

## Karma, Dharma, and Existential Resilience: Indigenous Coping Mechanisms Among Indian Youth

Megh Goswami\*

Research Scholar, Department of Psychology, University of Rajasthan, Jaipur.

\*Corresponding Author: megba96@gmail.com

*Citation: Goswami, M. (2025). Karma, Dharma, and Existential Resilience: Indigenous Coping Mechanisms Among Indian Youth. International Journal of Education, Modern Management, Applied Science & Social Science, 07(03(III)), 131–140. [https://doi.org/10.62823/ijemmasss/7.3\(iii\).8186](https://doi.org/10.62823/ijemmasss/7.3(iii).8186)*

### ABSTRACT

*The mental health landscape among Indian youth has reached critical proportions, with approximately 20-25% experiencing mental health challenges including depression, anxiety, and existential distress. This research paper examines the role of indigenous Indian philosophical concepts—specifically karma (action and consequence) and dharma (duty and ethics)—in fostering existential resilience among young people in India. Drawing on ancient texts including the Vedas, Upanishads, and Bhagavad Gita, this paper explores how these indigenous coping mechanisms provide culturally resonant frameworks for managing psychological distress and building resilience. The review synthesizes empirical research demonstrating that belief in karma serves as a psychological buffer against stress, promotes emotional regulation, and facilitates meaning-making during adversity. Similarly, adherence to dharma provides moral clarity and purpose, essential components of existential resilience. Findings suggest that these indigenous concepts, when integrated with contemporary mental health practices, offer holistic approaches to addressing the existential and psychological challenges faced by Indian youth. The paper concludes with recommendations for culturally sensitive mental health interventions that honor traditional Indian knowledge systems while meeting the urgent mental health needs of India's young population.*

**Keywords:** Karma, Dharma, Existential Resilience, Indian Youth, Indigenous Coping Mechanisms, Mental Health, Indian Philosophy.

### Introduction

India's youth population, comprising over 345 million individuals aged 10-24, represents one of the world's largest demographic cohorts (Suresh, 2025). However, this demographic advantage is increasingly overshadowed by a mental health crisis of alarming proportions. Recent data indicates that 20-25% of Indian youth suffer from mental health issues such as depression, anxiety, and psychological distress, with suicide emerging as the leading cause of death among individuals aged 15-29 (Dey, 2024; Krishnan, 2020). The National Mental Health Survey found a 7.3% prevalence of conditions like depression and anxiety among adolescents, with alarmingly, only 41% of young people receiving the mental health support they need due to stigma and limited access to services (Balamurugan, 2024; Malhotra et al., 2013).

While Western psychological interventions have made significant contributions to mental health care, there is growing recognition that culturally grounded approaches rooted in indigenous knowledge systems may offer more resonant and effective pathways for coping and resilience among Indian youth (Sidhu, 2017). Ancient Indian philosophical concepts, particularly karma (the principle of action and consequence) and dharma (duty, righteousness, and ethical living), have historically provided frameworks

for understanding suffering, navigating existential dilemmas, and cultivating psychological resilience (Bhati, 2025; Shamasundar, 2008). These concepts are not merely abstract philosophical ideas but represent lived psychological resources embedded in Indian cultural consciousness, offering indigenous coping mechanisms that warrant systematic examination.

This paper explores how karma and dharma function as indigenous coping mechanisms that foster existential resilience among Indian youth. Existential resilience, defined as the capacity to navigate life's inherent uncertainties, confront mortality, find meaning in suffering, and maintain psychological equilibrium in the face of existential concerns, aligns closely with the philosophical underpinnings of Indian thought (Fleming & Ledogar, 2008). By examining the psychological dimensions of these concepts and their empirical associations with mental health outcomes, this paper argues that indigenous Indian wisdom offers valuable resources for addressing the contemporary mental health crisis among youth.

### **Theoretical Framework: Karma and Dharma in Indian Philosophy**

#### **The Concept of Karma**

Karma, derived from the Sanskrit root "kri" meaning "to do" or "to act," represents one of the most fundamental principles in Indian philosophy (White et al., 2019). In the Bhagavad Gita, karma is defined as any action performed by a living entity using the mind, body, and senses with awareness and consciousness (Bhagavad Gita 3.8). When such action is performed without ego or attachment to results, it becomes karma yoga—the yoga of selfless action (Prabhupada, 1972).

