

INTEGRATING PAÑCAMĀYĀKOṢA IN ADDRESSING DEPRESSION: A STUDY IN HINDU PHILOSOPHICAL APPROACH

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Abstract

Depression is a condition characterized by an imbalance or disorder within oneself related to bio-psycho-social aspects, manifesting in symptoms such as loss of enthusiasm, feelings of sadness, low self-confidence, withdrawal from others and the environment, and suicidal thoughts or attempts. Given the increasing prevalence of depression and its impact on global health, it is urgent to explore alternative perspectives and solutions. This study employs a qualitative research method, using secondary data sources such as books, journals, and research reports, analyzed through document studies to provide a comprehensive understanding of depressive disorders. The Hindu concept of Pañcamāyākoṣa, which delineates five layers of individual consciousness, is utilized as the primary analytical tool. The study reveals that depression can be understood as an imbalance within these layers, and suggests that holistic practices such as yoga, meditation, and prāṇayama, along with fostering positive thoughts and social support, can effectively address depressive disorders. These findings highlight the potential of integrating traditional Hindu wisdom with modern psychological approaches to develop effective strategies for managing depression.

Keywords: *Depression, Pañcamāyākoṣa, Hindu Philosophy, and Self-Identification.*

I. INTRODUCTION

Depressive disorder is one of the most common psychological disorders found in society. Like most diseases, depressive disorders are non-discriminatory and can be experienced by anyone regardless of age, race, gender, or social status (Mustika, 2017). The numerous pres-

ures of life and rejection in social spaces are generally believed to be the biggest contributing factors to the disorder (Hadi et al., 2017: 35). The World Health Organization (WHO) reports that depressive disorders will become the number one health disorder in the world, causing various physical disorders and premature deaths by 2030 (World Federation for Mental

Health, 2012: 14). Therefore, it is not an exaggeration to say that depressive disorders are a significant contributor to global health problems, affecting all layers or groups of society worldwide.

Depressive disorders are fundamentally very different from the common feelings of sadness or grief; although the visible symptoms may appear similar, what happens internally tends to have significant differences (Kendler, 2008: 1450). There are many indications or symptoms often seen in those experiencing depressive disorders. One of the most common aspects is that the person may feel a lack of enthusiasm for life for months. On the other hand, they might describe themselves or someone else as always gloomy, filled with loneliness, feeling worthless, constantly tired, etc. Besides that, there are three things often associated with describing the thoughts of someone experiencing a depressive disorder: feeling worthless, hopeless, and helpless (Machdy, 2019: 32). All feelings and thoughts when someone experiences depressive disorders tend to be very biased and full of illusions, seeing only the dark sides of life. Therefore, those experiencing depressive disorders usually have difficulty or are even unable to think clearly, have trouble sleeping, and always feel exhausted because their heads are flooded with uncontrollable negative thoughts.

Furthermore, depressive disorders are often accompanied by symptoms of anxiety that come together. These problems can become chronic or disturb a person for a long time (repeatedly), causing substantial disturbances such as impaired ability to manage daily responsibilities (World Federation for Mental Health, 2012: 6). One of the most dangerous symptoms for someone experiencing depressive disorders is having thoughts of suicide or even attempting suicide. Besides thoughts and attempts of suicide, people with depressive disorders are also vulnerable to self-harming behaviors. This, of course, cannot be taken lightly, as these individuals are more prone to attempting suicide.

This paper attempts to further examine what depressive disorders are. The initial understanding will, of course, depart from how the discipline of psychology explains the condition of depressive disorders themselves. Further-

more, this paper will try to provide a new perspective in understanding depressive disorders through the lens of Hindu teachings. The concept of Pañcamāyākoṣa will be used as the main tool in analyzing depressive disorders. Pañcamāyākoṣa in this context represents the five layers of individual consciousness. Through these layers, it will be analyzed how attachment to certain layers forms the patterns of disorders occurring in individuals. Additionally, this paper also aims to provide a solution-oriented perspective on the efforts to heal depressive disorders in individuals. Therefore, this paper not only focuses on analyzing the causes of depressive disorders through the perspective of Hindu teachings but also explains how solution-oriented methods can be applied to individuals experiencing depressive disorders.

