

## Applying the Tri-Guna Model to Screen for PTSD Susceptibility

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### Abstract

The Indian subcontinent has a vast history of endeavouring to understand and interpret human psychology. How one may act in certain situations and why they behave a particular way are some of the many questions the tri-guna model hopes to answer. The model contains a unique framework which has the potential for application within the sphere of mental health. The model will be discussed from variables of wellbeing, specifically, cognition, social and emotion. Through discussion of the models unique qualitative approach to personality and wellbeing, data from existing literature in regards to wellbeing and PTSD will be compared to the model to identify correlation and consider practical application, such as a possible screening tool for individuals expected to face traumatic situations.

This analysis has identified protective features of cognition (good memory, processing thoughts and tolerating stressors), social (positive social interactions and relationships) and emotional stability that correspond to descriptions of traits under sattva. Contrary presentations of the reviewed variables that may increase PTSD likelihood relate to both tamas and rajas descriptions respectively.

Through the tri-guna model, we can produce a thorough picture as to what personality traits and wellbeing variables are associated with a person and in doing so, we can formally produce their guna composition. Once the dominating gunas are known, we can estimate their susceptibility to PTSD. The more variables of wellbeing in the tri-guna model that are assessed, then a more detailed composition can be produced. An avenue of screening could be a standardised PTSD tailored tri-guna questionnaire that would be based on the variables of cognition, emotion, motivation, social, physical, living conditions and behaviour. The use of multiple choice answers could be selected that resonate as sattvic, rajasic or tamasic. After identification of at risk individuals, the next phase would be intervention. This could be achieved through activities and recommendations that enhance wellbeing, emphasising sattvic qualities which has been explored in other literature.

**Key Words:** Guna, Tri-Guna, Rajas, Tamas, Sattva, Wellbeing, Personality, Behaviour, PTSD

### Introduction

The Indian subcontinent has a vast history of endeavouring to understand and interpret human psychology. How one may act in certain situations and why they behave a particular way are some of the many questions the tri-guna model hopes to answer. The model contains a unique framework which has the potential for application within the sphere of mental health. The model will be discussed from variables of wellbeing, specifically, cognition, social and emotion. Through discussion of the models unique qualitative approach to personality and wellbeing, data from existing literature in regards to wellbeing and PTSD will be compared to the model to identify correlation and consider practical application, such as a possible screening tool for individuals expected to

face traumatic situations.

### Background to the Tri-Guna Model

The tri-guna model originates from the ancient Vedic traditions of India. There is an array of Vedic texts that explore the concepts invoked by the model of which a few will be explored [1]. Tri-guna is a Sanskrit term that translates to “three modes of material nature” [2]. Another definition of the term is “psychological correlates which play a role in the functioning and behaviour of humans” [3]. The individual modes can be simply translated as goodness (sattva), passion (rajas) and ignorance (tamas) [4]. These modes are within all of us to different degrees, but one typically dominates above the others. According to the Vedic texts Charaka

and Sushruta Samhitas, it is possible to have gunas at equal levels [5, 6]. This would therefore allow a greater range of traits to be displayed overtly by an individual. In light of this, an example combination one may have of the gunas could be sattva and rajas in equal proportion with tamas as the most inferior. These modes work synergistically to create different perceptions, feelings, and actions within an individual [4]. The arrangement of the gunas is not rigid, because to enable appropriate reactions to stimuli an adjustment in dominance occurs in relatively minute amounts. Without such adjustments, emotional expression would be nil [1]. Therefore, gunas have a baseline setting but are flexible according to circumstance.

The Vedic tri-guna model has typically been appreciated from a standpoint of personality, however it can also be applied to wellbeing and spirituality [7]. Western models of wellbeing are typically hedonic or eudaimonic. The hedonic model addresses happiness or subjective wellbeing, whereas the eudaimonic model is based on pursuing positive goals; arising from Aristotle's term for the highest human good, eudaimonia. The tri-guna model integrates both hedonic and eudaimonic thought, while also addressing factors that may result in disease [8]. Although there has been development toward a western integrated model, the tri-guna model offers a very unique perspective [9].

By observing what emotions and behaviour an individual currently displays, an assessment can be conducted to discover an individual's unique guna composition at presentation. The tri-guna model goes beyond just dictating associated behaviours but it also provides associated actions that best invoke productivity of a specific guna. Such descriptions can be used as a recommendation in aid of promoting positive behavioural traits, as is the goal of the model.