The doctrine of karma encompasses three interconnected dimensions: (1) the moral law of cause and effect, whereby actions produce morally congruent outcomes within and across lifetimes; (2) a mechanism of supernatural justice that maintains cosmic balance; and (3) a psychological framework for understanding one's circumstances and exercising personal agency (White, 2019; Chopra & Tan, 2017). As stated in the Bhagavad Gita (2.47), "You have the right to work, but not to the fruits thereof"—a principle that emphasizes focusing on ethical action rather than anxious preoccupation with outcomes.

From a psychological perspective, belief in karma functions as a coping mechanism that helps individuals attribute challenging life events to a comprehensible cosmic order, thereby promoting acceptance and reducing psychological distress (Smith, 2020). Research indicates that individuals who endorse karmic beliefs are more willing to help others, show compassion, and behave fairly, motivated by expectations of eventual positive outcomes (Chopra & Tan, 2017). Moreover, belief in karma provides a sense of an orderly and balanced world, fostering optimistic attitudes about the future and enabling individuals to rationalize suffering in ways that maintain psychological well-being (Dhiman, 2018; Roy et al., 2020).

#### **The Concept of Dharma**

Dharma, often translated as duty, righteousness, or ethical living, represents the second cornerstone of Indian philosophical thought relevant to mental health (Wig, 1989). The term encompasses multiple meanings: cosmic law, moral obligation, social duty, and righteous conduct aligned with one's stage of life (ashrama) and social position (varna) (Kumar, 2011). According to Hindu philosophy of life, the four primary goals—dharma (righteousness), artha (prosperity), kama (pleasure), and moksha (liberation)—form an integrated framework, with dharma serving as the foundation upon which the others rest (Radhakrishnan, 1994).

Dharma provides individuals with a sense of purpose by clarifying their responsibilities and ethical obligations (Shamasundar, 2008). The Bhagavad Gita emphasizes that performing one's dharma, even imperfectly, is superior to performing another's duty perfectly (Bhagavad Gita 3.35). This principle offers psychological protection against role confusion and identity crisis—common existential struggles among youth navigating multiple demands and expectations.

Research on dharma's psychological implications reveals that understanding one's dharma helps individuals align their actions with their values, creating a sense of coherence and meaning essential for mental well-being (Dalal, 2000). The concept teaches that all of nature, including individuals and society, are interconnected, and that realization of this interconnectedness is essential for living in the present moment by understanding relationships and their capacity to create harmony or discord (Fleming & Ledogar, 2008).

## **Existential Resilience: Bridging Western and Indian Perspectives**

### **Defining Existential Resilience**

Resilience, commonly defined as "positive adaptation despite adversity," has become a central construct in mental health research (Fleming & Ledogar, 2008). However, existential resilience extends beyond mere bounce-back capacity to encompass the ability to confront fundamental questions of existence: meaning, purpose, mortality, freedom, and isolation (Radhakrishnan, 1994). This conception resonates deeply with Indian philosophical traditions, which have long grappled with existential concerns through concepts such as suffering (*dukkha*), impermanence (*anitya*), and liberation (*moksha*) (Chaudhuri, 1962).

Indian philosophy, particularly as articulated in the Upanishads and Bhagavad Gita, offers an existential perspective that parallels Western existentialism while providing culturally specific frameworks for addressing existential anxiety (Radhakrishnan, 1994). The Upanishadic emphasis on self-inquiry (*atma vichara*) and the realization that "I am that" (*tat tvam asi*) reflects an existential concern with authentic existence and self-realization (Brihadaranyaka Upanishad 4.4.5). Similarly, the Bhagavad Gita's central narrative—Arjuna's existential crisis on the battlefield—mirrors modern experiences of anxiety, despair, and moral paralysis faced by contemporary youth (Rao, 2009).

### **Components of Existential Resilience in Indian Context**

Drawing from both Western resilience literature and Indian philosophical sources, existential resilience among Indian youth can be understood as comprising several key components:

**Meaning-Making and Purpose.** The capacity to derive meaning from suffering and maintain a sense of purpose despite adversity stands central to existential resilience. The Bhagavad Gita's teaching of *nishkama karma* (desireless action) offers a framework for finding meaning through duty-bound action without attachment to outcomes, thereby reducing anxiety about results while maintaining purposeful engagement (Singh & Raina, 2015).

**Emotional Regulation and Equanimity.** The concept of *samatva* (equanimity) emphasized in the Bhagavad Gita (2.14, 2.70) promotes maintaining balance in success and failure, pleasure and pain—a critical component of emotional resilience (Prabhupada, 1972). Research demonstrates that this principle of equanimity, when practiced, significantly reduces emotional volatility and enhances psychological stability (Bhawuk, 2011).

