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Spiritual Therapy In Generation Z Students: A Systematic Review Of Classical Texts And Contemporary Evidence

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Abstract

Background: Generation Z, or the age group born between 1997 and 2012, has grown up in an environment that has seen the rise of social unrest and the prevalence of academic and digital connectivity. This has led to concerns about stress, anxiety, loneliness, and emotional instability in students. The holistic tradition of *Ayurveda* has also discussed the role of spirituality in the context of mental health, and contemporary studies have looked at mindfulness, meditation, yoga, and prayer in the context of students. **Objective:** The objective is to discuss classical concepts related to spiritually informed mental care and to compile modern literature regarding the importance of spiritual and spiritually related interventions for the mental health and well-being of Generation Z youth. **Methods:** The PRISMA 2020 review framework is adopted for this study. Classical *Ayurvedic* concepts related to mental care, such as *Sattvavajaya Chikitsa* and *Daivavyapasraya Chikitsa*, were reviewed along with modern literature related to spiritual and related interventions for mental care and well-being from prominent online databases. Modern literature related to spiritual and related interventions for mental care and well-being among youth or students is reviewed for this study.

Results: Classical literature describes mental health as intimately intertwined with moral, cognitive, and spiritual control. Modern systematic reviews indicate that mindfulness- and meditation-based interventions might alleviate anxiety disorders, depression, stress, and sleep problems in university students. Overall religious and spiritual involvement might also be beneficial in terms of meaning-making, coping, and social connections. However, the body of evidence is diverse, spiritual interventions were less extensively examined than mindfulness- based interventions, and there is a lack of direct Generation Z-specific studies. **Conclusion:** Spiritual therapy, as a modality, seems to be conceptually consistent with classical health systems and clinically relevant as a supplementary intervention for the mental health of students. The most reasonable conclusion that can be made at the present time is that spiritually-based and contemplative practices might have some utility for the emotional management of students, but trials designed specifically for Generation Z, as a cultural cohort, are required to make strong clinical recommendations about its utility.

Keywords: Generation Z, spiritual therapy, mindfulness, meditation, prayer, *Sattvavajaya Chikitsa*.

Introduction :

The Generation Z students have a very specific position. They are the first students who have grown up in a world where mobile internet access, high levels of social media exposure, on-demand communication, and continuous performance visibility are the norm. While connectedness has provided new ways of learning and support, there have also been increased levels of stress, distraction, and vulnerability to social comparisons, emotional overwhelm, and isolation. This makes student mental health a critical concern for integrative preventative and therapeutic interventions. [2,6]

In the holistic medical traditions, mental health is not merely the absence of psychiatric symptoms, but the presence of inner balance, clarity, self-regulation, moral constraint, and a sense of meaningfulness in life. In the Ayurvedic tradition, mental health disturbance is seen as involving psychophysical and spiritual factors, and the therapeutic approaches include rational as well as spiritual ones. The relevant approaches include Sattvavajaya Chikitsa, or the mind-strengthening or psychoregulatory therapies, and Daivavyapasraya Chikitsa, or the spiritually oriented therapies. These ideas provide a relevant classical background for considering spiritual therapies in the context of the mental health of students. [3-5]

In recent years, the mental health literature has increasingly examined mindfulness, meditation, yoga, prayer, and religious/spiritual coping in adolescents, young adults, and university students. The challenge, however, is that these approaches are generally clustered together, despite the fact that there are critical conceptual distinctions among

them. A critical review of the literature must therefore tease out the distinctions between spiritual, spiritually informed contemplative, and mindfulness-based approaches, while recognizing the commonalities among them as well. [7, 8]

The purpose of the present review was to bridge the two domains together, in the first instance, by considering classical textual ideas pertinent to spiritually informed mental care and in the second instance, by considering the more recent evidence pertinent to spiritual and contemplative care for Generation Z students. [1]

Objectives:

1. To examine classical descriptions of spiritual therapy relevant to psychological health.
2. To assess contemporary evidence for spiritual and spiritually adjacent interventions in student populations.
3. To identify conceptual, methodological, and clinical gaps in relation to Generation Z students.

This article was constructed using a systematic review approach based on PRISMA guidelines for systematic reviews in 2020. It integrated two bodies of knowledge. One was classical textual knowledge relevant to spiritual therapeutics. The other was modern knowledge based on contemplative, spiritual, and religious interventions in student and youth mental health. [1]

Sources of evidence

The classical sources included the Charaka Samhitā, Suśruta Samhitā, and Aṣṭāṅga Hrdaya. The modern knowledge base included peer-reviewed literature in the field of contemplative, spiritual, and religious interventions in student and youth mental health.

