

## **7.0 DISCUSSION**

### **7.1 Phase 1 - Module development**

#### **7.1.1 Theoretical foundation of YBC**

From the literature review of the 24 articles on YBC, ancient and contemporary literature as well as interview of experts, themes relevant to the application of YBC were consolidated.

#### **Yoga Vimarsa**

*Yoga Vimarsa*- the yogic term for counselling. Here we are going to adapt the counselling as per the *Guna* (Personality predominance) of the individual. The philosophy of yoga believes that somatic problems are a manifestation of an imbalance between three *Gunas* (*Sattva*, *Rajas* and *Tamas*) that constitute the body-mind complex of the individual. Further, in the *Bhagavad-Gita*; *guna* indicates a specific behaviour style. *Sattva* is symbolized by purity, wisdom, bliss, serenity, love of knowledge, spiritual excellence and other noble and sublime qualities. *Rajas* is symbolized by egoism, activity, restlessness and hankering after mundane things like wealth, power, valour and comforts. *Tamas* is related to qualities such as bias, heedlessness and inertia, perversion in taste, thought and action. Ill health occurs if *Rajas* or *Tamas* become dominant and the individual gets habituated to either of these response patterns. Furthermore, the *Gita* goes on to analyze the state of mind and says that when a person is dominated by these two *gunas*, the individual loses mastery over the uncontrolled, speeded-up loop of sentences of the internal dialogue, which shows up as upsurges of emotions and impulsive behavior. In an ideal state of perfect health, man has the complete freedom to use any of these three patterns (*Satva*, *Rajas* or *Tamas*) of responses (Raghuram, Deshpande, & Nagendra, 2008). Practices like chanting the *Maha mantra*, which is a mantra predicted in the Vedas to increase *sattva* and decrease *rajas* and *tamas*.

The combination of Western psychological counselling techniques with the Eastern yogic principles. Techniques of conventional psychotherapy like case history documentation, problem description, rapport, supervision, session plan, homework, group discussion, role play, psychoeducation, therapy goals and termination will be followed. Moreover the basic principles of counselling like: trust, confidentiality, empathy, genuineness, positive approach, and unconditioned positive regards will be adhered to. Focus will be on the behavioural and cognitive approach

#### **a. Upanishadic concept of the mind**

Yoga is predominantly known for the practice of asana and meditation, yet the literature explored also suggests the theoretical application of yoga philosophies in counselling (Prem, 1994). A common factor between the yogic science and psychology is the exploration of the mind's potential. Western psychology tends to segregate the mind and the body (Satish, 2014; Shankar, 2011). Yogic philosophy does not project the body and mind as dichotomous (Prabhu & Bhat, 2013). Rather, a third layer known as the consciousness is superimposed (Narula & Midha, 2021). According to the *Vedanta* philosophy, the mind is made of four components- *manas* (the central processor), *ahamkara* (ego) and *buddhi* (intellect) and *chitta* (consciousness) (Rao, 2014). The *Kathopanishad* uses the allegory of a chariot, the reins, horses and the charioteer. The sense organs represent the horses which are held by the reins or the mind. The mind is driven by the intellect leading the chariot or the body. In the chariot lies the charioteer or the *Atman* (soul) (Sastri, 2011). The *Katopanishad* points out that the role of the mind is to facilitate the pursuit for *moksha* (liberation) (Rao, 2012). One of the core teachings of *Katopanishad* revolves around the concepts of *Shreyas* and *Preyas* which represent two divergent paths in life: the path of the good (*Shreyas*) and the path of pleasure (*Preyas*). *Shreyas* embodies long-term well-being, discipline, and spiritual growth, while

*Preyas* signifies short-term gratification, often at the expense of deeper fulfillment. In the context of addiction counselling, these concepts highlight the struggle between immediate cravings (*Preyas*) and the pursuit of sustained recovery and well-being (*Shreyas*). Encouraging individuals to choose *Shreyas* aligns with therapeutic goals of long-term health over the fleeting satisfaction of addictive behaviors. The concept of *Sreyas* and *Preyas* from the *Kaṭhapaniṣad* can be used to explain the concept of the self, temporariness of worldly pleasures like cravings for drugs and strengthen the principle of surrendering.

### **b. Pancha Kosha concept of personality**

Understanding one's personality can play an important role in counseling as it can frame the therapeutic process. (Onyekuru, 2015) The yogic perspective of personality involves physical, mental and spiritual (Satpathy, 2018). Kavuri et al. proposes that imbalances in different *koshas* are related to diseases (Kavuri et al., 2015). Physical symptoms like muscle tensions are caused due to imbalances at the *annamaya kosha* (physical layer) and the solutions are loosening exercises, relaxing asanas and *kriya* (cleansing practices). To realign the *pranamaya kosha* (vital force layer) breath control is essential. To balance mental agitation at the *manomaya kosha* (mental layer), meditation and *bhakti* yoga (devotion) are helpful. Notional correction, self-enquiry and self-confidence are the antidotes for imbalances at the *vignanamaya kosha* (intellectual layer). Disharmony and sadness are signs of imbalance in the *anandamaya kosha* (Bliss layer) and can be mitigated by performing action in relaxation, cultivating inner happiness and selfless actions. (Kavuri, 2015). Singh stipulates that stress is the cause of imbalances at the *manomaya kosha* which has a domino effect on the *pranamaya kosha* and *annamaya kosha*. *Raja* yoga (yoga of action) is believed to help harmonise the *koshas* (Singh, 2020). Most experts of the current study suggest starting yogic counseling sessions at the gross layer of *annamaya* and moving to subtle sheaths. The theoretical approach of YBC for SUD,

based on ancient and scientific literature that tackles specific psychological conditions of SUD like craving, resilience, low self-esteem, and impulsivity. People who suffer from addiction can be introduced to a different way of seeing themselves and the world with the concept of the self as explained in the *Taittirīya Upanishad* via the *pañcakōśa* model. Modern psychology identifies biological factors, environment, trauma, substance abuse amongst others as the causes of mental illness (Deekshitulu, 2015). According to yogic philosophies, mental disorders arise due to imbalances in the *Manomaya kosha* (Nagendra, 2013). When all these five sheaths are balanced, wellbeing can be achieved and with its disruption emerges psychological and physical ailments.

