

INTEGRATING MODERN COUNSELLING APPROACHES WITH AYURVEDIC PRINCIPLES: A COMPREHENSIVE STUDY

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Abstract

The Role of Theory in Counselling

In the field of mental health, a theoretical framework is not merely an academic exercise; it is the essential architecture upon which effective and ethical counselling is built. Counselling approaches are more than just collections of techniques; they are rooted in comprehensive philosophies about human nature, the origins of psychological distress, and the mechanisms of change. A counsellor's chosen theory provides a roadmap for understanding a client's challenges, formulating a case conceptualisation, and selecting appropriate interventions. It offers a consistent and coherent structure for the therapeutic process, guiding the counsellor in navigating the complexities of the human psyche. Without a sound theoretical basis, counselling risks becoming a directionless and potentially harmful series of conversations. The various approaches provide the necessary lens through which a client's life, behaviours, and emotions can be understood and addressed in a structured manner.

The historical development of these major theoretical schools reveals a fascinating evolution in the focus of therapy. The trajectory began with Psychoanalysis, which is fundamentally archaeological, delving into an individual's past to unearth the root causes of current distress in early childhood experiences. As a direct response, Behaviourism emerged, which deliberately rejected the unobservable past and concentrated solely on present, measurable behaviours.

The subsequent cognitive revolution reintroduced the "mind" into the equation but maintained a focus on present-tense thoughts and beliefs rather than deep-seated historical conflicts.

Similarly, Humanistic psychology emphasised the "here and now," concentrating on the client's immediate subjective experience and their potential for future growth. This progression illustrates a clear and significant shift away from a model of historical determinism toward one that champions present-focused empowerment, reflecting a broader transformation in psychology from a study of pathology to a science of potential.

1.1 Mapping the Theoretical Landscape

The diverse field of counselling can be organised into four major theoretical "families," each offering a distinct perspective on human psychology. These foundational schools of thought are Psychoanalytic, Behavioural, Cognitive, and Humanistic.

- **Psychoanalytic/Psychodynamic Approaches:** Originating with Sigmund Freud, these theories emphasise the profound influence of the unconscious mind and early childhood experiences on current behaviour and emotional distress.

- **Behavioural Approaches:** As a counter-reaction to the abstract nature of psychoanalysis, behaviourism focuses exclusively on observable behaviours. It posits that all behaviours, both adaptive and maladaptive, are learned through interaction with the environment via processes like conditioning.
- **Cognitive Approaches:** This school of thought asserts that it is not external events but rather our internal thoughts, beliefs, and interpretations of those events that determine our emotional and behavioural responses.
- **Humanistic Approaches:** Often called the "third force" in psychology, this perspective arose in opposition to the deterministic views of psychoanalysis and behaviourism. It champions concepts like free will, self-actualisation, and the innate human potential for growth.

1.2 An Overview of Major Therapies

Within each of these broad theoretical families, specific therapeutic modalities have been developed. This report will explore several key therapies, including:

- **Classical Psychoanalysis:** Freud's original "talking cure," which uses techniques like free association and dream analysis to explore the unconscious.
- **Neo-Freudian Therapies:** The evolved psychodynamic theories of figures like Jung, Adler, and Horney, which place greater emphasis on social and cultural factors.
- **Behaviour Therapy:** An action-oriented approach that uses principles of classical and operant conditioning to change unwanted behaviours.
- **Cognitive Behavioural Therapy (CBT):** A highly structured therapy that integrates cognitive and behavioural techniques to modify dysfunctional thought patterns and behaviours.
- **Person-Centred Therapy:** Carl Rogers's humanistic approach, which posits that a therapeutic environment of empathy, genuineness, and unconditional acceptance can unlock a client's natural capacity for growth.

The following table provides a high-level comparison of these major approaches, serving as an organisational anchor for the detailed explorations in the subsequent chapters.

Table 1: Comparative Overview of Major Counselling Approaches

Approach	Key Theorists	Core Focus	Time Orientation	Therapist Role
Psychoanalytic	Sigmund Freud	Unconscious conflicts, childhood experiences, psychosexual development	Past	Expert, Interpreter, "Blank Slate"
Behavioural	B.F. Skinner, Ivan Pavlov, John B. Watson	Observable behaviour, learning,	Present	Teacher, Coach, Director

		conditioning		
Cognitive	Aaron Beck, Albert Ellis	Beliefs, thoughts, cognitive distortions	Present	Collaborator, Educator, Guide
Humanistic	Carl Rogers, Abraham Maslow	Self-actualisation, free will, subjective experience	Present & Future	Facilitator, Empathetic Listener, Equal

Part II: The Psychodynamic Schools of Thought

Chapter 2: The Origins: Freud's Classical Psychoanalytic Theory

2.1 The Architect of the Unconscious: Sigmund Freud

In the late 19th and early 20th centuries, Austrian neurologist Sigmund Freud developed a revolutionary method for treating mental distress known as psychoanalysis. Through meticulous observation of his patients, Freud formulated a theory that posited human behaviour is profoundly influenced by unconscious thoughts, memories, and desires, many of which are rooted in early childhood experiences. This approach, which views personality as the result of a dynamic interplay between powerful inner forces, marked a paradigm shift in the understanding of the human mind.

2.2 Freud's Model of the Psyche

Freud's structural model of personality is a cornerstone of his theory, proposing that the psyche is composed of three interacting agents operating at different levels of awareness.

Levels of Awareness

Freud used the metaphor of an iceberg to describe the mind's three levels.

- **The Conscious:** This is the tip of the iceberg, representing everything we are aware of at any given moment—our current thoughts, feelings, and perceptions.
- **The Preconscious:** This level lies just below the surface of the water and contains information that is not currently in our awareness but can be easily retrieved, such as memories or stored knowledge.
- **The Unconscious:** This is the vast, submerged base of the iceberg. It serves as a repository for repressed memories, primal urges, and socially unacceptable desires that are kept out of conscious awareness because they are too threatening or painful. According to Freud, the contents of this unconscious realm are the primary drivers of human behaviour.

The Structure of Personality

Freud proposed a tripartite structure of personality, wherein three distinct but interacting

agents—the id, ego, and superego—are in a constant state of conflict.

- **The Id:** Present from birth, the id is the most primitive part of the personality, operating entirely within the unconscious. It is the reservoir of all psychic energy, or *libido*, and functions according to the **pleasure principle**, seeking immediate gratification of all instinctual drives, primarily sexual and aggressive ones, without regard for reality or morality. The id is illogical, irrational, and selfish.
- **The Ego:** Developing from the id during infancy, the ego is the rational part of the personality that operates on the **reality principle**. Its primary function is to mediate between the impulsive demands of the id, the moralistic constraints of the superego, and the realities of the external world. The ego seeks to satisfy the id's desires in ways that are realistic and socially acceptable, often postponing gratification to avoid negative consequences. Freud compared the ego's relationship to the id as that of a rider on a horse; the rider (ego) must harness and guide the superior strength of the horse (id).
- **The Superego:** The last part of the personality to develop, the superego is our internalised moral compass, representing the values and standards of society as taught by parents and other authority figures. It consists of two parts: the *conscience*, which punishes the ego with feelings of guilt for immoral behaviour, and the *ego ideal*, which rewards the ego with feelings of pride for moral behaviour. The superego strives for perfection and works to suppress the id's unacceptable urges.

2.3 The Dynamics of Conflict and Anxiety

According to Freud, psychological health depends on a balance between these three forces. When the ego is unable to effectively mediate the conflicting demands of the id and the superego, anxiety arises. To protect itself from this anxiety, the ego employs a range of unconscious strategies known as **ego defense mechanisms**. These mechanisms distort or deny reality to reduce psychological distress.

Table 2: A Guide to Freud's Ego Defense Mechanisms

Defense Mechanism	Definition	Simple Example
Repression	Unconsciously pushing threatening or painful thoughts and feelings out of awareness.	A person who was abused as a child has no memory of the events but has difficulty forming relationships.
Denial	Refusing to acknowledge a reality that is apparent to others.	A person with a substance use disorder insists they can quit anytime they want, despite evidence to the contrary.
Projection	Attributing one's own unacceptable thoughts, feelings, or motives to another person.	Someone with feelings of hostility towards a coworker believes the coworker is hostile towards them.

Displacement	Shifting impulses from a threatening target to a safer, less threatening one.	An employee who is angry at their boss goes home and yells at their children.
Rationalisation	Creating logical-sounding excuses for behaviour driven by unacceptable impulses.	A student who cheats on an exam justifies it by saying, "Everyone else does it."
Reaction Formation	Behaving in a way that is the exact opposite of one's true feelings.	A person who harbours unconscious resentment towards a family member acts overly caring and affectionate towards them.
Regression	Reverting to an earlier, more immature stage of development in the face of stress.	An adult throws a temper tantrum when they do not get their way.
Sublimation	Channelling unacceptable impulses into socially valued and constructive activities.	A person with aggressive urges becomes a successful surgeon or competitive athlete.

(Sources:)

2.4 Psychoanalytic Therapy in Practice

The practice of psychoanalysis is designed to bring repressed unconscious material into conscious awareness, allowing the client to gain insight and resolve long-standing conflicts.

Goals of Therapy

The primary goal of psychoanalysis is to make the unconscious conscious, encapsulated in Freud's famous dictum, "Where id was, ego shall be". By bringing repressed memories, feelings, and conflicts to the surface, the therapy aims to strengthen the ego, allowing it to function more realistically and less at the mercy of primal urges (id) or punitive guilt (superego). The ultimate objective is to help the client "remember, repeat, and work through" past experiences to enhance self-awareness and improve adaptive functioning in the present.

