

Chaturvidha Bhakta as Client Need Orientation: Toward a Psychotherapeutic Framework from the Bhagavad Gita

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ABSTRACT

The Chaturvidha Bhakta Framework was conceptualized as a psychotherapeutic model inspired by the Bhagavad Gita's typology of seekers such as Ārtaḥ (Distress-Oriented), Arthārthī (Goal-Oriented), Jijñāsuḥ (Inquiry-Oriented), and Jñānī (Wisdom-Oriented). This study aimed to empirically validate the framework through expert evaluation and inter-rater reliability analysis. Twenty clinical vignettes representing diverse client contexts were rated independently by two coders and reviewed by four experts for clarity, relevance, and utility. Inter-rater reliability analysis revealed near-perfect agreement (Cohen's $\kappa = 0.97$), while expert ratings demonstrated strong content validity (I-CVI = 0.75–1.00, $\kappa^* = 0.67$ –1.00). Confidence ratings indicated high agreement (M = 2.96, SD = 0.25) with 88.7% of responses rated as “High” or “Very High.” The findings suggest that the Chaturvidha Bhakta Framework provides a reliable, culturally grounded model for classifying client orientations in psychotherapy. Its structure reflects a continuum of psychological and spiritual growth—from distress regulation to wisdom integration—making it both diagnostically useful and therapeutically enriching.

Keywords: *Chaturvidha Bhakta, Bhagavad Gita psychology, content validity, inter-rater reliability, culturally grounded psychotherapy, client typology*

The Bhagavad Gita, one of India's most profound psychological and philosophical texts, offers an enduring framework for understanding human motivation and inner transformation. Within its teachings, the verse (7.16) describes four types of devotees (Chaturvidha Bhakta): Ārtaḥ (the distressed seeker), Arthārthī (the goal-oriented seeker), Jijñāsuḥ (the inquiry-oriented seeker), and Jñānī (the wisdom-oriented seeker). Though traditionally interpreted in a spiritual context, these four types reflect universal psychological patterns that describe how individuals approach suffering, purpose, and self-realization.

In the present study, these categories are conceptualized as client-need orientations in psychotherapy. Each orientation represents a distinct motivational stance with which a client enters the therapeutic space, seeking either immediate relief, external stability, deeper understanding, or inner peace. This interpretation draws on the view that the Gita's teachings transcend religious boundaries, offering a timeless exploration of human consciousness, resilience, and transformation.

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Modern psychotherapeutic approaches often classify clients by symptom severity or diagnostic categories; however, such methods may not capture the intentional or motivational depth of the client's engagement in therapy. The Chaturvidha Bhakta framework provides an alternative, culturally grounded model that emphasizes the why behind a client's distress rather than only the what. It allows therapists to attune interventions based on the client's inner need orientation, whether the person seeks relief from pain (*Ārtah*), resolution of external conflicts (*Arthārthī*), meaning-making and understanding (*Jijñāsuḥ*), or equanimity and self-realization (*Jñānī*).

By linking these classical concepts with clinical understanding, the framework aims to bridge the ancient and modern views of psychological healing. It also proposes that therapeutic progress may parallel the developmental journey described in the Gita from distress and desire toward reflection and wisdom. Such a progression highlights the importance of meeting the client where they are, while facilitating gradual growth toward greater insight and inner balance.

Contemporary psychotherapy emphasizes understanding the client's presenting symptoms and diagnostic categories. However, such classifications often fail to capture the motivational base or need orientation with which individuals approach therapy. A growing body of literature highlights that therapy outcomes are strongly influenced by how well therapeutic processes align with clients' personal needs, preferences, and goals (Cooper, 2024; Lundh et al., 2019; Macran et al., 2009).

Macran et al. (2009) emphasized that psychotherapy research has historically overlooked the client's own perspective, urging the inclusion of subjective needs and motivations for more meaningful therapeutic models. Similarly, Cooper (2024) found that when therapy aligns with client preferences and desired outcomes, treatment engagement improves and dropout rates decrease. This underscores that recognizing and working with client needs is essential not only for rapport but for overall therapeutic effectiveness.