According to ancient Indian spiritual traditions, the self, known as atman or the soul, is considered to be eternal (sat), full of knowledge (chit) and innately blissful (ananda). It is understood that we all are on a conquest to invoke these innate characteristics which are currently obscured by our material entanglement [10]. This suggests that peace is not something we must acquire, but rather access from within.

The general trend of the gunas is described as sattva displaying optimal qualities in any trait, and tamas as the least desirable, however each guna is a unique component and will not necessarily display a spectrum of presentation amongst all three [8]. Sattva is therefore considered to be the most desirable guna and recommended to have in dominance. When this is the case, individuals are typically described as attaining happiness and are content in mind [4, 11]. Rajas is associated with overindulgence, leading to negative emotions. Individuals generally appear unsatisfied and frustrated [4, 12]. Tamas dominance may lead to a presentation of dejection, feeling unmotivated and in illusion [4].

It is important to note that within Vedic philosophy, the tri-guna model can be transcended and one may enter a form of goodness that is spiritual and no longer affiliated with material limitations; therefore, this elevated form of goodness is beyond the competition of the gunas. This is known as shudha sattva or Vasudeva [13].

Dr Maika Puta constructed a list of indicators that aided in best de-

scribing facets of each guna in relation to wellbeing. The variables addressed were: cognition, emotion, motivation, social, physical, living conditions and behaviour. Each of these domains were subdivided into specific traits of the variable that could be assessed, however discussion has been limited here to a select few for each category [8].

### **Application of the Tri-guna Model to PTSD**

Post-traumatic stress disorder (PTSD) is defined by the ICD-11 as 'a disorder that may develop following exposure to an extremely threatening or horrific event or series of events.' Facets of this diagnosis are: re-experiencing events; avoiding stigmata related to the events and a constant perceived threat. Such characteristics persist for several weeks and may impact various areas of function, such as social and occupational [14].

If individuals with the potential to be exposed to traumatic stimuli such as soldiers were screened prior to exposure to trauma, they could be withdrawn from service and supported accordingly. Subsequently, a diagnosis would be prevented and chronic symptoms avoided. In addition to this, valuable resources and time could be invested elsewhere. This principle of screening may also be applied to other professions where traumatic experiences are incurred.

Our individual responses to any form of stress will vary according to our unique capabilities to process such events. This is evident from not all soldiers receiving a PTSD diagnosis following their return from serving. Cultures also vary in how one may express themselves after an event and how those memories may be internalised [15]. Therefore, certain individuals may be more susceptible to receiving a PTSD diagnosis following a traumatic event. Wellbeing is a recognised risk factor towards the predisposition of PTSD [16]. Recognised variables of wellbeing that are also recognised risks, especially in youth are cognition and social [17, 18]. These as well as emotion will also be exclusively discussed.

### **Cognition**

Pre-existing cognitive deficiencies have been shown to increase the risk of someone experiencing PTSD. In particular, a deficit in attention and memory, has been found to correlate with PTSD diagnoses after experiencing a traumatic event [17]. This study suggested a possible hippocampal dysfunction in those participants, although there was no trend in hippocampus size. Memory in relation to sattva is generally good, whereas in rajas it may fluctuate. Those with dominant tamas are affiliated with bad memory [19].

A cognitive variable to consider is knowledge. As Vedic culture emphasises the importance of spiritual practice, material knowledge can be perceived as unfulfilling and mundane [4]. Spiritual practice for sattvic individuals will emphasise cultivating knowledge of the atman, the self [20]. This entails our awareness of our relationship with our bodies, others and our surroundings [20]. This is considered to be the highest form of knowledge and correlates with a contemporary definition of spirituality by the Royal College of Psychiatrists as, "identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness" [21].

Dissociating the self from the body is said to make one "sober"; a protective quality as one will not be phased when experiencing changes of the body. One will be able to tolerate dualities and be-

come aloof of anxiety [4]. This may be extrapolated to external stimuli such as environment and people. A rajasic person would perceive themselves as being the body, having no distinction between their consciousness and physical self. Further into the bodily identification are tamasic individuals, where the body is the focus and priority is given to bodily comfort. Such an identification and dependence can lead to difficulty when a traumatising stimulant is experienced.

