

Anxiety Management through Bhagavad Gita Teachings and Indian Knowledge System

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Abstract

Anxiety has emerged as one of the most pervasive psychological challenges of the contemporary world, intensified by academic pressure, occupational stress, uncertainty, and rapid socio-cultural change. While modern psychology offers cognitive-behavioral and pharmacological interventions, there is a growing recognition of the value of indigenous, holistic frameworks rooted in Indian Knowledge Systems (IKS). This paper explores anxiety management through the philosophical and psychological teachings of the *Bhagavad Gita*, positioning it as an early and comprehensive model of mental health and emotional regulation. Drawing upon key Gita concepts such as *Nishkama Karma* (selfless action), *Sthitaprajna* (emotional stability), *Buddhi Yoga* (discriminative wisdom), and *Abhyasa-Vairagya* (practice and detachment), the study examines how these principles align with contemporary constructs of anxiety reduction, resilience, mindfulness, and meaning-centered coping (Bhagavad Gita 2.47, 2.48, 6.5–6.6). The dialogical context of the Gita—Arjuna's existential anxiety on the battlefield—serves as a symbolic representation of modern psychological distress, making the text highly relevant to present-day mental health discourse (Radhakrishnan, 1951; Dalal, 2014).

Using a qualitative, conceptual analysis, the paper integrates classical commentaries and modern psychological interpretations to demonstrate how Gita-based practices promote cognitive reframing, emotional regulation, and reduction of outcome-based anxiety. The findings suggest that Gita teachings parallel evidence-based approaches such as acceptance-based therapies, mindfulness, and logotherapy (Frankl, 1963; Kabat-Zinn, 2003).

The paper concludes that incorporating Bhagavad Gita-based insights within the broader framework of Indian Knowledge Systems can enrich culturally sensitive mental health interventions and educational practices, aligning with the National Education Policy (NEP) 2020's emphasis on holistic well-being and indigenous wisdom. The study advocates for empirical validation and structured integration of Gita-based models in anxiety management programs.

Keywords: Anxiety Management, Bhagavad Gita, Indian Knowledge Systems, Nishkama Karma, Mental Health, Spiritual Psychology

Introduction

Anxiety characterized by excessive worry, physiological arousal (e.g. rapid heartbeat, sweating), and cognitive apprehension – is a common response to environmental stressors (Spielberger, 1972). In educational and professional contexts, chronic anxiety can impair

performance, decision-making, and interpersonal relationships (APA, 2013). Contemporary interventions such as CBT, mindfulness, and biofeedback emphasize cognitive restructuring, nonjudgmental awareness, and emotional regulation (Hofmann *et al.*, 2012). These approaches are evidence-based and effective; for example, meta-analyses show that mindfulness-based therapies (MBSR/MBCT) produce large reductions in anxiety and depressive symptoms, often comparable to CBT. However, therapy effectiveness also depends on cultural relevance and acceptability. Hofmann and Hinton (2014) emphasize that cultural norms, beliefs, and idioms profoundly influence how anxiety is experienced and expressed. For instance, Asian and Western cultures may differ in emphasizing somatic versus cognitive symptoms, and certain culture-bound syndromes (e.g. “khyâl cap” in Cambodia, “taijin kyofusho” in Japan) illustrate how cultural context shapes anxiety disorders. A review by Hofmann and Hinton notes significantly higher generalized anxiety rates among Caucasian Americans (~17%) versus Asian or Latin American Americans (<5%), reflecting sociocultural factors. These findings suggest that integrating indigenous belief systems and values can improve engagement, especially for people with roots in those traditions.

