



Three Bodies, Five Shells

A Map of the Human Being for Support and Palliative Care



The Paradigm

Cicely Saunders' Concept of "Total Pain."

The Dimensions

Suffering is never merely physical. It has inseparable psychological, social, and spiritual dimensions. Yet we often treat primarily what we can touch and see.

The Synthesis

Human beings are, as it were, surrounded by layers. To provide true relief, we need a map of the invisible.





1. Physical Sheath (*Annamaya-kośa*) – The body that lives on food

Observation & Symptoms

- **Focus:** Organs, skin, muscles, senses.
- **Warning signs:** Pain, nausea, loss of appetite, severe weakness, changes in physical appearance.

Nursing Intervention

- Consistent symptom management (pain, nausea).
- Thorough oral care and comfortable positioning.
- Protection of privacy (ask first, keep the body covered).

Guiding
question for
clinical practice

*“How is your body
feeling today, and
what makes it feel
better?”*



2. Energetic Sheath (*Prāṇamaya-kośa*) – The Life Force

Observation & Symptoms

- **Focus:** Breath, vitality, rhythm of waking and resting.
- **Warning signs:** Shortness of breath, profound exhaustion (fatigue), restlessness, disturbed sleep.

Nursing Intervention

- Plan care in stages (deliberate breaks).
- Provide relief for breathing (positioning, fresh air).
- Schedule conversations during awake periods; conserve limited energy.

Guiding question for practice

“What would you most like to use your energy for today?”



3. Mental Sheath (*Manomaya-kośa*) – Inner Experience

Observation & Symptoms

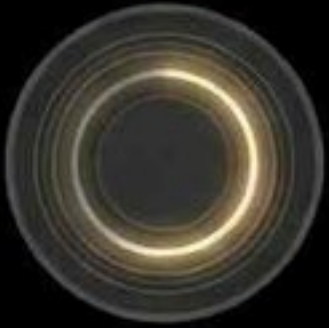
- **Focus:** Thinking, feeling, perceiving, remembering.
- **Warning signs:** Fear (e.g., of suffocation), worry, sadness, anger, brooding.
- **Resources:** Hope and humor.

Nursing Intervention

- Listen and allow fears to be expressed (do not reassure).
- Provide honest information to the extent desired.
- Provide reassurance through a wordless, yet attentive presence.

Guiding
question for
practice

*“What’s been on your
mind the
most these
days?”*



4. Shell of Wisdom (*Vijñānamaya-kośa*) – The aspect that seeks meaning

Observation & Symptoms

- **Focus:** Values, beliefs, faith, life assessment.
- **Warning signs:** “Why me?”, unresolved feelings of guilt, longing for reconciliation, struggling with final decisions.

Nursing Intervention

- Allow space for reflecting on one’s life.
- Do not judge or refute the patient’s interpretations (e.g., “God’s punishment”).
- Offer pastoral care or spiritual guidance as needed.

Guiding
question for
practice

*“What gives your
life meaning, even
now?”*



5. The Sheath of Bliss (*Ānandamaya-kośa*) – Deep Peace

Observation & Symptoms

- **Focus:** Connection beyond thought and will.
- **Manifestation:** Moments of peace, love, stillness, oneness with nature, music, or in prayer.

Nursing Intervention

- Deliberately create opportunities for such sensitive moments and protect them from disruption.
- Endure silence together.
- Let go of the urge to constantly have to “do” something.

Guiding question for practice

*“When was the last time
you experienced a
moment of peace
?”*

The Self (Ātman) – The Core of Being



It is not the same as the body, a feeling, or a thought. Illness cannot destroy it.

In palliative care, this core corresponds to the person's absolute dignity.