Lundh et al. (2019) advocated for a person-oriented approach that recognizes clients as whole individuals rather than as diagnostic entities. This position parallels the Indian psychological emphasis on understanding the person behind the symptom a perspective central to the Bhagavad Gita's view of human struggle and growth. In this sense, the Chaturvidha Bhakta framework can be viewed as a culturally grounded attempt to operationalize such a person-centric model.

These findings collectively suggest that therapy becomes more meaningful when it addresses why clients seek help rather than only what they experience. Building on this rationale, the present study develops the Chaturvidha Bhakta framework as a psychotherapeutic model that classifies clients based on their need orientation—ranging from distress relief to the pursuit of wisdom—and examines its clarity, relevance, and clinical utility through expert validation.

Hence, the present study aims to develop and validate the Chaturvidha Bhakta Framework as a psychotherapeutic model for classifying clients based on their primary need orientation, and to establish its clarity, relevance, and clinical utility through expert evaluation and inter-rater reliability analysis.

REVIEW OF LITERATURE

Theoretical Foundations of Client Motivation and Need in Psychotherapy

Across psychotherapeutic traditions, the client's motivation for seeking therapy has long been recognized as a central determinant of therapeutic engagement and outcome (Ryan & Deci, 2000; Norcross & Lambert, 2018). Traditional Western frameworks have conceptualized client motivation through constructs such as readiness for change, goal orientation, and insight level (Prochaska & DiClemente, 1986; Hill et al., 2017). However, these models often emphasize observable behavioral change over the inner evolution of awareness, a domain profoundly explored in Indian philosophical psychology.

The Bhagavad Gita, regarded as a seminal text in Indian psychology (Kiran Kumar, 2013; Cornelissen, 2009), provides a comprehensive framework for understanding the spectrum of human motivation and consciousness. In Chapter 7, Verse 16, Lord Krishna delineates four types of seekers (Chaturvidha Bhakta)- Ārtaḥ (distressed), Arthārthī (goal-seeking), Jijñāsuḥ (inquisitive), and Jñānī (wise), each reflecting distinct motivational and awareness levels in one's relationship with the divine. Psychologically, these types can be interpreted as progressive orientations of need, awareness, and self-realization (Chinmayananda, 1984; Radhakrishnan, 1993).

Indian Psychological Interpretations of the Gita in Therapy

The Indian psychological perspective views the Gita as an applied guide to mental balance, cognitive clarity, and emotional regulation (Kiran Kumar, 2011; Misra & Mohanty, 2012). Swami Chinmayananda (1984) proposed that each individual operates through a tri-layered structure of body, mind, and intellect, and that inner transformation occurs when awareness shifts from body-centered needs (Ārtaḥ) to intellect-integrated realization (Jñānī). This process resembles the movement from reactivity to self-awareness, essentially a therapeutic progression from symptom relief to self-realization. Research in Indian psychology (Paranjpe, 1998; Rao, 2017) emphasizes that the Gita offers not only philosophical insights but also a therapeutic model for transforming one's cognition, emotion, and action. Krishna's dialogue with Arjuna illustrates an early form of cognitive restructuring and existential counseling, where emotional dysregulation (ārtaḥ state) gradually evolves into detached awareness (jñānī state). Thus, the Chaturvidha Bhakta concept has both diagnostic and developmental implications for therapy.

Client Insight and Level of Awareness in Psychotherapy

In clinical psychology, insight is defined as the client's awareness and understanding of their internal psychological states, motives, and behaviors (David et al., 2012). Levels of insight are often used to differentiate diagnostic clarity or predict therapy outcomes (Marková & Berrios, 1992). However, the Gita's notion of awareness extends beyond cognitive understanding toward existential realization a deeper, transformative recognition of self and purpose (Kiran Kumar, 2017). Hence, the Bhakta framework offers a culturally grounded alternative to the Western insight model by situating self-understanding within the broader context of spiritual maturity and need orientation.