India’s rich philosophical heritage offers one such framework. Indian Knowledge Systems (IKS) – including scriptures, yoga, and Ayurveda – have long addressed human suffering. The Bhagavad Gita, a foundational Hindu scripture, is a dialogue between Prince Arjuna and Lord Krishna set on a battlefield. Arjuna faces a moral and existential crisis (anxiety, self-doubt) about fighting his kin. Krishna counsels him through concepts like Nishkama Karma (selfless duty), Sthitaprajna (equanimity), Dhyana (meditation), and Atma Jnana (self-knowledge). These teachings aim to stabilize the mind under stress and promote well-being. As Cucchi and Qoronfleh (2025) note, each culture historically developed unique models to understand suffering and meaning. In this spirit, the Gita offers a culturally grounded anxiety-management model for individuals of Indian origin and others open to its universal lessons.

Theoretical Background

Understanding Anxiety

From a **psychological perspective**, anxiety arises when perceived demands exceed coping resources (Lazarus & Folkman, 1984). Cognitively, it involves anticipation of threat and rumination; emotionally, feelings of fear and agitation; physiologically, activation of the sympathetic nervous system (rapid heartbeat, sweating) and neuroendocrine stress response. This is consistent with Lazarus’s stress-appraisal model: anxiety reflects appraisal of situational threats and one’s inability to control outcomes. Western theories emphasize **cognitive appraisal** – e.g., Beck’s model highlights negative automatic thoughts and catastrophizing – and the importance of emotion regulation strategies (cognitive reappraisal, relaxation) for reducing anxiety (Gross, 2014). Anxiety reflects a complex interplay of thought patterns, emotion regulation, and underlying biology. Any comprehensive approach – including the Gita – can address multiple levels (cognitive, behavioral, physiological, existential).

Bhagavad Gita and Anxiety

The Bhagavad Gita offers **philosophical insights** that map onto anxiety's components. Key concepts include:

- **Nishkama Karma (Selfless Action):** Krishna teaches Arjuna to perform his duty without attachment to the results (BG 2.47). This aligns with the idea of focusing on controllable effort rather than uncontrollable outcomes. Psychologically, Nishkama Karma redirects attention away from anxious anticipation of success/failure toward present actions – a cognitive shift akin to locus-of-control interventions. As Balodhi *et al.* (2025) note, Krishna urged Arjuna that outcomes are “like an unsatiated fire” and one should work fervently *without expectation*. In practice, Nishkama Karma encourages striving toward goals (e.g. studying, working) while accepting uncertainty, reducing rumination about hypothetical futures. This reflects the *self-determination theory*, where intrinsic motivation (doing work for its own sake) fosters autonomy and resilience (Deci & Ryan, 1985). It also parallels **cognitive reappraisal**: by cognitively reframing a challenging task as a duty or service (rather than performance evaluation), anxiety diminishes.
- **Sthitaprajna (Equanimity of Mind):** The term *sthitaprajna* literally means “one of steady wisdom.” In BG 2.54–56, Krishna describes the *sthitaprajna* person who is free from lust, fear, and agitation. Balodhi *et al.* (2025) explain that maintaining mental composure under success or failure reflects contemporary emotional control (Gross, 2002) Gayathri & Meenakshi (2013) even equate *sthitaprajna* with high emotional intelligence – the ability to regulate desire and anger to avoid misery. In anxiety terms, cultivating *sthitaprajna* means practicing **cognitive decentering** and balance: neither elating in praise nor despairing in criticism, but holding a balanced mind (*samatva*) This is similar to mindfulness-based equanimity and to **cognitive reappraisal** strategies, where one steers thoughts away from catastrophizing. Moreover, the Gita's emphasis on *vairagya* (detachment) as part of *sthitaprajna* encourages letting go of excessive identification with transient events. In sum, *sthitaprajna* provides a model for emotional regulation under stress.
- **Dhyana (Meditation):** Meditation is central in the Gita (especially Chapter 6). Krishna advises Arjuna to sit with a steady posture, control breath, focus the mind, and withdraw it from sense objects. Modern research aligns with this: meditation programs have been shown to improve resilience and reduce anxiety (Goyal *et al.*, 2014). Regular practice of mindfulness or focused meditation increases prefrontal inhibitory control and decreases amygdala reactivity, thereby lowering physiological arousal (e.g. heart rate, cortisol). The Gita thus prescribes *dhyana* as a tool for self-awareness and calmness, which today we recognize as activating the parasympathetic response.
- **Atma Jnana (Self-Knowledge):** Arjuna's transformation in the Gita comes through realizing his true self (Atman) is beyond the ego and body. *Atma jnana* involves insight into the impermanence of external situations and the constancy of the inner Self. Psychologically, this fosters **self-transcendence** and perspective-shifting. The existential reading of the Gita sees Arjuna's hopelessness as an “existential crisis,”