### **c. Patanjali Yoga Sutra's concept of the mind**

According to the teachings of *Maharishi Patanjali*, the five modifications of the mind are *pramāṇa* the (right knowledge), *viparyaya* (wrong knowledge), *vikalpa* (distracted), *nidrā* (sleep), and *smṛti* (memory) (Nagendra, 2020). The mind is the conglomeration of thoughts manifested and unmanifested as exemplified in the Patanjali Yoga Sutra (Nagendra, 2020) Patanjali states that the causes behind suffering are the *kleśa* or afflictions at the subconscious stratum which reflects on the emotions. The *klesha* are divided into *avidya* (ignorance), *asmita* (I-feeling), *raga* (liking), *dvesha* (repulsion) and *abhinivesha* (fear of death) (Shankar, 2011). The role of the yogic counselor is to help the participant understand the predominant *klesha* and adopt *kriya yoga* accordingly. Moreover, the therapist can encourage the application of *pratipaksha bhavana* which is the conversion of negative thoughts and actions into positive ones. A similarity of this technique is seen in the Gestalt therapy with the substitution of emotions (Beveridge, 2019). The insight which rises during yogic counseling can be explored by the therapist and participant by using the techniques of yoga (Beveridge, 2019) in order to gear towards clarity of mind (*chitta prasadhanam*).

To manage the emotional unrest related to these *klesha*, it is recommended to put into practice the four paths of yoga: *raja* yoga, *jnana* yoga, *karma* yoga and *bhakti* yoga, and a way of leading one's life (Kamakhya, 2019). The same is put forward by two reviewed articles (Balodhi & Keshavan, 2011; Reddy, 2012) with special allusion to the concepts of *karma*. Another article highlighted the need to achieve the state of *citta prasadanam* or the blissful state of mind through the application of the eight limbs of yoga and adopting the attitude of friendship (*maitri*), compassion (*karuṇa*), joy (*mudita*) and indifference (*upeksha*) (Satish, 2014). With the practice of *kriya* yoga such as self-purification (*tapas*), self-introspection (*swadhyaya*) and surrendering to God (*Ishwarapranidhana*) and special focus on meditation (*dhyana*), a person can attenuate the effect of the *kleshas* and have clarity of mind (*chitta prasadhana*). An introduction to the *Yoga Sūtra of Patañjali* can act as a guide for maintaining a structured way of life. The eight limbs of yoga will form the basis for a balanced lifestyle. Obstacles like high risk situations or triggers can be understood from the perspective of *Kleśa*, *Asmitā* and *Avidyā*.

#### **d. Anecdotes from Indian Literatures**

One common theme across all the articles referring to Indian literature is the aspect of *Gurushiṣya* (teacher-student relationship). In the context of YBC a parallel is brought with the relationship between the Guru (Lord Krishna, Sage Vashistha and Jambavan) and disciple (Arjuna, Rama, Hanuman) with the relationship of the therapist and patient (Bhargava et al., 2016; Bhole, 2016; Jacob & Gopala Krishna, 2003; Manickam, 2013; Panda, 2017; Reddy, 2012). Some authors underlined the ways in which Indian texts like BG, Ramayana and Yoga Vashistha can be used in the context of counselling (Bhatia et al., 2013; Jacob & Gopala Krishna, 2003). Concepts like *raja* yoga, *jnana* yoga, *karma* yoga and *bhakti* yoga are illustrated in the Bhagavad Gita as well as the mention of the importance of good nutrition and

yogic lifestyle (Balodhi & Keshavan, 2011). These themes and anecdotes can help the patient to find similarities and insight to their current state of mind as well as alternate coping modalities (Bhatia et al., 2013; Jacob & Gopala Krishna, 2003) suggest that psychological states like grief, role transition, lack of self-confidence and motivation, as well as interpersonal conflicts can be supported by the themes of the BG. Likewise, Bhide et. al. showed the parallelism between Ramayana anecdotes, negative emotion management and corresponding psychological techniques. An account of this is when Rama is angered by the abduction of Sita by Ravana, Lakshman uses the Gestalt therapy technique of perspective-taking and focuses on the “here and now” by counselling Rama to focus on finding his wife rather than contemplate on the guilt. These research studies exemplify the need for further parallelism between Indian literature and modern psychology as the values of Indian texts are universal and do not require patients’ prior knowledge of the story for its therapeutic success (Bhide et al., 2021).

#### **e. Four Streams of Yoga**

Based on ancient yogic literature, four streams of yoga have been formulated, namely: *Karma yoga* (detached duty), *Bhakti yoga* (devotion to God), *Raja yoga* (will power) and *Jnana yoga* (developed right knowledge). Depending on one’s temperament one can choose which path of yoga to follow. *Karmayoga* is suggested to those with an active temperament; *Bhakti yoga* for one with devotional or emotional temperament; *Raja yoga* for a man of mystic temperament; *Jnana yoga* for a person of philosophical or intellectual temperament (Vivekananda, 1989). In the case of Yogic counseling, the experts suggest the yoga path which resonates with the participant’s personality. *Karma Yoga* involves the development of skills to perform actions in a manner that the outcome of success or failure is secondary. Participants can learn to develop occupational skills like social work which promotes social involvement. The Bhakti Yoga

influence in this Module is with meaningful chanting which with the feeling of surrender, can act as an emotional release for some individuals.

