PG YG S1-01 (DSE)

TWO YEAR MASTER'S DEGREE COURSE

(CBCS in Accordance with NEP 2020)

SEMESTER - I

YOGA AND PERSONALITY DEVELOPMENT

Guru Prasad Das School of Interdisciplinary and Vocational Studies

KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

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October, 2025

ISBN

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Printed and published by Registrar on behalf of the Krishna Kanta Handiqui State Open University.

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COURSE INTRODUCTION

This is the first Discipline Specific Elective (DSE) course of the MA Yoga Programme. This course introduces the learners to Yoga and Personality Development. This course will introduce you with the various topics of personality, types of personality and effect of yoga on personality development. There are fourteen units in this course. The 1st unit introduces you to concept of yoga and personality I, which includes basic concept of personality meaning, definition, objectives of yoga, and personality development. The 2nd unit deals with concept of yoga and personality II part, which included effectiveness of yoga and characteristics of personality. The 3rd unit is on the concept of yoga and personality III, which include factors of personality development. The 4th unit is on the Indian Concept of Personality I; as included in the Upanishad, Gita and Ayurveda. The 5th unit is on the Indian Concept of Personality II. Here the Samkhya and Yoga, Buddha and Jain are discussed in detail. The 6th unit is on the Western Concept of Personality. The 7th unit is on the causes of Personality Disorders I. Here the biological causes of personality disorders discussed in detail. The 8th unit is on the causes of Personality Disorders II. Here the Psychological causes of personality disorders are discussed in detail.

The 9th unit is about the Causes of Personality Disorders III. Here the Socio cultural causes personality disorders are discussed in detail. The 10th unit deals with Personality Traits I. Here the Diagnostic and Statistical Manual (DSM) of mental disorder discussed in detail. The 11th unit deals with Personality Traits II. Here the Schizoid and Schizotypal Personality disorder are discussed in detail. The 12th unit is about the Role of Yogic Techniques I; and Psycho therapeutic and relaxation. The 13th unit is about the Role of Yogic Techniques II; and Physio therapeutic and Rehabilitative role. The 14th unit is about the Role of Yogic Techniques III; and values development through Yoga.

While going through a unit, you may also notice some text boxes, which have been included to help you know some of the difficult terms and concepts. You will also read about some relevant ideas and concepts in 'LET US KNOW' along with text we have kept 'CHECK YOUR PROGRESS' questions in each unit. These have been designed to self-check your progress of study. The hints for the answers to these questions are given at end of the unit. We advise that you answer the questions immediately after finish reading the unit in which these questions occur. We have also included a few books in the 'FURTHER READING' list which will be helpful for further consultation.

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UNIT 1 : CONCEPT OF YOGA AND PERSONALITY- I

UNIT STRUCTURE

1.1 Learning Objectives

1.2 Introduction

1.3 Meaning and Definition of Yoga

1.4 Meaning and Definition of Personality

1.5 Objectives of Yoga

1.6 Yoga and Personality Development

1.7 Let us Sum up

1.8 Further Reading

1.9 Answers to Check Your Progress

1.10 Model Questions

1.1 LEARNING OBJECTIVES

After going through this unit, you will be able to:

- define and explain the meaning of Yoga.
- discuss the meaning and definition of personality.
- highlight the objectives of Yoga.

1.2 INTRODUCTION

Yoga is a holistic and integrative science of life that focuses on the physical, mental, emotional and spiritual well-being of individuals and societies. It is a way of life that offers a unique opportunity to escape the rush of the world and find inner serenity. Yoga is the original mind-body medicine and one of the most treasured aspects of India's unique cultural history. Yogic lifestyle, diet, attitudes and practices all contribute to our overall health and well-being. This Yogic health insurance works by normalising the perception of stress, optimising the response to it and successfully

discharging it through various techniques. On the other hand, personality is the combination of a person's thoughts, feelings and actions. It refers to the long-term features and behaviours that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. The development of personality is an essential problem. Personality develops from birth, but it becomes especially important during adolescence, when personality rearrangement occurs. Anyone who regularly practices any kind of Yoga understands that the benefits go far beyond longer, leaner muscles and increased flexibility. The breathing and contemplative aspects of a regular Yogic lifestyle can provide mental clarity and a sense of stress. Pranayama and meditation can teach you how to deal with daily tension and anxiety while also finding tranquillity. Simply practicing breathing methods can be a useful tool in all facets of life. Positive personality development provides us our identity and the ability to collaborate well with others.

1.3 MEANING AND DEFINITION OF YOGA

Yoga is fundamentally a spiritual practice founded on a highly delicate science that seeks to achieve harmony between mind and body. It is the art and science of healthy living. The word ‘yoga’ comes from the Sanskrit root ‘yuj’, which means ‘to join’, ‘to yoke’ or ‘to combine’. According to Yogic teachings, the practice of Yoga leads to the unification of individual consciousness with the Universal Consciousness, implying complete harmony between the mind and body, Man and Nature. Yoga translates to ‘unity’ or ‘connection’. In Sanskrit, ‘yoga’ refers to any sort of connection. Yoga is a state of connection and a set of skills that enable us to connect with everything. It is the science of human growth and the holistic growth of man: physical, mental and emotional. It is a discipline that allows man to reach his greatest potential via self-cultivation and self-education. It explains ways and procedures for achieving oneness with the Self (the Divine). The consistent practice of Yoga eventually helps to develop the virtues of humility and peace of mind, allowing man to enjoy pleasant and cordial relationships with others. Yoga promotes balanced development of the body, mind and

soul. Yoga enhances personal power. Self-awareness allows individuals to tap into their own inner resources for energy. It promotes self-awareness. Improves attention, focus and concentration.The alteration of the germ plasm is necessary for man's long-term growth. The human body does not undergo such a shift on its own. Yoga has devised several techniques to modify the germ plasm based on the demands and needs of its practitioners. Yoga's ultimate purpose is to transform a chaotic personality into a coherent, unified existence.Yoga is a science; it is called Applied Psychology. It not only provides the means to realize one's life's mission, but it also allows one to do anything one desires, even in this world, with great energy and benefit to others. This is why men and women of all ages should practice Yoga for overall personal development. Yoga involves both practice and concept. Yoga is the original mind-body medicine and one of the most treasured aspects of India's unique cultural history. Yogic lifestyle, diet, attitudes and practices all contribute to our overall health and well-being. This Yogic health insurance works by normalising the perception of stress, optimising the response to it and successfully discharging it through various techniques.

The Bhagavad Gita in verse no 2/48 defines yoga as-

Yogastha Kuru Karmani Sangam Tyaktwa Dhananjaya /
Siddhyasiddhyo Samo BhootvaSamtavam Yoga Uchhyateव //

The Gita defines yoga as maintaining equality in both success and failure. This mentality of becoming overjoyed when you achieve success and drowning in grief when you fail is unjust and harmful in life. As a result, many people suffer from depression after failing. Yoga is a balanced condition of mind and body, as well as a path that connects the individual to the supreme deity. It also depicts yoga as a technique to purify activities, control the senses and act without regard for outcome.

Patanjali defined yoga as **"Chitta Vritti Nirodha" PYS-1/2,** which implies that if you can still the mind's changes and activity, you are in yoga. Yoga refers to the cessation of mental oscillations. This sutra emphasises the significance of mind control and the ability to know that the mind does not always allow you to see the truth.

1.4 MEANING AND DEFINITION OF PERSONALITY

The term 'personality' is derived from the Latin word persona, which meaning 'mask'. The phrase refers to how individuals show themselves to the world. Personality is the combination of a person's thoughts, feelings and actions. Personality refers to the long-term features and behaviours that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. Personality is a distinct style of thinking, feeling and behaving. Personality encompasses moods, attitudes and opinions and is most evident in interactions with others. It encompasses both natural and acquired behavioural qualities that identify one person from another and can be noticed in people's interactions with their surroundings and social groups. The term personality has been defined in a variety of ways, but as a psychological construct, two major definitions have emerged. The first is concerned with people's constant differences: in this sense, personality research focuses on identifying and understanding relatively stable human psychological features. The second meaning emphasizes the qualities that make all people alike and distinguish psychological man from other species; it directs the personality theorist to look for those commonalities among all people that define man's nature as well as the factors that influence the course of his life.

1.5 OBJECTIVES OF YOGA

Yoga has wide objectives that strive to build a well-rounded individual. These goals go beyond physical health and involve mental, emotional and spiritual development. Yoga aims to promote physical and mental health, as well as to attain a sense of oneness with the universe.

- **Self-realisation:** Yoga promotes self-awareness and self-realization. You get more connected to your inner self as you gain a better awareness of your physical, mental and spiritual dimensions. This understanding promotes personal development and self-acceptance.

- **Inner Peace:** One of the primary goals of yoga is to achieve internal tranquility. Practitioners can discover inner calm despite the tumult of life by learning to detach from outward distractions and practicing mindfulness.
- **Balance and Harmony:** Yoga aims to restore balance and harmony to life. The practice promotes harmonious cohabitation of the body, mind and spirit. This equilibrium also applies to one's interactions with people and the surrounding environment.
- **Physical Well-Being:** One of the main goals of yoga is to improve physical health and well-being. Regular practice of yoga poses (asanas) promotes flexibility, strength and general physical fitness. Yoga improves key organ function, controls blood pressure and boosts overall wellness by using controlled breathing (pranayama).
- **Integrate Moral and Spiritual Values:** Yoga is firmly grounded on ethical and spiritual ideals. The Yamas (ethical constraints) and Niyamas (observances) give a moral framework for individuals to live a life of integrity, compassion and self-control. These principles are not merely theoretical; they are intended to be followed in daily life, resulting in personal and spiritual progress. Yoga enables people to discover their inner selves, developing a strong sense of spirituality and connection to the cosmos. This spiritual development improves overall well-being and leads to a more peaceful living.

1.6 YOGA AND PERSONALITY DEVELOPMENT

Personality development is the process by which an individual's personality evolves over time. It entails the formation of an individual's actions, attitudes and mental patterns. Many factors influence personality, including genetics and environment, parenting styles and societal issues. Personality development is really crucial. It assists an individual in instilling desirable attributes such as punctuality, flexibility, a readiness to learn, a kind nature, a desire to help others and so on. There are several personal development tips to help you attain your goals:

- Learn visualisation skills.

- Avoid negative ideas.
- Meditate.
- Be resilient.
- Only compete against yourself.
- Set little challenges.
- Be persistent.
- Celebrate victories.

Personality encompasses moods, attitudes and opinions, which are most evident during interactions with others. It encompasses both natural and acquired behavioural qualities that identify one person from another and can be noticed in people's interactions with their surroundings and social groups. The field of personality development is equally huge. It entails understanding how to dress appropriately, social graces, grooming, speaking and interpersonal skills. Regardless of one's career, these are critical talents that will help one achieve significant goals.Yoga can also help people develop and improve their good personality traits. Meditation and yoga promote inner contemplation by sitting quietly and filtering out unnecessary stimulus, noise and bad ideas. This fosters the ability to discover who you are, what makes you happy, what makes you uncomfortable and what is important in your life. When life becomes too hectic, impressionable young people tend to follow the crowd rather than consider the long-term effects. Yoga allows people of all ages to truly contemplate and make decisions based on their own thoughts and feelings, rather than those of others. Regular yoga practice promotes physical and mental wellness, which are essential for personal development. Personality refers to the unique features that distinguish one person or entity from another. Human personality is a difficult topic. There are several definitions of personality. Personality consists of physical, mental and behavioural aspects that we exhibit throughout our lives. Personality refers to the unique features that distinguish individuals from one another. Individuality is defined as a combination of behavioural, temperamental, emotional and mental characteristics that distinguish oneself from others. A person's personality distinguishes them from others and is evident from

birth. Personality includes temperament, surroundings and character. Temperament refers to the genetic features that shape a child's worldview and learning style. While personality qualities are not genetically determined, some genes influence nervous system development, which influences behaviour. Personality Development quintessentially means enhancing and grooming one's outer and inner self to bring about a positive change to one's life.



CHECK YOUR PROGRESS

Q1: Mention the root word from which 'Yoga' has been derived?

Q2: Mention the word from which 'Personality' has been derived?

Q3: Define the meaning of Yoga.

Q4: What do you mean by Personality development?

Q5: Write down the any one objective of Yoga



1.7 LET US SUM UP

- Yoga is the original mind-body medicine and one of the most treasured aspects of India's unique cultural history. Yogic lifestyle, diet, attitudes and practices all contribute to our overall health and well-being. This Yogic health insurance works by normalising the perception of stress, optimising the response to it and successfully discharging it through various techniques.
- Personality is the combination of a person's thoughts, feelings and actions. Personality refers to the long-term features and behaviour that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns.
- The word 'yoga' comes from the Sanskrit root 'yuj', which means 'to join', 'to yoke' or 'to combine'. According to Yogic teachings, the practice of Yoga leads to the unification of individual consciousness

with the Universal Consciousness, implying complete harmony between the mind and body, Man and Nature.

- Many factors influence personality, including genetics and environment, parenting styles and societal issues. Personality development is really crucial. It assists an individual in instilling desirable attributes like as punctuality, flexibility, a readiness to learn, a kind nature, a desire to help others and so on.



1.8 FURTHER READING

- Atrai, Shanti P. (1965). *Yoga Manovijnana*. The International Standrad Publication, Varansi.
- Sachdeva, I.P. (1978). *Yoga and Depth Psychology*. Motilal Banarasidas.
- Khan, Wasim A. (2011). *Samanya Manovijana*. Discovery Publication.



1.9 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: The word 'yoga' comes from the Sanskrit root 'yuj', which means 'to join', 'to yoke' or 'to combine'.

Answer to Q2: The term "personality" is derived from the Latin word persona, which meaning "mask". The phrase refers to how individuals show themselves to the world.

Answer to Q3: Yoga is the original mind-body medicine and one of the most treasured aspects of India's unique cultural history. Yogic lifestyle, diet, attitudes and practices all contribute to our overall health and well-being. This Yogic health insurance works by normalizing the perception of stress, optimizing the response to it and successfully discharging it through various techniques.

Answer to Q4: Personality is a distinct style of thinking, feeling and behaving. Personality encompasses moods, attitudes and opinions and is most

evident in interactions with others. It encompasses both natural and acquired behavioural qualities that identify one person from another and can be noticed in people's interactions with their surroundings and social groups.

Answer to Q5: One of the primary goals of yoga is to achieve internal tranquility. Practitioners can discover inner calm despite the tumult of life by learning to detach from outward distractions and practicing mindfulness.



1.10 MODEL QUESTIONS

Short Questions:

Q1: What is the meaning of the word 'YUJ'?

Q2: What do you mean by Personality?

Q3: How does Yoga help in managing stress?

Q4: Write a short note on objectives of Yoga

Q5: Write down any one definition of Yoga

Q6: Define personality in your own words based on the given text.

Q7: What are some of the factors that influence personality development?

Long Questions:

Q1: Explain the meaning and definition of Yoga.

Q2: Explain the meaning and definition of Personality.

Q3: Discuss the role of Yoga in Personality Development.

Q4: Elaborate the various Objectives of Yoga.

Q5: Discuss the relationship between Yoga and personality development.

*** *** ***

UNIT 2 : CONCEPT OF YOGA AND PERSONALITY- II

UNIT STRUCTURE

2.1 Learning Objectives

2.2 Introduction

2.3 Effectiveness of Yoga

2.4 Types of Personality

2.5 Characteristics of Personality

2.6 Let us Sum up

2.7 Further Reading

2.8 Answers to Check Your Progress

2.9 Model Questions

2.1 LEARNING OBJECTIVES

After going through this unit, the students will be able to:

- define the meaning of Personality
- explain the effectiveness of Yoga
- discuss the various types of Personality
- explain the characteristics of Personality

2.2 INTRODUCTION

Personality is the combination of a person's thoughts, feelings and actions. Personality refers to the long-term features and behaviours that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. The term personality has been defined in a variety of ways, but as a psychological construct, two major definitions have emerged. The first is concerned with people's constant differences: in this sense, personality research focuses on identifying and understanding relatively stable human psychological features. The second meaning emphasises the qualities that

make all people alike and distinguish psychological man from other species; it directs the personality theorist to look for those commonalities among all people that define man's nature as well as the factors that influence the course of his life. The term 'personality' is derived from the Latin word persona, which means 'mask'. The phrase refers to how individuals interect and present themselves to the world. Personality is a distinct style of thinking, feeling and behaving. It encompasses moods, attitudes and opinions which is most evident in interactions with others. Also, it encompasses both natural and acquired behavioural qualities that identify one person from another and can be noticed in people's interactions with their surroundings and social groups.

For the purpose of Personality development, Yoga allows people of all ages to truly contemplate and make decisions based on their own thoughts and feelings, rather than those of others. Yoga can also assist young people develop and improve their good personality traits. Meditation and yoga promote inner contemplation by sitting quietly and filtering out unnecessary stimulus, noise and bad ideas. This fosters the ability to discover who you are, what makes you happy, what makes you uncomfortable and what is important in your life. When life becomes too hectic, impressionable young people tend to follow the crowd rather than consider the long-term effects. Yoga is a holistic and integrative science of life that focuses on the physical, mental, emotional and spiritual well-being of individuals and societies. It is a way of life that offers a unique opportunity to escape the madness of the world and find inner serenity. Yoga is the original mind-body medicine and one of the most treasured aspects of India's unique cultural history. Yogic lifestyle, diet, attitudes and practices all contribute to our overall health and well-being. This Yogic health insurance works by normalising the perception of stress, optimising the response to it and successfully discharging it through various techniques. On the other hand, Personality is the combination of a person's thoughts, feelings and actions. Personality refers to the long-term features and behaviour that make up a person's distinctive

adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns.

2.3 EFFECTIVENESS OF YOGA

Yoga is a type of mind-body fitness that combines muscular movement with an internally directed conscious emphasis on awareness of self, breath and energy. Researchers discovered that frequent yoga practice may result in a variety of health benefits, including enhanced cardiovascular fitness, muscular strength and blood pressure regulation. Yoga is a well-known stress reliever that also promotes better sleep.Practicing yoga can lead to enhanced mental and physical energy, improved attentiveness and excitement and less negative feelings.Yoga promotes flexibility and balance. Stretching your muscles is an important element of yoga since it helps with flexibility and balance. Flexibility is a vital part of physical wellness.

Yoga has several different types to select from, ranging in intensity from high to moderate to light. Yoga is a type of mind-body fitness that combines physical activity with an internally focused conscious concentration on self-awareness, breath and energy. Yoga is considered a type of mind-body medicine that combines an individual's physical, mental and spiritual aspects to enhance health, particularly stress-related disorders. Evidence suggests that stress plays a role in the development of heart disease, cancer and stroke, as well as other chronic disorders and diseases. Because stress is linked to a wide range of diseases, it is critical to prioritise stress management and the decrease of negative emotional states in order to lessen disease burden.

As the number of people participating in mind-body fitness programs like yoga grows, it is critical that health care practitioners understand the nature of yoga and the research supporting its numerous therapeutic benefits. Thus, the unit is important as it takes us information on the therapeutic effects of yoga in a wide population for various diseases and conditions. Therapeutic yoga is described as the use of yoga postures and practices to treat specific health issues. Yoga therapy entails imparting

yogic practices and teachings to prevent or cure structural, physiological, emotional and spiritual pain, suffering or limits. Yogic practices increase muscular strength and flexibility, promotes and improves respiratory and cardiovascular function; aid in the recovery and treatment of addiction; reduces stress, anxiety, depression and chronic pain, improve sleeps, overall well-being and quality of life. One of the primary goals of yoga is to acquire mental tranquillity and produce a sense of well-being, emotions of relaxation, enhanced self-confidence, increased efficiency, increased concentration, decreased irritation and an optimistic attitude toward life. Yoga promotes balanced energy, which is essential for the immune system. Yoga inhibits the posterior or sympathetic region of the hypothalamus. This inhibition enhances the body's sympathetic reactions to stressful stimuli while also restoring autonomic regulating reflex systems associated with stress.

Yogic techniques suppress the areas responsible for fear, aggression and fury while activating the rewarding pleasure centres in the middle forebrain and other locations, resulting in a sense of bliss and enjoyment. This inhibition reduces anxiety, heart rate, respiration rate, blood pressure and cardiac output in learners who practice yoga and meditation. Yoga boosts blood flow, haemoglobin and red blood cell levels, allowing more oxygen to reach the body's cells thereby improving function. Yoga also thins the blood, lowering the risk of heart attacks and strokes, which are frequently caused by blood clots.

Twisting positions drain venous blood from internal organs, allowing oxygenated blood to flow in when the twist is released. Inverted positions stimulate venous blood flow from the legs and pelvis back to the heart, where it is pushed into the lungs to be oxygenation. Many studies have shown that yoga reduces resting heart rate, enhances endurance as wel as improves oxygen intake and use during exercise. Consistently raising the heart rate to aerobic levels reduces the chance of a heart attack. While not all yoga is aerobic, even techniques that do not raise the heart rate to aerobic levels might enhance cardiovascular function.

2.4 TYPES OF PERSONALITY

According to Meyer Friedman and Ray Rosenman, there are four categories of personality: A, B, C, D. They classified these distinct personality characteristics in the 1950s while researching individuals with cardiovascular disease. Each individual is a unique combination of four personality types. These four types have been given various titles and designations over the centuries, but for the sake of this discussion, they are referred to as the director, the socialiser, the thinker and the supporter. In shorthand, we refer to those personality categories as A, B, C and D, respectively.

TYPE A PERSONALITY: Type A people prefer to be in charge of all aspects of their lives. These people are known for their competitive nature, yet they frequently lack attention to detail and prefer to delegate jobs. Type A personalities are also result-driven, goal-oriented and pragmatic by nature. Many characteristics of the type A personality are associated with professional success. You speak to others directly and express your feelings. You make quick decisions and work hard to do tasks properly. You perform well under pressure and meet your deadlines. Being type A might have drawbacks. If you have a type A personality, you most likely place a lot of pressure on yourself. If you have a lot on your plate, you may find yourself wanting to multitask. You want to complete jobs correctly and fast. As a type A personality, you value efficiency and avoid wasting time. You have a tendency to see things in black and white, focusing only on what is in front of you. You are intensely focused on your task and your list of goals. If you believe that things are not going as planned, you may become irritated and cranky. This idea characterises Type A people as outgoing, ambitious, meticulously structured, highly status-conscious, impatient, nervous, proactive and time-conscious. People with Type A personalities are frequently successful workaholics.

TYPE B PERSONALITY: Understanding Type B personality, as well as the other three kinds, is critical to understanding behaviour and how, when managed correctly, you can get the most out of people and even understand some workplace behaviours that, without prior knowledge, may appear

impossible to grasp. Type B personalities are generally described as easy-going, mellow and adaptable. They are essentially the reverse of the type A personality. Type A personalities are meticulous, but type B personalities are more easy-going and carefree. The Type B personality test allows you to determine how a specific person will fit into your culture and teams. While you may feel more at ease among people who are similar to you, it is preferable to have a diverse team. This test allows you to identify Type B personality attributes such as being easy-going, optimistic, creative and a team player, as well as flaws such as being impulsive, seeking affirmation and delaying. The test is simple and provides useful insights about hiring and managing potential team members. However, these low-stress attributes are accompanied by a tendency to procrastinate, which can cause problems on own. If you are a type B, understanding more about personality might help you become more aware of potential health, relationship and work-related difficulties. People with type B personalities may have a propensity to be overly relaxed about their health. Because they are frequently so laid back, they may be less vigilant about keeping healthy habits or attending regular health checkups. Some argue that while type A practices are more associated with heart disease, there may be some benefit to encouraging people to adopt a type B approach. However, doing so could have undesirable consequences. Type B Personalities tend to be friendly, encouraging and patient in their interactions with others. These are the ones that understand how to truly listen to others. Because they are so attentive, they get along well with others. They are not the type to let trivial difficulties bother them. Even in the most difficult situations, they maintain a calm demeanour. If you fit this personality type, you may discover that satisfaction may be both a blessing and a curse. Yes, you are versatile and easy-going, but it sometimes means you tolerate unfair treatment or situations. When someone treats you unfairly, you may be tempted to ignore it rather than cause a scene.Having a diverse staff with personalities that complement one another will help your department or company thrive. Understanding Type A vs Type B personality will help you strike the correct balance between these two working types.The Type B personality's greatest

fear is being humiliated in public, as this may lead to widespread disapproval of them. It might be distressing for them. The B personality does not want to appear unattractive or unsuccessful, thus they will cover any flaws.

TYPE C PERSONALITY: Type C personalities are detail-oriented and prefer logic and rational reasoning when making judgments. Type C personalities are analytical and objective, relying on study and facts rather than emotionally charged beliefs. Analytical, diligent and detail-oriented are characteristics of Type C personality. Such personalities are detail-oriented and prefer logic and rational reasoning when making judgments. Type C personalities are analytical and objective, relying on study and facts rather than emotionally charged beliefs. People with this personality type are often skilled problem solvers and are valued for their cooperative and polite demeanour. However, they may struggle to make judgments and adjust to change.It is tempting to believe that Type C individuals lack feeling or exhibit sympathetic tendencies. While they rarely become passionate about work, the nature of their personality type encourages them to prioritise logic, statistics and science above all else. This meticulous, resourceful and thoughtful mentality is described as detail-oriented, analytical and prepared, making it ideal for situations where everything must be considered before any decisions are made. However, this is a more passive personality feature, preferring cooperation to conflict. It can be difficult to persuade the individual to open up and they must trust the relationships they have created before doing so, which can lead to a lot of stress when judgments are made based on anything other than the facts presented. In the workplace, they are cautious with the information and data that they have available. Type C personalities are typically found in fields such as science, medicine and law.Any of the four personality types might have an impact on professional conduct. Understanding the Type C personality can better prepare you for the positive or bad consequences that may occur. You want to understand the Type C personality and how to best handle the triggers and sorts of work that each person conducts. Type C personalities can manage workloads on their own and because the nature of their profession does not demand them to be dependent on others, they can feel comfortable working alone to complete

the task at hand.Type C personalities are known for being overly controlling of themselves and others. They dislike it when things get out of hand and may appear stern since they do not want to show too much emotion. They are very goal-oriented and will be strict about following protocol. They are cautious, resourceful and above all, outstanding thinkers who will consider all elements of a situation before taking a position. Once they adopt a position on a subject, they will have data to back it up, so anyone who challenges them should be prepared.

TYPE D PERSONALITY: Type D personality is also known as 'distressed' personality. If your personality type is D, you are likely to experience negative emotions in a variety of situations but avoid expressing them for fear of rejection or disapproval. If you have type D personality, you typically have a lot of negative emotions like anger, irritability or hostility, but you suppress your feelings. You may also experience extreme anxiety or avoid social situations because you are concerned about how others will perceive you and your emotions. The Type D personality moves at a slower, safer pace in both their professional and personal lives. They value security and longevity and they take comfort in regularity. Type D personalities dislike change and prefer to keep to themselves rather than engage in social situations. D personality does not necessarily indicate depression, but you may experience a cycle of depression and anxiety, particularly during times of severe stress. Type D personalities are more likely to shun social situations, which can lead to loneliness, low self-esteem and other emotional issues. With less support from others, events and situations are more likely to depress you. Some research demonstrate that type D personalities are more prone to miss work and take sick leave than other personality types. You can find work more stressful than others do and you might feel fatigued and unfulfilled. Type D personalities also have poor coping skills, which can result in increased stress and burnout. Over time, this can lead to various health issues such as poor overall health, heart attacks, a weakened immune system and a variety of ailments. Type D personalities are understanding what makes them tick might help you make the most of hiring this type. While they are extremely trustworthy, sensitive and deep thinkers, they may

suffer from poor self-esteem and pessimism. They crave the respect, genuine appreciation and approval of others. The Type D personality will willingly work hard to please those for whom they work as long as they feel valued and are constantly reassured that they are required. They need to feel secure. Type D personalities frequently consider Type A personalities insane for taking so many chances and exhibiting little care for security and longevity. People with Type D personality traits are typically very organised; being in a messy or disorganised atmosphere bothers them. They are also adept at being supportive of others and are generally loving, insightful and sympathetic. They are patient, good listeners and will persevere when others give up. Also they are a stabilising factor and prefer to operate in groups or on teams. Although they may not be as quick as others, they are precise and thorough. They typically keep their emotions to themselves and are hesitant to express themselves, especially if a more assertive type appears to be taking advantage of them. They tend to agree with anything. To attract the Type D personality in a job advertisement, include information on the company's benefits package and long-term growth prospects. Type D personalities will benefit much from having a secure and stable environment.

2.5 CHARACTERISTICS OF PERSONALITY

TYPE A PERSONALITY: Many characteristics of the type A personality are associated with professional success. Type A people prefer to be in charge of all aspects of their lives. These people are known for their competitive nature, yet they frequently lack attention to detail and prefer to delegate jobs. Type A personalities are also result-driven, goal-oriented, domineering, competitive, irritable, ambitious, impatient, hostile and pragmatic by nature and they directly express their feelings.

TYPE B PERSONALITY: Type B personalities are generally described as easy-going, mellow and adaptable. Type B personality have attributes such as being optimistic, creative, patient, less stressed, no rush and a team player, as well as flaws such as being impulsive, seeking affirmation and delaying. The test is simple and provides useful insights about hiring and managing potential team members. However, these low-stress attributes

are accompanied by a tendency to procrastinate, which can cause problems of its own.

TYPE C PERSONALITY: Analytical, diligent, passive, suppressed, highly focused on others, incapable of expressing feelings, submissive, powerless and detail-oriented are characteristics of Type C personality. Type C personalities are detail-oriented, prefer logic and rational reasoning when making judgments. Type C personalities are analytical and objective, relying on study and facts rather than emotionally charged beliefs.

TYPE D PERSONALITY: Type D personality typically have a lot of negative emotions like anger, irritability or hostility, but you suppress your feelings. You may also experience extreme anxiety or avoid social situations because you are concerned about how others will perceive you and your emotions. The Type D personality moves at a slower, safer pace in both their professional and personal lives. Caring, sincere, shy, consistent, dependable, troubled, lonely, sorrowful etc are the main characteristics of type D personality. Type D personality traits are typically very organised; being in a messy or disorganised atmosphere bothers them.



CHECK YOUR PROGRESS

Q1: Define the meaning of Personality

Q2: What are the different types of Personality?

Q3: Mention the characteristics of Type A Personality

Q4: Mention the characteristics of Type B Personality

Q5: Mention the characteristics of Type C Personality



2.6 LET US SUM UP

- Personality refers to the long-term features and behaviours that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. The term personality has been defined in a variety of ways, but as a psychological construct, two major definitions have

emerged. Personality is a distinct style of thinking, feeling and behaving. Personality encompasses moods, attitudes and opinions and is most evident in interactions with others. It encompasses both natural and acquired behavioural qualities that identify one person from another and can be noticed in people's interactions with their surroundings and social groups.

- Researchers discovered that frequent yoga practice may result in a variety of health benefits, including enhanced cardiovascular fitness, muscular strength and blood pressure regulation. Yoga is a well-known stress reliever that also promotes better sleep.Practicing yoga can lead to enhanced mental and physical energy, improved attentiveness and excitement and less negative feelings.Yoga promotes flexibility and balance. Stretching your muscles is an important element of yoga since it helps with flexibility and balance.
- According to Meyer Friedman and Ray Rosenman, there are four categories of personality: A, B, C, D. They were classified as distinct personality characteristics in the 1950s while researching individuals with cardiovascular disease. Each individual's personality is a unique combination of the four personality types. These four types have been given various titles and designations over the centuries, but for the sake of this discussion, they are referred to the director, the socialiser, the thinker and the supporter.



2.7 FURTHER READING

- Atrai, Shanti P. (1965). *Yoga Manovijnana*. The International Standrad Publication, Varansi.
- Sachdeva, I.P. (1978). *Yoga and Depth Psychology*. Motilal Banarasidas.
- Khan, Wasim A. (2011). *Samanya Manovijana*. Discovery Publication.

2.8 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: Personality refers to the long-term features and behaviours that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. The term "personality" is derived from the Latin word persona, which means "mask". The phrase refers to how individuals interact and present themselves to the world.

Answer to Q2: Meyer Friedman and Ray Rosenman, stated that there are four categories of personality: A, B, C, D. They were classified as distinct personality characteristics in the 1950s while researching individuals with cardiovascular disease. Each individual is a unique combination of four personality types. These four types have been given various titles and designations over the centuries, but for the sake of this discussion, they are referred to as the director, the socializer, the thinker and the supporter.

Answer to Q3: Type A personalities are also results-driven, goal-oriented, domineering, competitive, irritable, ambitious, impatient, hostile and pragmatic by nature and they also directly express their feelings.

Answer to Q4: Type B personality has attributes such as being optimistic, creative, patient, less stressed, no rush and a team player, as well as flaws such as being impulsive, seeking affirmation and delaying. The test is simple and provides useful insights about hiring and managing potential team members.

Answer to Q5: Type C personalities are detail-oriented, analytical, diligent, passive, suppressed, highly focused on others, incapable of expressing feelings, submissive, powerless, prefer logic and rational reasoning when making judgments. Type C personalities are analytical and objective, relying on study and facts rather than emotionally charged beliefs.



2.9 MODEL QUESTIONS

Short Questions:

Q1: What role does Yoga play in managing lifestyle-related diseases?

Q2: How is Yoga effective in stress reduction?

Q3: What are some physical health benefits of regular yoga practice?

Q4: Name two mental benefits of practicing yoga regularly.

Q5: Who is the founder of A,B,C,D Personality?

Q6: Being ambitious is a characteristic of which type of Personality?

Q7: Write a short note on effeteness of yoga on Personality Development

Q8: Write down any five characteristics of Type D Personality

Long Questions:

Q1: Evaluate the effectiveness of Yoga as a preventive and therapeutic tool in modern healthcare.

Q2: Explain in details the effeteness of yoga on Personality Development

Q3: Discuss the characteristics of the type A Personality

Q4: Explain in details about the type B Personality

Q5: Describe the characteristics/qualities of the type C Personality

Q6: Give a detailed explanation on the type D Personality

Q7: Discuss the major personality types and their characteristics with suitable examples.

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UNIT 3 CONCEPT OF YOGA AND PERSONALITY- III

UNIT STRUCTURE

3.1 Learning Objectives

3.2 Introduction

3.3 Meaning of Personality Disorders

3.4 Biological Factor of Personality Disorder

3.5 Psychological Factor of Personality Disorder

3.6 Sociocultural Factor of Personality Disorder

3.7 Let us Sum up

3.8 Further Reading

3.9 Answers to Check Your Progress

3.10 Model Questions

3.1 LEARNING OBJECTIVES

After going through this unit, the students will be able to :

- discuss the Personality Disorders
- highlight the various factors of Personality Disorders
- identify the Biological factors of Personality Disorders
- explain the Psychological factors of Personality Disorder
- discuss the Sociocultural factors of Personality Disorder

3.2 INTRODUCTION

A personality disorder is a mental health illness characterised by persistent, all-encompassing, disruptive patterns of thought, behaviour, mood and interpersonal interactions. These patterns generate severe distress and limit a person's capacity to operate. We know that Personality is the combination of a person's thoughts, feelings and actions. Personality refers to the long-term features and behaviours that make up a person's

distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. Personality is a distinct style of thinking, feeling and behaving. It encompasses moods, attitudes and opinions and is most evident in interactions with others. The term personality has been defined in a variety of ways, but as a psychological construct, two major definitions have emerged. If there is any type of imbalance in the pattern of Personality then it is known as Personality Disorder. Personality Disorders can result in erroneous perceptions of reality, deviant actions and distress in many areas of life, including employment, relationships and social functioning. Furthermore, people with Personality Disorders may fail to identify their disturbing behaviours or the harmful impact they have on others.

Personality disorders are a category of mental disorders. They include long-term habits of thought and behaviour that deviate from what is considered normal in ones culture. The beliefs and habits are harmful and rigid. They generate major problems in relationships, at work and in social activities. They might make it difficult to cope with daily stressors and concerns. These inner sensations and acts frequently contradict the expectations of the culture in which one lives. Individuals with personality disorders may struggle to relate to people and deal with everyday problems in ways that are anticipated by their cultural group. You may not be entirely aware of the difference between your views and behaviours and those accepted by society. As a result of Personality Disorder it becomes difficult for one to engage in social, educational and familial activities. These behaviours and attitudes frequently produce problems and difficulties in relationships, social interactions and professional or educational environments. They may also cause people to feel alone, which can lead to sadness and anxiety.

3.3 MEANING OF PERSONALITY DISORDERS

A Personality Disorder is a mental health disease characterised by a lifelong habit of viewing oneself and behaving with others in

problematic ways. People with Personality Disorders frequently struggle to interpret emotions and tolerate distress and they act on impulse. This makes it difficult for individuals to connect with others, resulting in major problems and compromising their family life, social activities, work and school performance as well as general quality of life. Some people are easy-going, while others are dominating and demanding. Some people are skilled at cracking jokes, while others dislike being the centre of attention and prefer to laugh at others' jokes. Some people are carefree and enjoy having fun, but they may lack responsibility when it comes to arriving on time for an appointment. Others may be less emotional, but they can be counted on to follow through on their promises. Personality traits become extreme, when they are rigid and inflexible thereby making it difficult to deal with people and handle life's problems. Such a person may then have a Personality Disorder.

3.4 BIOLOGICAL FACTORS OF PERSONALITY DISORDER

Biological variables influence personality formation to some extent via genetic, neurological and hormonal influences. Understanding the root provides valuable insight into how one’s biological constitution interacts with input from the environment to evolve into a distinct personality. Biological variables influence personality because they control attributes via genetic and neurobiological pathways. According to study, heredity can influence an individual’s emotional sensitivity and sociability. The structures and activities of various areas of the brain are thought to contribute to personality traits, aggression, empathy and impulses. Hormonal variables, particularly those associated with developmental phases, may influence how certain features show. Understanding the biological basis of personality enlightens us on how our biology interacts with our surroundings and experiences. Biological elements play a supporting role in understanding the complexities of human personality development. Individualisation of features and behaviours results in a harmonious combination between genetic predisposition and neurobiological processes. These are predetermined

criteria that are influenced by dynamism and the interaction of environmental factors and individual experiences. Understanding the biological basis of personality opens up a much broader perspective on human behaviour. Finally, this approach emphasises the delicate balance between nature and nurture in the formation of who we are. The very common biological factors are:

Hormonal Factor: Hormonal influences are another powerful biological influence on personality traits, particularly during important stages of development. Hormones like cortisol and testosterone, for example, can influence mood, stress reaction and social conduct, influencing a person's relationship to their environment and the expression of their personality.

Neurobiological Factor: Neurobiological factors, such as brain shape and function, does have an impact on personality. Indeed, several studies have shown that differences in certain brain regions, such as the prefrontal cortex and the amygdala, are linked to behaviours such as impulse control, aggression and emotional regulation, implying that personality has a biological basis.

Genetic Factor: Though genetic factors constitute the foundation of personality development; they might be viewed as predisposition toward certain traits and behaviours. According to research, certain genes are associated with specific characteristics such as temperament, emotional stability, sociability and many more. It thus follows that who we are is primarily determined by our genes.

Evolutionary Factor: From an evolutionary standpoint, there may have been personalities that developed as responses to external selection pressures. The qualities of being agreeable or conscientious can be seen as having invested more resources in social cohesiveness and survival needs, resulting in diverse views of biology and the history of human evolution.