II. METHOD

This research uses qualitative methods with descriptive analysis techniques. Qualitative methods with descriptive analysis are used because the research seeks to explore and analyze data that is descriptive in nature and will be narrated again descriptively. Data collected through literature review, which is reading and analyzing data related to the problems raised in this research, i.e., scriptures, books, journals, and other relevant sources.

III. FINDINGS AND DISCUSSION

A. Depressive Disorder: A Theoretical Review

Before discussing depressive disorders, it is first necessary to understand the fundamental issue of the existence of depressive disorders in a person, which is stress. Stress itself is essentially very normal and has been experienced by everyone. An individual's response to the stress they experience shapes their condition, whether they become fragile or resilient, pessimistic or optimistic (Machdy, 2019: 3). The causes of stress themselves come from events that are generally neutral, but each individual's response to the stressor gives different meanings to the same event. For example, when there is a traffic accident that takes a victim's life, some people

might respond with indifference or sympathy, but for the victim's family, it will be deeply sorrowful.

When an individual perceives a stressor as a challenge or threat, the stressor is no longer neutral. The feeling of being driven to act signifies that the stressor is related to us. In psychology, there are two types of stress, which are eustress and distress (Machdy, 2019: 4). Eustress is the condition when the stressor received by the individual makes them more resilient or skilled in something, such as when an individual is asked to speak in public for the first time. Since the individual in an eustress condition will practice repeatedly to be ready to perform, stress helps the individual to develop and become better. On the other hand, in distress, under the same condition, the individual is overwhelmed by feelings of inadequacy and helplessness. Distress is often seen in those who have just suffered a calamity such as the loss of a loved one, a failed career, or other situations that make the individual feel powerless and deeply saddened. If not managed properly, it can lead to chronic stress or even depressive disorders. From the explanation about stress, it can be understood that depressive disorders themselves are the result of prolonged stress conditions that exceed the individual's ability to manage the stressor and recover.

Simply put, Machdy (2019: 14-15) mentions that depressive disorders are a state of chaos within oneself related to bio-psycho-social aspects. Biologically, depressive disorders are related to genetic foundations, brain structures, and chemical compounds in the body; psychologically, depressive disorders are associated with prolonged negative moods; and socially, depressive disorders are related to an individual's relationships with people around them. In some contexts, depressive disorders are also often associated with spiritual aspects, i.e., how an individual interprets life. Furthermore, Machdy (2019: 29-30) quotes Evans (2005) classifying several symptoms often seen in individuals experiencing depressive disorders, as shown in Table 1.

Depressive disorders are certainly different from feelings of sadness or grief, even though both may exhibit similar symptoms (Kendler, 2008: 1450). When someone grieves (for example, due to the death of a spouse or close person), they may show symptoms such as deep sadness, insomnia, and loss of appetite, similar to those experiencing depressive disorders. However, the difference is that those who grieve can still recall good and pleasant memories related to their loved ones, whereas those experi-

Table 1. Symptoms of Depression

Category	Symptoms
Emotions	Inability to feel pleasure, sad mood, irritability, anxiety.
Motivation	Loss of interest in daily activities and hobbies, hopelessness, thoughts of death and suicide.
Cognitive (Thoughts)	Difficulty concentrating, feeling worthless, guilt, low self-esteem, poor self-image.
Behavior	More often of being alone, high-pitched speech, irritability, restlessness.
Vegetative (Body Processes)	Sleep disturbances, changes in eating patterns, weight changes, loss of energy, psychomotor retardation or constant restlessness, decreased sexual drive.
Somatic (Body)	Pain and/or soreness in specific areas of the body, generally head, neck, and stomach.

encing depressive disorders only focus on unpleasant feelings. Depressive disorders generally affect the emotional aspects, making individuals unable to feel happiness and only able to see the dark sides of life.

Furthermore, theoretically, Beck & Bredemeier (2016: 1) suggest that depressive disorders can be viewed as an adaptive response to feelings of disappointment (loss) experienced by an individual after losing something referred to as an “investment in vital resources” (interpersonal relationships and internal assets). This condition exceeds the individual’s capacity or competence to manage the stress resulting from the loss. Consequently, this condition ultimately affects how the person thinks or draws conclusions about themselves and tends to process information negatively. Therefore, it can be understood that a crucial trigger for how an individual may experience a depressive disorder is their method of understanding and evaluating themselves.

