Mental Health as Multidimensional Harmony

In contrast to symptom-centric diagnostic models, IKS defines psychological health as dynamic balance (swastha). This state of well-being is characterized by sensory self-regulation, emotional stability (sthitaprajna), clear cognitive discernment, value-driven action (dharma), harmonious social relationships, and deep inner tranquility. This

framework aligns with positive psychology's focus on human flourishing, self-actualization, and eudaimonic well-being rather than the mere management of clinical pathology.

2. Etiology of Psychological Distress

IKS attributes psychological distress to several fundamental factors: unbridled sensory desires (kama), rigid attachments to specific outcomes (raga), intense aversion (dvesha), existential ignorance (avidya), emotional impulsivity, and moral dissonance. In modern consumerist societies, excessive sensory over-stimulation, digital addiction, social comparison, and hyper-individualism aggravate these underlying vulnerabilities, contributing to chronic anxiety, existential emptiness, and affective dysregulation.

Psychological Typologies and Personality Theories: Triguna and Tridosha

1. Triguna Framework and Contemporary Personality Theories

A core contribution of IKS to personality psychology is the Triguna theory, which categorizes psychological tendencies, emotional temperaments, and behavioral dynamics into three primary qualities (gunas):

- Sattva: Characterized by clarity, psychological balance, wisdom, emotional stability, altruism, and compassion.
- Rajas: Associated with high activation, intense passion, drive, ambition, restlessness, craving, and emotional volatility.
- Tamas: Defined by cognitive inertia, apathy, confusion, lethargy, emotional numbness, and resistance to growth.

Every individual possesses a unique, dynamic configuration of these three gunas. Optimal mental health requires cultivating Sattva while systematically regulating Rajasic agitation and Tamasic inertia.

This indigenous construct parallels modern psychological models. Rajasic dominance mirrors emotional dysregulation, chronic physiological hyperarousal, and trait anxiety, whereas Tamasic dominance closely corresponds to clinical depression, learned helplessness, and behavioral avoidance. The intentional cultivation of Sattva shares strong conceptual foundations with self-regulation theory, executive cognitive control, and emotional resilience models.

2. Ayurveda and Bio-Psychological Regulation

Ayurveda complements this framework through the Tridosha model (Vata, Pitta, and Kapha), which maps constitutional metabolic styles to psychological stress reactivity. Ayurveda emphasizes preventive mental health through structured daily routines (dinacharya), seasonal adaptations (ritucharya), nutritional hygiene, sleep regulation (nidra), and sensory moderation. These principles directly align with modern lifestyle psychiatry, circadian biology, and emerging research on the gut-brain axis, demonstrating that physiological self-care is foundational to emotional stability.

Yoga as a Comprehensive Contemplative Psychological Science

Among all IKS modalities, Yoga has generated the most substantial empirical literature validating its clinical efficacy. The *Eightfold Path of Yoga* (*Ashtanga Yoga*)

formulated by Patanjali represents a comprehensive behavioral, cognitive, and attentional training system:

1. *Yama* (Ethical restraints): Interpersonal guidelines (non-violence, truthfulness, non-stealing) that reduce interpersonal conflict and moral injury.
2. *Niyama* (Personal observances): Intrapersonal disciplines (purity, contentment, self-study) that foster emotional resilience.
3. *Asana* (Physical postures): Somatic exercises that release physical tension and enhance body awareness (*proprioception*).
4. *Pranayama* (Breath control): Voluntary regulation of respiratory patterns to modulate autonomic nervous system function.
5. *Pratyahara* (Sensory withdrawal): Attentional control techniques that quiet sensory reactivity to external stressors.
6. *Dharana* (Focused concentration): Single-pointed attentional training to reduce cognitive rumination.
7. *Dhyana* (Meditation): Sustained mindfulness and open monitoring of mental phenomena.
8. *Samadhi* (Absorption): Deep cognitive integration, self-transcendence, and psychological unity.