3.5 PSYCHOLOGICAL FACTORS OF PERSONALITY DISORDER

Psychological factors are those components that influence how people perceive and interpret information. In recent studies, various psychological characteristics have been linked to moral awareness, many of which are not normally connected with the moral realm. The psychological sensation of power was linked to increased moral awareness, but only when the individual had a strong moral identity. This result was particularly intriguing because the psychological sensation of authority is frequently associated with immoral behaviour. Finally, all of this research demonstrates that moral awareness is influenced by psychological processes, including characteristics not often linked with morality. Some of the various Psychological factors are:

Childhood Trauma: Childhood trauma, such as abuse or neglect, can lead to Personality Disorders.Childhood trauma is a significant risk factor for developing Personality Disorders, with studies indicating a strong link between the two, particularly in the case of conditions such as Borderline Personality Disorder; individuals who have experienced childhood abuse or neglect are more likely to develop personality disorders in adulthood due to the disruption in their early development and brain functioning caused by trauma.

Lack of Social Skills: Poor social skills can lead to Personality Disorders. A lack of social skills is a common symptom of several Personality Disorders. Individuals with this disorder frequently exhibit social withdrawal and difficulty forming relationships, resulting in a lack of social skills due to limited social interaction and difficulties understanding social cues; this can also manifest in other disorders, such as Schizotypal Personality Disorder, where social anxiety and unusual beliefs further impede social interactions.

Social Dysfunction: High levels of dysfunction in the family, such as conflict, antagonism, or a lack of support, might exacerbate personality disorders.Social dysfunction is not a Personality Disorder in and of itself, but rather a key symptom that can be present in a variety of personality

disorders, indicating significant impairment in a person's ability to maintain healthy social relationships, often leading to difficulties in work, friendships and intimate partnerships; essentially. It is a core feature that indicates a level of dysfunction within a person's personality that affects social interactions.

Maladaptive Thinking Patterns: Cognitive distortions and maladaptive coping techniques can also contribute to personality disorders. Maladaptive thinking patterns are regarded a key component of many Personality Disorders, as they refer to rigid and dysfunctional thought processes that have a significant impact on a person's behaviour and relationships, causing distress and impairing their ability to function in daily life; in essence, a personality disorder can be diagnosed when someone's negative thought patterns become so ingrained that they significantly interfere with their lives.

Personality Traits: Certain personality characteristics, such as poor impulse control, a high desire for excitement, or sensitivity to stimuli, can raise the likelihood of developing a Personality Disorder. Personality traits are patterns of thought, feeling and behaviour. In people with personality disorders, these characteristics can become severe, rigid and inflexible. This can make it difficult for them to adapt to new conditions and solve challenges. People with Personality Disorders frequently struggle to interpret emotions and tolerate distress and they act on impulse. This makes it difficult for individuals to connect with others, resulting in major problems and compromising their family life, social activities, work and school performance and general quality of life.

3.6 SOCIOCULTURAL FACTORS OF PERSONALITY DISORDER

Personality Disorders are shaped in their social and cultural milieu.Transitions from traditional to modern social systems, coupled by social disintegration and fast social change, may explain these phenomena. The primary modes of action would be interference with family functioning and shielding from the social environment.Sociocultural elements such as social structure, gender roles and cultural groupings can all have an impact

on how Personality Disorders develop.The most important social factors in Personality Disorders are risk or protective factors that influence the process of trait amplification. Modernity, particularly the rising rate of social change, is a major source of stress for people with various personality types.Sociocultural influences have an impact on people's emotions, values, beliefs, behaviours, attitudes and interactions. Examples include social classes, religious beliefs, wealth distribution, language, business practices, societal ideals, customer preferences, social organisation and work attitude.Patients and healthcare practitioners make treatment decisions based on sociocultural variables, ethnomedical beliefs and individual traits. Although these variables can overlap, they are conceptually separated here to help us understand their respective roles in people's responses to health and sickness. Sociocultural elements are broadly defined as commonly held cultural knowledge, beliefs and practices, as well as cultural-wide structures such as gender and social interactions. The various sociocultural factors are:

Role of Family: A family plays an important role in the development of Personality Disorders because dysfunctional family dynamics during childhood, such as inconsistent parenting, neglect, emotional abuse or high conflict, can significantly contribute to the emergence of Personality Disorders later in life; thus, understanding and addressing family dynamics is critical in treating individuals with Personality Disorders.

Family Conflict: Family conflict, especially parental disagreements, can lead to a child developing maladaptive coping methods and a skewed sense of self. Family conflict as a personality disorder explanation proposes that a person's consistent pattern of causing major conflict within their family dynamic may be an indication of a Personality Disorder.

Role of School and College: Schools and colleges play an important role in Personality Disorders in some people, due to factors such as bullying or social pressures, while also providing a critical environment for early detection and intervention through supportive counselling services, awareness campaigns and fostering a positive school climate that promotes mental health wellbeing. The school and college environment can provide

an opportunity to detect potential indicators of a Personality Disorder in children's behaviour and relationships with peers and teachers, allowing for early intervention and assistance. Schools and college can incorporate mental health education, including Personality Disorders, to increase awareness and assist students in understanding their own feelings and behaviours, as well as notice potential warning signals in others.

Caste and Religion: A person's personal interpretation and level of religious engagement greatly influences the specific impact of religion. Religion can play a complex role in Personality Disorders, sometimes serving as a protective factor by offering structure, meaning and social support and in other cases, it may exacerbate symptoms through rigid interpretations or distorted religious beliefs. This is especially true when people with Personality Disorders misinterpret religious teachings to fit their own distorted perceptions of reality. This makes it difficult for individuals to connect with others, resulting in major problems and compromises in their family life, social activities, work and school performance as well as general quality of life.For people with personality disorders, who frequently battle with emotional instability and interpersonal challenges, religious activities and community involvement can offer a feeling of routine and connection.

Moral and Ethical Values: Moral and ethical principles offer a foundation for conduct that helps people with Personality Disorders control their impulsive actions and create more constructive coping strategies. Hypo-morality is a defining feature of several diseases, particularly Antisocial Personality Disorder, while hyper-morality is a defining feature of Obsessive-Compulsive Personality Disorder. Moral character can be defined as the subset of individual distinctions that are pertinent to morality or as a person's propensity to think, feel and act in an ethical or unethical manner. The psychologist's function as an expert witness, includes competency challenges, informed consent, confidentiality, multiple relationships and unique billing-related issues which are among the ethical concerns examined.



CHECK YOUR PROGRESS

Q1: Define Personality Disorder.

Q2: Give an example of biological factor of Personality Disorder.

Q3: Give an example of psychological factor of Personality Disorder.

Q4: What are the elements are involved in Sociocultural factors of Personality Disorder?



3.7 LET US SUM UP

- Personality refers to the long-term features and behaviours that make up a person's distinctive adaptation to life, such as major traits, interests, desires, values, self-concept, abilities and emotional patterns. Personality is a distinct style of thinking, feeling and behaving.
- Personality Disorder is a mental health disease characterised by a lifelong habit of viewing oneself and behaving with others in problematic ways. Personality Disorder is a mental health illness characterised by persistent, all-encompassing, disruptive patterns of thought, behaviour, mood and interpersonal interactions. These patterns generate severe distress and limit a person's capacity to operate. We know that Personality is the combination of a person's thoughts, feelings and actions.
- Biological variables influence personality because they control attributes via genetic and neurobiological pathways. According to study, heredity can influence an individual's emotional sensitivity and sociability. The structures and activities of various areas of the brain are thought to contribute to personality traits, aggression, empathy and impulses.
- The Psychological sensation of power was linked to increased moral awareness, but only when the individual had a strong moral identity. Psychological factors are those components that influence how people perceive and interpret information. In recent studies, various

psychological characteristics have been linked to moral awareness, many of which are not normally connected with the moral realm.

- Sociocultural elements such as social structure, gender roles and cultural groupings can all have an impact on how personality disorders develop. The most important social factors in personality disorders are risk or protective factors that influence the process of trait amplification. Modernity, particularly the rising rate of social change, is a major source of stress for people with various personality types. Sociocultural influences have an impact on people's emotions, values, beliefs, behaviours, attitudes and interactions.



3.8 FURTHER READING

- Atrai, Shanti P. (1965). *Yoga Manovijnana*. The Inter national Standrad Publication, Varansi.
- Sachdeva, I.P. (1978). *Yoga and Depth Psychology*. Motilal Banarasidas.
- Khan, Wasim A. (2011). *Samanya Manovijana*. Discovery Publication.



3.9 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: Personality Disorder can be defined as lifelong habit of viewing oneself and behaving to others in problematic ways. People with Personality Disorders frequently struggle to interpret emotions and tolerate distress.

Answer to Q2: Hormones like cortisol and testosterone, for example, can influence mood, stress reaction and social conduct, influencing a person's relationship to their environment and the expression of their personality.

Answer to Q3: Childhood trauma, such as abuse or neglect, can lead to Personality Disorders. Childhood trauma is a significant risk factor

for developing Personality Disorders, with studies indicating a strong link between the two, particularly in the case of conditions such as Borderline Personality Disorder.

Answer to Q4: Sociocultural influences have an impact on people's emotions, values, beliefs, behaviours, attitudes and interactions.The most important social factors in Personality Disorders are risk or protective factors that influence the process of trait amplification. Modernity, particularly the rising rate of social change, is a major source of stress for people with various personality types.



3.10 MODEL QUESTIONS

Short Questions:

Q1: What is a personality disorder?

Q2: What types of problems is considered Personality Disorder?

Q3: Give two examples of common personality disorders.

Q4: What are the main causes of Personality Disorder?

Q5: How does a personality disorder differ from a normal personality trait?

Q6: What are the general characteristics of someone with a personality disorder?

Q7: Which type of Personality Disorder factor does heredity come under?

Q8: Which type of Personality Disorder factor does childhood trauma come under?

Q9: How we can reduce the problem of Personality Disorders?

Q10: What is the role of trauma in the development of personality disorders?

Q11: How can family environment influence the development of personality disorders?

Long Questions:

Q1: Explain Personality Disorder in details.

Q2: What are the major factors that create the problem of Personality Disorder?

Q3: Explain the biological factors of Personality Disorder.

Q4: Discuss the sociocultural factors of Personality Disorder.

Q5: Write a brief note on psychological factors of Personality Disorder.

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UNIT 4: INDIAN CONCEPT OF PERSONALITY I

UNIT STRUCTURE

4.1 Learning Objectives

4.2 Introduction of Personality

- 4.2.1 Personality in the Upanishads
- 4.2.2 Personality in the Bhagavad Gita
- 4.2.3 Personality in Ayurveda

4.3 Yoga in Upanishads

4.4 Yoga in Geeta

4.5 Yoga in Ayurveda

4.6 Let us Sum up

4.7 Further Reading

4.8 Answers to Check Your Progress

4.9 Model Questions

4.1 LEARNING OBJECTIVES

After going through the unit, you will be able to :

- explain the philosophical foundations of personality as described in the Upanishads, Bhagavad Gita, and Ayurveda.
- compare the Indian view of personality with modern psychological theories.
- analyse the role of Atman (true self), Dharma, Gunas, and Doshas in shaping human personality.
- apply self-discipline and introspection techniques in daily life for personality development.
- aevelop a personal wellness plan integrating Ayurvedic and yogic principles.

4.2 INTRODUCTION OF PERSONALITY

In this unit, we will try to discuss the Indian concept of personality, Personality, as understood in Indian philosophical and health traditions, is deeply interconnected with spiritual, moral and physiological dimensions. The Upanishads explore personality through the lens of Atman (the true self) and its relationship with Brahman (universal consciousness). The Bhagavad Gita presents personality as shaped by Dharma (duty), Gunas (modes based on the Prakriti (natural constitution) determined by the three Doshas (Vata, Pitta, and Kapha), emphasising the balance between mind, body and spirit. This essay provides a structured analysis of these perspectives.of nature), and self-realisation. Ayurveda, on the other hand, categorises personality

4.2.1. Personality in the Upanishads

Atman and Brahman: The Spiritual Self

- The Upanishads describe personality as the realisation of Atman, the eternal, unchanging self beyond material identity.
- Brahman, the ultimate reality, is the universal consciousness that the Atman is inherently connected to.
- The Mundaka Upanishad (3.2.9) states: “He who knows that supreme Brahman becomes Brahman itself.” This highlights the transformative nature of self-knowledge in shaping one’s personality.
- Maya (illusion) and Avidya (ignorance) obscure the realisation of Atman, leading individuals to develop ego-driven personalities.
- Self-realisation and meditation are tools to transcend false identities and cultivate a spiritually aligned personality.

4.2.2. Personality in the Bhagavad Gita

Dharma and the Role of the Ego

- The Bhagavad Gita presents personality as a dynamic interplay between Dharma (one's duty), Karma (action), and Bhakti (devotion).
- Arjuna's dilemma in the Gita illustrates the struggle between personal desires and one's higher purpose.
- Krishna teaches that true personality is realised when actions align with Dharma, free from egoistic attachment (Gita 2.47: "You have the right to perform your duty, but not to the fruits of your actions").
- Gunas (Sattva, Rajas, Tamas): These three qualities determine one's temperament and behaviour.
    - **Sattva (purity, wisdom):** Leads to a balanced, wise personality.
    - **Rajas (passion, activity):** Results in ambition but also restlessness.
    - **Tamas (ignorance, inertia):** Causes confusion and lack of motivation.
- Yoga (Karma Yoga, Jnana Yoga, and Bhakti Yoga) is presented as a method to cultivate a well-rounded and evolved personality.

4.2.3. Personality in Ayurveda

Prakriti and Doshas: The Physiological-Psychological Aspect

- Ayurveda classifies personality based on Prakriti (natural constitution), determined at birth by the dominance of the three Doshas:
    - **Vata (air and ether):** Creative, energetic, but prone to anxiety and instability.
    - **Pitta (fire and water):** Intelligent, driven, but can be aggressive and competitive.
    - **Kapha (earth and water):** Calm, compassionate, but can become lethargic.
- **Balance and Imbalance:**

- A balanced Dosha constitution leads to mental clarity, emotional stability, and physical health.
- Imbalance causes personality disorders and emotional distress.

Ayurvedic practices such as diet, meditation, and lifestyle adjustments help maintain harmony between mind, body and spirit.

In this way, we will now take up how personality is described in the Upanishads, the Bhagavad Gita, and Ayurveda.

4.3 YOGA IN UPANISHADS

In Indian literature, the Upanishads are considered the essence of spiritual science. The Upanishads provide a detailed explanation of Vedic education. Through stories, they explain the deep knowledge of the Vedas in a simple and clear way. The Upanishads are also known as Vedanta. They extensively discuss yoga as well.

There is some disagreement among scholars about the total number of Upanishads. Some scholars believe there are more than 200 Upanishads. According to the Muktikopanishad (1/11-14), in ancient times, there were 1,180 branches of the Vedas, and each branch had one Upanishad. Based on this, it is believed that there were originally 1,180 Upanishads. However, over time, many branches of the Vedas disappeared, and some Upanishads were also lost.

Muktikopanishad (1/24-36) mentions a list of 108 Upanishads, which are still available today. Additionally, the 'Gujarati Printing Press' in Mumbai published a book called *Upanishad Vakya Mahakosh*, which includes 223 Upanishads. Similarly, the *Kalyan* magazine, published by Gita Press Gorakhpur, lists 220 Upanishads.However, the widely accepted number is 108 Upanishads, out of which 11 are considered the most important.

Meaning of Upanishads

The word **Upanishad** simply means **"sitting near"**, referring to a worthy student sitting close to a guru to receive knowledge about **Brahma Vidya** (spiritual wisdom). The word **Upanishad** is formed from three parts:

'Up' (near), 'Ni' (down), and 'Sad' (to sit). This means a student, with deep faith and dedication, sits near the teacher to gain **self-knowledge** through discussion.

According to Dr. Radhakrishnan, the word Upanishad originates from 'Up' (near), 'Ni' (down), and 'sad' (to sit), indicating how students would sit with devotion at the feet of their teachers to learn about the secrets of life and the universe.

The philosophy of the Upanishads is known as Vedanta, which means "the end of the Vedas" (Veda + Anta). This is because once a person understands Vedanta, there is nothing more left to know. The Upanishads primarily teach about Brahman (the ultimate reality), the individual soul (Jiva), and the universe (Jagat).

Together with the Bhagavad Gita and the Brahma Sutras, the Upanishads form the Prasthanatrayi (threefold foundation of Vedanta). Prasthanatrayi means "the three guiding texts" that help individuals find direction in life, rather than wandering aimlessly. These three texts—Upanishads, Bhagavad Gita, and Brahma Sutras—serve as spiritual guides, providing wisdom on yoga, philosophy, and self-realisation.

Principal Upanishads

Some scholars believe that the number of main Upanishads is ten. However, some do not consider the Shvetashvatara Upanishad as one of the main Upanishads because Adi Shankaracharya did not write a commentary on it. Adi Shankaracharya wrote commentaries on ten Upanishads, and these ten Upanishads are also listed in order in the Muktikopanishad. Their names are as: Ishopanishad/Ishavasyopanishad, Kenopanishad, Kathopanishad, Prashnopanishad, Mundkopanishad, Mandukyopanishad, Aitareya Upanishad, Taitriyopanishad, Shwetashvataropanishad, Chhandogyopanishad and Brihdaranyakopanishad.

In these eleven Upanishads, yoga is mentioned in some places. Apart from these, there are some Upanishads that are entirely dedicated to the knowledge of yoga. The main Upanishads on yoga are

as:Yogashikhopanishad, Yogatattvopanishad, Yogarajopanishad, Yogachudamanyupanishad, Yogakundaliniupanishad, Shandilya Upanishad, Hansopanishad, Varahopanishad, Amritabindu Upanishad, Tejobindu Upanishad, Darshanopanishad, Dhyanbindu Upanishad, Nadabindu Upanishad, Trishikhibrahmana Upanishad, Advayatarka Upanishad, Mahavakyopanishad, Mukti Upanishad, Pashupatabrahmanopanishad, Brahmavidyopanishad, Mandalabrahmanopanishad, Mahopanishadand Amritanopanishad

All these Upanishads provide detailed descriptions of the methods, benefits, and types of various yogic practices, including yoga limbs, mind (Chitta), energy channels (Nadis), chakras, Kundalini energy, pranayama (breath control), postures (Asanas), meditation (Dhyana), deep absorption (Samadhi), sound (Nada), mantra yoga, laya yoga, hatha yoga, raja yoga, Om meditation (Pranavopasana), knowledge yoga (Jnana yoga), Brahma yoga, devotional worship (Upasana yoga), and devotion-based yoga (Bhakti yoga) leading to liberation (Moksha). These Upanishads also provide multiple definitions of yoga.

Definition of Yoga in the Upanishads

According to the Yogashikhopanishad:

"Yoga is the union of Prana (life force) and Apana (downward energy), the merging of Kundalini energy (which has sattva and rajas qualities) with the essence of the self, the harmony of the sun and moon energies, and the ultimate union of **the individual soul (Jivatma) with the Supreme Soul (Paramatma)."

According to the Nadabindu Upanishad:

"When a yoga practitioner's mind withdraws from attachment to the senses and goes beyond the three Gunas (modes of nature), merging completely into the Divine, they attain a state beyond comparison—peaceful and blissful. A practitioner who reaches this state is considered truly united with yoga."

According to the Shvetashvatara Upanishad:

"A yogi who purifies his body through the fire of yoga practice becomes free from all diseases, the signs of old age, and the fear of death forever."

According to the Kathopanishad :

"Controlling the senses is called Yoga. A person who practices Yoga becomes free from carelessness, and good qualities begin to flourish within them."

According to the Amritanadopanishad :

"Pratyahara (withdrawal of senses), Dharana (concentration), Dhyana (meditation), Pranayama (breath control), Tarka (logical reasoning), and Samadhi (deep absorption) are known as the six-limbed yoga (Shadang Yoga)."

Yama-Niyama in Upanishads

Some Upanishads consider eight limbs of yoga, similar to Patanjali's Ashtanga Yoga. These include Darshanopanishad, Mandalabrahmanopanishad, Shandilyopanishad, Varahopanishad, Yogatattvopanishad, Jabaladarshanopanishad and Trishikhibrahmanopanishad, all of which accept the eight limbs of yoga. However, Maitrayani Upanishad, Yogachudamani Upanishad, Amritanada Upanishad, and Dhyanabindu Upanishad mention only six limbs of yoga, excluding Yama (ethical restraints) and Niyama (self-discipline).The Yogaraja Upanishad mentions only four limbs of yoga: Asana, Pranayama, Dhyana, and Samadhi.In Patanjali's Yoga Sutras, there are five Yamas and five Niyamas, but some Upanishads list ten Yamas and ten Niyamas.

According to Trishikhibrahmanopanishad (Verse 33), Shandilyopanishad (1/1), and Jabaladarshanopanishad (1/6), the ten Yamas are: Ahimsa (Non-violence), Satya (Truthfulness), Asteya (Non-stealing), Brahmacharya (Celibacy), Daya (Compassion), Arjava (Honesty), Kshama (Forgiveness), Dhriti (Patience), Mitahara (Moderate diet), Shaucha (Purity), The ten Niyamas mentioned in these Upanishads are: Tapas (Austerity), Santosha (Contentment), Asteya (Non-stealing), Dana (Charity), Ishwara

Pujana (Worship of God), Siddhanta Shravan (Study of Scriptures), Hri (Modesty), Mati (Wisdom) and Vrata (Vows and Disciplines)

Asanas in the Upanishads

In Patanjali's *Yoga Darshan*, it is said that "SthiramSukhamAsanam", meaning a posture (asana) is a state where the body and mind remain stable and comfortable. However, the text does not mention specific names or numbers of asanas.

Some Upanishads do describe different types of asanas, their methods and benefits.

- DhyanaBindu Upanishad states that there are as many asanas as there are living beings in the universe.
- Shandilya Upanishad mentions eight asanas: Swastikasana, Padmasana, Gomukhasana, Veerasana, Siddhasana, Simhasana, Bhadrasana, and Mayurasana.
- Jabala Upanishad lists nine asanas: Muktasana, Simhasana, Bhadrasana, Mayurasana, Swastikasana, Padmasana, Gomukhasana, Veerasana, and Sukhasana.

Pranayama in the Upanishads

In the Upanishads, the word 'Prana' is used more often instead of 'Pranayama'. The Taittiriya Upanishad states that Prana (our breath) itself is Brahman (the ultimate reality). ***(Taittiriya Upanishad 3.3)***

The Chandogya Upanishad also emphasises the importance of Prana (life force), stating that all living beings originate from Prana and ultimately merge back into it. ***(Chandogya Upanishad 1.11.15)***

The Trishikhibrahmana Upanishad defines Pranayama (breath control) as realising the illusory nature of the world. ***(Trishikhibrahmana Upanishad - 30)*** Another verse in this Upanishad states that Pranayama is essential for stabilising the mind.

Similarly, the Shvetashvatara Upanishad also speaks about Prana (life force). It says that a seeker should regulate their eating, activities and movements while controlling their breath. When the life force becomes weak, they should exhale it through the nose. Then, like a skilled charioteer

controlling powerful horses, the wise person should carefully control their mind. *(**Shvetashvatara Upanishad 2.9**)*

In praise of Prana, the Prashna Upanishad states: “O Prana, you are the Lord of all beings. You move within the mother’s womb and take birth. You are the experiencer, and everything else is your offering. You remain present in all the senses at all times.” *(**Prashna Upanishad 2.7**)*

In the YogKundalyupanishad, the meaning of Pranayama is explained by defining Prana as the vital air in the body and Ayama as its control (Kumbhaka). Pranayama refers to the practice of controlling the body’s air through different types of Kumbhaka (breath retention).

This Upanishad mentions two types of Kumbhaka:

- **Sahita Kumbhaka (With Inhalation and Exhalation) :** This includes Surya Bhedi, Ujjayi, Sheetali, and Bhastrika Pranayama.
- **Kevala Kumbhaka (Only Breath Retention) :** Other forms of Pranayama that focus solely on holding the breath fall under this category.

In the Katha Upanishad, the method of Pranayama (breath control) is described as follows:While practicing Pranayama, one should control the Prana Vayu (life force energy) in the heart region and stabilise it in the universe while pushing Apana Vayu (downward-moving energy) downward.All the senses of the individual soul, which resides in the heart region between the throat and the navel, engage in worship and meditation. ***(Katha Upanishad 5.3)***

Pratyahar in the Upanishads

According to **Maharishi Patanjali**, withdrawing the senses from external objects and turning them inward is called **Pratyahara**. The **Shandilya Upanishad** explains Pratyahara in detail and describes its five types:

1. Forcibly restraining all the senses from indulging in external objects.
2. Seeing everything through the perspective of the Atman (the true self).
3. Giving up attachment to the results of daily and prescribed actions.
4. Detaching from all sensory objects and not being influenced by them.

5. Focusing on eighteen specific body points like feet, toes, thighs, knees, navel, heart, and the space between the eyebrows (Bhrikuti) in a step-by-step manner.

In the Yoga Chudamani Upanishad, after explaining asana (postures) and pranayama (breath control), pratyahara (withdrawal of the senses) is defined along with its benefits. It states that after practicing pranayama twelve times, the state of pratyahara is achieved.Our five senses (eyes, ears, nose, tongue, and skin) are naturally drawn toward external objects. Pratyahara means withdrawing these senses from their objects and turning them inward.The text further explains that practicing pratyahara helps in overcoming all kinds of mental disturbances and disorders. ***(Yoga Chudamanyupanishad 111, 120)***

In the Trishikhibrahmanopanishad, Pratyahara is defined as turning the mind inward. ***(Trishikhibrahmanopanishad-30)*** In the human body, divine consciousness (Chaitanya Shakti) is present at 18 vital energy centers (MarmaSthalas). Pratyahara is the process of shifting this consciousness from one center to another, stabilising it in a specific place. ***(Trishikhibrahmanopanishad - 129)***

In the Yogatattva Upanishad, Pratyahara is explained as follows: The practitioner should remain steady in Kumbhaka (breath retention) and withdraw all the senses from external objects (darkness) and focus them on inner light. This state is called Pratyahara. ***(Yogatattva Upanishad – 68, 69)***

Dharna in the Upanishads

Maharishi Patanjali described Dharana as the practice of focusing or stabilising the mind on a specific point.The Shvetashvatara Upanishad explains Dharana with an example: A wise seeker should control the mind just like a wild or restless horse is gradually and carefully tamed. ***(Shvetashvatara Upanishad 2.9)***

The Mandala Brahmanopanishad states that Dharana means withdrawing the mind from external distractions and fixing it in pure consciousness.

In the Jabaladarshana Upanishad and Yogatatva Upanishad, the five elements—Earth, Fire, Air, Water and Space—are considered as focal points for concentration (Dharana).

The Shandilya Upanishad describes three types of Dharana (concentration):

1. Focusing the mind on the self (Atman) is Dharana.
2. Connecting the external space (Akasha) with the inner space (the heart region) is Dharana.
3. Meditating on the five great elements (Earth, Fire, Air, Water, and Space) as divine forms (Panchamurti) is Dharana.

In the Yoga Chudamani Upanishad, it is said that by practicing Pratyahara (withdrawal of senses) twelve times, one attains Dharana (concentration), which brings positive results.***(Yoga Chudamani Upanishad - 111)***The same Upanishad also explains the benefits of mastering Dharana, stating that after achieving success in concentration through yoga practice, the mind of the practitioner becomes patient and steady. ***(Yoga Chudamani Upanishad - 110)***

Similarly, the Trishikhi Brahmana Upanishad defines Dharana as the state where the mind becomes completely still and steady. ***(Trishikhi Brahmana Upanishad - 31)***

Dhyan in the Upanishads

Maharishi Patanjali explains meditation as a state where the mind remains focused for a long time on a specific point of concentration.The Mandala Brahmanopanishad defines meditation as the continuous awareness of consciousness throughout the entire body.

The Yogashikha Upanishad highlights the benefits of meditation, stating that meditating on the Sushumna (central energy channel) is the highest form of meditation. It also says that meditation is greater than performing thousands of AshwamedhaYajnas (sacrificial rituals). ***(Yogashikha Upanishad - 43)***

The Yogatattva Upanishad describes two types of meditation: Saguna (with form and attributes) and Nirguna (without form and attributes) and explains their benefits. ***(Yogatattva Upanishad 1/71)***

- **Saguna Dhyana (Meditation with Form):** Focusing on your chosen deity while controlling your breath through pranayama is called Saguna Dhyana.
- **Nirguna Dhyana (Meditation without Form):** Meditating without any external support or form is Nirguna Dhyana. Practicing this leads to spiritual perfection and deep meditation (Samadhi).

The Dhyana-Bindu Upanishad explains the nature of meditation in detail. This Upanishad emphasises meditation on Omkar (Om), Lord Brahma, Lord Shiva, and Lord Vishnu.It highlights the importance of Dhyana Yoga (meditation practice) by stating that meditation can destroy even the biggest sins, just like a mountain-sized pile of sins can be burned away through meditation. No other method can completely remove them. ***(Dhyana-Bindu Upanishad - 1)***

The Trishikhibrahmanopanishad explains the nature of meditation by stating: “So’ham”, meaning “I am that”—the unity of the individual soul (Atman) and the Supreme Soul (Paramatma). Meditation is the continuous contemplation of this truth. ***(Trishikhibrahmanopanishad - 31)***

The Yogachudamani Upanishad describes meditation by saying that when concentration (Dharana) is maintained for twelve cycles, it leads to the state of meditation (Dhyana). ***(Yogachudamani Upanishad - 112)***

The Shvetashvatara Upanishad teaches that through meditation, a seeker continuously reflects, just as hidden fire is revealed by churning, and in the same way, one should strive to realise God. ***(Shvetashvatara Upanishad - 2.10)***

Samadhi in the Upanishads

When a spiritual seeker (sadhak) becomes deeply immersed in meditation and establishes himself in his true nature, reaching a state of emptiness, that state is called Samadhi (deep absorption).

The Adhyatma Upanishad and Paingalopanishad provide a detailed explanation of Samadhi. According to the Adhyatma Upanishad, Samadhi is the path to Kaivalya (liberation). It states that when the mind transcends the meditator and the act of meditation and becomes fully established in its true self, it attains Dharma-Megha Samadhi. At this stage, all desires

accumulated over many lifetimes are destroyed, and the soul becomes pure. This Dharma-Megha Samadhi is compared to a shower of nectar, leading to Jivanmukti (liberation while living). ***(Adhyatma Upanishad - 38)*** In the Paingalopanishad, a conversation between Sage Paingala and Maharishi Yajnavalkya explains the secret of Samadhi and Moksha (ultimate liberation). The third chapter states that when the mind remains completely focused only on the object of meditation, that state is called Samadhi. In this state, the yogi directly experiences Brahman (the ultimate reality) and attains liberation while still alive.

The Yoga Chudamani Upanishad describes Samadhi as a state achieved after twelve stages of deep meditation practice. *(Sutra-112)* It further states that upon attaining Samadhi, all good and bad karma dissolve, leading to Moksha (liberation). ***(Sutra-110)***

The Trishikhi Brahmana Upanishad explains that in Samadhi, the seeker completely forgets himself and merges with his chosen deity, experiencing total oneness. *(Sutra-32)*

The Yoga Tattva Upanishad also mentions Samadhi, describing it as the complete union of the individual soul (Jivatma) with the Supreme Soul (Paramatma). ***(Sutra-107)***

All Upanishads emphasise yoga in some form, explaining its different dimensions in detail. The Shvetashvatara Upanishad states that when a yogi gains mastery over the five great elements (earth, water, fire, air, and space), he burns all impurities through yoga practice. As a result, he remains free from disease, aging, and untimely death, becoming immortal (Mrityunjayi). ***(Shvetashvatara Upanishad - 2/12)***

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4.4 YOGA IN GEETA

General Introduction of the Gita

Today, the Bhagavad Gita is the most famous and popular scripture among Indians and followers of Hinduism. It is also known as Geetopanishad, Gita, Srimad Bhagavad Gita, and the Fifth Veda. The Gita is directly related to the Mahabharata, which was written by Maharishi Ved Vyasa.

The Mahabharata's sixth book is called BhishmaParva, which is divided into four sub-sections (Upa-Parvas) and contains a total of 122 chapters. Within BhishmaParva, chapters 25 to 42 form the 18 chapters of the Bhagavad Gita, consisting of 700 verses in total. Around 5,000 years ago, Lord Krishna delivered the teachings of the Gita to Arjuna through these 700 verses, revealing the true wisdom of life. This divine knowledge, although given to Arjuna, was meant for the welfare of the entire world.

Each chapter of the Gita is named with the word "Yoga", as shown below:

No.	Chapter Name (Sanskrit & English)	Verses
1.	Arjuna Vishada Yoga (Arjuna's Dilemma)	**47**
2.	Sankhya Yoga (Transcendental Knowledge)	**72**
3.	Karma Yoga (Path of Action)	**43**
4.	Jnana Karma Sannyasa Yoga (Knowledge and Renunciation)	**42**
5.	Karma Sannyasa Yoga (Path of Renunciation)	**29**
6.	Atma Samyama Yoga (Self-Discipline)	**47**
7.	Jnana Vijnana Yoga (Knowledge and Wisdom)	**30**
8.	Akshara Brahma Yoga (The Imperishable Brahman)	**28**
9.	Raja Vidya Raja Guhya Yoga (The Royal Knowledge)	**34**
10.	Vibhuti Yoga (Divine Glories of Krishna)	**42**
11.	Vishwarupa Darshana Yoga (Vision of the Universal Form)	**55**
12.	Bhakti Yoga (Path of Devotion)	**20**
13.	Kshetra Kshetragna Vibhaga Yoga (Field and the Knower of the Field)	**34**
14.	Gunatraya Vibhaga Yoga (Three Modes of Material Nature)	**27**
15.	Purushottama Yoga (The Supreme Divine Personality)	**20**
16.	Daivasura Sampad Vibhaga Yoga (The Divine and Demoniac Natures)	**24**
17.	Shraddhatraya Vibhaga Yoga (Three Divisions of Faith)	**28**
18.	Moksha Sannyasa Yoga (Liberation through Renunciation)	**78**

The three main paths of yoga discussed in the Bhagavad Gita are:

1. **Karma Yoga** (Path of Action) – emphasised in **chapters 1 to 6**.
2. **Bhakti Yoga** (Path of Devotion) – explained in **chapters 7 to 12**.
3. **Jnana Yoga** (Path of Knowledge) – discussed in **chapters 13 to 18**.

The Bhagavad Gita is a complete philosophy of life. Every verse in the Gita is connected to the yogic way of living, making it an essential guide to spiritual and practical wisdom. Without the teachings of the Gita, the study of yoga remains incomplete.

Yoga in the Bhagavad Gita

From the introduction to the Bhagavad Gita, it is clear that the Gita is entirely a scripture of Yoga. The Gita defines Yoga in three simple ways, making it easy to understand. Now, let us explore the different definitions of Yoga given in the Gita in detail.

1. Samatvam Yoga Uchyate (Yoga is Equanimity)

"Yogasthah kuru karmanisangamtyaktvadhananjaya,
***Siddhy-asiddhyohsamobhutvasamatvam yoga uchyate."* (Gita 2.48)**

योगस्थ: कुरुकर्माणिसंङ्गंत्यक्त्वाधनञ्जय।
सिद्धय-सिद्धयो: समोभूत्वासमत्वंयोगउच्यते।।

In this verse, Lord Krishna explains to Arjuna in the second chapter:"O Arjuna! Perform your natural duty while being steady in Yoga, free from attachment to results. Maintain a balanced mind in all situations, whether success or failure—this balance of mind is called Yoga."

Through Yoga practice, one overcomes life's conflicts and attains inner peace. A true Yogi remains unaffected by pleasure and pain, respect and insult, gain and loss, victory and defeat, heat and cold, hunger and thirst. In this state, ignorance and darkness disappear, and the Yogi moves towards liberation (Kaivalya).

2. Yoga is Skill in Action

"Buddhiyuktojahatihaubhesukrita-dushkrite,
Tasmadyogayayujyasvayogahkarmasukaushalam."
(Gita 2.50)

बुद्धियुक्तोजहातीहउभेसुकृतदुष्कृते।
तस्माद्योगाययुज्यस्वयोग: कर्मसुकौशलम्।।

This verse means: A person with a steady mind (Samabuddhi) transcends both good and bad deeds in this life itself and becomes free from their

results. Therefore, O Arjuna! Engage in Yoga with a balanced mind, as Yoga is skill in action.

This means that when a person performs duties selflessly and wisely, they achieve excellence in their actions and become free from the bondage of karma.

3. Yoga is Freedom from Suffering

***"Tam vidyadduhkha-samyoga-viyogam yoga-sanjnitam, Sa nishcayenayoktavyoyogo'nirvinna-chetasah."* (Gita 6.23)**

ो विद्याद्दुःखसंयोगवियोगंयोगसञ्ज्ञितम्।
सनिश्चयेनयोक्तव्योयोगोऽनिर्विण्णचेतसा।।

Lord Krishna tells Arjuna:"Yoga is the state of freedom from suffering. One must practice it with determination and enthusiasm, without losing heart." Throughout life, a person encounters three types of suffering—physical, mental and spiritual. Through Yoga practice, one can overcome all these sufferings and attain peace.

Types of Yoga in the Gita

The Bhagavad Gita mentions the word Yoga many times, using it for different purposes. It discusses several types of Yoga, including:

- Sankhya Yoga (Yoga of Knowledge and Discrimination)
- Ashtanga Yoga (Eightfold Path of Yoga)
- Karma Yoga (Yoga of Action)
- Jnana Yoga (Yoga of Wisdom)
- Bhakti Yoga (Yoga of Devotion)
- Moksha Yoga (Yoga of Liberation)
- Dhyana Yoga (Yoga of Meditation)

However, in this discussion, we will briefly focus on Jnana Yoga (Path of Knowledge), Karma Yoga (Path of Action), and Bhakti Yoga (Path of Devotion).

Karma Yoga in Gita

In the first six chapters of the Bhagavad Gita, the principles of Karma Yoga (the path of selfless action) are explained in detail. All actions performed by

the body, mind and senses are considered karma (actions).Karma can either bind a person or lead to liberation (moksha). The Gita teaches that performing actions is a natural tendency of human beings. It states that no one can remain without doing any action at any moment, in any situation.In reality, life itself is impossible without karma. Walking, sitting, sleeping, eating, drinking, thinking and understanding—all of these are actions, and they all come under karma.***(Gita 3.5)***

A famous verse from the second chapter of the Gita beautifully explains karma:

"A person has the right to perform their duties, but not to claim the results of their actions."

This means that one should not be attached to the outcomes of their actions, nor should they become lazy or inactive. ***(Gita 2.47)***

Lord Krishna praises those who practice Karma Yoga with self-discipline. He tells Arjuna:

"The person who controls their senses with the mind, performs their duties without attachment, and engages in selfless action with full discipline is truly superior." ***(Gita 3.7)***

(i)Karma (Action): Generally, any efforts made using our senses and organs of action are called karma (action). Such actions are performed by ordinary people. When a person is attached to the results of their actions, it leads to greed, anger, attachment, hatred, fear, and stress. However, performing actions with detachment frees a person from these negative emotions.

(ii)Akarma (Inaction): When actions, whether good or bad, are done with a sense of ego ("I" and "mine"), they are considered karma. But when the same actions are performed without attachment, they become akarma (inaction). This is the highest state of inaction and is considered the action of yogis. Akarma frees a person from the bondage of actions and leads to liberation (moksha).

(iii)Vikarma (Forbidden Action): Vikarma refers to sinful or lowly actions, which are performed with negative intentions, cruelty, selfishness, and harmful motives. Such actions are done by evil-minded and corrupt individuals and lead to negative consequences.

