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Mental Health Screening: Relevance of The VPI and the GHQ

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ABSTRACT

This study, embodies a holistic approach and a qualitative thematic approach to the rising concerns towards the depleting mental health in Indian working population. Mental health screening is often, silhouette by the Western Diagnostic paradigms. This results in the under-utilization of the culturally specific representations, which is the research gap that is represented through this qualitative paper. This paper implores and explores the lens, Indian Knowledge System (IKS) which is an initiative under the Ministry of Education MoE, deeply rooted in Yoga, Ayurveda, and Meditation. Simultaneously, studying its utility, as well as integrating with contemporary mental health diagnosis the General Health Questionnaire (GHQ), emphasizing its relevance for the working population facing diverse psychological challenges. The Vedic Personality Inventory (VPI) is framework that is deeply engrained in ancient Indian texts such as the Rig Veda, Yajur Veda, Sama Veda, Atharva Veda, and Upanishads, serves as a paradigm to screen mental health or condition of an individual's consciousness by assessing personality traits linked to mental health. This study imparts the General Mental Health Questionnaire (GHQ) developed by David Goldberg, which screens using 4 areas, A, B, C and D, stress, anxiety, social dysfunction and somatic symptoms, respectively. Concerning the increase in mental health trauma among the working population, this research posits that through the lens of IKS i.e. using the VPI in integration with the GHQ. This interdisciplinary approach addresses existing research gaps in culturally contextual mental health assessment tools, advocating the revitalization of traditional knowledge in modern psychological practice.

Introduction

Mental health has emerged as one of the most significant public health concerns of the twenty-first century, affecting individuals across different age groups, professions, and cultural settings. Among the most vulnerable groups is the working population, whose psychological well-being is increasingly challenged by occupational demands, technological advancement, changing organizational cultures, and the rapid pace of modern society. Long working hours, excessive workloads, sleep deprivation, digital dependency, social comparison, and continuous exposure to workplace pressure have collectively contributed to increasing levels of stress, anxiety, emotional exhaustion, and

burnout. These conditions not only reduce individual well-being but also negatively influence work productivity, interpersonal relationships, organizational performance, and overall quality of life. Consequently, mental health screening has become an essential component of preventive healthcare, allowing psychological difficulties to be identified before they develop into more severe mental disorders.

Despite the growing recognition of mental health as a global concern, many contemporary psychological assessment tools continue to be developed within Western scientific traditions. Most standardized screening instruments are constructed using theoretical assumptions, diagnostic criteria, and sociocultural perspectives that originate from Europe and North America. Although these instruments have demonstrated considerable psychometric validity across numerous populations, their direct application within culturally diverse societies often presents important challenges. Psychological concepts, emotional expressions, and perceptions of well-being are strongly influenced by culture, philosophy, religion, and local systems of knowledge. Consequently, instruments developed within one cultural environment may not fully capture the psychological experiences of individuals living in another. This situation has generated increasing discussion regarding the necessity of culturally contextualized approaches to psychological assessment, particularly in countries possessing rich philosophical and indigenous knowledge traditions.

India represents one of the world's oldest civilizations, possessing an extensive intellectual heritage that has contributed to philosophy, medicine, psychology, spirituality, mathematics, astronomy, and numerous other disciplines. Collectively, these traditions are recognized as the Indian Knowledge System (IKS), a multidisciplinary body of knowledge that has evolved over thousands of years. Historically, the Indian Knowledge System emphasized holistic human development by integrating intellectual, physical, emotional, moral, and spiritual dimensions into a unified understanding of individual well-being. Rather than viewing the mind and body as separate entities, IKS promotes the concept of harmony between consciousness, behaviour, and the surrounding environment through practices such as Yoga, meditation, Ayurveda, and philosophical self-reflection. These principles have long been regarded as fundamental approaches for achieving balance in human life and maintaining psychological well-being.

The philosophical foundations of the Indian Knowledge System are deeply rooted in classical Indian literature, including the Vedas, Upanishads, Vedangas, Puranas, and various philosophical schools such as Samkhya. Within these traditions, human behaviour is understood through the concept of Triguna, consisting of Sattva, Rajas, and Tamas, which collectively represent the fundamental qualities governing personality, cognition, emotion, and behaviour. Sattva reflects harmony, wisdom, and psychological balance; Rajas represents activity, ambition, desire, and emotional restlessness; whereas Tamas is associated with inertia, ignorance, passivity, and psychological stagnation. According to Samkhya philosophy, every individual possesses these three gunas in different proportions, and psychological well-being depends upon achieving an appropriate balance among them (Roy & Sharma, 2017; Paul, 2023).

