**Flash Cards**

**Chapter 1**

**Alzheimer’s disease:** A progressive neurologic disorder that leads the brain to shrink and brain cells to die, causing memory loss.

**Child mortality:** The number of children who do not survive more than five years from birth.

**Health indicator:** ‘A construct of public health surveillance that defines a measure of health (i.e., the occurrence of a disease or other health-related event) or a factor associated with health (i.e., health status or other risk factor) among a specified population’ (Lengerich, 1999).

**Health:** A ‘state of complete physical, mental and social well-being and not merely an absence of disease or infirmity’ (WHO, 1947).

**Infant mortality:** The death of an infant before they complete their first year of life.

**Life expectancy:** The average number of years a person is expected to live after their birth.

**Post-traumatic stress disorder:** A disorder that develops after experiencing or witnessing a traumatic or dangerous event.

**Risk factors:** The factors associated with the development of a disease or injury are known as risk factors.

**Subjective well-being:** The way life is experienced and evaluated in terms of happiness and satisfaction with life.

**WHO:** World Health Organization.

**Chapter 2**

**Affect**: It has a tone and intensity, conveys the value as positive or negative and reflects a person’s ongoing evaluations of the conditions of their own life.

**Emotions:** These are generally short-lived reactions that are linked to specific kinds of events or external situations.

**Life satisfaction:** It is a positive evaluation of the conditions of life. It involves a judgement where we perceive how our life is faring as per our expectations.

**Moods**: More diffused affective feelings that are not tied to any specific event.

**Negative affect:** It is associated with feelings of distress, nervousness, anxiety and self-criticism.

**Positive affect:** It refers to a state in which people are cheerful, active, enthusiastic and alert.

**Psychological well-being**: ‘Psychological well-being is about life going well. It is the combination of feeling good and functioning effectively’.

**Satisfaction:** It is the way one feels that one’s needs in life or desires have been fulfilled.

**Subjective well-being:** A balanced life experience that involves an individual’s feelings and functioning in different areas of well-being like emotional, cognitive, social, physical or spiritual.

**Chapter 3**

**Ayurveda:** Science or knowledge of life. It describes the techniques of making medicines from natural resources and emphasizes the holistic process of healing involving the person and his environment

***Bhakti* yoga(path of devotion):** The path of *bhakti* or devotion helps to realize the pure self. Having one pointedness, with utmost faith in higher realms of life helps to attain the highest state of realization.

**Dharma:** Following one’s moral duty in life.

***Dhyana* yoga:** Path of meditation.

***Dosas*:** Indicate the health condition.

**Growth:** It includes psycho-spiritual health, which encompasses a wider domain of life, like going beyond the self. It includes the total existence of the individual: the physical, social and spiritual components.

***Gunas*:** They reveal the state of well-being.

***Hatha* yoga:** It tends to involve breathing and physical postures that are believed to bring about harmony between the mind and body.

***Jnana* yoga:** *Jnana* yoga is the path of knowledge. The teachings of Bhagavad Gita propose to know the self and remove self-ignorance.

***Kapha*:** It is related to the functioning of the immune system and physical body and helps in conserving the energy of the body.

***Karma* yoga (path of action):** It emphasizes the actions that are carried out without any attachment to the fruits of those actions.

**Maintenance:** It includes activities that one engages in to protect oneself from diseases or disabilities and to maintain health. Since health involves an active process, one has to engage proactively in adapting to changing environmental, social or physical conditions.

***Pitta*:** It is associated with the working of the digestive and endocrine systems and is responsible for the transformation of energy.

***Rajas*:** It makes the person agitated and predisposes them to overreacting to situations.

**Restoration:** It involves a process of helping the person gain back health after facing any illness or pain and recovering from it. It includes the healthcare facilities and services that help in curing or treating the illness

***Sattva*:** It is a state that is associated with the awareness of reality. It makes them calm and composed.

***Tamas*:** It makes the person inert and makes them lose any interest in responding to external stimuli.

***Vata*:** It is related to the functioning of the nervous system, which is involved in the utilization of energy.

**Yoga:** It means joining together. The yoga sutras emphasize the relationship between the mind and the body and how the balance is maintained between them.

**Chapter 4**

**Bio-medical model of health:** It assumes that any deviance from the normal biological predisposition could result in a disease. Illness symptoms are pathological, and they can be cured via medical procedures and techniques (Kleinman et al., 2006).