In examining this, Beck & Bredemeier (2016: 2) employ a theory known as the “three cognitive models”. This theory elucidates that depressive disorders can be understood through three primary cognitive models that shape how individuals perceive the world or their experiences, themselves, and their future (Beck, 1967, in Beck & Bredemeier, 2016: 2-3). The three models referred to are:

1. Self-Perception (Self-Esteem)

An individual’s view of themselves is represented in their self-image, or more commonly known as self-esteem. This self-image is constantly shaped by evaluative processes influenced by their life experiences. Horney (1937, in Beck & Bredemeier, 2016: 2-3) explains that self-image encompasses two forms of representation: the ideal and the despised images, both of which are intrinsically inseparable. The ideal self-image is perceived as the best form to be achieved and often manifests in extreme positive beliefs such as “I am the best” or “I am superior”. Conversely, the despised self-image becomes prominent when an individual feels stressed or experiences depressive disorders, where self-deprecating thoughts dominate. Self-im-

age is inherently fluctuating, as it is linked to both pleasurable and painful experiences, which stimulate emotions and influence the evaluative aspect of one’s self-image.

Self-evaluation can also be understood as self-criticism. In the context of depressive disorders, this criticism tends to become exaggerated. Although it serves as a form of self-assessment, these criticisms can dominate an individual’s consciousness. This becomes problematic when memories of past mistakes and excessive or unwarranted guilt envelop the person’s awareness, leading to a generalized negative self-concept. Such individuals may believe that their lives are worthless, perceiving life only in terms of negativity and pain. Consequently, it becomes rational to eliminate the “negative” and painful aspects of life, which may include thoughts of suicide.

2. Perception of Others and the World

An individual’s perception of others has significant implications for how they interact and build relationships within their environment. These perceptions, akin to an individual’s self-view, serve as evaluative components that enable one to distinguish and categorize, such as identifying who is kin and who is not. However, broader views regarding specific groups or individuals are maintained due to their functional value, such as fostering expectations (either positive or negative) when encountering familiar or unfamiliar people. Individuals experiencing stress or depressive disorders tend to develop negative attitudes toward their environment. These attitudes manifest as a loss of interest and detachment from their surroundings or previously valued activities and relationships.

3. Future Expectations

An individual’s perceptions of themselves and their environment are critical components in constructing their expectations for the future. Fundamentally, every individual possesses an innate instinct to anticipate and prevent current difficulties or sadness from persisting or recurring in

the future. Individuals experiencing depressive disorders tend to believe that today's suffering will continue indefinitely. Consequently, it is not uncommon for such individuals to harbor expectations of failure when undertaking tasks. Their hopes are predominantly influenced by negative perspectives, and their anticipation of the future often extends from their current state (Iskandar, 2008: 14). For instance, if individuals perceive themselves as rejected, weak, or unintelligent, they are likely to project these views onto their future as well.

B. *Pañcamāyākoṣa*: Five Sheaths Enveloping the "Ātma"

In Hindu tradition, it is understood that each individual or "Self" is fundamentally enveloped by five sheaths of consciousness, resulting from the existence of *māyā*, known as *pañca-koṣa*. The term "*koṣa*" means sheath or covering, while "*pañca*" signifies that there are five sheaths that envelop the Self. Just as the Self is akin to a sword and the *koṣa* is its sheath; although a sword is covered by its sheath, the sheath cannot nullify the existence of the sword itself. The sheath is always distinct from the sword and cannot influence it in any manner; similarly, the Self is covered by the *pañca-koṣa*. According to the Taittirīya-upaniṣad II. 2-5 (Radhakrishnan, 2008: 420-423), these five sheaths are comprised of:

1. *Annamayakoṣa* (sheath of food-physical body)
2. *Prāṇamayakoṣa* (sheath of *prāṇa* or life energy)
3. *Manomayakoṣa* (sheath of mental)
4. *Vijñānamayakoṣa* (sheath of Intelligence)
5. *Ānandamayakoṣa* (sheath of bliss)

These five sheaths envelop the "Self", ranging from the grossest layer (*anna*) to the subtlest (*ānanda*). Each sheath influences each other, with the subtler layers serving as the primary seeds for the form or nature of the grosser layers. In this sense, these five sheaths collectively shape an individual's persona or character. The subtler the layer that serves as the seed of consciousness, the closer one is to the attributes of

the Ātma; conversely, with the grosser layers, the illusory attributes of the "self" become more dominant in shaping one's apparent character.