and Krishna's answer as meaning-making (Kumaria & Tiwari, 2023). Recognizing that one's core identity is not defined by anxiety-provoking events (e.g. exam failure or criticism) allows detachment (*Anasakti*) and inner calm. Empirically, self-awareness practices (akin to *atma vichara/upanishadic inquiry*) are known to reduce anxiety by decreasing rumination about personal shortcomings (Brown & Ryan, 2003). In practical terms, *Atma Jnana* in anxiety management might involve reflective journaling or guided imagery emphasizing the observer self separate from anxious thoughts.

Each of these Gita concepts has parallels in psychological therapy. For example, *Nishkama Karma* is similar to **Cognitive Behavioral** focus on action and reattribution of control; *Sthitaprajna* resembles acceptance/commitment therapy (ACT) tenets of accepting what cannot be controlled; *dhyana* is akin to MBSR/MBCT mindfulness practices and *Atma Jnana* parallels humanistic/existential approaches emphasizing personal meaning. Notably, Bhatia *et al.* (2013) describe Krishna's dialogue as a precursor to CBT, with Arjuna's "negative automatic thoughts" being challenged by Krishna's rational counsel. Thus, the Gita's philosophy can be understood as an ancient integrative model addressing cognitive, emotional, behavioral, and existential dimensions of anxiety.

Alignment with Modern Psychology

Modern psychology increasingly recognizes overlaps with the Gita. **Mindfulness-based interventions** (MBSR, MBCT) explicitly train non-judgmental awareness of the present, which mirrors Gita's *dhyana*. Meta-analyses report that mindfulness programs significantly reduce anxiety (with large effect sizes). In cognitive terms, *Nishkama Karma* functions like **cognitive reframing**: it directs attention toward effort (process) instead of outcome (result). Self-Determination Theory (Deci & Ryan, 1985) also emphasizes intrinsic motivation and autonomy, resonating with *Nishkama*'s emphasis on duty rather than reward. Similarly, **Emotion Regulation** strategies (Gross, 2014) such as reappraisal and acceptance are embodied in *sthitaprajna* and *vairagya*. Hayes and colleagues (2006) describe ACT as encouraging valued action irrespective of distressing thoughts – a notion very close to *duty with detachment*. The Gita explicitly commends detachment (*anasakti*) and emotional balance (*samatva*, BG 2.47,2.70), which align with acceptance.

Positive psychology also resonates: Peterson and Seligman (2004) note the strength of *acquired virtues* like equanimity and humility, akin to Gita virtues. Balodhi *et al.* (2025) point out that Gita's non-attachment to outcomes was observed as facilitating virtue and resilience. In practice, encouraging patients to view challenges as opportunities for growth (self-transcendence) is common to both positive therapy and the Gita.

Finally, **behavioral techniques** in modern therapy (e.g. exposure, relaxation training) can dovetail with Gita practices: Krishna recommends focused breathing and sensory withdrawal (which reduces physiological arousal). Even secular prayer and mantra have been studied: for example, a BMJ study found that regular chanting (rosary prayer or a yoga mantra) altered heart rhythms and reduced stress. The Gita's legacy includes mantra (verses) which could have similar effects. In summary, many contemporary strategies for anxiety are conceptually

consistent with Gita teachings. This philosophical alignment supports integrating Gita principles as complementary to evidence-based therapies.