Intrusive and abnormal thoughts have been suggested to reflect one's lack of resilience and consequentially PTSD risk [22]. Thoughts are distinct across the gunas. Sattva is considered as level-headed and not easily disturbed; a defensive mechanism in stressful circumstances. Individuals in rajas worry and are very doubtful. Their mind flutters between past, present and future [23]. These rajasic symptoms of thought are parallel to the symptoms of PTSD [14]. If an individual is already experiencing frequent thoughts of the past, then a traumatic incident could leave an even deeper impression. Tamasic persons "allow negative influences to dominate them". They are ignorant to their difficult circumstances and do not mitigate the situation.<sup>11</sup> Such an unsteady mind as seen in individuals with attention problems have been correlated to an increased vulnerability to stress [24].

### Social

Social problems can influence the chance of future PTSD development, therefore positive social interactions and networks of support could be preventative factors [18]. The attitude one may have toward themselves in sattva is detachment from any pride [23]. Sattvic individuals may display humility and consider themselves as not qualified to be called sattvic [25]. The third verse of the Sik-sastakam written by Chaitanya Mahaprabhu in the sixteenth century although focussed on meditation, emphasises the mood of a sattvic individual: "... thinking oneself lower than the straw in the street; one should be more tolerant than a tree, devoid of all sense of false prestige, and should be ready to offer all respect to others" [26]. Rajas would display pride and ego, tending to have a selfish nature [23]. A rajasic individual enjoys praise and being seen as superior to others [27]. Tamas goes beyond the level of pride exhibited in rajas as they overestimate their capabilities and are said to gloat about their successes without showing evidence [23, 28]. In an environment where such perceptions are challenged, it could lead to damaging repercussions for both a rajasic and tamasic person's self-image.

Sattvic individuals when interacting with others are compassionate. They are also respectful, forgiving and in the mood of servitude [20]. Such a magnanimous attitude may help with closure after testing situations. A rajasic person may display an envious and critical nature. They undermine others to display superiority, at times also being deceitful [23, 29]. Tamas guna displays "mean actions" and unfriendly character [23]. Positive interactions with others such as those shown by someone in sattva provides them with a strong protective network of relationships, a stark contrast to the egocentric nature of those in tamas and rajas. Evidence of such utilisation was observed in a study of 60 women, where coping strategies were analysed for natural and situational stresses. This showed social contact predominantly or moderately utilised by the women categorised as sattvic, moderately by rajasic and was insignificant in tamasic [30]. The aggressive and delinquent

behaviour that could potentially be exhibited by one in rajas or tamas has been found to increase the likelihood of PTSD in youths. In general, the likelihood for someone to be exposed to violent situations is also significantly increased [31]. In a psychometric analysis of the gunas, construct validity was assessed using the verbal aggressiveness scale which displayed a strong positive association for rajas with an  $r$  value of 0.71, whereas for sattva it was -0.51 [32].

### Emotion

The general baseline emotional state in sattva is having "calmness of the heart". The frame of mind for an individual with sattva in dominance would be cheerful and joyful [32]. Rajas would display anxiety, frustration and misery [29]. Tamas displays a low mood that could be depicted as depression and general unhappiness.<sup>27</sup> However, a study of 20 milds to moderately depressed patients suggested a combination of tamas with dominant rajas as their guna composition [33]. Fear, grief and sorrowfulness are also associated with tamas [23, 29]. Overwhelming emotions are a characterised feature of PTSD and could be detrimental to a tamasic person in a dire circumstance [1].

In order to best adapt and process trauma in the lasting future, one must have tolerance and resilience for the emotional impact that may be experienced [34]. Emotional stability is evident in a sattvic person, as they are described as being balanced and tranquil with firmness. Such even-tempered emotion dovetails one's composure when experiencing adversity [23]. Rajas guna can be impetuous, displaying their fragility. A "rash eagerness to fight" suggests an abrupt emotive reaction which could lead to negative consequences. Once again tamas appears to be an amplified description of rajas as tamasic persons may be defined as prone to losing their temper [35]. Uncontrolled emotion and anger when combined with PTSD, could lead to a strain on various areas of functioning.

