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# Cognitive Dissonance Theory and Ayurvedic Psychology: A Conceptual Exploration of Manas, Buddhi, Smriti, and Sattva-Rajas-Tamas

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**Abstract**

**Background:** Cognitive dissonance theory, proposed by Leon Festinger in 1957, explains the psychological discomfort that may arise when an individual experiences inconsistency between beliefs, attitudes, and behaviour. Ayurveda describes mental functioning through concepts such as Manas, Buddhi, Smriti, and the three Gunas, namely Sattva, Rajas, and Tamas. A conceptual examination of these frameworks may provide a useful perspective for understanding conflicts between health-related knowledge, personal intentions, and actual behaviour.

**Objective:** To explore the possible conceptual relationship between Festinger's cognitive dissonance theory and selected principles of Ayurvedic psychology.

**Methods:** A narrative conceptual review was undertaken using Festinger's foundational theory and classical Ayurvedic descriptions of mental functioning. The discussion focused on Manas, Buddhi, Smriti, and Sattva-Rajas-Tamas, with particular attention to their possible relevance to psychological conflict and health-related decision-making. The comparison was interpretative rather than experimental, and direct equivalence between the two frameworks was not assumed.

**Results:** Cognitive dissonance theory offers a psychological explanation for the discomfort arising from inconsistencies between cognition and behaviour. Ayurvedic concepts provide a distinct framework for discussing mental processes, discernment, recollection, and qualities associated with psychological functioning. Their conceptual juxtaposition may help formulate questions concerning lifestyle adherence, dietary choices, and the gap between health knowledge and personal conduct. However, the proposed relationships remain theoretical and require empirical investigation.

**Conclusion:** Festinger's theory may serve as a supplementary framework for exploring selected issues in Ayurvedic psychology, particularly the relationship between understanding, intention, and behaviour. Such integration should preserve the philosophical foundations of Ayurveda while using contemporary psychological theory critically and without unsupported equivalence.

**Keywords:** Cognitive dissonance; Ayurvedic psychology; Manas; Buddhi; Triguna; Pathya-Apathya.

## 1. Introduction

The human mind plays a central role in perception, decision-making, emotional responses, and behavioural regulation. Although individuals may possess adequate knowledge about healthy behaviour, their actions do not always correspond with their understanding. A person may recognise the importance of a balanced diet, adequate sleep, regular physical activity, and appropriate daily routines while continuing habits that contradict these principles. Understanding this discrepancy is important in psychology, behavioural medicine, and preventive healthcare.

Leon Festinger introduced cognitive dissonance theory in 1957 to explain the psychological tension that may arise when two or more cognitions are inconsistent or when behaviour conflicts with an individual's beliefs and attitudes [1]. According to this theory, individuals may attempt to reduce inconsistency by changing their attitudes, modifying their behaviour, or developing explanations that make the inconsistency more acceptable. Subsequent experimental work provided evidence for attitude change following behaviour that conflicted with an individual's prior opinion [2].

Ayurveda offers a distinct perspective on mental functioning through its descriptions of Manas, Buddhi, Smriti, and other psychological and cognitive faculties. Manas is discussed in relation to sensory engagement and mental activity, Buddhi in relation to discrimination and determination, and Smriti in relation to recollection. Sattva, Rajas, and Tamas constitute a traditional framework for describing qualities of mental functioning [3,4]. These concepts should be interpreted according to their classical textual contexts rather than directly equated with modern psychological constructs.

A conceptual comparison between cognitive dissonance theory and Ayurvedic psychology may help generate questions about the relationship between knowledge, intention, and behaviour. For example, why might a person understand the importance of Pathya Ahara and Vihara yet repeatedly engage in habits considered Apathya? How might discernment, recollection, and individual differences in mental functioning contribute to this discrepancy?

The present article explores these questions through a conceptual examination of cognitive dissonance theory alongside selected Ayurvedic concepts. It does not propose that Festinger's theory originated in Ayurveda or that cognitive dissonance is a formally described classical Ayurvedic phenomenon.

## 2. Materials and Methods

### 2.1 Study design

The present article adopts a narrative, conceptual review design. It explores possible theoretical relationships between cognitive dissonance theory and selected concepts of Ayurvedic psychology. It does not report an original clinical trial, observational study, or systematic review.

