

## **An Interdisciplinary Perspective for Health Psychology:**


### **Bridging Gaps and Transcending Boundaries**

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#### **Abstract**

The concept of health and well-being provides it such broad scope that it is difficult to confine it to narrow disciplinary boundaries. The complexity of the concept of health and its existential reality, demand an interdisciplinary orientation that attempts at 'integration' in order to provide a coherent understanding of holistic health. Though the discipline of Psychology has magnificent contribution in the wide range of health-related domains, it may not be an exaggeration to state that it has had a western inscription to a large extent. The psychological perspective on health requires focusing on the cultural nuances of the contemporary world. It has been proved by research in the field of cross-cultural, cultural psychology and anthropology that many assumptions of western psychology do not hold true in many parts of the world. Contrarily, the Indian perspective offers an explanation throwing light on the ideal state of human functioning that constitutes health and well-being as a state of a peaceful, interactions between the body, mind and spirit.

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Health and well-being constitute one of the most critical concerns of the contemporary era. With the progressive increase in variants and complexity related to health hazards, the concern about the medical, psychological and social aspects that may contribute positively or negatively to health and well-being of the people is growing. It is one of those few domains, which projects the inherent unity of mind-body and hence calls for an approach which integrates knowledge from various streams.

About 25 years back I had the fortune of organizing a meeting of scholars from psychology, anthropology, management, cultural studies and literature to address psychology's interface with culture at Delhi University. The deliberations were exciting and yielded good results. The teaching and research in psychology at DU was revamped. Its scope and design was broadened by going beyond the positivist mode and sensitizing the developments in cultural psychology, philosophy of psychology, qualitative methods and psychology of self and personal growth. We also decided to introduce compulsory field training and empirical research. At the doctoral level, interdisciplinary involvement became a key concern and many of our doctoral students took problems for which inputs from anthropology, sociology, political science and medicine and psychiatry was considered.

We have celebrated the centenary of the establishment of Psychology Department at Calcutta University in 2016. It is high time to look at the happenings in psychology as a discipline and if needed, take steps to refine and redefine the task of psychologists and the way they are connecting with personal and social lives of people. In particular the concept of health and well-being are so broad in scope that they need to be expanded beyond the boundaries of narrow disciplines. Its analysis, therefore, draws from many social, as well as natural science disciplines and an interdisciplinary perspective becomes a must in such an endeavor.

Let us briefly examine the difference between disciplinary and interdisciplinary approaches. Literally the word 'inter' means between, among and amidst. It stands for something derived from two or more disciplines. The academic disciplines are created as platforms to impart knowledge and generating new knowledge. Each discipline is characterized by special or distinctive substance, specific world view, assumptions, methods and knowledge claims. A discipline is also sustained by particular scholarly communities. Thus, the various disciplines coming under *natural science*, *social science*, *humanities*, *fine arts* and *applied and professional science* have evolved specific facts, concepts, theories and methods which are unique to them. They create boundaries which are defended and well maintained. In this context the exercise of creation and nurturing knowledge in various disciplines takes place like a game. Each game has its own rules which constitute a structure called 'paradigm'. Such paradigms regulate the nature of questions asked, methods used to answer them and criteria adopted to determine the adequacy of knowledge claims. Indeed, a paradigm creates a culture that keeps disciplinary deliberations in order and distinguishes one discipline from the other. The communication across disciplines often depends on the degree to which the disciplines share the paradigm.

Today it is realized that interdisciplinary learning is necessary to answer the complex questions and get a coherent understanding of reality. Real life problems are beyond the capability of any single discipline to address comprehensively or resolve adequately. Such problems do not arise within the realms of orderly disciplines neither do their solutions. Interdisciplinary orientation attempts at 'integration' so that a whole may be approached. Integration involves the processes of *synthesizing*, *connection-building* and *blending*. Interdisciplinary approach, therefore, necessarily involves dialogue and interaction between disciplines. It is difficult as the different disciplines use diverse lenses to view the aspects of reality and they also have specific blind spots. It is also found that the disciplines use

different kinds of categories to organize reality and are comfortable with different levels of abstraction. In some sense interdisciplinary approach is like seeking the goal of establishing 'unity in diversity'. It requires boundary crossing and building bridges.

Let us examine the field of knowledge called 'psychological science'. As it exists today the psychology is like a branch of a tree with its European and American roots. Historically speaking empiricism, Darwinian theory, and experimental physics and physiology were the critical shapers of 'psychology as a science of behavior'. With a mindset of physical science, psychologists have been vigorously engaged in measuring, classifying and relating cognitive, affective and behavioral variables or dimensions of an individual's personality. They did create a grand narrative with the help of imposed *etics*. The epistemological premise controlling entry to the sphere of psychological knowledge has been statistical or using the level of significance.

However, the Americanization of the discipline with its focus shifting from structural to functional did not attend to the cultural aspects' in psychological reality. The life style, thoughts, feelings and behaviors of the people from other cultures, their emotional substance and heritage could not get any place. The Euro-American concepts and theories provide a limited perspective on social and psychological reality. In a broad sense it does not fare well with the Indian cultural tradition which emphasizes on a collective (as opposed to individualistic orientation); a sense of time that is fluid (as opposed to linear); a relationship to the universe that is in harmony with, (instead of in control of); and a sense of worth emphasizing contribution to one's family and community (as opposed to only the individual's growth and development).