The Therapist's Role

In classical psychoanalysis, the therapist, or analyst, adopts a neutral and anonymous stance, often referred to as a "blank slate". By revealing very little about themselves and remaining objective, the analyst encourages the development of a **transference relationship**, where the client projects feelings and attitudes from past significant relationships onto the therapist. The analyst's main task is to listen carefully to the client's free associations and then interpret the unconscious material to help the client gain insight.

Key Techniques

Psychoanalysis employs several core techniques to access the unconscious mind:

- **Free Association:** This is the "fundamental rule" of psychoanalysis. The client is encouraged to lie on a couch and say whatever comes to mind, without censorship or filtering. The goal is to bypass the ego's defenses and allow unconscious thoughts, memories, and connections to emerge.
- **Dream Analysis:** Freud famously called dreams "the royal road to the unconscious". He distinguished between the **manifest content** (the dream's storyline as remembered by the dreamer) and the **latent content** (the hidden, symbolic meaning representing unconscious drives and wishes). The analyst's role is to interpret the symbols in the manifest content to uncover the latent meaning.
- **Analysis of Transference:** Transference was initially seen by Freud as an obstacle to therapy, as the client's projections distorted the reality of the therapeutic relationship. However, he soon realised that this distortion was not a random impediment but a live re-enactment of the client's core unresolved conflicts. By allowing the transference to develop and then interpreting it, the analyst helps the client understand and work through these old patterns in the here-and-now of the therapy session. This process transforms the obstacle into the primary vehicle for change.
- **Analysis of Resistance:** Resistance refers to any action or behaviour by the client that opposes the therapeutic process, such as missing appointments, being silent, or changing the subject when a difficult topic arises. The analyst does not see resistance as a failure but as a crucial clue to what is most anxiety-provoking for the client. Interpreting the resistance helps the client understand their defense mechanisms and the conflicts they are avoiding.

2.5 Strengths and Limitations of the Psychoanalytic Approach

Freud's theory was groundbreaking and has had an enduring impact on psychology and Western culture. It introduced the revolutionary idea that unconscious forces shape our lives and highlighted the importance of early childhood development. Psychoanalysis offers a comprehensive and in-depth approach to understanding personality and can lead to profound and lasting change for some individuals.

However, the approach has significant limitations. A major criticism is its lack of scientific validity; concepts like the id, ego, and superego are abstract and cannot be empirically measured or tested. The theory is also deterministic, suggesting that adult personality is largely fixed by childhood experiences, which downplays the potential for growth and change later in life. Furthermore, classical psychoanalysis is a time-intensive and costly form of treatment, making it inaccessible to many. Critics also argue that Freud's theory is overly focused on sexuality and aggression and was based on a limited and unrepresentative sample of case studies from his own clinical practice.

2.6 Case Study: "Annie" - A Psychoanalytic Perspective

The case of "Annie," a young housewife and mother suffering from agoraphobia (fear of leaving

her home), provides a clear example of the psychoanalytic process in its initial stages. From a Freudian perspective, her debilitating fear would be viewed not as the problem itself, but as a symptom of a deeper, unconscious conflict.

An analyst working with Annie would begin by establishing a safe therapeutic environment, encouraging her to engage in free association. The initial sessions, as described in the available transcripts, show a highly interactive process where the analyst uses supportive statements and clarifications to encourage Annie to elaborate on her feelings and anxieties. This process helps build the therapeutic alliance and allows Annie to explore difficult topics, such as her sexual life and suicidal thoughts, which she may have previously repressed.

The analyst would listen for recurring themes, slips of the tongue, and patterns in her narrative that might point to unresolved childhood conflicts, possibly related to her psychosexual development or her relationship with her parents. Her fear of venturing outside could be interpreted symbolically. For instance, it might represent a repressed sexual desire (fear of what might happen "out there") or a conflict related to dependency and separation from a parental figure. The analyst would pay close attention to the development of transference, observing how Annie relates to him in the therapy room. Does she see him as a protective father figure, a critical authority, or something else? By interpreting these transference dynamics, the analyst would help Annie gain insight into how her past relationships are influencing her present fears and behaviours. The goal would be to work through these unconscious conflicts, thereby resolving the underlying anxiety and liberating her from the symptomatic agoraphobia.

Chapter 3: The Evolution: Neo-Freudian and Interpersonal Theories

3.1 Moving Beyond Freud: The Neo-Freudian Movement

While Sigmund Freud's theories laid the groundwork for psychodynamic thought, many of his followers began to diverge from his core tenets. These theorists, known as Neo-Freudians, generally accepted the importance of the unconscious mind and the influence of early childhood experiences. However, they significantly de-emphasised Freud's focus on sexuality as the primary motivator of human behaviour. Instead, they expanded the psychoanalytic framework to include the profound impact of social relationships, cultural contexts, and interpersonal dynamics on personality development. This shift represented a move toward a more holistic and optimistic view of human nature.

The work of theorists like Karen Horney and Harry Stack Sullivan was particularly pivotal in this evolution. Horney was among the first to argue that neurosis stems not from internal instinctual conflicts but from disturbed interpersonal relationships in childhood, which create a state of basic anxiety. Sullivan took this idea even further, defining the entire field of psychiatry as the study of interpersonal relations and asserting that personality cannot be understood in isolation from its social context. This conceptual shift—from a purely internal, intrapsychic focus to an examination of the impact of external relationships—created a critical theoretical bridge that paved the way for later, fully relational models of therapy, such as family systems theory.

3.2 Carl Jung and Analytical Psychology

Carl Jung was initially Freud's chosen successor but broke away due to theoretical disagreements, primarily Freud's emphasis on sexuality. Jung developed his own school of thought, known as Analytical Psychology, which offered a more spiritual and mystical perspective on the human psyche.

The Structure of the Psyche

Jung expanded Freud's model of the unconscious, proposing two distinct layers:

- **The Personal Unconscious:** Similar to Freud's concept, this contains an individual's forgotten or repressed memories and experiences.
- **The Collective Unconscious:** This was Jung's most unique and significant contribution. He proposed that beneath the personal unconscious lies a deeper layer shared by all of humanity, a reservoir of ancestral memories and experiences. This collective unconscious contains universal themes and symbols that appear in myths, art, and dreams across all cultures.

Archetypes

The contents of the collective unconscious are organised into **archetypes**, which are innate, universal patterns or images that shape human behaviour and experience. Jung identified numerous archetypes, but four are central to his theory of personality :

- **The Persona:** This is the "social mask" we present to the world. It is the public face we adopt to conform to social expectations and roles. While necessary for social functioning, over-identifying with the persona can lead to a loss of one's true self.
- **The Shadow:** This archetype represents the "dark side" of our personality—the repressed, unwanted, and socially unacceptable thoughts, feelings, and desires. Integrating the shadow by acknowledging and accepting these aspects of ourselves is crucial for psychological wholeness.
- **The Anima and Animus:** Jung believed that every individual has both masculine and feminine qualities. The **anima** is the unconscious feminine archetype within a man, while the **animus** is the unconscious masculine archetype within a woman. These archetypes influence our relationships and our understanding of the opposite gender.
- **The Self:** The Self is the central archetype, representing the drive for unity, wholeness, and the integration of all parts of the personality. It is the ultimate goal of psychological development.

The Goal of Individuation

For Jung, the primary goal of life, especially in the second half, is **individuation**. This is a lifelong process of integrating the conscious and unconscious aspects of the psyche to become a whole, authentic individual—to realize the Self. Jungian therapy aims to facilitate this process

through techniques such as dream analysis and active imagination, with the analyst acting as a collaborative guide in the client's journey of self-discovery.

3.3 Alfred Adler and Individual Psychology

Alfred Adler, another early colleague of Freud, also broke away to form his own theory, which he called Individual Psychology. The term "individual" signifies his holistic view of the person as an indivisible, unified whole. Adler's theory is fundamentally social and goal-oriented.

Core Concepts

- **Inferiority and Superiority:** Adler posited that all humans begin life with a profound sense of **inferiority** due to their initial helplessness and dependency as children. This feeling of inferiority becomes the primary motivator in life, driving individuals in a **striving for superiority** or significance—a desire to overcome challenges and achieve personal growth.
- **Social Interest:** A key concept in Adler's later work is **social interest** (from the German *Gemeinschaftsgefühl*, meaning "community feeling"). Adler believed that psychological health is contingent on developing a genuine concern for the welfare of others and contributing to the common good. A healthy striving for superiority is socially constructive, whereas a neurotic striving is selfish and aimed at dominating others.
- **Style of Life and Fictional Finalism:** Each individual develops a unique **style of life** by the age of five or six, which is their characteristic way of striving for their goals. This striving is guided by a **fictional final goal**, a subjective, future-oriented ideal that gives direction to the person's life.
- **Birth Order:** Adler was the first psychologist to theorize that a person's **birth order** within the family constellation (e.g., firstborn, middle child, youngest) has a significant influence on the development of their personality and style of life.

Adlerian Therapy

Adlerian therapy is a collaborative and educational process. The therapist works with the client to explore their early memories, family constellation, and style of life to uncover "mistaken beliefs" that contribute to their feelings of inferiority and lack of social interest. The therapy proceeds through four stages: engagement (building the relationship), assessment (understanding the client's lifestyle), insight (helping the client understand their motivations), and reorientation (helping the client develop new, more adaptive goals and behaviours).

3.4 Karen Horney and Psychoanalytic Social Theory

Karen Horney was a German psychoanalyst whose work offered a powerful critique of Freudian orthodoxy and shifted the focus of psychoanalysis toward social and cultural factors.

Core Concepts

- **Basic Anxiety:** Horney argued that neurosis does not stem from instinctual conflicts but

from **basic anxiety**, a feeling of being isolated and helpless in a potentially hostile world. This anxiety arises from inadequate parenting and disturbed interpersonal relationships in childhood, such as domination, lack of warmth, or erratic behaviour.

