

Psychiatric Symptoms and Cause - Effects in Indian Mythology

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Abstract

Explanation about illness, causes and effects to individuals in psychiatric distress and to their families is an essential component of mental health care. Such explanation to illiterate population is likely to be more effective if done with the aid of analogies from traditional literature. In order to compile such analogies, portions of texts relating to mental health / illness were collected from major texts of Indian Mythology.

A sample of the texts depicting clinical symptoms and cause-effects are presented in order to generate interest and enthusiasm among fellow professionals in use of analogies from traditional literature.

Key words -

**Indian mythology,
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In mental health services as well as in community based mental health education programmes in India, the need to explain the psychosocial events in a manner that is easily understandable by the illiterate is well recognised. Elders in mental health profession in the Indian scene like Erna Hoch [1] and Alexander [2] have reported the usefulness of traditional mythological concepts in clinical work

Consequently, an attempt was made to cull-out and complete portions of texts pertaining to psychological distress and related issues from major works of Indian mythology. The study was undertaken as a NIMHANS project during the author's one year sabbatical leave.

This article is a brief presentation of a small sample of the texts collected, relating to clinical symptoms, and is meant to stimulate the fellow professionals' interest about the potential usefulness of mental health material from our traditional literature.

Method and Results

English translations of major Puranas (stories of Gods) Epics (Ramayana and Mahabharatha), spiritual text (yoga vashishtha), the Ocean of story (kathasarithsagara), Buddhist Jataka tales and Jaina Stories were read through. Portions of texts relating to mental health / illness were collected, which are henceforth called "texts".

A total of 538 texts were collected, and classified according to their predominant content, viz. etiological, psychotherapeutic etc. Yet, all texts had multiple contents, capable of interpretation in different manners for different purposes. Opinion on a sample of texts was collected from laymen, a few psychiatrists and patients. The opinions were very positive.

Sample of Texts

Sample text 1 (Code No. 2-LL-1):

During one of his wanderings, the celestial sage Narada saw an old lady weeping bitterly sitting beside two old-looking men. In response to this enquiry, the lady replied: "I am Bhakthi (lady devotion) and these are my two sons, Jnana (spiritual knowledge) and Vairagya (renunciation). I am weeping because, even though young we three have become very old and ill. I do not know the reason." Narada explained to her: "In the present Kaliyuga, no body wants you and your sons. No one cares for you three. Due to this lack of love and care, you have become worn out, dull, diseased and prematurely old." (Bhagavatha Purana-Skanda I- Chapt. 2).

Sample text 2 (Code No. 224-Th-77):

There was once a cannibal demon in a forest who was emaciated and very weak. When he found a wandering brahmin, he pounced on him to eat. When the brahmin pleaded to be let off, the demon offered a choice: "I will let you free if you can explain why I am lean, pale and weak." The brahmin was released when he explained: "The reasons are many. You are away from your relatives and friends.....Those relatives and friends are not well disposed towards you and you are grieving on that account. You also feel ridiculed and humiliated by them. You lack the will and courage to face the challenges back home." (Mahabharata- Anusasana parva- Chap. 124).

Sample Text 3 (Code No. 72-Anx. 3):

In order to fulfil an old promise, made by his father, King Dasaratha to one of his wives Kaikeyi, the crown-prince-designate Rama happily and dutifully went away in exile to forest. King Dasaratha died in grief soon afterwards. At that time, Kaikeyi's son Bharatha was away in his maternal grand father's country, and messengers were dispatched to bring Bharatha back. On the way back, Bharatha who loved Rama, had a bad dream. On waking up he became worried, sad, and could not enjoy the routine activities. His throat became dry, his mind was uneasy, his voice faltered and a great fear took possession of him. Even though he did not want to have these thoughts and ominous images of the dream, they kept recurring increasing his anguish. His heart trembled without evident cause. (Ramayana-Ayodhyakanda Chap. 68 to 71).

Sample text 4 (Code No. 112-Dep. 25):

During one of his hunting expeditions, King Shanthanu fell in love with a village maiden and asked her father's permission to marry her. The father's condition to the marriage was that only the sons born

of her should be heirs to the throne. The king already had a valorous and popular son who later became famous as Bhishma. Hence, the king suffered conflict of interests in the form of sadness. Noticing his father not being his usual self, Bhishma asked him: "Why is it that you are looking so pale, emaciated, having lost all animation (liveliness) and not taking part in your routine pleasures like riding etc.? You are not speaking to me as much as before. What is grieving you? What is the disease you are suffering from?" (Mahabharatha- Adiparva -Chap. 100).