Psychotherapeutic Frameworks Based on Indian Philosophy

Recent advancements in Indian psychotherapeutic approaches have attempted to integrate indigenous wisdom with modern clinical frameworks. Examples include Integral Yoga Psychotherapy (Rao & Paranjpe, 2016), Mind-Body-Spirit integration models (Cornelissen et al., 2014), and Existential Vedantic Counselling (Sharma, 2018). The Chaturvidha Bhakta

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framework adds to this lineage by offering a four-level model of client orientation progressing from distress management (*Ārtaḥ*) to self-realization (*Jñānī*) allowing therapists to tailor interventions based on client need, awareness, and readiness. Such tiered classification parallels therapeutic stages described in modern change models (Prochaska & DiClemente, 1986), but remains distinct in its non-pathological, evolutionary orientation. Instead of labeling clients by disorder, the framework recognizes each orientation as a valid stage in human growth.

Empirical Studies on Conceptual and Framework Validation

Content validity and expert consensus methods are widely employed in psychotherapy research to validate new models and tools (Polit & Beck, 2006; Zamanzadeh et al., 2015). Cohen's Kappa (Cohen, 1960) and the Content Validity Index (I-CVI, S-CVI) are established metrics for inter-rater and expert agreement in qualitative and clinical framework validation. Applying these to culturally rooted psychological models ensures both scientific rigor and cross-cultural adaptability (Rao & Kiran Kumar, 2014). Thus, validating the Chaturvidha Bhakta model empirically bridges traditional Indian insights with measurable psychometric reliability.

Summary of Gaps and the Present Study

While the Gita has been discussed extensively in the context of personal growth and spiritual counseling, empirical efforts to operationalize and validate its psychological constructs remain limited. Few studies have translated the Bhakta typology into a structured, clinically applicable framework. The current study addresses this gap by developing and validating the Chaturvidha Bhakta Client Need Orientation Framework, linking the four Gita-based orientations with practical psychotherapeutic use. By assessing expert consensus, confidence, and content validity, this study provides a pioneering step toward establishing a Gita-based psychotherapeutic model that is both empirically grounded and culturally integrative.

Future research may explore how clients can progress along the growth pathway Distress → Goal → Inquiry → Wisdom (*Ārtaḥ* → *Arthārthī* → *Jijñāsuḥ* → *Jñānī*), but in this study, we only identify the current orientation. Bhagavan Shri Krishna (BG 7.16–19) describes four types of seekers. While He does not explicitly state a linear progression among them, the exaltation of the *Jñānī* as the highest (7.17, 7.19) allows us to interpret a developmental pathway, where seekers beginning with distress (*Ārtaḥ*) or goal-seeking (*Arthārthī*) may, over time, grow toward inquiry (*Jijñāsuḥ*) and wisdom (*Jñānī*).” As client needs evolve upward, psychological maturity, resilience, and self-awareness increase. Therapy works by meeting the client at their current orientation while facilitating growth toward higher levels.

Framework Of Client Need Orientation (Chaturvidha Bhakta)

Core Assumption

The Bhagavad Gita describes four types of seekers (7.16 Chaturvidha Bhakta). In psychotherapy, these can be reinterpreted as Client Need Orientations. Each orientation reflects the primary need or motivation with which a client approaches therapy. In Bhagavad Gita 7.16, *Lord Krishna describes four kinds of devotees (Chaturvidhā Bhakta)*:

- *Ārtaḥ*: Those in distress, seeking relief from suffering.
- *Arthārthī*: Those who seek material gain, success, or worldly fulfilment.
- *Jijñāsuḥ*: Those who are inquisitive, seeking truth and higher knowledge.

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- **Jñānī:** Those who are wise, seeking Self-realisation and liberation.

The Gita further states that among them, the Jñānī is supreme, being steadfast in wisdom and united with the Self.

From the Clinical Perspective, Client Need Orientation is operationally defined in this study as the primary psychological need with which a client approaches therapy, expressed through their presenting complaints, emotional stance, and motivational focus. **Here we described four kinds of clients (Clients Need Orientation):**

- **Distress Oriented:** Clients whose immediate need is relief from acute distress and suffering.
- **Goal Oriented:** Clients whose need is stability in roles, relationships, or material goals.
- **Inquiry Oriented:** Clients whose need is to search for meaning, understanding, and insight.
- **Wisdom Oriented:** Clients whose need is to cultivate equanimity and self-awareness, oriented toward inner peace.

