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# Effect of Yoga Practices on Anxiety, Forms of Adjustment and Suicidal Ideation among Young Adults

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## Abstract

**Background:** Nowadays, it is being observed that yoga practices work as a protective factor against psychological and physical concerns such as stress, depression, anxiety, suicidal ideation, drug addiction, osteoarthritis, multiple sclerosis, asthma, irritable bowel syndrome, lymphoma, hypertension, and mental health problems. The experimental design of this research is a result of the literature suggesting a causal relationship between the positive impact of yoga and psychological issues. The present study involves variables, viz., anxiety, forms of adjustment, suicide ideation, and yoga practices.

**Aim:** The aim of this study was to explore the effect of yogic practices on anxiety, forms of adjustment, and suicide ideation of young adults.

**Method:** A Total of 31 participants participated in this experiment. The age range of the participants was 20 to 25 years, with a mean age of 22.32 years and SD was of 1.37. Within-group experimental design was applied to conduct the experiment. Anxiety questionnaire, Bell's Adjustment Inventory, and Rudd's Suicidal Ideation Scale measures were used to collect data. Descriptive statistics and paired sample t-test were calculated for the analysis.

**Results:** Results disclosed that yogic practices helped participants to reduce their suicidal thoughts and improve home adjustment.

**Discussion:** The findings of this study showed that yogic practices might play a crucial role in preventing suicide ideation and enhancing the health adjustment of the participants. Limitations and implications of the study have been discussed in the conclusion.

## Introduction

Every individual has difficulties. The key factor in evaluating an individual's efficacy is not how much difficulty or bad luck they experience, but rather how they handle or adapt to life's obstacles. "An index of integration between needs and satisfaction, remains related to achievement, social acceptance, age, sex, economic security, and moral standards" is the definition of adjustment, a crucial psychological attribute.[1] Adjustment means regulating, adapting, or

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settling. The word 'adjustment' comes from the late Latin ad-juxtare, derived from juxta, near, but early confused with a purported derivation from Justus, right. The behavioural process of balancing competing wants, or needs, versus environmental barriers, is referred to as adjustment in psychology. Occasionally, a person cannot change in position to the point where it seems unlikely that his wants would ever be met.

Human behaviour is reflected in adjustment, which is the means by which individuals attempt to preserve social and personal balance. It is necessary to make adjustments in order to meet diverse needs and preserve social harmony. With their inherent qualities, humans always strive to live in harmony with the natural world. Happiness and harmony within the family can be preserved with the ability to adapt to both society and other family members.[1]

However, students these days like to play on their phones rather than outside. It is possible that they might prefer to engage in less demanding yoga techniques instead of physically demanding exercise. Yoga plays a significant part in systematising the many bodily systems, which improves the body's capacity for adjustment. Numerous studies in the yoga sector have shown that practicing yoga improves one's capacity for adaptability. Research indicates that researchers who studied a variety of populations, including college students, blind kids, and school students, discovered that yoga had a beneficial impact on adjustment.[2,3]

The term "complementary medicine" describes a group of procedures and therapies that have not been explored by contemporary medicine.[4] Yoga, which means "unity of mind and body" in Sanskrit, has been practiced for 5,000 years in Eastern societies and has drawn a lot of interest from Western nations lately.[5] Numerous scientific and medical studies on yoga conducted in the last several decades have shown how effective it can be in treating a number of illnesses.[6] Research has shown that yoga or yogic practices can help with a variety of medical and psychological illnesses, such as drug addiction, osteoarthritis, multiple sclerosis, asthma, irritable bowel syndrome, lymphoma, hypertension, mental health problems, suicidal thoughts, adjustment problems, stress, and anxiety.[7-14]

Yoga is a mental, spiritual, and physical practice. It involves the application of asana (physical postures), pranayama (breathing exercises), niyama (social ethics), yama (personal ethics), and meditation (the discipline of calming the mind).[15] Ernst, Pittler, Stevinson, & White (2001) have described yoga as a three-part practice that includes mild stretching, breath-control exercises, and meditation as a mind-body intervention.[16] The form of yoga that is most commonly practiced in the West is called hatha yoga, and it incorporates meditation, pranayama (a breathing exercise), and asana (postures).[17] Yoga is a secular practice, despite its roots in Indian culture and religion.[16]

## Forms of Adjustment

The family and society play a prominent role in an individual's physical and mental well-being; hence, the following forms of adjustment can be used to encounter the problems of individuals. These are mentioned below.[18]

- Family adjustment.
- Emotional adjustment.
- Social adjustment.
- Health adjustment (Figure 1).