**Biopsychosocial model of health:** The dynamic interactions among biological, social, psychological and environmental factors determine the onset, progression and recovery from illness (Engel, 1977, 1980).

**Dynamic equilibrium theory:** According to this, personality factors mediate the baseline levels of one’s emotional responses. There is a set point level of positive or negative emotional state. When certain events occur, they may make people experience varying levels of emotions, but they eventually return to their stable baseline levels.

**Health action process approach:** This model proposes that there are various factors that play an important role in the adoption and initiation and maintenance of health behaviours. This process involves two phases. The first phase involves the motivation phase and the second phase involves the volition phase (Schwarzer & Fuchs, 1996).

**Health-belief model:** It explains and predicts behaviour by focusing on the beliefs and attitudes of the individual towards the perceived threat (Rosenstock, 1974).

**Hedonic treadmill theory:** Brickman and Campbell (1971) described this theory in which they emphasized the importance of emotional reactions in response to life events that people experience. They proposed that there is an emotional system that adjusts to one’s current life circumstances (Brickman & Campbell, 1971).

**Multiple discrepancy theory of satisfaction (Michalos, 2007):** It states that individuals compare themselves to many other standards, such as other people, past conditions, aspirations, ideal levels of satisfaction, needs or goals.

**PERMA theory of well-being:** There are different components of well-being, and these can be measured. There are five most important elements that contribute to well-being, such as positive emotions (P), engagement (E), positive relationships (R), meaning (M) and achievement (A) (Seligman, 2011).

**Positive emotions:** These include different feelings, more than just joy or happiness. Well-being can be enhanced by increasing positive emotions.

**Protective-motivation theory:** This theory provides further support to explain the health belief model. Four components of this theory were initially proposed, such as severity, susceptibility, response effectiveness and self-efficacy (Rogers, 1975).

**Subjective well-being (SWB):** Involves the evaluation of one’s life by considering the cognitive judgements of how one is satisfied in one’s life and the appraisal of emotions and moods that one experiences (Diener, 1984).

**Telic theories**:These theories emphasize that an individual’s goals are the major determining agents of their behaviours (Diener, 1984), which influence their SWB. Particularly, what goals one has or what one wants to do in one’s life and to what extent they gain success at it (Austin & Vancouver, 1996).

**Theory of planned behaviour:** This model implies that after considering the information that is available then people develop their attitudes towards it. Each attitude and the related behaviour has four components, such as action, target, context and time (Ajzen & Madden, 1986).

**Theory of reasoned action (TRA):** TRA (Fishbein & Ajzen, 1975) suggests that the cause of volitional behaviour depends upon one’s intention to engage in that particular behaviour. The behavioural intention represents the plan or motivation of the person that could be a decision or self-instruction to make an effort to carry out the target behaviour (Fishbein & Ajzen, 1995).

**Chapter 5**

***Atharvaveda*:** It has provided a lot of information about the way the illness or diseases can be dealt with, how the style of life needs to be altered to enhance health and what kind of medications or remedial techniques can help to deal with various kinds of health problems.

**Biochemical theory:** When there are chemical imbalances in the brain, it causes mental illness.

**Cultural meaning systems:** Cultural meaning systems, according to the anthropologists (D’Andrade, 1984), refer to the knowledge systems that are passed on from one generation to another in a given society. These systems include the knowledge about the sociocultural norms, political and economic structures, religious views, language, artistic forms and expressions, perceptions about illness and healing and so on.

**Cultural relativity:** The very idea that a person’s psychological and social functioning is determined by one’s culture implies the concept of cultural relativity.

**Culture:** ‘It (Indian Culture) nurtured the synthesis of those cultures which stayed in this country. They affected the Indian way of life and in return got influenced by it’ (Gandhi, 1930).

**Culture**: Culture or civilization, taken in its wide ethnographic sense, is that complex whole which includes knowledge, beliefs, art, orals, laws, customs, and any other capabilities and habits acquired by a man as he is a part of the society’ (Taylor, 1958).

**Diagnosis:** The diagnosis given by the doctor was considered as the disease. The clinician always uses their medical training or knowledge about diagnosis in defining the problem of the patient as a disease (Castillo, 1997).