Raina (2016: 172-176) elucidates how each of the *koṣa* has formative factors and is closely linked to an individual's state of consciousness. Firstly, the *anna* sheath, which is formed by the food one consumes, thereby influencing their overall physical development through the type and quality of nourishment taken into the body. Secondly, the *prāṇa* sheath, described as the energy sheath, serves as a crucial intermediary between the body and the mind. This sheath is somewhat challenging to translate into other languages, but its functioning can be understood through the concept of *pañca-prāṇa*. According to Krishna (2001: 76-84), *prāṇa* is divided into five types: (a) *prāṇa*, or the pure life energy, accessible through inhalation and exhalation, hence often associated with breath as it is commonly acquired through breathing; (b) *samāna*, which is also accessed through breath and aids in digestion or processing within the body, producing new energy (*ojas*) that enables daily activities; (c) *vyāna*, which helps *prāṇa* and *ojas* circulate throughout the body; (d) *apāna*, which functions to expel waste from the body; and (e) *udāna*, the energy that facilitates the soul's departure from the body.

Thirdly, the sheath of *manas* or mind is shaped by the education or information an individual receives, which forms the mental sheath and influences the grosser layers (*anna* and *prāṇa*). This sheath is directly associated with the emergence of thoughts and doubts (indecisiveness). Fourthly, the sheath of *vijñāna*, which represents the evolved state of the *manomayakoṣa*, is referred to as the intelligence sheath. Unlike the sheath of *manas*, which remains passive, *vijñāna* is active and aids an individual in acting consciously, grounded in universal values. Fifthly, the sheath of *ānanda* represents the sheath of bliss, governed by intuition and the core of consciousness itself. This layer bears the closest resemblance to the Ātma, yet it is not the Ātma or the True Self. Furthermore, Satpathy (2018: 36) explains that the *pañca-koṣa* can be more simply understood through the concept of *tri-śarira*, which consists of: (a)

śtula-śarira, formed by the *annamayakoṣa*; (b) śūkṣma-śarira, constituted by the *prāṇamayakoṣa*, *manomayakoṣa*, and *vijñānamayakoṣa*; and (c) *antahkarana-śarira*, formed by the *ānandamayakoṣa*.

In alignment with Raina (2016), Satpathy (2018: 37) also concurs with the close relationship between the condition of the *pañca-koṣa* and an individual's personality traits. If a person is attached to the *annamayakoṣa*, they will tend to focus on physical aspects (the body), such as being tied to specific foods and beverages or activities that affect their physical form. Conversely, individuals attached to the *prāṇamayakoṣa* will tend to focus on elements that stimulate their activity, such as certain foods or drinks, or practices like meditation. On the other hand, individuals who associate themselves with the *manomayakoṣa* will be more easily influenced by their own thoughts in every action and attitude. These three layers are the most susceptible to issues and are sources of pain, as when an individual can access the other two sheaths, which are *vijñāna* and *ānanda*, they will achieve greater balance, guided by *buddhi* and *viveka* (the ability to discriminate consciously) in their life.

C. *Manomayakoṣa* as the “Arena” of Imbalance

As previously explained, one of the primary causes of depressive disorders is excessive stress experienced by an individual. This stress leads to a tendency for negative perceptions of oneself, the environment, and future expectations. Depressive disorders affect both the cognitive and mental-emotional aspects of an individual. The imbalance in these aspects results in the emergence of negative facets of the mind, such as loss of interest, thoughts of death, loss of self-confidence, increased irritability, and restlessness. Depression occurs when these symptoms appear and persist for a long time, disrupting the individual's daily life.

In line with this, from the perspective of Hinduism, all matters related to mental-emotional disorders arise from an imbalance in the *manomayakoṣa*. This sheath is closely related to the human brain, encompassing everything that requires the brain to manifest itself, including

thoughts, emotions, feelings, and all positive and negative forms. In this context, the imbalance refers to the difficulty in controlling one's desires, leading to feelings of anger, jealousy, stress, and other negative emotions. If these feelings are not adequately addressed or if there are no efforts to manage them effectively, they will manifest as external illnesses in the physical body, often referred to as psychosomatic disorders.