### 2.2 Conceptual sources

The principal modern theoretical source was Festinger's A Theory of Cognitive Dissonance [1], supplemented by the experimental work of Festinger and Carlsmith on behaviour and attitude change [2]. The Ayurvedic framework was based on classical descriptions of mental functioning, including Manas, Buddhi, Smriti, and Sattva-Rajas-Tamas, with reference to the Charaka Samhita and a standard English translation of the text [3,4].

### 2.3 Analytical approach

The discussion was organised around four areas: the relationship between cognitive inconsistency and mental functioning; the possible relevance of Buddhi to evaluation and decision-making; the possible relevance of Smriti to the recall of knowledge and experience; and the interpretive relevance of Sattva, Rajas, and Tamas to discussions of individual differences in mental functioning.

The analysis was interpretative and aimed to identify potential conceptual connections while distinguishing established theoretical descriptions from hypotheses requiring further investigation. No systematic database search, formal screening procedure, risk-of-bias assessment, or quantitative synthesis was undertaken. The findings should therefore be interpreted as conceptual propositions rather than empirical evidence of a causal relationship between cognitive dissonance and Ayurvedic mental constructs.

## 3. Results

### 3.1 Cognitive dissonance as a conflict between cognition and behaviour

Festinger's theory proposes that inconsistency between cognitions can produce psychological discomfort and motivate efforts to reduce the inconsistency [1]. Cognitions may include beliefs, attitudes, knowledge, expectations, and awareness of one's own actions. The degree of dissonance may depend on the importance of the conflicting cognitions and the circumstances in which the conflict occurs.

Consider a person who understands that regular physical activity contributes to general health but consistently avoids exercise despite having adequate opportunities. The individual may experience discomfort because the behaviour does not align with the person's knowledge or stated intention. The inconsistency may be reduced by initiating exercise, reconsidering the original belief, or justifying inactivity through situational explanations.

Experimental research has demonstrated that behaviour inconsistent with a person's private opinion can, under particular conditions, be followed by a change in that opinion [2]. However, cognitive dissonance theory does not imply that every inconsistency produces conscious distress or that all individuals respond identically.

Within Ayurvedic clinical practice, a related question arises when a person understands the rationale for recommended dietary and lifestyle practices but does not follow them consistently. Cognitive dissonance theory may help investigate the psychological component of this discrepancy. It should not be considered a classical Ayurvedic explanation or a substitute for assessing practical barriers, socioeconomic circumstances, symptoms, motivation, and other determinants of behaviour.

### 3.2 Manas and the experience of psychological conflict

Manas is an important concept in Ayurvedic accounts of cognition. Classical descriptions discuss the mind in relation to sensory engagement and mental activity, including its relationship with the Indriyas and intellectual faculties [3,4].

Cognitive dissonance, by contrast, is a specific construct within modern social psychology. It concerns inconsistency among cognition and the motivation to reduce that inconsistency [1]. It is therefore inappropriate to define Manas simply as cognitive dissonance or to claim that the two concepts are interchangeable.

A cautious comparison considers how each framework approaches mental experience and behaviour from its own theoretical perspective. Manas forms part of the Ayurvedic conceptual account of mental

functioning, whereas cognitive dissonance theory offers a focused explanation for a particular type of psychological inconsistency.

For example, a patient may intend to follow a recommended daily routine while continuing an established habit that conflicts with that intention. This situation can be examined using cognitive dissonance theory if the individual experiences an inconsistency between important beliefs and behaviour. An Ayurvedic discussion may separately consider the person's mental functioning, habits, circumstances, and relevant classical concepts.

The comparison may be useful in developing questions for clinical counselling and behavioural research, but it does not establish that cognitive dissonance is a direct manifestation of Manas.

### 3.3 Buddhi and the evaluation of behavioural choices

Buddhi is discussed in Ayurvedic literature in relation to understanding, discrimination, judgement, and determination [3,4]. These functions are relevant to decisions concerning health, diet, conduct, and daily activities.