#### **f. Bhagavad Gita**

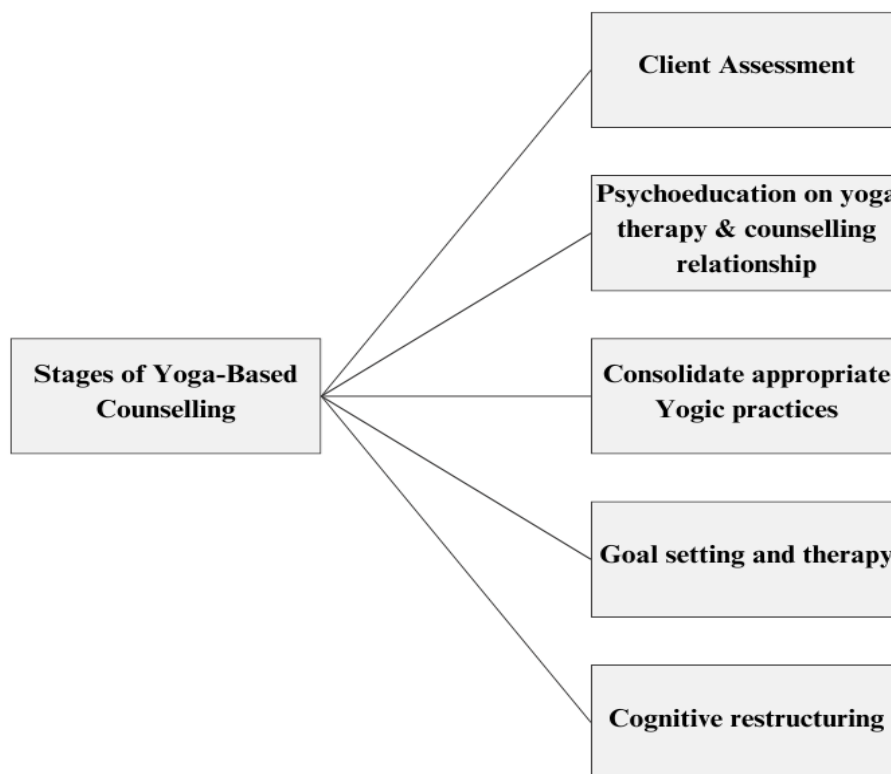
Researchers (Bhatia, 2013 ; Dabas 2018 ; pandurangi, 2014; Balodi,2020) have dwelled in the similitudes between contemporary psychotherapies and the *Bhagavad Gita*. The *Bhagavad Gita* promotes reflection on one's own behavior as well as on how much control one has over one's senses (Bhatia, 2013). The *indriyas* or senses create attraction and desire which results in attributes like *kama* (lust) *krodha* (anger) *moha* (attachment) and *ahankara* (sense of self). In order to attain *sthithapragya* (with steady intellect), *pranayama* (breathing exercises), *pariprashna* (discussion), *shraddha* (devotion), *yuktahara-vihara* (proper nutrition and relaxation), *dhyana* (meditation) and good sleep are recommended along with mindfulness (Bhatia, 2013).

#### **7.1.2 Integrating yogic counselling in Psychotherapy**

All the articles presented in our review support the integration of yoga in psychotherapy. This reflects the need to have a systematic structure to facilitate the application of this emerging form of counselling. The delineation of the methods and key aspects are required for the smooth combination of these two schools of psychology. As of date, yoga practices like breathing exercises and meditation have been incorporated in conventional psychological counselling. Yoga techniques acts as a support to other modes of treatment as seen with the Integrated approach to yoga therapy (IAYT). As part of the IAYT model, YBC has been included in the form of lectures or *satsang* whereby the key concepts of yogic personality (*Triguna* theory, *Pancha Kosha*, relevant anecdotes) (Villacres et al., 2014). However, the lack of structured application of yoga in counselling surfaces as a necessity for its replication. Few

aspects that need to be addressed are the adequate training of the counsellor, their qualification and assessing when and how YBC needs to be integrated. This leads us to the methods in which YBC can be applied or the stages of YBC. Like other psychotherapeutic techniques, YBC is made up of steps that can be adopted by the practitioner. These steps need not be linear and can be adapted as per the client's requirements. Therefore, we have devised stages of YBC which act as a guide to professionals willing to integrate YBC in their practice.

**Figure 7:** Stages of Yoga-based Counselling based on the literature review



#### **a. Client assessment**

YBC needs to be structured around the patient by keeping in mind that each individual case is different from the other (Forfylow, 2011; Kamradt, 2017). No formal diagnostic tools for YBC like the International Classification of Diseases exist at present. The aim of the therapist is to identify the status of the *manas* (mind) by the means of *prashnam* or questions (Satish, 2019).

One method of diagnosis is the *guna* assessment and awareness of the *kosha* affected (Rybak & Deuskar, 2010; Satish, 2014). The *guna* or *vedic* personality of the patient may help in tailoring the therapy as per the person's needs and predominant *guna* (Rybak & Deuskar, 2010). *Gunas* are the psycho-spiritual components of an individual personality and are characterized in three or *triguna* (Putra & Sedlmeier, 2014). *Rajasic guna* is attributed by the desire for sense gratification, *tamasik guna* has qualities of mental instability while *sattvic guna* displays equilibrium (Wolf, 1999). Yoga based counseling upholds that the *guna* which is passive needs to be concentrated upon compared to the rest of the *gunas*. This according to Bhagavad Gita, helps to strike a balance (Raksha, 2021). It has for example, been shown that people with substance abuse like alcohol dependence tends to have a predominance of the *tamas* *guna* (Nedungottil, 2021). The experts involved in this study suggested the *triguna* assessment to understand which *guna* is dominant and adopt the mode of therapy accordingly. One expert mentioned the assessment of the *tridosha* level of the participant along with psychological screening. *Tridoshas* (*Vata*, *Pitta*, *Kapha*) are the biological humours corresponding to the *trigunas* (Shilpa S, 2011).

#### **b. Psychoeducation on Yoga Therapy and counselling relationship**

At the initial phase we merged two points suggested in three articles related to psychoeducation and rapport building (Caplan, Portillo, & Seely, 2013; Prem, 1994). Therapeutic relationship is built between counsellors and patients from the first interaction (Asri et al., 2020). It is an opportunity for the therapist to build a safe space for the patient's free expression. It is also important that the patient has a clear understanding of what YBC is and how it can be helpful to them (Caplan, Portillo, & Seely, 2013). The therapist can highlight the concept of the mental disorder in light of the philosophy of yoga.

