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The Ramayana and psychotherapy

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ABSTRACT

Techniques of psychotherapy commonly used in the west may be difficult to employ in their purest form for Indian patients, especially in those who are not educated and those who are not westernized. Anecdotes from the Ramayana can be used in psychotherapy to show the similarity of the issues facing the patient with the aim of increasing insight. They are powerful examples and can be used to suggest alternate modes of coping. This article discusses anecdotes, themes and possible situations for use in psychotherapy. It also suggests steps in obtaining the necessary permission from patients prior to discussing them in psychotherapy.

Key words: Hinduism, religion, psychotherapy

INTRODUCTION

Psychotherapy involves a changing of perspectives with a view to understand emotional problems, alter coping strategies, or to restructure the personality. Various schools of psychotherapy have suggested different conceptual frameworks in order to review the existing reality, understand the issues and improve functioning. The commonly employed methods include cognitive behavior therapy, dynamic psychotherapy, and psychoanalysis. These techniques have been used in the west and in India (Varma, 1982; Kumar & Ram, 2001). However, the use of these techniques mandates the learning of new conceptual frameworks, the understanding of the process and the acceptance of their implications. While these are possible for the well educated and "westernized" patient, it takes a substantial effort to induct those without such educational or cultural background into the use of these methods. The practice of psychotherapy for the majority of Indian patients using these techniques in their purest form is difficult suggesting the need for locally acceptable and applicable alternatives. The situation demands less rigid theoretical frameworks

and an eclectic approach to the care of mental illness utilizing both western-international and indigenous-regional concepts and therapies (Jacob, 1999).

Regional concepts and therapies including folk beliefs (Neki et al, 1986), religion (Neki, 1977; Choudhry & Mirza, 1983; Hosseini, 1983), *guru-chela* relationship (Neki, 1977; Surya & Jayaram, 1964), yoga (Grover et al, 1994; Sethi et al, 1982; Vasudevan et al, 1994; Janakiramaiah et al, 1998) and meditation (Bhaskaran, 1991; Andrade & Andrade, 1991; Chandiramani, 1991) are said to be useful in managing a variety of problems among patients. The therapeutic wisdom in the Bhagvad Gita (Govindaswamy, 1959; Rao and Parvathidevi, 1974; Rao, 1980; Balodhi and Kesavan, 1986) and in Indian mythology (Shyamsunder, 1991; Shyamsunder, 1993) has been highlighted in literature.

All religions teach us about life. The sacred texts provide many examples and stories in order that the principles enshrined can be understood by people. This article focuses on examples from the Ramayana.

The Ramayana, one of India's greatest epics, is pervasive and part of the Indian ethos. For the past few thousand years the Ramayana has been among the most

important literary and oral texts of South Asia. This epic poem provides insights into many aspects of Indian culture and continues to influence the politics, religion and art of modern India. The Ramayana has been translated from the original composition in Sanskrit by Valmiki in to the many Indian languages. Millions have read it and revere it as scripture. It is a perennial favorite story for children. Almost all Indians are aware of the story of Ramayana in some measure. Each autumn, Rama's victory over the demon king Ravana is celebrated through plays and dance-dramas in towns and villages across the country.

The Ramayana teaches us truths about human nature, norms for living and about man's relationship with God. It has much therapeutic wisdom and can be successfully employed in psychotherapy. Conceptual themes, similar to those found in traditional psychotherapy, can be recognized. These themes being well known are easy for patients to accept and identify with. The use of examples from the Ramayana is helpful especially in patients who are religiously inclined, the less well educated patients and in non-westernized patients. It is also useful in westernized patients who are religiously inclined and are under severe stress. The following texts were consulted (Rajagopalachari, 1993; Narayanan, 1987; Acharya, 1998; Varkey, 2000). The anecdotes were also cross checked with scholars who are well versed with Valmiki's Sanskrit version and Kamban's Tamil version of the Ramayana. While the essence of these versions is the same, there is some variation in the detail.

Anecdotes and themes from the Ramayana

The central theme of the Ramayana is the victory of good over evil. The other themes with powerful implications for mental health are Sri Ram's serenity in the face of success and tragedy and the concept of dharma. These can be elaborated in therapy and are briefly mentioned.

Sri Ram is a perfect role model. He enjoyed life and yet was detached from it, detached from power, wealth, greed, fame, desire, etc. He was kind and just even to those who opposed him. He is an inspiration

when faced with difficult situations in life. His serenity in success and tragedy is excellent example to follow. The concept of dharma as the way to a meaningful life is also a very powerful theme for positive mental health. Many conflicts in life can be resolved using this perspective.