### Limitations

Given the Sanskrit origins of the themes explored, translation to English limits how the concepts are expressed. As there is no direct translation for the gunas, a variety of sources have been used to create a broad description. While in conversation with Dr Graham Schweig, it was noted that once these terms are translated, you are committing them to a particular axiology. Translating sattva to goodness provides an ethical designation, therefore to follow suit tamas would be bad or evil and rajas a middle ground between the two. Rajas translated to passion creates a spectrum of behaviour where sattva would consequently be dispassionate and tamas destructive or violent. Tamas translated to ignorance poses epistemology, with sattva therefore being knowledgeable and rajas partially knowledgeable or ignorant. To truly appreciate the gunas they cannot be looked at in isolation of one axiology or analysed using mixed axiological definitions, rather they be appreciated from the various contexts to which they can apply [35].

The time and place where the tri-guna model was first described is very different to our modern secular western world. For example, ancient Indian culture had a strong emphasis on divinity and individual spiritual practice. For many people today such things are not part of daily life, which may lead to fewer recognised sattvic qualities. However, the tri-guna model recognises many universal traits in each guna that remain applicable to our society and en-



compasses spiritual activity that is beyond dogmatic religion.

Social desirability may be a limiting factor when answering a questionnaire to uncover one's guna composition. It is possible that one could select answers to create a sattvic picture, however in the development and standardization of the Mysore Triguna Scale, the accumulated answers were shown to have statistical intercorrelation with other assessed Vedic factors which corresponded to patterns described in Vedic texts [1].

Recording of one's guna composition is representative of the circumstance it was recorded in. As previously mentioned, one's guna composition is able to change dependent on internal and external factors. Such a change can be temporary or permanent, therefore one's composition may evolve throughout their life.

### Conclusion

The tri-guna model stands alone as a framework for wellbeing and personality that encompasses a broad spectrum of emotional and behavioural traits within its three domains of sattva, rajas and tamas. I have attempted to map risk factors of PTSD onto the tri-guna model and I believe this shows an interesting link between an ancient understanding of personality and wellbeing and the modern day. This analysis has identified protective features of cognition (good memory, processing thoughts and tolerating stressors), social (positive social interactions and relationships) and emotional stability that correspond to descriptions of traits under sattva. Contrary presentations of the reviewed variables that may increase PTSD likelihood relate to both tamas and rajas descriptions respectively [36].

Beyond this being an academic exercise, practical application of the tri-guna model may be done within the sphere of mental health. Through the tri-guna model, we can produce a thorough picture as to what personality traits and wellbeing variables are associated with a person and in doing so, we can formally produce their guna composition. Once the dominating gunas are known, we can estimate their susceptibility to PTSD. The more variables of wellbeing in the tri-guna model that are assessed, then a more detailed composition can be produced. An avenue of screening could be a standardised PTSD tailored tri-guna questionnaire that would be based on the variables of cognition, emotion, motivation, social, physical, living conditions and behaviour. The use of multiple choice answers could be selected that resonate as sattvic, rajasic or tamasic. After identification of at risk individuals, the next phase would be intervention. This could be achieved through activities and recommendations that enhance wellbeing, emphasising sattvic qualities which has been explored in other literature.