- **Neurotic Needs and Coping Styles:** To cope with basic anxiety, individuals develop rigid, compulsive interpersonal strategies, which Horney called **neurotic needs**. She initially identified ten such needs (e.g., the need for affection, power, perfection) and later grouped them into three broad coping styles : 1. **Moving Toward People (Compliance):** Seeking affection and approval to feel safe. 2. **Moving Against People (Aggression):** Striving for power and control to overcome feelings of helplessness. 3. **Moving Away From People (Detachment):** Seeking independence and self-sufficiency to avoid being hurt.
- **The Idealized Self vs. The Real Self:** Horney believed that neurotic individuals become alienated from their **real self**—their core of authentic potential. Instead, they create an **idealized self-image**, an impossible standard of perfection. This leads to what she called the "tyranny of the shoulds," where individuals relentlessly drive themselves to live up to this unrealistic ideal, resulting in self-hatred and further alienation.

Feminine Psychology

Horney is considered the founder of feminist psychology for her direct challenge to Freud's male-centric views. She rejected the concept of **penis envy**, arguing that what women envied was not the male anatomy but the social power and privilege that came with it. She countered with the concept of **womb envy**, suggesting that men may feel inadequate due to their inability to bear children, leading them to overcompensate through achievement in work and society.

Horneyian Therapy

The goal of Horneyian therapy is to help clients relinquish their idealized self-image and neurotic search for glory, accept their real self, and move toward self-realization. The therapist helps the client understand how their early experiences created basic anxiety and led to their particular neurotic coping style. For example, a case study of a client named "Adam" illustrates how a "moving against people" character style, characterized by vengeful rage, developed as a response to perceived maternal abandonment and feelings of injustice in childhood. By gaining insight into these patterns, the client can begin to develop healthier, more flexible ways of relating to themselves and others.

3.5 Other Key Figures: Erikson and Sullivan

Erik Erikson's Psychosocial Theory

Erik Erikson expanded Freud's psychosexual stages into a comprehensive theory of **psychosocial development** that spans the entire lifespan. He proposed that individuals progress through eight sequential stages, each characterized by a specific psychosocial crisis

or conflict. The successful resolution of each crisis results in the development of a corresponding psychological virtue or strength. Erikson's theory highlights the continuous interaction between the individual and their social environment in shaping identity.

Table 3: Erikson's Eight Stages of Psychosocial Development

Stage	Age	Psychosocial Crisis	Significant Relationship	Positive Outcome/Virtue
1	Infancy (0-1.5)	Trust vs. Mistrust	Mother	Hope
2	Early Childhood (1.5-3)	Autonomy vs. Shame/Doubt	Parents	Will
3	Play Age (3-5)	Initiative vs. Guilt	Family	Purpose
4	School Age (5-12)	Industry vs. Inferiority	Neighbours, School	Competence
5	Adolescence (12-18)	Identity vs. Role Confusion	Peers, Role Models	Fidelity
6	Young Adulthood (18-40)	Intimacy vs. Isolation	Partners, Friends	Love
7	Middle Adulthood (40-65)	Generativity vs. Stagnation	Household, Workmates	Care
8	Late Adulthood (65+)	Ego Integrity vs. Despair	Mankind	Wisdom

(Sources:)

Harry Stack Sullivan's Interpersonal Theory

Harry Stack Sullivan's theory is fundamentally relational, positing that personality is shaped and expressed almost entirely through **interpersonal relationships**. He believed that anxiety is the chief disruptive force in life and that it arises from interpersonal situations. Key concepts in his theory include :

- **Personifications:** These are the mental images we form of ourselves and others (e.g., the "good mother," the "bad mother," the "good-me," the "bad-me").
- **Modes of Experiencing:** Sullivan described three ways of experiencing the world: the **prototaxic** (raw, unconnected sensory experiences of infancy), **parataxic** (seeing causal connections between events that are not logically related), and **syntaxic** (logical, rational, and validated through consensus).
- **Developmental Epochs:** Like Erikson, Sullivan proposed a series of developmental stages, but his were defined by changing interpersonal needs (e.g., the need for playmates in childhood, the need for a "chum" in preadolescence, the need for intimacy in adolescence).

In therapy, Sullivan saw the therapist as a "**participant observer**" who is actively involved in the interpersonal field with the client. The goal is to help the client become aware of their maladaptive interpersonal patterns and develop healthier ways of relating to others.

3.6 Strengths and Limitations of Neo-Freudian Approaches

The Neo-Freudian theorists made significant contributions by broadening psychoanalytic theory to include social, cultural, and interpersonal dimensions, offering a more optimistic and less deterministic view of human personality. They introduced influential concepts that remain relevant today, such as the inferiority complex, psychosocial stages, and the collective unconscious. Horney's work, in particular, provided a crucial corrective to Freud's male-centric perspective and laid the foundation for feminist psychology.

However, like classical psychoanalysis, many Neo-Freudian theories suffer from a lack of empirical testability. Concepts such as the collective unconscious or the "real self" are abstract and difficult to operationalize and measure scientifically. While their clinical insights are rich, they are often based on case studies and personal observations rather than rigorous experimental research, which limits their generalizability.

Part III: The Behavioural and Cognitive Approaches

Chapter 4: The Science of Learning: The Behavioural Approach

4.1 The Behaviourist Revolution

In the early 20th century, a new school of thought emerged in psychology that stood in stark contrast to the introspective nature of psychoanalysis. This was behaviourism, a perspective championed by theorists like John B. Watson, Ivan Pavlov, and B.F. Skinner. The core principle of behaviourism is that psychology should be a scientific discipline focused exclusively on observable and measurable behaviours, rather than unobservable internal states like thoughts, feelings, or unconscious drives. Behaviourists posit that all behaviour, no matter how complex, is learned through interaction with the environment. This learning occurs through a process of association and consequence, and because behaviour is learned, it can also be unlearned or modified.

4.2 Classical Conditioning (Ivan Pavlov)

The Russian physiologist Ivan Pavlov is credited with discovering one of the fundamental mechanisms of learning: classical conditioning. While studying the digestive processes of dogs, he famously observed that the dogs would begin to salivate not just at the sight of food, but also at the sight of the lab assistant who fed them, or even at the sound of a bell that had been repeatedly paired with feeding time.

The Core Mechanism

Classical conditioning is a learning process that occurs when two stimuli are repeatedly paired. A response that is at first elicited by the second stimulus is eventually elicited by the first stimulus alone. The key components are:

- **Unconditioned Stimulus (UCS):** A stimulus that naturally and automatically triggers a

response (e.g., food).

- **Unconditioned Response (UCR):** The unlearned, naturally occurring response to the UCS (e.g., salivation in response to food).
- **Conditioned Stimulus (CS):** An originally neutral stimulus (e.g., a bell) that, after association with a UCS, comes to trigger a conditioned response.
- **Conditioned Response (CR):** The learned response to the previously neutral (but now conditioned) stimulus (e.g., salivation in response to the bell).

Key Concepts

Pavlov's research also identified several key phenomena associated with this learning process :

- **Acquisition:** The initial stage of learning when a response is first established and gradually strengthened.
- **Extinction:** The diminishing of a conditioned response when the CS is repeatedly presented without the UCS.
- **Spontaneous Recovery:** The reappearance of an extinguished CR after a rest period.
- **Generalisation:** The tendency for stimuli similar to the CS to elicit similar responses.
- **Discrimination:** The learned ability to distinguish between a CS and other stimuli that do not signal a UCS.

4.3 Operant Conditioning (B.F. Skinner)

While classical conditioning involves involuntary, reflexive behaviours, American psychologist B.F. Skinner explored how voluntary behaviours are learned. His theory of operant conditioning posits that behaviour is shaped by its consequences. Behaviours followed by satisfying consequences are more likely to be repeated, while those followed by unpleasant consequences are less likely to be repeated. Skinner famously demonstrated these principles using an "operant conditioning chamber," or "Skinner Box," where animals like rats or pigeons would learn to press a lever to receive a food reward.

Key Concepts

The core concepts of operant conditioning revolve around reinforcement and punishment :

- **Reinforcement:** Any consequence that *increases* the likelihood of a behaviour being repeated.
 - **Positive Reinforcement:** Adding a desirable stimulus to increase a behaviour (e.g., giving a child praise for cleaning their room).
 - **Negative Reinforcement:** Removing an undesirable stimulus to increase a behaviour (e.g., turning off an annoying alarm by pressing the snooze button).
- **Punishment:** Any consequence that *decreases* the likelihood of a behaviour being repeated.
 - **Positive Punishment:** Adding an undesirable stimulus to decrease a behaviour

(e.g., scolding a child for misbehaving).

- **Negative Punishment:** Removing a desirable stimulus to decrease a behaviour (e.g., taking away a teenager's phone for breaking curfew).

4.4 Behaviour Therapy in Practice

Behaviour therapy applies these principles of learning to change maladaptive behaviours. It is an action-based, highly focused approach where the behaviour itself is seen as the problem.

Goals of Therapy

The primary goal of behaviour therapy is to eliminate unwanted, self-defeating behaviours and replace them with more adaptive, healthy ones. The process involves setting clear, concrete goals and using specific techniques to achieve them.

The Therapist's Role

In behaviour therapy, the therapist takes on an active and directive role, functioning as a teacher, coach, and consultant. The therapeutic relationship is collaborative, but the focus is on implementing a structured plan to modify behaviour. The therapist conducts a functional analysis to identify the antecedents and consequences that maintain a problematic behaviour and then designs a targeted intervention plan.

