The “Human Mind” and “Human Behaviour” were considered as very complex till recently. But developments in the field of Behaviour Technology have unraveled such complexities. So far psychologists and other social scientists have been focusing on the classification, assessment, diagnostics, evaluation and prediction of human behaviour. Only in the recent years it has been possible to focus on the application of the scientific knowledge to bring about changes in human behaviour along desirable line and to extinguish such behaviours that are considered undesirable. The application of this knowledge is known as “Behaviour Technology”.

Central to human behaviour and behaviour change the management of emotions has been considered to be a very challenging task for professionals working in the area of Mental Health Services. As a result “Brief Techniques” have been developed to render “assured results” to some of the behavioural problems “within a short period”. These problems had been considered extremely difficult if not impossible to be solved (Ganesan and Ganasen 2009). Some such “Brief Techniques” developed and applied by the authors are described here. These techniques have been administered on number clients, and they have rendered fruitful therapeutic outcomes. The clients included over one thousand five
hundred, who underwent one day workshops on Personality Development, Management of Emotions, and Stress Management Strategies that were offered to male and female college students and industrial workers.

These brief techniques have been found to be helpful to the Mental Health Professionals as well as the common man and woman in ensuring prevention, cure and rehabilitation of various psychological problems. Further the brief techniques are able to produce distinctly perceivable therapeutic outcomes within a short period like a week or a fortnight. A brief description of some of them is given in this article.

**Anger-reversal Technique**

Exaggerated anger or aggressive behaviour has been posing great threat to the development of the individual. The breathing pattern and the skleto-muscular reactions elicited along with the expression of the emotion of anger, when rehearsed in a controlled manner can help gain voluntary control of the emotion of anger (Ganesan and Ganesan, 2004).

This technique helps in regulating one’s own Anger level.

This Behavioural Rehearsal Exercise is described below:

- **Step - I:** Be seated on a chair, stool or bench - press your feet strongly over the floor. Experience the muscle tension in your calf muscles and thigh muscles.
- **Step - II:** Clench your fists, with the elbows bent and forearms parallel to the floor. Experience the muscle tension in the fists, fore arms, upper arms, shoulders and chest.
- **Step - III:** Bite the teeth. Experience the tension in the jaw muscles.
- **Step - IV:** Open the eyes as widely as possible, raise the eyebrows and stare straight, in line with your eyes.
- **Step - V:** Bite the teeth and breathe through the teeth and nostrils, noisily and swiftly.
- **Step - VI:** Give a command to yourself as follows: Call yourself by ‘your name’ and say for example: “Ram / Sita – Get ready and get angry” - Follow this by adopting all the above six steps (Steps I - VI) simultaneously. Maintain this behaviour for 15 seconds.
Step- VII: Call yourself by your ‘name’; again and say for example: “Ram or Sita – Reduce anger and relax” - Follow by simultaneously closing your eyes and, lips, breathing deeply, relaxing your fingers and toes and hanging the head down. Experience the relaxation for 45 seconds.

Repeat the steps VI and VII, ten times.

Follow this by total relaxation of the body by lying down on the back, keeping the hands by the sides with palms facing up, fingers let loose, and legs kept apart with 12 inches between heals. Relax the fingers and toes and slowly exhale and inhale for a period of 15 minutes.

This above procedure develops a voluntary control over once ability to “switch on”, “increase”, “stop” and “reverse” anger related psycho-neuro-muscular-endocrinal responses.

This technique also helps in developing an awareness of one’s feeling of anger, and the client starts observing, and experiencing of the psychological and physiological responses related to anger.

The very awareness can help regulate ones emotions (Mahaprajna, 1999). This technique can be used effectively in helping people suffering from the problem of shyness.

Management of Exaggerated Anger

The intensity of anger is disproportionate and exaggerated to the stimulus and lasts for more than 3 minutes. Any thought, word or action that hurts “self” or “others” is indicative of exaggerated anger. Practice of this technique helps the individual to regulate and extinguish exaggerated anger and short temperedness.