### **c. Yogic Practices**

Most of the articles propose the practice of *asanas*, *pranayamas*, mind-body relaxation (Caplan, Portillo, & Seely, 2013; Satish, 2014; Shapiro, 2015). Others suggest the use of storytelling and *chakra* meditation (Panda, 2017; Rybak & Deuskar, 2010). Inspiration is drawn from the BG, the Yoga Vashista and Ramayana which exemplify the use of YBC. These yogic techniques are practised with the aim of removing psychological blockages of the counsellee (Reddy, 2012) and balancing the *koshas* (Manickam, 2013). *Bhajans* are devotional songs which come under the *Bhakti* yoga. The aim is to harness one's emotion and transform it into unconditional love towards God. During devotional song chanting, the instruments' beat and the tempo of the song, emotions are invoked, intensified and diffused (Dey, 2013). *Yoga mantra* based on the sutras of yogic texts and religious chanting based on prayers have the potential to positively influence the physiological and psychological functionings (Pradhan, 2012) just like the technique of *japa* (meaningful repetition of a syllable) (Pandit, 1999). The experts of this study suggest selecting the mantra based on the participant's faith and chanting aloud and internally. *Satsang* which means to be in the company of someone seeking truth is a communal meeting where people with similar interests gather. *Satsang* is compared to group counseling due to the shared experiences among group members might encourage others to come up with new strategies for handling everyday conflicts (Rybak, 2011). Each of these techniques when combined form part of the IAYT model.

### **d. Goal setting and therapy**

According to Caplan, Prem and Shapiro, understanding the desire and goal of the patient is an important part of the therapy (Caplan, Portillo, & Seely, 2013; Prem, 1994; Shapiro, 2015). This can help in directing the therapist towards the appropriate therapeutic strategy best suited for the patient's objective and act as a guide for the client to estimate their progress. The goals

need to be realistic and achievable to the client and principally targets physical, psychological, emotional and spiritual wellbeing. Having a defined goal accentuates the types of resources required and the level of motivation needed to reach the objective.

#### **e. Cognitive restructuring**

This stage focuses on restructuring the mind pattern of the patient. This may involve motivating the counsellee and applying the concepts of yoga related to the specific cognitive distortion (Balodhi & Keshavan, 2011). For example, analogies can be derived from the BG, with focus on the path of yoga best suited for the respective cognitive restructuring. Jacob elaborates how the therapist should have a mastery over the epics so as to match the relevant themes discussed with the patient's turmoil (Jacob & Gopala Krishna, 2003). Likewise, depending on the *kosha* to be managed, the *ashtanga* yoga (eight limbs of yoga) of sage Patanjali can be adopted (Satish, 2019). For example, imbalance at the *annamaya* kosha can be rectified by applying the third limb of yoga which is *asana* (Kavuri et al., 2015).

#### **f. Impulse Regulation**

One of the most well-studied indicators of substance abuse is impulsivity. It is marked by difficulty in maintaining self-control, which manifests as a persistent lack of self-discipline and self-restraint (Strayhorn, 2002). Impulsivity can be characterised by components of sensation seeking (both positive and negative), eagerness, disinhibition, and weakened perseverance. (Lui et. al., 2020) Evidence points at the effective improvement of impulse control among regular yoga practitioners (Kerekes, 2021). In the yogic context, the *kleshas* mentioned earlier are one of the causes of impulses. Sage Patanjali suggests that to reach the state of *chitta prasadhana* (purity of mind), *Om* chanting, breath regulation (pranayama), concentration on inner light (*trataka*, freeing the mind from desires and one pointed awareness can be adopted.

In addition, *maitri* (friendliness), *karuna* (compassion), *mudita* (contentment) and *mudita* (equanimity) can be inculcated. When a participant adopts one or more of the aforementioned, there is a tendency to reduce the ruminative thoughts which are linked with impulses, craving and stress.

### **g.Motivation**

Motivation plays an important role in the treatment of SUD in terms of the person's drive to quit substances. In order to have a behaviour like abstinence, the type of motivation is crucial. The Self-Deterministic Theory proposes three types of motivation: intrinsic motivation, extrinsic motivation and amotivation.(Zamarripa et. al., 2018) Studies point at the lower rate of relapse among participants with higher internal motivation (Zeldman, Ryan, & Fiscella, 2004). As per Motivation Interview, sustained change in behavior must originate internally and cannot be forced or pushed by outside forces (Lape, 2018). The motivation of the individual may relate to the strongest drive to lead a yogic lifestyle. For example, fulfilling one's *dharma* towards loved ones or their own self. The motivation can be enhanced with the practice of *sankalpa*.

### **h. Goal Setting - Sankalpa**

A *sankalpa* or affirmation is often used at the end of yoga relaxation techniques. It is linked with the goal that the participant wants to achieve. At the beginning of the yoga session, the participant is asked to formulate a *sankalpa*. The resolve needs to be a short and clear sentence in the present tense devoid of negative terms. It is repeated multiple times in one's mother tongue, with complete faith, so as to amplify its effect. When in a state of complete relaxation, the mind comes to a point of passiveness. A dissociation from the self and the emotions which are usually attached to the *sankalpa* can be experienced. This state of passivity enhances the absorption of the *sankalpa* into the unconscious (Pandi-Perrula et. al., 2022).

### **i. Self-Discipline and Sleep regulation**

Physical activity and sleep patterns are commonly affected by drug use (Mahboub et. al., 2021) Residential drug-rehabilitation centers help to bring a routine to the life of the participant. The role of the yogic counselor is to take into consideration the personality of the participant and plan a suitable life-style for the participant which inculcates yogic philosophies such as the *yamas and niyamas*. Regular sleeping pattern is advisable in order to align the bio-rhythm of sleep and wakefulness. This further helps the individual synchronise with their internal energies.

### **j.Emotion culturing and happiness analysis**

Mindfulness-based practices have an impact on brain plasticity and have the ability to reduce stress responses by altering the brain areas that control emotional reactions (Davidson & Kaszniak, 2012). This can be achieved with an increased level of awareness which can be developed with practices like *trataka* Balayogi, meditation (Menezes, 2012). Yoga encourages more adaptive and positive mental activities, including reduced levels of stress, anxiety, depression, and aggressiveness. (Menezes, 2015). *Ananda Mimamsa* (happiness analysis) of the *Taittiriya Upanishad* explains that true happiness is not in material objects but rather in the connection with the blissful sheath (*anandamaya kosha*). Due to the method of rewiring the brain's reward system produced with the switch from substance-related rewards to natural rewards, positive emotion regulation provides an essential mechanistic approach for addictions treatment. (Garland, 2021). Studies have shown how the altered state of mind achieved with the connection of something supreme to oneself activates the same brain pathways of that of psychedelic drugs (Tagliazucchi et. al., 2016) leading to natural rewards, bliss-like experience and meaning in life (Garland ,2021).