Key Techniques

- **Systematic Desensitization:** Developed by Joseph Wolpe, this technique is highly effective for treating phobias and anxiety disorders. It is a form of counter-conditioning that involves three steps: (1) teaching the client deep muscle relaxation techniques; (2) collaboratively creating a **fear hierarchy**, a list of anxiety-provoking situations ranked from least to most frightening; and (3) gradually exposing the client to the feared items on the hierarchy (either in imagination or in real life, *in vivo*) while they maintain a state of relaxation.
- **Aversion Therapy:** This technique pairs an undesirable behaviour (e.g., drinking alcohol) with an aversive stimulus (e.g., a nausea-inducing drug like Antabuse). Through classical conditioning, the client develops a negative association with the previously pleasurable behaviour, thereby reducing its occurrence.
- **Other Techniques:** Behaviour therapy also employs a range of other methods, including **assertiveness training** to teach clients how to express their needs effectively, **social skills training**, **modelling** (learning by observing others), and **token economies** (a system of reinforcement where desired behaviours are rewarded with tokens that can be exchanged for privileges).

Aversion therapy, while based on established learning principles, operates on a precarious ethical foundation. Its effectiveness is built on the deliberate creation of physical and

psychological discomfort, which directly challenges the fundamental counselling principle of non-maleficence, or "do no harm." The process involves pairing a stimulus with a genuinely unpleasant consequence, such as an electric shock or a nausea-inducing drug, which is inherently punitive and can cause significant distress. These ethical concerns, combined with questions about its long-term effectiveness outside of a controlled therapeutic environment, have led to a significant decline in its use in modern practice. It has largely been replaced by less punitive methods that empower clients rather than punish them, illustrating how ethical considerations can, and should, guide the evolution of therapeutic practice.

4.5 Strengths and Limitations of the Behavioural Approach

The primary strength of the behavioural approach is its scientific rigour and effectiveness. Because it focuses on observable behaviours, its techniques can be empirically tested and validated. It has proven highly effective for treating specific, well-defined problems such as phobias, anxiety disorders, and obsessive-compulsive disorder. The approach is also efficient and can produce results relatively quickly.

However, behaviourism is often criticised for being mechanistic and for oversimplifying complex human behaviour. By focusing solely on external behaviours, it neglects the role of internal mental processes like thoughts, emotions, and free will. Critics argue that it fails to address the underlying causes of problems and focuses only on symptom reduction. Furthermore, there are concerns that the changes achieved may not generalise to situations outside the therapeutic setting.

4.6 Case Study: Overcoming Earthworm Phobia

A case study of a 20-year-old female college student with a severe phobia of earthworms (*scoleciphobia*) demonstrates the practical application of systematic desensitization. The client's fear began at age 15 after stepping on earthworms and was so intense that even hearing the word "earthworm" caused discomfort. Her motivation for treatment was an upcoming university activity that would involve plantation work.

The therapeutic process followed the classic steps of systematic desensitization:

1. **Relaxation Training:** The client was taught progressive muscle relaxation techniques to use before and during exposure.
2. **Fear Hierarchy Construction:** The therapist and client collaboratively created a detailed 31-item hierarchy using the Subjective Units of Discomfort Scale (SUDS), ranging from "Mention the word earthworm" (SUDS score of 0) to "Holding earthworms by hand with no tools" (SUDS score of 100).
3. **Graded Exposure:** Over six sessions, the client was systematically exposed to items on the hierarchy, starting with the least anxiety-provoking. This included looking at images and videos of earthworms, observing them from a distance, and eventually, touching and holding them with a tool. She practiced her relaxation techniques throughout the exposure.

The outcome was highly successful. The client's overall SUDS score for the phobia dropped

from 95 to 30. By the end of treatment, she was able to perform one of the highest items on her hierarchy—taking an earthworm with a tool—which she felt was sufficient for her needs. A one-year follow-up confirmed that the treatment effects were maintained, and she was able to control her fear without a hysterical response.

Chapter 5: The Power of Cognition: The Cognitive Approach and CBT

5.1 The Cognitive Revolution

Beginning in the 1960s, a "cognitive revolution" in psychology began to challenge the dominance of pure behaviourism. This new perspective argued that internal mental processes—thoughts, beliefs, interpretations, and assumptions—are critically important and cannot be ignored. The central tenet of the cognitive approach is that it is not external events that cause emotional distress, but rather our interpretation of those events. Dysfunctional thinking leads to dysfunctional emotions and behaviours. Two key figures in this movement were Aaron Beck and Albert Ellis.

5.2 Aaron Beck and Cognitive Therapy

Psychiatrist Aaron Beck developed Cognitive Therapy after observing that his depressed patients were plagued by persistent negative thoughts. He proposed that psychological distress arises from distorted, unrealistic thinking.

Beck's Cognitive Model

Beck outlined a three-tiered model of cognition to explain how these thoughts develop and are maintained :

1. **Core Beliefs:** These are the most fundamental, rigid, and deeply held beliefs about oneself, the world, and the future (e.g., "I am unlovable," "The world is a dangerous place"). They are often formed in early childhood and are typically global and absolute.
2. **Dysfunctional Assumptions (Intermediate Beliefs):** These are the "rules for living" or conditional assumptions that guide our behaviour and are derived from our core beliefs (e.g., "If I am not perfect, then I am a failure," "I must please everyone to be accepted").
3. **Automatic Negative Thoughts (ANTs):** These are the situation-specific, involuntary thoughts that pop into our minds in response to an event. They are the most superficial level of cognition and are direct manifestations of our underlying assumptions and core beliefs (e.g., after making a small mistake, thinking "I'm so stupid").

Cognitive Distortions

Beck identified several common patterns of faulty thinking, or **cognitive distortions**, that maintain psychological distress. These are systematic errors in reasoning that lead to a skewed and negative perception of reality.

Table 4: Identifying Common Cognitive Distortions

Distortion	Definition	Example
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All-or-Nothing Thinking	Viewing situations in absolute, black-and-white categories.	"If I don't get a perfect score, I'm a total failure."
Overgeneralisation	Viewing a single negative event as a never-ending pattern of defeat.	After one rejection, thinking, "I'll never find a partner."
Mental Filter (Selective Abstraction)	Dwelling on a single negative detail while ignoring all the positive ones.	Receiving many compliments on a presentation but obsessing over one minor criticism.
Catastrophising	Expecting the worst-case scenario without considering more likely outcomes.	"If I fail this exam, my life will be over."
Personalisation	Taking responsibility for a negative event when there is no basis for doing so.	"My friend is in a bad mood; it must be something I did."
"Should" Statements	Having a rigid set of rules about how you and others should behave.	"I should always be happy and confident."
Emotional Reasoning	Believing that something must be true because you feel it so strongly.	"I feel like an idiot, so I must be one."
Labelling	Assigning a fixed, global label to yourself or others instead of describing the specific behaviour.	Instead of "I made a mistake," thinking "I am a loser."

(Sources:)

5.3 Albert Ellis and Rational Emotive Behavior Therapy (REBT)

Around the same time as Beck, psychologist Albert Ellis developed Rational Emotive Behavior Therapy (REBT), a similar cognitive approach. Ellis also argued that psychological problems are caused by irrational beliefs.

The ABC Model

Ellis created the simple but powerful **ABC model** to explain this process :

- **A - Activating Event:** An external event or situation occurs.
- **B - Beliefs:** The individual's rational or irrational beliefs about the event.
- **C - Consequences:** The emotional and behavioural consequences that result from the beliefs.

The crucial insight of this model is that **A does not cause C; B causes C**. It is our belief about the event, not the event itself, that leads to our emotional reaction.

Disputation and the ABCDE Model

Ellis later extended the model to ABCDE, adding two more steps for therapeutic change :

- **D - Disputation:** Actively challenging and disputing the irrational beliefs identified at step B.
- **E - Effective New Philosophy:** Adopting a new, more rational belief and philosophy, which leads to healthier emotional and behavioural consequences.

5.4 Cognitive Behavioural Therapy (CBT) in Practice

Cognitive Behavioural Therapy (CBT) is a broad term for therapies that integrate both cognitive and behavioural techniques. It is a structured, short-term, goal-oriented psychotherapy that has become one of the most widely researched and empirically supported forms of treatment.

Goals of Therapy

The primary goal of CBT is to help clients identify, evaluate, and change their dysfunctional thought patterns and maladaptive behaviours, thereby improving their emotional state and ability to cope with life's challenges.

The Therapist-Client Relationship

The therapeutic relationship in CBT is fundamentally different from the psychoanalytic model. Instead of the therapist acting as an expert interpreter, CBT is based on a principle of **collaborative empiricism**. The therapist and client work together as a team, like scientists, to identify and test the client's negative thoughts as if they were hypotheses rather than facts. The therapist's role is that of an educator and coach, teaching the client a set of skills that they can use for the rest of their lives. The ultimate goal is to empower the client to become their own

therapist. This educational model fundamentally shifts the therapeutic dynamic from one of dependency to one of client self-efficacy and independence.

Key Techniques

CBT employs a variety of structured techniques to achieve its goals :

- **Cognitive Restructuring:** This is the core technique of challenging and reframing negative thoughts. It involves identifying cognitive distortions and generating more balanced, realistic alternative thoughts.
- **Thought Records:** A key homework assignment in CBT, a thought record is a structured worksheet that helps clients practice cognitive restructuring. Clients record an activating event, their automatic thoughts, the resulting emotions, identify the cognitive distortions, develop a rational response, and then re-rate their emotions.
- **Behavioural Experiments:** Clients are encouraged to design and carry out "experiments" in the real world to test the validity of their negative beliefs (e.g., a person with social anxiety who believes "everyone will laugh at me if I speak up" is encouraged to test this by asking a question in a group setting).
- **Activity Scheduling:** Often used for depression, this technique involves scheduling specific, pleasurable, or mastery-oriented activities into the client's week to combat withdrawal and increase positive reinforcement.

