

Research Paper

To Explore Perceived Effectiveness of Traditional Healing Practices in Managing Stress Amongst Young Adults

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ABSTRACT

The present study explores the perceived effectiveness of traditional, home-based, and non-pharmacological coping strategies in managing stress among young adults. With increasing academic, social, and emotional demands, stress has become a prevalent concern among urban undergraduate populations in India. While formal mental health services are expanding, many individuals continue to rely on culturally embedded mechanisms such as meditation, yoga, prayer, social interaction, and sensory practices. A qualitative exploratory design employed semi-structured interviews with 10 undergraduate students (aged 18–29 years) from Delhi institutions. Data were analysed using reflexive thematic analysis (Braun & Clarke, 2021) to identify patterns in experiences and perceptions. Participants conceptualized stress as cognitive-emotional stagnation rather than mere pressure. Effectiveness meant restoring clarity, balance, and control—not eliminating stress. Five themes emerged: (1) internal regulation, (2) social coping, (3) sensory grounding, (4) traditional cultural practices, and (5) cautious attitudes toward medication. Traditional practices were valued for cultural familiarity, accessibility, and self-regulation. Findings highlight culturally grounded, relational strategies for everyday stress. Mental health frameworks should incorporate non-pathologizing approaches for non-clinical populations.

Keywords: *Traditional Coping Strategies, Stress Management, Young Adults India, Reflexive Thematic Analysis, Yoga and Meditation, Cultural Resilience*

Stress among young adults has emerged as a significant public health concern in urban India (APA, 2020; Gupta & Sahoo, 2019). Contemporary undergraduates navigate academic pressures, financial concerns, and social expectations intensified by urbanization and digital saturation. While moderate stress aids adaptation, chronic unmanaged stress impairs emotional stability and cognition.

Indian youth negotiate modern education with traditional coping frameworks. Formal mental health services remain stigmatized and unevenly distributed, driving reliance on accessible practices like yoga, meditation, prayer, and family support (Sharma & Jain, 2021). These culturally embedded strategies offer meaning beyond behavioural techniques.

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Existing research emphasizes clinical yoga/Ayurveda trials but overlooks non-clinical young adults' lived experiences (Cramer et al., 2022; Pascoe et al., 2021). This qualitative study addresses the gap, exploring how Delhi undergraduates perceive traditional coping effectiveness using reflexive thematic analysis.

REVIEW OF LITERATURE

A growing body of research has examined the role of traditional, cultural, and non-pharmacological approaches in managing stress and promoting mental well-being. These studies collectively highlight the effectiveness of mind-body practices, herbal interventions, and socio-cultural coping systems, particularly within contexts where access to formal mental health care is limited or stigmatized (Barnes et al., 2008).

Yoga and mindfulness-based practices have received substantial empirical support in stress reduction. Studies have demonstrated that structured yoga interventions lead to improvements in emotional regulation, reductions in anxiety, and enhanced physiological functioning, including decreased cortisol levels and improved heart rate variability (Nagendra et al., 2025; Cramer et al., 2022). Similarly, Yoga Nidra and other meditative practices have been found to significantly reduce anxiety and promote emotional stability, suggesting their utility as accessible and cost-effective interventions (Pandya, 2022). Meta-analytic evidence further supports the role of yoga and mindfulness in lowering physiological stress markers and enhancing overall psychological well-being (Pascoe et al., 2021).

In addition to mind-body practices, traditional systems such as Ayurveda have shown promise in addressing stress-related concerns. Ayurvedic treatments, including herbal formulations and therapeutic procedures, have been associated with improvements in sleep quality, mood, and anxiety symptoms (Sharma & Sharma, 2023). Herbal interventions such as Ashwagandha, Valerian root, Lavender, and Lemon Balm have demonstrated anxiolytic and stress-reducing effects through neurochemical and physiological mechanisms, including modulation of the hypothalamic-pituitary-adrenal axis and GABAergic activity (Kasper et al., 2022; Lopresti et al., 2022; Shinjyo et al., 2022; Taavoni et al., 2022). These findings suggest that traditional herbal remedies can function as effective complementary or alternative approaches to stress management.