Bhakti Yoga in Gita

From the seventh to the twelfth chapter of the Bhagavad Gita, the focus is mainly on devotion (Bhakti). Bhakti is the emotional and heartfelt aspect of Dharma (righteousness).

In the seventh chapter, the true nature of devotion is explained. This chapter is known as Jnana-Vijnana Yoga (the Yoga of Knowledge and Wisdom). GoswamiTulsidas in *Ramcharitmanas* has said that to practice Bhakti, it is very important to have the right knowledge of God's true nature. A general understanding of God is called Jnana (knowledge), while a deeper and special realisation of God is called Vijnana (wisdom/science). Both Jnana Yoga (Path of Knowledge) and Karma Yoga (Path of Action) require Bhakti to be truly effective.

The Bhagavad Gita emphasises Raganuga Bhakti (spontaneous and loving devotion). Bhakti is a relationship between the devotee and God. Lord Krishna categorises different types of devotees and explains which ones are especially dear to Him.

Krishna tells Arjuna:"O Arjuna! Four types of people worship me: **(*Gita 7.16*)**

1. **Ārta (the distressed) :** Those who seek relief from suffering.
2. **Jijñāsu (the inquisitive) :** Those who are curious about spiritual knowledge.
3. **Arthārthī (the seeker of wealth) :** Those who worship for material gains.
4. **Jñānī (the wise) :** Those who seek true wisdom and realisation."

Now, we will learn about the four types of devotees in detail:

1. **Ārta (The Distressed):**
    - These are devotees who worship God due to suffering from difficulties and hardships in life.
    - Examples include Draupadi and Gajraj (the elephant king).
2. **Jijñāsu (The Knowledge Seeker):**
    - These are devotees who have a deep curiosity and desire to know and realise God.
    - An example is Uddhava.
3. **Arthārthī (The Seeker of Material Gain):**

- These devotees worship God to attain wealth, power, and status.
- Examples include Dhruva, Vibhishana, and Sugriva.

4. Jñānī (The Self-Realised):

- Lord Krishna considers the Jñānī devotee as the best among all.
- Their devotion is selfless, without any material desires.
- Such devotees surrender completely to God and are detached from worldly possessions.

In Chapter 12 of the Bhagavad Gita, Lord Krishna describes the superiority of different yogis (spiritual practitioners). He says that those who worship God with deep faith and devotion in His personal form (Saguna Bhakti) are the best devotees.

The Gita mentions both Saguna (with form) and Nirguna (without form) devotion. Both personal and formless worshippers can attain God. Ultimately, true devotion means surrendering completely to God and letting go of all worldly attachments.

Jnana Yoga in Gita

Jnana Yoga is the path through which ignorance (Avidya) is removed, leading to the realisation of the pure self (Atman). The true nature of the soul is pure consciousness, but in the human body, it is covered by ignorance and illusion. Through knowledge and wisdom, this veil of darkness is removed, allowing a person to recognize their true and pure self.

In Jnana Yoga practice, knowing the soul means knowing Brahman (the ultimate reality). To realise the soul, one must first control the senses, then discipline the mind, and finally, through intellect (Buddhi), understand the essence of the self.

Describing the greatness of Jnana Yoga, Lord Krishna says in the Bhagavad Gita (4.38):

“There is nothing in this world as pure as knowledge, for in the fire of knowledge, all good and bad deeds are burned to ashes.”

In the Bhagavad Gita, it is said that a seeker who practices continuously and has control over the senses can attain true wisdom through devotion

and dedication. Once wisdom is gained, one immediately attains supreme peace. This means that there is nothing greater than knowledge. Understanding the ultimate truth is the essence of wisdom. To attain this wisdom, one must approach wise teachers with humility, ask questions with sincerity, and learn from them. *(**Gita 4.39**)*

Lord Krishna also says in the Gita that among all types of devotees, the wise devotee (Jnani Bhakta) is the most superior. The wise devotee truly understands the real nature of God. Krishna explains to Arjuna that there are four types of devotees: *(**Gita 7.16**)*

1. **Artharthi** : Those who worship God for wealth and success.
2. **Aarta** : Those who seek God in times of distress.
3. **Jijnasu** : Those who seek knowledge and understanding.
4. **Jnani** : Those who have attained wisdom and realise God's true nature.

Among these, the wise devotee (Jnani Bhakta) is considered the best because he worships God with unwavering love and devotion. Such a devotee is very dear to God, and God is also extremely dear to him. *(**Gita 7.17**)*

Further, Lord Krishna describes the wise devotee as His own form. He says that although all four types of devotees are noble, the Jnani Bhakta (wise devotee) is like God Himself, and Krishna considers him equal to His own being. Through wisdom, the Jnani Bhakta serves God with divine devotion and ultimately attains liberation. Therefore, in this world, there is nothing more pure than true knowledge. *(**Gita 7.18**)*

Meditation in Gita

Meditation yoga is a practical aspect of spiritual practice. A restless mind can only be controlled through meditation. The sixth chapter of the Bhagavad Gita is dedicated to self-discipline and meditation (Dhyana Yoga).

In the fifth chapter, Lord Krishna explains the importance of meditation. He says that one should control the mind, remain free from excitement, and keep it focused on God. A yogi with a pure and steady mind continuously meditates on the Supreme Soul and attains ultimate peace.In other words, one should withdraw from external distractions, focus the gaze between

the eyebrows, and balance the flow of breath (Prana and Apana) within the nose. ***(Gita 5.27)***

In Chapter 6 of the Bhagavad Gita, Lord Krishna explains the correct way to practice meditation. He says that a seeker should control the mind and senses, choose a pure and quiet place, and detach from the results of actions. The goal is to constantly unite the self with the Supreme. ***(Gita 6.10)***

In the next verse, Krishna describes the ideal place for meditation. He advises that a seeker should choose a clean and peaceful location. They should sit on a stable surface, using a seat made of kusha grass, a deer skin, and a cloth to practice meditation with steadiness. ***(Gita 6.11)***

Lord Shri Krishna explains the method of meditation, saying: A seeker should sit in a comfortable posture, keep the body, neck, and head straight, remain steady, and focus their gaze on the tip of the nose without looking in other directions. They should try to remain stable and concentrated. ***(Gita 6.13)***

For success in meditation (Dhyana Yoga), Lord Krishna also advises maintaining proper eating and daily habits. He says: “O Arjuna! One who eats too much or too little, and one who sleeps too much or stays awake for long periods—such a seeker cannot succeed in meditation.” ***(Gita 6.16)***

A true seeker of yoga is one who follows a proper diet and lifestyle, puts the right effort into their actions, and maintains a balanced routine of sleep and wakefulness. Such a person achieves success in yoga. On the other hand, those who do not follow these principles cannot succeed in yoga and remain unhappy despite practicing it. ***(Gita 6.17)***

Describing the steadiness of a yogi’s mind, Lord Krishna says: “Just as a lamp’s flame remains steady in a place without wind, similarly, the mind of a dedicated meditator becomes stable and unwavering.” ***(Gita 6.19)***

The Bhagavad Gita is a complete scripture of Yoga. In its various chapters, it explains different aspects and paths of Yoga in simple words. If a person follows the teachings given by Lord Krishna, it will surely lead to their personality development.

4.5 YOGA IN AYURVEDA

Meaning of Ayurveda

Ayurveda is formed from two words – *Ayu* and *Veda*. *Ayu* generally means life, but Ayurvedic scholars define it as the combined existence of the body, mind, senses, and soul. Ayurveda describes four types of life – *Sukhayu* (happy life), *Dukhayu* (unhappy life), *Hitayu* (beneficial life), and *Ahitayu* (harmful life).

Veda means knowledge. So, *Ayurveda* refers to the *knowledge of life* or the *science of life*.

According to Ayurvedic scholars, Ayurveda is the discipline that explains the nature of life, its different types, the factors beneficial for a healthy life, and the elements that make up life, including the body, mind, senses, and soul. It also discusses the ways to achieve happiness, long life, and well-being, as well as the methods to remove obstacles to health and longevity.

Nature of Yoga in Ayurveda

Both Yoga and Ayurveda are ancient and beneficial sciences for human well-being. They developed in the same era and country with a similar purpose. Ayurveda is a comprehensive science of health that helps achieve the four goals of life—Dharma (righteousness), Artha (wealth), Kama (desires), and Moksha (liberation).

Yoga and Ayurveda not only share similar subjects and objectives but also follow the same teaching tradition—the Guru-disciple system. In Yoga philosophy, Maharishi Patanjali mentions that friendliness, compassion, joy, and equanimity help keep the mind peaceful. Similarly, in Ayurveda, these qualities are considered the four essential traits of a physician, as mentioned in *Charaka Samhita* (Sutra 9/26).

In mathematics, “Yoga” means addition or joining. In spiritual terms, Yoga refers to the union of the soul with the Supreme Soul. In Ayurveda, the term *yoga* also refers to a formula or combination of medicinal ingredients. The word *yogavahi* in Ayurveda is used for substances that enhance the properties of other substances when combined with them. For example,

honey, when mixed with other medicines or ingredients, increases their effectiveness.

Characteristics of a Healthy Person in Ayurveda

In *Hatha Yoga Pradipika*, the signs of achieving success in Hatha Yoga are described as follows:

- A light and well-proportioned body
- A cheerful face
- Hearing the inner sound (*Anahata Nada*) clearly
- Bright and clear eyes
- Freedom from diseases
- Control over vital energy (*Veerya*)
- Strong digestive fire (*Jatharagni*)
- Complete purification of the *Sushumna Nadi* (central energy channel)

These are considered signs of yogic accomplishment (*Hatha Yoga Siddhi*). Similarly, in *Sushruta Samhita*, the characteristics of a fully healthy person are explained. Sage Sushruta defines a healthy person as:

"A person whose three doshas (Vata, Pitta, Kapha) are balanced, whose digestive fire (Agni) functions properly, whose body tissues (Dhatus) and waste elimination processes (Mala Kriya) are normal, and whose mind, senses, and soul are in a state of happiness—such a person is called healthy." (Sushruta Samhita, Sutrasthana 15.10)

Ayurveda describes 13 types of *Agni* (digestive/metabolic fires):

- **1 Jatharagni** (main digestive fire)
- **5 Bhutagni** (fire related to five elements)
- **7 Dhatu Agni** (fire related to the seven bodily tissues: Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shukra/Raja)

Acharya Charaka also mentions ten characteristics of a healthy person, while *Kashyapa Samhita* describes health (*Arogya*) in a similar way. Both Yoga and Ayurveda share the same goal—preserving health in a healthy person and curing diseases in the sick.

To maintain good health, Ayurveda emphasises following a daily routine (*Dinacharya*), seasonal regimen (*Ritucharya*), and night time regimen (*Ratricharya*). Without these, even yoga practices will not be effective.

Sage Charaka mentions three pillars of health-*"Ahara (food), Nidra (sleep), and Brahmacharya (self-restraint)."* (Charaka Samhita, Sutra 11.35)

If a person follows these three correctly, they can remain healthy and strong. While Ayurveda considers these as supportive pillars (*Upastambha*), in yoga, they are the main pillars for success in practice. Without proper diet, sleep, and self-discipline, one cannot achieve success (*Siddhi*) in yoga.

All the foundational Ayurvedic texts emphasise good conduct (*Sadvrutta*) and ethical behaviour (*AcharaRasayana*) for maintaining long-term health and well-being.

Ayurvedic Panchakarma & Yogic Shatkarma

Both *Panchakarma* and *Shatkarma* are purification techniques. The ancient texts of *Hatha Yoga* emphasise *Shatkarma* (six cleansing practices). According to Maharishi Gheranda, practicing *Shatkarma* helps in body purification and reduces excess fat. There are six techniques in *Shatkarma*:

1. **Dhauti** – 13 types in total, including different subtypes.
2. **Basti** – Two types: *SthalaBasti* (dry method) and *JalaBasti* (using water).
3. **Neti** – *Sutra Neti* (nasal cleansing with a thread).
4. **Nauli** – *Bhramar* (abdominal churning technique).
5. **Trataka** – One type (gazing technique for concentration).
6. **Kapalabhati** – Three types: *Vatakrama, Vyutkrama,* and *Sheetkrama* (different breathing techniques for detoxification).

Similarly, *Panchakarma* in Ayurveda is a deep purification and detoxification treatment. It consists of five major therapies:

1. **Vamana** – Induced vomiting for removing toxins.
2. **Virechana** – Purgation therapy (cleansing through controlled diarrhea).
3. **Nasya** – Nasal therapy (medicated oils or powders for sinus and head purification).
4. **Basti** – Therapeutic enema for colon cleansing.
5. **Raktamokshana** – Bloodletting therapy for removing impure blood.

Ayurvedic texts mention two main methods for disease treatment:

1. **Shodhana** – Detoxification through elimination of toxins.

2. **Shamana** – Balancing the body's internal functions without elimination.

Since most diseases are caused by accumulated toxins (*Doshas*), detoxification automatically helps in healing. *Panchakarma* is a scientifically designed cleansing therapy that consists of three phases:

Phases of Panchakarma Treatment

Pre-Treatment (Purvakarma)	Main Treatment (Pradhanakarma)	Post-Treatment (Pashchatkarma)
1.Pachana – Digestive preparation	**1.Vamana** – Therapeutic vomiting	**1.Sansarjana Karma** – Gradual reintroduction of food
2.Snehan – Oil therapy (internal & external)	**2.Virechana** – Purgation therapy	**2.Rasayana Therapy** – Rejuvenation
3.Swedana – Sweat therapy	**3.AsthapanaBasti** – Herbal enema	**3.Shamana Karma** – Balancing therapy
	4.AnuvasanaBasti – Oil-based enema	
	5.ShiroVirechana (Nasya) – Nasal therapy	

In summary, while *Shatkarma* in Yoga focuses on physical and mental purification, *Panchakarma* in Ayurveda is a medical detox process for treating diseases. Both are powerful systems for maintaining overall health and balance.

Tridosha

The human body is formed by three fundamental elements called *Doshas*—*Vata*, *Pitta*, and *Kapha*. The dominant *Dosha* in a person determines their body constitution. Ayurveda states:

"Doca, dhātu, and malamoolam hi shareeram."

दोष धातु मल मूलं हि शरीरम् ।

Tridosha, Dhatu, and Mala are called "Dosha" because they can become imbalanced and cause diseases. Tridosha also help in building the body,

so they are called “Dhatu.” When these Tridosha, Dhatu, and Mala remain in balance, the body stays healthy, but when they become imbalanced, diseases occur. These three Doshas are considered the pillars of the body. According to all yogic texts, the human body is made up of the five great elements (Panchamahabhuta). These Panchamahabhutas give rise to the Tridosha—Vata, Pitta and Kapha.The practice of Shatkarmas (six cleansing techniques), Asanas (postures), Pranayama (breath control), Mudras (gestures), and Bandhas (locks) in Yoga is prescribed based on the body’s nature, which is determined by the three doshas (Vata, Pitta and Kapha).

Ashtanga Yoga in Ayurveda

In Ayurveda, life is like a boat that moves forward with the support of Ayurveda itself. The eight limbs of yoga—Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana and Samadhi—are incorporated into Ayurveda through ethical conduct (Sadvritta), lifestyle discipline (Achara Rasayana), daily routine (Dinacharya), and seasonal routine (Ritucharya).

Yama and Niyama in Ayurveda

Ayurveda considers violence (Himsa) as a sinful act and advises avoiding it. Under Achara Rasayana (code of conduct for a healthy life), principles like non-violence (Ahimsa), truthfulness (Satya), avoiding alcohol and immoral behavior, and following celibacy (Brahmacharya) are emphasised. A verse from the Charaka Samhita (Chikitsa Sthana 1/4/30) states: *“One should be truthful, free from anger, abstain from alcohol and sexual misconduct, be non-violent, free from stress, peaceful, and speak kindly.”* The verse “ब्रह्मचर्येण ज्वरात् प्रभुच्यतेच्**(Ch. Chi. 3)** means that by following Brahmacharya (celibacy and disciplined living), one can be freed from fever (jwara).

In Achara Rasayana (the code of good conduct for a healthy life), it is advised that a person should practice daily chanting (japa), cleanliness (shaucha), charity (daan), and austerity (tapasya). One should also dedicate themselves to serving their chosen deity (IshtaDevata), cows (Gau), Brahmins, teachers (Acharya), and gurus:

"A wise person should be devoted to chanting, cleanliness, charity, and austerity.

They should always engage in worshipping gods, cows, Brahmins, teachers, and elders."

(Ch. Chi. 1/4/31)

In Ayurveda, it is mentioned that for mental health, meditation on God is beneficial, and for treating fevers and similar diseases, chanting the Vishnu Sahasranama (1000 names of Lord Vishnu) is considered important.

Just as yoga describes helpful and obstructive factors in spiritual practice, Ayurveda also explains ethical and behavioural guidelines in detail under Samaajik Sadvritta (Social Ethics) and Vyavaharik Sadvritta (Practical Ethics).

Pranayama in Ayurveda

In Ayurveda, Vayu (air) is considered as life force (Prana) and longevity (Ayu). Pranayama (breath control) is performed through Vayu. As mentioned in Charaka Samhita:

"Vayu gives consciousness (Prana) and life (Ayu). It includes Prana and Apana, which are essential for sustaining life." ***(Ch. Su. 12/2)***

Charaka Samhita further explains the functions of Vayu:

"Vayu supports the body's functions, including Prana, Udana, Samana, Vyana, and Apana. It regulates movements, controls the mind, and activates the senses." ***(Ch. Su. 12/8)***

This means Vayu is responsible for maintaining the body and its organs. The five types of Prana (Prana, Udana, Samana, Vyana, and Apana) are considered essential forces that control bodily functions and sensory activities.

Meditation & Samadhi in Ayurveda

Acharya Charaka mentions Samadhi (deep meditation) as a way to cure mental disorders:

"The mind is stabilized through knowledge, wisdom, patience, memory, and deep meditation (Samadhi)." ***(Ch. Su. 1/58)***

Another verse states:

"For mental health, one should focus on Dharma (righteousness), Artha (wealth), and Kama (desires) and contemplate on the self (Atman)." ***(Ch. Su. 11/47)***

This suggests that meditation and self-awareness play a crucial role in maintaining mental balance.

Moksha (Liberation) in Ayurveda

Acharya Charaka describes Moksha (liberation) as: "Moksha occurs when Rajas (passion) and Tamas (ignorance) disappear, and actions (karma) are exhausted. It is the complete separation from worldly attachments, leading to freedom from rebirth." *(Ch. San. Sha. 1/42)*

He further explains the path to Moksha:

- Serving wise people (SatpurushaSeva)
- Following Yama and Niyama (ethical rules)
- Fasting and self-discipline
- Studying Dharma scriptures
- Detachment from desires
- Meditation and focus on liberation

When the soul attains true knowledge, it becomes free from karma bonds and suffering, leading to ultimate liberation (Moksha). *(Ch. San. Sha. 1/ 147)*

Ayurveda & Yoga: A Unified Path to Well-being

Ayurveda is a life science, while Yoga is a life management system. Ayurveda focuses on body and nature, whereas Yoga is about self-realisation and spiritual enlightenment. Both work together to lead a healthy, peaceful, and liberated life through meditation, breath control, and self-discipline.

Ayurveda is like an ocean of knowledge that covers every aspect of life. It explains the different aspects and elements of yoga in simple words. If we adopt these elements mentioned in Ayurveda in our lives, it will surely lead to the development of one's personality.



CHECK YOUR PROGRESS

Q1: Define Yoga according to the Upanishads and explain its purpose in self-realisation.

Q2: How does Pranayama (breath control) contribute to personality development?

Q3: What are the three main paths of Yoga discussed in the Bhagavad Gita? Provide a brief description of each.

Q4: Explain the significance of Bhakti Yoga in emotional and spiritual growth.

Q5: Describe the concept of Meditation (Dhyana) as mentioned in the Bhagavad Gita.

Q6: How does Ayurveda integrate the principles of Yoga for holistic well-being?

Q7: What is the relationship between Panchakarma (detoxification therapy) and personality enhancement?

Q8: Explain how following Ayurvedic Dinacharya (daily routine) contributes to self-discipline and personality development.



4.6 LET US SUM UP

- This unit explores the Indian concept of personality through the perspectives of the Upanishads, the Bhagavad Gita, and Ayurveda, emphasising the interplay between spiritual, moral, and physiological dimensions.

Personality in Indian Thought

- In the Upanishads, personality is linked to Atman (the true self) and its connection to Brahman (universal consciousness). Ignorance (Avidya) and illusion (Maya) obscure this realisation, leading to ego-driven identities. Self-realisation through meditation helps in overcoming these illusions and developing a spiritually aligned personality.

- The Bhagavad Gita presents personality as a combination of Dharma (duty), Karma (action), and Bhakti (devotion). It discusses the influence of Gunas—Sattva (purity), Rajas (passion), and Tamas (ignorance)—on personality traits. Krishna teaches that a person's true self is revealed when their actions align with Dharma, free from attachment. Yoga (Karma Yoga, Jnana Yoga, Bhakti Yoga) is a means to attain self-development and spiritual fulfillment.
- Ayurveda explains personality through the concept of Prakriti (natural constitution), influenced by the three Doshas—Vata, Pitta, and Kapha—which determine physiological and psychological traits. Maintaining balance among these elements leads to mental clarity, emotional stability, and health, whereas imbalance results in disorders. Ayurvedic practices like diet, meditation and lifestyle regulation promote overall well-being.

Yoga in the Upanishads, Bhagavad Gita, and Ayurveda

- The Upanishads consider yoga as a spiritual discipline for self-realisation, emphasising the unity of Prana (life force) and Apana (downward energy), as well as meditation for attaining Moksha (liberation). The Bhagavad Gita defines yoga as equanimity, skillful action, and liberation from suffering, categorising it into Karma Yoga (action), Jnana Yoga (wisdom), and Bhakti Yoga (devotion). Ayurveda, on the other hand, integrates yoga into health, with purification practices like Panchakarma and Shatkarma to balance the mind, body, and spirit, ensuring spiritual and physical well-being.
- In conclusion, Upanishads, Gita and Ayurveda together present a holistic view of personality, emphasising self-realisation, discipline, and balance for a harmonious life.



4.7 FURTHER READING

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4.8 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: In the Upanishads, Yoga is defined as a profound union of the individual self (Atman) with the universal consciousness (Brahman). The ultimate purpose of Yoga in this context is self-realisation and liberation (moksha), allowing one to transcend the illusions of material existence and recognise the inherent spiritual essence within. This practice leads to deeper self-awareness and realisation of one's true nature, fostering a sense of unity with all existence.

Answer to Q2: Pranayama, or breath control, plays a significant role in personality development by fostering mental discipline, emotional stability, and enhanced focus. Through regulated breathing techniques, individuals can manage stress and anxiety, cultivate inner calmness, and develop a greater awareness of their thoughts and emotions.

This heightened sense of awareness allows for improved self-regulation and a more harmonious interaction with the environment and others.

Answer to Q3: The Bhagavad Gita discusses three main paths of Yoga: Karma Yoga, which emphasises selfless action and duty without attachment to outcomes; Bhakti Yoga, which focuses on devotion and love towards God as a means of attaining spiritual fulfillment; and Jnana Yoga, which involves the pursuit of knowledge and wisdom for understanding the nature of reality and the self. Each path provides distinct methodologies for individuals to engage with their spiritual journey based on their temperaments and inclinations.

Answer to Q4: Bhakti Yoga is significant for emotional and spiritual growth as it encourages the cultivation of love, devotion, and surrender to the divine. This path fosters a deep emotional connection and encourages practitioners to channel their feelings towards higher purposes, transcending personal desires. The act of devotion allows for emotional healing and fosters a sense of belonging and community, leading to profound spiritual experiences and personal transformation.

Answer to Q5: Meditation, or Dhyana, as described in the Bhagavad Gita, is a practice of focused concentration that allows practitioners to turn their awareness inward, facilitating a state of deep reflection and inner peace. Dhyana aims to quiet the mind and connect with the higher self, ultimately leading to spiritual insight and revelation. This meditative practice encourages a sense of presence and mindfulness, providing a pathway to transcend worldly distractions and achieve a deeper understanding of the self and its relationship with the divine.

Answer to Q6: Ayurveda integrates the principles of Yoga to promote holistic well-being by establishing a balance between body, mind, and spirit. The harmonious practices of Yoga align with Ayurvedic ideals of maintaining one's health through diet, lifestyle, and breathwork. Together, they create a comprehensive approach that not only addresses physical ailments but also emphasises mental clarity and emotional health, promoting an overall sense of well-being.

Answer to Q7: Panchakarma, the detoxification therapy in Ayurveda, enhances personality by cleansing the body and mind of impurities and toxic residues. This therapeutic process revitalises the individual's physical health and mental clarity, leading to increased self-awareness and improved emotional stability. By facilitating a fresh start, Panchakarma allows individuals to cultivate positive traits and diminish negative behavioural patterns, fostering personal growth and emotional resilience.

Answer to Q8: Following Ayurvedic Dinacharya, or daily routine, contributes significantly to self-discipline and personality development by establishing structured habits that align with the natural rhythms of the body and environment. This routine fosters consistency in daily activities such as waking, eating, and exercising, promoting balance and order in one's life. By adhering to these practices, individuals cultivate greater self-control and develop a deeper connection with their own well-being, leading to overall personal growth and fulfillment.



4.9 MODEL QUESTIONS

SHORT TYPE QUESTIONS

Q1. Define personality from the Indian philosophical perspective.

Q2. What is the relationship between Atman and Brahman in the Upanishadic concept of personality?

Q3. Explain the significance of Dharma in shaping personality according to the Bhagavad Gita.

Q4. What are the three Gunas in the Bhagavad Gita, and how do they influence personality?

Q5. Briefly describe the role of Kriya Yoga in self-realisation.

Q6. List and explain the Panch Kleshas as mentioned in Yoga philosophy.

Q7. What are the three Doshas in Ayurveda, and how do they define an individual's Prakriti?

Q8. How does Ayurveda classify personality based on Doshas?

Q9. What is Samadhi, and how does it contribute to personality transformation?

Q10. Define Bhakti Yoga and its impact on an individual's personality according to the Bhagavad Gita.

LONG TYPE QUESTIONS

Q1. Discuss the concept of personality in Indian philosophy with reference to the Upanishads, the Bhagavad Gita, and Ayurveda.

Q2. Explain how Maya (illusion) and Avidya (ignorance) shape an individual's personality according to the Upanishads.

Q3. Analyze how PanchKlesha contributes to human suffering and impacts personality development.

Q4. Compare and contrast the three Gunas (Sattva, Rajas, and Tamas) and their influence on personality according to the Bhagavad Gita.

Q5. What is Kriya Yoga? Discuss its components and its role in personality development.

Q6. Explain the relationship between Prakriti, Doshas, and personality as described in Ayurveda.

Q7. Discuss the philosophical foundation of the Upanishadic concept of personality and its relevance in modern psychology.

Q8. How do Yoga and Ayurveda work together for the holistic development of personality?

Q9. Explain the concept of Dharma, Karma, and Bhakti as factors shaping personality in the Bhagavad Gita.

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UNIT 5 : INDIAN CONCEPT OF PERSONALITY II

UNIT STRUCTURE

5.1 Learning Objective

5.2 Introduction

5.3 Samkhya and Yoga

5.4 Buddha and Jain

5.5 Let us Sum up

5.6 Further Reading

5.7 Answers to Check Your Progress

5.8 Model Question

5.1 LEARNING OBJECTIVES

After going through the unit, you will be able to :

- discuss the concept of Indian Personality
- explain the Samkhya and Dualistic nature of reality
- examine Yoga and the Path to self - realization
- analyse Buddhist perspective on personality and Anatta
- discuss the Jainism and concept of Jiva (Soul) and Karma

5.2 INTRODUCTION

In Indian philosophy, the concepts of personality, as well as the systems of *Samkhya* and *Yoga*, provide deep insights into the nature of human existence, the self, and how individuals can transcend the limitations of the material world to realise their true nature. Let us explore these ideas in this unit. In Indian philosophy, Personality can be understood as the self or the *atman*, which is the body and mind's essence. This self is often described as *purusha* (consciousness or spirit) in various schools of thought. It is important to emphasise that the material body and ego are not everything but rather refers to something more deep and metaphorical. While the body,

mind, emotions and intellect are ephemeral in nature, the self or *atman* is unchanging, pure, and eternal.

In India, a person's personality is considered the result of their inner attributes, deeds (*karma*), and spiritual development. Various schools of thought provide different views on the matter.

Vedanta: The personality is considered a mask that obscures one's true self (*atman*) and the individual's goal is to experience the oneness of the individual soul with the universal soul (*Brahman*).

Bhakti: With devotion, personality could refer to one's treatment of the divine which encourages the cultivation of humility, love and devotion to the deity.

Jainism and Buddhism: Concentrate on the transcendence of ego and material fetters for obtaining spiritual freedom.

5.3 SAMKHYA AND YOGA

The Indian system of philosophy which is, without a doubt, one of the oldest is known as 'Samkhya' and is said to have experienced innovation by sage Kapila. It a dualistic system of thinking that analyses reality by dividing it into two distinct parts.

Purusha this contains the true self within, a passive and unchanging dimension of oneself. It acts as an observing witness to the multitude of experiences that a person goes through in life. It is perpetual. On the other hand, Prakriti is the combined force of three dynamic and changing elements known as "gunas." It is the epitome of activity and passion, and synonymous with of harmony in existence. *Prakriti* tamas, or inertia in simpler words, is the source of light and the elements of a human structure, the mind and the body.

In the philosophy of Samkhya, one tries to understand the distinction between *Purusha* and *Prakriti*. By doing so, one achieves liberation, also known as moksha, from the cycle of birth and rebirth, called *Samsara*. The body, the self, the mind, and the emotions are all believed to be products of prakriti, and thus are fleeting. Once a person understands that the self is different from them (i.e. the self is *Purusha*), one achieves inner tranquility and despair.

Yoga is another important Indian tradition system that includes practical methods for achieving self-realisation and liberation. It has some similarities to what is shared within Samkhya, but is more concerned with the pathways to achieve liberation—pathways mostly through discipline and practice. One of the most important texts on Yoga, *The Yoga Sutras of Patanjali*, prescribes an eightfold path (*Ashtanga yoga*) that allows the practitioner to overcome distractions of mind and purify body and consciousness. The eight limbs are:

Yama (ethical guidelines)

Niyama (personal observances)

Asana (physical postures)

Pranayama (breathing control)

Pratyahara (withdrawal of the senses)

Dharana (concentration)

Dhyana (meditation)

Samadhi (union with the divine, deep contemplation)

In this system of mindset, the mind and emotions must be transcended through the imagination of both mind and body, in order to discover the true fullness of the self. With regular attention, including meditation and physical yoga postures (known in short as Asanas) the individual can experience clarity, focus and then transcend the confines of the body and mind.

Though Samkhya and Yoga are often considered together, they reflect two different aspects of the overall philosophical system. Samkhya offers the theoretical basis, addresses the universe and the difference between *Purusha* and *Prakriti*, the necessity for Mukti (spiritual release) and Yoga that gives the practical tools and practices needed to actualise the truths discussed in Samkhya, namely the liberation of purusha from the bondage of *Prakriti* (or material nature). The Indian concept of personality, as seen through the lenses of Samkhya and Yoga, emphasises the importance of self-awareness, spiritual growth, and the realisation of one's true essence beyond the body and mind. The individual is not simply the sum of their thoughts, feelings, or actions but an eternal, pure consciousness (*purusha*) that seeks liberation from the cycle of birth, death and rebirth. Through the

study and practice of Samkhya and Yoga, one can cultivate a deeper understanding of the self and reach spiritual freedom.

5.4 BUDDHA AND JAIN

Generally, the **Indian concept of personality** is differently understood by different schools of thought, yet each of these traditions integrates the knowledge of the nature of human being, spiritual evolution and the path to liberation. Within the context of **Buddhism** and **Jainism,** the understanding of personality, self and the very nature of existence is distinct from other Indian philosophies, although some commonalities are shared particularly the idea of conquering the ego and the suffering caused by it.

In Buddhism, the idea of identity is closely linked to the doctrines of the four Noble Truths and the eightfold path, which concern the quality of suffering (Dukkha) and its cessation through enlightenment. One of the crucial teachings of Buddhism is the idea of non-self that has been proclaimed through *Anatta* (*Anatman*).)

Unlike in many other Indian traditions, the self (*atman*) is one that is considered as eternal and unchanging. In contrast to that, Buddhism emphasizes that there is no such thing as a permanent, stable self or soul. The concept of a fixed personality or ego is perceived as illusory. Instead, the personality is said to be a blend of five aggregates (*skandhas*) -

Form (*Rupa*) – Physical body or material form.

Feelings (*Vedana)* – Sensations, pleasurable, painful, or neutral.

Perceptions (*Samjna*) – Mental recognition or interpretation of sensory input.

Mental formations (*Samskara*) – Mental habits, desires, and volitional actions.

Consciousness (*Vijnana*) – Awareness of sensory input and mental states.

The concept of a permanent, stable personality or self is denied since these aggregates are ever-changing and interrelated. The “self” that we experience is a continuous process of mental and physical interactions.

Buddhism teaches that attachment to the illusion of self can be dispelled by realising the transient and interdependent character of existence

(including the aggregates). Nirvana, the final release from the cycle of birth, death, and rebirth (*samsara*), is attained as a result, and suffering (*dukkha*) ends:

Right Understanding

Right Intent

Right Speech

Right Action

Right Livelihood

Right Effort

Right Mindfulness

Right Concentration

A person can achieve *Nirvana*, when the connection to a permanent self is destroyed, by following this route, which also helps one purify their mind and lessen wants.

In Buddhism, Jainism places a strong emphasis on the transience of the material world and the significance of breaking free from the cycle of reincarnation. However, Jainism's understanding of personality is based on a strong belief in the presence of a permanent, eternal soul *(jiva),* which sets it apart from Buddhism.

In Jain philosophy, every living being possesses a soul (*jiva*), which is eternal, indestructible, and distinct from the body. The **soul** is pure and divine by nature, but it becomes clouded by ***karma*** (the result of actions), which binds it to the cycle of birth and death. The goal of Jainism is to purify the soul and achieve liberation ***(moksha)*** by shedding accumulated karma.

According to Jain philosophy, every living thing has a soul (jiva), which is eternal, unbreakable, and separate from the body. Although the soul is inherently holy and pure, karma—the outcome of deeds—clouds it and ties it to the cycle of birth and death. By getting rid of accumulated karma, Jainism aims to purify the soul and attain *Nirvana (Moksha).*

According to Jainism, the soul's relationship with the material world is connected to the personality. Because of its link to the body, mind, and senses, the soul is the one that perceives the universe. However, the purity

and spiritual state of the soul, rather than the body or outside circumstances, define the fundamental essence of personality.

Karma and Liberation

Jainism teaches that every action, whether physical, mental, or verbal, generates karma, which attaches to the soul. This karma clouds the soul's inherent purity and keeps it bound to the cycle of *samsara* (rebirth). The more negative or selfish actions (*papa*), the more the soul becomes trapped in the cycle of suffering. Positive, selfless actions (*punya*) can lead to purification. To attain liberation, one must **follow the three jewels of Jainism -**

Right Faith *(Samyak Darshan)*: Having a correct understanding of the nature of reality and the soul.

Right Knowledge *(Samyak Jnana)*: Gaining deep, true knowledge about the soul, the nature of karma, and the path to liberation.

Right Conduct *(Samyak Charitra)*: Practicing non-violence (*ahimsa*), truthfulness, non-stealing, celibacy, and non-possession (detachment from material things).

Austerities and Self-Discipline: Through practices of meditation, fasting, and renunciation, the soul can purify itself from the accumulated *karma*, eventually achieving liberation and becoming free from the cycle of birth and rebirth.

The Role of Personality in Jainism

According to Jainism, personality should be purified rather than transcended. The actions of the soul and its attachment to tangible objects shape its personality. Purifying the personality to reflect the divine attributes that are innate in the soul, such as compassion, knowledge and non-attachment, is the aim rather than eradicating the personality itself.

The major ideas of Buddhism and Jainism about personality and the self are that in Buddhism, the self is an *Anatta* (illusion) and that there is no eternal soul—rather, the aggregates are always changing. According to Jainism, the self, Jiva (eternal), is pure by nature but is only impacted by our karma; it may be purified by acting and knowing the proper way. Again, Buddhism explains that Nivarana, or emancipation, results from letting go

of attachments to the ego and seeing that it is an illusion. Additionally, Jainism explains that achieving *Moksha* (freedom) involves purifying the soul by eradicating karma via austerities, meditation, and moral behavior. Finally, Buddhism clarifies that while karma is significant; it is connected to a permanent self. It affects a person's future experiences and lives. Karma, which connects the soul to the cycle of rebirth, is fundamental to Jainism. It can be eradicated by ascetic practices and is accrued by acts.

Buddhism holds that the ever-evolving aggregates that comprise human experience are what give rise to personality, which is an illusion. Realising the non-self and releasing oneself from attachment and suffering are the steps leading to enlightenment. Furthermore, personality is seen by Jainism as a mirror of the karmic state of the soul. Since the soul never dies, the objective is to cleanse it with moral behaviour, knowledge and austerities in order to free it from the cycle of reincarnation. Though their perspectives on the nature of the self and the soul are very different, both systems place a strong emphasis on moral behaviour and self-purification.



CHECK YOUR PROGRESS

Q1. What is the main concept of Samkhya ?

Q2. what is the Buddhist path to liberation?

Q3. what are the two main types of substances in Jainism?

Q4. what is the eightfold path of Yoga called?

Q5. Fill in the blanks :

i) In Sankhya philosophy, the two fundamental realities are ————

ii) In Jainism, the soul is called ———————— and is considered to have infinite knowledge and bliss.

iii) The ultimate goal in Buddhsim is to attain ————, which is the cessation of suffering.

iv) The final goal of Yoga is to attain ————, which means liberation or self realisation.



5.6 LET US SUM UP

- The concepts of personality, Samkhya, and Yoga offer profound understanding of human existence, self, and the ability to transcend material limitations to realise one's true nature.
- Indian philosophy views personality as the self or atman, the essence of the body and mind, often referred to as purusha or spirit. The material body, mind, emotions and intellect are ephemeral.
- Personality can be understood as the self or the atman, which is the essense of the body and mind.
- This self is often described as *Purusha* (consciousness or spirit) in various schools of thought.
- Samkhya offers theoretical foundation, universe explanation, *Purusha vs Prakriti,* spiritual release, and Mukti, while Yoga offers practical tools for liberating purusha from material nature.
- The personality is considered a mask that obscures one's true self *(atman)* and the individual's goal is to experience the oneness of the individual soul with the universal soul *(Brahman).*
- In Bhakti, with devotion, personality could refer to one's treatment of the divine which encourages the cultivation of humility, love and devotion to the deity.
- In Jainism and Buddhism mainly concentrate on the transcendence of ego and material fetters for obtaining spiritual freedom.
- The Indian system of philosophy which is, without a doubt, one of the oldest is known as 'Samkhya' and is said to have experienced innovation by sage Kapila. It a dualistic system of thinking that analyses reality by dividing it into two distinct parts.
- *Purusha* this contains the true self within, a passive and unchanging dimension of oneself. It acts as an observing witness to the multitude of experiences that a person goes through in life. It is perpetual.

