

## Panchakosha and the Concept of Wellbeing

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### ABSTRACT

This study explores the interconnections between motivational aspects of personality and psychological well-being. The study investigates the impact of the motivation in terms of Panchakoshas, namely Annamaya, Pranamaya, Manomaya, Vijnanamaya, and Anandamaya Kosha, on individuals' mental wellbeing. Through a sample of 47 participants from diverse professions, correlations were established between these cognitive aspects and indicators of psychological well-being. The findings highlight the significant impact of cognitive aspects on mental health conditions, emphasizing the intricate relationship between emotional states, cognitive processes, and somatic symptoms. Furthermore, the research emphasizes how intellect and emotional abilities play a crucial role in alleviating issues related to social dysfunction. These results provide valuable insights for developing targeted interventions to enhance mental well-being and reduce symptoms of anxiety, insomnia, depression, and social dysfunction.

**Keywords:** Panchakosha, Psychological Morbidity, Motivation, Mental Health, Indian Psychology

**M**an as a social being, interacts with people other than him; he learns to identify and distinguish people as his family, friends, acquaintances, colleagues, strangers and so on. How does one come to consider another person as any of these? How does he in fact, distinguish another person from himself? Developmental psychologists propose that as infants grow, they develop a sense of individuality, which basically begins with knowing one's body. So, for an infant, he is different from another by body, he learns that he gets fed if he cries. As the baby grows, he develops a sense of independence, and learns that he can physically move around independently. He learns to talk, walk, eat, etc. All of this, he does, by seeing other people around him, mostly, his primary caregivers. In other words, when a baby sees his primary caregiver and tries to imitate their action / movement, their sense of "Self" or sense of "I" begins (Piaget, 1954).

Although this sense of self and ability to distinguish oneself from others begin physically, as the child grows, he learns that he is a part of the whole. He learns about the family structure, society, peer, etc. In this developmental stage, the child realizes that although he is a different person, he is connected to the people around him. He starts to have an identity of his own, he learns what he likes, what his abilities are, what his strengths are, what motivates him, what makes him happy, etc. These fundamental factors contribute to the

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child's sense of I or me, which the behavioral scientists have termed as the "concept of self" Erikson, E. H. (1968). It is then imperative that different people hold different ideas of who they are. An interaction of maturity and experience results in forming an opinion of who one is, meaning that one's self concept also involves people's reaction to his/her behavior, and the meaning and weightage they give to that experience (Tajfel, 1981).

Jopling (2002) describes Self-concept as "a schematic and adaptive set of beliefs about the self that is used to represent to the person whose self it is, and to others, the character traits, values, moral feelings, desires, and commitments that are considered to define the self" in his textbook *Self Knowledge and the Self*. It is imperative, that the concept of self is multi layered comprising of one's physical attributes, self-identity, social identity, personality characteristics, temperamental attributes, etc. Thus, the functioning of self truly starts to grow when one begins to explore the whys of his behavior, and knowing who I am is the highest level of function of Self known to researchers till date. Although Self and Identity are used synonymously, there is a sharp distinction between the two. Identity is how one prefers to present himself: as a person with a name, profession, social status, etc. It is basically how one is known to others. Self, is what a person truly is. It is what builds the identity of an individual; what one likes, why he behaves the way he does, what motivates him, etc. These are the building blocks on which the Self functions as a person, professional, etc.

The most widely studied topic of self that has interested behavioral scientists is the concept of motivation, as it explains a lot of human behavior. It gained considerable attention with the hierarchy of needs theory proposed by Abraham Maslow, who maintained that human behavior is goal oriented and the goal is to satisfy various needs. Needs refer to a state of deficiency, and he classified needs in a hierarchical order starting with basic needs through psychological needs to existential / spiritual needs.

### *Motivation from the Perspective of Maslow's Hierarchy of Needs*

Maslow has organized the pyramid of needs from the lowest to the highest level, with **physiological needs** which refer to the basic needs of food, water, warmth, shelter at the very basic, and moves up to include the needs of **safety** which include the need for a predictable and consistent environment where he feels safe to inhabit, job security, economic security; **love and belonging need** which refer to the need to love and be loved. The three are together known as *Deficiency needs*. Next in the hierarchy is the **Self esteem needs** which refer to the need to be respected, to have power and influence over others; and **Self Actualization needs** which refer to the need to make the most of their abilities and to strive to be the best that they can be. These two are together known as *Growth needs*.