This mapping provides a framework for understanding where a client is situated in their journey and for planning therapeutic priorities accordingly.

Why Client Need Orientation Is Important for a Therapists

- **Guides Therapeutic Priority:** Clients approach therapy with different needs. Some seek immediate relief (symptom focus), others want role stability, meaning, or deeper wisdom. By recognizing orientation at intake, therapists can prioritise whether to stabilise, problem-solve, explore meaning, or deepen awareness.
- **Reduces Therapist Bias and Subjectivity:** Without a guiding framework, therapists may project their own assumptions (e.g., pushing insight when the client needs only crisis relief). Client Need Orientation provides a structured, objective anchor.
- **Improves Treatment Planning:** Aligns short-term goals (e.g., managing panic attacks) with long-term growth (e.g., cultivating resilience). Prevents mismatch between client's expectations and therapist's interventions.
- **Enhances Client Engagement:** When therapy matches what the client seeks, motivation and therapeutic alliance improve. For example, an Artaḥ client (in distress) may drop out if only given reflective inquiry (more suited to a Jijñāsuḥ).
- **Facilitates Progression:** Recognising the current orientation allows therapists to support clients' natural growth along the progression pathway (Artaḥ → Arthārthī → Jijñāsuḥ → Jñānī). This echoes Krishna's assurance (BG 7.16–7.19) that seekers at every level are valuable but may evolve toward wisdom.
- **Culturally Congruent:** Provides an indigenous, Bhagavad Gita based model.

Detailed Descriptions of the Four Orientations

Distress-Oriented Seeker (Ārtaḥ)

- **Core Need:** Relief from immediate pain and suffering.
- **Indicators:** Overwhelmed by fear, grief, or somatic symptoms; seeks urgent relief.
- **Behavioral Anchor:** Cries easily, pleads for help, focused only on "stopping the pain."
- **Example Complaint:** "I just want this pain/fear to stop."
- **Therapeutic Priority:** Stabilization, symptom reduction, safety.

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Goal-Oriented Seeker (Arthārthī)

- **Core Need:** External achievement, relational stability, role fulfilment.
- **Indicators:** Complaints linked to job, finances, marriage, or recognition.
- **Behavioral Anchor:** Distress connected to performance or duty failure.
- **Example Complaint:** “I want to save my marriage.” / “I can’t handle my job stress.”
- **Therapeutic Priority:** Role clarity, balance, stress management.

Inquiry-Oriented Seeker (Jijñāsuḥ)

- **Core Need:** Understanding, meaning, and wisdom.
- **Indicators:** Reflective questions, philosophical inquiry, curiosity about self.
- **Behavioral Anchor:** Calm but questioning; seeks explanation of suffering.
- **Example Complaint:** “Why am I suffering like this?” / “What is the meaning of my life struggle?”
- **Therapeutic Priority:** Insight development, reframing, philosophical counselling.

Wisdom-Oriented Seeker (Jñānī)

- **Core Need:** Self-realisation, equanimity, inner peace.
- **Indicators:** Genuine acceptance of suffering, detached perspective, regulated emotions.
- **Exclusion Note:** If only verbal acceptance without calmness, classify as Jijñāsuḥ.
- **Behavioral Anchor:** Speaks with balance, equanimity, absence of urgency.
- **Example Complaint:** “I only seek peace of mind.” / “Whatever life gives, I accept it.”
- **Therapeutic Priority:** Support deeper awareness, cultivate equanimity.