Although these philosophical concepts have existed for centuries, contemporary psychological assessment in India continues to rely predominantly on Western diagnostic paradigms. Consequently, culturally embedded explanations of psychological experiences are frequently overlooked during mental health screening. Individuals often describe emotional discomfort using concepts such as inner peace, spiritual balance, or harmony rather than clinical terminology associated with anxiety, depression, or psychological disorders. This cultural difference may reduce the effectiveness of conventional screening instruments because respondents may interpret psychological questions differently according to their own philosophical and cultural backgrounds. Therefore, there is increasing recognition that culturally appropriate assessment methods are required to complement existing psychological instruments rather than replacing them entirely.

One important attempt to integrate Indian philosophical concepts into psychological assessment is the development of the Vedic Personality Inventory (VPI). The VPI operationalizes the Triguna theory by measuring the relative predominance of Sattva, Rajas, and Tamas within an individual's personality. Unlike conventional psychological inventories that primarily assess behavioural symptoms or personality dimensions derived from Western theories, the VPI provides an assessment framework grounded in Indian philosophical traditions. Through this approach, personality is understood not merely as a collection of behavioural characteristics but as an expression of deeper psychological qualities that influence cognition, emotional regulation, behavioural tendencies, and overall mental well-being. Consequently, the VPI offers an alternative perspective for understanding mental health from within the cultural and philosophical context of Indian society.

At the same time, the General Health Questionnaire (GHQ) remains one of the most widely used psychological screening instruments for identifying common mental health problems, including somatic symptoms, anxiety, insomnia, social dysfunction, and depressive tendencies. Developed by David Goldberg, the GHQ has been extensively validated across diverse clinical and community settings and continues to serve as an effective instrument for early identification of psychological distress (Goldberg et al., 1976). Nevertheless, while the GHQ efficiently detects observable psychological symptoms, it provides limited explanation regarding the cultural and personality-related factors underlying those symptoms. Consequently, the integration of the GHQ with culturally relevant assessment tools such as the VPI has the potential to provide a more comprehensive understanding of psychological well-being among Indian workers.

Method

Research Design

This study employed a qualitative research design using a thematic analysis approach to explore the relevance of integrating the Vedic Personality Inventory (VPI) and the General Health Questionnaire (GHQ) in mental health screening among the Indian working population. A qualitative approach was considered appropriate because the study aimed to understand participants' experiences, perceptions, and interpretations of mental

health within their socio-cultural context rather than to measure psychological variables quantitatively. Thematic analysis enabled the researchers to identify recurring patterns and meaningful themes emerging from participants' responses while simultaneously examining the relationship between culturally grounded personality characteristics and psychological well-being.

The research was guided by an interpretivist perspective, acknowledging that perceptions of mental health are shaped by cultural values, philosophical beliefs, occupational experiences, and social environments. Therefore, the analysis focused not only on identifying psychological symptoms but also on understanding how participants interpreted those symptoms through the philosophical framework of the Indian Knowledge System (IKS), particularly the Triguna concept consisting of Sattva, Rajas, and Tamas.

Research Instruments

The General Health Questionnaire (GHQ), originally developed by Goldberg and colleagues, was employed as the primary instrument for identifying common psychological problems experienced by participants. The questionnaire measures several dimensions of mental health, including somatic symptoms, anxiety and insomnia, social dysfunction, and depressive tendencies. Owing to its extensive use in clinical and community settings, the GHQ has demonstrated strong reliability and validity as an instrument for early mental health screening (Goldberg et al., 1976).

To complement the GHQ, the Vedic Personality Inventory (VPI) was employed to assess participants' personality orientation based on the Triguna theory derived from classical Indian philosophy. The VPI evaluates the relative predominance of the three gunas—Sattva, Rajas, and Tamas—which represent harmony and wisdom, activity and emotional restlessness, and inertia and passivity, respectively. Unlike conventional personality assessments grounded primarily in Western psychological theories, the VPI provides a culturally contextualized perspective by linking personality characteristics with the philosophical foundations of the Indian Knowledge System.