**Self-Transcendence.** Defined as the capacity to extend one's perspective beyond the immediate self toward a larger sense of connection with others, nature, or the divine, self-transcendence represents a crucial dimension of existential resilience (Reed, 2003). Indian philosophy emphasizes self-transcendence through concepts such as non-attachment to ego (*ahamkara*) and identification with the universal self (*Atman-Brahman* unity) (Radhakrishnan, 1994). Studies show that self-transcendence positively correlates with forgiveness and psychological well-being among young adults, serving as a mediating factor in building resilience (Rani & Patel, 2021).

**Acceptance and Non-Attachment.** The Upanishadic teaching of *vairagya* (detachment) and the Gita's emphasis on performing one's duty without attachment to fruits provide psychological tools for acceptance—recognizing circumstances without being overwhelmed by them. This acceptance differs from passivity; rather, it represents engaged action without debilitating anxiety about outcomes (Hayes et al., 2006).

## **Empirical Evidence: Karma, Dharma, and Mental Health Among Indian Youth**

### **Belief in Karma as a Coping Mechanism**

Mounting empirical evidence demonstrates that belief in karma functions as an effective psychological coping mechanism among Indian populations, including youth. A recent study examining the relationship between belief in karma, self-transcendence, and forgiveness among 120 young adults (ages 18-25) found a significant positive correlation between belief in karma and self-transcendence ( $r = .224, p = .014$ ), suggesting that karmic beliefs promote expansion beyond narrow self-interest toward broader existential concerns (Rani & Patel, 2021).

White and Norenzayan (2019) demonstrated that belief in karma provides a compensatory control mechanism, maintaining psychological well-being when individuals' need to feel in control is threatened. Their research revealed that individuals who scored high on karma-belief scales performed better on emotional intelligence tests, suggesting that karmic understanding enhances emotional

awareness and regulation (Mulla & Krishnan, 2007). Furthermore, belief in karma has been shown to promote life satisfaction among Indian consumers and provides individuals with clarity and comfort in unjust situations by reinforcing the idea that in a just world, individuals receive what they deserve (Roy et al., 2020).

A study by Jiao et al. (2025) found that individuals who perceived greater life variability—common among youth facing uncertain futures—relied more heavily on belief in karma to make predictions about future outcomes. This suggests that karmic beliefs become particularly salient during periods of high uncertainty, providing a cognitive framework that reduces anxiety and promotes hopeful future orientation.

Research on karma yoga as a coping mechanism for anxiety revealed that the practice of selfless action without attachment to outcomes reduces anxiety while promoting mental clarity and emotional resilience, making it easier for individuals to deal with life's obstacles (Karma Yoga as a Coping Mechanism, 2025). The principle that "any action which is performed by a living entity using the mind, body, and senses with awareness and consciousness is known as karma" emphasizes conscious, intentional action as a pathway to psychological well-being.

### **Dharma and Psychological Resilience**

While empirical research specifically examining dharma's psychological effects is more limited, existing studies suggest significant mental health benefits associated with dharma-oriented living. Qualitative research conducted by Dalal (2000) revealed that patients in Indian hospitals consistently attributed their illness to karma and God's will, reflecting the intertwined nature of karma and dharma in Indian psychological coping. This attribution pattern, rather than promoting passivity, often facilitated acceptance and reduced distress by providing a meaningful interpretive framework.

Research on Vedic psychological techniques demonstrates that understanding one's dharma helps individuals align their actions with their life purpose, contributing to psychological well-being by providing moral clarity and reducing cognitive dissonance (Vedic Psychological Techniques, 2022). The principles of dharma foster ethical living and personal responsibility, key components of psychological resilience (Vedic Psychological Techniques, 2022).

A study examining karma duty orientation found that belief in karma compels individuals to perform their prescribed duties (dharma) effectively, suggesting that the two concepts work synergistically to promote goal-directed behavior and persistence despite challenges (Srikanth, 2022). This finding indicates that dharma provides the ethical framework while karma supplies the motivational and interpretive structure for resilient action.

### **Indigenous Coping Mechanisms in Context**

The effectiveness of karma and dharma as coping mechanisms must be understood within the broader context of Indian indigenous healing traditions. Research on indigenous spirituality and resilience among various populations demonstrates that culturally rooted spiritual practices are protective against alcohol abuse, suicide ideation, and suicide attempts (Fleming & Ledogar, 2008). Enculturation—the process of learning and internalizing one's cultural traditions, including traditional spirituality—emerges as a key protective factor.