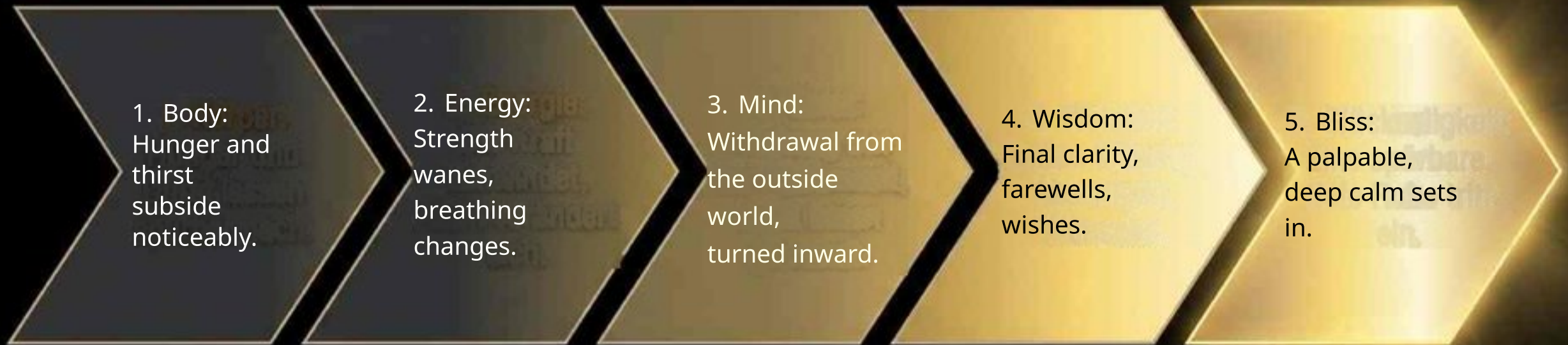
A person is—and always remains—more than their illness.



Diagnosis Matrix: An Overview of the 5 Layers

Shell	Definition	Warning Signs	Intervention
1. Physical	The physical body—organs, senses	Pain, nausea, weakness	Symptom management, Positioning
2. Energetic	Vital energy, breath, rhythm	Shortness of breath, fatigue, restlessness	Staged care, relief of breathing
3. Mental	Inner experience, thinking, feeling	Anxiety, worry, grief, anger	Listening, honest information
4. Wisdom	Values, questions of meaning, taking stock of one's life	Guilt, "Why me?"	Life review, spiritual care
5. Bliss	Deep peace, connectedness	(Lack of peace)	Cherishing Moments, Enduring Silence

The Journey Inward—The Dying Process in the Layers Model



Important for loved ones: This model helps to understand that a decrease in eating and drinking is often part of the natural withdrawal into the inner self—not “starvation.”

The Chaos of Suffering (Case Study: Ms. M., 67 years old)

Increasing ascites,
nausea, abdominal pain...

Shortness of breath
even while
washing...

Cries and says: I'm nothing but
a burden to my husband now.

Terribly
restless and awake
at night.

Suddenly says: God
must be punishing
me for
some old sin.

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Becomes surprisingly calm
while singing with her
granddaughter.

Insight: Without an inner map, this is a seemingly insurmountable chaos of physical pain, fear, shortness of breath, and existential guilt.

The Map (Case Study: Ms. M.)

Layer 1

Ascites, nausea, abdominal pain

Layer 2

Shortness of breath even while washing; restless at night

Layer 3

Fear: "I'm just a burden now"

Layer 4

God must be punishing me—old guilt

Layer 5

Calm while singing with her granddaughter

I am
still
myself.

Insights

- Symptoms intensify across layers: Shortness of breath (Layer 2) triggers anxiety (Layer 3). Questions of guilt (Layer 4) rob her of sleep (Layer 2).
- The strongest resource lies deep within: Singing in Layer 5 brings deep peace.

The Tools –How to Ask About the Invisible

Seek Permission

“May I ask you something that goes beyond the physical?”

Important: After asking the question, hold the silence. The most important answer often comes only after the pause.

Adapting Language

If the patient uses terms such as “fate” or “God,” use exactly those words.

Do not impose your own interpretations and avoid hasty attempts at consolation.

Relief Comes First

In cases of acute shortness of breath or severe pain, provide only immediate assistance—no in-depth conversations.

If the patient is exhausted, ask only short yes/no questions.

Approach & Ethos (What This Model IS NOT)



Not a diagnosis. This model never replaces a thorough medical history or a nursing assessment.



No dogma. Those affected need neither know nor share the Indian philosophy behind it. It is a model for *our own* perception.



Not a hollow platitude. The phrase “Your true self remains untouched” has no place at a patient’s bedside if the patient does not share this view.



No hierarchy. The inner layers are not “more important” or nobler than the outer ones. Those in pain need physical relief first, not philosophy.