Persons having suicide ideation (or attempt) or semination, homicidal attempts or rumination, injurious (self or other) behaviour, non-assertive behaviour, depression, social withdrawal, inferiority complex can benefit with this technique.

Technique for Change of Direction of Aggression

Intra punitive aggression refers to aggression directed towards oneself in order to hurt oneself. This will range from “self hurt” to “suicide”.
Converting intra punitive aggression into extra punitive is possible by this technique.

This kind of behaviour is Psycho-neuro-endocrinologically conditioned. The reversal of this behaviour is possible by practicing the following technique.

**Punch Boxing**

The person has to put on boxing gloves and punch a bag filled with saw-dust. The person has to deliver 10 forceful punches and rest for a minute and continue the procedure for a period of 30 minutes - once or twice a day for a period of 10 days.

**Technique for Stimulating Psycho-physiological Arousal**

The person has to use the skipping rope and skip for a period of ten days. On the first day, the person has to do 50 skips 4 times with intermittent rest pauses of 2 minutes duration after each 50 skips (total 200 skips).

Every day the person has to increase 100 skips more resulting in 1000 skips on the tenth day.

If the person experiences pain in the leg muscles he or she can apply white liniment ointment on the leg muscles.

This increases the psycho-physiological arousal and increases the heart rate and blood circulation.

For those, who do not know how to skip - they are asked to throw the skipping rope from back to front and step over it. Gradually he / she learns to skip.

They have to count both ‘successful’ as well as ‘unsuccessful’ attempts to skip. This helps them to develop an ‘ambivalent attitude’ and a sense of equanimity towards ‘success’ and ‘failure’ in life.

This technique has been found (by the authors) to be helpful in dealing/ managing, depression, inferiority complex, self-doubt, fear of failure, passivity, withdrawal and fear of future.

**Incremental Walking Technique**

The person is asked to walk 50 steps and rest. This is followed by increasing 50 more steps each time, for ten times. After each
time of these ten times, a rest pause of 5 minutes will be taken. The
total steps walked for the first day will be 2,750 steps. This
technique, when used for ten days will be as follows:

<table>
<thead>
<tr>
<th>DAYS</th>
<th>STEPS</th>
<th>CUMMULATIVE STEPS</th>
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<tbody>
<tr>
<td>1</td>
<td>50 + 50….</td>
<td>- 2,750</td>
</tr>
<tr>
<td>2</td>
<td>2,751 + 50….</td>
<td>- 5,500</td>
</tr>
<tr>
<td>3</td>
<td>5,501 + 50….</td>
<td>- 8,250</td>
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<tr>
<td>4</td>
<td>8,251 + 50….</td>
<td>- 11,000</td>
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<tr>
<td>5</td>
<td>11,001 + 50….</td>
<td>- 13,750</td>
</tr>
<tr>
<td>6</td>
<td>13,751 + 50….</td>
<td>- 14,500</td>
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<tr>
<td>7</td>
<td>14,501 + 50….</td>
<td>- 17,250</td>
</tr>
<tr>
<td>8</td>
<td>17,251 + 50….</td>
<td>- 20,000</td>
</tr>
<tr>
<td>9</td>
<td>20,001 + 50….</td>
<td>- 22,750</td>
</tr>
<tr>
<td>10</td>
<td>22,751 + 50….</td>
<td>- 25,500</td>
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</table>

This technique has been used successfully by the authors and
other also for problems like depression, inferiority complex, self-
doubt, fear of failure, lethargy, passivity, withdrawal from
socialization, fear of future, loss in business, appheusion of failure
in examination, love affair, and suicidal ideation etc. However,
clinicians and health psychologists can use this techniques
independently or in combination with other techniques depending
upon the requirement of the case.