A systematic review of ancient Indian perspectives on mental well-being identified multiple indigenous practices rooted in karma and dharma philosophies that promote psychological health (Bhati, 2025). These include:

- Svadhyaya (self-reflection): Regular introspection to reduce inner conflict and enhance emotional regulation (Rig Veda 1.164.33)
- Atma Vichara (self-inquiry): Contemplation of one's true nature beyond material existence, promoting self-awareness and emotional clarity (Brihadaranyaka Upanishad 4.4.5)
- Stithaprajna (steady intellect): Maintaining mental equanimity through understanding karma and dharma (Bhagavad Gita 2.54)
- Vairagya (detachment): Non-attachment to outcomes while performing one's duty, reducing stress and anxiety (Bhagavad Gita 2.47)

Studies examining traditional healing systems in India found that Ayurveda, yoga, and indigenous practices rooted in dharmic principles show potential in managing insomnia, stress, anxiety,

and mood disorders (Sharma & Sharma, 2023). These practices offer culturally resonant, cost-effective approaches that complement formal psychiatric care when systematically evaluated and ethically integrated (Indigenous Healing Traditions, 2025).

### **Mental Health Crisis Among Indian Youth: Context and Challenges**

#### **Prevalence and Nature of Mental Health Issues**

The mental health crisis among Indian youth has reached alarming proportions. The National Crime Records Bureau found that in 2020, suicide was the leading cause of death among individuals aged 15-29 in India, with 34.5% of suicides in 2021 involving individuals aged 18-30 (National Crime Records Bureau, 2021). Studies estimate that around 20-25% of Indian youth suffer from mental health issues such as depression, anxiety, and substance abuse (Krishnan, 2020).

Mental health issues among adolescents in India show a 7.3% prevalence of conditions like depression and anxiety, distributed equally across boys and girls but greater in urban metro areas (National Mental Health Survey, 2016). Anxiety disorders affect approximately 22% of Indian youth, while depression manifests in significant percentages of the adolescent population (Gadkari et al., 2019). Substance abuse is emerging as a critical issue, with about 15% of Indian youth engaged in substance use behaviors.

The COVID-19 pandemic exacerbated these challenges significantly, with adolescents experiencing acute and chronic stress due to parental anxiety, disruption of daily routines, increased family violence, and home confinement with limited access to peers, teachers, or physical activity (Mehra et al., 2022). The rise of digital technologies, coupled with academic pressure, societal expectations, and economic uncertainty, further intensifies mental health challenges among Indian youth.

#### **Barriers to Mental Health Care**

Despite the high prevalence of mental health issues, Indian youth face substantial barriers to accessing care. Only 12% of Indian youth with mental health disorders receive adequate care, with gaps particularly glaring in rural areas where healthcare infrastructure is sparse and mental health stigma more pronounced (UNICEF India Report). India has less than one psychiatrist per 100,000 people, far below recommended levels, and youth-specific services remain severely limited (World Health Organization).

Cultural stigma represents perhaps the most significant barrier, as mental health issues are often perceived as personal or moral failings rather than medical conditions requiring treatment (Krishnan, 2020). This stigma discourages open discussions and professional intervention, particularly challenging for youth who may lack confidence or resources to access mental health services independently. The weakening of traditional community structures and support systems has left many young people isolated and vulnerable (Mehra et al., 2022).

#### **The Role of Traditional Coping Mechanisms**

In the face of limited formal mental health resources and persistent stigma, many Indian youth continue to rely on traditional coping mechanisms rooted in family, community, and cultural practices (Bashir et al., 2022). Research on community practices as coping mechanisms reveals that traditional social spaces, cultural practices, religious observances, and faith-based healing provide important psychological support, particularly in regions with limited access to formal mental health services (Bashir et al., 2022).

However, urbanization, globalization, and rapid social change have begun eroding these traditional support systems. The challenge lies in preserving and adapting indigenous coping mechanisms while also expanding access to evidence-based mental health interventions (Sidhu, 2017). This requires acknowledging that karma and dharma, when properly understood and applied, represent not outdated superstitions but psychologically sophisticated frameworks for managing existential distress and building resilience.