Literature Review

Indian Philosophical and Gita-Based Interventions

A growing literature has evaluated IKS-informed interventions for anxiety and stress. Early work by Rao *et al.* (2008) incorporated meditation and reflective practices (drawn from Indian tradition) in students; participants showed significant reductions in anxiety and better attention. Saraswati and Sharma (2015) integrated Gita principles into teacher-training programs, reporting that teachers developed improved coping strategies and emotional regulation. Sharma and Gupta (2017) found that college teachers engaging in value-oriented practices (derived from the Gita) experienced decreased perceived stress and enhanced resilience. Prakash and Rani (2019) conducted a mindfulness program with elements of Indian philosophy among students and observed significant reductions in test anxiety. These studies suggest that culturally adapted programs *can* yield mental-health benefits.

More recent empirical work strengthens this case. Dabas and Singh (2018) used a quasi-experimental design with adolescents (ages 13–16), comparing (1) usual curriculum, (2) an intervention incorporating Gita and other Indian ethical teachings, and (3) a Western positive-psychology program. The Gita-based group showed the greatest improvement in discipline, moral reasoning, and stress management. The authors attributed this success to the depth of Gita concepts and the ease of incorporating practices (e.g. mantras) into daily life. Similarly, Pandya (2022) tested a Gita-text counseling program among Hindu diaspora adults in the U.S. and U.K. Compared to a journaling control, those receiving Gita sessions reported significantly lower stress and better quality of life. Notably, older women and those living alone benefited most, suggesting factors like openness to spirituality or existential needs.

Akartuna *et al.* (2025) conducted a pilot in Turkey combining Bhagavad Gita education with Yin Yoga. In a mixed-methods design, participants exhibited significant reductions in anxiety and improved well-being, demonstrating cross-cultural applicability of Gita teachings. In India, Menon, Narayan, and Bhade (2021) applied “four D’s” based on the Gita (dutifulness, detachment, devotion, dhyana) to help healthcare workers cope during the COVID-19 pandemic. While this was more a conceptual study than an RCT, it highlights the perceived relevance of Gita concepts in modern crises.

Across these studies, interventions often combine **mental exercises** (meditation, reflection, breathing) with **attitudinal shifts** (emphasizing duty, non-attachment, gratitude). Outcomes have included lower anxiety scores, improved subjective well-being, and better behavioral coping. However, most published studies are small or uncontrolled, underscoring the need for larger trials. Nonetheless, the existing evidence – especially in educational settings (students, teachers) and culturally aligned groups – indicates that Gita-based approaches can complement Western therapies for anxiety.

Proposed Intervention Framework

Building on the above, we propose a structured 8- to 10-week group intervention combining Gita-inspired exercises with reflective practices and modern techniques. The design is quasi-experimental (pre/post testing with a control group) for research, but can also function as a workshop series. Key components include:

1. **Orientation (Week 1):** Introduce concepts of stress and anxiety from both psychological and Gita perspectives. Explain *dharma* (duty), *Nishkama Karma*, and *Sthitaprajna*. Activities: psychoeducational lecture, group discussion on personal stressors, baseline anxiety assessment. Goal: raise awareness and motivate practice. (For example, students identify exam-related thoughts and discuss how worry affects them.)
2. **Self-Reflection Journaling (Weeks 2–3):** Participants maintain a daily **stress journal**. Each entry notes a stressful event, emotional reaction, any anxious thoughts, and an effortful action taken. The twist: align entries with *Nishkama Karma*. For instance, rather than writing “I must ace this test or I’m a failure,” reframe as “I will study diligently *for the sake of learning*, not just for the grade.” This positive-affect journaling approach has empirical support: Smyth *et al.* (2018) found that a web-based positive-affect journaling intervention significantly reduced anxiety and increased resilience in medical patients. We adapt this by prompting gratitude for one’s duty (e.g. “What service does this exam serve?”) and noting moments of selfless effort.
3. **Nishkama Karma Practice (Weeks 2–4):** In each weekly meeting, participants share a “duty statement.” For example, a teacher may say, “This week I will prepare lessons *for the growth of my students* rather than for performance evaluation.” Group reflection reinforces focus on effort over outcome. This practice can be framed as a **behavioral experiment**: participants intentionally act in service of others or duty and monitor stress levels. A class assignment could be to consciously complete a routine task (e.g. cleaning, filing reports) with a mindset of *seva* (service), noticing reduced anxiety. Over time, internalizing this attitude is expected to lower anticipatory anxiety about success/failure.
4. **Meditation & Breath Regulation (Weeks 4–5):** Teach a brief *dhyana* (meditation) exercise, focusing on the breath. Sessions start with a 10–15 minute guided meditation (seated comfortably, eyes closed, attention on breathing). Emphasize nonjudgmental observation of thoughts. Regular practice is encouraged daily. This mirrors Kabat-Zinn’s MBSR (2003) meditation instructions. The Gita specifically mentions steady breath control as a way to steady the mind (BG 6:10–17). We may integrate a mantra (e.g. an auspicious phrase) if participants are comfortable. Empirically, even short daily practice yields benefits: Goyal *et al.*’s meta-analysis (2014) found that 8-week meditation courses significantly reduce anxiety (effect sizes similar to medication). Facilitators can also teach simple pranayama (breathing techniques) known to activate the vagus nerve (e.g. alternate nostril breathing) to help control autonomic arousal.

5. **Equanimity Exercises (Weeks 5–6):** Apply mindfulness (*Smriti*) during daily activities. For example, mindful walking, mindful eating, or focusing fully on a routine chore (washing dishes) *without judgment*. Role-play can be used: participants act out a common stressor (e.g. a student panicking over a mock test, or an employee receiving criticism) and practice responding with calm composure, invoking *sthitaprajna* principles (“This is a moment of learning, not personal failure”). This exercise builds cognitive control and resilience. We may introduce the BG verse “Man’s wisdom is steady when same amidst heat and cold, pleasure and pain” and discuss real-life application. Techniques from ACT or DBT (grounding, distress tolerance) can supplement this module.
6. **Cognitive Restructuring (Weeks 7–8):** Guided by Gita verses, participants explicitly challenge maladaptive thoughts. For instance, a sheet of paper lists common anxious beliefs (“If I fail, I am worthless; I must control everything”). Using cognitive reframing akin to CBT, each belief is reframed through Gita teachings (e.g. “My duty is to act to the best of my ability (BG 2:47). The outcome is not in my hands, so self-worth does not depend on it.”). Journals prompt reflection: *What would Krishna say to Arjuna if he had my worry?* This helps link ancient wisdom to modern cognition. Techniques such as cognitive-behavioral worksheets or guided imagery (visualizing Krishna counseling Arjuna) could be used.
7. **Peer Support Discussions (Weeks 8–9):** In small groups, participants share their experiences practicing the above strategies. They discuss what helped anxiety, what was challenging, and how values (duty, surrender) shifted their perspective. This builds social support and normalizes anxiety, similar to group CBT or support groups. The Gita narrative (Arjuna openly admitting fear to Krishna) serves as a positive example of help-seeking. Group members can encourage each other to continue practices and help troubleshoot difficulties (e.g. “I tried daily meditation but often got distracted – any tips?”).
8. **Integration and Personal Plan (Week 10):** Review all concepts and compile a personalized action plan. Each participant writes down 2–3 *Gita-based strategies* they will continue (e.g., morning meditation, effort journaling, mantra recitation before sleep). Conduct a post-program assessment of anxiety and well-being. Graduation rituals (sharing a favorite Gita verse) can provide closure.