Family issues pertain to specific aspects such as the acceptance, overprotection, or negligence of an individual towards family members. People use family adjustment tools to handle family problems. People experience, such as anger, violence, melancholy, anxiety, and an inferiority complex, are referred to as emotional difficulties. To tackle these emotional difficulties, individuals can use emotional adjustment techniques (Figure 2).[18]

## Yogic Practices and Adjustment

According to research, yoga has a positive effect on adjustment in a range of populations, including college students, blind children, and school students.[2,3], while Roy, Mukhopadhyay, and Ghosh (2022) reported that there was no significant impact of yoga on social, emotional, and educational adjustment of the participants.[3] Bhuyan and Vineeta (2022) discovered that yogic practices have a positive effect on the adjustment of secondary school students. Previous research findings have demonstrated a discrepancy.[19] Therefore, empirical data are required to

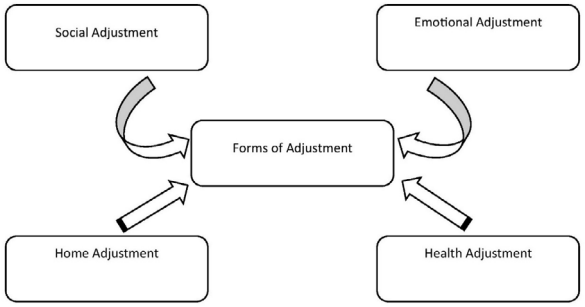


**Figure 1:** Represents forms of adjustment

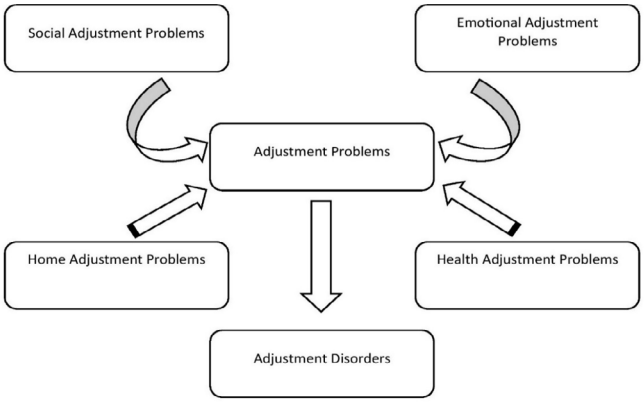


**Figure 2:** Represents the adjustment problems develop adjustment disorders

have a comprehensive understanding of the impact of yogic practices on adjustment.

## Yogic Practices, Anxiety and Stress

Consistent yogic practice is the best strategy for developing a steady sympathovagal balance. Yoga poses, meditation, and pranayama all help the body relax and balance the sympathetic nervous system. Thus, achieving sympathovagal equilibrium is the main physiological goal of yoga.[20] According to studies by West (1979), Dighore and Gadkari (2013), meditation is a yogic technique that can lower anxiety and arousal.[21,22] Yoga was found to lessen anxiety in students, but only in male students, according to US Ray, Purkayastha, Asnani, Tomer, Prashad, Thakur, & Selvamurthy (2001).[23] Yoga is beneficial for reducing stress, anxiety, and depression, as per the study by Shohani *et al.* (2018).[24] Yoga has been shown to reduce stress by promoting relaxation, emotional regulation, and resilience. According to a study done by Castellote-Caballero *et al.* (2024), a 12-week yoga intervention can significantly reduce perceived stress and anxiety and improve emotional well-being in university students.[15] Chauhan *et al.* (2025) concluded that by including yoga and meditation practice in the daily lives of medical students, educational institutes can provide a more supportive environment that focuses on students' overall health.[17] Yoga, defined by the practice of postures, generally leads to some reductions in anxiety and depression in youth regardless of health status and intervention characteristics, according to a systematic review by James-Palmer *et al.* (2020).[34] From the perspective of the Cognitive Appraisal Model (Lazarus & Folkman, 1984), yoga helps individuals interpret stressors with less threat perception.[39]

