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ARTICLES

Intersections of Dharma and Therapy: Integrating Indic Wisdom into Psychotherapy

Ramya Priya Ravinuthala[1a]

[1] Psychology, University of North Texas

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This essay discusses how dharmic principles can be incorporated into psychotherapy to improve mental well-being and personal growth. Concepts of mindfulness, compassion, self-compassion, non-attachment, and ethical sensitivity are presented in the context of structured therapeutic interventions. Research suggests that these practices can improve psychological symptoms like anxiety and depression, along with enhancing moral behavior, emotional control, self-kindness, and overall character development. The review posits challenges in introducing these practices into therapy in a respectful and successful manner and references empirical evidence for their use. Overall, the integration of dharma-based concepts into psychotherapy offers an avenue toward mental health treatment wherein healing incorporates not only the remission of symptoms but also the acquisition of the well-being and personal growth fostered via positive psychology.

Psychotherapy has experienced significant change over the past decades, expanding from its early preoccupation with pathology and symptom removal toward a more holistic conception of the human being. This change has made possible a dialogue between psychology and contemplative traditions based on self-reflection, ethical living, and meaning-making. Among these traditions, the concept of "dharma" offers a guiding framework encompassing duty, moral responsibility, and allegiance to higher beliefs. Dharmic traditions include the traditions associated today with Hinduism, Buddhism, and Jainism. While initially formulated in philosophical and religious contexts, dharmic principles have struck a chord in psychotherapy as therapists search for practices and theories that contribute not only to psychological health but also to flourishing and moral growth.

a Ramya Priya Ravinuthala is an undergraduate student at the University of North Texas pursuing a Bachelor of Science in Psychology with minors in Counseling and Religion. Her academic and research interests include intersections of mental health, culture, spirituality, and trauma. She has received training in neuropsychological assessments and has contributed to undergraduate research, conference poster presentations, and scholarly manuscripts. Ramya is passionate about mental health advocacy and culturally responsive, integrative approaches to psychotherapy.

Whereas psychotherapy is a treatment method where professional therapists help patients understand and navigate emotions and behaviors, positive psychology is a field of psychology that focuses on concepts like well-being, strengths, meaning-making, and happiness. As such, positive psychology has centered attention on values such as gratitude, compassion, and resilience, all of which overlap with many of the virtues embedded in contemplative traditions. Increasingly, researchers and clinicians have examined how the two fields might intersect. Dharma-informed practices merged with theories of therapy have given rise to evidence-based treatments such as mindfulness-based treatments, compassion training, yoga-informed psychotherapy, and spiritually integrated clinical care.

This essay reviews several examples of the intersection of dharma and therapy with a focus on empirical evidence for the efficacy of dharmic principles in therapeutic settings. Considering examples from Hindu, Buddhist, and Jain traditions, dharmic principles are shown to offer specific benefits. Nonetheless, each case presents specific risks related to the appropriation of religious values in secular contexts. Such risks are not obstacles to the integration of dharma and therapy but still must be prioritized when assessing therapeutic practices.

Dharma as Ethical Obligation and Self-Realization in Hindu Traditions

The dharma concept, defined in a broader sense as ethical responsibility, order, and alignment with one's highest calling, provides a complete model for diagnosis and healing. One major set of dharmic traditions are rooted in the Vedic philosophies and yogic practices associated with Hinduism. In its traditional formulations, dharma is less a set of external rules than an alignment with living in integrity, awareness, and responsibility. As it is expressed through psychotherapy, this emphasis on alignment and responsibility resonates with values-based practice, existential therapy, and meaning-centered interventions.

Recent studies have examined the impact of dharma-oriented practices rooted in Hinduism, such as yoga, mantra meditation, and breath control, on mental well-being. For example, a randomized controlled trial in 2020 demonstrated that yoga interventions reduced symptoms of depression and improved emotional control in individuals with chronic stress.[1] Research on the impact of repeating mantras demonstrated a reduction in symptoms of post-

1 Carlo Leget, "Using the Spiritual Needs Questionnaire: A Perspective from the Ethics of Care," in *Spiritual Needs in Research and Practice: The Spiritual Needs Questionnaire as a Global Resource for Health and Social Care*, ed. Arndt Büssing (Palgrave-Macmillan, 2021), 47–56.

traumatic stress as well as improved resilience in victims of violence.[2] These findings suggest that discipline-based, repetition-centered, and self-regulation-oriented practices promote both existential re-orientation and psychological stability.