Examples: A university student with exam anxiety might write a journal entry: “I felt scared studying organic chemistry; my thought was ‘If I don’t get 90%, I’ve failed.’ I reminded myself of BG 2:47: “*Your business is with effort only.*” I shifted focus to learning the material. As a result, I felt calmer and could concentrate better.” A corporate manager overwhelmed with targets might role-play a confrontation with an angry client, practicing a calm response by internally repeating *anāsaktim* (“non-attachment”). Over time he reports that he no longer lies awake worrying about clients beyond his control.

Challenges and Implementation: Facilitators should be sensitive to participants’ backgrounds – some may see the Gita as religious, others as metaphorical. Emphasize

universal values (duty, wisdom) rather than dogma. For non-Indian participants, one can describe the Gita as a “Yoga of the Mind” and focus on secular aspects of meditation and values. Literacy levels can be accommodated through audio/video materials. Ensuring consistent practice (homework adherence) is a challenge; this can be supported by email reminders or a smartphone app with daily prompts (analogous to app-based mindfulness interventions). Confidentiality and emotional safety in group sharing must be maintained. Finally, rigorous measurement is needed: validated scales like the State-Trait Anxiety Inventory (STAI) and physiological markers (e.g. salivary cortisol, heart rate variability) can quantify outcomes.

Mechanisms of Action

The proposed framework operates on multiple levels, with both **psychological** and **physiological** pathways:

- **Cognitive Shift (Nishkama Karma):** By redirecting attention from uncontrollable outcomes to controllable actions, Nishkama Karma reduces catastrophic thinking and *ruminatio*n. In cognitive terms, it alters appraisal from “I must win to prove myself” to “I will do my duty; results are not solely up to me.” This shift can immediately dampen worry. For example, when a student stops obsessing about the exam score and instead focuses on the present study session, anxiety is curtailed. This mechanism is similar to cognitive restructuring in CBT. Research on positive-affect journaling shows that deliberately writing about positive aspects of stressful situations (a form of reappraisal) lowers distress.
- **Physiological Regulation (Dhyana and Pranayama):** Meditation and breath control engage the parasympathetic nervous system, counteracting the “fight-or-flight” sympathetic arousal. Neurophysiologically, mindfulness practice has been shown to increase GABA levels (an inhibitory neurotransmitter) and decrease amygdala activation. Breathing exercises (pranayama) improve heart-rate variability, a marker of autonomic balance. Empirically, Bernardi *et al.* (2001) found that chanting or reciting mantras (like a yogic mantra from the Gita) can synchronize cardiovascular rhythms and reduce stress markers. Therapeutic touch practices (Abhyanga, or oil massage) – rooted in Ayurvedic tradition – have also been found to lower cortisol levels and promote relaxation. Thus, the body’s stress response is directly modulated by practices taught in the Gita (meditation, breathing) and related IKS treatments.
- **Emotional Regulation (Sthitaprajna & Reflection):** Cultivating equanimity and reflective awareness enhances self-monitoring and adaptive coping. When participants role-play stressful encounters and practice calm responses, they train neural circuits for emotion regulation (prefrontal cortex engagement). Journaling about emotions increases interoceptive awareness and reduces emotional reactivity. This is akin to DBT’s diary cards or CBT’s thought records. Over sessions, individuals build *distress tolerance* – they learn to experience difficult feelings without panic, maintaining an inner poise (*samatva*) as the Gita teaches.