## Yogic Practices and Suicidal Ideation

Suicide is an actual, common, and worldwide social incident. It is the act of choosing to end one's own life. It is produced in a state of extreme psychological stress when a person is unable to look at their issues clearly or come up with a different plan of action. It is morally neutral, neither right nor evil, nor does it represent a flaw in one's character. It's just an imbalance between coping mechanisms and suffering.

Thoughts to take one's own life are considered suicidal ideation, also known as suicidal thought. These might be just as detailed as a well-thought-out plan, only without the suicide part. While most individuals experiencing suicidal thoughts do not really attempt suicide, others do. Suicidal ideation can take many forms, from brainstorming to detailed planning, role-playing, and futile efforts that are either fully intended to succeed but are let down by reality or they can be purposefully intended to fail. Appropriately enough, suicidal ideation refers to wishing to terminate one's life or considering suicide but not really having plans to do so.[25]

Suicidal thoughts can arise when a child's anxiety over getting better grades leads to failure or when they don't meet the expectations of their parents and teachers. Recently published research showed that suicidal ideation or thoughts, tendency, and attempts were high among students.[26-31]

Elevated levels of adjustment problems, stress, depression, anxiety, and suicidal ideation characterise modern living.[26,32,14] In order to avoid these

issues, effort in this specific area is required. Yogic practices might be helpful to prevent these kinds of psychological concerns.

Gahlawat's (2017) research on students suggests that yoga exercises have a beneficial impact on students' prevalence of suicidal thoughts.[33] Ashish and Sharma (2023) concluded in their review article that regular practice of Hatha Yoga reduced suicidal thoughts of the participants.[34]

A person's cognitive, behavioural, autonomic, and somatic functioning can all be significantly altered by yogic practice, which combines 'surya namaskar, standing and sitting/meditation asanas, pranayama, mudra, and bandha'. This reduces anxiety, suicidal thoughts, and enhances sensory-motor coordination and adjustment. The aim of the current study is to determine how 2-week yoga and yogic practice sessions affect the mental health and well-being of 31 male and female volunteers, aged between 20 to 25 years, studying in the central university of Haryana.

# Method

## Priori Analysis

A priori power analysis for a one-sample t-test was conducted using G*Power 3.1.9.4 to determine the required sample size. The analysis was based on a medium effect size (d = .5), an alpha level of 0.05, and a desired power of 0.80. The results indicated that a total sample size of 27 participants was required to detect a significant difference from a constant with a power of 0.811. The critical t-value for this analysis was 1.70 with 26 degrees of freedom.

## Participants and Research Design

The convenient sampling method was used to collect data. A total of 40 (20 Male and 20 Female) participants were selected from various departments of the Central University of Haryana, Mahendergarh, who consented to participate in the study. Some participants dropped out of the study due to personal reasons and some participants dropped out of the study due to time conflicts. A total of 9 participants dropped out. The remaining 31 participants (17 Male and 14 Female) filled pre- and post-test questionnaires. The age range of the participants was 20 to 25 years, with a mean age of 22.32 and SD 1.37 years. Within-group research design was applied for this study.