**Laughter Technique**

Laughter Technique (Ganesan and Ganesan, 2005) empowers
the enhancement of: 1. The quantum of inhalation of oxygen. 2.
The quantum of exhalation of waste gases from the lungs. 3.
secretion of endorphin, that helps produce relaxation response.

**Procedure:**

- **STEP - I:** Produce noise like, HA…HA… HA…
- **STEP - II:** Produce noise like, HEE…HEE… HEE…
- **STEP - III:** Produce noise like, HOO…HOO… HOO…
- **STEP - IV:** Produce noise like, HAY…HAY… HAY…
STEP - V: Produce noise like, HO…HO… HO…
STEP - VI: Produce noise UNLIKE ANY OF THE ABOVE
STEPS I to VI are to be produced for a period of 30 mts,

Follow this by total relaxation of the body by lying down on the back, keeping the hands by the sides with palms facing up, fingers let loose, and legs kept apart with 12 inches between heels. Relax the fingers and toes and slowly exhale and inhale for a period of 30 minutes.

This technique has been used by the authors for the last many years and has been found to be beneficial for treating and managing depression, inferiority complex, self-doubt, fear of failure, lethargy, passivity, withdrawal from social contacts, fear and apprehension about future, losses (in business or of partner), suicidal rumination, hatred, anger, aggression, anxiety, etc.

Genital Muscle Relaxation Technique

Genital muscle relaxation technique has been developed by Ganesan (1980) for the management of sexual dysfunctions in both men and women. It has been found to be effective in sexual excitation, sexual inhibition and sexual aversion. The procedure is as follows:

Procedure:

STEP - I: Contract the anal muscles, count mentally from 1001 to 1006 and relax.
STEP - II: Contract the genital muscles, count mentally from 1001 to 1006 and relax.
STEP - III: Contract both the anal and genital muscles, count mentally from 1001 to 006 and relax.

Each of the above three steps are to be repeated 20 times each.

Mentally counting the numbers keeps the person to engage his attention to the activity of counting and produces the relaxation response as in the case of Benson’s relaxation response (Benson, 1984).
The author have used it successfully for the treatment of secondary impotence, permature ejaculation, ejaculatory incompetence, homosexuality and masturbation in males. It has also been found to be effective in the treatment of vaginismus, sexual aversion, frigidity, unorgasmia and numphomania, lesbianism and masturbation in females.

**Psycho-physiological Dynamics of this Technique**

In the case of both males and females, during sexual excitation the genital muscles undergo an involuntary muscle spasm, and during sexual inhibition these muscles get frozen.

By using the above technique, this involuntary muscle spasm and muscle freezing changes, and a voluntary control over these muscle groups are established. This result in the management of pre-conditioned Sexual Excitation as well as the Sexual Inhibition.

**Management of Inferiority**

Inferiority is being caused by the individual’s focusing attention on his her ‘weaknesses’ and ‘limitations’ only. This can be overcome by the following techniques.

The person is asked to list out his or her:
1. Good Qualities or Characteristics
2. Abilities
3. Talents and Skills
4. Achievements

To start with, the person has to list three of the above, and then five, and then ten. The next day one has to add up to twenty, and to add ten more every day for ten days. On the tenth day the person would have to make a list of one hundred.

To prompt the person to increase the number of items, the following can be mentioned.
1. Man / Woman
2. Human
3. Tamilian / Bengali / Rajasthani / Kashmiri etc.
4. Indian
5. Can See
6. Can Hear
7. Can Walk
8. Can Speak
9. Not Orthopaedically Challenged
10. Not Mentally Challenged
11. Not Sterile
12. Not Homo - Sexual / Lesbian
13. Not HIV Positive
14. Not Dead Yet
15. Cancer – Free

**Induction of Relaxation Response by Reduction of Breathing Rate**

The normal breathing rate per minute is 15 sets of exhalations and inhalations. The reduction in the breathing rate will facilitate considerable reduction in the psycho-physiological arousal that will result in the onset of relaxation of response.