The clinical uses of dharma extend beyond stress reduction. By re-orienting clients within ethical frameworks, therapists can help patients bring their experiences into meaning and purpose. Studies in existential psychotherapy illustrate that exploration of questions of obligation, meaning, and responsibility reduces fear of death and enhances coping in terminal illness patients.[3] Dharma, then, might provide not only a philosophical but also a clinical instrument for counseling individuals in crisis.

However, many secularized appropriations of dharma-based practices risk stripping them of their philosophical and ethical foundations. When yoga is reduced to bodily exercise or relaxation training, the deeper emphasis on self-awareness and ethical direction is lost. Without this context, therapy can succeed in physiological outcomes but fail to recognize the greater therapeutic potential for moral transformation.[4] This constitutes part of the risk associated with the appropriation of religious values in secular contexts. Even when borrowing dharmic practices in clinical settings, therapists should at least take steps to be informed about the larger religious context from which these practices derive. Such informed awareness will help mitigate the risks identified here.

Buddhist Mindfulness and Compassion as Therapeutic Resources

Other prominent schools of contemplative philosophy are rooted in the dharma of Buddhism. These emphasize impermanence, suffering, mindfulness, compassion, and the examination of the ego. Buddhist contemplative practices align well with what psychology says about why people struggle and how they can heal. Therefore, such practices integrate smoothly into therapeutic approaches. Mindfulness has emerged as one of the most studied and applied Buddhist practices in psychotherapy, while compassion training is gaining acceptance as an add-on to cognitive and behavioral therapies.

Meta-analyses conducted post-2018 indicate that Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) gradually reduce symptoms of stress, depression, and anxiety in different

2 A. Malaktaris, C. L. McLean, S. Mallavarapu, M. S. Herbert, S. Kelsven, J. E. Bormann, and Lang, A. J., "Higher Frequency of Mantram Repetition Practice Is Associated with Enhanced Clinical Benefits among United States Veterans with Posttraumatic Stress Disorder," *European Journal of Psychotraumatology* 13, no. 1 (2022), 2078564. https://doi.org/10.1080/20008198.2022.2078564

3 Irvin D. Yalom, *Existential Psychotherapy* (Basic Books, 1980), 437–452.

4 J. M. Williams, I. Russell, and D. Russell, "Mindfulness-Based Cognitive Therapy: Further Issues in Current Evidence and Future Research," *Journal of Consulting and Clinical psychology* 76, no. 3 (2008): 526, https://doi.org/10.1037/0022-006X.76.3.524.

populations.[5] These mindfulness interventions also reduce relapse rates for chronic depression and are thus a useful preventative. Neuroimaging studies also attest to this by showing that mindfulness training enhances prefrontal cortex and anterior cingulate cortex activity areas related to attention control and emotion regulation.[6]

Compassion-based interventions, in comparison, are effective in reducing shame, self-blame, and post-traumatic distress. A 2019 meta-analysis found that compassion-based intervention increased well-being and decreased psychological symptoms in both clinical and non-clinical groups. These findings point to the therapeutic value of compassion, both self-directed and other-directed, as an antidote to cycles of shame and loneliness.[7]

Despite their popularity, these practices, too, share their own criticisms. Scholars warn against the danger of "McMindfulness," i.e., the commodification of mindfulness as a quick-fix, stress-reduction technique stripped of its ethical depth and existential intent. Additionally, guided meditation without adequate training may result in adverse effects, particularly with trauma survivors, and hence the need for proper adaptation and clinician training.[8]

Nonviolence, Non-Attachment, and Multiplicity of Truth in Jainism

Jainism constitutes a third major dharmic tradition. The Jaina dharma educates in nonviolence (ahiṃsā), non-attachment (aparigraha), and non-one-sidedness (anekāntavāda). These principles give therapeutic interventions for regulating anger, attachment, and all-or-nothing thinking, and increasing tolerance and empathy. Nonviolence has been applied to therapy in conflict resolution and anger management, particularly in domestic violence treatment programs and restorative justice.[9] Practicing non-attachment behavior allows clients to observe their urges without automatically acting on them, which is essential in treating addictions and compulsions. The principle of non-one-sidedness is rooted in an ontological argument about the nature of reality according to Jaina philosophy. In contemporary usage,

5 S. B. Goldberg et al., "Mindfulness-Based Interventions for Psychiatric Disorders: A Systematic Review and Meta-Analysis," *Clinical Psychology Review* 59 (2018): 52–60, https://doi.org/10.1016/j.cpr.2017.10.011.