- *Prakriti* it is the combined force of three dynamic and changing elements known as “gunas.” It is the epitome of activity and passion, and synonymous with harmony in existence.
- *Prakriti* tamas, or inertia in simpler words, is the source of light and the elements of a human structure, the mind and the body.
- Yoga is another important Indian tradition system that includes practical methods for achieving self-realisation and liberation.
- *The Yoga Sutras of Patanjali*, prescribes an eightfold path *(Ashtanga yoga)* that allows the practitioner to overcome mind distractions and purify body and consciousness.
- Samkhya provides theoretical foundation, explains universe, *Purusha vs Prakriti,* spiritual release, and mukti, while Yoga provides practical tools for liberating purusha from material nature.
- Buddhism and Jainism differ in their understanding of personality, self and existence, but share commonalities like conquering the ego and suffering caused by it.
- In Buddhism, the idea of identity is closely linked to the doctrines of the four Noble Truths and the eightfold path, which concern the quality of suffering *(Dukkha)* and its cessation through enlightenment.
- Buddhism teaches that attachment to the illusion of self can be dispelled by realising the transient and interdependent character of existence (including the aggregates). *Nirvana*, the final release from the cycle of birth, death, and rebirth *(samsara)*, is attained as a result, and suffering *(Dukkha).*
- The goal of Jainism is to purify the soul and achieve liberation ***(Moksha)*** by shedding accumulated karma.
- The major ideas of Buddhism and Jainism about personality and the self are that in Buddhism, the self is an *Anatta* (illusion) and that there is no eternal soul—rather, the aggregates are always changing.
- Finally, Buddhism clarifies that while karma is significant; it is connected to a permanent self. It affects a person’s future experiences and lives. *Karma,* which connects the soul to the cycle of rebirth, is fundamental to Jainism.

- Jainism and Buddhism both emphasise moral behaviour and self-purification, viewing personality as a reflection of the soul's karmic state, and aiming to cleanse it through knowledge and austerities.



5.7 FURTHER READING

1. Das, K.C. (1975). *Concept of Personality in Samkhya-yoga and the Gita. Department of Publication, Gauhati University.*
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3. Shah, N.J. (2014). Jainism and Buddhism: *The Revolutionary Religions of Ancient India.* Indian Books World Wide.



5.8 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: Dualism of Consciousness *(Purusa)* and Matter *(Prakriti)*

Answer to Q2: The noble eightfold path leading to *Nirvana.*

Answer to Q3: Living *(Jiva)* and Non living *(Ajiva).*

Answer to Q4: *Astanga Yoga* – Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana and Samadhi.

Answer to Q5: i) Prakriti, Purusha
ii) Jiva
iii) Nirvana
iv) Kaivalya



5.9 MODEL QUESTIONS

SHORT ANSWER TYPE QUESTIONS

Q1. Define 'Purusha' and 'Prakriti'.

Q2 How many elements (tattvas) are accepted in Samkhya philosophy?

Q3. Mention the eight limbs of Yoga as per Patanjali.

Q4. What are the two fundamental realities in Sankhya philosophy?

Q5. How does Sankhya explain the concept of personality?

Q6. What is the role of the five aggregates *(Panchaskandha)* in shaping personality according to Buddhism?

Q7. What is the major role of Personality in Jainism?

Q8. What are the three jewels of Jainism to attain liberation?

LONG ANSWER TYPE QUESTIONS

Q1: Describe the concept of Kaivalya in Yoga?

Q2: Explain the concept of personality in Sankhya philosophy with reference to purusa and prakriti.

Q3: Explain the significance of the 'Middle Path' in Buddhism.

Q4: Describe the path to liberation in Buddhism

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UNIT 6- WESTERN CONCEPT OF PERSONALITY

UNIT STRUCTURE

6.1 Learning Objectives

6.2 Introduction

6.3 John B. Watson Theory

6.4 Freud's Psycho-analytic Theory

6.5 Jung's Theory

6.6 G.W. Allport's Classification

6.7 Let us Sum up

6.8 Further Reading

6.9 Answers to Check Your Progress

6.10 Model Question

6.1 LEARNING OBJECTIVES

After going through this unit, you will be able to :

- gain an idea on the different theories of personality
- discuss the different aspects of personality traits and behaviours
- explain how individuation leads to personality growth and balance

6.2 INTRODUCTION

The western concept of personality has evolved through various philosophical, psychological and scientific perspectives. It generally refers to the unique set of traits, behaviours, thoughts and emotions that define an individual's consistent patterns of feeling and acting.

6.3 JOHN B. WATSON THEORY

Watson's view of psychology, known as behaviourism was based on well known experiments conducted by the Russian Psychologist Ivan Pavlov. Pavlov concluded that all behaviour is learned response to some stimulus in the environment called conditioning.

Many young American psychologists were attracted to the idea of behaviourism. In some form or another it dominated American psychology for about thirty years. The early behaviourists held the belief that:

1. Psychologists should study environmental events (Stimuli) and observable behaviour.
2. Experience has a more important influence on behavioural, abilities and traits than heredity.
3. Introspection should be abandoned and objective methods should be used like experimentation, observation and testing.
4. Psychologists should aim at the description, explanation, prediction and control of behaviour.
5. The behaviour of lesser animals should be investigated align with human behaviour because, simple organisms are easier to study and understand than complex ones.

6.4 FREUD' PSYCHO-ANALYTIC THEORY

Freud believes that personality is made up of three major systems of the id, the ego, the super ego. The id is the original system of personality. It is from this that the ego and the super ego become differentiated. It consists of everything that is inherited psychologically. It is instinctive in nature. It furnishes all of the power for the operation of the ego and the super ego and operates through pleasure principle. This means that for the reduction of tension it chooses a path which is most pleasurable to the individual. It commands two processes- the reflex action and the primary process. Reflex actions are inborn and automatic processes like sneezing and blinking. They reduce the tension immediately. On the other hand, primary process attempts to discharge the tension by forming an image of an object that will remove the tension.

The ego fulfils the need of the individual to transact with the reality of the world. As id functions on pleasure principle, the ego obeys the reality principle. The id is only concerned with subjective reality of the mind while ego distinguishes between the subjective reality and the objective truth. The ego operates by means of the secondary process. The secondary process is realistic thinking. In order to perform its role efficiently the ego

has control over all the cognitive and intellectual functions. The principle role of the ego is to mediate between the demands of the id and the super ego.

The super ego is the moral arm of personality. It represents the traditional values and the ideals of the society. It develops through the influence of the parents who interpret the society to the child. It represents the ideal as compared to the real of the ego. The super ego is thought to be the social component of the personality. The ego is described as the psychological component while the id is regarded as the biological component.

Freud thought of the unconscious as being composed of three competing forces. In some people, the id is stronger than superego, in other, it is the superego. The relative strength of the id, ego and superego determines each person's stability. Freud also assumed that id is energised by two instinctual forces, called life instinct and death instinct. He paid less attention to the death instinct and focused more on the life (or sexual) instinct. The instinctual life force that energises the id is called libido. It works on the pleasure principle and seeks immediate gratification.

Regarding the development of the personality Freud felt that the first few years of the life of the child are decisive for the formation of personality. He defines each stage of development of the child during the first five years of the life of the child in terms of reaction of a particular zone of the body. On the basis of his theory of psycho-sexual development, identified three types of personality. The three types are as follows:

1. **Oral-erotic type**

   According to Freud, Mouth is the primary erogenous zone. There is a membrane in the mouth which, when irritated, gives pleasure to the infant. Sexual gratification at this stage involves activities related to the mouth. Oral-erotic type of personality shows excessive degree of pleasure associated with oral activity. Sucking, biting or putting anything in the mouth gratifies the sex in infancy.

   a. **Oral passive type:** This type of person is dependent, optimistic and immature in his/her thinking and other activities like a child. He/ She expects help from other persons**.**

b. **Oral sadistic type:** This type of person is dependent, optimistic and immature in his/her thinking and other activities like a child. He/ She expects help from other persons.

c. **Oral sadistic type:** This type of person is pessimistic. He/She is suspicious and aggressive. He/she is often bitter in his dealings with others.

2. **Anal type:** The second stage of sex development is anal when the child obtains gratifications through anal activities. These activities generally relate to the expulsion of faecal material through the anus or the retention of these materials in response to the social demands of toilet training.

3. **Phallic type:** The third stage of psycho-sexual development is phallic. This type of person shows self-love and exhibitionism. He/ She tries to draw the attention of others. These characteristic are found in early adolescents.

6.5 JUNG'S THEORY

Jung's theory is distinguished from all the other theories by the strong emphasis that it places upon the racial and phylogentic foundations of the personality. Jung considers that the individual personality is the product and container of its ancestral history. The cumulative experiences of the past generations extending in the remote past have shaped the modern man into his present form.

Jung believes that the total personality of the psyche consists of a number of differentiated but interacting systems. The principal systems are the ego, the personal unconscious and its complexes, the collective unconscious and its complexes, the collective unconscious and its archetypes, the personal *anima* and *animus* (The concept of *anima* and *animus* recognises the biosexuality of human species) and the shadow. In addition to this interdependent system there are attitudes of introversion and extroversion and the functions of thinking, feeling, sensing and intuition. Finally, there is the self which is the centre of the entire personality. Here, we are not giving details of the systems or the attiudes, functions or the

self as they are somewhat complex concept and require much more elaboration than can be possible in a single unit.

According to Jung, the ego is the conscious mind. It is made up of conscious perceptions, memories, thoughts and feelings. The personal unconscious is a region adjoining the ego. It consists of the repressed or the forgotten experiences. A complex is an organised group or constellation of feelings, thoughts, perceptions and memories which exist in the personal unconscious. The collective unconscious is the store-house of the latent memory traces inherited from the man's ancestral past. The archetypes are the structural components of the collective unconscious. The persona is a mask which is adopted by the person in response to the demands of social convention and tradition to his own inner archetypal needs. The *anima* and *animus* are described by Jung on the basis of his belief that man is essentially a bisexual animal. The feminine archetype in man is called the anima, the masculine archetype in woman is called animus. The shadow archetype consists of the animal instincts which man inherited in his evolution from lower forms of life. The shadow to begin with typifies the animal side of man's nature. The self is the mid-point of the personality around which all the other systems are constellated. It holds these systems together and provides the personality with unity, equilibrium and stability.

Jung places great emphasis on the forward-going character of the personality development. He believes that man is constantly progressing or attempting to progress from a less complete stage of development to a more complete one. Jung considers that the goal of development is self-realisation. Self-realisation, to him, means the fullest, most complete differentiation and harmonious blending of all aspects of man's total personality.

6.6 G.W. ALLPORT'S CLASSIFICATION

G.W Allport is one of the most outstanding trait psychologists. His conception and research on trait approach to personality had great influence on psychologists. He has conceived that trait have a real and vital existence.

He defined a trait as , “a generalised and focalised neuropsychic system with the capacity to render many stimuli functionally equivalent as well as to imitate and guide consistent forms of adaptive and expressive behaviour. The definition given by Allport is a comprehensive one. It emphasises that traits are not limited with a small number of stimuli but they are general and enduring in nature. Allport is also famous for his emphasis on functional autonomy and the concept of propium. Functional autonomy means that the motives of an adult may have their root in the tension-reducing motives of the child. The adult grows out of them and becomes independent of these earlier tension-reducing efforts. The propium includes the different aspects of the self (Bodily self, self-identity, self-esteem) which the person seeks to organise into an integrated, unified whole. He classified all human traits into three broad categories namely :

1.Cardinal trait: Traits which appear in most of the behaviour of organism are called cardinal. It may be illustrated with the example of achievement in life. Some people are so devoted to achievement that this trait pervades the whole life.

2.Central trait: Central traits are less pervasive than cardinal traits but are generalised dispositions.

3. Secondary dispositions: Secondary dispositions are specific narrow traits. They are called attitudes.



6.7 LET US SUM UP

- John B. Watson, the founder of Behaviourism, argued that personality is not innate but is entirely shaped by environmental factors and learned behaviours. He rejected the idea of genetic or unconscious influences on personality and instead focused on observable behaviour.
- The psychoanalytic theory has been developed by Freud. He believed that personality is made up of three major systems: the id, ego and the super ego. He described instincts as inborn and constituting the sum total of psychic energy available. The first few years of life of the child were considered by Freud as decisive for the formation of personality.

A child passes through the development stages described as oral stage, anal stage and phallic stage. After this a child moves into a prolonged latency period.

- Jung gave emphasis to the racial and phylogenetic foundations of personality.
- Jung's theory of personality focuses on the unconscious mind, archetypes and psychological types. He believed that personality develops through the integration of different unconscious and conscious elements, leading to self-realisation.
- Gordon Allport believed that traits are dynamic and flexible dispositions resulting at least in part, from the integration of specific habits, expressing characteristic mode of adaptation to one's surrounding.



CHECK YOUR PROGRESS

Q1: How does Freud's theory explain personality development?

Q2: Who gave the theory of behaviorism?

Q3: What are the three parts of the mind according to Freud?

Q4: What is anal type in Fredu's theory?

Q5: Write in brief about cardinal trait.



6.8 FURTHER READING

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6.9 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: Freud's theory explains personality development through the interaction of the id, ego and superego, along with unconscious desires and early childhood experiences.

Answer to Q2: John B. Watson

Answer to Q3:

Id: The primal, instinctual part of the mind.

Ego: The rational part that balances the id and super ego

Super ego: The moral and ethical part of the mind.

Answer to Q4: The anal type is a second stage of sex development when the child obtains gratifications through and activities.

Answer to Q5: The traits which appear in most of the behaviour of organism are called cardinal. It may be illustrated with the example at achievement in life.



6.10 MODEL QUESTIONS

A.Very Short Questions

Q1: How does Freud's structural model of the psyche (id, ego, superego) explain human behaviour?

Q2: What role do archetypes play in Carl Jung's theory of the collective unconscious?

B. Short Questions (Answer in about 150 words)

Q1: State Allport's definition of personality. Examine in brief.

Q2: Write a short note on theory of Watson.

Q3: What is the central idea of Watson's behaviorist theory?

Q4: What are the three components of Freud's structure of personality?

C. Long Question (Answer in about 300-500 words)

Q1: Describe Jung's theory of personality development.

Q2: Give a brief the main concepts of psychoanalytic theory of personality.

Q3: Discuss Freud's Psychoanalytic Theory in detail. Explain the structure of personality (id, ego, superego), stages of psychosexual development, and defense mechanisms.

Q4: Explain G.W. Allport's classification of personality traits.

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UNIT 7 : CAUSES OF PERSONALITY DISORDERS I

UNIT STRUCTURE

7.1 Learning Objectives

7.2 Introduction

7.3 Meaning of Personality Disorder

7.3.1 Symptoms of Personality Disorders

7.4 Causes of Personality Disorders

7.5 Biological Causes of Personality Disorders

7.5.1 Genetic Influences

7.5.2 Neurobiological Factors

7.5.3 Hormonal Imbalances

7.5.4 Prenatal and Perinatal Factors

7.5.5 High Reactivity and Personality Disorders

7.6 Environmental Interactions

7.7 Implications of Neurobiological Factors in the Management of Personality Disorders

7.8 Yoga and Personality Disorders

7.8.1 Yoga and Biological Factors of Personality Disorders

7.8.2 Types of Yoga for Personality Disorders

7.9 Let us Sum up

7.10 Further Reading

7.11 Answers to Check Your Progress

7.12 Model Questions

7.1 LEARNING OBJECTIVES

After going through this unit, you will be able to :

- discusss about personality disorder and its sumptoms
- identify the causes of personality disorder
- explain the biological causes of personality disorder

- highlight the requisite skills to deal with personality disorder through yogic practices

7.2 INTRODUCTION

Personality is made up of our attitudes, thoughts and behaviours. It affects how we interact with people and the world around us. On the other hand, personality disorder is a mental health issue where people have long-term, unhealthy ways of thinking, reacting, and interacting with others. There are many kinds of personality disorders with different symptoms and traits. These problems can impact and affect their personal life, family relationships, social interactions, school performance, and work life. Personality disorders are known to be result of genetic and environmental factors, particularly childhood trauma. They often begin to appear during the teenage years or post adolescence. Dealing with personality disorders often includes yoga, meditation and medication.

Personality disorders are complicated mental health issues that impact a person's thoughts, emotions and actions. They usually start in the teenage years or early adulthood and can have a big impact on daily life. Although the exact cause is unknown, a mix of genetic, cognitive aspects and environmental factors contribute in development of personality disorder. Biological factors like genetic tendencies, brain differences, and chemical imbalances are believed to increase the risk. Additionally, life experiences such as childhood trauma, family problems and long-term stress interact with these biological factors to influence how these disorders develop and how severe they become. Recognising how both biological and environmental factors work together is the key towards creating effective prevention and treatment plans.

7.3 MEANING OF PERSONALITY DISORDER

Personality disorders are common, chronic conditions, affecting 10-20% of the common people and persisting for many years. These disorders involve long-term behaviour and thoughts that are deviated from what society expects. They have an adverse impact on self and others' perception,

emotional responses, interpersonal relationships and behaviour control. It can lead to distorted views of reality, abnormal behaviour and distress in various parts of life, such as work, relationships and social functioning. In the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) by the American Psychiatric Association (APA), personality disorder is defined as long-term adjustment disorder and strict disposition manifested by individual distress or social occupational functional disorder.Personality disorder thus, are diagnosed when personality traits become rigid and unhelpful and significantly interfere with how a person functions in society or causes the person emotional distress.

7.3.1 Symptoms of Personality Disorder

Personality disorders involve long-lasting patterns of behaviour and feelings that are considerably different from what is expected in one's culture. These patterns are rigid and cause problems in personal as well as work life. Some common symptoms for various personality disorders include :

Paranoid Personality Disorder

- Distrust and suspicion of others
- Belief that others want to harm or deceive them
- Reluctance to share personal information
- Seeing hidden threats in innocent remarks
- Holding grudges

Schizoid Personality Disorder

- Disinterest in social relationships
- Preference for being alone
- Limited emotional expression
- Indifference to praise or criticism
- Emotional coldness

Schizotypal Personality Disorder

- Odd beliefs or magical thinking
- Unusual perceptions

- Suspicious in thoughts
- Eccentric behaviour or appearance

Antisocial Personality Disorder

- Ignoring other's rights
- Deceit and manipulation
- Impulsive behaviour and poor planning
- Irritability and aggressiveness
- Lack of remorse

Borderline Personality Disorder

- Unstable relationships, self-image and emotions
- Fear of abandonment
- Impulsive behaviours (e.g., spending, sex, substance abuse)
- Suicidal behaviour or self-harm
- Intense and unjustified sense of anger

Histrionic Personality Disorder

- Constant need for attention
- Rapidly changing and shallow emotions
- Using appearance to draw attention
- Exaggerated emotions
- Easily influenced by others

Narcissistic Personality Disorder

- Exaggerated sense of one's own importance
- Fantasies about success, power
- Conviction in one's uniqueness
- Need for excessive admiration
- Absence of empathy

Avoidant Personality Disorder

- Social inhibition and feelings of insufficiency
- Easily hurt by criticism or rejection
- Avoiding social interactions
- Reluctance to take personal risks
- Low self-esteem

Dependent Personality Disorder

- Excessive need for care and attention
- Submissive and clingy behaviour
- Fear of being alone
- Struggle in decision making
- Critical need of new relationship when one ends

Obsessive-Compulsive Personality Disorder (OCPD)

- Obsession with orderliness, perfectionism and control
- Inflexibility in routines
- Excessive devotion to work
- Reluctance to delegate tasks
- Stinginess and stubbornness

Personality disorders are characterised by enduring behaviours and inner experiences that greatly differ from socio-cultural norms, leading to distress or impairment in day-to-day life. Common symptoms include distrust and suspicion (Paranoid), lack of social interest (Schizoid), odd beliefs (Schizotypal), disregard for other's rights (Antisocial), instability in relationships and emotions (Borderline), constant need for attention (Histrionic), grandiosity (Narcissistic), social inhibition (Avoidant), excessive need for care (Dependent), and preoccupation with orderliness and control (Obsessive-Compulsive). These disorders are complex and diverse, requiring professional diagnosis and treatment.

7.4 CAUSES OF PERSONALITY DISORDER

Personality disorders arise from a complex interplay of genetic, neurobiological, environmental, social, psychological and hormonal factors. According to the Atharva Veda, human personality is composed of three elements: Sattva (purity), Rajas (impulse), and Tamas (destruction). These elements are present in the mind from birth and are interconnected. Sattva is pure and true, Rajas is associated with strong impulses, and Tamas involves destructive tendencies. A balance between Rajas and Tamas keeps an individual normal. However, an imbalance in either aspect can result in

personality defects and abnormalities.

Predisposing and Precipitating causes :

A predisposing factor is something that makes it more likely for someone to develop a personality disorder, like a genetic tendency towards anxiety. A precipitating factor is a triggering event, such as trauma, that results into the disorder. Genetics form the foundation of personality and influence behaviour, while environmental factors can also have role in both predisposing and triggering the disorder. Genetic predispositions and abnormalities in brain structure and function, particularly involving neurotransmitters like serotonin and dopamine, play a significant role. Childhood trauma, abuse, neglect, dysfunctional family dynamics, societal pressures, and poor social relationships further impact personality development. High reactivity, poor emotional regulation, cognitive distortions, and hormonal imbalances also contribute to the same. The interaction between these biological and environmental factors increases the risk of developing personality disorders. Understanding these causes helps in creating effective treatments and supporting healthier, balanced lives.

7.5 BIOLOGICAL CAUSES OF PERSONALITY DISORDER

Personality disorders are complex mental health problems influenced by biological, psychological and environmental factors. Various biological factors affect how organisms behave. Our actions and thoughts are shaped not just by individual factors, but also by the interactionof different factors.

Hereditary factors are mostly predisposing, while biological factors, which fall between hereditary and environmental influences, can be both predisposing and precipitating. Biological factors refer to any physical, biochemical, or genetic conditions that influence an individual's personality, affecting behaviour, feelings and thoughts. These factors play a critical role in the progression of various health conditions, including personality disorders, mental health issues, and physical illnesses.Contributing biological factors include genetic influences, neurotransmitters, hormonal

imbalances, brain structure and function, and environmental interactions. These genetic, neurobiological, and hormonal elements shape an individual's characteristics and behaviour, significantly impacting personality development and functioning.

7.5.1 Genetic Influences

Personality disorders can run in families, indicating a genetic component. For instance, borderline personality disorder and antisocial personality disorder show significant heritability rates. Genetics play a critical role in the development of personality disorders, particularly through genes that affect neurotransmitters like serotonin and dopamine, which affect mood and behaviour. This genetic predisposition, combined with other factors, significantly impacts a person's risk of developing these conditions.

A genetic predisposition means certain inherited genes that may increase the likelihood of developing personality disorders, which influence how individuals perceive and interact with the world. It includes everything passed from parents to child at conception, in the form of genes and chromosomes. A child gets 46 chromosomes (23 pairs), with one chromosome from each parent in each pair. Each chromosome contains 1,000 to 2,000 genes that contribute to inherited traits.Research indicates that Borderline Personality Disorder (BPD) often runs in families, suggesting a genetic component. Twin studies show that if one twin has a personality disorder, the other twin is more likely to have it too. Genetic factors can collaborate with environmental factors, like childhood trauma, to shape the development of personality disorders. Malfunctioning genes controlling neurotransmitters can lead to imbalances, causing symptoms such as mood swings and impulsivity.

Twin Studies :

Twin studies have offered important information about the heritability of personality disorders. For example, borderline personality disorder

(BPD) has a heritability rate of around 50%, meaning genetics account for roughly half of the risk. Identical twins, who have the same genes, are more likely to both have borderline personality disorder (BPD) compared to fraternal twins, who share only about half of their genes. This shows that genetics have a major influence on Borderline Personality Disorder.

Family Studies :

Family studies also support the genetic basis of personality disorders. Individuals with a family history of personality disorders are at a higher risk of developing similar conditions. However, it is important to recognise that not everyone with a genetic predisposition will develop a personality disorder. Environmental factors also play a crucial role.

Adoption Studies :

Adoption studies explore traits in adopted children to differentiate between the influence of genetics and environment by comparing them with their biological and adaptive families.

Specific Genetic Links :

Specific genes are being identified that may be linked to certain personality disorders. For example, a malfunctioning gene has been identified as a potential factor in obsessive-compulsive disorder, and genetic links to aggression, anxiety, and fear have been explored as traits that can lead to personality disorders. The serotonin transporter gene affects mood regulation and has been linked to depression, anxiety and other mood disorders, highlighting its role in mental health.

7.5.2 Neurological Factors

Neurological factors in personality disorders involve brain-based elements like structural differences and neurochemical imbalances. Changes in the amygdala can affect fear processing, and serotonin or dopamine imbalances can impact mood and behaviour. These elements mould how an individual perceive and deal with the world around them, leading to symptoms of personality disorders.

Neurotransmitter Imbalances :

Neurotransmitters are brain chemicals that transmit signals between nerve cells. They play a vital role in regulating mood, behaviour, and emotional responses. Imbalances in neurotransmitters like serotonin, dopamine and norepinephrine are associated with personality disorders.Imbalances in neurotransmitters like serotonin, dopamine, and norepinephrine can affect mood, impulse control, and emotional regulation, contributing to conditions like borderline and antisocial personality disorders.

Serotonin :

Serotonin is a neurotransmitter that control mood, anxiety and impulsivity. Low serotonin levels are linked to mood disorders and impulsive behaviours, common in several personality disorders, including BPD and ASPD. In individuals with BPD, low serotonin can cause mood instability, impulsive actions and emotional regulation difficulties. This can lead to intense, rapidly changing emotions, making it hard to maintain stable relationships and a consistent self-image. Low serotonin can also contribute to self-harming behaviour and suicidal tendencies, which are common in BPD.

Dopamine :

Dopamine is a neurotransmitter involved in reward, motivation and pleasure. Abnormal dopamine levels are linked to disorders like schizophrenia and BPD. High dopamine levels can cause aggression and impulsivity, while low levels can lead to depression and lack of motivation. In Antisocial Personality Disorder (ASPD), abnormal dopamine levels can result in aggressive, impulsive or manipulative behaviour.

Norepinephrine:

Norepinephrine is involved in the body's stress response and helps regulate arousal and alertness. An imbalance in norepinephrine levels can cause anxiety and mood swings, which are commonly seen in various personality disorders.

Brain Structure and Function :

Besides structural abnormalities, neurological factors like brain chemistry and connectivity play an important role in personality disorders.The brain is key in the development and expression of personality disorders.

Functional MRI Studies :

Functional MRI studies examine brain activity by measuring blood flow changes, highlighting regions involved in specific cognitive tasks or emotional response. Various aspects of brain function and structure are linked to these conditions.

Prefrontal Cortex :

This area of the brain is involved in decision-making, impulse control, and regulating social behaviour. Abnormalities in the prefrontal cortex are frequently linked to personality disorders, such as antisocial personality disorder and borderline personality disorder.

Amygdala :

The amygdala is crucial for processing emotions, particularly in recognising threats and triggering fear response. Overactivity or dysfunction in the amygdala can contribute to the intense emotional reactions or anxiety seen in disorders like Borderline Personality Disorder.

Hippocampus :

The hippocampus plays a role in memory formation and emotional regulation. Changes in the hippocampus can affect how emotions are processed and remembered, influencing behaviour and personality. Its impairment is often observed in condition like Post-Traumatic Stress Disorder (PTSD) and Alzheimers disease.

Brain Connectivity :

Hereditary influences can determine how the brain develops and functions, contributing to the likelihood of developing personality disorder.Abnormalities in brain regions that regulate emotions and behaviour, such as the prefrontal cortex and amygdala, have an impact in personality disorders. Functional connectivity refers to how

different regions of the brain communicate and work together. Person with personality disorders often exhibit disrupted connectivity patterns, which can affect emotional regulation, social adjustment, and impulse control. Reduced connectivity between the prefrontal cortex and the amygdala can lead to impaired emotional regulation and heightened emotional reactivity.Conditions such as epilepsy or other neurological disorders can affect brain function and contribute to personality changes.

White Matter: White matter pathways in the brain connect different regions, facilitating communication. Disruptions in white matter can impair these connections, affecting emotional regulation and behaviour.

Functional Connectivity: The way different parts of the brain communicate and function together can be altered in personality disorders. Insufficient connectivity between the prefrontal cortex and the amygdala can result in poor impulse control and emotional dysregulation.

Neuroplasticity :

Neuroplasticity is the brain's ability to adapt and change in reaction to experiences. Neuroplasticity contributes in the development of personality disorders, though it offers potential too for recovery and improvement through therapeutic interventions.Certain therapies can induce beneficial changes in brain structure and function, helping individuals control their symptoms and enhance their quality of life.The brain's ability to adapt and change in response to experiences (neuroplasticity) can be both a risk and a protective factor. Negative experiences can lead to maladaptive changes, while positive interventions, such as therapy, can promote beneficial brain changes.

7.5.3 Hormonal Imbalances

Hormones are chemicals that control body functions, including mood and behaviour. Hormonal imbalances can aid in development of

personality disorders.Hormones like cortisol, the stress hormone, can influence mood and behaviour. Imbalances in hormones can exacerbate symptoms of personality disorders.

Endocrine System :

The endocrine system regulates hormones that influence emotions and behaviour. Dysfunction in this system can contribute to personality disorders.

Cortisol :

Cortisol is recognised as the “stress hormone” because it is released in reaction to stress. Chronic stress and high cortisol levels can lead to changes in brain structure and function, increasing the risk of personality disorders.High cortisol levels are frequently seen in individuals with BPD, which can lead to heightened emotional reactivity and difficulty regulating emotions.

Thyroid Hormones :

Thyroid hormones are essential for controlling metabolism and energy levels. Hypothyroidism (low thyroid hormone levels) is associated with symptoms like depression, fatigue and cognitive impairment, which can accelerate personality disorder symptoms.Symptoms like anxiety, mood swings and emotional instability are commonly observed in individuals with hyperthyroidism (low thyroid hormone levels).

7.5.4 Prenatal and Perinatal Factors

Prenatal is the time before birth, and perinatal is the time just before and after birth. Neurodevelopmental factors refer to the processes that influence brain development from the prenatal stage to early childhood impacting the formation of neural circuits and brain structures. These factors can play a critical role in the development of personality disorders by affecting the brain’s architecture and functioning during critical periods of growth.

Maternal Stress :

Maternal stress during pregnancy can impact fetal development, leading to potential long term cognitive and emotional challenges for the child.

Drug and Alcohol Exposure :

Exposure to drugs and alcohol during the prenatal period can interfere with normal brain development and raise the possibility of personality disorders. Fetal Alcohol Spectrum Disorders (FASD) are conditions that affect individuals whose mothers take alcohol during pregnancy leading to neurodevelopmental issues that can lead to personality disorders. These individuals may exhibit impulsivity, emotional dysregulation, and difficulties in adjustment which are common traits of personality disorders.

Early childhood trauma :

Early childhood trauma, such as abuse or neglect, which can profoundly impact brain development. Adverse childhood experiences (ACEs) can change the brain's structure and function, especially in regions related to stress response and emotional regulation, like the amygdala and prefrontal cortex. Children who experience high levels of stress or trauma may develop maladaptive coping mechanisms and altered neural pathways, increasing their risk of developing personality disorders later in life. Individuals with a history of childhood trauma have the chance of being diagnosed with Borderline Personality Bisorder (BPD), characterised by emotional instability and intense interpersonal relationships. Genetic predispositions can interact with neurodevelopmental factors, increasing the risk of personality disorders.

Birth complications :

Birth complications, such as oxygen deprivation, premature birth, or traumatic delivery, can have lasting effects on an individual's development. These complications may lead to neurological damage or developmental delays, which can influence personality

traits and behaviors later in life. Some of the specific conditions are:

Hypoxia :

Hypoxia, a deficiency in oxygen during birth, can cause immediate health issues and long term developmental disorders, including cerebral palsy.

Low birth Weight :

Another such factor is low birth weight. Low birth weight is linked to a higher risk of respiratory issues, developmental delays and chronic health conditions in the later life.

Addressing adverse experiences during critical brain development periods can reduce the risk of developing personality disorders. Supportive environments, early mental health support, and targeted therapies promote healthy brain development and mitigate the impact of neurodevelopmental factors.

7.5.5 High Reactivity

High reactivity refers to an individual's heightened sensitivity to external stimuli such as light, noise, and texture. This trait can be observed from an early age and is characterised by intense emotional responses to everyday situations. High reactivity can significantly aid in development of personality disorders.High reactivity from childhood can cause difficulties in social interactions, academic performance and emotional regulation, increasing the risk of personality disorders.

7.6 ENVIRONMENTAL INTERACTIONS

Environmental influences on biological factors refer to the ways in which external conditions and experiences can impact and modify biological processes, potentially leading to the development of personality disorders. These influences can include a wide range of factors such as upbringing, social relationships, life events, and cultural context. While biological factors

play a crucial role, environmental factors also contribute in the development of personality disorders. These factors can interact with genetic predispositions and neurobiological vulnerabilities to increase or decrease the risk of developing a personality disorder.Adverse childhood experiences, such as trauma, abuse, and neglect, can interact with genetic vulnerabilities to trigger the onset of these disorders.Some of the conditions are :

Chronic Stress :

Chronic stress is an environmental factor that can affect the biological functioning of an individual. Chronic stress refers to prolonged exposure to stressors, influencing neurobiological and behavioural responses and predisposing individuals to various mental health disorders. Prolonged exposure can cause changes in the Hypothalamic-Pituitary-Adrenal (HPA) axis, a key stress response system in the body. These changes can result in imbalances in cortisol, a hormone that regulates stress. Abnormal cortisol levels have been linked to the development of personality disorders, such as Borderline Personality Disorder (BPD), where individuals may experience increased emotional reactivity and difficulties in stress management.

Childhood Abuse and Neglect :

Childhood trauma, including physical abuse, emotional neglect, or exposure to domestic violence, can disrupt normal brain development, especially in areas like the amygdala and prefrontal cortex that regulate emotions. These changes in brain structure and function can increase the risk of personality disorders. Individuals with a history of severe childhood trauma are more likely to be diagnosed with Antisocial Personality Disorder (ASPD), which is characterised by impulsive and aggressive behaviour.

The implications of understanding environmental influences on biological factors are important for both prevention and treatment of personality disorders. Recognising the role of the environment in shaping biological processes highlights the importance of early intervention and supportive environments. Interventions aimed at reducing exposure to adverse experiences and promoting resilience can help mitigate the impact of environmental stressors on biological functioning.

7.7 IMPLICATIONS OF NEUROBIOLOGICAL FACTORS IN THE MANAGEMENT OF PERSONALITY DISORDERS

Understanding personality disorders involves considering genetic, neurochemical, brain structure, developmental factors, and environmental influences. This highlights the need for personalised treatment plans. Trauma-informed care is also important, as childhood trauma impacts brain development. Early identification and supportive environments can help prevent personality disorders.

7.8 YOGA THERAPY FOR PERSONALITY DISORDERS

Yoga therapy is an emerging complementary treatment for personality disorders, offering holistic benefits that address both physical and mental health. Here are some key points-

Implications of Yoga Therapy

Emotional Regulation: Yoga practices, such as breathing exercises and meditation, help individuals manage intense emotions and reduce impulsivity, which is beneficial for disorders like Borderline Personality Disorder (BPD).

Stress Reduction: Yoga reduces stress and anxiety by promoting relaxation and mindfulness, which can alleviate symptoms associated with various personality disorders.

Improved Physical Health: Regular yoga practice enhances physical fitness, which can positively impact overall well-being and reduce the physical manifestations of stress and anxiety.

7.8.1 Yoga and Biological Factors of Personality Disorders

The biological causes of personality disorders are multifaceted, involving genetic, neurochemical, structural brain abnormalities and neurodevelopmental factors. These biological factors interact with environmental influences to shape the development and manifestation of personality disorders. Understanding the biological

causes of personality disorders and incorporating practices like yoga can provide a holistic approach to treatment and management.

Yoga, an ancient practice that includes physical postures, breathing exercises, and meditation, offers psychological benefits for those with personality disorders. It can help reduce stress, enhance emotional regulation, and encourage mindfulness. Yoga can assist individuals with BPD in managing intense emotions and decreasing anxiety. Some of the implication of Yogic practices can be discussed as follows :

Regulation of Neurotransmitters:

Regular yoga practice can help reduce stress and anxiety, promoting a balanced and healthy mind. By enhancing neurotransmitter function, yoga supports better emotional regulation and overall mental health.

Serotonin and Dopamine:

Yoga practice has been shown to increase the levels of serotonin and dopamine, which are crucial for mood regulation and emotional stability. Improved balance of these neurotransmitters can help in controlling symptoms related with personality disorders, such as impulsivity and mood swings.

Structural Brain Abnormalities:

Consistent yoga exercise can enhance brain function and structure, potentially improving emotional regulation and reducing symptoms associated with personality disorders. By fostering a sense of calm and mindfulness, yoga supports overall brain health and resilience.

Hippocampus and Prefrontal Cortex:

Yoga can promote neuroplasticity, enhancing the function of brain regions like the hippocampus and prefrontal cortex. These areas are critical for memory, emotional regulation and decision-making. Strengthening these regions can improve cognitive function and emotional control in individuals with personality disorders.

Amygdala :

Yoga practices, especially meditation and mindfulness, can reduce activity in the amygdala, the brain region involved in the fear response and emotional reactivity. This can help individuals manage stress and reduce anxiety.

Hormonal Balance:

Yoga can positively influence hormonal balance by reducing stress and promoting relaxation. Practices like deep breathing, meditation, and physical postures help regulate the release of stress hormones while also supporting the production of beneficial hormones like serotonin and dopamine. This balance can lead to improved mood, better stress management, and overall well-being.

Cortisol:

Yoga significantly reduces cortisol levels, the body's primary stress hormone. Lowering cortisol can alleviate stress and anxiety, which are often exacerbated in personality disorders.Yoga also helps in balancing other hormones that impact mood and emotional regulation, supporting overall mental health.

Stress Response and Relaxation:

Yoga effectively reduces stress responses by promoting relaxation and mindfulness. Practices like deep breathing, meditation, and physical postures help lower cortisol levels, the body's primary stress hormone. This leads to a calmer state of mind, improved emotional regulation, and enhanced overall well-being. Routine yoga practice can help individuals manage stress more effectively and maintain a balanced, relaxed state.

Parasympathetic Nervous System Activation:

Yoga stimulates the parasympathetic nervous system, encouraging relaxation and decreasing the body's stress response. This helps in managing symptoms of personality disorders by fostering a state of calm and reducing emotional arousal.

Breath Control:

Pranayama, or controlled breathing exercises, helps regulate the nervous system, decreasing anxiety and improving overall emotional regulation.

Physical Health and Mind-Body Connection

Exercise and Endorphins:

The physical aspect of yoga functions as a form of exercise, which releases endorphins, the body's natural mood lifters. This not only improves physical health but also enhances mental well-being.

Mindfulness and Awareness:

Yoga promotes mind-body connection with an increasing awareness of thoughts, emotions, and bodily sensations. This heightened awareness can improve emotional control and decrease impulsivity

Neurological Benefits

Neuroplasticity:

Regular yoga practice can promote neuroplasticity, the brain's ability to adapt and change. This can be particularly beneficial for those with personality disorders, as it can help rewire negative thought patterns and behaviours.

Improved Cognitive Function:

By enhancing cognitive function and reducing cognitive distortions, yoga can help individuals with personality disorders think more clearly and react more adaptively to stressors.

7.8.2 Types of Yoga for Personality Disorders

Different types of yoga, such as Kundalini yoga and Sudarshan Kriya, have been observed effective in managing symptoms of personality disorders. Kundalini yoga, which involves chanting and breathing techniques, can help release trapped energy and promote emotional balance. Sudarshan Kriya, a specific breathing practice, has also been demonstrated to improve mood and reduce anxiety.