***Emic*:** When the behaviour is examined from within the same culture that it belongs to, it is known as *emic* approach.

***Etic*:** When the behaviour is studied from outside of a particular system it belongs to, like an alien system, then it is an *etic* approach.

**Illness:** refers to the subjective experience of being sick, how the symptoms are experienced and what kind of suffering one experiences, if the person approaches someone for help. Hence, right from diagnosis to the experience of symptoms and its consequences in terms of illness or treatments on the person (Kleinman, 1988a).

**Mental health:** WHO (2011) further describes mental health as ‘a state of well-being in which every individual realizes his or her own abilities ,can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

**Shock theory:** Those who believe in the shock theorymention of the sudden changes that take place in an individual’s environment, and when the person is unable to cope with the changes, it causes mental illness.

**Supernatural theory:** Those who believe in the supernatural theory give emphasis to the presence of a maleficent evil or soul, which causes harm to the mind of the person, altering the psychological state leading to mental illness.

***Yajurveda*:** It also explains the symptoms associated with various mental illnesses along with *Atharvaveda* such as fear from nature, water or death (*vibheeti*); sex disorders in a specific group (*gandharva* and *apsara*); attachment and eroticism (*moha*), hysteria (*grahi*) and distress (*vishada*) to name a few.

**Chapter 6**

**Addictive behaviour:** It is defined as compulsive use of something that, despite having negative physical consequences, one craves the effects of.

**Anaemia:** Deficiency in calcium can lead to brittle bones and excessive bleeding, and a deficiency of phosphorus can lead to anaemia.

**Anorexia nervosa:** An eating disorder in which there is an abnormally low body weight. There is extreme weight loss in the pursuit of being thin. This is a severe disorder that is often life-threatening.

**Body image**: The way a person perceives themselves, especially with respect to their body, attitudes, thoughts and beliefs about their body.

**Bulimia nervosa:** It is a disorder in which there are recurrent episodes of uncontrollable binge eating when a person eats uncontrollably at a given time, more than what they would normally eat at that given time.

**Chronic diseases:** Conditions that last for a year or more and require medical assistance.

**Economic constraints:** Insufficient funding or external constraints on funding

**Goitre:** Deficiency of iodine can cause goitre.

**Habitual behaviour:** It is automatic or routine behaviour.

**Interpersonal conflicts:** It is a social discord between two people.

**Macro-nutrients:** These are food substances required in large amounts for the body to survive and grow, for example, minerals and vitamins.

**Malnutrition:** When we eat a diet that is insufficient in or has excess of calories or vitamins or minerals or proteins or carbohydrates, it leads to malnutrition.

**Micro-nutrients:** These are food substances/chemicals that are required in very minute amounts to maintain the body and for growth.

**Nutrient:** A substance that provides nourishment that is essential for maintaining life and growth.

**Obesity:** WHO (2020) defines obesity and overweight as an abnormal or excessive accumulation of fat that may cause health impairment. Obesity can be measured in terms of one’s body mass index (BMI).

**Prebiotics**: They are carbohydrates in the body that cannot be digested, and they help in growing the healthy bacteria in the lower digestive tract.

**Primary prevention:** It includes behaviours that are done to avoid any injury.

***Rajsika*:** Thesefoods provide energy to carry out daily chores.

**Rickets**: Deficiency of Vitamin D can cause rickets.

**Scurvy:** Deficiency of Vitamin C can cause scurvy.

**Secondary prevention:** Ittakes place after the illness or injury occurs. The main aim is to stop the problem from spreading by curbing it. This is carried out by prescribing proper medications, changes in diet or lifestyle and regular health check-ups.

***Tamasika*:** Thesefoods are those that are of low quality, such as meat, liquor, garlic, spicy and sour.

**Chapter 7**

**Aerobic exercise:** It includes activities such as jogging, walking at a brisk pace, cross-country skiing, dancing, skipping rope, cycling, swimming and other activities that increase the consumption of oxygen.

**Anaerobic exercise:** This kind of exercise requires short and intensive bursts of energy, but the oxygen use does not increase. Examples of such exercises are softball, running at short distances and other kinds of exercises that need short-term energy at intense levels.

**Body fitness:** The strength of the muscles, endurance of the muscles, their flexibility and cardiorespiratory (aerobic) fitness. Fitness can be organic or dynamic in nature.