The client is asked to count the exhalations and inhalations per minute and to divide that number by two. This figure provides the sets of exhalations and inhalations per minute.

When the above technique is repeated 6 times, every time trying to exhale and inhale slower and slower, the breathing rate per minute will gradually come down to 5 or even 3. However reduction to 5 times itself is enough.

This technique can be self-administered by the client 6 times a day. This will produce a spill-over-effect and slow down the breathing rate for the whole day.

This technique has been found to be effective in the management of anxiety, anger and aggression, sexual arousal, obsessive thoughts.

**Sleep Deprivation Technique**

The client is asked to keep awake for a period of 36 hours that is for a day, night and a day. This will help in the Sleep-Wake-Cycle and the Circadian Rhythm to be regularized.
This technique is more effective in the successful management of depression as compared to the administration of anti-depressants.

It has been reported by the authors (in separate publications) that it is useful in the treatment and management of insomnia, suicidal ideation and obsessive thoughts.

**Management of Pre-Mature Ejaculation**

Sexual responses among humans is more governed by their psychological status than what they think and feel than what their physiological status (Masters, Johnson and Kdordy, 1996; Ganesan, 2005). Development of a voluntary psycho-neuro-muscular control over the penile muscles will help in the management of premature ejaculation. The client is asked to gain 10% erection and bring down to 0% erection or total relaxation of the penile muscles. This is to be repeated 3 times. After that the client is asked to gain 20% erection and bring down to 0% erection or total relaxation of the penile muscles. This also has to be repeated 3 times.

Like the above, the client is to try to reach 30% and 0%, 40% and 0%, 50% and 0%, 60% and 0%, 70% and 0%, 80% and 0%, and 90% and 0% erection.

After achieving the above, the client is to gain the erection up to 90% and bring it down to only 80% and maintain the erection between 80% and 90%. The duration of maintaining erection between 80% and 90% is to be gradually increased to a minimum of 10 minutes.

This technique will help in totally eradicating the premature ejaculation (PME) and help in maintaining a voluntary control over the ejaculation and the person can maintain erection as long as he or his spouse requires (Ganesan, and Ganesan, 2000).

**Prolongation of the Duration of Penile Erection**

Penile erection and its prolongation have been the concerns for which a number of people consult experts in cues type of stream may be allopathy, Ayurvedic or Unini. People seek such drugs which can prolong penile erection.

The erection can be maintained as long as required by following technique (Ganesan and Ganesan, 2000).
STEP - I: Just after intromission, the client has to withdraw the penis from the Vagina and again he can reenter.

STEP - II: Next he has to count, mentally 1, 2 and then withdraw and again he can reenter.

STEP - III: Next he has to count, mentally 1, 2, 3, 4 and then withdraw and again he can reenter.

STEP - IV: Next he has to count, mentally 1 to 8 and then withdraw and again he can reenter.

STEP - V: Next he has to count, mentally 1 to 16 and then withdraw and again he can reenter.

STEP - VI: Next he has to count, mentally 1 to 32 and then withdraw and again he can reenter.

Like this he can go on doubling the number, and watch the duration of erection increasing.

When the penis is being withdrawn from the vagina, the penis is not exposed to the warmth of the inner vagina and is also being exposed to the outer, cooler air. These factors help cool down the penis and prevent the occurrence of pre - mature - ejaculation.

This technique helps in “Non - Targeting - Ejaculation”.

In fact the client can enter sexual intercourse with the ultimate goal of Non-Ejaculation. His aim will be only to produce multiple orgasms for his spouse.

The use of this technique will help in the prevention of pregnancy, and in controlling the population.

In ancient Kerala, the Nambudris, the Brahmins used to follow the single-child norm. Perhaps they would have followed a some what similar technique for the population control.