# Measures

## Multiaxial Anxiety Questionnaire

The questionnaire developed by Reynolds (1999) is a self-report measure of anxiety designed for individuals aged 18 to 89 years. It comprises 40 items rated on a four-point Likert-type scale and assesses anxiety across four subscales: Negative Affectivity, Social Phobia, Physiologic-Panic, and Worry-Fears. Six items (2, 15, 23, 31, 36, and 40) are reverse-scored. The Negative Affectivity subscale includes 9 items (2, 15, 21, 23, 24, 31, 35, 36, 38), Social Phobia 9 items (1, 3, 4, 5, 8, 22, 25, 29, 40), Physiologic-Panic 12 items (9, 11, 12, 13, 14, 16, 17, 19, 20, 28, 29, 33), and Worry-Fears 10 items (6, 7, 10, 18, 26, 27, 30, 32, 34, 37). Sample items include statements such as "I worried that people thought I was bad," "I felt good," and "I felt nervous when I was with people." The scale has high internal consistency, with a Cronbach's alpha of .96 for the full scale and subscale alphas ranging from .88 to .91. Test-retest reliability is also strong, with coefficients of .95 for the total scale and .90 to .93 for the subscales.[35]

## Suicidal Ideation Scale

SIS was developed by Rud (1989). It contains a total 10 items (For example, I have been thinking of ways to kill myself; I have told someone I want to kill myself; etc.). It is a five-point Likert-type scale. The total score of the scale ranges from 10 to 50. 15 and above scores of the participants indicate higher suicidal ideation. The computed Cronbach's Alpha (.86) of this scale indicates high internal consistency. It contains good inter-item correlation ranging from .45 to .74.[36] The author of the Suicide Ideation Scale had not suggested any referral protocols for the participants who had high suicidal ideation risk because this scale is mostly used for screening purposes in clinical settings. It helps clinical psychologists/psychotherapists to identify the suicidal risk in the population.

**Table 1:** Demographic details of the participants

| | | | |
|---|---|---|---|
| Gender | Male | 17 | N = 31 |
| | Female | 14 | |
| Education | Under Graduate | 18 | N = 31 |
| | Post Graduate | 13 | |
| Stream | Arts | 11 | N = 31 |
| | Science | 5 | |
| | Commerce | 6 | |
| | Engineering | 9 | |
| Types of Family | Joint Family | 15 | N = 31 |
| | Nuclear Family | 16 | |
| Age | 20 years | 2 | N = 31 |
| | 21 years | 9 | |
| | 22 years | 5 | |
| | 23 years | 9 | |
| | 24 years | 4 | |
| | 25 years | 2 | |

Note. N = Total Number of Participants

## Bell's Adjustment Inventory (Student Form)

The scale was adapted for the Indian population by Ojha (2006). There are 140 items (for example, Do you ever feel that your parents are not satisfied with you; Does your mother have supremacy in your family; etc.), in all, covering the four categories of adjustment: emotional, social, health, and home. Every domain has the same number of items—35—in total. A Yes/No scale with a score of two was used to assess the responses. Every yes response of the participant was scored as one, while every no response was scored as zero. Low scores on the inventory imply better adjustment overall and in all forms of adjustment, while high scores on the inventory indicate poor adjustment. The test was found to be quite reliable based on the computation of reliability using the split-half and test-retest techniques. The results showed that the reliability of the test was 0.91, 0.90, 0.89, and 0.92 by the test-retest method, and 0.84, 0.81, 0.87, and 0.89 by the split-half method. The home, health, social, and emotional domains of the questionnaire had validity coefficients of 0.72, 0.79, 0.82, and 0.81, in that order.[37]

## Procedure

Before starting the study, the researchers had taken verbal feedback about past/current physical and mental illness, consumption of any medications or yoga practices from the respondents. The researchers followed all the required ethical guidelines. The chance of a confounding variable effect was controlled by the researchers in the initial stage of the study by obtaining the details on prior psychiatric or physical illnesses, psychosocial stressors and previous exposure to yoga.

Firstly, a good rapport was established with all participants, followed by obtaining informed consent from each individual. The researcher then provided clear and systematic instructions for the study, after which the pre-test was administered. The completed responses were collected from the participants. In the evening at 04:00 PM, all participants come to the peaceful grounds of the university for the yoga practices. The researchers practiced planned yoga exercises with the participants for approximately 35 to 40 minutes every day for two weeks. Consequently, the intervention involving yogic practices was introduced. After two weeks of practicing yoga, the post-test was administered, and the data were collected once again. After collecting data, those participants who were at risk of suicidal ideation the clinical management strategies and suicidal ideation risk mitigation plans were told by the researchers. The details of the planned yogic practices and interventions are presented in Table 1. The present study was conducted in 2024 in the month of May to September. In this study, researchers have not used any invasive techniques, and all aspects of the research were completed without harming to participants. Additionally, all ethical guidelines issued by the American Psychological Association (APA) have been followed diligently throughout the entire process, from data collection to writing the manuscript.