**Dynamic fitness:** This occurs due to any kind of physical activity such as cycling and swimming.

**Isokinetic exercise:** Isokinetic exercise effort involves moving the muscles and joints against a variable amount of resistance. There is specialized equipment that is used in this programme that provides the amount of resistance that is required depending upon the kind of force that is applied.

**Isometric exercise:** This exercise involves muscular contraction against an immovable object. The body does not move, but pushing the muscles against a hard surface or object helps to improve the strength.

**Isotonic exercise:** This kind of exercise involves the contraction of muscles and joint movements. These include weight lifting.

**Major depressive episode:** According to the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, of the American Psychiatric Association (APA, 2013), a major depressive episode lasts at least 2 weeks as a period, during which there is loss of interest or pleasure in almost all activities or there is depressed mood (APA, 2000).

**Mental health:** It is defined as ‘a state of well-being wherebyindividuals recognize their true abilities, beingable/capable of coping with the normal stresses oflife, working productively hence joyfully and/whilemaking a contribution/contributing to their respectivecommunities’ (WHO).

**Muscle endurance** involves continued effort during performance. This depends upon the strength of the muscle. Muscle endurance improves by doing exercise frequently with little exertion.

**Muscle strength:** It is a measure of the strength of muscle contraction that can result from any kind of physical exercise. Muscle strength can increase by doing rigorous exercise for a limited number of repetitions.

**Non-leisure physical activities**: Any kind of activity that one engages in has beneficial effects on the body and the mind, enhancing health. This could be gardening, walking up the stairs instead of using the elevator or walking down the steps, walking short distances instead of taking a rickshaw or any other mode of transport that could make the body machinery work.

**Organic fitness:** It refers to the capacity for making an action, some kind of movement by the body. This is determined by the characteristics of the body, such as genetic factors, age and health limitations.

**Physical activity:** ‘Any bodily movement produced by skeletal muscles that requires energy expenditure’ (WHO).

**Chapter 8**

**Basic emotions:** The basic emotions such as anger, fear, disgust, sadness, happiness and surprise are universal and displayed and experienced by people across cultures (Ekman et al., 2005).

**Broaden-and-build theory:** Fredricksons’ theory states how positive emotions can broaden the thought-action repertoire of a person and build on our resources to face an emotional situation or experience.

**Cognitive appraisal:** To evaluate the extent to which an emotional experience, situation or event is threatening or significant to oneself. To identify the antecedents of emotions and how thoughts are likely to influence the emotional expressions and experience of emotions.

**Emotion inhibition:** The inability to express the felt emotions, which may have psychological and physiological implications.

**Emotion regulation:** The ability to experience and manage emotions through attentional control, cognitive appraisal and response modulation. To rethink one’s emotions that are challenging and regulate them, like reducing anxiety feelings or fear.

**Emotion suppression:** Preventing emotions from expressing themselves in any way, written or facial or verbal.

**Emotional resilience:** This refers to one’s ability to create positive emotions when facing negative emotional stimuli and to restore emotional health by recovering from negative emotional experiences (Scholes, 2013).

**Emotion-focused coping:** Reducing the negative emotional responses such as sadness and fear associated with stress.

**Emotions:** They are dynamic, brief yet intense experiences that involve a relationship between a person, an event and their behaviour. They are positive and negative feelings. The valence of an emotion indicates to what extent it will initiate a desirable response towards attenuating the negative effects and enhancing the positive consequences.

**Moods:** Moods are diffuse in nature and unfocused, while emotions are more specific in nature, as they are the way one reacts in a particular situation. Moods have a cause and involve a specific kind of affective state that includes a basic affective reaction. It involves a set of beliefs about a temporary change in the expectation of future pleasure or pain (Batson, 1990a).

**Negative emotions:** They include unpleasant feelings such as sadness, disgust, anger and fear. If there is a failure to achieve the task, it may result in (negative emotions) unpleasant feelings, sadness and disgust, causing a bad mood, which may induce similar feelings towards future events.

**Positive emotions:** They include pleasurable feelings of joy, contentment, excitement and happiness. If one has achieved success on a task, there may be feelings of joy and happiness (positive emotions), and this may predispose the person to perceive future positive events.