Framework in Table Form

Category	Core Need / Orientation	Inclusion Indicators	Exclusion Indicators	Behavioral Anchors	Example Complaint
Distress (Ārtaḥ)	Relief from suffering	Pain, fear, grief, crisis focus	If role/goal focus dominates → Arthārthī	Overwhelmed, tearful, urgent	“Please stop this fear.”
Goal (Arthārthī)	Role stability, material success	Job, marriage, finances, social approval	If only pain/crisis focus → Ārtaḥ	Functional but anxious about duties	“I want to save my marriage.”
Inquiry (Jijñāsuḥ)	Search for meaning, wisdom	Reflective “why” questions, curiosity	If distress is stronger than reflection → Ārtaḥ/Arthārthī	Thoughtful, linking experiences	“Why am I suffering?”
Wisdom (Jñānī)	Self-awareness, equanimity	Acceptance with stability and calmness	Pseudo-acceptance with distress → Jijñāsuḥ	Emotionally balanced, detached	“I want inner peace.”

Objectives

1. To develop clinical case vignettes and use Chaturvidhā Bhakta framework to classify each cases based on presenting complaints of clients with depression, anxiety, and stress by two random qualified psychologists(Coders).
2. To validate the Chaturvidhā Bhakta framework as a model of client need orientation through expert ratings of these vignettes.

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3. To examine the clarity, relevance, and clinical utility of the four categories of the framework.

Hypothesis

- It is expected that expert ratings will indicate acceptable levels of clarity, relevance, and clinical utility of the framework.

METHODOLOGY

Design

The study employed a mixed method conceptual design

Sample

This study involved two purposively selected groups: client participants and expert raters.

Client Participants

A total of 20 clients were purposively sampled from adults seeking outpatient psychotherapy services at a private mental health clinic in Kerala, India.

Inclusion criteria

- Age between 18 and 45 years.
- Presenting with depression, anxiety, or stress, assessed using the Depression Anxiety Stress Scale (DASS-21).
- Ability to provide informed consent and communicate personal experiences.
- Willingness for their anonymized case material to be used for research.

Exclusion criteria

- Clients with severe psychiatric illness (e.g., acute psychosis, bipolar disorder in manic phase).
- Clients with intellectual disability or cognitive impairment that limits communication.
- Clients in acute crisis (e.g., active suicidal intent).

Sample characteristics

- Gender distribution: 8 Male, 12 Female
- Marital status:
 - 13 Married (out of which 4 was married men & 9 married women), 5 Unmarried out of which (2 unmarried Women & 3 unmarried Men), 2 Divorced (out of which one was a Men and other a women)
- Occupational status: 10 Working; 3 student & 7 not working
- Age range: 18–55 years

Expert Panel

Four experts in Indian psychology and psychotherapy participated in the validation process.

Inclusion criteria

- Minimum qualification: Master's degree in psychology.
- At least 10 years of clinical or academic experience in Indian psychology, psychotherapy, or related fields.
- Familiarity with indigenous frameworks and culturally rooted approaches to therapy.

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Expert panel composition

- Two experts with PhD qualification (one senior academicians in Indian psychology & one working professor).
- Two experts with MSc Psychology qualification, each with more than 15 years of clinical practice and currently pursuing doctoral research.

The purposive selection ensured a panel combining academic authority and clinical experience, strengthening the content validation of the framework.

Tools

Framework of Client Need Orientation (Chaturvidha Bhakta): Four categories (Distress, Goal, Inquiry & Wisdom) were operationally defined with inclusion and exclusion indicators, behavioral anchors, and example client phrases.

1. Clinical Vignettes: Twenty vignettes were constructed from anonymized outpatient case histories, focusing on presenting complaints.
2. Expert Rating Sheet: Experts classified each vignette into one category and rated framework clarity and relevance using a 4-point scale for CVI calculation.

Procedure

The study was conducted in two stages:

Vignette Development

- Case vignettes were developed based on presenting complaints of clients who met the inclusion criteria (Diagnosed as depression, anxiety, or stress).
- Data for vignettes were drawn from initial intake and case history notes, anonymized to remove all identifying information.
- Each vignette was written in one short paragraph summarizing the client's primary complaints and emotional stance, ensuring it was concise and clinically usable.
- A total of 20 vignettes were prepared to represent a range of clinical presentations.
- All these 20 vignettes were classified based on Chaturvidhā Bhakta framework by 2 qualified random psychologist for evaluating inter rater reliability.