Sample text 5 (Code No. 175-ET-19):

After the great battle of Mahabharatha was over, Ashwathama, the brahmin warrior was distressed about his father's death in the war and was planning a revenge. He was sleepless. When enquired by his maternal uncle Kripa why he is sleepless, Ashwathama replied: "Where can a person who is afflicted with grief (loss), or the one that is under the influence of rage, or the one whose heart is always engaged in revolving projects for acquisition of wealth and power, or the one that is under the power of lust obtain sleep? Any one of these singly would destroy sleep. All these four cases are present in my case". (Mahabharatha- Sauptikaparva-Chap. 4).

Sample Text 6 (Code No. 401-Th. 152):

Once Lord Buddha told his disciples a story of one of his former births as a king's son. One day when the baby-son was on the father's lap, the king sentenced four robbers to punishment by death. The unusually gifted baby boy who also remembered his former births thought; "I suffered in hell for hundreds of years for ordering harsh punishments as a king for 20 years in my previous birth. If I grow up normally, I will be made king and I will again be committing the same mistakes, hence forth, I will pretend to be deaf, dumb and lacking intelligence," He started behaving that way. The king and his counsellors were preplexed because he did not have any others signs like deformed limbs, head, jaws or ears, nor any other illness. They kept on subjecting him to various tests year after year trying to see the kind of response he might give to various stimuli: viz: burning his hand, throwing him into a pit of poisonous snakes whose teeth had been extracted etc. Yet, he remained perfectly motionless and non-responsive. Eventually when he was 16 years old, they gave-up the idea of crowning him and exiled him into a forest where the boy became perfectly normal and took-up ascetic practices (Jataka-Vo. VI, Story No. 538).

Sample Text 7 (Code No. 425-Et-77):

A series of unfortunate events brought about the separation of Sagarachandra, a rich merchant and his beautiful young wife, Mrigankalekha. Both of them were wandering in search of each other. A king happened to see Mrigankalekha and desirous of making her one of his queens, instructed his attendants to bring her to her palace. While being escorted to the palace, she jumped out of the carriage and began to scream, throw stones at passers by, sometimes laughing and sometimes dancing. At times, she even tried to remove her clothes. Experts were brought to cure her madness. But her madness continued. At last, the King consulted one of his body guards called Kanaka Bahu who was reported to cure possession states. Kanaka Bahu studied the situation over a few days, made enquiries in the city and advised the king: "she is neither mad nor ill. She is a devoted wife in search of her missing husband. She is behaving like this to protect herself and her chastity. You would do well to protect her". The king did so, and after some time, her husband Sagarachandra found and joined her. (Jaina Stories-story of Mrigankalekha).

Discussion

At the very outset it is necessary to take note of two fundamental qualities of mythological stories / material:

- a) Just as the human behaviour is capable of being understood and explained from divergently different [3], Murphy [4] and Rosenzweig [5] the mythological material also is capable of being understood and experienced in different dimensions determined by the reader's or listener's intra-psychoic tendencies.
- b) As explained by Kerenyi and Jung [6], [7] mythology appeals direct to the unconscious as it represents the primordial archetypal image, and their appreciation is not mediated through the intellectual reasoning.
- c) As can be seen in the samples presented above, each anecdotal text contains more than one theme or motif; some are very obvious, some are discernible only by implication.

Therefore, any attempt to discuss these texts from the academic, scholastic or intellectual point of view would only be superficial and superfluous at its best and irrelevant at its worst. Because, the mental health client may experience and assimilate from the mythological text on uniquely personalised meaning. For the very same reasons, the process of choosing a particular text for use with a particular client in a clinical setting will obviously vary from clinician to clinician. Yet, the choice must necessarily be based on some perceived association between the context of the text and the psychosocial context of the client.

So long as the above points are acknowledged, it will not be inappropriate to make some interesting observations about the samples presented. The first text, while emphasising the importance of affectional needs also exemplifies the psyche-soma cause-effect relationship. The second text contains a similar theme, and in addition underlines the responsibility on the part of an individual to courageously face the challenges of life and the potential consequences of avoiding such responsibility.

The third and the fourth texts depict what could clinically be anxiety state and depression respectively. The third text also describes the obsession quality of the thoughts and images. These two descriptions, like the description of the "mad-behaviour" in the seventh text are presentation-wise typical. It is surprising that the abnormal behaviour over the centuries have not changed in their basic pattern.

The fifth text just lists the causes of insomnia which are true even today. Even though the present day list will be larger, all the possible items would probably fit into the basic four causes enumerated. Even though the sixth and seventh texts are eligible to be diagnosed as factitious disorders because of the deliberate intent on the part of the "sufferers", it is easy for any dynamically oriented mental health professional to substitute an unconscious intrapsychic need in place of the deliberate intent. The seventh text should also serve as a reminder to the professional to exercise caution in ascribing pathology to all abnormal behaviour.

While concluding, the author hopes that this article kindles the interest of the fellow professionals in the richness and potential usefulness of the mental health material from the ancient, traditional Indian literature.

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