The best modern synthesis was in systematic reviews and meta-analyses in the field of student and youth mental health. [3-5, 8]

Eligibility criteria :

Those studies were considered relevant if they focused on samples of adolescents, young adults, university students, or other populations similar to Generation Z members; examined a spiritual, religious, mindfulness, meditation, prayer, yoga, or contemplative practice or exposure; and assessed psychological outcomes such as stress, anxiety, depression, coping, sleep, loneliness, or quality of life. Editorials, opinions, and studies not related to health outcomes were not included for synthesis. [6, 7]

Data handling and appraisal:

Data of interest included study design, sample population, intervention characteristics, comparator, outcomes, results, and methodological limitations. Systematic reviews, meta-analyses, and controlled trials were considered to be of first priority. Quality concerns identified across the literature were related to risk of bias, lack of consistency in defining interventions, lack of blinding, small sample sizes, heterogeneity in outcomes, and unclear distinctions between spiritual and secular contemplative practice. [6-8]

Results:

1) Classical foundations of spiritual therapy

While classical Ayurvedic thought does not clearly differentiate mental, ethical, and spiritual well-being, it is based on the view that the mind is something that can be developed, controlled,

clarified, and guided. Sattvavajaya Chikitsa is seen in later interpretive literature as a pharmacologically inactive form of treatment that seeks to reestablish mental balance through the retraction of the mind from unwholesome objects and strengthening sattva, and weakening rajas and tamas. This makes Sattvavajaya Chikitsa relevant to contemporary concepts of emotional management and cognitive restraint. [3-5]

Daivavyapasraya Chikitsa, classically based on spiritually oriented interventions, has traditionally been used for conditions that are considered to be beyond ordinary physical explanation and that need ritual, faith-based, symbolic, and devotional interventions. While its classical roots are very different from contemporary psychotherapy, its contemporary relevance is that there is evidence that healing can be mediated through meaning, reverence, belief, ritual form, and existential reassurance, particularly where psychological distress is associated with fear, uncertainty, and loss of direction. [3-5]

Collectively, the classical models imply that spiritual therapy is not only ritualistic in nature but also regulatory, interpretive, and relational. It encompasses aspects of how a person cognizes, memorizes, controls himself / herself, and finds meaning and meaning-relating suffering. For students, the relevance of the concepts is particularly important because psychological distress does not only manifest as symptoms but also as fragmented attention, identity diffusion, and loss of direction. [3-5]

1) Contemporary evidence in student and youth populations :

The strongest student-centered evidence available to date is related to mindfulness, meditation, and yoga rather than religious therapy. A meta-analysis of tertiary education students in 2019 found moderate effect sizes of depression, anxiety, and stress after meditation, yoga, and mindfulness-based interventions. However, these effect sizes were significantly reduced when compared to active controls. The authors of this study noted that all included studies were of poor quality and were associated with high risks of bias. This indicates potential efficacy but also caution in making claims of unique therapeutic efficacy. [6]

A systematic review and meta-analysis of 11 randomized controlled trials of mindfulness-based interventions in 1,824 university students found significant improvements in depression, anxiety, stress, and sleep quality. The effect sizes were significant in depression, anxiety, stress, but mindfulness scale scores were found to be non-significant. However, there were limitations such as heterogeneity in study designs, absence of blinding in some studies, uncertainty of publication bias, and variability in measurement tools. [7]

The broader youth literature on religiosity and spirituality provides a more nuanced set of findings. In a systematic review and meta-analysis of 74 studies in youth aged 10 to 24 years in 2023, spiritual wellbeing was found to be protective for depression symptoms, while negative religious coping, for example, believing that God has abandoned you and blaming God for one's life circumstances, was associated with poorer

depression outcomes. Personal importance of religion was not significantly associated with depression. Intervention studies that included spiritual and/or religious activities were largely favorable. However, the studies were heterogeneous and methodologically poor and could not be included in a meta-analysis. This youth literature is highly relevant to the current issue because it implies that the therapeutic benefit of spirituality is not necessarily related to religious identification. Rather, it might be related to meaning-making, coping, hope, moral values, support from the divine being and social support from a value-sharing group. These processes are consistent with both the classical model of spiritual therapeutics and modern models of psychological resilience.

2) Emerging evidence for explicitly spiritual or prayer-based practices :

While not as extensive or methodologically sophisticated as the mindfulness literature, some studies have examined contemplative or prayer-based practices among students. One randomized controlled trial examined the efficacy of centering meditation among college students and found positive effects on stress and mindfulness over a four-week period compared to a wait-list control. The study suggests that digitally delivered contemplative practice may be beneficial for this population. [9]

One study on Centering Prayer among undergraduate students found a declining trend for anxiety and increasing hope and search for meaning, but no significant effects for depression, stress, or mindfulness. While not methodologically strong, this study and others do not support strong

efficacy conclusions but do support feasibility for explicitly spiritual contemplative practice as a topic for better-designed studies. [10]

Evidence Summary:

Evidence cluster	Main finding	Strength/limitation	Key source
Classical Ayurvedic concepts	Spiritual therapy is framed as mental restraint, meaning regulation, and restoration of sattva	Conceptually rich, but not modern clinical evidence	[3-5]
Meditation, yoga, Mindfulness in tertiary students	Moderate benefits for depression, anxiety, stress	Effects weaken against active controls; high risk of bias	[6]
Mindfulness in university students	Reduced depression, anxiety, stress; improved sleep	11 RCTs, but heterogeneity and reporting limitations	[7]
Religiosity/spirituality in youth	Spiritual wellbeing protective; negative religious coping harmful	Broad youth evidence, but many low/moderate-quality studies	[8]
Centering meditation	Stress and mindfulness improved in college students	Small trial; short duration	[9]
Centering Prayer	Anxiety trended downward; hope and meaning increased	Pilot study with high attrition and nonrandomized comparison	[10]

Discussion:

The major discovery that can be drawn from this review is that spiritual therapy can be viewed on a continuum rather than on a single scale. On one end of the continuum are spiritual and religious practices such as prayer, devotional contemplation, and spiritual counseling. On the other end are secularized spiritual practices such as mindfulness-based therapy. Connecting is the area where attention management, emotional grounding, self-observing, making meaning, and reducing negative ruminations are all present. This view of spiritual therapy can be very useful in making connections with classical theories and contemporary student mental health practice. [5, 6, 8]

Another major discovery that can be drawn from this review is that spiritual therapy has its best empirical support in contemporary times in the area

of contemplative practices and not spiritual therapy per se. Thus, it is methodologically incorrect to assert that spiritual therapy has already been proven effective for Gen Z students. What can be safely asserted is that mindfulness-based therapy, meditation therapy, and yoga therapy have shown promising effects for students, and that youth religiosity/spirituality research has shown possible protective effects through spiritual well-being and social connections. [7, 8]

The classical definition of Sattvavajaya Chikitsa is particularly useful in terms of interpretation. It can be seen to correspond fairly well to modern concepts of fragmented attention, emotional impulsivity, compulsive comparison, and cognitive overactivation – all of which can be seen as characteristic of modern student life. It should be noted that classical concepts should not be seen as being equivalent to CBT and modern forms of psychotherapy. Rather, they should be seen as analogous and philosophically similar rather than identical. [3, 5]

In terms of Generation Z students, the implications for spiritual therapy are that it should be seen as being relevant in flexible and inclusive forms. This means that some students will respond to secular forms of mindfulness, some to contemplative traditions based in culture and religion, and some to religiously based traditions. Any ethically appropriate model of student mental health should be seen to respect pluralism while also being safe. [5, 8]

Digital delivery also requires special consideration. It has not been scientifically established that

members of Generation Z have a "digital spirituality" preference. However, the success of brief contemplative interventions delivered in a distant manner supports the potential for digital media to enhance compliance and outreach, particularly in the higher educational arena in which cost, stigma, and time constraints limit seeking help.

[9]

Limitations:

This systematic review has some limitations. First and foremost, the literature has been heterogeneous in terms of nomenclature, intervention strategies, and outcome assessment. Secondly, current studies have also focused more on assessing the effectiveness of mindfulness and meditation interventions without clearly differentiating between secular and spiritual aspects. Thirdly, studies that have focused more on spiritually based interventions among students have been few compared to contemplative interventions. Fourthly, current studies have also been associated with some limitations in terms of high risk of bias, lack of adequate blinding in studies, short-term follow-up, and lack of adequate reporting of side effects and compliance. Fifthly, studies that have been exclusively focused on Generation Z.

students are few; therefore, inferences have also been drawn from studies that have focused on youth and universities. [6-8]

Conclusion:

Both classical traditions and current research support the notion that spiritually-based therapeutic approaches can play a role in the mental health of students. The best current evidence for spiritual approaches comes from contemplative practices like

mindfulness and meditation for reducing symptoms of stress, anxiety, etc., among students. Classical Ayurvedic tradition adds to the current research by offering a more holistic perspective on mental health as involving self-control, clarity, meaning, and spiritual direction, as opposed to merely symptom control. [3-5, 7]

The final conclusion for publication, however, must be more tentative: spiritual therapy for Generation Z students is promising, plausible, and relevant, but its existence has not yet been definitively proven by high-quality studies specific to Generation Z students. Future research should compare spiritual, secular contemplative, and standard mental health therapies using high-quality research designs, longer-term studies, and culturally sensitive outcome measures. [6, 8]

Future directions:

In addition, future studies should focus on conducting multicenter trials among university samples comprising mostly Generation Z individuals, developing a definition for spiritual therapy, making a comparison between spiritually framed and secular mindfulness interventions, including loneliness and meaning in life in addition to anxiety and depression outcomes, and hybrid models that combine face-to-face support and online contemplative practice. [8, 9]

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