The anecdotes, themes and the situations where these can be employed in psychotherapeutic situations are listed in Table I. The therapist should have a good understanding of the Ramayana in order to match the themes discussed with the patient's difficulties and situation in life. The therapist should also believe that the epic provides powerful examples of good mental health in the different situations faced in life.

Themes which can be used from a cognitive therapy perspective are elaborated in Table II. These include (i) Lakshmana's misinterpretation of Bharatha's intent and Sri Rama's counsel. (ii) Hanuman's feelings of inadequacy and Jambavan's focus on potential.

Sri Ram lived as a human being and faced the day to day situations and conflicts of life. The Ramayana describes many situations where there are moral dilemmas and conflicts between two rights. These anecdotes, the conflicts and the situations where they can be used in therapy are listed in Table III.

The anecdotes and themes can be used to show the similarity of the issues facing the patient with the aim of increasing insight. They can be used as examples to suggest alternate modes of coping. Scholars may offer differing interpretations for the anecdotes listed and this paper is not intended to be a definitive guide but rather a practical starting point to emphasize and discuss the role of the Ramayana and of religion in mental health.

Indications for use

The Ramayana can be used in many situations where patients have conflicts that require psychological intervention. It can be used in patients with dysthymia, neurotic and stress related disorders and problems, adjustment difficulties, personality problems, maladaptive coping styles, marital discord

and relationship difficulties, bereavement, academic, occupational, and phase of life problems. The choice of using such a strategy is not dependent on the diagnostic label but rather on the individual, their religious background, and conflicts. The therapist would have to match the stories and themes depending on the similarity to the patient's situation.

Religion may have a protective effect against negative mental health or religious strain can produce negative effects (Kroll & Erickson, 2002). Consequently, a discussion on religious issues may be necessary in some patients, especially those in long term psychotherapy. Patients in whom religion plays a pivotal role in their lives and whose mental health benefits from such practice should be encouraged to continue the same. Discussing religious issues may encourage them to explore different aspects of religion with a view to increasing their coping strategies. Similarly, patients with neurotic, stress-related and adjustment problems in whom there are religious conflicts would also mandate a discussion on religious issues. Examples of religious strain include feeling abandoned by God, a belief that sin has caused the problem, etc. Discussing religious issues for such patients will also become necessary during psychological therapy.

Assessing suitability of patients for using examples from the Ramayana

The American Psychiatric Association Guidelines regarding possible conflict between psychiatrist's religious commitment and psychiatric practice suggest the use of two central yardsticks: (i) maintaining respect for patient's beliefs (ii) not imposing the therapists view on the patient (APA, 1990). It suggests that the psychiatrist gathers detailed information regarding patient's religious beliefs. It emphasizes the need for empathy if unexpected conflicts should arise and instructs that any interpretation made should be in a context of respect for patient's beliefs. It mandates that the psychiatrist should not force any agenda on patient. It also recommends that religious concepts should not be offered as substitute

for treatment.

Examples from the Ramayana can be discussed in therapy in subjects who follow the Hindu religion, are aware of the epic and provided they specifically consent to it. A stepwise approach to obtaining consent is necessary with progression to the next step only with specific consent (Table IV). Examples from the Ramayana may benefit patients with prior knowledge of the story and people who are receptive to religious ideas. The patient's religiosity can also be assessed using standard instruments (E.g. The Royal Free Interview for Spiritual and Religious Beliefs (King et al, 2001)). However, specific consent is mandatory prior to a detailed discussion.

Training

The Department of Psychiatry, Christian Medical College, Vellore, has been attempting to provide holistic care for people with mental health problems. Psychiatrists, psychologists and social workers have been attempting to incorporate the local cultural and religious concepts into therapy. Encouraging patients to renew their own religious values is often recommended in order to improve their coping strategies (E.g. Encouraging patients who follow the Hindu religion to visit the historic Siva Temple in the Vellore fort and the Sri Venkateswara Temple in the nearby town of Tirupathi is common practice). Towards this end mental health professionals interested in psychological interventions are encouraged to increase their repertoire of knowledge of the local culture and of different religions in order that they are able to help people with diverse beliefs. Seminars on the explanatory models, pathways to care, anthropology, cross-cultural aspects of mental disorders, culture bound syndromes, cultural issues in psychological therapies are part of the training program for trainees working towards the degrees Doctor of Medicine (Psychiatry) and the Diploma in Psychological Medicine. These examples from the Ramayana and their use in psychotherapy have been discussed with residents and faculty.