### **k. Lifestyle changes**

A shift from an addiction centric lifestyle to a health centric one is part of the recovery model (Jacobson & Greenely, 2001). Yoga based lifestyle involves a *sattvic ahara* (yogic diet), the right work mindset, a daily routine and sleep patterns, leisure , managing relationships with others, developing faith and positivity, and handling relationships at work (Yogendra, et. al., 2004). The experts of this study suggest lifestyle changes such as vegetarian diet, avoidance of substances, increased physical activities and reduced stressful tendencies. Social activities performed in a setting without drug stimuli are recommended for patients overcoming addiction. A strong community can encourage the individual to maintain lifestyle changes (Petrides et. al., 2018). These changes can be adopted gradually during the course of rehabilitation and need to be maintained after reinsertion(Garland & Howard, 2018).

With these set themes proposed by the experts, the application of yogic counselling for various mental health issues can be more structured. The limitations of this study are that due to the pandemic situation, interviews were conducted online and none of the experts were from outside India. Nonetheless, the content of the study can guide yoga therapists in applying this form of counselling.

The experts of this study mentioned the need to focus less on the philosophical discourses during therapy and instead exemplify the practical aspects of those philosophies. For example, while practising asana, the prevailing theme can be to quieten the mind and focus on a point. By doing so, the participant actively practices the silencing of the *vrittis* (bundle of thoughts). Moreover, experts suggested the use of the terms and languages which resonate with the participant culture. Interactive sessions are favourable in order to keep the attention of the participants and avoid disinterest.

Finally, at the stage of termination, the patient can provide feedback for the therapist (Shapiro, 2013) and during follow up, the patient can discuss the application of the yoga-based lifestyle suggested by the therapist.

### **7.1.3 Ethical consideration and precautions**

One interesting theme that emerged during the course of this review is the ethical practices that need to be adopted in YBC. Similar to conventional therapy, consent needs to be taken from the patient (Caplan, Portillo, & Seely, 2013; Kamradt, 2017) and confidentiality (Forfylow, 2011) asserted. The therapist should ensure that the patient is willing to partake in the therapy sessions (Forfylow, 2011). Asserting that the patient is comfortable with the philosophy of yoga is important in order to avoid any clash of beliefs (Jacob & Gopala Krishna, 2003). Appropriate disclosure of information pertaining to the safety, nature and benefits of yoga and yoga-based counselling is necessary (Forfylow, 2011; Kamradt, 2017). Patients need to feel safe during the therapy sessions (Caplan, Portillo, & Seely, 2013; Forfylow, 2011). The therapist needs to clarify the boundaries of physical contact and take consent in case of the need for physical touch (Caplan, Portillo, & Seely, 2013). This is pertinent especially for sensitive cases like Post-Traumatic Stress Disorder.

The therapists need to be aware of their limitations as a counsellor. They may seek professional collaboration or seek the help of religious teachers (Balodhi & Keshavan, 2011; Kamradt, 2017). Multiple articles mentioned the need for the therapist's to have adequate training as a mental health professional and equipped with the knowledge of practical and philosophical teachings of yoga (Bhargava et al., 2016; Forfylow, 2011; Kamradt, 2017; Patwardhan, 2016; Shapiro, 2013). The learning process is continuous with the therapist being aware of the scientific development of yoga (Kamradt, 2017). Therapists need to ensure that the patient is comfortable and aware of the dual relationship between them (Forfylow, 2011). Therapist need

to minimise, if not avoid any harm to the client (Forfylow, 2011; Kamradt, 2017). This needs to be assured by having the medical details of the patient in order to prescribe appropriate practices and avoid treatment which could negatively harm pre-existing medical conditions (Cohen, 2007). Ensuring that the yoga practices or technique adapted for the patient is suitable to his/her condition is essential (Boudette, 2006) by adapting the intensity of practices and consulting with a yoga expert. Appropriate supervision needs to be done routinely with regards to the welfare of the therapists too (Bhargava et al., 2016; Forfylow, 2011) which helps in sustaining appropriate practice.

#### **7.1.4 Diagnostic model of Yoga Based Counselling**

Yogic diagnosis, as an integrative therapeutic approach, provides a holistic understanding of an individual's physical, emotional, cognitive, behavioral, and social/environmental dimensions. Physically, conditions such as hereditary and congenital issues are often rooted in dissatisfaction with the self and comparison, which may be managed through Karma Yoga by exploring Prarabdha and Sanchita Karma. This view encourages individuals to perceive current challenges as karmic experiences, fostering resilience. Emotionally, those with heightened sensitivity may benefit from practices like Mastering the Emotion Techniques (MEMT) and Pranic Energization Technique (PET), which address the hyperactivity of the rajasik mind, helping to slow thoughts and stabilize emotions. Cognitive disturbances, often manifested in incessant mental loops and stress, may be linked to addictive behaviors, as seen in Substance Use Disorder. Here, yogic counselors can offer tools such as Pratipaksha Bhavana and Trataka to manage these conflicts. In a counseling setting, particularly in addiction treatment, these techniques align with addressing underlying psychological and emotional imbalances, offering a pathway for individuals to restore inner harmony and cultivate self-awareness.

Table 11: Proposed YBC diagnostic model based on Dr H. R. Nagendra discourses.

<b>General Diagnosis</b>	<b>Classification</b>	<b>Root Cause</b>	<b>Yogic counselling management Technique</b>
<b>Physiological</b>	Heredity	Dissatisfaction with the self Comparison	Prarabdha Sanchita Karma Pratiprasava Changing the gene expression MEMT PET MIRT
	Congenital	Inborn	Karmas Philosophy(agami, sanchita prarabdha) Converting a problem into opportunities Use siddhis MEMT PET MIRT
<b>Emotional</b>	Hypersensitivity	Excessive focus of energy Constriction of emotions Speed of Mind	Slowing down the mind Defocus Expansiveness VISAK MIRT MEMT ANAMS

<b>Cognitive</b>	Excessive speed of mind	Constriction Uncontrolled thinking	Slowing down the mind Mastering the mind Expansion Adapt as per the Vedic Personality type Trataka
	Psychological conflict	Inner conflicts	Kleshas Understanding Pratipraksha Bhavana silence
<b>Behavioral</b>	Perfectionism	High standards Disappointment in others	Understand & adapt as per the vedic personality types of others and their capacity Action in relaxation and awareness detachment Duty Maitri karuna mudita upeksha punya
<b>Environmental</b>	Life calamities	Situational	Karma Acceptance Yogic lifestyle
	Others		Antarayas Vyadhi stayana Yogic lifestyle

### **7.1.5. Characteristic of a Yogic Counsellor**

Another theme suggested by the experts are the characteristics of a yogic counsellors which are: empathy, a genuine sense of care, being a skilful listener, and practising what is taught.