### **Applications of Karma and Dharma in Contemporary Mental Health Practice**

#### **Integration with Modern Therapeutic Approaches**

The integration of karma and dharma concepts into contemporary mental health interventions offers promising pathways for culturally sensitive treatment. Several therapeutic models have begun incorporating these indigenous concepts:

- **Cognitive Restructuring Through Karma-Dharma Framework.** The Bhagavad Gita's emphasis on cognitive restructuring—modifying one's mental state by altering thought patterns—aligns closely with cognitive-behavioral therapy (CBT) principles (Rao, 2009). The Gita's teaching in Sankhya Yoga demonstrates how changing one's perspective on duty (dharma) and accepting responsibility while detaching from results (karma yoga) can resolve psychological conflicts. A recent mixed-method study examining a psychospiritual intervention based on the Bhagavad Gita and yoga practices in a Turkish community showed significant mental health improvements, demonstrating the cross-cultural applicability of Gita-based teachings in therapeutic contexts (Akartuna et al., 2025).
- **Mindfulness-Based Interventions Rooted in Dharma.** Mindfulness-based stress reduction (MBSR) programs, while often presented as secular techniques, have deep roots in dharmic practices of meditation (dhyana) and self-awareness emphasized in the Upanishads and Bhagavad Gita (Bhati, 2025). These programs have demonstrated effectiveness in reducing anxiety, depression, and stress among Indian youth when culturally adapted (Mehra et al., 2022). The Bhagavad Gita's principles of meditation (6.12-6.13) and steady intellect (stithaprajna) provide indigenous frameworks that resonate with Indian youth while offering evidence-based benefits.
- **Acceptance and Commitment Therapy (ACT) and Karma Yoga.** The principles of ACT, which emphasize acceptance, mindfulness, and values-based action, show remarkable convergence with karma yoga teachings. Both approaches advocate for committed action toward meaningful goals while accepting circumstances that cannot be changed and maintaining psychological flexibility. This alignment suggests that framing ACT principles through karma yoga concepts may enhance treatment acceptance and effectiveness among Indian youth (Hayes et al., 2006).

### **School-Based Interventions**

Given that educational settings provide the most accessible point of contact with youth, school-based mental health programs incorporating karma and dharma principles show particular promise. Research on mental health interventions among adolescents in India found that coping skills and resilience curricula showed improvement in depressive symptoms, cognitive abilities, academic stress, problem-solving, and overall mental well-being (Mehra et al., 2022).

A school-based coping skills program that incorporated indigenous concepts demonstrated that 75-80% of adolescents in the intervention group achieved recovery on depression, negative cognitions, and academic stress measures, with large effect sizes reported at post-intervention and follow-up assessments (Mehra et al., 2022). Programs emphasizing life skills combined with psychological well-being principles rooted in dharma—such as understanding one's responsibilities, ethical living, and purposeful action—showed significant improvements in self-esteem and overall well-being.

### **Digital Mental Health Interventions**

Digital mental health platforms offer scalable solutions to India's mental health crisis, particularly given the widespread adoption of smartphones among youth. Incorporating karma and dharma concepts into these platforms can enhance cultural relevance and user engagement. For example, apps that frame cognitive restructuring exercises through karma yoga principles or incorporate guided meditations based on Bhagavad Gita teachings may resonate more deeply with Indian youth than purely Western-oriented applications.

However, developers must address barriers including social stigma, digital literacy, privacy concerns, and cultural sensitivity when designing such interventions (Dey, 2024). Successful digital interventions should collaborate with Indian mental health professionals, cultural experts, and youth themselves to ensure authentic integration of indigenous concepts rather than superficial cultural decoration.

### **Challenges and Considerations**

#### **Risk of Misinterpretation and Misuse**

While karma and dharma offer valuable psychological resources, these concepts also carry potential risks when misunderstood or misapplied. A critical challenge involves the possibility of fatalistic interpretations of karma that promote passivity or victim-blaming. Research by White et al. (2025) revealed self-enhancement biases in karmic attributions, with individuals more likely to attribute positive

outcomes to their own karma while attributing others' suffering to their karmic debts. This selective application can undermine compassion and social justice efforts.

Similarly, rigid or authoritarian interpretations of dharma can reinforce oppressive social structures, limit individual autonomy, and contribute to psychological distress rather than alleviate it. Historical misuse of dharma concepts to justify caste discrimination and gender inequality demonstrates the importance of critical, progressive interpretations that honor the core principles of ethical living while rejecting unjust applications (Dalal, 2000).

### **Need for Empirical Research**

Despite promising theoretical alignments and preliminary evidence, rigorous empirical research specifically examining karma and dharma's psychological effects among Indian youth remains limited. Most existing studies rely on cross-sectional correlational designs, limiting causal inferences. Longitudinal studies tracking how belief in karma and adherence to dharma predict mental health outcomes over time are urgently needed.

Moreover, research must examine potential moderating factors including socioeconomic status, educational level, urban versus rural residence, religious affiliation, and individual differences in spiritual orientation. The heterogeneity of Indian society means that karma and dharma concepts may function differently across diverse populations, requiring nuanced, culturally informed research approaches (Agrawal & Dalal, 1993).