6 A. N. Bazzano et al., "Effect of Yoga and Mindfulness Intervention on Symptoms of Anxiety and Depression in Young Adolescents Attending Middle School: A Pragmatic Community-Based Cluster Randomized Controlled Trial in a Racially Diverse Urban Setting," *International Journal of Environmental Research and Public Health* 19, no. 19, 12076 (2022): 1–12, https://doi.org/10.3390/ijerph191912076.

7 L. A. Millard, M. W. Wan, D. M. Smith, and A. Wittkowski, "The Effectiveness of Compassion-Focused Therapy with Clinical Populations: A Systematic Review and Meta-Analysis," *Journal of Affective Disorders* 326 (2023): 168–192. https://doi.org/10.1016/j.jad.2023.01.010.

8 J. M. Williams, I. Russell, and D. Russell, "Mindfulness-Based Cognitive Therapy," 527.

9 W. Priyadarshana, "Dharma Therapy in Buddhism: A Buddhist Psychological Review on Counselling and Psychotherapy," in *Rethinking Buddhism: Text, Content, Contestation*, ed. Anand Singh (Primus Books, 2023).

it is often related to the value of humility and the recognition of one's own limited perspective. As such, non-one-sidedness can contribute techniques for reframing and perspective-taking in cognitive-behavioral therapies.

While empirical inquiry into the principles of Jainism in therapeutic contexts remains less developed than that for Buddhist mindfulness, concept work and small-scale studies suggest their potential. For instance, the inclusion of non-attachment in mindfulness practices has been demonstrated to reduce craving and increase treatment effects in addiction. Similarly, therapeutic approaches influenced by Jaina principles that promote recognition and acceptance of multiple perspectives, rather than adhering to a single perspective, have been linked to enhanced empathy and reductions in interpersonal conflicts.[10]

Nonetheless, the literature has limitations. Much of that research remains philosophical, with relatively few large-scale trials. That said, existing research indicates that the incorporation of Jaina principles into psychotherapy may serve to improve resilience and social functioning. For instance, the introduction of nonviolence in therapeutic activities may reduce reactive aggression and enhance restorative interpersonal behaviors that support relational repair in clients with conflict or trauma histories.[11] An anekāntavāda-inspired practice of encouraging clients to consider multiple perspectives can supplement cognitive-behavioral interventions, like cognitive restructuring, by expanding the range of meaning attributed to emotionally salient experiences.[12] Likewise, non-attachment exercises—guided reflection, journaling, and mindfulness practices that emphasize observation without clinging—may facilitate self-regulation and reduce compulsive or avoidant behaviors. These practices demonstrate the practical utility of Jaina philosophical principles beyond moral teachings alone and in accordance with major psychological ideals of flexibility, empathy, and emotional stability.

However, several important limitations remain. Most empirical work relies on small samples or indirect operationalizations of Jaina principles, oftentimes borrowing from Buddhist-informed or secular mindfulness research. To date, large-scale, randomized trials explicitly testing the efficacy of interventions based explicitly on ahiṃsā, aparigraha, and anekāntavāda are limited.[13] As a result, the potential for Jain-derived practices to contribute to the development of resilience, empathy, and pluralistic understanding in therapy remains largely untapped. Future research that blends rigorous clinical

10 Priyadarshana,"Dharma Therapy in Buddhism."

11 Paul Gilbert, *The Compassionate Mind: A New Approach to Life's Challenges* (Robinson, 2009), 145–162.

12 Aaron T. Beck, *Cognitive Therapy and the Emotional Disorders* (Penguin, 1979), 98–104.

13 Mark T. Greenberg, *Handbook of Mindfulness and Acceptance: Applications in Clinical Psychology* (Springer, 2021), 212–220.

methodology with thoughtful cultural and philosophical translation could allow these principles to be effective elements of integrative mental health care.