#### **a. Good Listener**

In a counseling setting, the role of the counselor is to listen. The characteristic of a good listener is where one is mindful and present with undivided attention. In yogic philosophy this skill is depicted in three pillars of *vedantic* practices, which are: *shravanna* (meticulous listening), *manana* (contemplation) and *niddhidhyasana* (meditation) (Simjith & Vasudevan (2017) During this process the counselor can get insights about the patient.

#### **b. Genuine Care for the well-being of other**

During therapy sessions, participants are receptive and sensitive to the counselor's authenticity. As mentioned by Schnellbacher, authenticity plays an important role in the therapeutic process (Schnellbacher,& Leijssen, 2009). The care-seeker's level of progress or deterioration may be directly affected by the attitude of empathy, non-possessive, warmth, and genuineness of the counselor (Truax et. al., 1966). In order to be genuine, the therapist needs to understand their own journey, where they stand and who they are as an individual and as a therapist. This further translates in their unique therapeutic approach. Adequate level of self-disclosure can be done when necessary as a bridge. As suggested by Whitmore, when the therapists share their personal spiritual view and awareness of the Self, it can have an impact on the therapeutic process and end-result (Whitmore, 1991, Prem, 1994). Participants described their counselors as being truly present and engaged with them. (Beveridge, 2019)

#### **c. Empathy**

Empathy is the ability to understand other's experience, their cognition and feelings (Watson 2016). On the same line of authenticity, empathy displayed by a therapist is also correlated

with the client's progress (Kaluzeviciute, 2020, Hamilton,2001). Empathy can be a tool for rapport building and can help the therapist stay focused and attuned during therapy (Elliott et. al., 2011). The process of empathy starts with the counselor empathizing with the individual. The therapist uses their personal experience to reflect those of the client and exchanges those feelings with the counselee. The latter in turn resonates with the therapist and feels understood (Rogers, 1975).

#### **d. Internalise the Teachings**

Yogic counselor is also expected to be well-versed in yogic scriptures and their therapeutic application. The adage "practise what you preach" rightly highlights the need for the yogic counselor to apply what they learn and teach. This allows the practitioner to have a hands-on approach. Yogic lifestyle following *yamas* and *niyamas* strongly. Additionally, the personality of the yogic counselor significantly influences the therapeutic process, as the counselor's personal embodiment of yogic principles can enhance their effectiveness and credibility in guiding others.

Moreover, it is relevant to note that appropriate qualification and licensing may be required as per the country's law for mental health practitioners. Basic counseling training, trauma-informed practice and Yoga teacher or therapist training and certifications are also prerequisites (Beveridge, 2019,) highlighted the importance of dual training for clinicians who are motivated to integrate yoga or yoga therapy with their counseling and psychotherapy practice (Forbes et al., 2011).

These qualities mentioned, as well as basic counseling skills and ethics are of essence for the smooth process of yogic counseling. Good listening skills, communication skills, questioning skills and being observant of one's own body language can help the therapeutic practice. As per the exploratory study done by Beveridge and Buchanan, participants undergoing yoga-

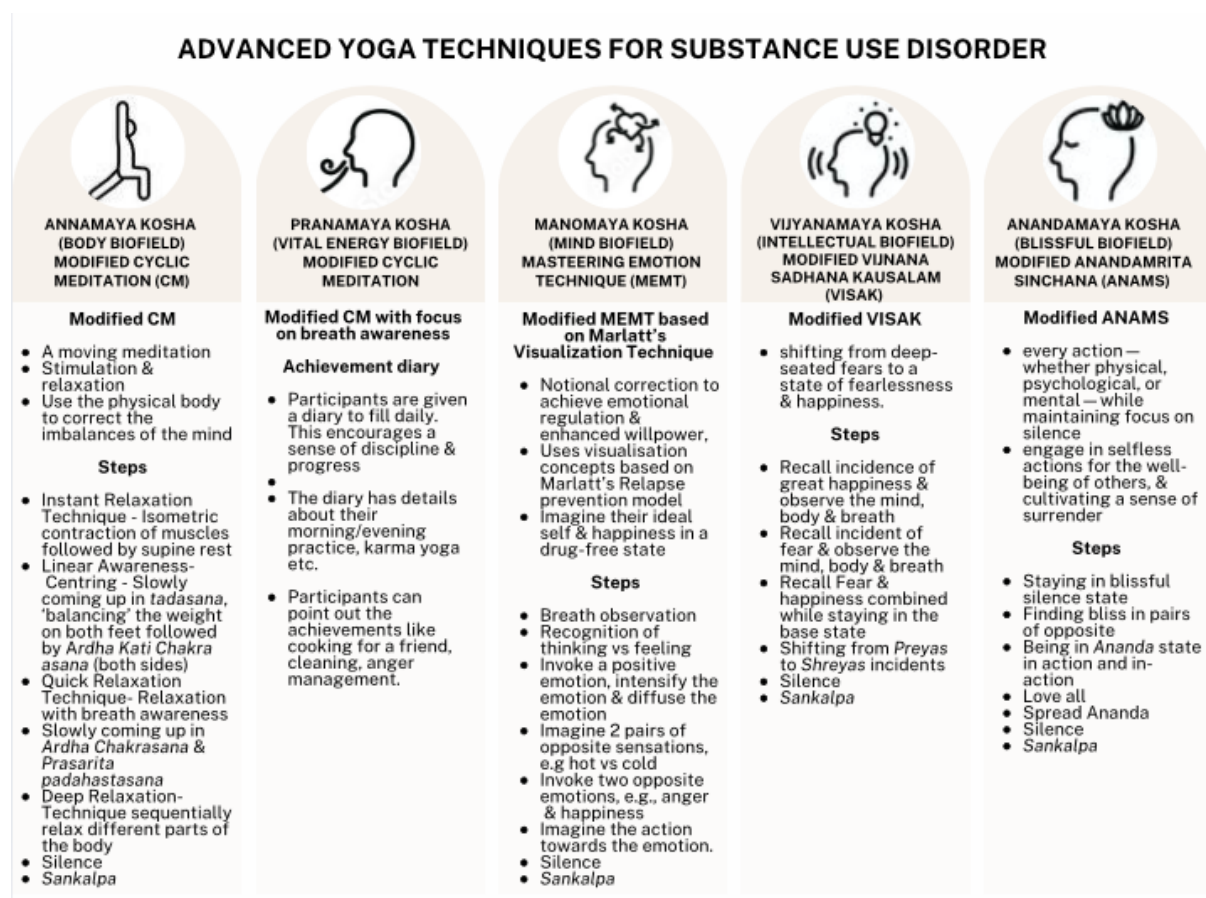
based counseling described this counseling style as “collaborative, client-directed, following rather than guiding, or experiential rather than theoretical” (Beveridge and Buchanan 2019).