Research has also highlighted the significance of psycho-spiritual and culturally embedded practices in mental health. Spiritual engagement, prayer, and culturally meaningful rituals have been associated with enhanced coping, reduced anxiety, and improved quality of life (Jafari et al., 2022; Sena et al., 2021). In many communities, traditional healers, oral traditions, and communal rituals play a central role in fostering resilience and emotional support, particularly in rural and tribal settings (Kumar & Venkatesh, 2025; Ministry of Tribal Affairs, 2022). These approaches emphasize the relational and collective dimensions of coping, which are often overlooked in individual-centric clinical models.

The integration of traditional and modern mental health systems has also been explored in recent literature. Integrative frameworks combining yoga, Ayurveda, and psychotherapy have shown improved treatment adherence and outcomes, highlighting the benefits of culturally responsive interventions (Patel et al., 2023). However, challenges remain in ensuring ethical standardization, practitioner training, and quality control when

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incorporating traditional practices into formal healthcare systems (Ng et al., 2019; Singh et al., 2023).

Despite these advancements, much of the existing research remains focused on clinical populations and measurable outcomes, with limited attention to everyday stress experiences among non-clinical groups. Studies have rarely explored how young adults subjectively perceive and integrate traditional coping strategies into their daily lives. Additionally, there is a lack of qualitative research examining attitudes toward pharmacological interventions in comparison to culturally grounded, non-clinical methods (Gupta & Sahoo, 2019).

Earlier work on complementary and alternative medicine usage indicates that demographic and socio-cultural factors significantly influence coping preferences, with individuals often gravitating toward accessible and culturally familiar practices (Barnes et al., 2008). Furthermore, research on spirituality and well-being suggests that culturally embedded belief systems play a protective role in managing stress and enhancing psychological resilience (Freeman et al., 1998).

METHODOLOGY

Research Design

The present study adopted a qualitative, exploratory research design to examine how young adults experience stress and perceive the effectiveness of traditional, home-based, and non-pharmacological coping strategies. A qualitative approach was considered appropriate as the study aimed to explore subjective meanings, personal interpretations, and culturally grounded understandings of stress and coping, which are not easily captured through quantitative methods.

The research was guided by a phenomenological perspective, focusing on participants' lived experiences. Data were analysed using reflexive thematic analysis as proposed by Braun and Clarke (2006, 2021), allowing for the identification of recurring patterns while acknowledging the active role of the researcher in meaning-making.

Participants and Sampling

The study sample consisted of ten undergraduate students aged between 18 and 29 years, enrolled in urban colleges in Delhi, India. The participants represented diverse cultural, regional, and familial backgrounds, reflecting variability in lived experiences and coping practices.

A purposive sampling technique was employed to recruit participants who met the following inclusion criteria:

- Aged between 18 and 29 years
- Currently enrolled in an undergraduate or integrated postgraduate programme
- Willing to share personal experiences related to stress and coping
- Individuals experiencing severe psychological distress or undergoing intensive psychiatric treatment were excluded to maintain focus on a non-clinical population.
- Sampling was continued until thematic saturation was achieved, indicating that no substantially new patterns were emerging from the data.

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Data Collection

Data were collected through semi-structured, in-depth interviews, each lasting approximately 35 to 40 minutes. The interview schedule followed a funnel approach, beginning with general questions about daily experiences and gradually moving toward specific inquiries regarding stress, coping strategies, and perceived effectiveness.

A pilot study was conducted with three participants to ensure clarity, relevance, and cultural sensitivity of the interview questions. Minor modifications were made based on feedback.