Spirituality in Psychotherapy

Outside of specific philosophical frameworks rooted in Hinduism, Buddhism, and Jainism, spirituality in a broad sense provides a key aspect of psychotherapy. Spirituality can include beliefs, practices, and values that create meaning, transcendence, and interconnection with something beyond oneself. Spiritual identity is central to the coping strategies and worldviews of most clients and therefore needs to be integrated into practice. Existing empirical work has indicated that utilizing spirituality as a resource for managing stress and adversity, known as spiritual coping, is associated with greater resilience and improved health outcomes, particularly among patients with chronic diseases. Spiritually integrated therapies in which therapists intentionally incorporate clients' beliefs into treatment have been found to enhance meaning-making, reduce distress, and improve quality of life.

Clinical guidelines increasingly recommend a spiritual assessment of clients as part of holistic care.[14] Yet, there are risks involved in bringing spirituality into psychotherapy. Therapists might hurt clients if they impose their worldviews or do not work well with spiritual material. Secondly, sometimes spirituality will even increase suffering, for example, when beliefs amplify guilt or fear.[15] Integration of spirituality, therefore, requires training, competence, and cross-cultural awareness. For instance, the HOPE framework reminds clinicians to inquire in a structured manner about their patient's sources of hope (H), organized religion (O), personal spirituality and practices (P), and effects on medical care and end-of-life issues (E), in a way that helps ensure spiritual discussions are both respectful and clinically relevant.[16]

Positive Psychology and Contemplative Virtues

Positive psychology is interested in strengths and well-being, building a natural bridge between contemplative practice and psychotherapy. Its theories highlight gratitude, compassion, resilience, and meaning, virtues that have long been emphasized in dharma-based philosophies. Seligman's PERMA model (Positive Emotion, Engagement, Relationships, Meaning, Accomplishment) is congruent with contemplative conceptions of purpose

14 Gowri Anandarajah and Ellen Hight, "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment," *American Family Physician* 63, no. 1 (2001): 81–89, https://pubmed.ncbi.nlm.nih.gov/11195773/.

15 P. B. Behere, A. Das, R. Yadav, and A. P. Behere, "Religion and Mental Health," 187–192.

16 Anandarajah and Hight, "Spirituality and Medical Practice."

and flourishing.[17] Journaling on gratitude, practices of compassion, and meaning-centered therapy, for instance, have reverberations in traditional devotional and meditative practice. Classifications of character strengths, such as wisdom, transcendence, and courage, which are the qualities that allow people to connect with something larger than their self-interest, also converge with virtues cultivated in contemplative traditions.

Empirical research supports the therapeutic value of these practices. In 2019, research concluded that interventions eliciting gratitude and compassion increased well-being and reduced depressive symptoms among adolescents.[18] Operationalization and quantification of virtues provide positive psychology empirical validation to assist in incorporating contemplative ethics into therapy. Negative critics, however, argue that positive psychology often minimizes personal suffering and broader systemic factors, including social, economic, and cultural challenges, that may often contribute to distress.[19] Whilst contemplative traditions center shared issues of human suffering, positive psychology might become individualistic or overly positive. Without deeper philosophical foundations, the synthesis of such approaches is prone to superficial relationships that ignore the whole depth of dharma.

Comparative Analysis

There are shared mechanisms that run through the different models and traditions. Mindfulness, compassion, non-attachment, and meaning-making emerge as recurring therapeutic mechanisms that strengthen resilience and reduce distress. There are common approaches shared through neuropsychological research, such as better emotional regulation and attentional control.

Meanwhile, there are distinctions and differences between these paradigms as well. Some denominations are more focused on realizing an inner self or higher consciousness, others on impermanence and non-self, and yet others on ethical values like nonviolence and pluralism. Positive psychology does its part by offering empirical methods for measuring and operationalizing virtues so that contemplative insights can get into the mainstream of clinical research. These diverse methods collectively suggest that psychotherapy might be enriched by a pluralistic model, one that ranges from philosophy through spirituality to positive psychology without collapsing one into the other.