### References

1. Shilpa S, Murthy C (2012) Development and Standardization of Mysore Triguna Scale. SAGE Open 2: 1-8.
2. Prabhupada, A, Srimad Bhagavatam (1986) First Canto – Part One. Los Angeles: Bhaktivedanta Book Trust.
3. Shilpa S, Murthy C (2011) Understanding personality from Ayurvedic perspective for psychological assessment: A case. An International Quarterly Journal of Research in Ayurveda 32: 12.
4. Prabhupada A, Bhagavad-gita (1972) As It Is. 1st ed. London: Collier Macmillan Publishers.
5. Sharma P (2000) Caraka Samhitā. Varanasi: Chaukhamba Orientalia.
6. Gupta S (2000) Psychopathology in Indian Medicine. Delhi: Chaukhamba Sanskrit Pratishthan.
7. Srivastava K (2012) Concept of personality: Indian perspective. Industrial Psychiatry Journal 21: 89.
8. Puta M (2017) Promoting Health by Sattva-Guna [Ph.D]. Technische Universität Chemnitz.
9. Cloninger C (2006) The science of well-being: an integrated approach to mental health and its disorders. World Psychiatry 5: 71-76.
10. Ramaprasad D (2013) Emotions: An Indian perspective. Indian Journal of Psychiatry 55: 153.
11. Frawley D (1997) Ayurveda and the Mind: The Healing of Consciousness. Wisconsin: Lotus Press.
12. Goyanka J (1999) Srimadbhavadgita Tattvavivecani. 15th ed. Gorakhpur: Gita Press.
13. Prabhupada A (1986) Srimad Bhagavatam. Fourth Canto-Part One. Los Angeles: Bhaktivedanta Book Trust.
14. Icd.who.int (2019) ICD-11-Mortality and Morbidity Statistics. Available at: <https://icd.who.int/browse11/l-m/en> [Accessed 10 Oct. 2019].
15. Van Rooyen K, Nqweni Z (2012) Culture and Posttraumatic Stress Disorder (PTSD): A Proposed Conceptual Framework. South African Journal of Psychology 42: 51-60.
16. Doron-LaMarca S, Vogt D, King D, King L, Saxe G (2010) Pretrauma problems, prior stressor exposure, and gender as predictors of change in posttraumatic stress symptoms among physically injured children and adolescents. Journal of Consulting and Clinical Psychology 78: 781-793.
17. De Bellis M, Hooper S, Woolley D, Shenk C (2009) Demographic, Maltreatment, and Neurobiological Correlates of PTSD Symptoms in Children and Adolescents. Journal of Pediatric Psychology 35: 570-577.
18. Benoit M, Bouthillier D, Moss E, Rousseau C, Brunet A (2010) Emotion regulation strategies as mediators of the association between level of attachment security and PTSD symptoms following trauma in adulthood. Anxiety, Stress & Coping 23: 101-118.
19. Ranade S (1994) Ayurveda – Wesen und Methodik. Heidelberg: Haug Verlag.
20. Tagare G (1978) The Bhagavata-Purana. Part 5. Delhi: Motilal Banarsidass.
21. Spirituality and mental health SPSIG | Royal College of Psychiatrists. Available from: <https://www.rcpsych.ac.uk/members/special-interest-groups/spirituality>
22. Gilbertson M, Paulus L, Williston S, Gurvits T, Lasko N, etc. (2006) Neurocognitive function in monozygotic twins discordant for combat exposure: Relationship to posttraumatic stress disorder. Journal of Abnormal Psychology 115: 484-495.
23. Deussen P, Strauss O (1906) Vier Philosophische Texte des Mahabharatam: Sanatsujata Parvan, Bhagavadgita, Mokshadharma, Anugita. Leipzig: Brockhaus.
24. Das G, Gopal D (2009) Trigunas and Psychological Problems. Journal of Indian Psychology 27: 47-52.
25. Kumar S (2007) Spiritual Compass – The three qualities of life. Devon: Green Books.
26. Prabhupada A (1968) Teachings of Lord Caitanya. 1st ed. Los Angeles: Bhaktivedanta Book Trust.
27. Goswami H, Adhikari G (1988) Srimad Bhagavatam. Elev-

- 
- enth Canto-Part Two. Los Angeles: Bhaktivedanta Book Trust.
28. Ganguli K (2005) The Mahabharata of Krishna-Dwaipayana Vyasa. Available from: <https://www.gutenberg.org/ebooks/15474>
  29. Larson G, Bhattacharya R (1987) Encyclopedia of Indian Philosophies: Sankhya A Dualist Tradition in Indian Philosophy. New Jersey: Princeton University Press.
  30. Arora N (2015) Impact of Sattva, Rajas and Tamas Factors on Coping Strategies Among Women. World Journal of Pharmaceutical Research 4: 2466-2481.
  31. Milan S, Zona K, Acker J, Turcios-Cotto V (2012) Prospective Risk Factors for Adolescent PTSD: Sources of Differential Exposure and Differential Vulnerability. Journal of Abnormal Child Psychology 41: 339-353.
  32. Wolf D (1999) A Psychometric Analysis of the Three Gunas. Psychological Reports 84:1379-1390.
  33. Anoop Kumar K, Balodhi J (2016) Sattva, Rajas & Tamas (SRT) Factors in Depression. The International Journal of Indian Psychology 3: 86.
  34. Van der Kolk B, McFarlane A, Weisæth L (1996) Traumatic stress. New York: The Guildford Press.
  35. Goswami H, Adhikari G. Srimad Bhagavatam (1988) Tenth Canto – Part Two. Los Angeles: Bhaktivedanta Book Trust.
  36. Schweig G (2020) What is the essential purpose of this knowledge about the Gunas in the life of a devotee? Can anyone definitively know what Gunas are affecting them at any given moment? Zoom.

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