Experts in this study advocate for a shift from emphasizing philosophical discussions to showcasing the practical application of these philosophies during therapy. For instance, when practicing asanas, the focus can be on calming the mind and concentrating on a single point, thereby actively engaging in the reduction of *vruttis* (thought fluctuations). Furthermore, they recommend using terminology and language that resonate with the participant's cultural background. Engaging in interactive sessions is also highlighted as a means to sustain participants' attention and foster ongoing interest in the therapeutic process.

## **7.2 Phase 2 Validation of the Integrated Yoga Module for SUD**

The iterative feedback from the group of experts has been instrumental in refining the module. The modifications and recommendations provided throughout the three iterations reflect a deep understanding of both theoretical and practical aspects of implementing a yoga-based therapeutic model for substance use disorders. This approach surpasses previous studies which either focus on the theoretical application of yogic counselling or the integration of conventional psychological techniques (Bhide). Moreover, the study integrates theoretical frameworks of yoga such as the Kosha Model and elaborate on the corresponding practices to manage symptoms for a specific mental disorder, namely SUD, as compared to previous studies that generalize the application of yogic counselling (More et. al., 2021, Mani et al., 2021, Rathi et al., 2018, Naveen et, al., 2013, Jagannathan et al, 2012, Isha,.et al., 2015)

Figure 8: Advanced techniques for Substance use disorder



The YBC sessions are segregated based on the *pancha kosha* principle and on MBRP. All sessions were designed to correct the imbalances at the physical field (*annamaya*), bioenergy field (*pranamaya*), mental field (*manomaya*) and intellectual field (*vignanamaya*) *kosha* to achieve the aims and objectives of this module. We incorporated a few modules from the list of S-VYASA advanced techniques designed to achieve mastery over the fluctuations of the rewinding uncontrolled thoughts (craving) in the mind, under the proposed activities of the YBC module (Figure 8). Of these Cyclic Meditation (Subramanya & Telles, 2009) a moving meditation, was selected to correct the imbalances at the mind level by using physical body (*annamaya kosha* level); Mastering Emotion Technique (MEMT) that uses Visualisation was included which is similar to Marlatt's Relapse prevention model (Sarang & Telles, 2006) was

incorporated to correct the imbalances at the *manomayakosha* level. *Vijnana Sadhana Kausalam* (VISAK) technique based on the concept of shifting from deep seated fears to a state of fearlessness and happiness was linked with the *vijnanamaya kosha*. For *Anandamrita Sinchana* (ANAMS), a technique of *anandamaya kosha*, was also used under activities. It centres on conducting every action whether it is physical, psychological or mental, with the aim of attaining *Ananda* (Bliss). Additionally, participants are encouraged to keep an achievement diary to track their progress each week. Therapists had the freedom to modify IYMSUD as per the participants' needs while adhering to the core concept of the module.

One interesting point in this study is the distinctive difference between the drug-induced happiness and the Ananda from Yoga practices. The drug-induced 'high' provides a temporary escape from reality by artificially altering brain chemistry, creating a fleeting sense of euphoria. This euphoria is not natural and is often followed by withdrawal symptoms, depressive states, and a constant cycle of relapse. Over time, the body and mind become dependent on the substance, and the individual may experience more harm than benefit, including physical, emotional, and psychological consequences.

On the other hand, the ecstasy attained through yogic practices, as described in *Ananda Mimamsa*, is a natural and sustainable state of bliss that arises from consistent practice and inner transformation. As the yogic practitioner progresses through the stages of meditation, pranayama, and asanas, the mind becomes clear and silent, and the connection between the body and spirit deepens. This type of ecstasy is not dependent on external factors but stems from within, rooted in self-awareness and spiritual growth. Moreover, the ecstasy of meditation also helps in overcoming Kleshas (mental afflictions like ignorance, ego, attachment, aversion, and fear of death) that bind the mind. With Yogic practices, these preliminary challenges of the mind are dealt with thus bringing the person closer to the Ananda. Unlike drug-induced

‘highs’, this bliss is enduring and leads to emotional stability, mental clarity, and a deeper silence. Additionally, when the individual experiences the state of Ananda, the addiction mechanism of the brain-reward mechanism does not come into. Ultimately, the ecstasy from yoga is not just a temporary high, but a transformative state that brings lasting peace, happiness, and freedom from the cycles of craving and suffering.

Research on meditation and psychedelics reveals distinct neurophysiological and experiential differences between drug-induced and meditative states. While psychedelics can induce temporary alterations in consciousness through serotonin receptor agonism, meditation practices aim to cultivate sustainable states of altered awareness through systematic training (Millière et al., 2018). Both can disrupt self-consciousness, but the effects are multidimensional and vary across different aspects of self-experience (Millière et al., 2018). Neurophysiologically, meditation is associated with trophotropic dominance compatible with full awareness, as evidenced by EEG patterns (Kiely & Gellhorn, 1972). The perception-hallucination continuum of increasing ergotropic arousal encompasses creative, psychotic, and ecstatic experiences, while the perception-meditation continuum involves increasing trophotropic arousal (Fischer, 1971).