Truly speaking the western psychological practices have not been very objective and have been contaminated by certain perspectives such as psychometric scientism and neglect of cultural diversity. Their narrow focus and use of inaccurate space and time framework

have marginalized the cultural concerns. To some extent the neglect of culture was deployed as a strategy to secure and retain psychology's unidisciplinary orientation.

We need not forget that culture forms the core of the lives of people and performs many functions. It unifies and orders our experiences by providing a worldview that orients our activity and interpretation of reality. UNESCO considers culture as “*the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs*” (UNESCO, 2001). In this way, culture shapes people's design and patterns for living and interpreting reality.

The complexity of health and existential reality, however, demanded an interdisciplinary orientation. Abnormalities/pathologies/deviations are the challenges with multiple roots. The exclusive kind of unidisciplinary approaches that take different processes separately and in isolation are found inadequate. The health issues need examination holistically taking into account their interrelationships. Also, it is the whole person who faces the challenge and copes with them. Therefore, it is necessary to understand and improve individual lives in totality. This assumes significance in the context of ‘positive health’.

Certain metatheoretical conceptualization like motivation, personality, self, identity, health, pathology and well-being are applied in the field of health related studies. These concepts are context bound and thus are situated on human nature (Marsella, 2009; Sharma & Sharma, 2010). The models used as metaphors of human functioning in the Euro-American perspectives are ‘animal’, ‘unique being’ and ‘machine’ (Weiner, 1992). While the Indian view recognizes these, it takes a view that is more inclusive and considers human beings as divine *and spiritual* (Rao and Paranjape, 2016). The Indian perspective does not situate self in terms of a ‘bounded individual’ which is a conception of the West (Kitayama, Duffy, & Uchida, 2007). The Asian context emphasizes on relational orientation. It provides

importance to the social presence of others. It does not draw a sharp boundary between self and others. "It is the 'self-in relationship with others' which is crucial since self is relatively less differentiated. A person with relational self responds more to the perceptions, social contingencies and obligations" (Misra, 2013). The relational self is further supplemented by 'transcendence'. It may be reiterated that human being is conceived as a bio-psycho-social-spiritual entity in the Indian tradition. This entity comprises of multilayers as described in the concepts of *Panch koshas* and *Seven chakras*. The *Ayurveda* emphasizes on the composite being, or *Rashi purusha*.

We need to remember that the complex and multidimensional concept of health/well-being is not a 'default' concept. Currently, it has clear positive definition. The WHO definition of health as a state of complete mental and social well-being, and not merely the absence of disease and infirmity emphasizes on harmony/balance or equilibrium which closely resembles the Indian perspective. Both the perspectives stress on the notions of *sama* that refers to balance and moderation indicating that the functions for maintenance and promotion of health cannot be carried out by the biological mechanisms in isolation. Thus, the insufficiency of biomedical model led to the search of alternatives. Indian knowledge systems like Ayurveda, Siddha and folk traditions have many things to offer. However, despite such rich heritage, it is the Western Medical model that treats a person just as a body, ignoring his or her feelings, beliefs and cultural background continues to be the basis for India's health care system.

Until recently, the discipline of psychology did not include physical health in its purview since it was considered a specialty of medical science and limited itself to mental health problems. Clinical psychologists confined themselves in understanding the aetiology, symptoms, diagnostic techniques and intervention for mental illnesses of patients. However,

their role was subsidiary to the psychiatrists who extended biomedical intervention to the mentally ill. This sharp demarcation between physical and mental health was well in line with the dualism of mind and body. It was only in the 1970s that the emerging discipline of health psychology got its recognition. The rapid growth of health psychology began then onwards. However, the discipline is still in its infancy in India. Though the branch provides wide scope for research and application, it did not grow in the expected pace in India for dearth of well-designed teaching and research agenda in this field. Most of the concepts and modules and theories are adopted from the West, without exploring the rich Indian tradition and knowledge system. The scope of health psychology includes effective strategies of health promotion, illness prevention and health measures that go beyond biomedical approach. Besides this, the other aspect that has been gaining popularity is the rehabilitation of chronically ill patients and persons with disabilities.

The fact that psychological knowledge can significantly contribute to a wide range of health-related issues is established with the growing research evidence in the field. In the West, the discipline of Behavioural Science is ready to have spirituality to occupy the centre stage which is a radical departure from the otherwise secular and non-spiritual orientation of Western Psychology. This brought broader implications for further growth of health psychology that introduced a number of spiritual interventions like meditation, prayer, service (*Sewa*) and their association with health and wellbeing.

By virtue of being human we all locate ourselves in a social, moral, and spiritual space that constitutes a genuine part of our existence. Hence, health refers to the effective functioning of the body and the mind that is reflected in our participation in social activities, and performance of the roles with sound compliance to the moral principles. The notion of 'good health' is closely associated with the individual's general well-being. Thus the concept

of health and wellbeing included people's evaluations of both affective and cognitive aspects of their lives. "These are the outcome of a complex interplay of biological, socio-cultural, psychological, economic and spiritual factors" (Misra, 2018).