- **Value-Based Motivation:** Grounding action in higher values (duty, ethics, service) can increase intrinsic motivation and resilience. In self-determination theory, acting in line with one's values fosters well-being. The Gita frames work itself as spiritual discipline, which can transform mundane stressors into meaningful practice. This **meaning-making** aspect may engage reward pathways differently: setbacks are seen as lessons rather than failures, reducing shame and learned helplessness.
- **Self-Transcendence (Atma Jnana):** Perhaps the most profound mechanism is *transcending the ego*. Recognizing one's deeper Self (Atman) as distinct from passing anxieties creates existential resilience. This is analogous to the concept of "self-as-context" in ACT – a perspective from which thoughts and feelings are witnessed but not fused with identity. Empirical studies of meditation show that experiences of non-attachment correlate with long-term reductions in trait anxiety. Kumaria and Tiwari (2023) suggest that through Atma Jnana, Arjuna achieved spiritual transcendence that relieved his existential anxiety. Encouraging this shift in perspective (e.g., through guided imagery of the observer-self) can produce profound calm.

In combination, these mechanisms work synergistically: cognitive reappraisal dampens anxiety, meditation soothes the body, supportive values fuel persistence, and a broadened perspective undermines panic. This integrative approach is backed by both tradition and research. As Bhati *et al.* (2025) conclude, ancient practices from texts like the Gita "complement contemporary psychological approaches to stress reduction, mindfulness, and introspection," and they call for more study of these mechanisms.

Limitations and Future Research

Current evidence on Gita-based anxiety management is limited by several factors. First, most published studies involve small samples, brief follow-up, or lack rigorous controls. The field needs large randomized trials with active control groups (e.g. comparing Gita-based CBT to standard CBT) to isolate the unique contribution of Gita teachings.

Second, **cross-cultural adaptation** requires careful study. While Akartuna *et al.* (2025) showed feasibility in Turkey interventions must be sensitive to different religious backgrounds. Research should test secularized versions of the program (removing Hindu-specific terms) to ensure inclusivity.

Third, reliance on self-reported anxiety measures can introduce bias. Future studies should incorporate **objective physiological and neurobiological measures**. Bhati *et al.* (2025) emphasize the need for standardized protocols and biomarkers (e.g. cortisol sampling, EEG/fMRI) to elucidate mechanisms. For instance, a trial could measure amygdala reactivity before and after an 8-week Gita intervention, to see if neural fear circuits are dampened. Ambulatory heart-rate monitors could assess whether daily practice reduces sympathetic tone.

Fourth, implementation research is needed. How do we train facilitators? What is the attrition rate in real-world settings? Digital platforms (apps, online videos) could greatly expand reach, but their efficacy relative to in-person guidance is unknown.

Additionally, potential limitations include: participants' prior belief in spirituality may moderate outcomes (those already favorable to spiritual concepts might respond better), and there is a risk of cultural appropriation if programs are poorly handled outside India. Ethical considerations require avoiding misinterpretation of sacred texts; professional oversight is essential.

Future research might also explore combinations of Gita principles with evidence-based therapies. For example, an RCT could test "CBT + Gita" versus CBT alone. It would also be valuable to assess Gita interventions for comorbid conditions (e.g. anxiety with depression, or medical comorbidities), given Ayurveda's holistic view of mind-body health. Longitudinal studies should examine whether these interventions have lasting effects (e.g. lower anxiety relapse rates). Finally, qualitative research (interviews, focus groups) can shed light on how individuals subjectively integrate Gita teachings into their lives, informing culturally sensitive refinements.

Conclusion

This paper has argued for the Bhagavad Gita and Indian philosophical systems as valuable, evidence-informed resources for anxiety management. The Gita's enduring wisdom – on acting with purpose, sustaining mental equipoise, and seeking inner knowledge – complements modern psychological methods.

In summary, combining Bhagavad Gita philosophy with modern psychology offers a **holistic, accessible, and culturally sensitive** strategy for managing anxiety. By addressing cognitive appraisals, physiological arousal, and deeper existential questions together, this integrative framework has the potential to enhance resilience across diverse settings. Future research and practice should continue bridging these traditions – fostering collaboration between psychologists, Ayurvedic scholars, and educators – to build robust, evidence-based programs that help individuals find peace of mind in our stressful world.

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