Interviews were conducted in a private and comfortable setting to ensure openness and confidentiality. With informed consent, all interviews were audio-recorded and subsequently transcribed verbatim for analysis. Participants were assured of anonymity, confidentiality, and their right to withdraw from the study at any stage without any consequences.

Ethical approval for the study was obtained from the institutional ethics committee, and participants were debriefed after the interviews. Information regarding mental health support services was also provided where necessary.

RESULTS

Reflexive thematic analysis of the interview data yielded five major themes reflecting participants’ experiences of stress and their perceived effectiveness of traditional, home-based, and non-pharmacological coping strategies. The sample consisted of ten undergraduate students (aged 18–29 years), with interviews averaging approximately 35–40 minutes.

Participants did not conceptualise “effectiveness” as the elimination of stress; rather, it was understood as the restoration of mental clarity, emotional balance, and a sense of personal control. Cultural and familial contexts emerged as central influences in shaping coping preferences.

Table No.1 Thematic Representation of Coping Strategies Among Young Adults

Major themes	Sub-themes
1. Internal / Individual Regulation	Introspection & reflection
	Creative expression
	Physical activity
2. Social / Community-Based Coping	Talking & reassurance
	Peer companionship / shared activities
3. Sensory / Distraction-Based Regulation	Music, games, digital engagement
	Food / ritual comforts
4. Traditional / Cultural Practices	Meditation, yoga, breathing
	Prayer / spirituality
5. Attitudes Toward Medication	Avoidance unless severe
	Caution / Dependency concerns

Note. n = 10 undergraduates, Delhi. Themes derived from reflexive thematic analysis.

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Theme 1: Internal / Individual Regulation

Stress as Cognitive-Emotional Stagnation

Across the group, stress was described not merely as pressure but as a deep-seated state of mental and emotional “freeze.” Participants frequently used bodily metaphors—heaviness, blankness, feeling boxed in—to convey a loss of cognitive agency and self-confidence typical of urban academic environments.

- P1 said stress “blanked out a person,” adding that “it feels like a ghost sitting on you,” highlighting both mental shutdown and physical immobility.
- P9 reported “fogged thoughts” accompanied by sudden anger bursts.
- P10 characterised stress as an “emotional mess” triggered by disruptions in routine.
- P6 described panic during family disagreements, while P7 noted restlessness stemming from academic frustration.

These accounts position stress as a constraining force that necessitates restoration of mental clarity and emotional balance. Participants described internal regulation strategies such as introspection (P4, P8), artistic expression (P1’s drawing), and vigorous physical activity (P5’s boxing) as ways to break the paralysis. In contrast to models that view stress solely as hyper-arousal, the participants emphasized the need to regain functional agency.

Theme 2: Social / Community-Based Coping

Family-Driven Social Transmission

Coping practices were rarely the result of conscious learning; instead, they were absorbed through everyday family interactions and observation—a pattern typical of collectivist Indian households.

- P1 recounted learning meditation, breathing exercises, and foot-soaking simply by “seeing and experiencing them at home.”
- P2 adopted yoga and journaling after watching parents and siblings practice them.
- P3 identified family-encouraged talking, shared meals, and music as the norm for managing stress.

Maternal figures emerged as the predominant source of these practices (identified in roughly 80 % of the accounts). The social coping theme—especially talking and reassurance (very frequent theme across participants)—underscores family dialogue as the primary conduit for coping knowledge. Peer and family companionship extends this relational scaffold, linking social interaction with sensory and traditional coping domains.

The remaining themes (Sensory/Distract Regulation, Traditional/Cultural Practices, and Attitudes Toward Medication) are elaborated in the full report, illustrating how music, digital media, comfort foods, yoga, prayer, and cautious views on pharmaceuticals together shape the participants’ holistic approach to stress management.

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Theme 3: Sensory / Distraction-Based Regulation

Sensory-Based Grounding Techniques

Students tended to turn to embodied, sensory-rich activities that offered an immediate physiological break from the spiral of stress. These tactics acted as easy-to-use “first-aid” responses that could be carried out at home without professional help.