As Nagendra (2013) explains, uncontrolled negative thoughts can create an imbalance in the flow of *prāṇa*. A disturbed *prāṇamayakoṣa* will lead to issues with breathing and the body's ability to process anything (i.e., food). When food is not properly processed by the body, its residues can cause physical diseases. Machdy (2019: 53) similarly explains that unexpressed or repressed emotions will gradually manifest as physical ailments, as they are never expressed outwardly. Individuals who are not attuned to their emotional state may unknowingly manifest their depression as physical pain, such as aches or discomfort. Additionally, it is common for these emotions to be expressed as other negative emotions, such as persistent anger.

In Hindu tradition, problems fundamentally arise due to an individual's mistaken identification of the Self. This error refers to how one associates oneself with a specific sheath that envelops the True Self. If an individual believes they are the physical body (*annamayakoṣa*), they will regard nothing as more important than the physical body. Problems typically arise from the attempt to fulfill bodily needs. When an individual fails to meet these needs, issues in the *anna* layer will also affect the other layers. When a person identifies with one of the sheaths of the *pañca-koṣa*, the other sheaths appear as sub-sheaths of the main identified sheath. For instance, if the “self” fails to derive physical comfort from a yoga practice, the mind (*manomayakoṣa*) will justify that yoga is not beneficial based on the physical body's sensations. The same applies to those who identify with other sheaths, such as *manomayakoṣa*. If an individual fails to achieve mental comfort and peace from yoga, the physical body will react accordingly. Depressive disorders occur at this lev-

el, where an individual becomes absorbed in negative emotions caused by prolonged disappointment or grief, leading to diminished or nonexistent hopes for a better future.

According to the concept of *pañca-koṣa*, each sheath can influence the others and create similar impacts. Thus, if an issue arises in the *manomayakoṣa*, it will also affect other sheaths such as *prāṇa* and *anna*. Problems tend to arise and persist more easily when an individual remains attached to these three sheaths. An individual who has at least reached the sheath of *vijñāna* will be more aware and capable of discerning events affecting them more effectively. This is because, upon reaching *vijñāna* consciousness, *manas* transforms into intelligence, where *buddhi-viveka* becomes active and operates in a balanced and conscious manner. Nonetheless, it is still possible for those who have transcended *manas* levels to be drawn back to lower or grosser levels of consciousness.

Furthermore, the experience of suffering will manifest according to the form of the self that is identified, and problems will take shape based on that sheath of the self. Hinduism posits that the root of an individual's problems emerges from how they identify themselves. Beck (1967) also articulated a similar understanding, suggesting that the fundamental nature of depressive disorders is tied to how individuals perceive and evaluate themselves. However, when discussing depressive disorders, the aspect of the mind becomes fundamental. It is within this aspect that individuals conduct evaluations, efforts to understand, and self-identification, along with related concerns. While the causes triggering depression might originate from grosser sheaths than the mind, the mind remains the domain where the disorder manifests.

The disorder is placed on the mental level because it serves as the fundamental point for how individuals evaluate, understand, and attempt self-identification. In Hinduism, there are five causes fluctuations of the mind known as *pañca-vṛtti* (Yoga Sutra of Patanjali, 1.5-6; Prasāda, 1998: 12-18), which are considered the causes of mental problems affecting an individual's perception of anything connected to themselves. Among the five *vṛtti* or modifica-

tions of the mind, four are identified as sources of suffering, i.e: (a) *viparyaya*, which refers to incorrect or false knowledge; (b) *vikalpa*, or imagination, which can create suffering if the imagined scenarios induce fear or other negative emotions, or even positive fantasies that transform into expectations and lead to distress when unmet despite efforts; (c) *nidrā*, or the modifications of the mind that occur during sleep, where changes brought about by dreams can still disrupt the mental seeds and influence an individual's emotional state in the following days; and (d) *smṛti*, or memory, where both positive and negative recollections can affect the individual's mental condition (Yoga Sutra of Patanjali I. 8-11; Prasāda, 1998: 18-26).

Beside *pramaṇa*, the other four *vṛtti*, if not properly managed, can lead to suffering. Incorrect knowledge or misunderstanding (*viparyaya*) and memory (*smṛti*) are particularly crucial in the context of depression, as memories prevent individuals from disengaging from past experiences, compounded by the incorrect understanding of these memories. When an individual creates a distorted and negative self-image due to life experiences, depression ensues. The term "incorrect knowledge" here refers to instances when an individual identifies with something other than the "Ātma," such as the mind, physical body, or suffering, which are consequences of the modifications of the mind. Negative thoughts will dominate the individual and influence other sheaths; when a person perceives themselves as the "mind", these issues have a greater impact or are more likely to cause prolonged suffering. This is because, within the sheaths of *pañca-koṣa*, an individual experiences pleasure, pain, and suffering.