5.5 Strengths and Limitations of CBT

The greatest strength of CBT is its extensive empirical support. Thousands of studies have demonstrated its effectiveness for a wide range of conditions, including depression, anxiety disorders, OCD, and eating disorders. Its structured, goal-oriented, and short-term nature makes it efficient and cost-effective. It is also highly empowering, as it provides clients with practical, concrete skills they can use to manage their mental health long after therapy has ended.

However, CBT also has limitations. Critics argue that its highly structured format can feel restrictive or "manualized" for clients who prefer a more exploratory approach. It may not be as effective for clients with complex, deep-rooted trauma or severe personality disorders, as it focuses on current symptoms rather than underlying historical causes. Furthermore, the success of CBT is heavily dependent on the client's motivation and willingness to actively participate and complete homework assignments between sessions, which can be a significant challenge for individuals with severe depression or low motivation.

5.6 Case Study: "Nancy" - Treating Depression with CBT

The case of "Nancy," a 25-year-old woman diagnosed with moderate major depressive disorder and anxiety, provides a clear illustration of the CBT process. Nancy's distress was primarily related to feeling "trapped" in her relationships and fearful of not meeting expectations at work. The therapist began by forming a collaborative alliance and teaching Nancy the cognitive model. Using a situation with her roommate, the therapist demonstrated how Nancy's automatic thoughts ("I'm messing up again") and dysfunctional assumptions ("If I can't be a perfect friend, I'd rather

just live alone") led to feelings of guilt and inadequacy.

Nancy's treatment involved several core CBT components:

- **Assessment and Goal Setting:** Her symptoms were tracked weekly using the Beck Depression Inventory (BDI) and Burns Anxiety Inventory (BAI). The initial goal was to reduce these scores.
- **Psychoeducation:** She was assigned to read David Burns's *Feeling Good* to learn the basic principles of CBT.
- **Cognitive and Behavioural Techniques:** Throughout therapy, Nancy learned to use **Thought Records** to challenge her negative thoughts about her relationships. She engaged in **role-playing** to practice being more assertive and setting limits. She also used **Activity Scheduling** to manage her time at work more effectively and a **Positive Data Log** to counteract her core belief that she was selfish.

The outcome of the therapy was successful. By the end of treatment, Nancy's BDI and BAI scores were in the normal range. She felt significantly more assertive and effective in her relationships, managed her workload without panic, and had the confidence to continue applying the skills she learned on her own.

Part IV: The Humanistic and Existential Dimension

Chapter 6: The Pursuit of Potential: The Humanistic Approach

6.1 The "Third Force" in Psychology

In the mid-20th century, humanistic psychology emerged as a "third force," offering a powerful alternative to the deterministic perspectives of psychoanalysis and the mechanistic views of behaviourism. This approach is founded on a profoundly optimistic philosophy of human nature. It champions the ideas of free will, personal agency, and the innate human drive toward growth and fulfillment. Humanistic theorists like Abraham Maslow and Carl Rogers argued that to understand a person, one must focus on their subjective experience and their unique potential, rather than reducing them to unconscious drives or conditioned responses.

6.2 Abraham Maslow and the Drive for Self-Actualization

Abraham Maslow was a key figure in establishing the humanistic perspective. He is best known for his **Hierarchy of Needs**, a theory of motivation that he depicted as a pyramid.

Hierarchy of Needs

Maslow proposed that humans are motivated to fulfill a series of needs in a specific order. More basic, deficiency-based needs must be met before higher-level, growth-oriented needs can be pursued :

1. **Physiological Needs:** The most basic needs for survival, such as air, food, water, and shelter.
2. **Safety Needs:** The need for security, stability, and protection from physical and emotional harm.
3. **Love and Belongingness Needs:** The need for intimate relationships, friendships, and a

sense of connection with others.

4. **Esteem Needs:** The need for self-esteem, achievement, competence, and recognition from others.
5. **Self-Actualization:** The highest level of the hierarchy, this is the motivation to fulfill one's full and unique potential—to become "everything that one is capable of becoming". Self-actualization is not a destination but a continuous process of growth, creativity, and finding meaning in life.

6.3 Carl Rogers and the Person-Centered Approach

Carl Rogers was arguably the most influential figure in the development of humanistic therapy. His **Person-Centred Approach** (also known as Client-Centred Therapy) is built on the fundamental belief in the client's capacity for self-directed growth.

Core Concepts

- **The Actualizing Tendency:** Rogers believed that all living organisms, including humans, possess an innate **actualizing tendency**—a natural drive to maintain and enhance themselves and move toward fulfillment.
- **The Self-Concept:** Central to Rogers's theory is the **self-concept**, which includes our perceptions of ourselves ("real self") and what we aspire to be ("ideal self"). Psychological distress, or *incongruence*, arises when there is a significant gap between our real self and our ideal self, often because our ideal self is based on "conditions of worth"—the belief that we are only worthy of love if we meet certain standards imposed by others.
- **The Fully Functioning Person:** The goal of development is to become a "**fully functioning person.**" This is an individual who is open to experience, lives in the present moment (existential living), trusts their own feelings and instincts, is creative, and lives a rich, full life. A fully functioning person is congruent, meaning their self-concept is aligned with their experiences.

6.4 Person-Centered Therapy in Practice

Rogers's therapeutic approach was revolutionary not for its complex techniques, but for its profound simplicity. He shifted the focus of therapy away from what the therapist *does to* the client and onto the therapist's *way of being with* the client. He proposed that the power for healing resides within the client, and the therapist's role is simply to create the right psychological climate for the client's innate actualizing tendency to flourish. This democratized the therapeutic process, positioning the therapist not as an expert who fixes the client, but as a facilitator who provides the "soil, water, and sunlight" for the client's own growth.

Goals of Therapy

The primary goal of person-centred therapy is to provide a supportive environment in which clients can reconnect with their true selves, reduce the gap between their real and ideal selves, and move toward becoming more fully functioning. The therapy aims to increase

self-awareness, self-acceptance, and self-reliance.

The Therapeutic Relationship and Core Conditions

Rogers identified three "necessary and sufficient" conditions that a therapist must provide to create a growth-promoting climate. These are not techniques to be applied, but attitudes to be embodied :

1. **Unconditional Positive Regard (UPR):** The therapist offers complete acceptance and non-judgmental caring for the client as a person. This means valuing the client for who they are, regardless of their feelings, thoughts, or behaviours. This unconditional acceptance allows the client to explore their experiences without fear of rejection, helping them to overcome their internalised conditions of worth.
2. **Empathy (Empathic Understanding):** The therapist strives to deeply and accurately understand the client's subjective world from the client's frame of reference. The therapist senses the client's feelings *as if* they were their own, without losing the "as if" quality. This deep understanding helps the client feel validated and less alone.
3. **Congruence (Genuineness):** The therapist is authentic, genuine, and transparent in the relationship. They are not playing a role or hiding behind a professional facade. This realness allows the client to build trust and engage in a genuine human-to-human relationship.

The Therapist's Role and Techniques

The role of the person-centred therapist is to be a non-directive facilitator. The client is seen as the expert on their own life and is responsible for the direction of the therapy. The therapist does not offer advice, give interpretations, or assign homework. Instead, they focus on embodying the core conditions and using techniques that demonstrate deep understanding, such as **active listening** and the **reflection** of feelings and content. By accurately mirroring the client's experience, the therapist helps the client to see themselves more clearly and access their own inner resources for growth.

6.5 Strengths and Limitations of the Humanistic Approach

The humanistic approach has had a profound impact on counselling, shifting the focus to a more positive, holistic, and empowering view of the individual. Its greatest strength is its emphasis on the therapeutic relationship, a factor that research has consistently shown to be a key predictor of successful therapy outcomes across all modalities. It is particularly effective for individuals dealing with issues of self-esteem, identity, and personal growth.

However, the approach has been criticised for its lack of scientific rigour. Core concepts like "self-actualization" are abstract and difficult to measure empirically. The non-directive stance may also be less effective for clients who are in crisis or who have severe mental health conditions and require a more structured, directive intervention. Furthermore, some critics argue

that the focus on individual self-fulfillment can be seen as promoting a form of self-indulgence that neglects social and community responsibilities.

6.6 Case Study: "Michael" - Navigating Future Choices

The case of Michael, a high-achieving high school student feeling pressure from his parents to study Law or Medicine despite his own desire to work and travel, is well-suited for a person-centred approach.

A person-centred counsellor working with Michael would not offer advice on what he "should" do. Instead, the counsellor's primary role would be to provide the core conditions of empathy, UPR, and congruence. The counsellor ("C") would use active listening and reflection to help Michael explore his feelings of pressure, his gratitude for his parents' support, his excitement about travel, and his conflict between his desires and their expectations.

As Michael speaks, the counsellor would reflect his feelings: "It sounds like you feel torn between wanting to please your parents, who have done so much for you, and wanting to follow your own path and see the world." By providing a non-judgmental space, the counsellor allows Michael to voice his true feelings without fear of criticism. The counsellor's unconditional positive regard validates Michael's desires as legitimate, even if they conflict with his parents' wishes. Through this process of self-exploration in a supportive environment, Michael would gain clarity on his own values and goals. The counsellor's trust in Michael's ability to find his own solution empowers him to make a decision that is authentic to him. He might decide to pursue travel first, defer university, or find a compromise. The specific outcome is less important than the process: Michael is enabled to make a self-directed choice, strengthening his sense of autonomy and self-trust, which are key characteristics of a fully functioning person.