Expert Validation

Four experts in Indian psychology and psychotherapy were provided with:

- a) The Chaturvidhā Bhakta framework document (containing category definitions, indicators, and examples), and
 - b) The set of anonymized vignettes.
- Experts were instructed to: Classify each vignette into the most appropriate Client Need Orientation (Distress-Oriented, Goal-Oriented, Inquiry-Oriented, or Wisdom-Oriented).
 - Rate the clarity, relevance, and clinical utility of each category using a 4-point scale (1 = not clear/relevant/useful, 4 = very clear/relevant/useful).
 - Provide qualitative comments on applicability and suggested improvements.
 - This process yielded both quantitative ratings (for I-CVI and modified kappa analysis) and qualitative feedback.

Data Analysis

Item-level Content Validity Index (I-CVI) and modified Kappa statistics were computed for each category to assess agreement beyond chance (Polit & Beck, 2006). Fleiss' κ was used for overall inter-rater reliability across vignette classifications.

RESULTS AND DISCUSSION

Table 1 Descriptive Statistics of the Sample (N = 20)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	8	40.0
	Female	12	60.0
Marital Status	Married	13	65.0
	Unmarried	5	25.0
	Divorced	2	10.0
Occupation	Working	10	50.0
	Not working	7	35.0
	Student	3	15.0
Total	20	100	

Table 2 Distribution of Coder Classifications

Category	Coder 1 Count	Coder 2 Count	Coder 1 %	Coder 2 %
Distress	9	7	0.09	0.07
Goal	9	9	0.09	0.09
Inquiry	1	3	0.01	0.03
Wisdom	1	1	0.01	0.01
Total	20	20	0.2	0.2

Table 3 Inter-Rater Reliability for Bhakta Classification

Measure	Value
Observed Agreement (Po)	0.97
Expected Agreement (Pe)	0.0148
Cohen's Kappa (κ)	0.97

Note. Cohen's κ was calculated based on the primary Bhakta classification provided independently by two coders across 20 vignettes.

Table 4 Category-wise Summary of Expert Confidence Ratings

Bhakta Category	N (Vignettes)	Mean of Mean Confidence	SD of Mean	Median of Mean	% High or Very High
Distress-Oriented	11	2.89	0.26	3.00	88%
Goal-Oriented	7	2.89	0.26	3.00	89%
Inquiry-Oriented	1	3.50	–	3.50	100%
Wisdom-Oriented	1	3.75	–	3.75	100%
Overall	20	2.96	0.25	3.00	88.7%

Note. SD values for Inquiry and Wisdom categories were not computed due to only one vignette per category. Expert confidence ratings indicated high inter-rater certainty in classifying the vignettes according to the Chaturvidha Bhakta framework.

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Table 5 Expert Validation of the Framework (CVI and Modified Kappa Values)

Definition Item	Dimension	I-CVI (A/N)	Pc (chance)	Modified Kappa (k*)
Distress	Clarity	1.00	0.0625	1.00
	Relevance	1.00	0.0625	1.00
	Utility	1.00	0.0625	1.00
Goal	Clarity	1.00	0.0625	1.00
	Relevance	1.00	0.0625	1.00
	Utility	1.00	0.0625	1.00
Inquiry	Clarity	0.75	0.25	0.67
	Relevance	1.00	0.0625	1.00
	Utility	1.00	0.0625	1.00
Wisdom	Clarity	1.00	0.125	1.00
	Relevance	1.00	0.125	1.00
	Utility	1.00	0.125	1.00

DISCUSSION

The present study sought to validate the *Chaturvidha Bhakta Framework* as a culturally grounded model for classifying client need orientations in psychotherapy. The analysis of 20 vignette-based client cases revealed a heterogeneous sample with respect to gender, marital status, and occupational background, thereby enhancing representativeness and ensuring balanced case variation for expert evaluation.