17 W. L. Lim and S. Tierney, "The Effectiveness of Positive Psychology Interventions for Promoting Well-being of Adults Experiencing Depression Compared to Other Active Psychological Treatments: A Systematic Review and Meta-analysis," *Journal of Happiness Studies* 24, no. 1 (2023): 249–273, https://doi.org/10.1007/s10902-022-00598-z.

18 Millard et al., "The Effectiveness of Compassion-Focused Therapy with Clinical Populations."

19 Millard et al., "The Effectiveness of Compassion-Focused Therapy with Clinical Populations."

Clinical and Ethical Considerations

The integration of dharma-based teachings with psychotherapy is accompanied by substantial clinical and ethical considerations. Therapists must be appropriately trained to introduce philosophical and spiritual material into therapy in a suitable form. Without proper comprehension and appropriate clinical training, there is the risk of misuse or harm. Processes like yoga or mindfulness are often divorced from their cultural and ethical origins, causing cultural appropriation problems. Integration needs to be undertaken with respect and humility by the therapists. Integration must be collaborative, based in informed consent, and tailored to the client's worldview. Compelling practices risk annihilating trust. Research has shown that therapists who practice contemplative forms themselves bring more informed experience to therapeutic interventions.[20] Clinician self-cultivation could thus be crucial to ethical integration.

Mechanisms of Contemplative and Virtue-Based Interventions

Understanding the mechanisms by which contemplative and virtue-based interventions impact mental health is crucial for theoretical as well as clinical purposes. The evidence suggests that these interventions operate through a few interrelated mechanisms: neurobiological, cognitive, emotional, and behavioral. Neuroimaging studies identify that mindfulness and meditation exercises enhance activity in the prefrontal cortex, anterior cingulate cortex, and insula, regions associated with attentional regulation, emotion processing, and self-awareness.[21] These alterations are consistent with executive functioning, emotional regulation, and stress resilience improvements that provide a neurophysiological basis for claimed therapeutic benefits.

Cognitively, the interventions promote decentering, metacognition, and perspective-taking. Through enhancing awareness of passing feelings and thoughts, clients become unhooked from automatic or ruminative responses, facilitating adaptive coping. Similarly, skills derived from moral reasoning or a sense of ethical duty make behavior more aligned with social and personal values, enhancing decision-making and reducing cognitive dissonance. Affectively, skills derived from compassion, non-attachment, and gratitude facilitate developing tolerance for affects, empathic understanding, and pro-social behavior. These processes reduce self-judgment, shame, and interpersonal conflict, enhancing emotional stability.

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20 H. Carter and D. Greenwood, "The Experience of Therapists Using the Buddhist Dharma and Meditation in Their Psychotherapy Practice," *Journal of Transpersonal Research* 9, no. 2 (2017): 108.

21 Bazzano et al., "Effect of Yoga and Mindfulness Intervention on Symptoms of Anxiety and Depression in Young Adolescents Attending Middle School."

Behaviorally, consistent exercise in virtue exercises, such as daily mindfulness practice, moral journaling, or compassion exercises, enables self-regulation and action development for intentional purposes. Clients become skilled at applying insight to behavior, enhancing habits that align with ethical and personal values.[22] Combined, these processes demonstrate how contemplative and virtue-practices operate at various levels, creating an integrated model of psychological change involving mind, body, and ethical guidance.

However, it's equally important to remember that many scientific meditation studies often isolate these practices from their rich cultural and ethical context. In their native contexts, meditation is more than a tool for stress reduction; it is an integral part of a life that includes moral commitments, spiritual aspirations, and community practices. When research focuses only on the brain or symptom reduction, it can overlook these deeper dimensions. Of course, this does not make neuroscience irrelevant, but rather its findings are to be interpreted as only part of a much larger story. Keeping the cultural and ethical context in view provides a needed check on the tendency to over-simplify contemplative practices or reduce them to simplistic therapeutic techniques.

Future Directions and Research Gaps

Despite increasing evidence in favor of incorporating dharma-inspired practices, mindfulness, compassion training, and positive psychology into psychotherapy, numerous research gaps exist. Longitudinal studies and large-scale randomized controlled trials are necessary to ascertain the efficacy and sustainability of these interventions in a wide range of populations and clinical settings. Current studies usually depend on short-term interventions or small sample sizes, making generalizability and long-term applicability challenging.