According to the theory, the lower order needs need to be satisfied before addressing the needs of the higher order in the pyramid. For example, a starving individual focuses on satisfying his hunger before he thinks about how presentable his attire is for a given situation; once he has eaten, he would no longer be motivated by the need for food. It is notable that, as the needs in the hierarchy moves upwards, the hierarchy tends to incline towards idiosyncrasy and it starts to focus on 'Self' - Self-esteem, and Self-actualization, which primarily focuses on the individual.

### *The Concept of Panchakosha*

An interesting concept from the far east that has striking similarities with the theory of hierarchy of needs is the concept of Panchakosha from the Indian philosophy, which is first

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described in the Taittiriya Upanishad. Pancha in Sanskrit means five, and kosha means sheath or a layer. These layers are not tangible or visible but are psychological sheaths of an individual. Each of these sheaths or layers have a particular characteristic and are very typical of such associated behaviors. Panchakosha, then, means the five layers of self of an individual.

### *These five layers are*

- 1. Annamaya Kosha:** The satisfaction of physiological needs that are of survival value, for example, hunger, thirst etc. are of primary importance in this Kosha. An individual who derives motivation from this Kosha can be understood as one who keeps their thoughts and ideas to themselves than work on it.
- 2. Pranamaya Kosha:** 'Prana' essentially means vital energy. Breathing, exercising, protecting oneself from danger, and other related functions that help store this vital energy are regulated by Pranamaya Kosha. An individual who derives motivation from this Kosha can be understood as one who impulsively works on their thoughts and ideas before thinking of the outcomes of their actions. The needs of an 'individual' begins to become 'social' going forward from this point.
- 3. Manomaya Kosha:** The affective component of experiences, that is, the different emotions one associates with different experiences and how one feels about an event, and their emotional reaction to it are of primary importance to an individual who is driven by this Kosha. Those who derive motivation from this Kosha share thoughts and experiences with others, and work in a group than alone.
- 4. Vijnanamaya Kosha:** Understanding and making sense of what happens around oneself, evaluating a situation and choosing an appropriate response to it, comparing one's position in relation to other people, striving to be better than others, are some of the motives guided by this Kosha. Hence, an individual who derives motivation from this Kosha works on their ideas in order to go one step ahead in their competition with other people.
- 5. Anandamaya Kosha:** making use of the knowledge gained, to strive to be a better person than what one was before, to be compassionate, etc are the motives guided by this Kosha. Hence, an individual who derives motivation from this Kosha also act upon their ideas and thoughts in order to improve the place and people around them than focus on themselves alone.

## **REVIEW OF PREVIOUS LITERATURE**

A comparison between the two theories have been done by various researchers for the similarities in the concepts. While research on Maslow's Hierarchy of Needs and wellbeing is available, empirical studies that compare Panchakoshas and Maslow's hierarchy of needs may be hard to find, given the fundamentally dissimilar nature of these ideas. Researchers have explored the relationship between the satisfaction of different needs and wellbeing indicators. However, Panchakoshas, being rooted in philosophy and spirituality, are less amenable to empirical study in the same way.

Despite the growing interest in comparison, most of the literature available is theoretical and the number of attempts made to examine the same is almost nil. Hence, this gives a wide window of exploration which can and needs to be made use of, especially since the Indian philosophical concept of Panchakosha is not culture specific. A comparison between the two is expected to give a platform to empirically compare the similarities in the concepts.

## METHODOLOGY

The aim of this study is to understand the correlation between the Kosha which an individual is deriving motivation from and their psychological wellbeing. It was hypothesized that Panchakosha is not correlated with psychological wellbeing.