In simpler terms, attachment or adherence to particular sheaths engenders a desire or longing in an individual to attain something, commensurate with the associated sheath. An individual's vulnerability to the consequences of failing to acquire what they desire ultimately breeds sorrow. As the individual becomes immersed in the negative sentiments within themselves, depressive conditions ensue. All negative thoughts and disappointments occurring within the mental sheath eventually affect other sheaths. Symptoms emerge across various fac-

ets of life, as delineated in Table 1. One aspect often overlooked is the condition of excessive stress inadequately managed by the mind, which manifests in physical ailments; for instance, neck or head pain, and even a predisposition to premature hearing loss due to negative experiences from frequently hearing harsh words from loved ones, as well as experiencing throat issues stemming from lingering negative thoughts that lead one to perceive oneself as unworthy to speak up. Furthermore, attachment to the negative aspects of the past also renders an individual's life foundation fragile, fundamentally constructed upon past experiences, thus shaping how an individual views the future similarly, laden with negativity in the form of grief and suffering.

D. Efforts to Free Oneself from Negativity

As previously explained, depressive disorders are conditions in which an individual is engulfed by their own negative emotions. In the Hindu perspective, particularly within the yogic tradition, such negative states of mind are referred to as *viparyaya*, which denotes erroneous knowledge or misconceptions. This is considered one of the *vṛtti*, or fluctuations of the mind, that result in suffering (Yoga Sutra of Patañjali, 1.5-6; Prasāda, 1998: 12-18). Patañjali elucidates that *viparyaya* is essentially the opposite of *pramāṇa* (true knowledge) and is characterized by knowledge that lacks any substantial basis (Yoga Sutra of Patañjali, 1.8; Prasāda, 1998: 18). Krishna (2015: 22) translates *viparyaya* similarly to *mithyā-jñāna*, which can be interpreted as knowledge whose truth is doubtful or uncertain. Therefore, the falsity referred to here is a state that is neither definitively true nor false, but rather ambiguous. Both *viparyaya* and *mithyā-jñāna* represent uncertain knowledge, making it unstable and vulnerable, and thus dangerous (Krishna, 2015: 22). An individual immersed in the state of *viparyaya* needs to be made aware of this condition, as such knowledge inevitably leads to suffering.

Attachment to past memories dominated by *viparyaya* causes an individual to be engulfed in prolonged suffering and potentially leading to depressive disorders. The presence of memo-

ries, whether good or bad, can make the True Self, which is inherently free, feel bound to the past. Maintaining a healthy state of *manomayakoṣa* is crucial as a preventative measure to reduce the likelihood of depressive disorders and serves as a bridge to access higher or subtler consciousness. In an effort to manage the mind and maintain the balance of the *manas*, which is also related to the cessation of causes of suffering, Patañjali states, "*abhyāsa-vairāgya-ābhyāṃ tan-nirodhaḥ*", meaning they (modifications of the mind - *vṛtti*) are restrain (*nirodha*) by practice (*abhyāsa*) and desireless (*vairāgya*) (Yoga Sutra of Patañjali, I.12; Prasāda, 1998: 26). The cessation or control of the seeds of thoughts and feelings can occur through continuous and intensive effort (*abhyāsa*) and the practice of detachment (*vairāgya*) from all things that create any seeds of attachment. The control of the seeds of thoughts and feelings can be achieved through sustained and intensive efforts (*abhyāsa*) focused on the practice of detachment (*vairāgya*) from various desires, objects, situations, or people that cause attachment.

Furthermore, Śaṅkarācārya, in the *Ātmabodha* (22), states that suffering originates from an active mind that is attached to illusory reality. The illusory reality referred to by Śaṅkarācārya is the reality influenced by *māyā*, which binds an individual's consciousness to the relative material reality. Therefore, in *Ātmabodha*, Śaṅkarācārya repeatedly affirms that the "Self" is not the body, energy, mind, or any other relative and changeable sheaths. Consequently, the affirmation in *Ātmabodha* (32) asserts that "I" am not the mind, and thus, I am free from suffering, attachment, hatred, fear, and so on. Both the mind and the body, as well as other sheaths, are merely coverings of the True Self; therefore, the Self is not the mind or the body, and as such, it is free from all emotional consequences experienced by these layers. This view is also supported in the *Aṣṭāvakra Saṃhitā* (I. 2-4), which states that the "Self" or the true "I" is merely the witness of everything that happens, and when one realizes this, one attains happiness.