## Statistical Analysis

The paired t-test was conducted to analyse the data, and the detailed findings of the study are comprehensively presented in Table 2.

## Result

A paired sample *t*-test was conducted to determine whether yogic practices led to improvements or declines in adjustment, anxiety, and suicidal ideation among participants ($N = 31$) from pre-test to post-test. The results revealed that yogic practices significantly improved the *health adjustment* of participants from pre-test ($M = 10.19$, $SD = 4.76$) to post-test ($M = 8.84$, $SD = 5.11$), $t(30) = 2.46$, $p < .001$. Additionally, yogic practices significantly reduced *suicidal ideation* from pre-test ($M = 14.23$, $SD = 5.89$) to post-test ($M = 11.39$, $SD = 3.25$), $t(30) = 3.68$, $p < .001$. However, the effect of yogic practices was not found to be significant for anxiety and its dimensions (psychological-panic, social phobia, worry, fear, and negative affectivity), nor for total adjustment and its dimensions (home, social, and emotional adjustment), except for health adjustment.

## Discussion

The aim of the study was to examine the impact of yogic practices on anxiety, adjustment, and suicidal ideation among participants. The findings revealed that yogic practices significantly reduced suicidal ideation and improved the health adjustment of participants. These results are supported by previous research.[38,3] Prior research has also highlighted a decrease in suicidality among patients with Major Depressive Disorder after the intervention of Iyengar yoga, which aligns with the current study's findings.[39] Studies suggest a link between suicidal ideation and factors such as academic stress and depression[40], as well as the role of life stressors in the suicidal ideation of adolescents.[41-44]

Consistent with past research by Ashish and Sharma (2023), the findings of this study indicate that yogic practices have a negative impact on suicidal thoughts.[34] A significant improvement in health adjustment following yoga interventions was also observed, which is consistent with findings from Kumar (2016), and Ghosh, Roy, and Malay (2021).[2,3] This may be due to the positive effects of yoga in reducing stress, inducing relaxation, and promoting positive attitudes toward stress[20,45,46] enhancing self-awareness[47], improving coping mechanisms[48-50], fostering self-compassion[51] increasing positive affect[52], inducing calmness[53], and promoting mindfulness.[54,55] Many researchers suggest that mindfulness is a crucial link between yoga practice and stress reduction.[56,57]

However, the present study also indicates no significant impact of yogic practices on home, social, and emotional adjustment, which is consistent with a prior study by Roy, Mukhopadhyay, and Ghosh (2020), suggesting no impact of yogic practices on the adjustment of college students.[14] Additionally, the study found no significant effect of yogic intervention on anxiety, which contrasts with existing literature that reports positive outcomes of yogic interventions on anxiety and stress levels among students (Figure 3). Possible explanations for these discrepancies could include the initial sample size, which was reduced to 31 due to dropouts, potentially being insufficient to detect significant effects given the diverse backgrounds of the students, including variations in disciplines and family backgrounds. The dropout rate (9 out of 40) might have impacted the study's power and introduced bias if the participants who dropped out differed systematically from

**Table 2:** Details of Yogic practices, time durations provided to participants

| *Sr. No.* | *Name of the Yogic Practices or Interventions* | *Time Duration* |
|---|---|---|
| 1 | Suryanamaskara | 15 minutes every day for two weeks |
| 2 | Standing Asanas | one different asana per day in two weeks, about two minutes with a complementary pose. |
| 3 | Sitting or Meditative Asanas | Four to five minutes for two weeks |
| 4 | Pranayama | one pranayama daily for five to seven minutes per day for weeks |
| 5 | Mudra | Four to five minutes per day for two weeks |
| 6 | Bandha | Four to five minutes per day for two weeks |