Since different people hold different opinions of themselves, individuals involved in various professions were involved in the study, and a convenient sampling method was adopted. Using random sampling method, a sample of 47 participants were included in the study. The age group ranged between 22 to 40 years, and included participants from professions such as IT, Police, Homemakers, Lawyers, Clerical, Doctors, and Civil Court Judges. Personality Inventory Based on Panchakosha (PIBPK) developed by Ramakrishna et. al., (2007) was used to assess the Kosha from which an individual derives motivation from, and GHQ – 28 by Goldberg (1978) was used to assess the Wellbeing of the participants.

*Table 01 shows the descriptive statistics of the group on the 05 Koshas of PIBPK and 04 subscales of GHQ-28.*

	Mean	SD	N
Annamayakosha	47.2979	4.32342	47
Pranamayakosha	6.9787	.82064	47
Manomayakosha	18.0638	1.90428	47
Vijnanamayakosha	13.6383	1.58011	47
Anandamayakosha	12.8936	1.18384	47
Somatic Symptoms	.4255	.92653	47
Anxiety/Insomnia	.8723	1.82515	47
Social Dyfunction	.8085	1.62371	47
Severe Depression	.9149	1.92048	47

*Table 02 shows the Correlation between the 05 Koshas of PIBPK and 04 subscales of GHQ-28.*

	1	2	3	4	5	6	7	8
Annamayakosha								
Pranamayakosha	.523**							
Manomayakosha	-.375**	-.180						
Vijnanamayakosha	.726**	.346*	-.281					
Anandamayakosha	.244	.154	-.113	.153				
Somatic Symptoms	-.021	-.016	.342*	-.219	-.097			
Anxiety/Insomnia	-.034	-.002	.328*	-.325*	-.208	.804**		
Social Dyfunction	.011	.078	.285	-.358*	-.327*	.662**	.850**	
Severe Depression	-.034	-.043	.334*	-.304*	-.205	.766**	.760**	.789**

*Note: \*significant at 0.05 level, \*\*Significant at 0.01 level.*

## RESULTS AND DISCUSSION

From the table it can be seen that Somatic symptoms are positively correlated with Manomayakosha. Somatic symptoms refer to physical symptoms that are often associated with psychological distress or mental health issues. Manomayakosha, on the other hand, represents the mental or emotional aspect of an individual. The obtained positive correlation between the two variables aligns with the mind-body connection, where emotional states can have a significant impact on physical health. Research has shown that there is a strong connection between the psyche (mind) and the soma (body), where mental health issues can

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manifest as physical symptoms or discomfort. High levels of stress, anxiety, and negative emotions can lead to the activation of the body's stress response, which can manifest in various somatic symptoms. Psychological stress, anxiety, and depression, which are closely related to Manomayakosha, can lead to somatic symptoms such as headaches, muscle tension, gastrointestinal problems, and pain.

The impact of stress on somatic symptoms has been well-documented in the literature. For example, a study by Cohen et al. (2016) found that individuals with higher levels of psychological stress were more likely to report somatic symptoms. The mind and body are intricately connected, and changes in mental well-being can affect physical health and vice versa. This concept is supported by research in the field of psychosomatic medicine as well. For instance, a study by Kiecolt-Glaser et al. (2015) demonstrated how stress and negative emotions can influence immune function and lead to increased somatic symptoms.

Anxiety insomnia and Severe depression are both positively correlated with Manomayakosha and negatively correlated with Vijnanamayakosha. In psychology and psychiatry, the relationship between emotional aspects of personality and conditions like anxiety, insomnia, and severe depression is typically explored using established personality traits, such as neuroticism. Neuroticism is a personality trait associated with a tendency to experience negative emotions and is often linked to a higher risk of anxiety and depression. Research has demonstrated a positive correlation between neuroticism and these conditions.

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Research has demonstrated a positive correlation between neuroticism and these conditions. A study by Kendler et al. (2006) supports the notion that neuroticism, a personality trait characterized by a tendency to experience negative emotions and anxiety, is associated with a higher risk of depression. They found that individuals with higher levels of neuroticism are more likely to develop major depression. Ormel, Rosmalen, & Farmer (2004) have found that negative emotions are a vulnerability marker for psychopathologies, including anxiety and depression.