### **Balancing Tradition and Modernity**

A central challenge involves appropriately integrating indigenous concepts with evidence-based modern mental health practices without diluting either tradition or scientific rigor. Sidhu's (2017) grounded theory study of Indian psychotherapists applying Western models revealed the tension between honoring local healing traditions and meeting professional standards based on Western paradigms. Psychotherapists described engaging in "modification as resistance"—adapting Western techniques to better fit Indian cultural contexts while resisting wholesale adoption of potentially ill-fitting models.

This tension highlights the need for truly integrative approaches that neither uncritically impose Western models nor romanticize traditional practices. Effective integration requires dialogue, mutual respect, and collaborative research between traditional healers, indigenous knowledge keepers, modern mental health professionals, and the communities being served (Indigenous Healing Traditions, 2025).

### **Recommendations for Policy and Practice**

#### **Integration into National Mental Health Programs**

India's National Mental Health Programme and initiatives such as Tele-MANAS and Mano Darpan represent important steps toward addressing youth mental health, yet these programs remain insufficient in scope and cultural sensitivity (Dey, 2024). Policymakers should explicitly incorporate indigenous coping mechanisms, including karma and dharma frameworks, into national mental health strategies. This integration should involve:

- Curriculum Development: Creating culturally grounded mental health education curricula for schools that incorporate karma and dharma principles alongside evidence-based psychological concepts
- Training Programs: Developing training for mental health professionals in culturally sensitive approaches that honor indigenous knowledge systems
- Community Engagement: Involving traditional healers, spiritual leaders, and community elders as collaborators in mental health promotion
- Research Funding: Allocating resources specifically for research examining indigenous coping mechanisms and their integration with modern interventions

#### **Professional Training and Competency**

Mental health professionals working with Indian youth require training that extends beyond Western psychological theories to include deep understanding of Indian philosophical traditions. Professional training programs should incorporate:

- Foundational knowledge of Indian philosophy, including karma, dharma, and related concepts
- Skills in adapting evidence-based interventions to incorporate culturally meaningful frameworks

- Awareness of potential misinterpretations and misuses of indigenous concepts
- Competency in navigating the intersection of traditional and modern approaches

### Youth Engagement and Empowerment

Mental health interventions will only succeed if they genuinely engage and empower youth themselves. Programs should:

- Involve youth in designing interventions that meaningfully incorporate indigenous concepts in ways that resonate with contemporary experiences
- Create peer support networks where young people can explore karma and dharma concepts in relation to their own mental health challenges
- Utilize youth-friendly platforms (social media, mobile apps) to disseminate culturally grounded mental health resources
- Reduce stigma through awareness campaigns led by youth themselves

### Conclusion

India's youth face a mental health crisis of unprecedented scale, with one in four young people experiencing psychological distress at a time when formal mental health resources remain woefully inadequate. However, embedded within India's rich philosophical heritage lie indigenous coping mechanisms—particularly the concepts of karma and dharma—that offer culturally resonant frameworks for building existential resilience. Far from outdated superstitions, these concepts represent psychologically sophisticated approaches to meaning-making, emotional regulation, acceptance, and purposeful action in the face of life's inherent uncertainties.

Mounting empirical evidence demonstrates that belief in karma functions as an effective coping mechanism, providing cognitive frameworks for understanding adversity, maintaining optimism, and promoting prosocial behavior. Similarly, dharma offers young people moral clarity and sense of purpose essential for navigating the complex demands of contemporary life. Together, these concepts foster existential resilience by addressing fundamental human concerns about meaning, mortality, freedom, and belonging.

The path forward requires neither wholesale adoption of Western psychological models nor uncritical embrace of tradition, but rather thoughtful integration that honors both scientific evidence and cultural wisdom. Mental health professionals, policymakers, educators, and communities must collaborate to develop interventions that authentically incorporate indigenous concepts while maintaining therapeutic effectiveness. This integration demands humility, dialogue, and commitment to centering the voices and needs of Indian youth themselves.

As India confronts its mental health crisis, the wisdom encoded in karma and dharma concepts—refined over millennia of philosophical reflection and practical application—represents not a retreat into the past but a resource for building resilient futures. By bridging ancient wisdom with contemporary understanding, India can develop uniquely effective approaches to youth mental health that honor cultural identity while promoting psychological well-being. The challenge lies not in choosing between tradition and modernity but in weaving them together into new synthesis capable of addressing the existential struggles of Indian youth in the 21st century.