**Table 3:** Mean, SD, and t-score of the study variables

| *Variables* | *Mean* | *Sd* | *t scores* |
|---|---|---|---|
| Adjustment | | | |
| Home Adjustment Pre | 13.29 | 5.68 | 1.74 |
| Home Adjustment Post | 12.13 | 5.61 | |
| Health Adjustment Pre | 10.19 | 4.76 | 2.46* |
| Health Adjustment Post | 8.84 | 5.11 | |
| Social Adjustment Pre | 17.19 | 3.77 | -.48 |
| Social Adjustment Post | 17.65 | 4.69 | |
| Emotional Adjustment Pre | 14.45 | 8.32 | 1.16 |
| Emotional Adjustment Post | 13.19 | 9.61 | |
| Total Adjustment Pre | 54.81 | 16.89 | 1.02 |
| Total Adjustment Post | 51.84 | 20.50 | |
| Anxiety | | | |
| Psychological-Panic Pre | 20.48 | 5.20 | -.79 |
| Psychological-Panic Post | 21.26 | 5.72 | |
| Social Phobia Pre | 17.74 | 5.26 | -.15 |
| Social Phobia Post | 17.84 | 5.31 | |
| Worry, Fear Pre | 19.00 | 5.66 | .52 |
| Worry, Fear Post | 18.55 | 5.10 | |
| Negative Affectivity Pre | 19.87 | 5.04 | -1.18 |
| Negative Affectivity Post | 20.90 | 4.43 | |
| Total Anxiety Pre | 76.61 | 18.32 | -.58 |
| Total Anxiety Post | 78.23 | 18.89 | |
| Suicidal Ideation | | | |
| Suicidal Ideation Pre | 14.23 | 5.89 | 3.68*** |
| Suicidal Ideation Post | 11.39 | 3.25 | |

*Note. N=31, *p<.05, ***p<.01.*

those who completed the study. Furthermore, the duration of the yoga intervention may have been too short to produce measurable changes. Additionally, uncontrolled external factors, such as academic pressures, family issues, or the social environment, might have influenced participants' anxiety and adjustment levels, overshadowing the effects of the yoga intervention.

The planned yoga practices do not have a significant impact on other forms of adjustment, i.e., home, social, and emotional, except for health. However, the planned yoga practices have reduced the overall maladjustment of the participants. The planned yoga practices had also not a significant impact on the various dimensions of anxiety, i.e., psychological-panic, social-phobia, worry-fear, and negative affectivity. However, the planned yoga practices had reduced the anxiety of the respondents. This study was based on a short-term yoga practice, which is why no significant results were found over the forms of adjustment and dimensions of anxiety. If in the future, long-term intervention may give a significant outcome over the remaining non-significant study variables' forms and dimensions.

## Implications and Limitations

Based on the findings, it can be concluded that yogic practices may contribute to enhancing health adjustment and reducing suicidal ideation among participants. The results suggested that yogic practices hold potential as a supportive intervention in mental health care, particularly in addressing issues related to maladjustment and suicidality. Mental health practitioners may consider integrating yogic practices into therapeutic programs to complement existing treatment strategies.

However, the study is not without limitations. First, the intervention period was relatively short, only two weeks, which may have been insufficient to observe substantial changes in anxiety and adjustment levels. Longer and more sustained yogic interventions might yield more conclusive outcomes. Second, the study faced challenges related to sample size. Although it began with 40 participants, a dropout rate of approximately 22.5% reduced the final sample to 31, which could have compromised the statistical power and generalizability of the results. Additionally, the sample was homogenous, consisting exclusively of students from a single central university in Haryana. This limited geographical and demographic scope restricts the applicability of the findings to broader populations. The absence of a control group further weakens the ability to establish causal relationships, as improvements observed may not be solely attributable to the yogic intervention. Finally, the study relied solely on a quantitative research design, which may have overlooked nuanced psychological or

experiential aspects that could be captured through qualitative methods. Future research should aim for a more diverse and larger sample, include a control or comparison group, extend the duration of intervention, and consider employing a mixed-method approach to obtain a more comprehensive understanding of the effects of yogic practices on mental health outcomes.

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