Yoga offers a comprehensive method for managing personality disorders, addressing both the mind and body. By influencing

neurotransmitter levels, brain function, hormonal balance, and the stress response, yoga can help alleviate symptoms and improve the overall standard of life for individuals with personality disorders. Integrating yoga into treatment plans can be a complementary, non-pharmacological option that supports traditional therapies and medications. It offers a non-pharmacological approach to treatment, making it an attractive option for those seeking holistic and integrative care.



CHECK YOUR PROGRESS

Q1. What is the meaning of personality disorder

Q2. Which neurotransmitters are commonly linked with genetic influences on personality disorders?

Q3. What do twin studies suggest about the heritability of personality disorders?

Q4. What is the role of chronic stress in the development of personality disorders?

Q5. Which aspect of yoga therapy helps individuals manage intense emotions and reduce impulsivity in borderline personality disorder (BPD)



7.9 LET US SUM UP

From this unit, we learn the following:

Personality disorders are complex conditions influenced by a mix of genetic, neurochemical, brain structure and environmental factors. Genetics alone does not cause these disorders but interact with environmental influences to affect their development. Biological factors like anatomy, physiology, and molecular biology shape bodily functions and can be affected by various external factors. These factors are crucial in personality disorders, as genetic predispositions and brain abnormalities impact behaviour and emotions. Understanding these elements helps create personalised treatments,

combining medication, psychotherapy, trauma-informed care and preventive strategies to improve outcomes and quality of life for those affected.

Biological factors: Include genetics, brain structure, neurotransmitter imbalances, and environmental influences.

Genetics: Provide a predisposition but interact with environmental factors to influence personality disorders.

Neurochemical imbalances: Serotonin and dopamine deficiencies impact mood regulation and behaviour, affecting disorders like BPD and ASPD.

Brain abnormalities: Variations in brain areas responsible for emotional regulation and decision-making can lead to personality disorders.

Neurodevelopmental factors: Prenatal exposure to toxins and early childhood trauma disrupt normal brain development.

Environmental influences: Chronic stress and adverse childhood experiences interact with biological factors, shaping the onset and severity of personality disorders.

Holistic treatment approaches and Yoga: Combining Yoga with pharmacological treatments, psychotherapeutic interventions, trauma-informed care, and preventive strategies improves outcomes and standard of life of the people with personality disorder.

Personalised treatments approach and Yoga: To address both biological and environmental aspects to support individuals with personality disorders effectively, Yoga can have significant implications.

Yoga helps individuals develop healthier coping mechanisms, manage emotions better and improve mental well-being, benefiting those with personality disorders. The biological causes of personality disorders are complex, involving genetics, brain structure, neurotransmitter imbalances, and environmental factors. Genetics provide a predisposition, but interact with environmental influences to affect the development of these disorders. Understanding these factors aids in creating effective treatments and interventions.



7.10 FURTHER READING

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Washington DC: American Psychiatric Association; 1994
2. Mangal S K. (2018) *Abnormal Psychology* Sterling Publishers
3. Page James D. (1976) *Abnormal Psychology* New Delhi, Tata McGrew-Hill
4. Sarason G. I. "& R. B. Sarason (2017) *Abnormal Psychology : The Problem of Maladaptive Behaviour* 11th edition, Pearson India



7.10 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: A personality disorder is a mental health condition with long-lasting, inflexible patterns of behaviour and thinking that differ greatly from cultural norms and cause significant distress or problems in life.

Answer to Q2: Serotonin and dopamine

Answer to Q3: If one twin has a personality disorder, the other twin is more likely to have it

Answer to Q4: It can interrupt normal brain development and increase the risk

Answer to Q5: Breathing exercises and meditation



7.12 MODEL QUESTIONS

A) Objective Questions

Q1. What is personality disorder?

Q2. Which neurotransmitters are commonly related with genetic influences on personality disorders?

Q3. What do twin studies suggest about the heritability of personality disorders?

Q4. What is the role of chronic stress in the development of personality disorders?

Q5. Which aspect of yoga therapy helps individuals manage intense emotions and reduce impulsivity in Borderline Personality Disorder (BPD)

B) Short Questions

Q1. What is functional connectivity and how is it related to personality disorders?

Q2. How can abnormalities in hormonal secretion affect individuals with personality disorders?

Q3. Write briefly on environmental interactions with neurological factors in personality disorder.

C) Essay Questions

Q1. Discuss briefly on the biological factors of personality disorder

Q2. Write about how does yoga help in managing the biological factors associated with personality disorders.

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UNIT 8 : CAUSES OF PERSONALITY DISORDERS II

UNIT STRUCTURE

8.1 Learning Objectives
8.2 Introduction
8.3 Meaning of Psychological Factor
8.4 Psychological Causes of Personality Disorder
8.5 Negative Early Childhood Experience
8.6 Impact of Trauma and Adverse Life Events
8.7 Poor Parenting Styles
8.8 Parental Psychopathology
8.9 Maladaptive Cognitive Patterns and Schemas
8.10 Challenges in Emotional Regulation and Expression Difficulties
8.11 Interpersonal Challenges and Relationship dynamics
8.12 Poor Mental Health Condition
8.13 Treatment Approaches and Strategies
8.14 Yoga and Psychological Factors
8.15 Let us Sum up
8.16 Further Reading
8.17 Answers to Check Your Progress
8.18 Model Questions

8.1 LEARNING OBJECTIVES

After going through this unit, you will be able to :

- discuss on Personality Disorder and its psychological implications
- explain psychological causes of personality disorder
- highlight the neccessary skills to deal with personality disorder through yogic practices specifically psychological factors

8.2 INTRODUCTION

Personality disorders are a set of mental health conditions characterised by long-term patterns of behaviour, thoughts, and emotions that deviate significantly from the cultural norm. American Psychiatric Association (APA) defines personality disorders as "an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the culture of the individual who exhibits it". Persons with personality disorders often struggle with understanding and relating to others, which can result in significant problems in adjustment and occupational environments. These disorders usually cause major problems in a person's behaviour and personality, leading to individual and societal issues. Person with personality disorders typically have a hard time handling relationships, work and everyday challenges.Personality disorders often stem from a mix of genetic vulnerability, early life experiences and dysfunctional thought patterns. These conditions significantly affect individual's relationships and overall functioning, necessitating comprehensive therapeutic approaches.

8.3 MEANING OF PSYCHOLOGICAL FACTOR

A psychological factor refers to aspects of an individual's mental processes and behaviour that influence their thoughts, feelings, and actions, including cognitive processes, emotional responses, motivation, personality traits, coping mechanisms, mental health and behavioural patterns. While most biologically oriented clinicians and researchers conceptualise mental phenomenon as product of the activity of neuronal circuit of the brain, there is growing recognition that the environment and personal experience also play roles in personality disorders. The psychodynamic theorists conceptualise the biological and mental as being mutually influencing contributors of human life.

According to Atharva Vedas, physically the human mind is made up of three elements-Vata, Pitta and Sleshma or Kaph. These elements are there in the body since birth differing in quantity. For normality, a balance among the elements is crucial, and both normality and abnormality are influenced by

an individual's psychosomatic system.Yoga therapy is the outcome of Maharshi Patanjali's efforts which is widely used today. Understanding these factors is crucial in psychology, psychiatry, and counseling for explaining and predicting human behaviour, and developing effective treatment and intervention strategies.

8.4 PSYCHOLOGICAL CAUSES OF PERSONALITY DISORDER

Personality disorders are characterised by rigid patterns of perceiving, reacting to, and relating to others and events, which hinder a person's social functioning. These are intricate mental health conditions that arise from a combination of genetic, biological, environmental, and psychological factors. Psychological factors are key in both the development and persistence of personality disorders. These factors often include unexpected and uncontrollable negative events that can make it harder for a person to handle life's challenges. Different types of psychological causes that can harm a child's emotional and social development are :

1. Negative Early Childhood Experience
2. Impact of Trauma and Adverse Life Events
3. Maladaptive Cognitive Patterns and Schemas
4. Emotional Regulation and Expression Difficulties
5. Interpersonal Challenges and Relationship dynamics
6. Poor Parenting Styles
7. Marital Conflict and Divorce and
8. Bad Peer Influences.

8.5 NEGATIVE EARLY CHILDHOOD EXPERIENCE

Childhood experiences are fundamental in shaping an individual's personality. Adverse experiences during this crucial time can result in harmful personality traits and behaviour. Children who lack essential resources like food, shelter, love, and attention from parents or caregivers can suffer deep, sometimes permanent psychological harm. This deprivation can take many forms and have various consequences. It might

also lead to oral fixation (Freud), hinder the development of basic trust (Erikson), delay skill acquisition due to lack of reinforcement (Skinner), or result in dysfunctional schemas where relationships are seen as unstable and untrustworthy (Beck).

8.6 IMPACT OF TRAUMA AND ADVERSE LIFE EVENTS

Trauma and adverse life events can influence the formation of personality disorders. Experiences such as abuse, neglect or witnessing violence can lead to long-lasting emotional and psychological effects. These events can shape an individual's self-perception, coping mechanisms and interpersonal relationships, often resulting in conditions like Borderline Personality Disorder, Post-Traumatic Stress Disorder (PTSD), and others. Understanding the impact of these experiences is crucial for effective treatment and support.

8.7 POOR PARENTING STYLES

Inefficient parenting styles can deeply impact a child's ability to handle life's challenges, making them more vulnerable to various psychological disorders. Outright abuse i.e. physical, sexual, or both by parents has been related to many harmful effects on a child's holistic development.

- **Neglect :**

  Parents can ignore a child by physically neglecting them, withholding love and affection, showing disinterest in their efforts and accomplishment, or failing to spend time with or supervise them.Children who feel neglected may struggle with forming healthy relationships and may develop maladaptive coping mechanisms.Emotional neglect can result in insecure attachment styles. Insecure attachment can lead to personality disorders such as avoidant personality disorder, characterised by social inhibition and feelings of inadequacy.

- **Overprotectiveness :**
  Conversely, an overprotective upbringing can inhibit the progression of autonomy and self-efficacy. Kids who are overly sheltered may develop dependent personality disorder, where they rely excessively on others for support and decision-making.
- **Separation :**
  Children who go through repeated separations from their parents might develop insecure attachment. Early separations can also lead to long-term effects, such as increased exposure to stress in adulthood.
- **Marital Conflict :**
  Marital conflict can be distressing, painful and harmful for both the parents and their children. Divorce can be particularly traumatic for children, leading to feelings of insecurity and rejection for which children may develop inappropriate behaviour.

8.8 PARENTAL PSYCHOPATHOLOGY

Parents with mental health issues like schizophrenia, depression, antisocial personality or alcohol problems often have children who are more likely to face developmental challenges.

8.9 MALADAPTIVE COGNITIVE PATTERNS AND SCHEMAS

Cognitive processes, or the ways in which individuals perceive, think, and interpret their experiences, are crucial in both the development and persistence of personality disorders. These processes include patterns of thinking, perception and understanding of events that can be distorted or dysfunctional. Beck A (1979) believed that maladaptive behaviour results from dysfunctions of the cognitive systems. People with personality disorders may have negative self-schemas, cognitive biases, and maladaptive coping strategies that contribute to their difficulties in relationships and daily functioning. Understanding and addressing these cognitive processes through therapy and yogic practices can be crucial in

treating personality disorders and helping individuals develop healthier ways of thinking and responding to their environment.

- **Cognitive Distortions :**

  Person with personality disorders commonly exhibit distorted ways of thinking. Common cognitive distortions include black-and-white thinking (viewing situations in extremes), overgeneralisation (drawing broad conclusions from limited evidence), and catastrophising (anticipating the worst possible outcome). These distortions can reinforce negative emotions and behaviours.

- **Core Beliefs :**

  Core beliefs are deep-seated beliefs about oneself and others, typically formed in childhood. These beliefs can be dysfunctional and contribute to the development of personality disorders. Individual with narcissistic personality disorder may have an excessive sense of self-importance, while someone with Borderline Personality Disorder may believe they are inherently unlovable.

- **Negative Self-Schema :**

  A self-schema is a cognitive framework that helps individuals organise and interpret information about themselves. A negative self-schema, often developed in response to early adverse experiences, can contribute to low self-esteem and self-worth, which are common in many personality disorders.

8.10 CHALLENGES IN EMOTIONAL REGULATION AND EXPRESSION DIFFICULTIES

Emotional regulation is the ability to manage and respond to emotional experiences appropriately. Difficulties in emotional regulation and expression can lead to challenges in managing and expressing feelings appropriately. This can result in intense emotional reactions, mood swings and trouble coping with stress, often seen in various personality disorders.

- **High Reactivity :**

  High emotional reactivity means that individuals respond intensely to emotional stimuli. This trait can lead to emotional dysregulation, a

hallmark of Borderline Personality Disorder (BPD). Highly reactive individuals may struggle to calm themselves down after becoming upset, leading to unstable moods and impulsive behaviours.

- **Poor Coping Mechanisms :**

  Ineffective coping strategies can intensify personality disorders. Individuals with Antisocial Personality Disorder(ASPD) may use aggression or deceit as coping mechanisms. Those with Borderline Personality Disorder (BPD) may engage in self-harm or drug abuse to manage intense emotions.

- **Alexithymia :**

  Alexithymia is a condition where an individual has difficulty in identifying and expressing their emotions. People with alexithymia might face challenges in managing their emotions and interpersonal relationships, which can intensify the symptoms of personality disorders.

- **Personality Traits :**

  Personality traits are enduring sets of thoughts, feelings, and behaviour that make up an individual's personality. When these traits become extreme or maladaptive, they can accelerate personality disorders. Traits like impulsivity, emotional instability, and distrust can be seen in various personality disorders, leading to significant challenges in personal and social functioning.

- **Impulsivity :**

  Impulsivity in elevated level are linked with disorders such as Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (ASPD). Impulsive individuals act without considering the consequences, leading to risky behaviors and unstable relationships.

- **Aggression :**

  Aggression is a vital feature of disorders like Antisocial Personality Disorder (ASPD) and Borderline Personality Disorder (BPD). Persons with such disorders can display impulsive, hostile, and violent behaviour, causing relationship and social interaction difficulties. Aggressive tendencies can head to ASPD, featured by a disregard for other's rights

and manipulative behaviours. Addressing these tendencies is crucial for effective treatment.

- **Perfectionism**

  Excessive perfectionism, a trait often seen in Obsessive-Compulsive Personality Disorder (OCPD), can steer to rigid and inflexible behaviour. Such person has the habit of expecting too much from themselves and others resulting in chronic dissatisfaction.

8.11 INTERPERSONAL CHALLENGES AND RELATIONSHIP DYNAMICS

Interpersonal challenges and relationship dynamics can significantly impact personality dynamics. Difficulties in forming and maintaining healthy relationships, such as trust issues, poor communication, and emotional instability, can add to the development of personality disorders. These challenges can lead to maladaptive behaviour and coping mechanisms, further complicating interpersonal relationships and reinforcing negative patterns. Experiencing chronic conflict, neglect, or abuse within relationships can lead to emotional distress and maladaptive coping mechanisms. These negative interactions can shape an individual's self-perception and behaviour patterns, potentially resulting in personality disorders.Relationships with family, peers, and significant others contribute significantly to the formation of personality disorders.

- **Dysfunctional Family Dynamics :**

  Families characterised by conflict, lack of communication, or overprotectiveness can contribute to personality disorders. Enmeshed family relationships, where boundaries are unclear, can lead to Dependent Personality Disorder.

- **Peer Influences :**

  Negative peer influences during childhood and adolescence can impact personality development. Bullying, peer pressure and social rejection can contribute to the development of avoidant personality disorder or ASPD.

- **Romantic Relationships :**

  Dysfunctional romantic relationships can reinforce maladaptive patterns seen in personality disorders. Individuals with histrionic personality disorder may seek excessive attention and validation from partners, leading to chaotic relationships.

8.12 POOR MENTAL HEALTH CONDITIONS

Mental health issues can be psychological causes of personality disorders. Experiencing chronic depression, anxiety or trauma can direct to maladaptive coping mechanisms and distorted thinking patterns, which may contribute to the development of personality disorders.

- **Mood Disorders :**

  Conditions such as depression and bipolar disorder can worsen symptoms of personality disorders. People with Borderline Personality Disorder often have severe mood swings that can be confused with bipolar disorder.

- **Anxiety Disorders :**

  Anxiety disorders, including generalised anxiety disorder and social anxiety disorder, can coexist with personality disorders. The presence of anxiety can intensify symptoms and complicate treatment.

8.13 TREATMENT APPROACHES AND STRATEGIES

Treatment for personality disorders often involves a mix of psychotherapy like Cognitive-Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT), medication for managing symptoms, skills-based therapies, teaching practical coping skills, and also Yoga therapies for dealing with the psychological factors of personality disorder.

8.14 YOGA AND PSYCHOLOGICAL FACTORS

Yoga, an ancient practice combines physical postures, breath control, meditation, and relaxation techniques, which offers benefits for individuals

with personality disorders. By addressing both the mind and body, yoga can help mitigate the psychological factors contributing to these disorders.

1. Emotional Regulation

- **Mindfulness and Meditation :**
  Yoga emphasizes mindfulness and meditation, which can help individuals become more aware of their thoughts and emotions. This awareness helps in better emotional regulation and a reduction in impulsive behaviour.
- **Breathing Exercises :**
  Pranayama, or controlled breathing, helps calm the nervous system and reduce anxiety. By practicing these techniques, individuals can learn to manage stress and emotional reactivity more effectively.

2. Cognitive Processes

- **Mindful Awareness :**
  Yoga encourages mindful awareness of the present moment, helping individuals challenge and reframe cognitive distortions. This can lead to healthier thought patterns and improved emotional stability.
- **Positive Self-Concept :**
  Regular yoga practice fosters a positive self-concept by promoting self-acceptance and self-compassion. This shift in self-perception can counteract negative core beliefs and improve overall mental health.

3. Interpersonal Relationships

- **Community and Support :**
  Participating in yoga classes can provide a sense of community and social support. This can reduce feelings of isolation and improve social skills, helping individuals build healthier relationships.
- **Improved Communication :**
  Yoga practices, such as group activities and partner exercises, can enhance communication skills and foster a sense of connection with others.

4. Stress Reduction

- **Relaxation Techniques :**

  Yoga includes various relaxation techniques, such as Shavasana (corpse pose), which promote deep relaxation and stress relief. Regular practice can lower cortisol levels and reduce the overall stress burden.

- **Body Awareness :**

  Yoga improves body awareness, helping individuals recognize and release physical tension. This can lead to a reduction in psychosomatic symptoms associated with stress and anxiety.

5. Coping Mechanisms

- **Healthy Outlets :**

  Yoga provides a healthy outlet for managing stress and emotions. By engaging in regular practice, individuals can develop healthier coping strategies and reduce reliance on maladaptive behaviours.

- **Resilience Building :**

  Yoga fosters resilience by encouraging individuals to face challenges with a calm and focused mind. This increased resilience can help them better navigate life's difficulties and reduce the impact of stressors.

Conclusion

Personality disorders are complex conditions influenced by various psychological factors, including early childhood experiences, cognitive processes, emotional regulation, personality traits, and interpersonal relationships. Yoga offers a holistic approach to addressing these psychological causes by promoting emotional regulation, mindful awareness, social connection, stress reduction, and healthy coping mechanisms. By integrating yoga into treatment plans, person with personality disorders can benefit from improved mental health and overall well-being.

Understanding these psychological factors is important for developing effective treatment strategies. Yoga Practice, Psychotherapy, such as Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT), can help address these underlying issues and provide individuals

with healthier coping mechanisms and emotional regulation skills. By addressing the psychological causes, mental health professionals can support individuals in managing their symptoms and improving their overall well-being.



CHECK YOUR PROGRESS

Q1. What is meant by psychological factor of personality disorder?

Q2. How can early childhood experiences of deprivation or trauma impact the development of personality disorders?

Q3. How does difficulty with emotional regulation contribute to the development and maintenance of personality disorders?

Q4. How do maladaptive cognitive patterns and schemas contribute to the development and maintenance of personality disorders?

Q5. How do interpersonal challenges and relationship dynamics contribute to the development of personality disorders?

Q6. How can yoga help address the psychological factors contributing to personality disorders?



8.15 LET US SUM UP

Psychological factors contributing to personality disorders include early deprivation or trauma, inadequate parenting styles, marital discord and divorce, maladaptive peer influences, parental psychopathology, and frequent separation from parents. These factors can lead to distorted thinking patterns, negative self-schemas, and maladaptive coping mechanisms, which in turn can result in personality disorders.

Early Deprivation or Trauma: Experiences of neglect, abuse, or loss during childhood can lead to long-lasting psychological effects.

Inadequate Parenting Styles: Lack of warmth, inconsistent discipline, or overprotectiveness can impact a child's emotional development.

Marital Discord and Divorce: Conflict between parents and separation can create feelings of insecurity and stress in children.

Maladaptive Peer Influences: Negative interactions with peers can reinforce unhealthy behaviours and thought patterns.

Parental Psychopathology: Parents with mental health issues (e.g., depression, substance abuse) can affect their children's emotional well-being.

Separation from Parents: Frequent separations or loss of a parent can lead to insecure attachment and emotional difficulties.

Cognitive Processes: Distorted thinking patterns, negative self-schemas, and maladaptive coping strategies can contribute to the development of personality disorders.

Yoga and Psychological Factors of Personality Disorder:

Yoga can be a beneficial complementary therapy for addressing psychological factors that contribute to personality disorders. Practices like yoga therapy, which includes physical postures, breathing exercises, and meditation, can help improve emotional regulation, reduce stress, and promote overall mental well-being. By integrating yoga into therapeutic settings, individuals may find it easier to manage symptoms and develop healthier coping mechanisms.



8.16 FURTHER READING

1. American psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4thed., text revision). Washington, DC
2. Davidson and Neal (1996) *Abnormal psychology. Revised 6th Edition,* John Wiley & Sons Inc
3. Tiwary, G. (1961) *Abnormal Psychology: A Dynamic Approach.* Vinod Pustak Mandir, New Delhi

8.17 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: A psychological factor of personality disorder refers to the underlying mental and emotional influences that contribute to the development and maintenance of these disorder.

Answer to Q2: Early childhood deprivation or trauma can lead to lasting psychological effects, increasing the risk of developing personality disorders by shaping negative self-perceptions and maladaptive coping mechanisms**.**

Answer to Q3: Difficulty with emotional regulation can lead to intense emotional reactions and poor coping strategies, contributing to the development and persistence of personality disorders.

Answer to Q4: Maladaptive cognitive patterns and schemas can lead to distorted thinking and negative self-perceptions, which contribute to the development and persistence of personality disorders by reinforcing unhealthy behaviour and emotional responses.

Answer to Q5: Interpersonal challenges and relationship dynamics can lead to emotional distress and maladaptive coping mechanisms, contributing to the development of personality disorders.

Answer to Q6: Yoga can be a valuable complementary therapy for addressing psychological factors that contribute to personality disorders. Practices like yoga therapy, which includes physical postures, breathing exercises, and meditation, can help improve emotional regulation, reduce stress, and promote overall mental well-being. By integrating yoga into therapeutic settings, individuals may find it easier to manage symptoms and develop healthier coping mechanisms.

8.18 MODEL QUESTIONS

SHORT ANSWER TYPE QUESTIONS

Q1. What is meant by psychological factor of personality disorder?

Q2. How can early childhood experiences of deprivation or trauma impact the development of personality disorders?

Q3. How does difficulty with emotional regulation contribute to the development and maintenance of personality disorders?

Q4. How do maladaptive cognitive patterns and schemas contribute to the development and maintenance of personality disorders?

Q5. How do interpersonal challenges and relationship dynamics contribute to the development of personality disorders?

Q6. How can yoga help address the psychological factors contributing to personality disorders

Q7. Give an example of a poor parenting style that may contribute to personality disorders.

Q8. What is parental psychopathology, and how can it influence a child's personality?

LONG ANSWER TYPE QUESTIONS

Q1: Explain the role of psychological factors in the development of personality disorders.

Q2: Discuss the impact of negative early childhood experiences and trauma on personality development.

Q3: Describe how poor parenting styles and parental psychopathology can lead to personality disorders in children.

Q4: Discuss the link between poor mental health conditions (such as depression or anxiety) and personality disorders

Q5: Evaluate the benefits of Yoga in addressing psychological factors associated with personality disorders.

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UNIT 9 : CAUSES OF PERSONALITY DISORDERS III

UNIT STRUCTURE

9.1 Learning Objectives

9.2 Introduction

9.3 Causes of Personality Disorders

9.4 Personality Disorders and Socio-Cultural Factors

9.5 Cultural Causes of Personality Disorders

9.6 Cultural Identity and Belongingness

9.7 Social Causes of Personality Disorders

9.8 Societal Changes and Trends

9.9 Urbanisation and Mobility

9.10 Implications of Socio-cultural Factors for Prevention and Cure

9.11 Yoga and Socio-Cultural Factors of Personality Disorders

9.12 Let us Sum up

9.13 Further Reading

9.14 Answers to Check Your Progress

9.15 Model Questions

9.1 LEARNING OBJECTIVES

After going through this unit, you will be able to:

- discuss Personality Disorder and its socio-cultural implications
- explain socio-cultural causes of Personality Disorder
- highlight the requisite skills to deal with personality disorders through yogic practices specifically socio-cultural factor

9.2 INTRODUCTION

Personality disorders (PDs) are complex mental health conditions characterised by persistent patterns of behaviour, cognition, and inner experience that deviate markedly from the expectations of an individual's culture. While biological and genetic factors play a significant role in the development of Personality disorders, socio-cultural influences also contribute significantly. These influences shape the expression, meaning, and impact of personality traits and behaviours.

9.3 CAUSES OF PERSONALITY DISORDER

Personality disorders are influenced by a combination of genetic, environmental, psychological, social and cultural factors. A genetic predisposition can arise from family history, while traumatic early childhood experiences, such as abuse or neglect, play a significant role. Variations in brain structure and function influence emotion and impulse control, and cultural factors shape the perception and expression of personality traits. Social and cultural aspects, including societal norms, family dynamics, and communal attitudes towards mental health, affect how behaviours are interpreted and addressed. Stigma and cultural beliefs can impact an individual's willingness to seek help and the support they receive. Psychological factors, including coping styles and existing mental health conditions, also contribute. Instead of a singular cause, it is the combined impact of these factors that shapes the development of personality disorders.

9.4 PERSONALITY DISORDERS AND SOCIO-CULTURAL FACTORS

Socio-cultural factors refer to the social and cultural influences that shape an individual's behaviour, attitudes, beliefs and experiences. These elements influence how personality traits are expressed and interpreted, with behaviour considered normal in one culture potentially seen as disorders in another. Societal norms and cultural attitudes toward mental health also affect individual's willingness to seek help and the type of support they receive,

underscoring the importance of culturally sensitive approaches in diagnosing and treating personality disorders.

9.5 CULTURAL CAUSES OF PERSONALITY DISORDER

A cultural factor refers to social norms, practices, traditions and beliefs within a specific society that shape behaviours, attitude and perceptions. These factors influence how individuals interact with each other and understand the world around them, impacting various aspects of life, including communication styles, values and mental health.Cultural factors play a significant role in the development and expression of personality disorders.

- **Cultural Norms and Expectations:**
  Cultural norms and expectations significantly shape the perception of normal versus abnormal behaviour. In India, the cultural value of respecting and caring for elders often leads to multigenerational households, fostering unity but also causing stress for younger generations balancing personal aspirations and societal expectations. In contrast, individualist cultures, which value emotional expression and independence, view moving out younger generation as a sign of maturity, leading to different psychological impacts.
- **Gender Roles:**
  In many cultures, traditional gender roles can influence the development and perception of personality disorders. For example, in some societies, men are encouraged to be dominant and assertive, which might accelerate certain personality traits.
- **Rigidity and Conformity:**
  Some traditions enforce strict behavioural norms and expectations, promoting rigidity and conformity. Individuals who find it challenging to conform to these expectations may experience internal conflict, stress, and anxiety, which can contribute to personality disorders.

- **Intergenerational Expectations:**

  Traditional expectations passed down through generations can create significant pressure, especially if they conflict with modern values or personal aspirations. This tension can contribute to the development of personality disorders.

- **Cultural Values and Beliefs:**

  Cultural values and beliefs can significantly impact personality development and potentially contribute to personality disorders. In India, the emphasis on academic excellence can create stress and anxiety, possibly leading to Obsessive-Compulsive Personality Disorder (OCPD). Respecting authority and social hierarchies, while maintaining order, can limit self-expression and independence, potentially causing dependent personality disorder as individuals may rely heavily on others for decisions and approval.

9.6 CULTURAL IDENTITY AND BELONGINGNESS

Cross-cultural variations play a crucial role in shaping personality.The expression and impact of personality disorders can vary across different cultures. Cross-cultural studies have shown that the meaning and significance of specific personality traits and behaviours differ across cultures, highlighting the importance of considering cultural context in the diagnosis and treatment of personality disorder. Some of the factors are:

- **Collectivist vs. Individualist Cultures:**

  In collectivist cultures like India, emphasising joint effort and social harmony makes traits like dependency and conformity seem normal and positive. However, in individualist cultures like North America, these traits can be viewed as signs of a personality disorder due to the emphasis on independence and personal success.

- **Ethnic Identity:**

  Ethnic identity can shape an individual's personality and contribute to the development of personality disorders. For example, strong ethnic identity can foster a sense of belonging and self-esteem, but it can also lead to friction if individuals feel their identity is threatened

or marginalised. This tension might result in personality disorders characterised by anxiety, distrust, or social withdrawal, as individuals navigate the challenges of balancing their ethnic identity with societal expectations.

- **Acculturation Stress:**

  Acculturation stress refers to the psychological tension that arises from adapting to a new culture. This stress can be a significant factor in developing personality disorders, as individuals struggle with balancing their original cultural identity with the demands of a different cultural environment. This often leads to feelings of isolation, anxiety, and identity confusion, potentially contributing to disorders such as Borderline or Avoidant Personality Disorders.

- **Cultural Relativism:**

  Cultural relativism means understanding that a person's beliefs and behaviours should be viewed within the context of their own culture. This can complicate the diagnosis of personality disorders because behaviour seen as problematic in one culture might be normal in another. This can lead to confusion, misdiagnosis and stress, potentially causing feelings of alienation and contributing to personality disorders.

9.7 SOCIAL CAUSES OF PERSONALITY DISORDER

Social causes of personality disorders refer to the societal and environmental factors that contribute to the development and intensification of these disorders. These factors can include family dynamics, peer influences, socioeconomic status, social stressors and cultural norms. Some of the factors are:

- **Family Dynamics:**

  The relationships within a family, including parenting styles, attachment issues and familial conflicts, can significantly impact personality development.In cultures where traditional family structures and hierarchies are rigidly maintained, individuals may feel pressurised to meet the expectations of their roles within the

family, potentially leading to personality disorders if these roles do not align with their personal identities.

- **Parenting Styles:**

  Parenting styles play a critical role in shaping personality development and can potentially lead to personality disorders. Authoritarian parenting, characterised by strict rules and high expectations, may foster dependency or rebellious traits, potentially resulting in disorders like Obsessive-Compulsive Personality Disorder (OCPD) or Oppositional Defiant Disorder (ODD). On the other hand, permissive parenting, marked by leniency and indulgence, might lead to issues with self-control and authority, contributing to Narcissistic Personality Disorder (NPD). Neglectful parenting, which lacks emotional support, often leads to feelings of abandonment and distrust, which are central to Borderline Personality Disorder (BPD).

- **Familial Stress and Conflict:**

  Familial stress and conflict play a major role in the development of personality disorders. High levels of familial tension, such as constant arguments, unresolved conflicts, or domestic violence, create an unstable and stressful home environment. This can lead to chronic anxiety, fear and insecurity in individuals, which are key factors contributing to the formation of personality disorders. Moreover, children growing up in such environments might develop maladaptive coping mechanisms and personality traits as they attempt to navigate the unrest, potentially resulting in disorders like Borderline Personality Disorder, Antisocial Personality Disorder or Paranoid Personality Disorder.

- **Economic Hardship:**

  Economic hardship can significantly contribute to the development of personality disorders. Financial stress and poverty create a constant sense of instability and insecurity, which can accelerate feelings of anxiety, hopelessness and low self-esteem. These

chronic stressors can lead to maladaptive coping mechanisms and personality traits, potentially resulting in disorders such as borderline, avoidant, or dependent personality disorders.

- **Social Stigma:**

  Social stigma surrounding mental health can significantly contribute to the development and deterioration of personality disorders. When societal norms stigmatise mental health issues, individuals are often discouraged from seeking help or even acknowledging their symptoms. This lack of support and treatment can lead to worsening personality disorders, as individuals struggle without the necessary resources and interventions. The fear of being judged or marginalised can further compound their mental health issues, creating a vicious cycle.

- **Social Class and Stability**

  Social class and stability significantly impact personality development. Lower socioeconomic status often brings stress, limited resources and adverse environments, contributing to personality disorders. Instability in social class, like frequent changes in living conditions or job insecurity, can accelerate feelings of anxiety and low self-worth, possibly leading to Borderline or Avoidant Personality Disorder. Conversely, higher socioeconomic status may shield from certain stressors but introduce pressures such as intense expectations to succeed, potentially contributing to Narcissistic Personality Disorder.

- **Peer Pressure:**

  Peer pressure can shape personality development and may lead to personality disorders. The need to fit in with friends might make people act against their values, causing stress. This pressure can increase feelings of insecurity, anxiety, and low self-esteem, which can contribute to disorders. Negative peer influences or bullying can also result in disorders like Avoidant or Dependent Personality Disorder as people try to cope with social acceptance challenges.

- **Social Support System:**

  Social support systems play a crucial role in mental well-being, and their absence can contribute to the development of personality disorders. When individuals lack a strong support network of family, friends, and community, they may experience feelings of isolation, loneliness and abandonment. This can intensify stress and anxiety, leading to the onset or worsening of personality disorders. Absence of a reliable support system can contribute to developing Borderline Personality Disorder, where individuals struggle with feelings of abandonment and unstable relationships.

9.8 SOCIETAL CHANGES AND TRENDS

Societal changes and trends refer to the evolving patterns, behaviours, and norms within a society over time. These changes can be driven by various factors, including cultural shifts, advancements in technology, economic developments, and alterations in family dynamics. These trends can significantly impact how individuals interact, work, and live, ultimately influencing societal structures and individual behaviour. Rise of the internet and digital technology has transformed communication, work, and education, while increasing acceptance of diverse family structures and roles has reshaped societal norms. Some of these factors are:

- **Media and Technology:**

  Media and technology significantly impact personality disorders. The rise of social media creates constant comparison and pressure to conform, potentially leading to narcissistic traits and self-esteem issues. Additionally, excessive exposure to online content can foster anxiety and obsession, contributing to disorders like Obsessive-Compulsive Personality Disorder. The digital age has also reshaped social interactions, sometimes leading to feelings of isolation and emotional disconnect, influencing conditions like Borderline Personality Disorder. Some of the related factors are:

- **Digital Relationships:**

  The lack of face-to-face interaction may lead to emotional disconnect and difficulties in forming deep connections, contributing to conditions like Borderline Personality Disorder. The anonymity and distance in online interactions can also foster impulsive or harmful behaviours, potentially worsening traits associated with antisocial personality disorder. Moreover, constant digital communication can create unrealistic expectations for relationships, fueling anxiety and Obsessive-Compulsive Behaviours due to the relentless need for validation and approval.

- **Information Overload:**

  Information overload from constant digital exposure can intensify stress and anxiety, potentially leading to obsessive-compulsive behaviors as individuals try to manage the influx. This mental overwhelm can create feelings of helplessness and inadequacy, intensifying mood disorders and traits of Borderline Personality Disorder. Additionally, the pressure to stay informed can result in burnout, negatively impacting overall mental health and stability.

9.9 URBANISATION AND MOBILITY

Urbanisation and increased mobility can intensify the risk of personality disorders by heightening stress, anxiety and social isolation. Constant relocation disrupts essential social ties and support systems, increasing the likelihood of disorders like Borderline Personality Disorder. The competitive, fast-paced urban environment can also encourage traits linked to Narcissistic Personality Disorder as individuals strive to meet societal expectations. Some related factors are:

- **Urban Stressors:**

  Urban stressors like congestion, noise, pollution, and crowded living conditions can exacerbate personality disorders by increasing anxiety and stress, potentially leading to Obsessive-Compulsive Behaviours. The lack of green spaces can heighten isolation and disconnection, influencing Depressive and Borderline Personality

disorders. Additionally, the competitive urban environment can foster narcissistic traits as people strive to meet societal expectations.

- **Migration Effect:**

  Migration can significantly impact personality disorders by inducing stress and anxiety, contributing to conditions like Obsessive-Compulsive and Borderline Personality Disorders. The cultural dislocation and social isolation may disrupt identity and attachment patterns, while the pressure to adapt in a new environment can exacerbate narcissistic traits. The combined challenges deeply influence mental health and personality development.

9.10 IMPLICATIONS OF SOCIO-CULTURAL FACTORS FOR PREVENTION AND CURE

Socio-cultural factors are crucial in preventing and treating personality disorders. Inclusive social norms and anti-discrimination policies promote belonging, aiding in prevention. Culturally sensitive therapeutic approaches and yoga can enhance treatment effectiveness by addressing unique socio-cultural stressors. These measures ensure interventions are relevant and supportive, fostering better mental health outcomes. Some of the implications inprevention and cure of personality disorder from socio cultural perspectives are:

Stigma and Discrimination: Cultural stigma about mental health can prevent individuals from seeking help. Creating more awareness and acceptance within communities is vital for encouraging those affected to pursue treatment.

Family Dynamics: Socio-cultural shifts, such as changing family structures and roles, play a significant role in the development and maintenance of personality disorders. Supportive family environments can act as a protective factor, while disjointed family relationships may contribute to the onset of these disorders.

Social Support Systems: A strong cultural emphasis on community and support systems can provide a buffer against the development

of personality disorders. Community-based interventions and support groups can be extremely beneficial.

Cultural Sensitivity in Treatment: Culturally sensitive therapeutic approaches ensure that treatments are relevant and respectful of an individual's cultural background. This enhances the effectiveness of therapies and interventions, leading to better outcomes.

Integrating Yoga with Socio-Cultural Awareness: Combining yoga with an understanding of socio-cultural factors provides a holistic approach to managing personality disorders. Encouraging the practice of yoga within communities can promote mental health awareness and reduce stigma. Personalised yoga programmes that respect cultural nuances can be more engaging and effective. Moreover, incorporating yoga into community-based mental health initiatives can foster a supportive environment, enhancing both individual and communal well-being.

9.11 YOGA AND SOCIO-CULTURAL FACTORS OF PERSONALITY DISORDERS

Incorporating yoga and understanding the socio-cultural aspects of personality disorders can be synergistic in both prevention and treatment. Yoga can be beneficial in the following aspects:

1. **Stress Reduction:** Practice of deep breathing, meditation, and physical postures helps in reducing stress levels. This is particularly beneficial for conditions like Obsessive-Compulsive Personality Disorder and Borderline Personality Disorder, which can be exacerbated by high stress.
2. **Improved Emotional Regulation**: Yoga aids in developing better control over emotions. Techniques like mindful breathing and meditation can decrease sense of impulsive behaviour and increase emotional stability, which is crucial for managing disorders like Borderline and Narcissistic Personality Disorders.
3. **Enhanced Self-Awareness:** Through regular practice, yoga encourages self-reflection and self-awareness. This can help

individuals understand their thoughts and behaviours better, promoting positive change and coping strategies.

4. **Building Resilience:** Yoga fosters a sense of inner strength and resilience. These qualities are essential in dealing with the challenges posed by personality disorders, aiding in better mental health and well-being.