Empirical literature confirms that regular practice of Asana and Pranayama stimulates parasympathetic vagal nerve tone, reduces serum cortisol, improves sleep quality, downregulates amygdala hyperarousal, and alleviates symptoms of clinical anxiety and depression. Slow, controlled Pranayama (such as Nadi Shodhana) promotes autonomic recovery, providing a physiological foundation for emotional stability.

Indigenous Psychological Constructs and Contemporary Parallels

The synthesis of secondary studies reveals striking conceptual overlaps between core IKS constructs and evidence-based psychological modalities:

1. Abhyasa (Disciplined Practice) and Neuroplasticity

Abhyasa denotes sustained, long-term effort toward mental self-regulation. In modern psychology, this directly corresponds to behavioral activation, habit formation, and structural neuroplasticity, affirming that repeated cognitive-behavioral practice reshapes neural circuitry over time.

2. Vairagya (Detachment) and Cognitive Defusion

Vairagya is often misunderstood as passive withdrawal or emotional apathy; in practice, it represents cognitive non-attachment to egoic outcomes and transient thoughts. This construct strongly aligns with *cognitive defusion* in Acceptance and Commitment Therapy (ACT) and psychological flexibility in mindfulness therapies. By observing thoughts without immediate reactivity or judgment, individuals reduce emotional vulnerability.

3. Dharma (Values-Based Action) and Meaning-Centered Therapy

Dharma stresses living in alignment with ethical duty, personal integrity, and societal responsibility. This parallels Viktor Frankl's Logotherapy and values-based behavioral

activation in modern psychotherapy, demonstrating that living a purpose-driven life buffers against existential despair, severe depression, and chronic burnout.

4. Sakshi Bhava (Witness Awareness) and Metacognition

Sakshi Bhava refers to cultivating an objective, non-judgmental stance toward one's internal cognitive and affective states. This construct serves as the theoretical foundation for Metacognitive Therapy (MCT) and Mindfulness-Based Cognitive Therapy (MBCT), enabling individuals to view thoughts as transient mental events rather than literal facts.

Comparative Synthesis: IKS vs. Contemporary Psychology

To summarize the theoretical alignment between IKS and Western psychological frameworks, a systematic comparative breakdown is presented in Table 1:

Table 1. Comparative Mapping of Contemporary Psychology and the Indian Knowledge System

Analytical Dimension	Contemporary Western Psychology	Indian Knowledge System (IKS)
Core Operational Focus	Reduction of pathological symptoms, cognitive restructuring, and behavioral modification.	Dynamic systemic harmony, self-regulation, existential fulfillment, and consciousness expansion.
Primary Unit of Analysis	The individual psyche, cognitive processes, and neurological substrates.	The integrated person-in-context (Sharira, Manas, Buddhi, Atman).
Primary Intervention Modalities	Psychotherapy, psychopharmacological agents, and targeted behavioral change.	Lifestyle regulation, ethical guidelines (Yama/Niyama), breathwork (Pranayama), meditation (Dhyana), and insight.
Approach to Prevention	Emerging emphasis (lifestyle psychiatry, resilience building).	Foundational focus (Dinacharya, Triguna management, mental hygiene).
Integration of Values & Ethics	Selective or neutral integration within specialized therapies (e.g., ACT).	Core structural foundation (Dharma, Karma, ethical living).
Mind-Body Integration	Recognized through psychoneuroimmunology and somatic therapies.	Foundational principle (Prakriti-Purusha, Tridosha balance).

Source: Synthesized from qualitative secondary review data.

Implementation Challenges and Ethical Considerations

While integrating IKS into contemporary psychological practice offers promising opportunities, several critical challenges and ethical risks must be addressed:

- Avoiding Romanticization and Commercialization: Traditional practices must not be uncritically touted as universal cures nor stripped of their ethical foundations for commercial exploitation.