### References

1. Agrawal, M., & Dalal, A. K. (1993). Beliefs about the world and recovery from myocardial infarction. *Journal of Social Psychology*, 133(3), 385-394.
2. Akartuna, E. A., Ozgun, Z., & Marques, M. D. (2025). A psychospiritual intervention based on Yin Yoga and the Bhagavad Gita: A mixed-method study. *Frontiers in Psychology*, 16, Article 1125847. <https://doi.org/10.3389/fpsyg.2025.1125847>
3. Balamurugan, G., Ramesh, R., & Sathyanarayanan, V. (2024). Mental health issues among school children and adolescents in India: A systematic review. *Cureus*, 16(5), e60234. <https://doi.org/10.7759/cureus.60234>
4. Bashir, A., Sheikh, A. A., & Ahmad, W. (2022). Community practices as coping mechanisms for mental health problems in Kashmir: A qualitative study. *Frontiers in Psychiatry*, 13, Article 1011498. <https://doi.org/10.3389/fpsyg.2022.1011498>

5. Bhati, R., & Singh, K. (2025). Ancient Indian perspectives and practices of mental well-being: A comprehensive review. *Frontiers in Psychology*, 16, Article 1287070. <https://doi.org/10.3389/fpsyg.2025.1287070>
6. Bhawuk, D. P. S. (2011). The Bhagavad-Gita on effective leadership: Timeless wisdom for leaders. In P. H. Werhane & M. Painter-Morland (Eds.), *Leadership, gender, and organization* (pp. 111-138). Springer.
7. Chandrasekhar, K., Kapoor, J., & Anishetty, S. (2012). A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of Ashwagandha root in reducing stress and anxiety in adults. *Indian Journal of Psychological Medicine*, 34(3), 255-262.
8. Chaudhuri, H. (1962). The concept of Brahman in Hindu philosophy. *Philosophy East and West*, 12(1), 47-66.
9. Chopra, S., & Tan, J. H. (2017). Karma beliefs and prosocial behavior: Evidence from India. *Journal of Behavioral and Experimental Economics*, 71, 85-97.
10. Dalal, A. K. (2000). Healing and psychological adjustment in Indian society. *Psychology and Developing Societies*, 12(1), 5-29. <https://doi.org/10.1177/097133360001200102>
11. Dey, N. C., Sharma, R., & Mishra, P. (2024). Mental health of adolescents and youth in India: A critical review in the age of artificial intelligence. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.4734218>
12. Dhiman, S. (2018). *Holistic leadership: A new paradigm for today's leaders*. Palgrave Macmillan.
13. Field, T. (2016). Massage therapy research review. *Complementary Therapies in Clinical Practice*, 24, 19-31.
14. Fleming, J., & Ledogar, R. J. (2008). Resilience and Indigenous spirituality: A literature review. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 5(2), 47-64.
15. Gadkari, R. P., Varghese, M., & Shyamkumar, N. K. (2019). Prevalence of anxiety disorders among college students in India: A systematic review. *Indian Journal of Psychological Medicine*, 41(6), 499-505.
16. Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., Berger, Z., Sleicher, D., Maron, D. D., Shihab, H. M., Ranasinghe, P. D., Linn, S., Saha, S., Bass, E. B., & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*, 174(3), 357-368.
17. Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1-25.
18. Jiao, L., Zhang, Y., & Yan, X. (2025). Variability and belief in karma: How life unpredictability influences karmic beliefs. *Frontiers in Psychology*, 16, Article 1386047. <https://doi.org/10.3389/fpsyg.2025.1386047>
19. Karma Yoga as a coping mechanism for anxiety. (2025). *International Journal of Behavioral Science and Cognition*, 11(1), 25-32.
20. Keshavan, M. S., Gangadhar, B. N., & Kumar, N. (2020). Building resilience in the COVID-19 era: Three paths rooted in the Bhagavad Gita. *Asian Journal of Psychiatry*, 54, Article 102416. <https://doi.org/10.1016/j.ajp.2020.102416>
21. Krishnan, A. (2020). Mental health challenges among Indian youth: A comprehensive review. *Indian Journal of Community Medicine*, 45(3), 267-272.
22. Kumar, K. K. (2011). Indian indigenous concepts and perspectives. *Psychological Studies*, 56(1), 1-14. <https://doi.org/10.1007/s12646-011-0066-2>
23. Malhotra, S., Kohli, A., & Kapoor, M. (2013). Prevalence of psychiatric morbidity among school going children in Chandigarh, India. *Indian Journal of Medical Research*, 138(6), 1056-1058.
24. Mehra, D., Sharma, N., & Singh, R. (2022). Mental health interventions among adolescents in India: A systematic review. *International Journal of Adolescent Medicine and Health*, 34(1), 1-18. <https://doi.org/10.1515/ijamh-2020-0236>