Understanding the socio-cultural causes of personality disorders is essential for effective diagnosis and treatment. Integrative theories that consider interactions between biological, psychological and socio-cultural systems provide a comprehensive framework for understanding the etiology of personality disorders.



CHECK YOUR PROGRESS

Q1. How do cultural beliefs and values shape the manifestation of personality disorders in different societies?

Q2. What role do family structures and dynamics play in the development of personality disorders?

Q3. How do early social experiences and peer relationships impact the risk of developing personality disorders?

Q4. In what ways does socioeconomic status influence the prevalence and perception of personality disorders?

Q5. How do traditional gender roles and expectations affect the expression and diagnosis of personality disorders?

Q6. What is the effect of migration and the process of acculturation on the mental health and personality disorders of immigrants?

Q7. How do societal attitudes toward mental health contribute to the stigma and misdiagnosis of personality disorders?

Q8. How does the portrayal of mental health in media and popular culture impact the understanding and acceptance of personality disorders?



9.12 LET US SUM UP

Socio-Cultural Factors of Personality Disorders

Cultural Stigma: Stigma around mental health can prevent individuals from seeking help. Promoting awareness and acceptance within communities is crucial for encouraging treatment.

Family Dynamics: Changing family structures and roles play a significant role in the development and maintenance of personality disorders. Supportive family environments act as protective factors, while disjointed relationships may contribute to the onset of these disorders.

Social Support Systems: A strong cultural emphasis on community and support systems provides a safeguard against the development of personality disorders. Community-based interventions and support groups are highly beneficial.

Cultural Sensitivity in Treatment: Culturally relevant and respectful treatment may enhance their effectiveness, ensuring better outcomes for individuals with personality disorders.

Yoga in prevention and Cure of Personality Disorder from Socio Cultural Perspective

Stress Reduction: Yoga practice of deep breathing, meditation, and physical postures significantly reduces stress levels, helping mitigate conditions like Obsessive-Compulsive Personality Disorder.

Emotional Regulation: Yoga aids in better control over emotions, decreasing impulsive behaviour and increasing emotional stability.

Self-Awareness: Regular yoga practice encourages self-reflection, helping individuals understand and manage their thoughts and behaviours.

Building Resilience: Yoga fosters inner strength and resilience, which are essential in dealing with the challenges posed by personality disorders.

Integrating Yoga with Socio-Cultural Awareness: Combining yoga with an understanding of socio-cultural factors offers a holistic approach to managing personality disorders. Encouraging yoga within communities can promote mental health awareness and reduce stigma. Personalised yoga

programmes that respect cultural nuances can be more effective. Additionally, integrating yoga into community-based mental health initiatives fosters a supportive environment, enhancing both individual and communal well-being.



9.13 FURTHER READING

1. Davidson and Neal (1996) *Abnormal psychology.* Revised 6th Edition, John Wiley Sons"
2. Tiwary, G. *Abnormal Psychology: A Dynamic Approach.* Vinod Pustak Mandir, New Delhi
3. Mangal S K. (2018) *Abnormal Psychology* Sterling Publishers
3. Page James D. (1976) *Abnormal Psychology*. Tata McGrew-Hill New Delhi.
4. Sarason G. I. " R. B. & Sarason (2017) *Abnormal Psychology: The Problem of Maladaptive Behaviour*, 11th edition. Pearson India



9.14 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: Cultural beliefs and values significantly influence the perception, diagnosis, and treatment of personality disorders, often shaping what behaviors are considered abnormal. Societies with strong communal values may view individualistic behaviors as signs of a disorder, while those that prioritize independence may do the opposite. This cultural lens affects both societal acceptance and personal understanding of these disorders.

Answer to Q2: Family structures and dynamics significantly impact the development of personality disorders by shaping early emotional experiences, attachment styles, and coping mechanisms. Dysfunctional family environments, such as those with high conflict, neglect, or inconsistent parenting, can increase the risk of developing personality disorders.

Answer to Q3: Early social experiences and peer relationships critically influence the risk of developing personality disorders by shaping self-esteem and social skills. Negative interactions, such as bullying or rejection, can lead to maladaptive coping mechanisms and identity issues. Positive relationships, conversely, can foster resilience and healthy emotional development.

Answer to Q4: Socioeconomic status (SES) affects the prevalence and perception of personality disorders by determining access to mental health care and shaping societal attitudes. Individuals with lower SES might face higher stress levels and barriers to treatment, leading to underdiagnosis and stigma. Conversely, higher SES can facilitate early detection and intervention.

Answer to Q5: Traditional gender roles and expectations influence the expression and diagnosis of personality disorders by dictating acceptable behaviors for each gender. Women may be more frequently diagnosed with disorders like borderline personality disorder, while men might be more often diagnosed with antisocial personality disorder, reflecting societal biases and stereotypes. These perceptions can affect both clinical assessment and self-reported symptoms.

Answer to Q6: Migration and acculturation can significantly impact the mental health of immigrants, often leading to stress, identity conflicts, and social isolation. These experiences may increase the vulnerability to personality disorders, as individuals navigate cultural assimilation and potential discrimination.

Answer to Q7: Societal attitudes toward mental health play a pivotal role in the stigma and misdiagnosis of personality disorders. Negative stereotypes and misconceptions can lead to underreporting, incorrect diagnoses, and inadequate treatment, as individuals may be reluctant to seek help or may be judged based on societal biases rather than clinical evidence.

Answer to Q8: Media and popular culture significantly influence the understanding and acceptance of personality disorders by shaping public perception. Misrepresentation or sensationalism can reinforce stereotypes, leading to misinformation and stigma. Conversely,

accurate and empathetic portrayals can foster awareness, acceptance, and informed discourse about mental health.



9.15 MODEL QUESTIONS

SHORT ANSWER TYPE QUESTIONS

Q1. How do cultural beliefs and values shape the manifestation of personality disorders in different societies?

Q2. What role do family structures and dynamics play in the development of personality disorders?

Q3. How do early social experiences and peer relationships impact the risk of developing personality disorders?

Q4. In what ways does socioeconomic status influence the prevalence and perception of personality disorders?

Q5. How do traditional gender roles and expectations affect the expression and diagnosis of personality disorders?

Q6. What is the effect of migration and the process of acculturation on the mental health and personality disorders of immigrants?

Q7. How do societal attitudes toward mental health contribute to the stigma and misdiagnosis of personality disorders?

Q8. How does the portrayal of mental health in media and popular culture impact the understanding and acceptance of personality disorders?

LONG ANSWER TYPE QUESTIONS

Q1. Explain how cultural causes and lack of cultural identity or belongingness can contribute to the development of personality disorders.

Q2. Discuss the relationship between social alienation and personality disorders

Q3. Describe how societal norms and cultural values can both positively and negatively shape an individual's personality.

Q4. Evaluate the role of social changes, including urbanisation and digital mobility, in increasing the risk of personality disorders among young people.

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UNIT 10 : PERSONALITY TRAITS I

UNIT STRUCTURE

10.1 Learning Objectives

10.2 Introduction

10.3 Concept of Personality Traits and Personality Disorder

10.4 Diagnostic and Statistical Manual of Mental Disorder (DSM): Meaning and Purpose

10.5 Brief History of Diagnostic and Statistical Manual of Mental Disorder (DSM)

10.6 Classifications of Personality Disorders: Cluster ABC

10.7 Let us Sum up

10.8 Further Reading

10.9 Answers to Check Your Progress

10.10 Model Questions

10.1 LEARNING OBJECTIVES

After going through this unit, you will be able to :

- discuss the meaning of personality traits.
- explain the concept of personality disorder.
- elucidate the meaning and purpose of Diagnostic and Statistical Manual of Mental Disorder.
- describe how the present (DSM-5-TR) evolved.
- explain the classification of personality disorders according to DSM-5-TR.

10.2 INTRODUCTION

It is already known to you that the term 'Personality' gives us a view about any person, the way that person behaves, acts and reacts. It tells us what type of person one is. We know that each person generally behaves consistently in most of the situations. The examples of this consistency can be seen in a person who remains friendly or a person who is generally

kind or helpful in most situations. Such a relatively consistent pattern of behaviour is termed as personality. Psychologically, personality refers to the dynamic organisation of psycho-social systems which makes up a person physically, emotionally and mentally. It can be called as the sum total of behaviour that includes attitudes, emotions, thoughts, habits and traits. This pattern of behaviour is characteristic to an individual. There are various dimensions of personality-physical, emotional, intellectual, social and spiritual. We aim in our life to maintain a balanced development in our personality. However, the imbalance in development of these dimensions results in various disorders. When the normally accepted kind of behaviour is not found in an individual, the behaviour is tagged as deviated. Out of various deviations, major deviations are due to mental disorders. Disorder, as you know, is when something is not in order or is not functional. In the course of psychology, mental disorder has undergone various interpretations. In this unit, you will be introduced to the meaning of personality traits and disorder, then, we will discuss about the Diagnostic and Statistical Manual of Mental Disorder (DSM), its meaning and purpose, brief history and then discuss about classification of personality disorders in detail as specified in DSM-5-TR.

10.3 PERSONALITY TRAITS AND PERSONALITY DISORDER

If you are aware of the theories of personality, you might have come across the trait theory of personality along with other approaches to understand or classify personality. If we aim at understanding personality according to trait approach, personality is described on the basis of traits which are relatively stable characteristics that describe a person's thoughts, feelings, and behaviour. The phrase 'relatively stable characteristics' indicates that personality traits remain constant or stable for an individual for a relatively longer period of time. The characteristics of an individual which changes frequently do not make personality traits. These traits develop as a result of the influence of both heredity and environment of the individual.

When the traits of personality of an individual are not in conformity with the socially acceptable norms, it is defined as personality disorder. Personality disorders are disorders involving extreme and inflexible personality traits that are distressing to the person who have them or cause them problems in day-to-day functioning. However, there are some defining features of personality disorders. These are-distorted perception and thinking patterns, problematic emotional responses, over or under regulated impulse control and interpersonal difficulties. These four key features combine in various ways to form ten specific personality disorders as identified in the DSM. Each disorder lists a set of criteria reflecting observable characteristics associated with that disorder.

There are two conditions to diagnose a mental health condition or specific personality disorder. Or in other words, we may say that to label a condition as personality disorder, two conditions are to be fulfilled. First, the symptoms of the condition must cause functional impairment and/or subjective feelings of distress in the individual's life. The second is that the person must meet the minimum number of criteria established for that disorder (as specified in DSM). This means the symptoms are distressing to the person with the disorder and/or the symptoms make it difficult for them to function well in their life, particularly in social context.

10.4 DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDER (DSM): MEANING AND PURPOSE

Let us now look at the meaning and purpose of DSM that is being mentioned in the previous section. The Diagnostic and Statistical Manual of Mental Disorder (DSM) is actually a reference document for the assessment and categorisation of mental disorders of all types. It was developed in the United States. However, its usage is not limited only to US, rather it is being increasingly used worldwide. It is the handbook used by health care professionals as the authoritative guide to diagnose mental disorders. DSM contains descriptions, symptoms and other criteria for diagnosing mental disorders. It establishes consistent and reliable diagnoses that can be used

in research on mental disorders. It provides a common language for clinical professionals to communicate and share information about their patients. It provides a common platform for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions for various mental disorders.

The latest edition of DSM is the DSM-5-TR. The DSM-5-TR and the 10th edition of ICD are kind of companion publications. DSM-5-TR contains the most up-to-date criteria for diagnosing mental disorders, along with extensive descriptive text. The ICD contains the code numbers used in DSM-5-TR and all of medicine, needed for insurance reimbursement and for monitoring of morbidity and mortality statistics by national and international health agencies. So, you can understand that DSM serves as a reference point for classification of mental disorders including personality disorders. However, it has evolved itself with time. We will briefly look into its evolution into the present status in the following section.

10.5 BRIEF HISTORY OF DSM

The need of identifying the people with mental disorders was initially realised in the United States with the purpose of collecting statistical information for Census. In the 1840 Census in the United States, the first official attempt was made to gather information about mental health by recording the frequency of 'idiocy' or 'insanity'. The 1880 census indicated seven categories of mental health, i.e.—mania, melancholia, monomania, paresis, dementia, dipsomania and epilepsy.

The first formal document on standardised nomenclature of psychopathological conditions was done in 1918 under the auspices of the Bureau of the Census and the National Committee for Mental Hygiene, the American Medico-Psychological Association (now the American Psychiatric Association or APA). The first such formal document was named as the 'Statistical Manual for the Use of Institutions for the Insane'. It is considered as the predecessor of Diagnostic and Statistical Manual of Mental Disorders. The volume included 22 diagnostic categories, most of which were psychotic conditions associated with presumed somatic etiology. This biologically-

oriented classification approach linked abnormal behaviour to organic brain dysfunctions. This may be because of the nature of the psychiatric profession at the time. Majority of psychiatric professionals practiced in mental asylums, where patients were mostly afflicted with severe mental disturbances associated with physical impairments and diseases.

The APA subsequently collaborated with the New York Academy of Medicine to develop a nationally acceptable psychiatric classification that would be incorporated within the first edition of the American Medical Association's Standard Classified Nomenclature of Disease. This system was designed primarily for diagnosing in patients with severe psychiatric and neurological disorders.

Post World War II

You might have noticed that the World War II marks a lot of developments in various sectors probably due to the situations aroused by the war. A much broader classification system was later developed by the U.S. Army to better incorporate the outpatient presentations of World War II servicemen and veterans (e.g., psycho-physiological, personality, and acute disorders).

In 1948, the sixth edition of International Classification of Diseases (*ICD-6*) was published by the World Health Organisation (WHO). The ICD-6 is important in the history of mental health as this was the first time ICD included a section for mental disorders. *It* included 10 categories for psychoses and psychoneuroses and seven categories for disorders of character, behaviour, and intelligence.

In 1952, the first edition of *DSM* was published by the APA Committee on Nomenclature and Statistics as a variant of the ICD–6*. DSM* contained a glossary of descriptions of the diagnostic categories and was the first official manual of mental disorders to focus on clinical use. It was based on the psychobiological view that mental disorders represented reactions of the personality to psychological, social and biological factors.

To compensate for perceived inadequacies of the DSM I, the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM II) was published in 1968. However, it still reflected the psychodynamic tradition. This was not much acceptable as this school of thought was already on

the decline by the end of the 1960s. Two major trends can be noted in the content modifications to the DSM-II. The first was a further expansion of the definitions of mental illness. It was in line with a broadening of psychodynamic theory to be more inclusive of milder conditions seen in the general population. The second trend was an increased systematic categorisation and specificity. This was evidenced by multiple subdivisions of former disorder categories, an increased number of 'qualifiers' from four in the DSM-I to nine in the DSM-II, and the explicit advocacy that clinicians "... diagnose every disorder that is present, even if one is the symptomatic expression of another". Another alteration in the DSM-II was the removal of the term 'reaction' (as mentioned in the DSM I) referring to the maladaptive response of an individual to reactions of the personality to psychological, social, and biological factors, socio-environmental sources of distress. The DSM-II and the ICD-8 were more closely aligned than the versions before. It was because of the collaborative effort between the WHO and the American psychiatrists.

DSM III and DSM III-R

As had been the case for the *DSM* and *DSM–II*, the work for development of the third edition (*DSM–III*) began in 1974, with its publication in 1980. *DSM–III* introduced a number of important innovations. It included explicit diagnostic criteria, a multi-axial diagnostic assessment system, and an approach that attempted to be neutral with respect to the causes of mental disorders. This effort was aided by extensive work on constructing and validating the diagnostic criteria and developing psychiatric interviews for research and clinical uses. It was done because *DSM–III* had the goal of providing precise definitions of mental disorders for clinicians and researchers.

Later, the *DSM–III* was found with some inconsistencies in the system and instances in which the diagnostic criteria were not clear. Therefore, in 1987, *DSM–III* was revised with some corrections which resulted in the publication of *DSM III–R*.

DSM IV

The DSM IV was published in 1994. Much of the efforts involved conducting a comprehensive review of the literature to establish a firm empirical basis for making modifications. Numerous changes were made to the classification (e.g., disorders were added, deleted, and reorganised), to the diagnostic criteria sets, and to the descriptive text. Developers of *DSM–IV* and the 10th edition of the *ICD* (published in 1992) worked closely to coordinate their efforts, resulting in increased congruence between the two systems and fewer meaningless differences in wording.

DSM V

The work on *DSM V* began in 2000. Various work groups generated hundreds of white papers, monographs, and journal articles based on a research agenda for the fifth major revision of *DSM*. It provided the field with a summary of the state of the science relevant to psychiatric diagnosis. It also revealed the gaps existing in the current research and indicated that more emphasis should be placed on research within these gap areas. In 2007, APA formed the *DSM–5* Task Force to begin revising the manual as well as 13 work groups focusing on various disorder areas. *DSM–5* was published in 2013.

DSM-5-TR

The efforts for developing *DSM-5-TR* started in Spring 2019. It involved more than 200 experts, the majority of whom were involved in the development of *DSM-5.* These experts were given the task of conducting literature reviews covering the past nine years and reviewing the text to identify outdated materials. Four cross-cutting review groups (Culture, Sex and Gender, Suicide, and Forensic) reviewed all the chapters, focusing on materials involving their specific expertise. The text was also reviewed by a Work Group on Ethno-racial Equity and Inclusion to ensure appropriate attention to risk factors such as racism and discrimination and the use of non-stigmatising language. Although the scope of the text revision did not include conceptual changes to the criteria sets, some necessary clarifications to certain diagnostic criteria were reviewed and approved by

the DSM Steering Committee, as well as the APA Assembly and Board of Trustees. The *DSM-5-TR* was published in March 2022.

10.6 CLASSIFICATIONS OF PERSONALITY DISORDERS: CLUSTER ABC

As personality disorders are related to behaviour of the individual, it is very difficult to present definite characteristics for the disorders. The DSM-5-TR has specified the personality disorders. It classifies ten personality disorders into three clusters based on descriptive similarities:

Cluster A Personality Disorders

Cluster A personality disorders encompass a group of mental health conditions characterised by peculiar, eccentric, or odd behaviour. These conditions have features like social withdrawal, distorted thinking patterns, and issues in forming and maintaining relationships. These disorders can only be diagnosed by a mental health professional. Cluster A personality disorders include Paranoid, Schizoid and Schizotypal personality disorders. Let us look at the characteristics of each of these disorders.

a) **Paranoid Personality Disorder**: It is a pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent. People with this disorder assume that others are out to harm them, take advantage of them, or humiliate them in some way. As such, they put a lot of effort into protecting themselves and keeping their distance from others. Often, people with Paranoid Personality Disorder display pathological jealousy and are unable or unwilling to form close relationships. It begins by early adulthood and is present in a variety of contexts, as indicated by four (or more) of the following:

   i. Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her.

   ii. Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates

iii. Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him/her.

iv. Reads hidden demeaning or threatening meanings into benign remarks or events.

v. Persistently bears grudges

vi. Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.

vii. Has recurrent suspicion, without justification, regarding fidelity of spouse or sexual partner.

b) Schizoid Personality Disorder: The Schizoid Personality Disorder is characterised by a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings. You will find people with this disorder showing little or no sign of emotion. They lack basic social skills. For these reasons, people with this disorder tend to be socially isolated. They are found to be oblivious to social nuances causing them to appear socially incapable and superficial. They are labeled as 'loners'. They often prefer mechanical or abstract activities that involve little human interaction. They have restricted emotional range and they fail to reciprocate gestures or facial expressions. Therefore, they appear to be dull, bland, inattentive or indifferent. It begins by early adulthood and is present in a variety of contexts. It is indicated by four (or more) of the following:

i. Neither desires nor enjoys close relationships, including being part of a family.

ii. Almost always chooses solitary activities.

iii. Has little, if any, interest in having sexual experiences with another person.

iv. Takes pleasure in few, if any, activities.

v. Lacks close friends or confidants other than first-degree relatives

vi. Appears indifferent to the praise or criticism of others
vii. Shows emotional coldness, detachment, or flattened affectively.

c) **Schizotypal Personality Disorder**: It also involves a pattern of social isolation and avoidance of close relationships. Persons with Schizotypal Personality Disorder are characterised by a pervasive pattern of social and interpersonal limitations. They experience acute discomfort in social settings and have a reduced capacity for close relationships. For these reasons they tend to be socially isolated, reserved, and distant. Unlike the Schizoid Personality Disorder, they also experience perceptual and cognitive distortions and/or eccentric behaviour. Persons with this disorder are highly anxious in social situations and often act in strange ways like wearing mismatched or outdated clothes. These perceptual abnormalities may include noticing flashes of light no one else can see, or seeing objects or shadows in the corner of their eyes and then realising that nothing is there. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behaviour, beginning by early adulthood and present in a variety of context, as indicated by five (or more) of the following:

i. Ideas of reference
ii. Odd beliefs or magical thinking that influences behaviour and is inconsistent with sub-cultural norms
iii. Unusual perceptual experiences, including bodily illusions
iv. Odd thinking and speech
v. Suspiciousness or paranoid ideation
vi. Inappropriate or constricted affect
vii. Behaviour or appearance that is odd, eccentric or peculiar
viii. Lack of close friends or confidants
ix. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears.

Cluster B Personality Disorders

Cluster B disorders are characterised by dramatic, emotional, or erratic forms of behaviours. It includes four disorders: Borderline Personality Disorder, Narcissistic Personality Disorder, Histrionic Personality Disorder and Antisocial Personality Disorders.

a) **Antisocial Personality Disorder:** It is a personality disorder which involves deceitfulness, impulsivity, callous disregard for the safety or welfare of others, and a total lack of remorse for actions that harm others. It is defined in DSM-5TR as a pervasive pattern of disregard for and violation of the rights of others. It includes such problems as aggressive behaviour, recklessness, lack of conscience, irresponsibility, viewing others as prey. It occurs since age 15 years. It is indicated by three (or more) of the following:
    i. Failure to conform to social norms with respect to lawful behaviours, as indicated by repeatedly performing acts that are grounds for arrest.
    ii. Deceitfulness, as indicated by repeated lying, use of aliases or conning others for personal profit or pleasure.
    iii. Impulsivity or failure to plan ahead.
    iv. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
    v. Reckless disregard for safety of self or others.
    vi. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honor financial obligations.
    vii. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

    However, to diagnose someone with this disorder, the individual should be at least 18 years of age. Also, the occurrence of antisocial behaviour should not be exclusively during the course of schizophrenia or bipolar disorder.

b) **Borderline Personality Disorder:** You will find people with this disorder showing a pervasive pattern of instability of interpersonal relationships, self-image, and moods, and marked impulsivity. They behave in very erratic and dangerous ways. They show huge mood swings, like love often changing quickly to hatred, a happy mood may suddenly turn very sad. It begins by early adulthood and is present in a variety of contexts. It is indicated by five (or more) of the following :

i. Frantic efforts to avoid real or imagined abandonment.

ii. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation.

iii. Identity disturbance: markedly and persistently unstable self-image or sense of self.

iv. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating, etc.).

v. Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.

vi. Affective instability due to a marked reactivity of mood (eg., tense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).

vii. Chronic feelings of emptiness.

viii. Inappropriate, intense anger or difficulty controlling anger (eg., frequent displays of temper, constant anger, recurrent physical fights).

ix. Transient, stress-related paranoid ideation or severe dissociative symptoms..

c) **Histrionic Personality Disorder:** It involves a pervasive pattern of excessive emotionality and attention seeking. People with this disorder show a tremendous need for attention from others. Its onset is by early adulthood and is present in a variety of contexts. It is indicated by five (or more) of the following:

i. Is uncomfortable in situations in which he or she is not the center.
ii. Interaction with others is often characterised by inappropriate sexually seductive or provocative behaviour.
iii. Displays rapidly shifting and shallow expression of emotions.
iv. Consistently uses physical appearance to draw attention to self.
v. Has a style of speech that is excessively impressionistic and lacking in detail.
vi. Shows self-dramatisation, theatricality and exaggerated expression of emotion.
vii. Is easily influenced by others or circumstances.
viii. Considers relationships to be more intimate than they actually are.

d) Narcissistic Personality Disorder: You will find the indications of this disorder very interesting. It refers to a pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy. It means people with thid disorder have grandiose ideas about their own abilities and importance. They believe that they are exceptional and become angry or raged if others do not recognise or accept their belief. We can see its beginning by early adulthood. It is present in a variety of contexts, as indicated by five (or more) of the following:

i. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognised as superior without commensurate achievements).
ii. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.
iii. Believes that he or she is 'special' and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
iv. Requires excessive admiration.

v. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).

vi. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).

vii. Lacks empathy: is unwilling to recognise or identify with the feelings and needs of others.

viii. Is often envious of others or believes that others are envious of him or her.

ix. Shows arrogant, haughty behaviours or attitudes to him or her.

Cluster C Personality Disorders

Cluster C disorders are characterised by anxious or fearful behaviours. It includes three disorders, namely Avoidant Personality Disorder, Dependent Personality Disorder and Obsessive-Compulsive Personality Disorder.

a) Avoidant Personality Disorder: As the name suggests, it is a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. It also begins by early adulthood. It is present in a variety of contexts, as indicated by four (or more) of the following :

i. Avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection.

ii. Is unwilling to get involved with people unless certain of being liked.

iii. Shows restraint within intimate relationships because of the fear of being shamed or ridiculed.

iv. Is preoccupied with being criticised or rejected in social situations.

v. Is inhibited in new interpersonal situations because of feelings of inadequacy.

vi. Views self as socially inept, personally unappealing or inferior to others.

vii. Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.

b) Dependent Personality Disorder: This disorder involves a pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation. You may think that this kind of behaviour is common among children and adolescents. But it is a disorder if the behaviour is seen during adulthood. It is seen to be begin by early adulthood and present in a variety of contexts. It is indicated by five (or more) of the following :

i. Has difficulty in making everyday decisions without an excessive amount of advice and reassurance from others.

ii. Needs others to assume responsibility for most areas of his or her life.

iii. Has difficulty in expressing disagreement with others because of fear or loss of support or approval.

iv. Has difficulty in initiating projects or doing things on own (due to lack of self-confidence in judgment or abilities).

v. Goes to excessive lengths to gain nurturing and support from others, even by volunteering to do things that are unpleasant.

vi. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself.

vii. Urgently seeks another relationship as a source of care and support when a close relationship ends.

viii. Is unrealistically preoccupied with fears of being left to take care of himself or herself.

c) Obsessive Compulsive Personality Disorder: You might have come across people who repeatedly check whether they have switched off the lights or locked the door or people who keep on tidying the bed or the table to a perfect position. If this behaviour is to the extent that causes distress in the individual, it is termed as Obsessive Compulsive Personality Disorder or OCD. The term 'obsession' refers to excessive thought leading to unnecessarily

repeating a particular behaviour. Compulsion here means inability to control the repetitive behaviour. It is a pervasive pattern of preoccupation with orderliness, perfectionism and mental and interpersonal control, at the expense of flexibility, openness, and efficiency. It begins by early adulthood. It is present in a variety of contexts, as indicated by four (or more) of the following—

i. Is preoccupied with details, rules, lists, order, organisation, or schedules to the extent that the major point of the activity is lost.
ii. Shows perfectionism to the level that interferes with task completion.
iii. Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships.
iv. Is over-conscientious, scrupulous and inflexible about matters of morality, ethics or values.
v. Is unable to discard worn-out or worthless objects even when they have no sentimental value.
vi. Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things.
vii. Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes.
viii. Shows rigidity and stubbornness.

While going through all these indications of various disorders, it is important to note that we may find some indications prevalent in ourselves or in people around us. But the behaviour is not counted as a disorder until it poses problems in day-to-day functioning of the individual and the minimum required numbers of criteria are not met.



CHECK YOUR PROGRESS

Q1. Define personality disorder.

Q2. State the purpose of DSM.

Q3. Mention few characteristics of Cluster A Personality disorders.

Q4. Why people with Schizoid Personality Disorder are labeled as 'loners'?

Q5. State the name of the first formal document on classification of mental disorders.

Q6. Which organisation has a major contribution in the development of DSM?

Q7. Why did the developers of *DSM–IV* and the 10th edition of ICD decided to work in close association?

Q8. What were the four review groups working on DSM-5-TR?

Q9. What is Borderline Personality Disorder?

Q10. What does Obsession mean in Obsessive Compulsive Disorder?



10.7 LET US SUM UP

- Personality is described on the basis of traits which are relatively stable characteristics that describe a person's thoughts, feelings, and behaviour.
- When the traits of personality of an individual are not in conformity with the socially acceptable norms, it is defined as personality disorder.
- Personality disorders are disorders involving extreme and inflexible personality traits that are distressing to the person who have them or cause them problems in day-to-day functioning.
- Some defining features of personality disorders are—distorted perception and thinking patterns, problematic emotional responses, over or under regulated impulse control and interpersonal difficulties.
- There are two conditions to diagnose a specific personality disorder—the symptoms of the condition must cause functional impairment and/or subjective feelings of distress in the individual's life and the person

must meet the minimum number of criteria established for that disorder (as specified in DSM).

- The Diagnostic and Statistical Manual of Mental Disorder (DSM) is a reference document developed in the United States for the assessment and categorisation of mental disorders of all types.
- The DSM establishes consistent and reliable diagnoses that can be used in research on mental disorders.
- *The latest edition of DSM is the DSM-5-TR which* contains the most up-to-date criteria for diagnosing mental disorders, along with extensive descriptive text.
- In the 1840 Census in the United States, the first official attempt was made to gather information about mental health by recording the frequency of 'idiocy' or 'insanity'.
- The first formal document on standardised nomenclature of psychopathological conditions was done in 1918 under the auspices of the Bureau of the Census and the National Committee for Mental Hygiene, the American Medico-Psychological Association (now the American Psychiatric Association or APA). It was named as the 'Statistical Manual for the Use of Institutions for the Insane'.
- The APA subsequently collaborated with the New York Academy of Medicine to develop a nationally acceptable psychiatric classification for diagnosing in patients with severe psychiatric and neurological disorders.
- A much broader classification system was developed by the U.S. Army after World War II. In 1948, the sixth edition of International Classification of Diseases (*ICD-6*) was published by the World Health Organisation (WHO) which included a section for mental disorders for the first time.

- In 1952, the first edition of *DSM* was published. *It* contained a glossary of descriptions of the diagnostic categories and was the first official manual of mental disorders to focus on clinical use.
- The second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM II) was published in 1968. It contained further expansion of the definitions of mental illness and had an increased systematic categorisation and specificity.
- The third edition (*DSM–III*) was published in 1980. It included explicit diagnostic criteria, a multi-axial diagnostic assessment system, and an approach that attempted to be neutral with respect to the causes of mental disorders. In 1987, *DSM III–R* was published with some revisions and corrections.
- *The DSM IV* was published in 1994. Numerous changes were made to the classification, to the diagnostic criteria sets, and to the descriptive text.
- *DSM–5* was published in 2013. It revealed the gaps existing in the current research and indicated that more emphasis should be placed on research within these gap areas.
- The *DSM-5-TR* was published in March 2022. Some necessary clarifications to certain diagnostic criteria were reviewed and approved in it.
- Cluster A personality disorders encompass a group of mental health conditions characterised by peculiar, eccentric, or odd behaviour. It includes Paranoid, Schizoid, and Schizotypal Personality Disorders.

Paranoid Personality Disorder is a pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent.

Schizoid Personality Disorder is characterised by a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings.

Schizotypal Personality Disorder involves a pattern of social isolation and avoidance of close relationships.

- Cluster B disorders are characterised by dramatic, emotional, or erratic forms of behaviours. It includes four disorders: Borderline Personality Disorder, Narcissistic Personality Disorder, Histrionic Personality Disorder, and Antisocial Personality Disorders.

Antisocial Personality Disorder involves deceit, sense of impulsive behaviour, callous disregard for the safety or welfare of others, and a total lack of remorse for actions that harm others.

Borderline Personality Disorder shows a pervasive pattern of instability of interpersonal relationships, self-image, and moods, and marked impulsivity.

Histrionic Personality Disorder involves a pervasive pattern of excessive emotionality and attention seeking.

Narcissistic Personality Disorder refers to a pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy.

- Cluster C disorders are characterised by anxious or fearful behaviours. It includes three disorders, namely Avoidant Personality Disorder, Dependent Personality Disorder and Obsessive-Compulsive Personality Disorder.

Avoidant Personality Disorder is a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

Dependent Personality Disorder involves a pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation.

Obsessive Compulsive Personality Disorder is a pervasive pattern of preoccupation with orderliness, perfectionism, mental and interpersonal control, at the expense of flexibility, openness and efficiency.



10.8 FURTHER READING

- Baron, R.A. (2006). *Psychology.* New Delhi: Prentice Hall of India Private Limited
- *Desk Reference to the Diagnostic Criteria from DSM-5-TR.* (2022). American Psychiatriic Association
- Chessick, R. (2015). *Narcissistic and Borderline Personality Disorders—Psychology of the Self and the Treatment of Narcissism.* International Psychotherapy Institute.
- Tyrer, P. & Mulder, R. (2022). *Personality Disorder—From Evidence to Understanding.* Cambridge University Press.
- Smith, P. (2014). *Mental Health Care—In Settings Where Mental Health Resources are Limited.* Bloomington: Archway Publishing



10.9 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: Personality disorders are disorders involving extreme and inflexible personality traits that are distressing to the person who have them or cause them problems in day-to-day functioning.

Answer to Q2: The DSM contains descriptions, symptoms and other criteria for diagnosing mental disorders. It establishes consistent and reliable diagnoses that can be used in research on mental disorders. It also provides a common platform for researchers to study the criteria for

potential future revisions and to aid in the development of medications and other interventions for various mental disorders.

Answer to Q3: The first formal document was named as the 'Statistical Manual for the Use of Institutions for the Insane'.

Answer to Q4: American Psychiatric Association

Answer to Q5: Developers of *DSM–IV* and the 10th edition of the *ICD* worked closely to coordinate their efforts, resulting in increased congruence between the two systems and fewer meaningless differences in wording.

Answer to Q6: The four review groups working on DSM-5-TR are Culture, Sex and Gender, Suicide, and Forensic.

Answer to Q7: Some characteristics of Cluster A Personality disorders are—social withdrawal, distorted thinking patterns, and issues in forming and maintaining relationships.

Answer to Q8: People with Schizoid Personality Disorder lack basic social skills. So, they tend to be socially isolated. Therefore, they are labeled as 'loners'.

Answer to Q9: Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image and moods, marked sense of impulsive behaviour.

Answer to Q10: The term 'obsession' refers to excessive thought leading to unnecessarily repeating a particular behaviour.



10.10 MODEL QUESTIONS

Very Short Questions:

Q1. Which edition of ICD is considered as companion of DSM-5-TR?

Q2. Name the organisations which were involved in documentation of first formal document on standardised nomenclature of psychopathological conditions.

Q3. In which year the latest edition of DSM published?

Short Questions:

Q1. What are personality traits?

Q2. State the two criteria for diagnosing a specific personality disorder.

Q3. Why ICD-6 is significant in the history of mental health?

Q4. State the significant characteristics of DSM-III.

Long Questions:

Q1. Briefly discuss the evolution of DSM.

Q2. Give an account of the personality disorders under Cluster B.

Q3. Write a detail note on Schizotypal Personality Disorder.

Q4. List out the indications of Antisocial Personality Disorder.

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UNIT 11 : PERSONALITY TRAITS II

UNIT STRUCTURE

11.1 Learning Objectives

11.2 Introduction

11.3 Concept of Behaviour and Behaviour Pattern

11.4 Relationship Between Behaviour and Personality

11.5 Developmental Disorders and Personality

11.6 Developmental Disorders: Characteristics and Causes

- 11.6.1 Intellectual Development Disorders
- 11.6.2 Communication Disorders
- 11.6.3 Autism Spectrum Disorder
- 11.6.4 Attention Deficit Hyperactivity Disorder
- 11.6.5 Specific Learning Disorder
- 11.6.6 Motor Disorders

11.7 Let us Sum up

11.8 Further Reading

11.9 Answers to Check Your Progress

11.10 Model Questions

11.1LEARNING OBJECTIVES

After going through this unit, you will be able to –

- describe the concept of behaviour and behaviour pattern.
- analyze how behaviour is related to personality.
- discuss how developmental disorders affect personality.
- categorize the developmental disorders.
- outline the characteristics of developmental disorders.
- enumerate the causes of developmental disorders.

11.2 INTRODUCTION

You surely know that the development in human beings is divided into stages. It means that humans have a typical life course that consists of successive phases of growth, each of which is characterised by a distinct set of physical, physiological, and behavioural features. Each stage has its own developmental characteristics. Though each individual is unique in the rate of their development, but there are some general characteristics for each stage. These generalized characteristics, along with the uniqueness in each individual make up the behaviour of that individual that ultimately defines his/her personality. In the previous unit, you have gone through various personality disorders. This unit deals with the developmental disorders. Because personality is related to behaviour and behaviour pattern, developmental disorders obviously are related to personality. The discussion in the sections below will give you an opportunity to understand these connections more clearly.

11.3 CONCEPT OF BEHAVIOUR AND BEHAVIOUR PATTERN

The term 'behaviour' is very familiar to you. It refers to the potential and expressed capacity for physical, mental and social activity during different stages of human life. A behaviour pattern may be defined as a segment of behaviour which has a specific adaptive function. A 'behaviour pattern' refers to a recurring and recognisable way an individual acts in a specific situation, characterised by a consistent sequence of actions or responses. These actions may be developed through learned experiences or innate instincts. Observing and analysing these helps to understand and predict their future responses or reactions.

11.4 RELATIONSHIP BETWEEN BEHAVIOUR AND PERSONALITY

Attempts to understand the concept of 'personality' has led to development of various theories of personality. Early theories assumed that personality

was expressed in people's physical appearance. Franz Joseph Gall (1758-1828), a German physician explained personality based on Phrenology. It was based on the idea that personality can be assessed through the patterns of bumps on people's skulls. Another approach, known as somatology (developed by William Herbert Sheldon (1898-1977)), was based on the idea that personality can be determined from people's body types. Another approach known as physiognomy is based on the idea that it is possible to assess personality from facial characteristics. We can see that earlier theories were somehow oriented towards physical characteristics of an individual to determine personality. However the later theories of personality (Gordon Allport, Raymond Cattell, H. Eysenck) are based on behavioural characteristics and behavioural traits. These theories explain personality in terms of traits. Traits are are relatively enduring characteristics that influence our behaviour across many situations. Personality traits have important implications on behaviour. Personality traits are considered as predictors of behaviour. A person's unique combination of traits is used to predict their behaviour in various situations including how they will respond to stress, how they will interact with others, and how they will make decisions. Personality represents enduring patterns of thought, emotion, and behaviour that are relatively stable across an individual's lifespan.

11.5 DEVELOPMENTAL DISORDERS AND PERSONALITY

By looking at the term itself, you might understand that developmental disorders are disorders which are related to characteristic features of developmental stages. Developmental disorder actually refers to a severe, chronic disability of an individual who has a mental or physical impairment which is likely to continue indefinitely. It results in considerable functional limitations in three or more areas of life activity like learning, language reception and expression, mobility, self-care, self-direction and self-sufficiency (both in terms of living and economic). These disorders are also known as neuro-developmental disorders as they are neurologically based conditions that can interfere with the acquisition, retention, or

application of specific skills or sets of information. They may involve dysfunction in attention, memory, perception, language, problem-solving, or social interaction. The degree of the disorders may vary in individual cases. Some cases may be mild and easily manageable requiring only behavioural and educational interventions. Some may be more severe and may require clinical intervention.