- Rituals involving food and sound: P3 spoke about sharing tea with his mother and listening to Assamese music, noting how these moments stopped his over-thinking and gave him a sense of emotional safety.
- Comfort foods with peers: P2 found that eating Maggi with friends produced a similar soothing effect.
- Warm baths: P10 described a hot soak as “calming.”
- Digital distraction: While P5, P7, and P10 mentioned video games as a way to divert attention, these were considered secondary to the more tactile- and smell-based rituals.

The sub-theme of Sensory Regulation shows that food-related customs and other ritualized comforts serve as culturally resonant bodily anchors. Because they engage multiple senses at once, they outperform purely digital coping tools in lowering autonomic arousal, thereby creating a physiological “window” that allows higher-order regulatory processes (see Themes 1 and 4) to operate.

Theme 4: Traditional / Cultural Practices

Traditional Cultural Practices

Established cultural healing methods—such as yoga, meditation, pranayama, and spiritual ceremonies—were described as consciously valued inheritances. Participants viewed them as sophisticated extensions of family-passed wisdom, each carrying an explicit psychophysiological rationale.

- Family-based meditation and breath work: P1 recounted his mother’s meditation and breathing routine; P3 highlighted family yoga sessions; P5 used breathing exercises when upset; P4 explored mindfulness through Buddhist practice.
- Maternal prayers: P5 also mentioned his mother’s prayers as an “emotional anchor.”

These traditional practices fulfilled two roles: (1) they acted as culturally sanctioned regulation strategies, and (2) they reinforced identity by linking participants to the familial knowledge base (Theme 2). Their potency stems from embodied familiarity rather than novelty, distinguishing them from generic wellness trends.

Theme 5: Attitudes Toward Medication

Choosing to Avoid Medication as a Moral Stance

Steering clear of pharmaceuticals was presented not merely as a preference but as a morally and developmentally grounded commitment, framed through narratives of character building, self-reliance, and skepticism toward the medicalization of ordinary distress.

- Building mental muscle: P1 described non-pharmacological coping as “exercise for the brain,” strengthening decision-making.

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- Long-term resilience: P4 and P5 emphasized durability over short-term symptom relief.
- Fear of dependence and side effects: P2, P3, and P10 voiced concerns about becoming reliant on medication, reserving it only for “severe or chronic” situations (100 % of participants).

The Medication Attitudes theme synthesizes the previous findings: traditional practices (Theme 4) are favored because they nurture agency (Theme 1), transmit cultural values (Theme 2), engage the body (Theme 3), and uphold a moral sense of self that resists pharmacological dependence.

DISCUSSION

This investigation examined how urban undergraduate students judge the usefulness of traditional, home-based, and non-pharmacological stress-management methods. The data reveal that “effectiveness” was not equated with eradicating stress; rather, it meant regaining mental clarity, emotional steadiness, and a feeling of personal control. Participants experienced stress as a state that froze cognition and emotion, and they valued coping tools that restored agency, functionality, and self-trust. By foregrounding culturally embedded, bodily, and relational regulation strategies, the study offers a richer picture of how young adults navigate everyday stress.

Re-conceptualising Stress: From Illness to Disruption of Agency

Students consistently characterised stress as a condition of mental blankness, confusion, heaviness, or dysregulated affect, rather than as a catalyst for heightened activity. This aligns with contemporary scholarship that views stress as a breakdown in executive functioning and emotional regulation (e.g., McEwen, 2017). Participants’ stories highlighted a loss of mental agency—the difficulty of thinking clearly, deciding, or trusting one’s own judgments—indicating that stress was experienced as an interruption of purposeful engagement with daily life.

These narratives challenge biomedical models that primarily equate stress with symptom intensity. For the young adult cohort in this study, stress represented a functional impairment that required the restoration of inner stability and control rather than mere symptom reduction. Consequently, participants judged coping strategies based on whether they enabled continued functioning, not on whether they eliminated all discomfort.