Cross-cultural concerns also need to be addressed. As there is greater uptake of contemplative practice in secular contexts, there is a risk of cultural appropriation or ethically watering down the practice. Future studies need to explore culturally appropriate adaptation while maintaining philosophical depth and ethical integrity. Establishment of digital and teletherapy platforms also has potential for reaching broader populations with contemplative and virtue-based practice, but the broader reach of virtual environments perhaps exacerbates the existing risks of appropriation and misuse.

22 R. Bhati, M. Mandal, and T. Singh, "Ancient Indian Perspectives and Practices of Mental Well-Being," *Frontiers in Psychology* 16, Article 1616802 (2025): https://doi.org/10.3389/fpsyg.2025.1616802.

Conclusion

This essay has reviewed research from multiple disciplines, including contemplative philosophies, spirituality, and positive psychology, to show how principles of ethics, morality, and mindfulness intersect with contemporary psychotherapy. Blending empirical evidence and conceptual evaluation, it makes clear what interventions have robust evidence for promoting psychological well-being, what remains under-researched, and how philosophical traditions may assist in framing the moral and existential components of therapy. In doing so, this essay provides clinicians, researchers, and educators with an integrated background for understanding the restorative potential of dharmic principles, bridging gaps between theoretical understanding and modern clinical practice.

Moreover, this essay has highlighted the ethical, cultural, and clinical implications of integrating dharmic practices. It identifies dangers of decontextualized or superficial utilization, such as cultural appropriation or unintended psychological distress, and highlights the significance of therapist experience, cultural sensitivity, and client autonomy. In highlighting the potential and constraints of the integration of dharma-informed interventions and positive psychology, the essay encourages an intelligent view on holistic models of mental health and identifies the value of pluralistic, ethically informed models in contemporary psychotherapy.

Existing research on contemplative practices in clinical settings can guide practitioners in using mindfulness, developing compassion, ethical awareness, and meaning-making in treatments. Practices derived from these traditions can be modified to help clients manage stress, reduce anxiety and depression, enhance emotional regulation, and promote resilience. Moreover, incorporating therapy with ethical and existential frameworks can assist clients in harmonizing conduct with central values, establishing a sense of meaning and moral growth. Systematic, evidence-based mechanisms for embedding contemplative and virtue-oriented interventions offer clinicians valuable methods for developing more holistic and culturally sensitive therapy interventions that are directed towards symptom reduction and long-term flourishing.

The incorporation of dharmic philosophies, spirituality, and positive psychology into psychotherapy is reflective of greater recognition that healing is not merely existential, ethical, and spiritual, but also cognitive and behavioral. Although empirical data are strongest for mindfulness-based and contemplative movement interventions, philosophical arguments concerning nonviolence, compassion, and non-attachment highlight the need for culturally sensitive and holistic models. Such future work needs to transcend superficial borrowing, subjecting deeper patterns of meaning and virtue to rigorous and humble investigation.

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REFERENCES

Anandarajah, Gowri, and Ellen Hight. "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment." *American Family Physician* 63, no. 1 (2001): 81–89. https://pubmed.ncbi.nlm.nih.gov/11195773/.

Bazzano, A. N., Y. Sun, V. Chavez-Gray, T. Akintimehin, J. Gustat, D. Barrera, and C. Roi. "Effect of Yoga and Mindfulness Intervention on Symptoms of Anxiety and Depression in Young Adolescents Attending Middle School: A Pragmatic Community-Based Cluster Randomized Controlled Trial in a Racially Diverse Urban Setting." *International Journal of Environmental Research and Public Health* 19, no. 19 (2022): 1–12. https://doi.org/10.3390/ijerph191912076.

Beck, Aaron T. *Cognitive Therapy and the Emotional Disorders*. Penguin, 1979.

Behere, P. B., A. Das, R. Yadav, and A. P. Behere. "Religion and Mental Health." *Indian Journal of Psychiatry* 55, no. Supplemental 2 (2013): S187–94. https://doi.org/10.4103/0019-5545.105526.