Cognitive dissonance theory suggests that individuals may respond to inconsistency by reconsidering their beliefs or changing their behaviour [1]. From an Ayurvedic perspective, Buddhi provides a conceptual basis for discussing the evaluation of alternatives and the determination of a course of action.

For instance, a person may recognise the potential consequences of irregular sleep but continue to stay awake late at night. The person may understand the recommendation yet give greater immediate importance to entertainment, social interaction, or work. The resulting discrepancy can be investigated through cognitive dissonance theory when it involves conflicting cognitions.

Buddhi may be discussed separately in relation to discernment and determination during decision-making. However, it would be inaccurate to conclude that cognitive dissonance necessarily represents impaired Buddhi. Behaviour may be influenced by competing priorities, environmental constraints, habits, emotional responses, and limited resources.

This distinction prevents a modern psychological theory from being used to make unsupported diagnostic claims within Ayurveda.

### 3.4 Smriti and the continuity of health-related knowledge

Smriti refers to memory or recollection in Ayurvedic discussions of mental functioning [3,4]. Recollection of prior knowledge and experience can influence how an individual interprets a situation and selects a response.

In health-related behaviour, a person may remember previous advice from a physician, the consequences of an earlier dietary choice, or the benefits experienced after following a recommended routine. Such recollections may influence subsequent decisions.

Festinger's theory, however, does not identify Smriti as a specific mechanism responsible for cognitive dissonance [1]. Memory may be relevant to the information available to a person, but cognitive dissonance concerns inconsistency among cognitions and the processes through which individuals respond to it.

A possible research question is whether recall of previous health advice influences the extent to which patients recognise discrepancies between their intentions and behaviour. Another question is whether reminders and counselling improve adherence by strengthening recall, changing attitudes, increasing motivation, or addressing practical barriers.

These possibilities require empirical testing. It would be premature to claim that strengthening Smriti necessarily reduces cognitive dissonance or guarantees behavioural change.

### 3.5 Sattva, Rajas, and Tamas as a framework for discussing mental differences

The Triguna framework describes Sattva, Rajas, and Tamas as qualities relevant to traditional Indian philosophical and Ayurvedic discussions of mental functioning [3,4].

Sattva is generally associated with clarity and knowledge, Rajas with activity and stimulation, and Tamas with inertia and obscuration. Their interpretation depends on the textual and philosophical context in which they are discussed.

The framework may provide a traditional vocabulary for exploring differences in how individuals approach choices, respond to competing influences, and maintain behavioural commitments. For example, an individual may understand a health recommendation yet struggle to implement it because of competing desires, established habits, fatigue, or environmental demands.

However, such a situation cannot automatically be attributed to Rajas or Tamas. These are traditional constructs and should not be treated as validated measurements of cognitive dissonance without appropriate operational definitions and empirical evidence.

Similarly, Sattva should not be equated directly with an absence of cognitive dissonance. A person may experience inconsistency despite careful reflection, while another person may appear behaviourally consistent without critically evaluating their beliefs.

The Triguna framework may therefore contribute to hypothesis generation, but further research is necessary to determine whether particular operationalisations of these concepts have measurable relationships with cognitive dissonance, behavioural intentions, or treatment adherence.

### 3.6 Application to Pathya-Apathya adherence

One practical area for applying this conceptual framework is adherence to dietary and lifestyle recommendations. A patient may understand the importance of a recommended diet but find it difficult to follow because of work schedules, food availability, family practices, personal preferences, or financial limitations. In some circumstances, the patient may also hold conflicting beliefs or experience a discrepancy between stated intentions and actual conduct.

Cognitive dissonance theory may help investigate the psychological component of this problem [1]. Ayurvedic principles concerning Pathya-Apathya provide the clinical context in which dietary and lifestyle recommendations are made [3,4].

A patient-centred approach should distinguish psychological inconsistency from practical inability. Failure to follow a recommendation does not necessarily indicate irrationality, weak determination, or an unfavourable mental quality. Understanding the patient's circumstances is essential before interpreting the behaviour.

Counselling may focus on achievable goals, clarification of the patient's concerns, collaborative decision-making, and appropriate follow-up. Whether such an approach improves adherence specifically through reduction of cognitive dissonance remains a question for future research.