Chapter 7: Exploring Meaning and Wholeness: Related Therapies

Building on the foundational principles of humanistic psychology, several other therapeutic approaches have emerged that share a focus on subjective experience, personal responsibility, and the search for meaning.

7.1 Gestalt Therapy

Developed by Fritz and Laura Perls, Gestalt therapy is an experiential and humanistic approach that emphasizes awareness in the "here and now". It focuses on the whole person—their thoughts, feelings, and bodily sensations—and encourages clients to take responsibility for their lives. A key goal is to help clients integrate fragmented parts of their personality into a unified whole. Gestalt therapy is known for its creative and active techniques, such as the "**empty chair**" technique, where a client engages in a dialogue with an imagined person or a part of themselves to resolve internal conflicts.

7.2 Existential Therapy

Existential therapy is a philosophical approach to counselling that confronts the deep questions of human existence. Drawing on the work of philosophers like Søren Kierkegaard and Jean-Paul Sartre, and popularised in psychotherapy by figures like Rollo May and Irvin Yalom,

this approach is less a set of techniques and more a way of thinking about the human condition. Yalom identified four "ultimate concerns" or givens of existence that are the source of most human conflict: **death**, **freedom** (and its accompanying responsibility), **existential isolation** (the fact that we are ultimately alone), and **meaninglessness**. The goal of existential therapy is to help clients confront these anxieties, accept the realities of existence, and create a meaningful and authentic life by making conscious choices and taking responsibility for them.

7.3 Constructionist and Narrative Therapy

Postmodern approaches like constructionist and narrative therapy challenge the idea of a single, objective reality, proposing instead that our realities are socially and linguistically constructed.

- **Constructionist Therapy:** This approach is based on the principle that individuals actively create, or "construct," their own realities and meanings through their experiences and interpretations. The therapeutic process is highly collaborative, with the therapist and client working together as partners to "co-create" new, more empowering meanings and solutions.
- **Narrative Therapy:** Developed by Michael White and David Epston, narrative therapy focuses on the stories we live by. It posits that our identities are shaped by the dominant narratives we tell about our lives. Psychological problems arise when these narratives become "problem-saturated". The therapy's core principle is to separate the person from the problem, famously captured in the phrase, "**The person is not the problem; the problem is the problem**". Key techniques include **externalizing** the problem (giving it a name and exploring its influence), **deconstructing** problem-saturated stories, and identifying **unique outcomes** (times when the problem was not dominant) to help clients "re-author" their lives with more empowering and preferred narratives.

7.4 Creative Therapy

Creative arts therapy is a broad category of therapies that use various art forms as the primary mode of expression and communication. This includes **art therapy**, **music therapy**, **dance movement psychotherapy**, and **dramatherapy**. These approaches are particularly useful for clients who find it difficult to verbalise their thoughts and feelings. The creative process itself is seen as therapeutic, providing a non-verbal outlet to explore emotions, process trauma, reduce stress, and enhance self-awareness. The focus is on the act of creation and the meaning it holds for the client, not on the artistic quality of the final product.

Part V: Synthesis and Modern Practice

Chapter 8: Classifications of Counselling Techniques

8.1 Directive vs. Non-Directive Approaches

The various counselling approaches discussed throughout this module can be broadly classified along a continuum from directive to non-directive. This classification is not merely a technical distinction but reflects a fundamental philosophical difference regarding the source of wisdom and the primary agent of change in the therapeutic process.

Directive Counselling

Directive counselling approaches are counsellor-centred. In this model, the therapist is viewed as the expert who takes an active and leading role in the process. The counsellor diagnoses the problem, identifies solutions, and provides advice and guidance to the client. This approach operates on an "outside-in" philosophy, where the therapist possesses the expert knowledge and techniques needed to "fix" the client's problem. The agent of change is the therapist's expertise. Proponents like E.G. Williamson outlined a structured, six-step process: analysis, synthesis, diagnosis, prognosis, counselling, and follow-up. This approach is often more problem-focused, time-efficient, and can be beneficial for clients seeking clear guidance or those with intellectual rather than emotional problems. Examples of highly directive therapies include Behaviour Therapy and Rational Emotive Behavior Therapy (REBT).

Non-Directive Counselling

In contrast, non-directive counselling is client-centred. This model is built on an "inside-out" philosophy, which posits that the client is the expert on their own life and possesses an innate capacity for growth and self-healing. The agent of change is the client's own actualizing tendency. The therapist's role is passive and facilitative, focused on creating a supportive, accepting, and empathetic environment where the client can freely explore their own issues and discover their own solutions. The therapist refrains from giving advice, interpretations, or direction, trusting entirely in the client's process. The quintessential example of this approach is Carl Rogers's Person-Centred Therapy. This method is particularly effective for clients seeking to enhance self-awareness and personal growth.

8.2 The Middle Path: Eclectic Counselling

In modern practice, few counsellors adhere rigidly to a single theoretical orientation. Instead, many adopt an **eclectic** or **integrative** approach. Eclectic counselling is not a distinct theoretical school but a pragmatic and flexible framework that involves selecting and combining principles and techniques from various theories to best fit the unique needs of an individual client.

Principles and Rationale

The chief advocate for this approach, Frederick Thorne, argued that since every client is different, no single theory can be effective for everyone. An eclectic counsellor studies the client's personality, needs, and presenting problem and then draws from a wide range of therapeutic tools. This approach represents a pragmatic compromise, acknowledging that at times a client may benefit from the expert guidance of a directive approach, while at other times they may need the space for self-discovery offered by a non-directive approach. The skilled eclectic therapist has the wisdom to know when to act as an expert and when to serve as a facilitator.

Application

For example, a counsellor might begin therapy using a non-directive, person-centred style to build a strong therapeutic alliance and allow the client to feel heard and accepted. As therapy progresses and specific issues like negative thought patterns become apparent, the counsellor might then integrate more directive CBT techniques, such as a thought record, to help the client challenge those cognitions. This makes eclecticism a highly flexible but also a highly demanding orientation, requiring the counsellor to be well-versed in multiple theoretical models.

Abstract –

There is no proper definition and law in implementing ayur-neuro genetics legal framework in the Mental Health Act regulatory -valuation in India. The Indian legal system lacks in addressing the ethical and regulatory deficit in Genre of ayurveda, neuroscience and neurogenetics, to address the mental trauma and stress faced by people in work setting both in national and multinational companies, thus, to address the ethical inefficiency there needs a neuroayur genetics legal framework to prevent health related issues in more earlier stage of mental distress. Our Indian-traditional medicine, Ayurveda-Achara Rasayana, and neurogenetics cognitive detailing describe human conduct, human psychology, ethical practice, and lifestyle practice to enhance the way of living in a more disciplined way with proper guidance and counseling from childhood till death. The role of ayurvedopsychogenetic counsellor and therapist could enhance the thinking and lifestyle of people in distress with catalyst factors such as self-awareness, implicit prejudices, inbuilt capabilities, personal values, and cognitive biases with adopting achara rasayana techniques.

Keywords: Neurolaws, neurocognition, neuroayur genetic legal framework, legal psychology, stress, health laws, ayurveda, neurogenetics, cognitive neuroscience, personality traits

Introduction:

Achara rasayana has been considered as one of the eight branches in the Ayurvedic medicine and Vedha samlohittha, thus the rasayana plays an intangible asset to support the physical, mental, social and spiritual health (Nikhil and Asmita,2024). There are two approaches that a human should adhere to lead a healthy life, one is SADVRITTA-Good conduct for oneself and Achara rasayana- good conduct for society. The science of rejuvenation can be attained by medicine free life that is ADRAVYABHUTA, The concept that we utilize to have a healthy human body and soul includes,Sushruta Samhita defining the Vedic lines

“samadosha samagnishcha samadhatu malahkriya, Prasanna atmendriya manah Sastha iti abhidiyate”

From the scripture of ayurvedha its been defined as the human health and soul both are interconnected and the role of human dhosha (human feelings like vata,pita etc) and dhatus includes body tissues and Mala means waste products which are interconnected with each other to be balanced to influence the intellectual abilities of the human directly or indirectly.the main gateway to influence the longitivity,memory, intelligence and disease free life is all influenced by rasayana Tantra that sense organs in cellular level.

The factors that influence the role of human health and peace in ayurvedic proportions of Charanya Samhita that are Achara Rasayana will be Specified as in terms of psychological aspects in terms of Tapa, Japa, prashantam etc, the brain and its function has direct and indirect influence on thoughts we process, the actions we do perform that are directed towards attaining moksha and the methods a human shall follow to overcome the ego and stress causing factors that would cultivate the psychological imbalance. The general basic concept a human should acquire Qual is based on the concept of Differentiating the good and bad conduct. certain element's from achara rasayana has been classified as good conduct that includes Satyavati- the one who always speaks the truth, Akrodha- the one who never feel angry, brahmacharya- the one who follows the righteousness path, japa- who chants holy verses, nityakarunvedinam-who is always merciful,anhankritam-who are free from ego.para who are always clean and hygienic and yuktigya- who's knowledge are rational. In simple terms the stat a Guna rasayana, in terms of personal aspect.The personal aspects that are related to achara rasayana includes the basic slogan, that is prevention is always better than cure.the role of rasayana is to prevent and cure the disease, that is broadly physical and psychological disorder which are related with Shrestha buddhi -intelligence, Medha-intellect, Smruti-memory, and shreshtadhatu.Raja and tamas are the two Gunas that human possess that are directly are indirectly related with manasika toga that is mental illness, which has still not been considered as the root cause of stress and other mental related issues in the mental health act,

The objective of the research

- The role of achara rasayana in neurogenetics legal framework, that could enhance the implementation of the stress related legal deficient in the mental health act, and the need to derive the neuroprakriti Ayurved achara dharma in the terms of satva and Satmya inheritance with expression of genotype aspect of ahara, vihara and kala of women the neural behaviour of humans that are defined from embryo, based on mental states of women.
- with Prakriti where the expression of genotype has been based on the influence of the environmental factors that would influence the gene modelling.
- The influence of achara dharma matrix can enhance the mental state of humans in very early stage of causes of stress and conflicts that could enhance the way we could handle human mental distress.