Bhati, R., M. Mandal, and T. Singh. "Ancient Indian Perspectives and Practices of Mental Well-Being." *Frontiers in Psychology* 16 (2025). https://doi.org/10.3389/fpsyg.2025.1616802.

Büssing, A., S. B. Khalsa, A. Michalsen, K. J. Sherman, and S. Telles. "Yoga as a Therapeutic Intervention." *Evidence-Based Complementary and Alternative Medicine*, 2012, 174291. https://doi.org/10.1155/2012/174291.

Carter, H., and D. Greenwood. "The Experience of Therapists Using the Buddhist Dharma and Meditation in Their Psychotherapy Practice." *Journal of Transpersonal Research* 9, no. 2 (2017): 105–18.

Castellote-Caballero, Y., M. D. C. Carcelén-Fraile, A. Aibar-Almazán, Y. Rivas-Campo, and A. M. González-Martín. "Yoga as a Therapeutic Approach to Mental Health in University Students: A Randomized Controlled Trial." *Frontiers in Public Health* 12 (2024): 1406937. https://doi.org/10.3389/fpubh.2024.1406937.

Gallo, G. G., D. F. Curado, M. P. A. Machado, et al. "A Randomized Controlled Trial of Mindfulness: Effects on University Students' Mental Health." *International Journal of Mental Health System* 17, no. 32 (2023). https://doi.org/10.1186/s13033-023-00604-8.

Gilbert, Paul. *The Compassionate Mind: A New Approach to Life's Challenges*. Robinson, 2009.

Goldberg, S. B. et al. "Mindfulness-Based Interventions for Psychiatric Disorders: A Systematic Review and Meta-Analysis." *Clinical Psychology Review* 59 (2018): 52–60. https://doi.org/10.1016/j.cpr.2017.10.011.

Greenberg, Mark T. *Handbook of Mindfulness and Acceptance: Applications in Clinical Psychology*. Springer, 2021.

Leget, Carlo. "Using the Spiritual Needs Questionnaire: A Perspective from the Ethics of Care." In *Spiritual Needs in Research and Practice: The Spiritual Needs Questionnaire as a Global Resource for Health and Social Care*, edited by Arndt Büssing. Palgrave-Macmillan, 2021.

Lim, W. L., and S. Tierney. "The Effectiveness of Positive Psychology Interventions for Promoting Well-Being of Adults Experiencing Depression Compared to Other Active Psychological Treatments: A Systematic Review and Meta-Analysis." *Journal of Happiness Studies* 24, no. 1 (2023): 249–73. https://doi.org/10.1007/s10902-022-00598-z.

Malaktaris, A., C. L. McLean, S. Mallavarapu, M. S. Herbert, S. Kelsven, J. E. Bormann, and A. J. Lang. "Higher Frequency of Mantram Repetition Practice Is Associated with Enhanced Clinical Benefits among United States Veterans with Posttraumatic Stress Disorder." *European Journal of Psychotraumatology* 13, no. 1 (2022): 2078564. https://doi.org/10.1080/20008198.2022.2078564.

Millard, L. A., M. W. Wan, D. M. Smith, and A. Wittkowski. "The Effectiveness of Compassion-Focused Therapy with Clinical Populations: A Systematic Review and Meta-Analysis." *Journal of Affective Disorders* 326 (2023): 168–92. https://doi.org/10.1016/j.jad.2023.01.010.

Nair, A. B., and A. B. Nair. "Progressive Journey of Mental Health: Bridging Indian Tradition and Contemporary Mental Health." *The International Journal of Indian Psychology* 12, no. 2 (2024): 4585–92. https://ijip.in/articles/contemporary-mental-health/.

Priyadarshana, W. "Dharma Therapy in Buddhism A Buddhist Psychological Review on Counselling and Psychotherapy." In *Rethinking Buddhism: Text, Content, Contestation*, edited by Anand Singh. Primus Books, 2023.

Williams, J. M., I. Russell, and D. Russell. "Mindfulness-Based Cognitive Therapy: Further Issues in Current Evidence and Future Research." *Journal of Consulting and Clinical Psychology* 76, no. 3 (2008): 524–29. https://doi.org/10.1037/0022-006X.76.3.524.

Yalom, Irvin D. *Existential Psychotherapy*. Basic Books, 1980.