11.6 DEVELOPMENTAL DISORDERS: CHARACTERISTICS AND CAUSES

Like in the previous unit, here we shall consider the developmental disorders that are classified in the DSM-5-TR. They have been presented as follows :

1. Intellectual Development Disorders
    a. Intellectual Development Disorder
    b. Global Developmental Delay
2. Communication disorders
    a. Language Disorder
    b. Speech Sound Disorder
    c. Childhood-onset Fluency Disorder
    d. Social (Pragmatic) Communication Disorder
3. Autism Spectrum Disorder
4. ADHD
5. Specific Learning Disorder
6. Motor Disorders
    a. Developmental Coordination Disorder
    b. Stereotypic Movement Disorder
    c. Tic disorders (Tourette's Disorder, Persistent Motor or Vocal Tic Disorder, Provisional Tic Disorder)

Let us now discuss the characteristics and causes of each of these disorders in detail.

11.6.1 Intellectual Developmental Disorders

Intellectual Developmental Disorder: Intellectual developmental disorder is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met to be labeled as intellectual development disorder—

i. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience.

ii. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

iii. Onset of intellectual and adaptive deficits during the developmental period, i.e. mostly before the age of 18 years.

Global Delay Disorders: As mentioned earlier, each developmental stage has some characteristic features and particular milestones. Developmental delay is defined as failure to meet expected developmental milestones in one or more of the following areas—physical, social, emotional, intellectual, speech and language and/or adaptive development (also known as self-help skills, which include dressing, using toilet, feeding, etc). These delays are diagnosed when a child performs approximately 25 to 30 percent below age norms in one or more of these areas. Progress occurs at a slower than expected rate following the anticipated sequence. However, it requires reassessment after a period of time. Developmental delay can occur temporarily, or it can be long-term and never fully resolve.

Causes: Intellectual developmental disorders can occur due to various causes and contributing factors. Causes and contributing

factors can influence the intellectual developmental disorder before or during birth or during the earliest years of childhood. Pre-natal factors that may result in intellectual disorder include, but are not limited to, the following—

- **Genetic mutation and inheritance:** For example, Down's Syndrome, Fragile X Syndrome or Prader Willi Syndrome.
- **Infections:** For example, Cerebral Palsy
- **Teratogens:** For example, alcohol, tobacco, some medicinal drugs, exposure to radiations, etc.
- Some particular medical conditions during pregnancy like hypothyroidism.

There are also some factors which can happen during the birth that lead to intellectual disorders :

- Premature birth
- Lack of oxygen
- Any brain injury during the process of birth

As early childhood is a stage for rapid development in all the spheres, particularly intellectual development, there are some factors related to this stage that may cause intellectual disorder.

- Infections that spread to nervous system, like measles or meningitis
- Toxic exposures to heavy metals like lead and mercury
- Injuries or accidents leading to brain injury
- Tumors in the brain
- Medical conditions like seizures and epilepsy

Global delay may be caused due to various medical and environmental factors like—chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments (including hearing and vision), inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections.

11.6.2 Communication Disorders

Language Disorder: As you know, language is a pivotal tool for effective communication. Language disorder refers to persistent difficulties in the acquisition and use of language across modalities (e.g., spoken, written, sign language, or other) due to deficits in comprehension or production. It includes the following :

i. Reduced vocabulary (word knowledge and use).

ii. Limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology).

iii. Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).

Language abilities of the person with language disorder are substantially and quantifiably below those expected for the respective age, resulting in functional limitations in effective communication, social participation, academic achievement, or occupational performance, individually or in any combination. The onset of symptoms is found in the early developmental period. You have to note here that the difficulties are not attributable to hearing or other sensory impairment, motor dysfunction, or another medical or neurological condition and also not due to intellectual developmental disorder.

Speech Sound Disorder: It is a persistent difficulty with speech sound production that interferes with speech intelligibility or prevents verbal communication of messages. The disturbance causes limitations in effective communication that interfere with social participation, academic achievement, or occupational performance, individually or in any combination. The symptoms begin to appear in the early developmental period.

Childhood-Onset Fluency Disorder (Stuttering): It involves disturbances in the normal fluency and time patterning of speech

that are inappropriate for the individual's age and language skills. These persist over time, and are characterised by frequent occurrences of one (or more) of the following :

i. Sound and syllable repetitions
ii. Sound prolongation of consonants as well as vowels
iii. Broken words (e.g., pauses within a word)
iv. Audible or silent blocking (filled or unfilled pauses in speech)
v. Circumlocutions (word substitutions to avoid problematic words)
vi. Words produced with an excess of physical tension
vii. Monosyllabic whole-word repetitions (e.g., "I-I-I will go to school")

The disturbance causes anxiety with regard to speaking or limitations in effective communication, social participation, academic or occupational performance, both individually or in any combination. The onset of symptoms is in the early developmental period.

Social (Pragmatic) Communication Disorder: It is a new condition introduced in the DSM-5-TR. Social (Pragmatic) Communication Disorder (SCD) is characterised by a primary difficulty with Pragmatics—the social use of language or communication. The DSM-5-TR defines it as persistent difficulties in the social use of verbal and nonverbal communication. It results in functional limitations in effective communication, social participation, development of social relationships, and academic achievement. Symptoms of SCD include difficulties in the acquisition and use of spoken language and inappropriate responses in conversation. It is manifested by all of the following :

i. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
ii. Impairment of the ability to change communication to match different contexts. For example, they are unable to speak differently in a classroom than on a playground, talk differently to a child than to an adult, and avoid use of overly formal language.

iii. Difficulties following rules for conversation and storytelling such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.

iv. Difficulties understanding what is not explicitly stated (e.g., making inferences) and non-literal or ambiguous meanings language (e.g., idioms, humour, metaphors, multiple meanings that depend on the context for interpretation).

The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, both individually or in combination. The onset of the symptoms is in the early developmental period. But deficits may not become fully manifest until the demands of social communication exceeds limited capacities. Individuals with SCD do not have effective social communication. Here, you need to take an important note that it cannot be diagnosed as SCD if social communication deficits are part of the two main characteristics of Autism Spectrum Disorder—deficits in social communication and social interaction as well as restricted repetitive behaviours, interests, and activities.

Causes

The causes of communication disorders are mostly unknown. Some recent researches have found that some genetic variants may make specific individuals vulnerable to communication disorders.

However, some possible causes may be listed as follows:

- exposure to toxins and substances while in the womb
- traumatic brain injuries or tumours in the brain area responsible for communication
- viral disease
- stroke and other neurological disorders
- structural impairments, such as cleft lip or cleft palate
- vocal cord injury due to misuse and abuse

11.6.3 Autism Spectrum Disorder

As thought by many, autism is not a particular disorder, but a range of disorders. Therefore, it is appropriate to term it as Autism Spectrum Disorders (ASD). Autism Spectrum Disorders indicate persistent deficits in social communication and social interaction across multiple contexts. These are manifested currently (or may be in the past) by all of the following-

i. **Deficits in Social-Emotional Reciprocity:** For example, it may range from abnormal social approach to reduced sharing of interests, emotions; affecting or failing to initiate or respond to social interactions.

ii. **Deficits in Nonverbal Communicative Behaviours Used for Social Interaction:** For example, it may range from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language; to a total lack of facial expressions and nonverbal communication.

iii. **Deficits in Developing, Maintaining, and Understanding Relationships:** For example, it may range from difficulties in adjusting behaviour to matching various social contexts to making friends.

It also indicates restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive):

i. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

ii. Insistence on sameness, inflexible adherence to routines, or ritualised patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

iii. Highly and abnormally restricted, fixated interests (e.g., strong

attachment to or preoccupation with unusual objects).

iv. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Symptoms are present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life). Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. The abilities of people with ASD can vary significantly. For example, some people with ASD may have advanced conversation skills whereas others may be nonverbal. Some people with ASD need a lot of help in their daily lives; others can work and live with little to no support. ASD begins before the age of 3 years and can last throughout a person's life, although symptoms may change over time. Some children show ASD symptoms within the first 12 months of life. In others, symptoms may not show up until 24 months of age or later. Some children with ASD gain new skills and meet developmental milestones until around 18 to 24 months of age, and then they stop gaining new skills or lose the skills they once had. As children with ASD become adolescents and young adults, they may have difficulties developing and maintaining friendships, communicating with peers and adults, or understanding what behaviors are expected in school or on the job.

Causes

Many different factors have been identified that may make a child more likely to have ASD, including environmental, biological and genetic factors or a combination of all these. Although very little is known about specific causes, yet the available evidence suggests that the following may put children at greater risk for developing ASD:

- Having a sibling with ASD

- Having certain genetic or chromosomal conditions, such as fragile X syndrome or tuberous sclerosis
- Experiencing complications at birth
- Being born to older parents
- Gestational diabetes of parents
- Reduced oxygen to the fetus during pregnancy or delivery
- Premature birth
- Smaller than expected fetal size

Apart from these, complicated genetic causes also point towards autism. It is considered complicated in the sense that there is no single specific gene variation unique to autism. Rather, many gene variations are linked to autism. Therefore, sometimes, autism may be inherited, but not necessarily. The gene variation may appear for the first time in the affected person, and not inherited from any past generation.

11.6.4 Attention-Deficit Hyperactivity Disorder (ADHD)

ADHD is a very commonly found chronic developmental disorder. According to DSM-5-TR, it is characterised by a persistent and pervasive pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. It is characterised by either one of these or both:

i. **Inattention:** It involves six (or more) of the following symptoms persisting for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/ occupational activities:

a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities.

b. Often has difficulty sustaining attention in tasks or play activities.

c. Often does not seem to listen when spoken to directly.

d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

e. Often have difficulty organising tasks and activities (e.g. difficulty managing sequential tasks; difficulty keeping materials and belongings in order).

f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or paper-work).

g. Often loses things necessary for tasks or activities.

h. Is often easily distracted by extraneous stimuli.

i. Is often forgetful in daily activities (e.g., doing chores, returning calls, paying bills, keeping appointments).

ii. Hyperactivity and Impulsivity: It also involves six (or more) of the following symptoms that persist for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on academic/ occupational and social activities :

a. Often fidgets with or taps hands or feet or squirms in seat

b. Often leaves seat in situations when remaining seated is expected (e.g., in the classroom, in a meeting, etc.).

c. Often runs about or feels restless in situations where it is inappropriate.

d. Often unable to play or engage in leisure activities quietly.

e. Often talks excessively.

f. Often blurts out an answer before a question has been completed.

g. Often has difficulty waiting his or her turn.

h. Often interrupts or intrudes on others (e.g., in conversations).

These symptoms are found prior to age of 12 years in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities). There is clear evidence that the symptoms interfere with, or reduce the quality of social, academic, or occupational functioning.

Causes

Till now, the actual cause of ADHD has not been understood or found. However, it has been found that there are differences in the brain structure and activity of people with ADHD. Again, the reasons for these differences in brain are not yet known. Current research shows that genetics plays a vital role in ADHD. Other possible causes and risk factors of ADHD may include:

- Lead exposure
- Substance use during pregnancy
- Premature birth
- Low birth weight

11.6.5 Specific Learning Disorder

'Learning disorder or disability' is actually an umbrella term that includes different specific learning disorders. It has been showcased in the popular bollywood movie *Taare Zameen Par*. It involves difficulties in learning and using academic skills, as indicated by the presence of at least one of the following symptoms that have persisted for at least 6 months:

a. Inaccurate or slow and effortful word reading (e.g., reads single words aloud incorrectly or slowly and hesitantly, frequently guesses words, has difficulty sounding out words).
b. Difficulty in understanding the meaning of what is read (e.g. not understanding the sequence, relationships, inferences, or deeper meanings of what is read).
c. Difficulties with spelling.
d. Difficulties with written expression (e.g., multiple grammatical or punctuation errors; poor paragraph organisation).
e. Difficulties in mastering number sense, number facts, or calculation.
f. Difficulties with mathematical reasoning.

The affected academic skills are substantially and quantifiably below those expected for the individual's chronological age. This results in significant interference with academic or occupational performance, or with day-to-day activities. This is confirmed by individually administered standardised achievement tests and comprehensive clinical assessment. The learning difficulties begin during school-age years but may not become fully manifest until the demands for those affected academic skills exceed the individual's limited capacities.

Specific learning disabilities may be listed as—

- **Dyslexia:** It is the most common learning disability. It is a language processing disorder characterized by difficulty with speaking, reading, writing, or understanding words. This can cause the person's vocabulary to develop at a slower pace and lead to issues with grammar, reading comprehension, and other language skills.

- **Dysgraphia:** It is the difficulty of putting thoughts into writing due to issues with vocabulary, spelling, grammar, memory and critical thinking. This leads to poor handwriting because of struggle with letter spacing, spatial awareness and motor planning. People with dysgraphia have problem in thinking and writing simultaneously.

- **Dyscalculia:** It refers to difficulty with numbers, quantitative concepts and reasoning. People with dyscalculia struggle in performing mathematical calculations, identifying patterns in numbers and applying mathematical formulae.

- **Auditory Processing Disorder (APD):** People with APD have difficulty in processing sounds because their brain misinterprets auditory information received by the ear. As a result, they may confuse the order of sounds in certain words, or they may not be able to distinguish between different sounds. A subset of

APD, language processing disorder is characterised by difficulties with processing spoken language leading to difficulty in attaching meaning to sound groups which represents words, sentences and stories.

- **Nonverbal learning disabilities (NVLD):** NVLD is characterised by difficulty in interpreting non-verbal cues such as facial expressions, body language, tone of voice, and other nonverbal signals.

- **Visual Perceptual/Visual Motor Deficit:** People with this condition may have difficulty with hand-eye coordination and motor activities. They may frequently lose their spot while reading, demonstrate unusual eye movements while reading or writing, confuse similar-looking letters. They also face difficulty in navigating their environment.

Causes

Though possible causes of learning disabilities are not known, a range of risk factors have been identified by various researches. These risk factors may be present from birth. Factors that affect a fetus developing in the womb, such as alcohol or drug use, can put a child at higher risk for a learning disability. Also, children who have a parent with a learning disability are more likely to develop a learning disability. Learning disabilities are caused by differences in the neurological functioning of the person's brain. These differences can occur before the person is born, during their birth, or in early childhood, and may be caused by factors such as:

- Maternal illness during pregnancy
- Birth complications that block the flow of oxygen to the baby's brain
- Certain genes that can make the person more genetically predisposed to developing a learning disability
- Injury or illness, such as meningitis, in early childhood

- Health conditions such as cerebral palsy and Down's Syndrome often involve some extent of learning disability.

11.6.6 Motor Disorders

Motor Disorders are malfunctions of the nervous system that cause involuntary or uncontrollable movements or actions of the body. These disorders can cause lack of intended movement or an excess of involuntary movement. Symptoms of motor disorders include tremors, jerks, twitches, spasms, contractions, or gait problems. The DSM-5-TR categorises motor disorders as **Developmental Coordination Disorder; Stereotypic Movement Disorder;** and the tic disorders of **Tourette's Disorder, Persistent (Chronic) Motor or Vocal Tic Disorder**, and **Provisional Tic Disorder.** Let us briefly look into each one of them.

Developmental Coordination Disorder: The acquisition and execution of coordinated motor skills is substantially below the expected level according to the individual's chronological age and the available opportunity for learning and using the skill. Difficulties are manifested as clumsiness (e.g., dropping or bumping into objects) as well as slowness and inaccuracy of performance of motor skills (e.g., catching an object, using scissors or cutlery, handwriting, riding a bike, or participating in sports). These motor skills deficit significantly and persistently interferes with activities of daily living appropriate to chronological age (e.g., self-care and self-maintenance) and impacts academic productivity, pre-vocational and vocational activities, leisure, and play. The symptoms become visible in the early developmental period.

Stereotypic Movement Disorder: Repetitive, seemingly driven, and apparently purposeless motor behaviour (e.g., hand-shaking or waving, body rocking, head banging, self-biting, hitting own body). The repetitive motor behaviour interferes with social, academic, or

other activities and may result in self-injury. The onset of this disorder is also visible in the early developmental period.

Tic Disorders: A tic is a sudden, rapid, recurrent, non-rhythmic motor movement or vocalisation. The onset of all these is before age 18 years.

Tourette's Disorder: It involves both multiple motor and one or more vocal tics at some time during the illness, although not necessarily concurrently. You will find depiction of this disorder in the bollywood movie '*Hichki*' (2018). The tics may wax and wane in frequency. But if they persist for more than 1 year since first tic onset, it is diagnosed as Tourette's disorder.

Persistent (Chronic) Motor or Vocal Tic Disorder: It indicates a single or multiple motor or vocal tics present during the illness, but not both motor and vocal. The tics may wax and wane in frequency but if they persist for more than 1 year from the first tic onset, it is labeled as disorder.

Provisional Tic Disorder: It is single or multiple motor and/or vocal tics. It is considered as provisional tic disorder even if the tics are present for less than 1 year from the first tic onset.

Causes

The movements of human beings are regulated by different parts of the brain. The brain sends signals to the muscles to perform an action or to move in a certain way. This includes instructing about the speed and direction of the movement. Thus, when certain parts of brain area are not functioning appropriately, the movements are affected. Genetic mutation affects the cerebellum of the brain which may cause motor disorder. Pathological changes of certain areas of the brain also lead to many motor disorders.



CHECK YOUR PROGRESS

Q1. What is meant by behaviour pattern?

Q2. How is behaviour related to personality?

Q3. What are developmental disorders?

Q4. Enlist the functions limited by intellectual development disorder.

Q5. State a few pre-natal causes of intellectual developmental disorders.

Q6. What are the deficits of language disorder?

Q7. What is SCD?

Q8. State any three risk factors of Autism Spectrum Disorder.

Q9. What is ADHD?

Q10. Mention any three specific learning disabilities.



11.7 LET US SUM UP

- The term 'behaviour' refers to the potential and expressed capacity for physical, mental and social activity during different stages of human life.
- A 'behaviour pattern' refers to a recurring and recognisable way an individual acts in a specific situation, characterised by a consistent sequence of actions or responses.
- Later theories of personality (Gordon Allport, Raymond Cattell, H. Eysenck) are based on behavioural characteristics and behavioural traits.
- Traits are relatively enduring characteristics that influence our behaviour across many situations. Personality traits are considered as predictors of behaviour.
- Developmental disorder refers to a severe, chronic disability of an individual who has a mental or physical impairment which is likely to continue indefinitely.
- Intellectual Developmental Disorder is a disorder with onset during the developmental period that includes both intellectual and adaptive

functioning deficits in conceptual, social and practical domains.

- Developmental delay is defined as failure to meet expected developmental milestones in one or more of the following areas-physical, social, emotional, intellectual, speech and language and/or adaptive development.
- Language disorder refers to persistent difficulties in the acquisition and use of language across modalities (e.g., spoken, written, sign language, or other) due to deficits in comprehension or production.
- Speech Sound Disorder is a persistent difficulty with speech sound production that interferes with speech intelligibility or prevents verbal communication of messages.
- Childhood-Onset Fluency Disorder involves disturbances in the normal fluency and time patterning of speech that are inappropriate for the individual's age and language skills.
- Social (Pragmatic) Communication Disorder (SCD) is characterised by a primary difficulty with Pragmatics-the social use of language or communication.
- Autism Spectrum Disorders indicate persistent deficits in social communication and social interaction across multiple contexts.
- ADHD is a very commonly found chronic developmental disorder and is characterised by a persistent and pervasive pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.
- 'Learning disability' involves difficulties in learning and using academic skills. Specific learning disabilities may be listed as-Dyslexia, Dysgraphia, Dyscalculia, Auditory Processing Disorder, Nonverbal Learning Disabilities, Visual Perceptual/ visual Motor Deficit.
- Motor disorders are malfunctions of the nervous system that cause involuntary or uncontrollable movements or actions of the body. The DSM-5-TR categorises motor disorders as developmental coordination disorder; Stereotypic Movement Disorder; and the Tic Disorders of Tourette's Disorder, Persistent (Chronic) Motor or Vocal Tic Disorder, and Provisional Tic Disorder.



11.8 FURTHER READING

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- Seifert, K & Sutton, R. (2009). *Educational psychology.*
- Smith, P. (2014). *Mental Health care—In Settings Where Mental Health Resources are Limited.* Bloomington: Archway Publishing



11.9 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: A 'behaviour pattern' refers to a recurring and recognisable way an individual or group acts in a specific situation, characterised by a consistent sequence of actions or responses, often developed through learned experiences or innate instincts, which can be observed and analysed to understand their motivations and decision-making processes.

Answer to Q2: Personality traits are considered as predictors of behaviour. It has been attempted to use a person's unique combination of traits to predict their behaviour in various situations including how they will respond to stress, how they will interact with others, and how they will make decisions.

Answer to Q3: Developmental Disorder actually refers to a severe, chronic disability of an individual who has a mental or physical impairment which is likely to continue indefinitely.

Answer to Q4: Intellectual development delay brings limitations in reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience.

Answer to Q5: Some pre-natal causes of intellectual disorder are—genetic mutation and inheritance, infections, teratogens and medical conditions during pregnancy like hypothyroidism.

Answer to Q6: The deficits of language disorder are—reduced vocabulary, limited sentence structure and impairments in discourse.

Answer to Q7: SCD is characterised by a primary difficulty with Pragmatics—the social use of language or communication—resulting in functional limitations in effective communication, social participation, development of social relationships, and academic achievement.

Answer to Q8: Following are the three risk factors of Autism Spectrum Disorder—

a) Having a sibling with ASD
b) Having certain genetic or chromosomal conditions, such as fragile X syndrome or tuberous sclerosis
c) Experiencing complications at birth

Answer to Q9: ADHD is a commonly found chronic developmental disorder which is characterised by a persistent and pervasive pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

Answer to Q10: Three specific learning disabilities are—dyslexia, dysgraphia and dyscalculia.



11.10 MODEL QUESTIONS

Very Short Questions:

Q1. What is global delay disorder?

Q2. What is tic disorder?

Q3. Write True or False: One of the causes of communication disorder is traumatic brain injury.

Q4. Name any two motor disorders.

Short Questions:

Q1. Write how social (pragmatic) communication disorder is manifested.

Q2. State the causes of ADHD.

Q3. What is Autism Spectrum Disorder (ASD)?

Q4. Enumerate the specific learning disabilities.

Q5. State one difference between Communication Disorder and Learning Disorder.

Q6. Mention two characteristics of Intellectual Development Disorders.

Long Questions:

Q1. Discuss in detail the causes of intellectual developmental disorders.

Q2. Describe ADHD in detail.

Q3. Describe the characteristics of autism spectrum disorder.

Q4. Discuss the characteristics and causes of the following developmental disorders: Intellectual Development Disorder, Communication Disorder, and Autism Spectrum Disorder.

Q5. What are Motor Disorders? Explain their types and how they affect daily functioning in children.

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UNIT 12 : ROLE OF YOGIC TECHNIQUE I

UNIT STRUCTURE

12.1 Learning Objectives

12.2 Introduction

12.3 Psychotherapy and Relaxation

12.4 Yogic Techniques in Psychotherapy and Relaxation

12.5 The Science Behind Yogic Techniques and Psychotherapy

12.6 Integrating Yogic Techniques with Psychotherapy

12.7 Case Studies and Practical Applications

12.8 Let us Sum up

12.9 Further Reading

12.10 Answers to Check Your Progress

12.11 Model Questions

12.1 LEARNING OBJECTIVES

After going through the unit, you will be able to :

- define the concept of psycho therapy
- discuss the characteristics and importance of relaxation techniques
- explain the different relaxation techniques

12.2 INTRODUCTION

Mental health challenges, including stress, anxiety, depression and emotional imbalances, have become widespread in modern society. Traditional psychotherapeutic approaches focus on cognitive and behavioural interventions to improve mental health. However, integrating yogic techniques with psychotherapy provides a holistic, mind-body approach to relaxation and healing. This chapter explores the role of yogic techniques in psychotherapy and relaxation, highlighting their benefits, mechanisms, and applications in mental health treatment.

Psychotherapy is a type of treatment that can help individuals experiencing a wide array of mental health conditions and emotional challenges. Psychotherapy can help not only alleviate symptoms, but also, certain types of psychotherapies can help identify the psychological root causes of one's condition so that a person can function better and have enhanced emotional well-being and healing.

Conditions that can be helped by psychotherapy include coping with stressful life events, the impact of trauma, medical illness or loss such as the death of a loved one; and specific mental health conditions such as depression or anxiety. There are several different types of psychotherapy and some types may work better with certain clinical situations. Psychotherapy may be used in combination with medication or other therapies..

12.3 PSYCHOTHERAPY AND RELAXATION

1. What is Psychotherapy?

Psychotherapy is a type of treatment that can help individuals experiencing a wide array of mental health conditions and emotional challenges. Psychotherapy can help not only alleviate symptoms, but also, certain types of psychotherapies can help identify the psychological root causes of one's condition so a person can function better and have enhanced emotional well-being and healing.Conditions that can be helped by psychotherapy include coping with stressful life events, the impact of trauma, medical illness or loss such as the death of a loved one; and specific mental health conditions such as depression or anxiety. There are several different types of psychotherapy and some types may work better with certain clinical situations. Psychotherapy may be used in combination with medication or other therapies.

Psychotherapy, also known as *'talk therapy'*, involves structured interventions to help individuals manage emotional distress, cognitive dysfunctions, and behavioural issues. Common types of psychotherapy include:

Cognitive Behavioral Therapy (CBT): It focuses on changing negative thought patterns.

Cognitive Behavioral Therapy (CBT) helps people identify and change thinking and behaviour patterns that are unhealthy or ineffective, replacing them with more accurate thoughts and functional behaviours. It can help a person focus better on current problems and how to solve them. It often involves practicing new skills in the "real world." CBT can be helpful in treating a variety of disorders, including depression, anxiety, trauma related disorders, and eating disorders. For example, CBT can help a person with depression recognise and change unhelpful or maladaptive thought patterns or behaviours that contribute to depression.

Mindfulness-Based Therapy (MBT): Integrates meditation and awareness techniques.

Mindfulness-Based Therapy (MBT) is a form of psychotherapy that incorporates mindfulness practices to help individuals manage stress, anxiety, depression, and other mental health conditions. It involves focusing on the present moment in a non-judgmental way, increasing awareness of thoughts and emotions, and developing healthier responses to difficult situations.

Humanistic Therapy: Encourages self-exploration and personal growth.

Humanistic therapy is a form of psychotherapy that emphasises personal growth, self-awareness and free will. It focuses on an individual's potential and stresses the importance of self-exploration, personal meaning and fulfilling one's true potential.

Psychodynamic Therapy: Explores unconscious influences on behaviour.

Psychodynamic therapy is based on the idea that behaviour and mental well-being are rooted in childhood and past experiences and involves bringing to conscious awareness, feelings that might be unconscious (outside a person's awareness). A person works with the therapist to improve self-awareness and to change deep-seated patterns so that they can more fully take charge of their life.

2. The Role of Relaxation in Psychotherapy:

Relaxation techniques are fundamental in Psychotherapy as they help regulate emotions, reduce stress responses, and promote mental clarity. Relaxation plays a significant role in psychotherapy, helping patients manage stress, anxiety, and emotional distress. Many therapeutic approaches incorporate relaxation techniques to promote mental and physical well-being.

Benefits of Relaxation in Psychotherapy:

1. **Reduces Stress and Anxiety:** Relaxation techniques lower cortisol levels, helping clients cope with anxiety and stress-related disorders.

2. Enhances Emotional Regulation: Relaxation fosters a sense of calm, allowing individuals to respond to emotions more effectively.

3. Improves Focus and Awareness: Relaxation helps clients stay present and engaged during therapy, making them more receptive to interventions.

4. Supports Trauma Processing: In trauma therapy, relaxation techniques provide grounding, preventing emotional overwhelm.

5. Aids in Pain and Tension Management: Beneficial for clients with chronic pain, PTSD, and somatic symptoms.

Common relaxation methods used in psychotherapy include:

Deep breathing exercises

Progressive muscle relaxation

Visualisation techniques

Guided meditation

Common Relaxation Techniques in Therapy

- **Deep Breathing (Diaphragmatic Breathing):** Slows the heart rate and induces calm.
- **Progressive Muscle Relaxation (PMR):** Helps release physical tension by systematically relaxing muscle groups.
- **Mindfulness and Meditation:** Encourages non-judgmental awareness of thoughts and emotions.
- **Guided Imagery:** Uses visualisation to promote relaxation and reducing stress.

- **Autogenic Training:** Involves self-suggestions to create a state of deep relaxation.
- Many therapy modalities, such as Cognitive-Behavioural Therapy (CBT), Mindfulness-Based Therapy (MBT), and Humanistic Therapy, incorporate relaxation techniques to support emotional healing and personal growth.

12.4 YOGIC TECHNIQUES IN PSYCHOTHERAPY AND RELAXATION

Yoga, a traditional Indian practice, offers a multidimensional approach to well-being by harmonising the body, mind, and spirit. Several yogic techniques complement psychotherapeutic approaches by fostering relaxation and emotional balance.

1. **Asanas (Postures) for Relaxation and Emotional Balance**

Yogic postures can help in reducing muscular tension, improving circulation, and calming the nervous system. Some effective asanas include:

Sukhasana (Easy Pose): Enhances mindfulness and reduces stress.



Sukhasana, also known as the Easy Pose, is a yoga pose that involves sitting cross-legged. It can help with flexibility, posture, and relaxation.

Steps :

1. Sit on a yoga mat or cushion with a straight spine

2. Cross your legs at the shins, bringing each foot under the opposite knee
3. Place your hands on your knees or in your lap
4. Relax your shoulders, jaw, and facial muscles
5. Close your eyes or maintain a soft gaze
6. Breathe deeply

Benefits:

- **Flexibility**: Stretches the hips, knees and ankles
- **Posture**: Improves posture and spinal alignment
- **Pain relief**: Eases lower back and knee pain
- **Digestion**: Helps with digestion and reduces gastric problems
- **Stress relief**: Calms the mind and reduces stress
- **Mental clarity**: Enhances mental clarity
- **Respiratory health**: Strengthens respiratory muscles and improves lung capacity

Balasana (Child's Pose): Encourages deep relaxation and emotional grounding.



Balasana, or child's pose, is a yoga pose that stretches and relaxes the body and mind.

Steps:

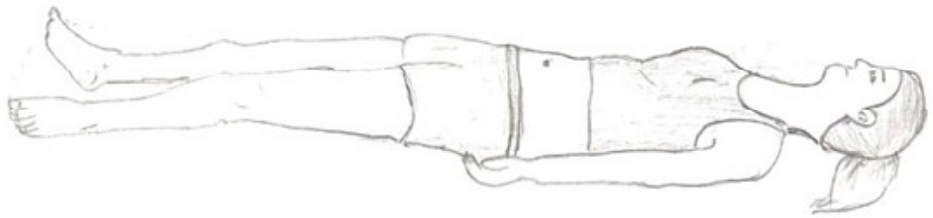
1. Start on your hands and knees
2. Spread your knees a little wider than your hips
3. Lower your torso toward your thighs
4. Rest your forehead on the floor
5. Stretch your arms out in front of you, by your sides, or under your forehead
6. Breathe into your lower back

7. Hold the pose for 30 seconds to several minutes
8. To come out, exhale and roll up vertebra by vertebra

Benefits:

- Stretches and strengthens the lower back, hips, thighs, ankles, and knees
- Relieves tension or pain in the back and neck
- Calms the nervous system
- Enhances flexibility and range of motion
- Stimulates the digestive organs
- Helps with balance and emotions
- Can be used as a warm-up pose, a resting pose, or a counter pose for a back bend

Shavasana (Corpse Pose): Promotes deep relaxation and relieves anxiety.



Shavasana, or corpse pose, is a yoga pose that involves lying on your back and relaxing your body and mind.

Steps:

1. Lie on your back with your legs spread out and arms by your sides
2. Close your eyes
3. Take a few deep breaths
4. Gently tuck your chin to your chest
5. Scan your body from head to toe, releasing tension
6. Breathe deeply and naturally
7. Stay present and avoid falling asleep
8. To exit, deepen your breath, wiggle your fingers and toes, and roll onto one side

Benefits:

- Helps you relax and stay calm

- Improves blood circulation
- Releases stress and tension
- Enhances self-awareness
- Improves overall well-being
- Can be good for people with hypertension and insomnia

2. Pranayama (Breathing Techniques) for Mental Clarity:

Breathing exercises regulate the autonomic nervous system, improve oxygen flow to the brain, and reduce emotional disturbances. Some useful techniques include:

Nadi shodhan (Alternate Nostril Breathing): Balances the nervous system and enhances relaxation.



Nadi Shodhana, or alternate nostril breathing, is a pranayama that involves inhaling through one nostril while exhaling through the other, alternating each breath. It's known to calm the mind, reduce stress, and promote mental clarity.

Here's a step-by-step guide and the benefits of practicing Nadi Shodhana:

Steps:

1. **Find a comfortable seated position:** Sit with your spine erect and shoulders relaxed.
2. **Hand position (Vishnu Mudra):** Fold the tips of the index and middle fingers of your right hand inwards towards the palm at the base of the thumb, and use your right thumb to close the right nostril and the right ring and pinky fingers to close the left nostril.

3. **Inhale through the left nostril:** Close the right nostril with your thumb and inhale deeply through the left nostril.
4. **Exhale through the right nostril:** Close the left nostril with your ring and pinky fingers and exhale through the right nostril.
5. **Inhale through the right nostril:** Keep the left nostril closed, inhale through the right nostril.
6. **Exhale through the left nostril:** Close the right nostril with your thumb and exhale through the left nostril.
7. **Repeat:** Continue alternating nostrils for several rounds, focusing on the breath and the flow.

Benefits:

- **Calms the mind and reduces stress:** Nadi Shodhana is known for its calming effects, helping to reduce stress and anxiety.
- **Improves focus and concentration:** Regular practice can enhance mental clarity and improve focus.
- **Balances the nervous system:** This pranayama can help to balance the nervous system, promoting a sense of calm and well-being.
- **May lower blood pressure:** Some studies suggest that Nadi Shodhana can help to lower blood pressure.
- **Purifies the nadis:** In yogic philosophy, nadis are subtle energy channels, and Nadi Shodhana is believed to help purify and balance them.
- **Reduces fatigue and increases energy**: It can help release accumulated tension and fatigue, leaving you feeling more energised.
- **May help with anxiety and panic attacks**: It can help manage emotions and lower anxiety by reducing blood lactate levels.



Bhramari (Bee Breath): Calms the mind and reduces stress.

Bhramari Pranayama, commonly referred to as Humming Bee Breath, is a meditative breathing technique that calms the nervous system. The name of this pranayama, Bhramari, which means "bee" in Sanskrit, comes from the humming sound made while practicing this yoga at the back of the throat. It is similar to the soft humming of a bee which is why this yoga is also called the humming bee breath.

Steps:

1. Close your ears with your thumbs by pressing on the cartilage between your cheeks and ears.
2. Place your index finger in between your eyebrows.
3. Now keep your middle, ring, and little fingers on the bridge of your nose.
4. These three steps are the settling-down steps for Bhramari pranayama.
5. Start by inhaling deeply through your nose for as long as you can. Remember to breathe through your abdomen.

Benefits:

1. Quietens and focuses your thoughts
2. Relieves tension in the brain.
3. Stimulates the pituitary and pineal glands
4. Calms down the nervous system
5. Reduces tension and anxiety
6. Decreases blood pressure and dissipates rage
7. Improves the condition of the throat
8. Enhances and strengthens the voice
9. Aids in the recovery of body tissues
10. Promotes restful slumber

Ujjayi (Ocean Breath): Enhances focus and promotes inner peace.



Ujjayi pranayama, also known as “ocean breath”, is a yoga breathing technique that involves inhaling through the nose and exhaling through the mouth while making a “ha” sound.

Steps :

1. Sit in a comfortable meditation posture with a straight spine
2. Inhale deeply through your nose
3. Exhale slowly through your mouth while making a “ha” sound
4. Repeat several times

Benefits

- **Improved cardiovascular health**: Deep breathing can lower blood pressure and heart rate, and improve stress response
- **Improved lung health**: Deep breathing can strengthen the muscles around the lungs and rib cage, which improves oxygenation
- **Improved digestion**: Deep breathing can positively influence digestion
- **Reduce inflammation**: Deep breathing can help reduce infections or allergies in the lungs
- **Improved sleep**: Deep breathing can help improve sleep
- **Reduced high blood pressure and thyroid problems**: Deep breathing can help control high blood pressure and thyroid problems

3. Meditation for Emotional Stability

Meditation techniques enhance self-awareness, reduce emotional reactivity, and promote deep relaxation. Key meditation practices include:

Mindfulness Meditation: Focuses on present-moment awareness, reducing anxiety and stress.

Yoga Nidra (Yogic Sleep): A deep relaxation technique that induces a state of conscious relaxation.

Guided Visualization: Uses mental imagery to create a sense of calmness and positivity.

4. Mantra Chanting for Mental Harmony

Chanting sacred sounds and affirmations can have a profound impact on the nervous system, helping to reduce stress and enhance focus. Some commonly used mantras include:

Om Chanting: Balances the mind and body, promoting relaxation.

Gayatri Mantra: Encourages mental clarity and emotional strength.

So Hum Meditation: Aligns breathing with a peaceful state of mind.

12.5 THE SCIENCE BEHIND YOGIC TECHNIQUES AND PSYCHOTHERAPY

Recent research has demonstrated the effectiveness of yoga in treating mental health disorders. Studies indicate that yogic practices influence the nervous system, reduce cortisol levels (stress hormones), and enhance neurotransmitter activity. The benefits include:

Activation of the parasympathetic nervous system (rest and digest mode). Reduction in amygdala activity, lowering fear and anxiety responses. Increase in dopamine and serotonin levels, promoting emotional well-being.

12.6 INTEGRATING YOGIC TECHNIQUES WITH PSYCHOTHERAPY

Many therapists and mental health professionals incorporate yogic techniques into psychotherapeutic practices. Some approaches include:

Mindfulness-Based Cognitive Therapy (MBCT): Combines CBT with meditation to reduce depression.

Trauma-Informed Yoga Therapy: Uses yoga to help individuals with PTSD and trauma.

Breathwork in Therapy: Incorporates pranayama techniques for anxiety management.

12.7 CASE STUDIES AND PRACTICAL APPLICATIONS

Case Study 1: Yoga for Anxiety Reduction

A group of individuals suffering from generalised anxiety disorder participated in an 8-week yoga intervention. The results showed significant improvements in stress levels, emotional regulation, and overall well-being.

Case Study 2: Yoga for Depression Management

A study on individuals diagnosed with mild to moderate depression found that incorporating yogic breathing and meditation with psychotherapy led to faster recovery and sustained improvements.

Case Study 3: Yoga for Trauma Recovery

A therapist working with trauma survivors integrated gentle yoga postures and breath work into therapy sessions. Clients reported reduced PTSD symptoms and increased emotional resilience.



CHECK YOUR PROGRESS

Q1. What are the main types of psychotherapy?

Q2. How does cognitive-behavioral therapy (CBT) help with anxiety?

Q3. What is the role of mindfulness in relaxation?

Q4. How can deep breathing techniques reduce stress?

Q5. What is progressive muscle relaxation (PMR)?

Q6. How does talk therapy improve mental health?

Q7. What are common relaxation techniques used in therapy?

Q8. Can guided imagery help with stress relief?

Q9. What is the difference between psychotherapy and counseling?

Q10. How does meditation affect brain function?



12.8 LET US SUM UP

Yogic techniques offer a complementary approach to psychotherapy by enhancing relaxation, emotional stability, and mental clarity. By integrating asanas, pranayama, meditation, and mantra chanting with traditional therapeutic approaches, individuals can experience holistic healing. This chapter highlights the effectiveness of yoga in psychotherapy, reinforcing its role as a valuable tool for mental health and relaxation.