### 3.7 Summary of the conceptual relationship

| Concept | Established meaning within its framework | Potential area of comparison | Important limitation |
|---|---|---|---|
| Cognitive dissonance | Psychological | Conflict between health | Does not explain every |

| | | | |
|---|---|---|---|
| | inconsistency among cognitions | beliefs and behaviour | instance of non-adherence |
| Manas | A component of Ayurvedic accounts of mental functioning | Mental experience and cognitive activity | Not equivalent to cognitive dissonance |
| Buddhi | Discernment, judgement, and understanding | Evaluation of competing choices | Behavioural inconsistency does not automatically indicate impaired Buddhi |
| Smriti | Memory and recollection | Recall of health knowledge and previous experience | Memory is not a specific synonym or established mechanism of dissonance |
| Sattva-Rajas-Tamas | Traditional qualities used to describe aspects of mental functioning | Exploring individual differences in responses and habits | Direct associations require operational definitions and empirical validation |

**4. Discussion**

The present conceptual review suggests that Festinger's cognitive dissonance theory can be used as a supplementary framework for examining selected questions in Ayurvedic psychology. Its principal contribution lies in explaining why individuals may experience a discrepancy between what they believe and what they do, and why they may attempt to resolve that discrepancy through behavioural or cognitive changes [1,2].

Ayurveda offers a distinct theoretical framework for understanding mental functioning through concepts such as Manas, Buddhi, Smriti, and the Triguna [3,4]. These concepts can support discussions of cognition, discernment, recollection, and individual differences within the Ayurvedic tradition. Nevertheless, the two frameworks differ in their historical origins, terminology, philosophical assumptions, and purposes.

An interdisciplinary approach should distinguish three levels of interpretation. First, Festinger's cognitive dissonance theory is an established modern psychological theory [1]. Second, Manas, Buddhi, Smriti, and the Gunas are concepts described within Ayurvedic and related Indian philosophical traditions [3,4]. Third, any proposed relationship between these constructs is a hypothesis that requires explicit definitions and appropriate research methods.

This distinction is particularly important when discussing clinical practice. Non-adherence to a health recommendation may arise from conflicting beliefs, but it may also result from practical difficulties, adverse experiences, social expectations, competing responsibilities, or insufficient access to care. A single psychological explanation should not be imposed on every patient.

Future research could investigate the relationship between cognitive dissonance and adherence to dietary and lifestyle recommendations among individuals receiving Ayurvedic care. Researchers could assess health beliefs, stated intentions, self-reported behaviour, and adherence over time. If Ayurvedic constructs are included, their definitions and assessment procedures should be specified in advance.

Validated psychological instruments should be used where appropriate, and any newly developed measures should undergo suitable reliability and validity testing.

Studies should also consider potential confounding variables, including age, education, socioeconomic circumstances, health literacy, symptom severity, and the accessibility of recommended interventions. Qualitative interviews may complement quantitative assessment by exploring how patients understand conflicting health advice and the difficulties they experience in implementing it.

The main limitation of this article is its conceptual design. It does not provide systematic evidence that cognitive dissonance corresponds to a particular Ayurvedic construct, nor does it establish that applying Festinger's theory improves clinical outcomes. Its value is primarily theoretical: it proposes a structured way to develop research questions without claiming that the proposed relationships have already been demonstrated.

## 5. Conclusion

Festinger's cognitive dissonance theory provides a modern psychological perspective for examining inconsistencies between health-related beliefs, intentions, and behaviour [1]. When considered alongside Ayurvedic concepts such as Manas, Buddhi, Smriti, and Sattva-Rajas-Tamas, it may support a broader discussion of mental functioning and the challenges associated with maintaining healthy behaviour [3,4]. The relationship between these frameworks should remain conceptual unless supported by empirical findings. Manas should not be equated with cognitive dissonance, Buddhi should not be reduced to rational decision-making alone, Smriti should not be considered a specific mechanism of dissonance, and the Gunas should not be used as unvalidated psychological classifications.

A carefully designed interdisciplinary research programme may clarify whether these conceptual perspectives can contribute to a better understanding of Pathya-Apathya adherence and health-related decision-making. Such work should respect the integrity of classical Ayurvedic concepts while applying contemporary psychological methods with methodological rigour.

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