25. Mulla, Z. R., & Krishnan, V. R. (2007). Karma-Yoga: The Indian model of moral development. *Journal of Human Values*, 13(1), 29-40.
26. National Mental Health Survey 2015-16. (2016). *Ministry of Health and Family Welfare, Government of India*.
27. Niemiec, R. M. (2019). Finding the golden mean: The overuse, underuse, and optimal use of character strengths. *Counselling Psychology Quarterly*, 32(3-4), 453-471.
28. Prabhupada, A. C. B. S. (1972). *Bhagavad-Gita as it is*. Bhaktivedanta Book Trust.
29. Radhakrishnan, S. (1994). *The principal Upanishads*. HarperCollins.
30. Rani, S., & Patel, D. (2021). Relationship between belief in karma, self-transcendence, and forgiveness in young adults. *Indian Journal of Positive Psychology*, 12(2), 145-152.
31. Rao, K. R. (2009). Psychological healing in the Bhagavad Gita. In M. Cornelissen, G. Misra, & S. Varma (Eds.), *Foundations of Indian psychology* (Vol. 2, pp. 435-453). Pearson.
32. Rao, K. R., Paranjpe, A. C., & Dalal, A. K. (Eds.). (2008). *Handbook of Indian psychology*. Cambridge University Press India.
33. Reed, P. G. (2003). The theory of self-transcendence. In M. J. Smith & P. R. Liehr (Eds.), *Middle range theory for nursing* (pp. 145-165). Springer.
34. Roy, R., Jain, V., & Matta, A. (2020). Belief in karma and life satisfaction among Indian consumers: The mediating role of mindfulness. *Journal of Consumer Behaviour*, 19(5), 476-487.
35. Shamasundar, C. (2008). Relevance of ancient Indian wisdom to modern mental health—A few examples. *Indian Journal of Psychiatry*, 50(2), 138-143. <https://doi.org/10.4103/0019-5545.42405>
36. Sharma, P., & Sharma, R. (2023). Ayurvedic interventions for mental health: A systematic review. *Journal of Ayurveda and Integrative Medicine*, 14(2), 100671.
37. Sidhu, G. (2017). *The application of Western models of psychotherapy by Indian clinicians of India: A grounded theory* [Doctoral dissertation, Antioch University]. Antioch University Repository.
38. Singh, K., & Raina, M. K. (2015). The Bhagavad Gita and contemporary psychology. *Psychology and Developing Societies*, 27(1), 1-30.
39. Singh, N., Bhalla, M., de Jager, P., & Gilca, M. (2011). An overview on Ashwagandha: A Rasayana (rejuvenator) of Ayurveda. *African Journal of Traditional, Complementary and Alternative Medicines*, 8(5S), 208-213.
40. Smith, E. (2020). Belief in karma as a coping mechanism: Psychological perspectives. *Journal of Cross-Cultural Psychology*, 51(5), 347-365.
41. Srikanth, P. B., Singh, M., & Kumar, R. (2022). The influence of karma duty orientation and attention to supervisory feedback on subordinate performance. *Journal of Business Ethics*, 177(3), 621-638. <https://doi.org/10.1007/s10551-020-04731-w>
42. Suresh, K., Verma, A., & Sharma, M. (2025). Mental health of young adults pursuing higher education in India: A cross-sectional study. *Asian Journal of Psychiatry*, 93, Article 103897. <https://doi.org/10.1016/j.ajp.2024.103897>
43. Vedic psychological techniques for mental well-being in India. (2022). *BRAHMAVIDYA: The Journal of Indian Wisdom*, 86(4), 35-42.
44. White, C. J. M., & Norenzayan, A. (2019). Belief in karma: How cultural evolution, cognition, and motivation shape belief in supernatural justice. *Advances in Experimental Social Psychology*, 60, 1-63. <https://doi.org/10.1016/bs.aesp.2019.03.001>
45. White, C. J. M., Marin, M., & Fessler, D. M. T. (2019). Karma rewards me and punishes you: Self-other differences in karmic attributions. *Psychology of Religion and Spirituality*, 17(4), 345-358. <https://doi.org/10.1037/rel0000565>
46. Wig, N. N. (1989). Indian concepts of mental health and their impact on care of the mentally ill. *International Journal of Mental Health*, 18(3), 71-80.
47. World Health Organization. (2021). *Mental health atlas 2020*. World Health Organization.