TABLE I : Some themes from the Ramayana* which can be used in psychotherapy

No. Anecdote	Theme	Situation in therapy where useful
1. King Dashrath's promise to Vishwamitra	Impulsivity and promise	Need to make promise after much thought
2. Vishwamitra's advice on Sri Ram's learning and growth	Saplings need to be transplanted away from the parent tree to grow	parental conflicts about giving freedom to children
3. Bhageeratha and the Ganges	Perseverance in the face of obstacles	Failure to achieve goals
4. Ahilya's storey	Mistakes, repentance, forgiveness, hope	Marital discord
5. Parasurama's challenge to Sri Ram	Calmness in the face of challenges	Reaction to stress
6. Dashrath's retirement	Giving up power	Giving up power at work and home
7. Manthara's manipulation and Kaikey's transformation	Corruption of ambition, power, fame wealth etc.	Adjustment problems at work and home related to power, fame, wealth, ambition
8. Sri Ram's obedience and acceptance of exile	Overcoming desires and following	Conflict over attachments; those related to unpleasant outcomes and injustice
9. Kousalya's response to Sri Ram's exile	Overcoming anger and distress	Need to accept inevitable adversity
10. Sita's response to Sri Ram's exile	Acceptance of spouse's adversity as one's own	Marital discord and adjustment problems
11. Lakshmana's misinterpretation of Bharatha's intent	Misinterpretation of neutral and positive situations	Misunderstanding and conflict at home and work
12. Bharatha's response to Sri Ram's exile	Response to injustice	Conflicts at work and home
13. Sita and the golden stage	Temptation	Temptation and conflict
14. Sri Ram's low mood and Sugreeva's advice	Stress related problems	Depression, crisis and stress at home and work
15. Hanuman's feelings of inadequacy and Jambavan's advice	Focus on potential rather than current performance	Low self esteem, depression and stress
16. Sugreeva and the ill effects of alcohol	Ill-effects of excessive alcohol	Harmful use and substance dependence
17. The squirrel's contribution to building the bridge to Lanka	The worth of small and apparently insignificant contributions	Building self esteem
18. Sri Ram gives Ravana a second chance	A chance to renounce evil and change	Conflicts at work
19. Sri Ram's victory over Ravana	Victory of good over evil	Adjustment problems due to injustice
20. Sri Ram's serenity in success and tragedy	Reactions to success and failure	Success and failure at work and home
21. The concept of dharma	Need to do one's duty without looking at the outcome	Adjustment problems at work and home

* Anecdotes extracted from different versions of the Ramayana.

TABLE II : Anecdotes and themes which can be used employing cognitive therapy formulations

Anecdote/Theme	Automatic thoughts	Cognitive errors	Intervention
Lakshmana's misinterpretation of Bharatha's Ram's council	Bharatha will attack	Overgeneralization Catastrophizing Assuming temporal causality	Exposure of faulty logic Focus on evidence
Hanuman's feelings of inadequacy and Jambavan's focus on potential	Feelings of self doubt	Overgeneralization Selective abstraction Excessive responsibility Catastrophizing Assuming temporal causality	Identify past success Exposure to faulty logic Recalculate probability Focus on potential

TABLE III: Anecdotes with moral dilemmas which can be used in therapy

Anecdote with moral dilemma	Situations in therapy where useful
King Dasaratha had to choose between promise made to wife Kaikeyi and to Sri Ram	Need to fulfill conflicting promises made at different times
Lakshmana's conflict about protecting Sita and helping Sri Ram. Lakshmana leaves Sita when she casts aspersions on his motives for staying to protect her.	The role of extraneous pressures, especially the induction of guilt, while making difficult choices.
Hanuman is faced with the decision to punish the city of Lanka, both innocent people and the guilty, or to return without harming anyone.	"Collateral damage" while making hasty decisions.
Sita ordeal by fire. After Sita returns from captivity, Sri Ram has to decide whether to accept her or put her through a trial by fire.	Conflicts about decisions made as an individual and as one in authority.

