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Manushya Vs. Yantra Maruthuvan: The Mental Health Drama

C. Kavitha
Assistant Professor, Department of Computer Science, Sri Kaliswari College (A), Sivakasi

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Abstract
The AI therapist (Yantra Maruthuvan) is a new competitor to the traditional human counsellor (Manushya Maruthuvan) in the growing medical system. This paper comprises of benefits, drawbacks, and possible results of both approaches. While Manushya Maruthuvans offer evidence-based care, adoring connection, and considerate understanding, Yantra Maruthuvans provide advantages like consistent availability, cost-effectiveness, and privacy. This paper compares these methods to show how crucial it is to create a hybrid model that combines human understanding with technological innovation in order to effectively and ethically address a range of mental health needs.

Keywords: Aritificial Intelligence therapy, human counselling, mental well-being, digital therapy, empathy, integrated care model

Introduction

Mental health issues impact millions around the world, demanding accessible and effective curative support. Traditionally, Manushya Maruthuvans — human counsellors have played an important role in healing the mind, offering fellow feeling and evidence-based guidance. However, with tremendous growth in artificial intelligence, Yantra Maruthuvans AI therapists—have arisen as innovative alternatives, capable of conveying mental health support via apps and chatbots.

This health drama mines human friendliness against technological efficiency, raising questions about the forthcoming of mental health care. Can Yantra Maruthuvans compete the emotional intelligence of their human counterparts? Or will Manushya Maruthuvans remain crucial? This paper discovers these questions by comparing their efficiency, user friendliness, challenges, and moral considerations.

Literature Review

Artificial intelligence (AI)-powered internal health tools, like Woebot and Wysa, communicate with drug users through natural language processing and provide treatments like cognitive behavioral therapy (CBT). According to research, AI-driven tools can help

reduce worry and hopelessness symptoms, especially in minor to major cases, by increasing accessibility and lowering treatment expenses [2].

According to Studies, Empathy and evidence-based care are essential for succeeding successful treatment outcomes [5, 3].

However, ethical issues like data privacy, the possibility of improper diagnoses, and ambiguous responsibility are brought up by the use of AI in mental health treatment. Despite adhering to professional moral standards, human counsellors struggle to improve their services and deal with humiliation [1].

Furthermore, Park, Lee, and Rodriguez's study revealed that college students often failed to distinguish between human-generated and AI-generated counselling transcripts, with some participants even giving AI responses a higher confidence rating. This paper emphasizes the ethical issues and possible advantages of AI in mental health treatment [4].

Dohnány, Serafini, and Mahowald also introduced the concept of "technological folie à deux," warning that expressively weak users may form unhealthy psychological twists with AI acquitances without human oversight [6].

Methodology

This study conducts a comparative review of existing literature and case studies on AI therapy and human counselling. The comparison criteria include therapeutic effectiveness, empathy, accessibility, cost, patient trust, and ethical issues.

Results and Discussion

Assets of Yantra Maruthuvans

AI therapists provide 24/7 availability at reduced expenses, and remove obstacles for each and every individual without any hesitation. They can protect patients always and give quick responses thereby enhancing the approchability of mental health resources.

Assets of Manushya Maruthuvans

Humanoid Therapists are doing their best in expressive understanding, effective communication, and imitating remedy to individual requirements. AI still cannot match their ability to respond to questions and ethical difficulties.

Challenges for Yantra Maruthuvans

AI faces difficulties with emotional prompts because it needs clear instructions. Key issues involve isolation in business practices and the potential for providing misleading advice. Their effort leads to be limited to mild internal health issues.

Challenges for Manushya Maruthuvans

The advantages of Manushya Maruthuvans' include their massive way of understanding patients' feelings, refined communication, and ability to impersonate solutions for particular needs. They are still better than AI at answering questions and rectify ethical problems.

Recognition of Trust by Patients

Young populations show mild sincerity to AI remedy, valuing convenience and sequestration. Problems with trust bear in older or more severe cases where chronological trade is preferred.

Future Directions

By fusing the techniques of Yantra and Manushya Maruthuvans, can enhance care delivery. AI can handle regular monitoring and initial stage support, while human counsellors provide deep healing methodologies. Secured Ethical frameworks and integration strategies are important for achieving the success.

Conclusion

The health drama of Manushya vs. YantraMaruthuvan reveals reciprocal strengths and gaps in internal health care. While YantraMaruthuvans increase availability and effectiveness, ManushyaMaruthuvans give irreplaceable empathy and substantiated care. Embracing a mongrel model promises a future where technology and humanity unite to enhance internal well- being encyclopedically.

References

1. Moore, Narayanan, and Johnson (2025) argue that large language models (LLMs) can produce stigmatizing or clinically inappropriate responses, reinforcing harmful beliefs or failing to detect crises. Their findings suggest that AI, at its current stage, may not be suitable as a replacement for trained human providers.
2. In a detailed comparison between peer-led cognitive behavioral therapy (CBT) and AI-generated therapy sessions, Iftikhar, Zhang, and Hassan (2024) found that AI tools were technically consistent with CBT guidelines but lacked genuine empathy and the relational dynamics needed to form a therapeutic alliance.
3. Supporting this, Inaba et al. (2024) used role-play scenarios to test how GPT-4 compares with licensed professionals. They reported that although some AI responses appeared polished, human counsellors were consistently preferred when it came to emotional intelligence and trust.
4. Another study by Park, Lee, and Rodriguez (2024) found that college students were often unable to distinguish between counselling transcripts written by humans and those created by AI. Interestingly, actors indeed rated AI reiterations more appreciatively in some cases — raising both the pledge and the ethical enterprises of similar technology.
5. Thompson and Evans (2024) explored this dynamic farther by comparing traditional mortal remedy with AI- driven sessions. They concluded that the perceived empathy and trust was significantly advanced in mortal- mortal relations, buttressing the significance of emotional presence in remedy.
6. Dohnány, Serafini, and Mahowald (2025) introduced the concept of “technological folie à deux,” where emotionally vulnerable users may form unhealthy psychological loops with AI companions. They warn that without human oversight, AI therapy tools might contribute to worsening mental health in certain populations.