Effectiveness as Ongoing Regulation, Not Final Resolution

A key contribution of this work is the way participants defined “effectiveness.” Traditional and home-based techniques were rarely portrayed as cures; instead, they were appreciated for making stress tolerable, grounding the self, and reinstating clarity. This mirrors process-oriented coping frameworks that prioritise regulation, adaptation, and resilience over the eradication of distress (Gross, 2015).

Activities such as meditation, breath work, reflective journaling, music listening, bathing, and creative pursuits were deemed effective because they shifted participants from a reactive stance to a responsive one. The findings suggest that many young adults prefer strategies that allow them to coexist with stress while preserving agency, rather than seeking instant relief. This reframing is especially salient for non-clinical populations, where stress is often episodic, context-bound, and tied to developmental tasks.

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Cultural and Familial Contexts as Active Psychological Resources

The results show that traditional coping methods were seldom adopted through deliberate study of systems like AYUSH; rather, they were implicitly transmitted via family routines and everyday life. This underscores culture and family not merely as background variables but as active psychological assets that shape stress perception and management. Consistent with sociocultural coping theories, these practices were normalised through observation and participation rather than formal instruction (Vygotsky, 1978). As a result, they felt familiar, trustworthy, and emotionally safe. Rather than being labeled “alternative,” they functioned as first-line responses woven into daily existence, challenging mental-health discourses that position traditional practices as peripheral to formal treatment.

Non-Pharmacological Coping as a Moral and Developmental Choice

Avoidance of medication emerged as a pervasive theme, yet it should not be read as a blanket rejection of mental-health care. Participants framed medication as unsuitable for their present level of stress, or as a last-resort option for severe or chronic conditions. Concerns about dependence, side-effects, and short-term fixes echoed broader youth literature on ambivalence toward pharmacological interventions (Gulliver et al., 2010).

Importantly, coping without drugs carried moral and developmental weight. Managing stress independently was linked to personal growth, maturity, resilience, and self-improvement. This aligns with emerging-adulthood developmental tasks centered on autonomy, identity formation, and self-efficacy (Arnett, 2000). The study does not argue against medication; rather, it highlights how young adults actively negotiate meanings around treatment options, positioning non-medical coping as the preferred everyday strategy while still recognising the role of clinical care when needed.

Embodied and Relational Pathways to Regulation

The most highly valued strategies were those that involved the body or social connection. Embodied actions—controlled breathing, warm baths, yoga, exercise, and music—produced physiological calming and heightened present-moment awareness, supporting theories of embodied emotion regulation (Kabat-Zinn, 2003). Relational practices—conversing, sharing meals, spending time with friends—offered emotional containment, validation, and belonging.

These findings affirm that stress regulation is not purely intrapsychic; it is deeply relational and situated within environmental contexts. For many participants, especially younger students, simply being with another person acted as a regulatory mechanism. This underscores the need to view mental well-being through a holistic lens that integrates bodily, relational, and contextual dimensions.

Implications for Holistic Mental-Well-Being Initiatives

The evidence suggests that culturally familiar, non-clinical coping tools play a substantial role in how young adults handle routine stress. Rather than positioning these practices as opposed to formal mental-health services, they can be viewed as complementary resources that foster early regulation, resilience, and self-awareness. Campus-wide well-being programs could incorporate:

Dedicated mindfulness and quiet-space areas for breath work, meditation, and yoga.
Peer-support circles that encourage shared meals, music listening, and open conversation.

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Creative-arts workshops that enable expressive outlets (e.g., drawing, writing, music).
Culturally responsive programming that respects and integrates traditional rituals, family-based practices, and community customs.

By embedding these embodied and relational strategies into university wellness offerings, institutions can increase the accessibility and acceptability of mental-health support for students, bridging the gap between everyday self-regulation and professional care.

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Conflict of Interest

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