TABLE IV: Suggested steps to assess suitability and obtain consent for using the Ramayana in therapy

1. Ask open-ended questions regarding the patient's religious beliefs. E.g. "Tell me about your religious beliefs."
2. Find out details of patient's religious activities E.g. "What kind of religious activities do you take part in?"
3. Find out the extent of the patient's knowledge of the Ramayana. E.g. "Have you read the Ramayana" or "Do you know the story of Ramayana?"
4. Ask for specific permission to discuss issues from the Ramayana. E.g. "Do you feel that discussing the Ramayana will be useful?" or "Are you are comfortable with discussing stories from the Ramayana?"
5. Ask for permission to discuss a specific story. E.g. "Have you heard of — story/? Can we discuss it?"

Some examples of use in clinical practice

Case No. I: Mrs A sought help for stress related as her son's mental illness. Her son had developed schizophrenia and had lost his job. She was very distressed about the situation. During therapy it was obvious she was a very religious person who prayed daily, fasted every week and regularly visited temples. She was willing to discuss the issues the Ramayana. The examples of Sri Ram serenity in times of distress were examples she could related to. The discussion on life's different trials and the need for acceptance of situations and strength to shield one self during misfortune were useful.

Case No.II: Mrs B sought help after her teenage daughter who had joined college had failed his first year exam. She was especially distraught at his second failure as she felt that she was a reasonable student who had put in a reasonable effort for her second attempt. Her classmates who were consistently not doing as well during the class tests had managed to pass. The "unfairness" of the circumstances were difficult to accept. As she was a religious person it was felt that the example of Kausalya's acceptance of Sri Ram's exile

could be discussed during therapy. Permission to discuss the Ramayana was sought and obtained. She drew comfort from the example of Kausalya's resolve to accept the difficult situation. The example of overcoming anger and frustration was especially useful and was a model to emulate.

Case No.III : Mr C was a very hardworking student. However, his colleagues who spoke good English, whose social skills were superior but who did not put in as much effort always seemed to do well in oral examinations. Failure in competitive exams was a major disappointment. During therapy the need to persevere was highlighted. As he was a religious person and knew the Hindu scriptures well it was felt that Bageeratha's story was an appropriate example to discuss. He was able to identify with the temporary setback and the story inspired him to persist in his quest for success.

Case No.IV: Mr D was depressed after his failure in an accountancy examination. He felt that he did not have the ability to master the subject. He suffered from low self esteem. He was frustrated at his inability to pass and the implications of failure. He selectively recalled the setback in his career. He generalized about his ability from his performance during the examination. He

felt that the situation was hopeless. It was felt that he would benefit from cognitive behaviour therapy. His religious background allowed the use of the Ramayana to explain the role of cognitive errors and perceptions in lowering ones mood and producing depression. Hanuman's story and Jambavan's encouragement was used to communicate the issues. His past successes were highlighted. The faulty logic of generalizing from one failure was discussed. The focus from recent performance to potential was brought out. He was able to identify with story from the Ramayana. The cognitive therapy helped him overcome his depression.

Case No. V: Mr and Mrs E sought help when their teenage son joined the hostel of a residential college. The son was very keen on staying in the hostel as the hostel was considered a safe and a good place to grow. The parents felt that he would do better academically if he stayed at home although they accepted the fact that the hostel was good place for emotional growth. The parents found it difficult to let go. It was felt that Sage Vishwamitra's advice on Sri Ram's learning and growth may helpful. The Ramayana was discussed after obtaining the necessary permission. The "sapling story" made sense and they accepted the fact that the time had come to let their son go into the world and learn from other teachers.

Towards wholeness

Religion and psychiatry have had an uneasy relationship with both side erecting barriers (Bhugra, 1996; Carey, 1997). However, it is difficult to deny the spiritual dimension and its significant role in the mental health of the majority of peoples. It is also necessary to accept that religion can create problems as well as provide answers. Psychiatrists often avoid discussing religious issues with patients for the fear of trampling on sensibilities. Nevertheless, understanding spiritual conflicts and encouraging patients to increase their spiritual repertoire is often part of long term psychological intervention. Good psychotherapists acknowledge that improvement in psychotherapy is often due to changes in many aspects of a person's life, including their spiritual health. Creating an environment in which the patient can marshal their own personal resources remains the central challenge in psychotherapy. There may be a need to transcend the barriers between religion and psychiatry in order to improve the mental health of patients.

CONCLUSION

The Ramayana contains therapeutic wisdom. It can be used judiciously in clinical psychotherapeutic practice for the benefit of patients. However, in view of the sensitive nature of the subject, specific permission is necessary before it can be employed in therapy.

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