According to the Indian perspective, health and well-being is marked with a peaceful, quiet, serene state of mind which is free from conflicts and desires. This refers to an ideal state of mind. A 'healthy person' according to the Indian notion is an auto locus person who recognizes the life force derived from the material reality and flourishes by offering remedies for sustaining health by keeping the dialogue with the environment open.

*Ayurveda*, known as Science of life, offers a paradigm that explains the interaction between body, mind and spirit. It advocates that it is through balancing and improving this interaction people attain a graceful and harmonious life (Jaipal,2013). It highlights the individual's relationship with seasons, environment and happenings around in which one is located. It is the congruence or incongruence between the individual and the environment that promotes health or disease in the person. Advocacy of *Ayurveda* for consuming seasonal food follows the principle of adaptation that is called *Ritu Satmya*.

In any nation, the health policies programmes and implementations are in accordance with the socio-cultural and political path. In India, *Ayurveda* constituted the basis of lifestyle and approach to treatment of diseases. Besides *Ayurveda*, *Siddha*, and *Unan-Tibb* also found place in the Indian medical system. However, Western medicine came to dominate the country with the arrival of British in the country and became the official health care programme.

After independence India saw a rapid expansion of health care infrastructure and medical institutions. There was also a pressure from international bodies like WHO and the



World Bank leading to a shift in the policy. Health and Wellbeing continues to be an emerging field of research. However, we have not been successful in building on the foundations of our rich holistic approach marked by the tradition of healing and curative practices. Across the globe, there is an intense effort in pursuit of alternative health care system. Indian has a lot to offer in this respect.

The contemporary world is posing a number of issues that calls for an approach that is interdisciplinary. Let us briefly discuss some of them.

Dealing with the world of work is the first set of issues. In order to be happy in the constantly changing world, it is necessary to bring change in the individual from within. Today there is a progressive increase in the sources of psychological instability. Starting from the challenges of work-life balance to changing their professional career, the individual is facing innumerable issues. The concept of life-long commitment to profession is obsolete and quick changes in professions have replaced it. In such context, the wide range of rich concepts, theories and practices that are treasured in Indian tradition of *yoga* healing and lifestyle are left unexplored.

The issue of importance is enhancement of health status of people. Health status has complex association with socioeconomic factors such as poverty, education, population growth, etc. as per the findings of researchers, practitioners and policy makers. There is a need for health research to come out of the narrow disciplinary boundaries and work towards improvement of the physical and mental health of the people. This envisages a shift in the focus of research towards community-oriented health services.

There is a need to take an interdisciplinary study to map the meaning of health and illness. It involves the process to know how people understand that they are sick, what they

do after recovery from illness to health, the outcomes of living with chronic illnesses and the contributions of cultural beliefs about health and their influence on personal efficacy in daily life.

Wellbeing is by all means one of the goals cherished by humanity. It involves the notion of optimizing good life and psychological functioning. The ancient Indian knowledge system advocated that the highest goal of life is liberation from suffering (*Moksha from Klesha*). Amartya Sen, the economist-philosopher also stated that the rational goal for development is freedom (Sen, 1999). According to Sen, it is in cultures with expansion of relative freedom that quality of life and economic growth are found. Thus, it is no more the 'gross national product' that is considered. The movement of positive psychology also emphasized on the human strengths and virtues for experiencing wellbeing than the material luxury and security. Considering the pleasure and happiness as indices of wellbeing is hedonic and inadequate. Meaningful social engagement on the other hand is eudaimonic. Such social wellbeing, which is a positive state, has association with optimal functioning within social network and community of the individual.

Cross cultural and cultural research in the field of psychology and anthropology have come up with adequate evidence that a number of assumptions held by the Western psychology are not true in many parts of the world. Beyond the concept of self that is self-contained and autonomous, there is an interdependent and relational self. Sharma and Sharma (2010) pointed out that the world experience is getting restructured by the globalization process, migration and revolution in communication technology. Health Psychologists are posed with new challenges and offered new opportunities in this scenario. What is needed for effective handling of such scenario is the innovative and interdisciplinary research as well as teaching and training. Such an approach is necessarily a multi-method perspective gathered

from various sources such as folklores, literary work, biographies and autobiographies and ethnographies.

Until recently, reduction in death disease and disability has been the focus rather than collating physical and mental wellbeing. This requires a pursuit of wholeness wellness, balance and bliss in life by living in harmony with nature. The real meaning of 'health' is equipping people to attain health and wellbeing to the full potential along the course of life. Health as a fundamental right has to be maximized for all rather than remaining a privilege of a few. Health constitutes an asset for social and economic stability and reduction of poverty. Attaining sustainable improvement in health otherwise known as health equity is essential. In this front, the situation in India is of great concern. According to the survey by NIMHANS published in 2016, 15% of Indian adults over 18 years of age are in need of active health intervention. It is time that we work on a road map and arise the political will through multidisciplinary research endeavour for a healthy happy and productive life.

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