The aim of the research

- One of the major aim of the research is to include the neuro Ayurved prakriti achara dharma in to mental health act in india to enhance the efficiency of human mind to set free from ego, stress, anger etc.in very early stage to recent future diseases.
- The general aspect of the research dwells with the aim to determine a prerequisite methodology to enhance the protections of dharma of Ayurved-achara rasayana originated from Indian traditional knowledge ayurvedha in Manorasa Gyanam, which could treat all mental trauma and stress in very early stage by adopting the achara rasayana swasthavrittha.

Based on the aim of the research the factors that directly or indirectly influence the manorasa ayurvedha dharma swasthavrittha are

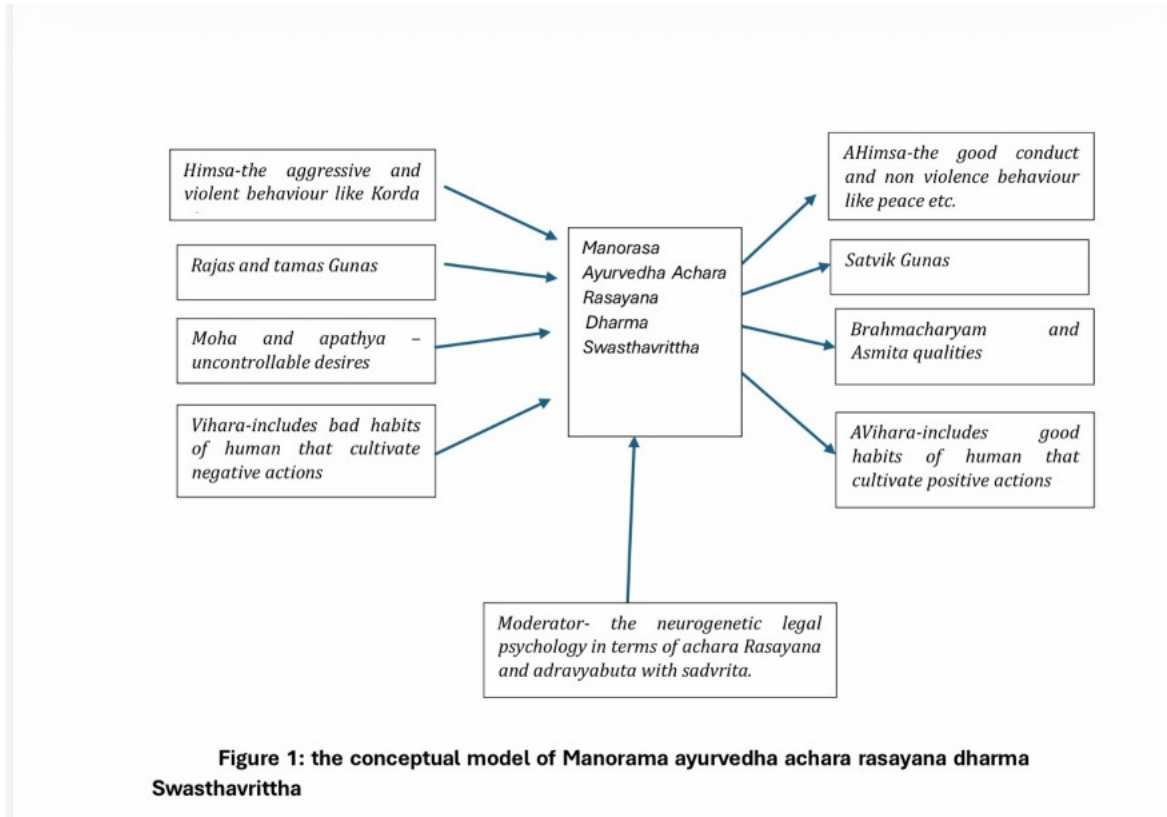


Figure 1: the conceptual model of Manorama ayurvedha achara rasayana dharma Swasthavrittha

Figure 1: the conceptual model of Manorama ayurvedha achara rasayana dharma Swasthavrittha

The above designed model, explains the bad influence or absence of achara rasayana in the current modern context of handling stress and anxiety depression and negative thoughts of the employees, thus the ideal context towards the theme of the mental health act has the direct or indirect influence of how the modern mental health act still haven't provided any provisions to adopt the traditional methods to address the mental deficient that are curable with achara rasayana techniques.

From the literature we could determine that the role of factors such as ahimsa, krodha, moha, vihara are considered to be the negative emotions that influence the human behaviour to pursue the negative actions that would ideally reflect to negative thoughts and behaviour, hence being the achara rasayana as the mediator that could enhance the positive aspect of transforming the identification of negative Gunas in to positive context of Gunas and vies Vera's, thus the role of achara rasayana can be determined as the guidelines to swasthavrittha dharma rules to enhance the role of negative emotions in to positive emotions etc.

The role of Ayurveda that are concentrated on the brain science and the emotions towards the behaviour of the humans are ideally described with achara rasayana , the role of the techniques that could be utilised to address the human behaviour and character deficient. the simple techniques like Anaya's, prashanham, priyavadinam, japanithyam, shoucha Nithya's, Dheeraj, tapasvinam, desha kala Prasana jam, Upasana, adhyatma, Shastha achara, anahakritham etc. As per achara rasayana if a person

do follow deeds against all the specified dharmas, he or she may undergo vial health issues and mental pressures through out their life.

Factors such as dhi,Dhritarashtra, smriti shall help in keeping away the prajnaparadha, thus considered to be the root cause of the diseases,and those factors in achara rasayana can also eradicate the dhoshas and papas of the human that they are committing in their life times.. in general the behaviour depicts the persons attitude and characters that’s the reason where achara rasayana could work with Prakriti of a human with influencing the increase in sattva Gunas , which when followed with prolonged period of time the genetic aspect of human can be modified and further feel of being oneness among the society can be determined with actions of good deeds.

The favourable physical health with spiritual , social and emotional balance could enhance the role of human attainment of moksha that could ideate the reason for being a human of reason to be born in earth.A ideal achara rasayana human would be free from disease, and could feel the aspect of success in their life by adopting the ayurvedha method of achara rasayana.

The research questions

1. Does himsa has significance impact of human stress related issues
2. Does the role of rajas and tamas Gunas of human can significantly impact on Prakriti of humans in mental health aspects
3. The moha and apathya has significant impact on the mental health of human employees in national and multinational companies
4. The vihara have significant impact on mental health of the employees?

The defined research questions do have the direct and indirect impact of Gunas, Prakriti, kala ideals in achara rasayana dharma , where the human emotions are being controlled with techniques that can be performed with self care and awareness techniques. But at present in mental health act there has not been any space or even definition or law to address the stress related general mental trauma or depression which are curable with various Ayurvedic techniques which need vital general ethical guidelines to implement in the act to overcome shortcoming of mental stress and depressions.

RESEARCH METHODOLOGY

The ideal research method adopted here is structured questionnaire that will be framed to target the people of your Veda doctors, practitioners, counsellors, legal medical experts in law council india. A questionnaire will be framed to address both social workers and ayurvedha doctors. The secondary method of research method adopted in this research will be utilising the journals, articles,news articles, mental health act etc.

Comparison of neuro psychogenetic cognitive framework and Manorasa Ayurvedha Achara Rasayana Dharma Swasthavrittha

Mental health act (2017)	Definitions -	Neuro genetic cognitive personality traits	Manorasa Ayurvedha Achara Rasayana
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applications in context			Dharma Swasthavrittha
Section 2- defining mental illness	The mental disorder that have been caused due to extreme stress and abnormal thinking that are caused through environments	The role of influence of specific neural genes such as PAX6, MAOA, SLC6A4, BDNF, APOE, which has ideal relations in influencing the human behaviour	There is no proposed definitions that has been explained in the mental health act 2017-india where the achara rasayana is defined as a Vedic method in ayurvedha that describes about the ethical, mental and behavioural deeds of the humans by following the basic lifestyle techniques from childhood till death.
Section 115- decriminalisation of suicide	These sections explain about general actions that has been performed by humans to destroy himself due to undergoing extreme stress and the human has to undergo rehabilitation	The implementation of genetic testing needs to be made mandatory for all employees who need some guidance towards the role of proportion of certain suicide causing genetically risk genes like 5-HTTLPR, SLC6A4, TPH, BDNF genes, where we could implement the s-safety, e-equity, e-equality, t-tranquility, h-humanity, a-awareness where the ethical and regulatory framework to utilise the genetic testing for brain behaviour of humans could ideally help in determining the brain functions of specific	There are no proper guidance that has been provided in legal context of achara rasayana in mental health act, thus the variance towards the good and bad conduct of the human should be defined during genetic Prakriti, that could enhance the Satvik Gunas of humans

		genes that could influence the negative thoughts	
Right to access to mental health care section-18	Ensure of providing proper mental health care through government services and hospitals in case of directions from government, doctors etc	Then right to nerolaws and neuro genetic testing must be idealised with employees health laws and labour laws with special considerations to genetic description of individual handling higher level of stress in their working areas.till now there hasn't been any ethical regulatory framework that has been laid to address the genetic test in brain to overcome the neural deficiency etc.	The right to utilise the ayurvedic concept of the achara rasayana has to be inculcated with in mental health act to further concentrate on human eating habits and Prakriti analysis with epigenome framework based on lifestyle practices.
Conclusion	The mental health act in terms of stress and depression concentrates only on definition, mental disorder and other severe mental illness and the right to mental health act done not force see the legal aspect of ethical and regulatory frames that address the normal mental stress and depression with categorisation of short term mental flu like we have cold flu, fever, and viral infections	The need to determine the predispositions neuro genetic testing could enhance the hr recruiting process to scrutinise the employee health factor and further determine the considerable general criteria to foresee the genetic inefficiency in them in term of neural productivity with high confidentiality	The role of achara rasayana must be considered to b e influencing the general human ethical and behavioural conduct that could overall consider the general lifestyle practice that can enhance the humans to attain Satvik Gunas to attain moksha.