Similarly, Cognitive factors, such as thoughts, beliefs, and reasoning abilities associated with Vijnanamayakosha play a significant role in leading to the cause of anxiety, insomnia, and severe depression. Hence, the same factors are used for the treatment of such disorders using Cognitive-Behavioral Therapy (CBT), and Cognitive restructuring. CBT is an evidence-based therapeutic approach that focuses on identifying and modifying negative thought patterns and cognitive distortions. Cognitive restructuring is a specific technique within CBT that involves identifying and challenging irrational or negative thought patterns. By changing these thought patterns, individuals can reduce their anxiety, insomnia, and depression. These techniques have been found to be effective in reducing symptoms of anxiety, insomnia, and depression.

For instance, CBT has demonstrated efficacy in reducing insomnia symptoms (e.g., Morin et al., 2006) and treating depression (e.g., Cuijpers et al., 2016). Hofmann et al. (2012) reviewed numerous studies and found that CBT was highly effective in the treatment of

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anxiety disorders. A study by Hirsch et al. (2006) demonstrated that cognitive restructuring led to significant reductions in symptoms of anxiety, showing that changing cognitive patterns can directly impact anxiety levels.

Other than these, Mindfulness and Acceptance-Based therapies encourage individuals to change their negative thoughts and emotions, promoting acceptance rather than avoidance. Hofmann et al. (2010) indicated that mindfulness-based interventions were effective in reducing symptoms of anxiety and depression. Sleep Cognitive Therapy or interventions specifically targeting sleep-related thoughts and behaviors, like sleep restriction therapy, can be highly effective in reducing the symptoms of insomnia. A study by Harvey (2005) demonstrated that cognitive therapy focused on sleep had significant benefits in improving sleep quality.

It has thus been proven that by addressing and modifying negative thought patterns, individuals can change their cognitive processes, leading to improvements in their mental health and overall well-being.

Social dysfunction is negatively correlated with Vijnanamayakosha. This correlation means that individuals with good cognitive aspects tend to experience fewer social dysfunction difficulties. Research has shown that intelligence, which encompasses skills like empathy, understanding social cues, and emotional regulation, is associated with better social functioning. Individuals with strong social intelligence are often better at navigating social situations and maintaining positive relationships. A study by Lopes et al. (2011) found that individuals with higher emotional intelligence or the ability to monitor Self behavior by understanding and regulating one's own emotions (which is a component of Vijnanamayakosha) had better social relationships and were less likely to experience social dysfunction.

Other factors such as interpersonal skills which involves effective communication, conflict resolution, and relationship-building abilities also play a crucial role in maintaining healthy social interactions. Research by Lopes et al. (2003) indicated that individuals with strong interpersonal skills tend to have better social functioning, leading to fewer problems related to social dysfunction.

Thus, cognitive aspects of personality related to social intelligence, social cognition, and interpersonal skills are negatively correlated with social dysfunction. Individuals who excel in these cognitive areas are better equipped to navigate social situations, form and maintain relationships, and experience fewer social dysfunction difficulties.

## **CONCLUSION**

The present paper has highlighted several important relationships between cognitive aspects of personality and psychological well-being, specifically focusing on somatic symptoms, anxiety/insomnia, and social dysfunction. Positive correlations between somatic symptoms and Manomayakosha support the idea that emotional states may manifest physically as health problems. Anxiety/Insomnia and Severe Depression are positively correlated with Manomayakosha and negatively correlated with Vijnanamayakosha, emphasizing the role of cognitive aspects in these mental health conditions. Vijnanamayakosha and Social Dysfunction are found to be negatively connected, emphasizing the significance of intelligence including interpersonal abilities in easing the effects of social dysfunction.

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The findings in this study delineates the contribution of Panchakosha as a motivating factor to psychological morbidity of an individual. The inter relationship between cognitive aspects of personality emotions, and it's role in mental health is explored. By further exploring these relationships and conducting intervention studies, we can develop more effective strategies for promoting mental well-being and reducing symptoms of anxiety, insomnia, depression, and social dysfunction. Future studies could focus on a different age group and also consider the life stressors that affect emotions and cause psychological morbidity.

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### Conflict of Interest

The author(s) declared no conflict of interest.

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