Experts provide the IYMSUD module with the initial feedback that it be simplified. This is in accord with current best practices, which advocate the use of metaphors and the clear language of everyday life to teach therapeutic principles—especially in the contexts of yoga, where complex principles are often involved, and in counseling, where clarity and directness are always necessary. The module is currently pregnant with ideas expressed at the level of sophisticated theory. Physicians might fail to grasp its meaning in part because the module imparts much of its content via lectures and reading assignments. Moreover, the theory-laden content of the module might well overshadow its practical use, since physicians need a tool for

accomplishing something useful in their clinics with hands-on work. In place of reliance on theory, the IYMSUD module can and should better serve the immediate needs of its clients—both the shutdown, and the next tool, learning more yoga.

Expert recommendations to adjust the IYMSUD intervention underscore the importance of personalization in therapy. Tailoring the approach to specific disorders and individual client needs ensures relevance and applicability. Focusing on core areas at the outset, with the gradual introduction of additional elements, reflects a practical approach to therapeutic design, increasing the potential for successful outcomes.

The addition of dietary guidance and other yogic concepts, such as the trigunas and Ahimsa, reflects a holistic method that integrates physical, psychological, and philosophical dimensions. This comprehensive strategy supports the idea that treating substance use disorders requires addressing multiple aspects of well-being.

Finally, the iterative feedback and modification process, culminating in a consensus CVR score of 1 for all items, highlights the rigorous and effective nature of the validation process. This careful approach ensured that the YBC module is both evidence-based and practically feasible, demonstrating the collective expertise of the participating professionals.

We propose starting with physical yoga practices before talk therapy as it offers a gentle yet effective way to prepare the body and mind for deeper emotional exploration. These practices help regulate the nervous system, reducing stress and fostering a sense of calm that makes it easier to engage in introspection. By releasing tension and emotions stored in the body, physical yoga enhances mind-body awareness and can bring to light insights that may otherwise remain hidden. It also grounds individuals in the present moment, easing anxiety and creating a balanced state of self-awareness. With improved circulation and mental clarity, yoga

serves as a compassionate starting point, paving the way for more meaningful and productive conversations during therapy.

For non-Hindu participants we recommend emphasizing the secular nature of yoga, offering alternatives like silent meditation instead of chanting, and clearly communicating that participation is optional and not religiously driven. For example, the use of AUM can be replaced by Amen, Ameen, Humming in Ma-Kara.

### **7.3 Phase 3 - Feasibility testing**

Participants reported that the module was culturally appropriate to them and that they were comfortable with the practices. They reported satisfaction with the yoga intervention and reported no adverse effects. They all expressed their willingness to continue yoga practices at home. As seen in table 11 which illustrates the rating of IYMSUD by yoga group participants, majority of the sessions were well received by the participants. The first session had the lowest rating which indicate the need to have better rapport building and further interaction during the initial physical session.

The findings from this study indicate significant positive effects of Integrated Yoga Module for Substance Use Disorder (IYMSUD) on multiple physiological, psychological, and quality of life measures compared to treatment-as-usual (TAU). These results offer valuable insights into the potential of yoga-based interventions as an adjunct to conventional therapies for individuals with substance use disorders.

A notable improvement in Body Mass Index (BMI) was observed in the IYMSUD group, indicating a healthier weight status post-intervention, while no significant change was found in the TAU group. These findings align with prior research highlighting yoga's role in

improving physical health and reducing risk factors associated with unhealthy weight (Lauche, 2016). Additionally, a significant reduction in respiratory rate was observed within the IYMSUD group, suggesting an enhancement in autonomic nervous system regulation (Telles, S, & Singh, 2016). Yoga practices, particularly pranayama (breathing exercises), are known to improve respiratory efficiency, reduce stress, and enhance parasympathetic activity (Sneha & Mamtha, 2019). This decrease in respiratory rate, coupled with improvements in Bhramari time, demonstrates the role of yogic practices in inducing relaxation and improving lung capacity, further supporting the therapeutic benefits of such interventions in individuals recovering from addiction. The Vedic Personality (GIN) scores showed significant improvement in the IYMSUD group, reflecting enhanced qualities such as self-awareness, mental clarity, and emotional regulation (Kaur et al., 2021). Yoga, particularly as integrated in this module, may foster these qualities through mindfulness and contemplative practices that enhance self-reflection and reduce impulsivity, both critical components in the treatment of addiction.

One of the most significant findings of this study is the substantial improvement in Quality of Life (QOL) within the IYMSUD group, particularly in the domains of global quality of life, physical health, and psychological health. Previous yoga studies consistently reported improvements in psychological health (Ponte et al., 2019; Lin et al., 2011), physical functioning (Tekur et al., 2010), and overall QOL (Ponte et al., 2019; Tekur et al., 2010). This suggests that the participants experienced a profound enhancement in overall well-being and perceived life satisfaction post-intervention. These results emphasize the holistic impact of yoga, not only on mental health but also on physical and social well-being. The significant gains in psychological health, as indicated by improvements in psychological domain scores, reinforce the idea that yoga can serve as an effective tool for reducing stress, anxiety, and depression and common comorbidities in individuals with substance use disorders. The

substantial psychological benefits likely stem from yoga's ability to modulate stress responses, improve emotional regulation, and foster resilience in challenging situations (Chandwani et al. 2010). Interestingly, social health, while improved, did not show as significant a difference as other domains. This could be due to the short intervention duration or the nature of social interactions, which may require more extended timeframes or more targeted social support interventions to observe significant improvements.

The high level of Identified Motivation suggests that participants were driven by a personal recognition of the importance of treatment, which may have contributed to their positive outcomes. Individuals who see value in treatment for personal growth are more likely to engage consistently and experience greater psychological benefits (Wild et al., 2016). In contrast, External Motivation and A-Motivation scores were lower, indicating that participants were less driven by external pressures or a lack of motivation. This lower reliance on external factors could enhance the durability of the treatment outcomes since individuals motivated by intrinsic goals (such as personal well-being) tend to show better long-term adherence to recovery programs (Howard et al., 2021). These results highlight the importance of motivation as a key factor in the success of yoga-based interventions. The significant improvements observed in the IYMSUD group could be partially attributed to the high levels of intrinsic motivation, as individuals who are motivated by personal goals are more likely to engage deeply with therapeutic practices and sustain their efforts throughout the treatment process.