An African tribe engages in sexual intercourse for a period of 90 minutes duration with two intermissions. This is known as ‘Khareeza’ (The Diagram Group, 1996). They might be using a similar technique to prolong the duration of the erection.

The mental-counting serves as a diversion form sexual arousal. Singing and humming can also serve as diversion techniques for averting the psycho-neuro- endocrinological-arousal.
Management of Vaginismus

Vaginismus is a psycho-somatic response to sexual intercourse, when a woman experiences anxiety or disgust towards copulation (Stones and Stones, 1961). The client is asked to apply some scented oil over the outer vagina and massage. Usually a client, who suffers from Vaginismus hesitates to touch her vagina. This massage will help her to feel comfortable with her vagina. The fragrance of the scented oil will facilitate her in inhaling slowly and more air and hence more oxygen (and the air contains 25% oxygen). The intake of more oxygen increase rational thinking and reduces irrational fear. This will help her relax her body muscles in general and her vaginal muscles in particular.

The exhalation, when it slows down leads to the relaxation response and in the effective management of various emotions like anger, fear, anxiety, sex and depression (Iyengar, 2000).

Next she is asked to slowly insert half a centimeter of her little finger inside her vagina. Like this, she is asked to gradually insert her other fingers, and also a little deeper.

Then she is asked to rotate one of her finger around the vaginal wall and widen the path.

Later she is asked to stimulate her clitoris and experience orgasm. This “Directed Masturbation” helps in the extinction of aversion to sexual intercourse.

The extended patterns of inhalation and exhalation have been found to be effective in the treatment of various anxiety related behavioural problems like, slurred speech, smoking, examination phobia and family therapy (Ganesan and Ganesan, 2009a, Ganesan, Ganesan, Dubey, and Vibha, 2004).

In conclusion it can be said that behavioural technology offers several such effective and easy techniques which may help the health professional to deal effectively with the health profession including those of sexual problems. Sexual difficulties are such that the clients have fear of apprehension for reporting these and getting treatment. Moreover stigma is also attached with these. Therefore the variants of behaviour technology as mentioned above and many more can effectively be used by the health professionals.
REFERENCES


● ● ●
The technical content of brief behaviour interventions was identified in a reliable and standardized way providing preliminary indications on potentially effective techniques to achieve behaviour change. Citation: De Vasconcelos S, Toskin I, Cooper B, Chollier M, Stephenson R, Blondeel K, et al. (2018) Behaviour change techniques in brief interventions to prevent HIV, STI and unintended pregnancies: A systematic review. PLoS ONE 13(9): e0204088. https://doi.org/10.1371/journal.pone.0204088. Editor: Qigui Yu, Indiana University School of Medicine, UNITED STATES. The techniques and behavior patterns of intruders are constantly shifting, to exploit newly discovered weaknesses and to evade detection and countermeasures. Even so, intruders typically follow one of a number of recognizable behavior patterns, and these patterns typically differ from those of ordinary users. In the following, we look at three broad examples of intruder behavior patterns, to give the reader some feel for the challenge facing the security administrator. Table 20.1, based on [RADC04], summarizes the behavior. HACKERS Traditionally, those who hack into computers do so for the thr The consumer behaviour research is alternatively termed as motivation research or study of buying motives. Simply put, the term refers to the study of consumers behaviour or responses to a particular brand, product, or quality, and of the circumstances leading to such behavioural patterns. According to Lawrence Lockley, the term consumer behaviour research is used to describe the application of psychiatric and psychological techniques to obtain a better understanding of why people respond they do to products, advertisement, and various other marketing situations. ADVERTISEMENTS Technologies like AI, IoT, Big Data and the Cloud have proved to influence the consumer's purchase intention drastically. Retailers are now investing heavily in digital techniques to meet their customer’s expectations. Here is a quick brief on how the technology is exerting its influence on consumer behavior. Social Media. Online Opinions. Mobile devices and payments. Integration of Technologies. Augmented Reality. 1. Social Media.