12.9 FURTHER READING

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4. Summers, Richard F. & Barber, Jacques P. (2012). *Psychodynamic Therapy: A Guide to Evidence-Based Practice*. Guilford Press



12.10 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: The main types include cognitive-behavioral therapy (CBT), psychodynamic therapy, humanistic therapy, interpersonal therapy, and dialectical behavior therapy (DBT).

Answer to Q2: CBT helps by identifying negative thought patterns, challenging irrational fears, and developing coping strategies to manage anxiety effectively.

Answer to Q3: Mindfulness helps individuals stay present, reduce stress, and cultivate a sense of calm by focusing on the present moment without judgment.

Answer to Q4: Deep breathing slows the heart rate, lowers blood pressure, and activates the parasympathetic nervous system, promoting relaxation.

Answer to Q5: PMR is a relaxation technique that involves tensing and then gradually relaxing different muscle groups to reduce stress and anxiety.

Answer to Q6: Talk therapy provides a safe space to express emotions, gain insight into problems, and develop coping strategies for emotional challenges.

Answer to Q7: Common techniques include deep breathing, mindfulness, meditation, progressive muscle relaxation, guided imagery, and yoga.

Answer to Q8: Yes, guided imagery involves visualizing calming scenes to promote relaxation, reduce stress, and enhance mental well-being.

Answer to Q9: Psychotherapy often focuses on deeper psychological issues and long-term mental health improvement, while counseling typically addresses specific life challenges and short-term concerns.

Answer to Q10: Meditation can enhance focus, reduce stress, improve emotional regulation, and even lead to structural changes in the brain associated with greater well-being.



12.11 MODEL QUESTIONS

Objective Questions:

Q1. Which of the following is a goal of Cognitive-Behavioural Therapy (CBT)?

a) Exploring past life events deeply
b) Identifying and changing negative thought patterns
c) Using hypnosis for memory retrieval
d) Avoiding discussion of emotions

Q2. What does mindfulness primarily focus on?

a) Reliving past experiences
b) Worrying about the future
c) Being present in the moment
d) Ignoring emotions

Q3. Deep breathing techniques activate which part of the nervous system?

a) Sympathetic nervous system
b) Parasympathetic nervous system
c) Central nervous system
d) Somatic nervous system

Q4. Which neurotransmitter is most associated with relaxation and mood regulation?

a) Dopamine
b) Serotonin
c) Adrenaline
d) Glutamate

Short questions:

Q1. What is the main goal of psychotherapy?
Q2. Define relaxation in a psychological context.
Q3. Name any two yogic techniques used in psychotherapy.
Q4. How does deep breathing promote relaxation?
Q5. How does meditation support mental health in psychotherapy?
Q6. What is the benefit of practicing meditation daily?
Q7. How do relaxation techniques help reduce symptoms of anxiety and depression?

Essay questions:

Q1. What are the physiological effects of relaxation techniques on the body, and how do they help manage stress?
Q2. Explain the differences between Cognitive-Behavioural Therapy (CBT), Psychodynamic Therapy, and Humanistic Therapy in terms of their approaches and goals.
Q3. How does practicing mindfulness meditation regularly contribute to mental and emotional well-being?
Q4. How can yogic techniques be integrated with conventional psychotherapy? Discuss with examples
Q5. Explain the role of psychotherapy and relaxation in mental health treatment.

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UNIT 13 : ROLE OF YOGIC TECHNIQUES II

UNIT STRUCTURE

13.1 Learning Objectives:

13.2 Introduction

13.3 Principles of Physiotherapy and Rehabilitation

13.4 Physiotherapeutic Role of Yogic Techniques

13.5 Rehabilitative Role of Yogic Techniques

13.6 Scientific Evidence Supporting Yoga in Rehabilitation

13.7 Integration of Yoga into Conventional Physiotherapy Programmes

13.8 Let us Sum up

13.9 Further reading

13.10 Answers to Check Your Progress

13.11 Model questions

13.1 LEARNING OBJECTIVES

After going through this unit, you will be able to :

- define the concept of Physiotherapy
- explain the characteristics and importance of relaxation techniques
- discuss scientific evidence supporting yoga in Rehabbilitation
- examine the integration of yoga into conventional Physiotherapy Programmes

13.2 INTRODUCTION

Physiotherapy and rehabilitation play a crucial role in restoring physical function, reducing pain, and improving the quality of life for individuals recovering from injuries, chronic illnesses, or neurological conditions. The integration of yogic techniques into physiotherapy has gained significant recognition due to their ability to enhance flexibility, strength, balance and mental well-being.

Yoga, an ancient Indian discipline, incorporates a combination of physical postures (asanas), breathing techniques (pranayama), meditation and relaxation practices that complement conventional rehabilitation therapies. This unit explores the physiotherapeutic and rehabilitative role of yogic techniques in various conditions, emphasising their holistic benefits.

13.3 PRINCIPLES OF PHYSIOTHERAPY AND REHABILITATION

Physiotherapy and rehabilitation focus on the following:

1. Restoration of Movement and Function

One of the primary goals of physiotherapy and rehabilitation is to restore the patient's ability to move and perform daily activities independently. This includes:

Improving Range of Motion (ROM):

After injuries, surgeries, or neurological disorders, patients may experience stiffness and reduced mobility in joints and muscles.

Physiotherapy Approach: Passive and active-assisted exercises gradually restore movement.

Yoga Integration: Asanas such as Bhujangasana (Cobra Pose), Trikonasana (Triangle Pose), and Marjariasana (Cat-Cow Pose) help improve flexibility and mobility.

Regaining muscle strength and endurance:

Muscular weakness often follows prolonged immobilisation or neurological disorders.

Physiotherapy Approach: Strength training, resistance exercises, and functional training are used.

Yoga Integration: Poses like Virabhadrasana (Warrior Pose) and Setu Bandhasana (Bridge Pose) build strength and endurance.

Restoring coordination and balance:

Postural instability is common in elderly individuals, stroke patients, and those recovering from orthopedic injuries.

Physiotherapy Approach: Proprioceptive training and balance exercises are essential.

Yoga Integration: Asanas like Vrikshasana (Tree Pose) and Garudasana (Eagle Pose) enhance proprioception and stability.

2. Pain Management and Reduction

Pain management is a crucial aspect of rehabilitation, as chronic pain can lead to physical and psychological distress.

Acute pain: Results from injury, inflammation, or surgery and is usually temporary.

Chronic pain: Persists beyond the expected healing time and requires a comprehensive management approach.

Methods of Pain Management:

Physiotherapy Approach:

Manual therapy, electrotherapy (ultrasound, TENS), heat and cold therapy, and therapeutic exercises.

Yoga Integration:

Gentle movements and stretches: Helps reduce stiffness and muscle tension.

Pranayama (Breathing Techniques): Slow, deep breathing reduces pain perception by calming the nervous system.

Meditation and Relaxation: Yoga Nidra (Yogic Sleep) and mindfulness reduce chronic pain by altering pain processing in the brain.

Examples:

Back pain relief: Yoga postures like Balasana (Child's Pose), Supta Matsyendrasana (Reclining Spinal Twist), and Setu Bandhasana (Bridge Pose) relieve lower back discomfort.

Arthritis pain: Gentle joint movements in Sukhasana (Easy Pose) and Janu Sirsasana (Head-to-Knee Pose) help reduce stiffness.

3. Strengthening of Muscles and Joints

Muscle weakness and joint instability can result from injuries, post-surgical recovery, or conditions such as arthritis and osteoporosis. Strengthening exercises are key to rehabilitation.

Physiotherapy Approach:

Resistance training, weight-bearing exercises and functional training.

Yoga Integration:

Yoga postures enhance muscular endurance without excessive strain.

Examples:

Core Strengthening: Navasana (Boat Pose)

Leg Strengthening: Virabhadrasana (Warrior Pose), Utkatasana (Chair Pose)

Upper Body Strengthening: Adho Mukha Svanasana (Downward Dog Pose)

Benefits of Yoga for Joint Health:

Increases synovial fluid circulation, reducing joint stiffness.

Strengthens ligaments and tendons, preventing injuries.

Enhances joint alignment, reducing abnormal stress.

4. Enhancing Flexibility and Balance

Flexibility and balance are essential for movement efficiency and injury prevention.

Physiotherapy Approach:

Stretching exercises, proprioceptive training and dynamic balance exercises.

Yoga Integration:

Stretching Asanas: Improve muscle elasticity and joint mobility.

Examples: Paschimottanasana (Seated Forward Bend), Bhujangasana (Cobra Pose), Trikonasana (Triangle Pose)

Balance Training:

Examples: Vrikshasana (Tree Pose), Natarajasana (Dancer Pose)

Benefits:

Reduces risk of falls in elderly and neurological patients.

Enhances postural stability in stroke and Parkinson's disease patients.

Improves functional mobility in athletes and rehabilitation patients.

5. Pain Management and Reduction

Neuromuscular re-education is essential in conditions such as stroke, spinal cord injuries, cerebral palsy and peripheral nerve injuries. The goal is to retrain the nervous system to restore movement and coordination.

Physiotherapy Approach:

Motor control exercises, proprioceptive neuromuscular facilitation (PNF), and electrical stimulation therapy.

Yoga Integration:

Mind-Body Awareness: Improves neural connections and movement coordination.

Examples:

For Stroke Recovery: Tadasana (Mountain Pose), Ardha Chandrasana (Half-Moon Pose)

For Multiple Sclerosis: Savasana (Corpse Pose), Meditation for cognitive function

6. Improving Circulation and Respiration

Good circulation and lung function are crucial for tissue repair, organ function, and overall vitality.

Physiotherapy Approach:

Cardiovascular exercises, respiratory therapy, and oxygen therapy for pulmonary rehabilitation.

Yoga Integration:

Pranayama for Cardiopulmonary Health:

Anulom Vilom (Alternate Nostril Breathing): Improves oxygenation.

Bhastrika (Bellows Breathing): Enhances lung expansion.

Kapalabhati (Skull-Shining Breath): Detoxifies lungs and improves breathing efficiency.

Benefits:

Reduces hypertension and stress-related heart diseases.

Improves oxygen supply to tissues, promoting faster healing.

7. Psychological Well-Being and Stress Reduction

Mental health plays a crucial role in rehabilitation, as stress, anxiety and depression can hinder recovery.

Physiotherapy Approach:

Cognitive-Behavioural Therapy (CBT), relaxation techniques, and biofeedback.

Yoga Integration:

Meditation and Mindfulness Practices: Reduce stress hormones and improve mental resilience.

Yoga Nidra (Yogic Sleep): Aids in emotional healing and sleep improvement.

Chanting and Mantra Meditation: Activate the parasympathetic nervous system, promoting relaxation.

Benefits:

Improves pain tolerance in chronic conditions.

Reduces stress-related muscle tension.

Enhances neuroplasticity in post-stroke recovery.

Physiotherapy and rehabilitation are essential healthcare disciplines that focus on restoring movement, function, and quality of life after injury, illness, or disability. The core principles of physiotherapy and rehabilitation guide treatment approaches, ensuring effective recovery and long-term well-being. These principles align closely with yogic techniques, which provide a holistic approach to healing by integrating physical, mental and emotional well-being. Yogic techniques align well with these objectives by improving body awareness, flexibility, neuromuscular coordination and mental relaxation.

13.4 PHYSIOTHERAPEUTIC ROLE OF YOGIC TECHNIQUES

1. Asanas (Physical Postures) in Physiotherapy

Yogic postures involve slow, controlled movements that aid in the following:

Enhancing joint mobility and flexibility : Asanas like Bhujangasana (Cobra Pose), Trikonasana (Triangle Pose), and Paschimottanasana (Seated Forward Bend) help improve the range of motion and prevent stiffness.

Strengthening muscles and bones : Poses such as Virabhadrasana (Warrior Pose), Setu Bandhasana (Bridge Pose), and Tadasana (Mountain Pose) enhance muscle endurance and promote bone health.

Correcting postural imbalances : Poor posture leads to musculoskeletal pain. Asanas like Dandasana (Staff Pose) and Marjariasana (Cat-Cow Pose) help in spinal alignment and postural correction.

Alleviating pain and discomfort : Yoga postures such as Balasana (Child's Pose) and Supta Matsyendrasana (Reclining Spinal Twist) help relieve lower back and neck pain.

2. Pranayama (Breathing Techniques) in Rehabilitation

Breathing exercises play a significant role in rehabilitation by:

Enhancing respiratory function : Techniques such as Anulom Vilom (Alternate Nostril Breathing) and Bhastrika (Bellows Breathing) improve lung capacity and oxygen intake, benefiting patients with respiratory conditions like asthma and COPD.

Reducing stress and anxiety : Slow breathing techniques like Bhramari (Humming Bee Breath) and Ujjayi (Victorious Breath) activate the parasympathetic nervous system, promoting relaxation.

Improving circulation and tissue healing : Deep breathing increases oxygenation, aiding in cellular repair and muscle recovery.

3. Meditation and Relaxation Techniques in Physiotherapy

Pain perception and management : Meditation and mindfulness techniques help patients develop a higher pain tolerance and reduce discomfort. Yoga Nidra (Yogic Sleep) is particularly effective for chronic pain conditions.

Emotional well-being : Stress, anxiety, and depression can hinder rehabilitation progress. Meditation techniques such as Chakra meditation and guided visualisation help stabilise emotions.

Enhancing neuroplasticity : Meditation practices have been shown to improve cognitive function, aiding in stroke and brain injury recovery.

4. Yoga for Balance and Coordination

Improving Proprioception : Asanas like Vrikshasana (Tree Pose) and Garudasana (Eagle Pose) train the body to maintain stability and coordination.

Vestibular rehabilitation : Patients with vertigo, dizziness, or inner ear imbalances benefit from balance-enhancing yoga practices.

13.5 REHABILITATIVE ROLE OF YOGIC TECHNIQUES

1. Musculoskeletal Rehabilitation

Yoga assists in the recovery of various musculoskeletal conditions, including:

Back pain and spinal disorders : Gentle spinal movements in Bhujangasana (Cobra Pose), Cat-Cow Pose, and Matsyasana (Fish Pose) reduces stiffness and strengthen the spine.

Arthritis and joint pain : Low-impact asanas, such as Sukhasana (Easy Pose) and Janu Sirsasana (Head-to-Knee Pose), promotes joint mobility without strain.

Post-fracture recovery : Yoga helps regain strength and flexibility after fractures by improving circulation and muscle coordination.

2. Neurological Rehabilitation

Yogic techniques are beneficial for individuals recovering from neurological disorders such as:

Stroke recovery : Asanas and pranayama improve neuro-muscular coordination and motor function in stroke survivors.

Parkinson's disease : Regular yoga practice enhances balance, posture, and movement fluidity, reducing fall risks.

Multiple sclerosis : Gentle yoga poses help manage fatigue, muscle weakness, and tremors.

3. Cardiopulmonary Rehabilitation

Yoga is effective in improving heart and lung function in conditions such as:

Hypertension and heart disease : Meditation and deep breathing help regulate blood pressure and enhance heart rate variability.

Chronic Obstructive Pulmonary Disease (COPD) : Techniques such as Nadi Shodhana (Alternate Nostril Breathing) and Kapalabhati (Skull Shining Breath) enhance lung capacity and oxygenation.

4. Mental Health Rehabilitation

Yogic techniques play a crucial role in managing mental health disorders:

Depression and anxiety : Practices such as Savasana (Corpse Pose), Yoga Nidra, and mindful meditation help regulate emotional states.

Post-traumatic stress disorder (PTSD) : Yogic techniques, particularly breathwork and mindfulness, assist in managing trauma-related symptoms.

13.6 SCIENTIFIC EVIDENCE SUPPORTING YOGA IN REHABILITATION

Several research studies highlight the effectiveness of yoga in rehabilitation:

A study published in *The Journal of Alternative and Complementary Medicine* found that yoga significantly improves mobility and reduces pain in patients with chronic lower back pain.

Research in *The International Journal of Yoga Therapy* indicated that yoga enhances balance and reduces fall risks in elderly individuals with neurological impairments.

A meta-analysis in *The Journal of Clinical Psychology* reported that meditation-based interventions, such as mindfulness and Yoga Nidra, effectively reduce symptoms of anxiety, depression, and PTSD.

13.7 INTEGRATION OF YOGA INTO CONVENTIONAL PHYSIOTHERAPY PROGRAMS

To maximise the benefits of yoga in rehabilitation, practitioners can integrate yoga-based interventions into standard physiotherapy protocols. This can be achieved by:

1. Conducting individual assessments : Tailoring yoga practices to suit specific patient needs.
2. Combining yoga with therapeutic exercises : Using asanas alongside physiotherapy modalities such as manual therapy and electrotherapy.
3. Incorporating mindfulness and breathwork : Teaching patients relaxation techniques to complement physical rehabilitation.
4. Ensuring safety and supervision : Modifying yoga poses for patients with mobility limitations to prevent injuries.



CHECK YOUR PROGRESS

Q1. What is the main goal of physiotherapy?

Q2. How does physiotherapy help in rehabilitation?

Q3. What are common techniques used in physiotherapy?

Q4. Can physiotherapy help in neurological conditions?

Q5. What role does physiotherapy play in post-surgical rehabilitation?

Q6. Is physiotherapy effective for chronic pain management?

Q7. How does physiotherapy benefit elderly patients?

Q8. Can physiotherapy help in sports injury recovery?

Q9. What is the role of rehabilitation in recovery?

Q10. When should someone seek physiotherapy?



13.8 LET US SUM UP

The integration of yogic techniques into physiotherapy and rehabilitation offers a holistic approach to healing and recovery. By combining physical postures, breath control, and mindfulness, yoga enhances flexibility, strength, coordination, and mental well-being. As research continues to support its effectiveness, yoga is becoming an essential component of rehabilitation programs, helping patients achieve optimal recovery and long-term wellness.



13.9 FURTHER READING

1. Gardiner, Dena M. (1919). The Principles of Exercise Therapy. CBS Publication and Distributors.
2. Carr, J and Shepherd, B. (1998). Neurological Rehabilitation: Optimizing Motor Performance. Churchill Livingstone Elsevier
3. Kraus, H. (1988). Diagnosis and Treatment of Muscle Pain. Quintessence Pub Co.

13.10 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: To restore movement, reduce pain, and improve physical function.

Answer to Q2: It aids recovery after injuries, surgeries, or illnesses by improving strength, mobility, and flexibility.

Answer to Q3: Exercises, manual therapy, electrotherapy, heat/cold therapy, and hydrotherapy.

Answer to Q4: Yes, it helps patients with stroke, Parkinson's disease, and spinal cord injuries regain mobility and function.

Answer to Q5: It helps reduce pain, prevent stiffness, and restore strength and movement after surgery.

Answer to Q6: Yes, it helps manage conditions like arthritis, back pain, and fibromyalgia through exercise and therapy.

Answer to Q7: It improves balance, reduces fall risk, and maintains mobility in aging individuals.

Answer to Q8: Yes, it speeds up recovery, prevents further injuries, and enhances athletic performance.

Answer to Q9: Rehabilitation helps individuals regain independence and improve their quality of life after injury or illness.

Answer to Q10: After an injury, surgery, or when experiencing pain, stiffness, or movement difficulties

13.11 MODEL QUESTIONS

Objective Questions:

Q1. Which of the following is a primary goal of physiotherapy?

a) Diagnosing diseases

b) Restoring movement and function

c) Performing surgeries

d) Prescribing medications

Q2. Which therapy is commonly used in physiotherapy for pain relief?

a) Chemotherapy
b) Electrotherapy
c) Dialysis
d) Endoscopy

Q3. What is the main focus of rehabilitation?

a) Enhancing cosmetic appearance
b) Regaining physical independence
c) Increasing medication use
d) Avoiding physical activity

Short Questions:

Q1. How does psychotherapy help in rehabilitation?
Define rehabilitation in the context of physical therapy.

Q2. What are common therapeutic approaches used in mental health rehabilitation?

Q3. Why is psychological support important in physical rehabilitation?

Q4. Mention one rehabilitative benefit of pranayama.

Q5. What role does yoga play in post-injury recovery?

Essay Questions:

Q1. Explain the role of psychotherapy in mental health rehabilitation. How does it help individuals recover from psychological disorders and reintegrate into daily life?

Q2. Discuss the different types of psychotherapeutic approaches used in rehabilitation. How do cognitive-behavioral therapy (CBT), psychotherapy, and group therapy contribute to recovery?

Q3. Describe the importance of a holistic rehabilitation approach that includes both psychological and physical therapies. How does addressing mental health improve overall rehabilitation outcomes?

Q4. Discuss the rehabilitative benefits of yoga. How can yoga be used in restoring function and mobility after injury or illness?

Q5. Explain the role of yogic techniques in physiotherapy. How can asanas and breathing practices aid physical healing?

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UNIT 14 : ROLE OF YOGIC TECHNIQUES III

UNIT STRUCTURE

14.1 Learning objectives

14.2 Introduction

14.3 Characteristics of Values

14.4 Definition of Values

14.5 Types of Values

14.6 Meaning of Values Development

14.7 Aim and Objectives of Values Development

14.8 Importance of Values Development

14.9 Values Development Through Yoga

14.10 Let us Sum up

14.12 Further Reading

14.11 Answers to Check Your Progress

14.13 Model questions

14.1 LEARNING OBJECTIVES

After going through the unit, you will be able to:

- graph the concept of values
- explain the characteristics and importance of values
- discuss the different yoga technique for development of values.

14.2 INTRODUCTION

“Values” refer to a set of guiding principles, beliefs, and standards that individuals hold, shaping their behaviour, decision-making, and overall outlook on life; essentially acting as a moral compass that defines what is considered right, important, and worthwhile, influencing how people interact with themselves, others, and the world around them, with these values often deeply rooted in personal experiences, cultural norms and upbringing,

and can vary significantly between individuals and societies, but generally include concepts like honesty, integrity, compassion, responsibility, justice, and respect.

Key aspects of values:

Foundational to character:

Values form the core of a person's character, influencing their actions and choices even when faced with difficult situations.

Impact on decision-making:

When confronted with a decision, individuals naturally weigh options against their personal values to determine the most ethical course of action.

Societal influence:

Values are not only personal but also shape social norms and interactions within a community, contributing to a shared sense of morality and behaviour.

Dynamic nature:

While deeply ingrained, values can evolve over time as individuals mature, encounter new experiences, and reflect on their priorities.

14.3 CHARACTERISTICS OF VALUES

1. Values provide standards of morality. Our moral standards are based on our value system.
2. Values are at the core of personality and strongly affect behaviour of an individual.
3. Values are the guiding force to take specific decisions in specific societal issues.
4. Values are the beliefs that guide actionds and judgements across a variety of situations. They help in deciding what is right or desirable.
5. Values cultivate love and understanding
6. Values are concerned with internal development of the person, purifying mind and heart.
7. They provide the standard of morality.
8. Values are a means of perfection.

9. Values refer to intrinsic worth or goodness.
10. Values have both content and intensity attributes. Content tells which conduct is important and intensity specifies how important it is.

14.4 DEFINITION OF VALUES

1. Values are relatively permanent desires that seem to be good in themselves.

- James Stoner, Freeman and Gilbert

2. Values describe the relationship between a person and an environmental situation which evokes an appreciative response in an individual.

- Titus

3. Values are the constellation of likes, dislikes, viewpoints, inner inclinations, rational and irrational judgments, prejudices and association patterns that determine the person's view of world.

-Spranger

14.5 TYPES OF VALUES

Here are the types of values you might define for yourself on both a personal and professional level:

Cultural values

Cultural values are common principles shared between members of a group or community that help them to establish what is fair, proper, and just. Within a society, these main values provide the framework for acceptable behaviour that allow people to live well together. Cultural values guide how people interact and communicate with others, so when individuals have different values and acceptable principles, it can cause conflict or miscommunication. For example, some societies value collaboration and charity, whereas others value individualism and personal success.

At work, cultural values are those employees demonstrate as behavioural norms in the workplace that guide how people communicate with each other, work together, and achieve their goals. Examining a company's cultural values can help you determine what is acceptable and desirable in the workplace. Understanding how your personal values align with a

corporation's cultural values can help you evaluate potential employers. Cultural values in a professional setting define how people dress, manage their work-life balance, and interact with supervisors. Here are some examples of cultural values and how they might affect your career choices:

Collaboration: When individuals value collaboration, they may prefer to work in teams to solve problems together and generate solutions.

Competition: The ability to compete with others or challenge yourself through new tasks may help you foster a sense of accomplishment in your role.

Benevolence: Individuals may seek professional roles where they can help others or spread kindness through their work.

Individualism: Those interested in developing their own careers and achieving individual goals may seek positions that facilitate workplace autonomy.

Collectivism: With an emphasis on achieving group goals and developing personal and long-term relationships, individuals who value collectivism may seek roles in a team-centric environment.

Universalism: When individuals find comfort in a standardised set of rules that apply equally to everyone, they may seek employment in a more established or bureaucratic environment.

Particularism: Those who value particularism might prefer roles or positions that provide flexibility and offer the ability to develop unique solutions when problem solving.

Diversity: Some professionals value the ability to work with a diverse set of people or have various experiences at work.

Terminal values

Terminal values are the personal or professional goals individuals or teams attempt to achieve. Clearly identifying your values can help you understand how you define success or failure in your professional or personal life. These values help you make decisions or determine the career path that can help you fulfill your life's purpose. Terminal values are often the highest-ranked values for individuals, remain consistent throughout the course of their lives, and motivate people to take action toward accomplishing their goals. For

example, an individual's terminal values may include living a comfortable life and finding happiness.

Here are some examples of terminal values upon which you might base important career decisions:

Sense of accomplishment: Here are some examples of terminal values upon which you might base important career decisions:

Family security: When an individual values family security, they may seek employment in a location that is safe for their family or provides a sufficient work-life balance.

Self-respect: Professionals who desire self-respect are those who remain consistent in their values, do not compromise on their safety or happiness, and prioritize self-care.

Wealth: When individuals desire wealth, they may prioritise activities and actions that support this goal and contribute to acquiring money or valuable items.

Happiness: If a person wishes to find happiness in their life, they might make an effort to be more forgiving, appreciative or loving.

Recognition: Some individuals may seek roles in which they are likely to receive recognition for their work, achieve prestige within an industry, or have the ability to influence others' actions or decisions.

Instrumental values:

Instrumental values are those associated with behaviours that help individuals achieve their terminal values. While terminal values get focused on the future, instrumental values are those associated with the present. They are the means by which personal or professional goals get accomplished. These values are the behaviours or conduct by which individuals hold themselves and may change based on social situations, group dynamics, and life experiences.

As instrumental values vary widely between individuals, they are the values that are likely to lead to conflicts in the workplace. For example, if one individual values manners and cheerfulness but another prefers directness and efficiency, these colleagues may experience communication issues or clashes in personalities. Understanding the wide difference between these

character traits and identifying these values in your coworkers can help you build effective working relationships with others. Here are some examples of instrumental values:

Cheerfulness: Being cheerful and positive at work and in your professional life can help you achieve your terminal value of happiness.

Honesty: Professionals who value honesty may prefer to work at companies that value transparency and respect those who take responsibility for their actions.

Manners: Some professionals value the use of manners and politeness within a workspace, which may be challenging to find in some fast-paced work environments.

Obedience: Obeying the rules and observing safety regulations can help foster an environment where employees feel safe and perform their job duties effectively.

Helpfulness: willingness to help others and work together to develop solutions can help professionals find happiness in their roles.

Forgiveness: Individuals who value forgiveness are able to release negative emotions or grudges that can impact workplace relationships and impede productivity.

Loyalty: Professionals who are loyal to their employers often demonstrate dedication to their work and commit to finding creative solutions to new problems.

Creativity: The opportunity to be innovative and problem-solve in their roles at work can motivate professionals who value creativity and imaginative thinking.

Dominant Values:

Dominant values are those closely linked with an individual's personality. These values vary between individuals and help influence personal beliefs, behaviours, and perceptions. While individuals may hold various values, they use their dominant values to help inform their decisions and develop solutions to problems. For example, a professional might value both loyalty and honesty, but if they caught their close coworker stealing from their employer, they might choose one value over the other. If their dominant

value is loyalty, they may decide not to tell their superiors about their incident to remain loyal to their friend.

14.6 MEANING OF VALUES DEVELOPMENT

"Values development" refers to the process of acquiring and actively cultivating personal beliefs and principles that guide one's behaviour and decision-making, essentially shaping an individual's moral compass through gradual learning and experience, often influenced by family, culture, and social interactions; it involves understanding what is considered "good" or "right" and actively working to embody those qualities in one's life.

Key points about value development:

Not innate:

People are not born with fully developed values, they are learned through socialisation and life experiences.

Influencing factors:

Family, community, education, peers and cultural norms significantly impact value development.

Continuous process:

Values evolve and develop throughout life as individuals encounter new situations and perspectives.

Importance of reflection:

Actively reflecting on one's values and aligning actions with those values is crucial for personal growth.

14.7 AIM AND OBJECTIVES OF VALUES DEVELOPMENT

The aim of value development is to cultivate positive moral character and ethical behaviour in individuals by instilling key values like honesty, respect, responsibility, compassion and integrity, thereby enabling them to make informed decisions and contribute positively to society; essentially, it focuses on developing a strong moral compass and promoting personal growth through the integration of values into daily life.

Key objectives of value development include:

Self-awareness: Understanding one's own thoughts, feelings, and strengths to make ethical choices.

Respect for others: Treating people with kindness and consideration, valuing diversity.

Ethical decision-making: Developing critical thinking skills to navigate complex situations with moral integrity.

Social responsibility: Recognising one's role in contributing to the well-being of the community.

Empathy: Ability to understand and share the feelings of others.

Integrity: Acting in accordance with one's beliefs and values, even when challenging.

Lifelong learning: Continuously reflecting on and refining one's values.

14.8 IMPORTANCE OF VALUES DEVELOPMENT

Value development is crucial because it forms the foundation of a person's character, guiding their behaviour and decision-making by instilling ethical principles like honesty, empathy, responsibility, and respect, leading to a more fulfilling life and contributing to a positive society; essentially, it shapes individuals into well-rounded people who can make informed choices with strong moral compasses.

Key aspects of value development's importance:

Character Building:

It helps cultivate a strong moral compass, shaping a person's personality and enabling them to act ethically in different situations.

Positive Decision Making:

By understanding their values, individuals can make choices aligned with their principles, leading to better personal and societal outcomes.

Social Responsibility:

Value development fosters a sense of responsibility towards others and the community, encouraging individuals to contribute positively.

Emotional Intelligence:

It enhances emotional awareness and empathy, allowing individuals to better understand and manage their own emotions and relate to others.

Conflict Resolution:

Strong values can equip people with the tools to resolve conflicts peacefully and constructively.

Personal Growth:

Reflecting on and actively developing values can lead to greater self-awareness and personal fulfillment.

Positive Society:

When individuals within a community share strong ethical values, it fosters a more harmonious and supportive environment.

14.9 VALUES DEVELOPMENT THROUGH YOGA

Yoga is not just a physical exercise but a holistic practice that nurtures the body, mind, and spirit. It helps in developing values that shape a person's character, ethics, and way of life. Through regular practice, yoga cultivates inner peace, discipline, self-awareness, and compassion, which contribute to personal and societal well-being.

Yoga promotes values development by cultivating qualities like compassion, discipline, patience, kindness, and self-awareness through its practice of physical postures (asanas), breathwork (pranayama), and meditation, allowing individuals to gain deeper introspection and understand their inner strength, thereby fostering a more ethical and mindful approach to life.

Key aspects of values development through yoga:

Self-discipline:

The practice of yoga requires commitment and focus, helping to develop self-discipline and perseverance in daily life.

Mindfulness:

By paying attention to the breath and body sensations during practice, yoga encourages mindfulness, leading to increased awareness of thoughts and emotions.

Non-violence (Ahimsa):

The concept of non-harming is central to yoga philosophy, promoting a compassionate attitude towards oneself and others.

Acceptance:

Yoga encourages accepting one's limitations and working with them rather than striving for perfection, fostering a sense of self-acceptance.

Inner peace:

Through deep relaxation techniques and meditation, yoga can help individuals cultivate inner calm and peace.

Integrity:

By practicing yoga with honesty and authenticity, individuals can develop a sense of integrity in their daily lives.

How yoga promotes values:

Yamas (Ethical Principles):

The foundational principles of yoga, including ahimsa (non-violence), satya (truthfulness), asteya (non-stealing), brahmacharya (continence), and aparigraha (non-possessiveness), provide a framework for ethical behavior.

Niyamas (Self-Observances):

These include practices like saucha (cleanliness), santosha (contentment), tapas (austerity), svadhyaya (self-study), and ishvarapranidhan (surrender to the divine), which contribute to personal growth and value development.

Asanas (Physical postures):

The physical postures in yoga can help individuals develop self-awareness of their body and limitations, promoting humility and acceptance.

Pranayama (Breathwork):

By focusing on the breath, individuals can learn to control their emotions and cultivate inner balance.

We can also understand the development of values through yoga in some other ways.

1. Understanding Values in Yoga

Values are the guiding principles that define an individual's behaviour and decision-making. In the context of yoga, values are deeply rooted in the philosophy of Patanjali's Yoga Sutras, which outline ethical and moral principles known as Yamas (restraints) and Niyamas (observances).

2. Key Values Developed Through Yoga

A. Personal Values

1. Self-Discipline (Tapas)

Regular yoga practice builds discipline in daily life. Encourages commitment, dedication, and self-control.

2. Self-Awareness (Swadhyaya)

Yoga encourages introspection and mindfulness.

Helps individuals understand their emotions, thoughts and actions.

3. Patience and Perseverance

Yoga postures (asanas) require effort and gradual progress.

Teaches resilience and the ability to overcome challenges.

4. Inner Peace and Tranquility

Meditation and pranayama (breath control) reduce stress and anxiety.

Develops a calm and balanced mind.

5. Humility and Gratitude

Practicing yoga fosters a sense of gratitude towards life.

Encourages humility and appreciation for the present moment.

B. Social Values

1. Non-Violence (Ahimsa)

Teaches compassion and kindness towards all living beings.

Encourages peaceful interactions and non-harmful thoughts.

2. Truthfulness (Satya)

Promotes honesty in speech, actions, and thoughts.

Helps in building trust and integrity in relationships.

3. Contentment (Santosha)

Encourages acceptance and finding joy in simple things.

Reduces greed, jealousy, and unnecessary desires.

4. Compassion and Empathy

Yoga enhances emotional intelligence.

Helps in understanding and respecting others' perspectives.

5. Respect and Harmony

Promotes unity with others and nature.

Encourages mutual respect and cooperation in society.

C. Spiritual Values

1. Self-Realisation and Purpose

Yoga fosters a deep connection with the self.

Helps in understanding life's purpose and inner calling.

2. Detachment and Letting Go (Vairagya)

Reduces attachment to materialistic desires.

Helps in achieving mental and emotional freedom.

3. Faith and Surrender (Ishvarapranidhana)

Teaches trust in the universe and acceptance of life's flow.

Encourages devotion and spiritual growth.

4. Unity and Oneness (Advaita)

Instills the idea of universal consciousness and interconnectedness.

Reduces ego and promotes harmony with all beings.

3. Methods of Values Development in Yoga

1. Asanas (Physical Postures)

Develop physical discipline, strength, and endurance.

Teach patience and perseverance.

2. Pranayama (Breathing Techniques)

Helps in emotional regulation and self-control.

Develops mindfulness and inner peace.

3. Meditation (Dhyana)

Cultivates self-awareness and spiritual values.

Reduces ego and enhances clarity of thought.

4. Chanting and Mantras

Reinforces positive thinking and focus.

Creates a sense of devotion and inner harmony.

5. Karma Yoga (Selfless Service)

Encourages service to others without expectations.

Builds humility and compassion.

6. Jnana Yoga (Path of Knowledge)

Promotes self-inquiry and wisdom.

Helps in understanding life's deeper truths.

7. Bhakti Yoga (Path of Devotion)

Fosters love, faith, and surrender.

Develops emotional stability and contentment.



CHECK YOUR PROGRESS

Q1. What are values?

Q2. Define values.

Q3. What is the role of yoga in value development?

Q4. Which yogic principle teaches truthfulness?

Q5. How does yoga improve patience?

Q6. Why is Ahimsa important in value education?

Q7. Which yoga practice enhances self-control?

Q8. How does yoga develop inner peace?

Q9. What is the ethical foundation of yoga?

Q10. Which value is strengthened by daily yoga practice?

Q11. How does yoga help in stress management?

Q12. Why should children practice yoga for value development?

Q13. Which limb of yoga focuses on self-discipline?

Q14. Which yoga principle builds honesty?

Q15. Why should children practice yoga for value development?

Q16. Where do values reflect?

Q17. Why practice yoga for values?



4.10 LET US SUM UP

In conclusion, it can be stated that yoga serves as a potent tool for comprehensive values development by cultivating self-awareness, fostering ethical principles like non-violence (ahimsa) and truthfulness (satya) through its philosophy, and promoting mindful practices that encourage compassion, discipline, and inner balance, ultimately leading to a more holistic and ethical lifestyle for individuals integrating yoga into their lives.



14.10 FURTHER READING

1. "Value Education Through Yoga" by Dr. B.K. Jani.
2. "The Heart of Yoga" – T.K.V. Desikachar
3. "The Yoga Sutras of Patanjali" – Swami Satchidananda
4. "Light on Life" – B.K.S. Iyengar
5. "Yamas & Niyamas: Exploring Yoga's Ethical Practice" – Deborah Adele



14.11 ANSWERS TO CHECK YOUR PROGRESS

Answer to Q1: "Values" refer to a set of guiding principles, beliefs, and standards that individuals hold, shaping their behavior, decision-making, and overall outlook on life

Answer to Q2: According to James Stoner, Freeman and Gilbert -
Values are relatively permanent desires that seem to be good in themselves.

Answer to Q3: Yoga cultivates discipline, self-awareness, and ethical living.

Answer to Q4: Satya (truthfulness) from the Yamas.

Answer to Q5: Through breath control and mindfulness.

Answer to Q6: It promotes non-violence and kindness.

Answer to Q7: Meditation (Dhyana) and Pranayama.

Answer to Q8: By balancing the mind, body, and emotions.

Answer to Q9: Yamas and Niyamas (moral disciplines).

Answer to Q10: Discipline and perseverance.

Answer to Q11: By promoting relaxation and emotional stability.

Answer to Q12: It nurtures focus, empathy, and self-confidence.

Answer to Q13: Niyama

Answer to Q14: Satya

Answer to Q15: Ethics

Answer to Q16: Behavior

Answer to Q17: Transformation



14.13 MODEL QUESTIONS

Objective Questions:

Q1. What are five Yamas?

Q2. What are five Niyamas?

Q3. How many types of values are there?

Short questions:

Q1. What are the characteristic of values.

Q2. Discuss the types of values.

Q3. Define value development in brief.

Q4. Discuss in brief about the importance of values development.

Q5. What is the aim of value development in education or personality?

Q6. Why is value development important in today's society?

Q7. How can Yoga help in value development?

Essay questions:

Q1. What is Ashtang yoga? Define the different components of Ashtang yoga.

Q2. Discuss in detail how one can develop values through yoga.

Q3. Define values and describe their main characteristics. How do they guide individual behaviour and decision-making?

Q4. Explain the meaning of value development. How do values evolve in a person's life from childhood to adulthood?

Q5. What are the main objectives of value development in education and society? Why is it considered a foundational aspect of personality development?

Q6. Describe the connection between yoga philosophy (Yamas and Niyamas) and values development.

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