The outlook of case analysis description with above conceptual frame work of integrating mental health act 2017 with ngcpt and Manorasa Ayurvedha Achara Rasayana Dharma Swasthavrittha in mental health act in providing justice

Case 1-Kerala high court case-MHCA has retrospective effect -2016 suicide case

In this case the person committed suicide and the court has insisted upon providing the mental health treatment to the person, which would have saved a life

In terms of implementing NGCPT-SETEH- framework can be utilised in this aspect when there seem to be in abnormality in behaviour of he concerned person at initial stage itself, where there need a psychologist and therapist to ensure the normal basic mental health at employee settings, thus to ideally overcome this suicide thought its better to get the detailed genetic informations of the employee in the first case and to analyse the medical access to address the stress and depression in early stage of disease

Now utilising the **Manorasa Ayurvedha Achara Rasayana Dharma Swasthavrittha**

In this dharma the general judicial result can be provided with amending laws that can address the health wellness of employees in mental being aspects that can enhance the employee being sound and aware of achara rasayana techniques to ensure the right to access to mental health, where the traditional methods to adopt to over come stress and depression in very early stage of stress idealization's. To enhance the thoughts of suicide a well equipped legal amendments achara rasayana techniques could help in overcoming the situations in more positive context.

Mental health act 2017- sections that deals with mental stress and disorders with access to mental health act

Case 2: Bombay high court -fir quashed in suicide attempt case-august 2024

In this case the women const able committed suicide, where the cause was due to personal distress, the judgement was made with fir under section 309ipc and section 115(1) of the MHCA,which asked for general mental health protection to employees

With adopting ngcpt-Seetha framework we could have determined the stressful behaviour of the constable when there seems some evidence of work unethical behaviour and proper psychologist counselling can be provided thereafter to undergo the counselling procedure to make them come out with their stress and share their instability towards emotions in a very early stage. With appropriate neuro genetic profile report of the constable a necessary analyzation can be made by the counsellor or therapist to further deal with stress and to solve it in early stages, where these provisions are not generally provided in mental health act or human rights act in Indian constitution where a right to neuro law and right to general counselling and psychology therapy has to be included to overcome and eradicate suicidal thoughts.

Implementing the **Manorasa Ayurvedha Achara Rasayana Dharma Swasthavrittha-** where the dharma has to be laid to address the stress related issues faced by the constable, the role of self care and self awareness in utilising the ayurvedic achara rasayana techniques would have enhanced the thinking of constable to overcome the suicide level thoughts and world have adopted a proper decision making methods.

THE HYPOTHESIS GENERATION AND DISCUSSION**H1: does ahimsa has direct influence over mental health of the humans****H1a: does ahimsa has no influence over the mental health of the humans****Preposition:**

In general the actions and deeds are karmic in nature, thus the himsa could trigger the negative consequences where as the ahimsa could validate the positive consequences, thus the role of cultivating the reason the perform good deeds. Y the humans has to be developed from the childhood by adopting the achara rasayana from the childhood

The direct factors that could be utilised to destroy the himsa in order to cultivate a positive character includes Ahimsa, Priya Vadhinam, tapasvinam, Dheeram etc.

Discussions:

The general factors that could determine the role of reducing the Prakriti of himsa can be enhanced by adopting the Ayurvedic achara rasayana techniques such as ahimsa- to eradicate the violence with accepting the ahimsa factor, because if we follow violence we do become slaves to health issues and diseases etc.

Outcome:

The role of acquiring the ahimsa qualities inbuilt through achara rasayana ayurvedha techniques could help in human to concentrate more on how to change oneself in to more effective and aspiring individual that could make them feel that he is the finest of human who can exile in his work, home and self care responsibilities and to ensure the mental well-being of himself and the dependent individuals to enhance the life towards moksha.

Hypothesis 2:

H2: Does rajas and tamas Gunas has no significant impact on mental health of the employees**H2a- does rajas and tamas Gunas has significant impact on mental health of the employees****Prepositions:**

Gunas are considered to be the epitome of character and behaviour of humans, usually Gunas can ideally define the actions of the human being with perspective of thinking and making decision. In day today life. The types of Gunas present are rajas, tamas, Satvik, here the role of rajas thomas has been said to be the quality of anger, desire, and selfishness with ego.

Discussions:

to analyse the propositions of rajas and tamas qualities in humans to address the Gunas with achara rasayana technique to over come the ideal situations of stress and depressions. When a human is with rajas and tamas his actions seems to be self destructive or selfishness is what a raise a questions of human Gunas with rajas and thomas qualities.

Outcome:

The general aspect of role of achara rasayana could help in injecting the Satvik Gunas that can enhance the human thinking and actions to overcome the negative Gunas like Kritha, and violence etc

Hypothesis 3:**H3: Does Moha and apathy has no significant impact on mental health of the employees****H3a: Does moha and apathy has significant impact on mental health of the employees.****Propositions:**

The general desire has been broadly classified as id, ego and super ego, thus all this three are bound to be with different proportions in human beings, thus the identity describes the ideal human exciting his actions towards attaining his desires and with destroying the other human sense of respect and selfishness with performing the selfish deeds and the reason towards this self desire seems to be caused due to dhrogam, poverty, no proper recognitions, inequality and lack in opportunities.

Discussions:

The major discussion that has been laid to overcome the general rule towards controlling the desires needs the clarity in reaching or doing deeds towards human wellness and self realization's and awareness.

Outcome:

if the aspect of ego is more than the self actualisations of what is need than what is wanted is to be made clear with differentiating the desire and need, thus a human could reach moksha with simply implementing the achara rasayana techniques into his day-to-day life by analyzing the reason for birth and death cycle by attain more good karmic deeds than the.a karmic actions.

Hypothesis4:**H4: does vihara of humans has no significant impact on mental health act****H4A: does vihara of humans have significant impact of mental health of human.****Preposition**

The vihara are certain bad qualities a human acquires by addictions and escaping from reality or cannot know to handle stress and situations that are bound to make them undergo cultivate the unhealthy habits within themselves, or through there surroundings and peers. Which can directly or indirectly influence the mental health being of the employees.

Discussions:

In this statement the role of vihara has a negative or positive influence with context to human beings undergoing stress or depression that can in turn lead them to commit suicide or kill some one or do all illegal things

Outcome:

The general achara rasayana avihara techniques may help in getting rid of all bad qualities which they can foster to cultivate with proper guidance from therapist or ayurvedic counsellor to over come mental disorder.

APPLICATION TO RESEARCH THEORY

The general aspect of prejudicing the role of the achara rasayana has been impacted from more than 5000 years ago where its origin has been laid from brahma created human Dhanvanthri, the role of herbs and ayurvedha has been written and passed down through ancestral lined through sages and munis, who has ideally been guiding us for ages with the concept of healthy ;ice style and medicines with self practice of achara rasayana, which needs some vital important considerations to add the legal theory of neurolaws and ayurgeneticneuro laws in terms of mental health act 2017. Thus, to enhance or overcome the mental. Stress and depression it has been advised and suggested to the Indian constitution to amend certain laws and definitions of ayurneurogenetic legal framework to over come the inefficiency of mental trauma pre requisite treatment to address the common stress and depression in very earlier stage with adopting the neuro cognitive genetic personality traits testing, which can provide details scientific proof to determine the Prakriti of genomics that are related to brain and vies versa.

Global presence of the achara rasayana has still been not implemented in to practice or there has not been any relavent evidence from the literature that has adopted this neuroayurgenetic dharma to enhance the preventative advance care to over come mental stress and depression to overcome mental instability with in the employees. There has been no living evidence the most developed countries like UK,USA,AUSTRALIA etc has adopted this traditional method to address the mental stress and depression

Conclusion:

In enhancing the general prepositions and legal aspects of neuro genome cognitive framework and the mandatory genetic and ethical regulatory, its been in need to adopt the right to neuro laws with considerations to enact the Seetha framework to idealist the genetic neuro cognitive screening in all organisations and to implement a standard practice of achara rasayana in every organisations to enhance the behavioural, genetically and cognition health of the employees to overrule the present mental health act 2017 which concentrated only on the metal disorder with severe mental stage of humans, hence to address the stress and depression in very preventative states it is important to consider the neuro cognitive genetic personality traits testing with Seetha framework along with ayurneuropakritidharmas that can enable the self conduct of employees in to their day to day life that can provide a future scope of positive outcomes in having a peaceful mind and stress free work with eradicating suicidal thoughts.

The journey through the major counselling approaches—from the depths of the unconscious in psychoanalysis, through the learned responses of behaviourism, the thought patterns of cognitive therapy, to the self-actualizing drive of humanism—reveals a rich and diverse landscape of understanding the human condition. While each school of thought offers invaluable insights, the contemporary trend in counselling is moving away from rigid adherence to a single "correct" theory. The future of effective and ethical practice lies in thoughtful integration. The modern counsellor is not a dogmatist but a well-rounded practitioner who possesses a broad theoretical knowledge base and the clinical wisdom to tailor their approach, applying the right tools to the right person at the right time to facilitate healing and growth.

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