**Positive reappraisal**: It involves strategies for reframing the situation and viewing it in a more favourable way.

**Problem-focused coping:** This means solving problems associated with a stressful situation in a skilful or task-oriented manner (Lazarus & Folkman, 1984).

**Self-conscious emotions:** These emotions are culture specific due to the morality component being attached to the experience of emotions such as guilt, shame, pride, embarrassment (Tangney et al., 1996) and *lajja* (Khosla & Singh, 2021).

**Chapter 9**

**Acute stress:** It is the stress that occurs with high intensity and also tends to go away quickly and unexpectedly.

**Alarm reaction:** In the first stage, the threat is perceived by the organism, and this leads to the activation of the nervous system.

**Challenge appraisals:** If we feel that indulging in an event and dealing with it could help us grow as an individual, and we can benefit from it in some way, we make challenge appraisals.

**Chronic stress:** It stress may not be very intense but may continue to go on for longer periods of time like for hours or weeks or months.

**Distress:** It occurs when we interpret the event or situation (which may be real or imagined) negatively to the extent that we perceive it as threatening to our well-being.

**Eustress:** It is a good stress that propels one towards an action; rather, it is an optimal level of performance or health.

**Neustress:** Sensory stimuli that are not important and do not have any repercussions are referred to as *neustress*.

 **Stage of exhaustion:** During this stage, the organ that is overburdened due to enhanced demand placed upon it by long-term stressors gets damaged.

**Stage of resistance:** During this stage, the body attempts to resist the alarm and tends to restore its homeostatic balance.

**Stress:** Selye explained that adapting to any kind of demand, whether pleasant or unpleasant, causes a non-specific response (Mason, 1971) known as stress.

**Stressor:** A stressor is any object, event or situation that causes stress.

**Threat appraisal:** When we view the event to be very taxing, and indulging in it will be risky for us, then we make *threat appraisal*.

**Chapter 10**

**ADS programme:** The Awareness, De-stigmatization and Seeking Help programme (Khosla, 2020).

**Ayurveda:** It is the traditional medical system of India that maintains the balance among the mind, body and spirit through its techniques and practices.

**Behaviour change techniques:** BCTs have been associated with enhanced self-regulation that helps to sustain healthy behaviour patterns by bringing about a change in eating, and physical activity that helps in the management of chronic illness or substance abuse behaviours (Hagger et al., 2019).

**Community resilience** **programmes:** They aim to build resilience in the community that helps to not only sustain mental health but also helps in recovering from any disasters (Wulff et al., 2015).

**Concentration meditation:** It aims at a single-pointed focus on some sound, image or sensation to still the mind and achieve greater awareness.

**Gratitude:** It is a feeling associated with interpersonal exchange where one person accepts that receiving something of value from the other person was beneficial to them (Emmons & McCullough, 2003).

**Life style interventions:** Lifestyle interventions are focused on bringing about changes in the lifestyle of a person. They include eating habits (the diet pattern that one follows), physical activity (the exercise one indulges into) and seeking psychological counselling for managing stress, losing excessive weight or taking care of any addictive behaviours such as alcoholism, smoking, risky behaviours or chronic diseases.

**Mindfulness meditation:** Mindfulness meditation is an ancient therapy which enables an individual to have a clear understanding of different aspects of one’s self. contemplate the nature of the body, focusing on awareness of breathing and awareness of body, and practising the observation of the mind .

**Panchakarma:** It is a holistic health programme that offers Ayurvedic practices for treatment. It is a programme that includes relaxation and cleansing process to help during the seasonal and social changes.

**Ritual healing:** Ritual healing evokes flexibility at the cognitive and emotional levels that facilitates a shift in the perception of self from illness and affliction to health and well-being.

**Self-compassion:** It is a feeling of caring for oneself even when one is facing a difficult time or perceives inadequate in some way or holds oneself as responsible for the failure or suffering. The person is trained to be kind to oneself and perceive the suffering or failure as a shared human experience (Bennett-Goleman, 2001).

**Temple healing:** It involves a space for developing a bond between the devotee and the deity through devotion (‘bhakti’), which helps in transforming the person (Ramanujan, 1983, pp. 19–22). By connecting with the divine, the body, which is a combination of matter and processes, undergoes a series of transformations.

**Traditional healing:** As per WHO, ‘traditional medicine is the sum total of the knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness’.