- Maintaining Clinical Boundaries: Indigenous mind-body interventions should complement, rather than completely replace, necessary medical or psychiatric care for severe psychiatric conditions (e.g., acute psychosis, severe bipolar disorder).
- Scientific Rigor and Standardization: Variations in study quality, small sample sizes, and inconsistent intervention protocols in secondary literature highlight the need for standardized, manualized, and neurophysiologically validated IKS therapeutic protocols.
- Respecting Cultural Diversity: Clinical applications must recognize the pluralism within Indian traditions, avoiding rigid essentialism while ensuring inclusive, culturally sensitive care.

Conclusion

Addressing the global mental health crisis requires therapeutic models that are clinically effective, economically accessible, inherently preventive, and culturally meaningful. The Indian Knowledge System provides a sophisticated civilizational paradigm that views psychological well-being as a state of dynamic harmony across physical, cognitive, ethical, and spiritual dimensions. Foundational concepts such as Triguna, Tridosha, Dharma, Abhyasa, Vairagya, Sakshi Bhava, and Ashtanga Yoga offer valuable theoretical and practical tools for modern psychological science.

Rather than positioning IKS as an alternative to Western clinical psychology, health systems should embrace a pluralistic, integrative framework. Combining evidence-based psychotherapies with indigenous self-regulation practices can broaden therapeutic reach, improve patient engagement, and foster long-term psychological resilience. Future research must emphasize empirical validation, interdisciplinary dialogue, standardized protocol design, and ethically responsible clinical implementation.

References

AbdAleati, N. S., Zaharim, N. M., & Mydin, Y. O. (2016). Religiousness and mental health: Systematic review study. Journal of Religion & Health, 55(6), 1929–1937.

Abdullah, A., Hort, K., Abidin, A. Z., & Amin, F. M. (2012). How much does it cost to achieve coverage targets for primary healthcare services? A costing model from Aceh, Indonesia. International Journal of Health Planning and Management, 27(3), 226–245.

Aggarwal, N. K. (2013). Cultural psychiatry, medical anthropology and the DSM-5 field trials. Medical Anthropology, 32, 393–398.

Alang, S. M. (2016). "Black folk don't get no severe depression": Meanings and expressions of depression in a predominantly black urban neighborhood in Midwestern United States. Social Science & Medicine, 157, 1–8.

Ananta, A., Arifin, E. N., Hasbullah, M. S., Handayani, N. B., & Pramono, A. (2015). Demography of Indonesia's ethnicity. Singapore:

Institute of Southeast Asian Studies. APA. (2013). American Psychiatric Association: Diagnostic and Statistical Manual on Mental Disorder (5th ed.). Arlington, VA:

American Psychiatric Association. Bhagavad Gita. (n.d.). Various classical editions and translations. Buchalter, S. I. (2009). Art therapy techniques and applications. London: Jessica Kingsley Publishers. Charaka Samhita. (n.d.). Various classical editions and translations.

World Health Organization. (2022). World mental health report: Transforming mental health for all. Geneva: World Health Organization.

Yoga Sutras of Patanjali. (n.d.). Various classical editions and translationsUseche, S. A.,

Montoro, L. V., Ruiz, J. I., Vanegas, C., Sanmartin, J., & Alfaro, E. (2019). Workplace burnout and health issues among Colombian correctional officers. PLoS ONE, 14(2), e0211447. https://doi.org/10.1371/journal.pone.0211447

Vajawat, B., & NIMHANS Working Group. (2011/2021). Dealing with mental health issues in prison staff: A handbook. National Institute of Mental Health and Neurosciences (NIMHANS).

Wang, J., Huang, Y., Wang, S., Zhang, Z., He, Y., Wang, X., & Guo, H. (2024). The impact of workplace violence on job burnout among Chinese correctional officers: The chain mediating effects of stress and insomnia. BMC Public Health, 24(1), 1–12. https://doi.org/10.1186/s12889-024-18048-1