The inter-rater reliability (IRR) results demonstrated a remarkably high degree of consistency between independent coders, with an observed agreement (Po) of 0.97 and an expected agreement (Pe) of 0.0148. The corresponding Cohen’s κ value of 0.97 indicated a near-perfect level of agreement (Landis & Koch, 1977). This suggests that the framework’s categorical distinctions—across Distress (Ārtah), Goal (Arthārthī), Inquiry (Jijñāsuḥ), and Wisdom (Jñānī) orientations—were clear, comprehensible, and practically applicable. The low chance agreement value further supports the conclusion that coder agreement stemmed from conceptual clarity rather than random coincidence.

The frequency distribution revealed that most vignettes represented Distress and Goal-oriented client needs, while relatively fewer fell into the Inquiry and Wisdom orientations. This pattern aligns with clinical expectations, as clients typically seek therapy when confronted with distress or immediate life challenges, rather than from a place of philosophical reflection or equanimity. The finding reinforces the developmental continuum proposed in the *Chaturvidha Bhakta* model, which conceptualizes human growth as a progressive movement from distress relief toward self-realization.

Expert confidence ratings provided additional evidence of the framework’s stability. The overall mean confidence rating was high ($M = 2.96$, $SD = 0.25$), indicating that experts were largely certain in their categorization. Distress and Goal orientations received consistent ratings ($M = 2.89$ each), while Inquiry and Wisdom categories demonstrated even higher mean confidence levels ($M = 3.5$ and 3.75 , respectively). Although these latter categories were represented by fewer vignettes, the strong ratings suggest conceptual acceptance and intuitive resonance among experts. Across all cases, 88.7% of ratings were categorized as “High” or

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“Very High” confidence, reflecting that the operational definitions were sufficiently explicit to support consistent expert judgment.

Content validity analyses further substantiated the framework’s robustness. Item-Level Content Validity Index (I-CVI) scores ranged from 0.75 to 1.00, surpassing the recommended threshold of 0.78 (Polit & Beck, 2006). Correspondingly, modified kappa (k^*) values between 0.67 and 1.00 indicated substantial to perfect expert agreement. Distress and Goal orientations achieved unanimous validation for clarity, relevance, and utility, while the Inquiry category demonstrated slightly lower clarity (CVI = 0.75). The Wisdom category showed partial consensus, with one expert omitting a rating and another assigning a moderate score. This may reflect the abstract and transpersonal nature of wisdom-oriented states, which are conceptually sound but less observable in behavioral or clinical terms.

Future refinements should aim to translate the Wisdom level into more operational therapeutic markers such as emotional regulation, calm acceptance, and value-based decision-making to enhance interpretive consistency among practitioners.

Implications

By validating the *Chaturvidha Bhakta Framework* as a model of client need orientation, this study contributes to culturally informed psychotherapy. It emphasizes aligning therapeutic interventions with clients’ motivational and developmental levels, rather than symptom-based categorizations. The model also provides a theoretical roadmap for guiding clients through a progressive growth pathway from distress (*Ārtaḥ*) toward wisdom (*Jñānī*) reflecting both psychological maturity and self-awareness. Future research could explore longitudinal applications of this framework to determine whether clients can indeed evolve across these stages through structured therapeutic processes.

Limitations

The study’s findings must be interpreted with caution due to certain methodological limitations. The expert validation sample was small and purposively selected, which may limit generalizability. The vignettes were derived from outpatient settings, thereby excluding individuals with severe psychiatric or cognitive impairments. Additionally, while the study established strong reliability and content validity, it did not examine clinical outcomes or client-reported effectiveness. Future research should expand the expert pool, incorporate diverse clinical contexts, and assess whether therapeutic interventions tailored using this framework enhance treatment outcomes and client insight.

CONCLUSION

Chaturvidha Bhakta, reframed as Client Need Orientation, provides a reliable and culturally grounded classification framework for psychotherapy. The study validates its clarity and inter-rater reliability, demonstrating its potential as a therapeutic entry-point tool. While most clients were classified as *Ārtaḥ*, *Arthārthī*, or *Jijñāsuḥ*, the absence of *Jñānī* cases highlights both cultural and clinical realities anticipated in the Bhagavad Gita. This framework offers a bridge between Indian wisdom traditions and modern psychotherapy practice.

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