Such forms of affirmation are repeatedly emphasized in the sacred texts of Hinduism. When an individual identifies themselves with

the body, the mind, or the suffering they endure, they become bound to all the emotions arising from the sheaths they associate with themselves. Similar affirmation methods are also employed in addressing depressive disorders through an approach known as mindfulness-based cognitive therapy (MBCT). MBCT encourages individuals suffering from depression to become more aware of what is truly occurring within themselves, including their thoughts, feelings, and physical sensations. By understanding and becoming aware of these internal experiences, MBCT helps individuals with depressive disorders to improve their perception of their inner selves.

One common form of affirmation used is encouraging individuals with depressive disorders to view everything that occurs in their minds as something that essentially happens only within the mind, and not to regard these thoughts as the real reality (MacKenzie, 2016: 126). Such forms of affirmation have long been advocated by Hindu teachings in its sacred texts, particularly the Upaniṣads, Vedānta, and Yoga. One text that specifically promotes a similar approach is the Aṣṭāvakra Saṃhitā (V. 1-4), which outlines four paths to self-realization, i.e: (a) realizing that the True Self or "I" is not bound or affected by any attributes and activities experienced by the body or mind, as identifying oneself with the body or mind prevents one from recognizing one's true nature; (b) perceiving the universe as a reality identical to the "I" - since there is only one reality, which is "I" or Ātma, with the universe being likened to bubbles arising in the ocean (Ātma); (c) understanding all phenomena occurring in the universe as illusions or not the truth, much like a rope that is often mistaken for a snake due to the darkness of ignorance; and (d) recognizing that the "I" is unaffected by all activities and phenomena occurring in the universe, both internally and externally. Through these four methods, one can be liberated from suffering and realize one's true nature (Nityaswarupananda, 1953: 48-51).

Such an approach is fundamental for individuals suffering from depressive disorders, complemented by the practices of *abhyāsa* and *vairāgya*; that is, developing new positive habits with the aim of releasing attachment to negative

past emotions. Depressive disorders can re-emerge unnoticed, a phase referred to as relapse. Therefore, consistently practicing positive affirmations aimed at detaching from various desires that cause attachment becomes a crucial discipline in addressing depressive disorders.

IV. CONCLUSION

Depressive disorders are among the most common psychological conditions encountered in society. This condition is fundamentally characterized by individuals being overwhelmed by negative thoughts, which disrupts their ability to perform daily activities. It is caused by a disorder within the self that relates to bio-psychosocial aspects. Depression appears to be highly complex, affecting an individual's physical health, disrupting mental-emotional balance, and leading to passive social relationships. A single disorder, such as depression, can impact all three central aspects of a person's life.

Both the discipline of psychology and Hinduism agree that the central issue in depressive disorders lies in the mind or *manomayakoṣa*. Problems arise from individuals' attachment to negative past memories, resulting in prolonged suffering. Hinduism views this issue more specifically as occurring when a person identifies themselves with the mind, making them easily overwhelmed by the emotional turbulence generated by the layer they identify as themselves. An imbalance in one sheath (i.e., the mind) similarly affects other sheaths. As *māyā* or ignorance of the True Self leads to illusory attachment to the material world, such attachment brings about pleasure and pain. Individuals who fail to manage this duality can easily become immersed in their negative emotions and thoughts, therefore ultimately leading to depression from prolonged negative thinking.

One approach to addressing this is through positive affirmation, as seen in the popular MBCT approach, which encourages individuals with depressive disorders to view everything that occurs in their minds as something that happens solely within the mind and not to regard these thoughts as the real reality. Additionally, a spiritual approach that seeks to find the

true meaning of the Self is relevant. Both affirmative approaches are similar, urging individuals with depressive disorders not to identify themselves with their minds or the disorders

they suffer. It is also crucial to practice consistently, developing new positive habits aimed at detaching from the mind (and other sheaths as sources of suffering).

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