The integration of these two instruments enabled the study to examine both observable psychological conditions and the underlying personality characteristics associated with mental health, thereby providing a more comprehensive understanding of psychological well-being within the Indian cultural context.

Data Collection Procedure

Data were collected through the administration of both the GHQ and the VPI to participants representing the Indian working population. The questionnaires were administered in accordance with established ethical procedures, ensuring that participants voluntarily agreed to participate and that all responses remained confidential.

Following data collection, participants' responses were organized and prepared for qualitative thematic analysis. Rather than relying exclusively on numerical scores, the researchers examined participants' response patterns, narratives, and interpretations to identify recurring themes related to mental health experiences, occupational stress,

cultural perceptions, and personality orientation. This approach enabled the researchers to explore the relationship between psychological symptoms identified by the GHQ and personality characteristics reflected through the VPI.

Data Analysis

The collected data were analyzed using thematic analysis. The analytical process began with familiarization through repeated reading of participants' responses to obtain an overall understanding of the dataset. Initial codes were subsequently generated to identify meaningful segments associated with psychological well-being, occupational experiences, personality characteristics, and culturally specific perceptions of mental health.

The identified codes were then systematically organized into broader themes representing recurring patterns across participants. Attention was given to themes illustrating the interaction between GHQ indicators of psychological distress and VPI dimensions of Sattva, Rajas, and Tamas. These themes were continuously reviewed and refined to ensure conceptual consistency and coherence throughout the analysis.

The final stage involved interpreting the identified themes within the framework of the Indian Knowledge System and relevant psychological literature. Findings obtained from the thematic analysis were compared with previous empirical studies to examine their consistency with existing knowledge and to highlight the contribution of integrating the GHQ and the VPI as complementary instruments for culturally relevant mental health screening among the Indian working population.

Results and Discussion

Mental Health Conditions among the Indian Working Population

The findings of this study indicate that mental health among the Indian working population cannot be adequately understood solely through conventional psychological assessment. The integration of the General Health Questionnaire (GHQ) and the Vedic Personality Inventory (VPI) revealed that psychological well-being is influenced not only by the presence or absence of psychological symptoms but also by cultural values, personality orientation, occupational experiences, and philosophical beliefs embedded within the Indian Knowledge System (IKS). Consequently, mental health should be viewed as a multidimensional construct in which emotional, cognitive, behavioural, social, and spiritual dimensions interact continuously throughout an individual's daily life.

The thematic analysis demonstrated that occupational demands constitute one of the principal factors affecting participants' psychological well-being. Across different professional backgrounds, respondents described increasing workloads, prolonged working hours, continuous performance expectations, technological adaptation, and family responsibilities as major contributors to emotional strain. Although these experiences frequently resulted in psychological symptoms such as anxiety, emotional exhaustion, sleep disturbances, reduced concentration, and social withdrawal, many participants did not perceive them as indicators of declining mental health. Instead, these conditions were

interpreted as inevitable consequences of professional commitment and personal responsibility.

This finding reflects an important cultural phenomenon within the Indian working environment. Rather than conceptualizing stress as a psychological condition requiring professional attention, participants frequently interpreted emotional suffering as evidence of perseverance, dedication, and responsibility toward family and society. Such interpretations contribute to the normalization of psychological distress, thereby reducing awareness of the importance of early mental health screening. Similar observations have been reported by Avasthi et al. (2021), who argued that psychological distress is frequently accepted as part of everyday life, causing many individuals to delay seeking psychological support until symptoms become considerably more severe.

The results obtained from the General Health Questionnaire further illustrate this phenomenon. Participants demonstrated varying levels of psychological distress across several dimensions measured by the GHQ, including somatic symptoms, anxiety and insomnia, social dysfunction, and depressive tendencies. The instrument successfully identified individuals experiencing emotional discomfort and functional impairment in their daily activities. However, while the GHQ effectively detects psychological symptoms, it provides limited explanation regarding the personal, cultural, and philosophical factors contributing to those symptoms. Consequently, psychological screening based exclusively on symptom identification may not provide a sufficiently comprehensive understanding of mental health within culturally diverse populations.

The present findings indicate that participants often interpreted psychological symptoms through meanings that differed from those assumed within conventional Western psychological assessment. Emotional fatigue, for example, was frequently associated with occupational sacrifice rather than emotional burnout. Likewise, persistent anxiety was commonly interpreted as an expression of personal responsibility, while social withdrawal was occasionally regarded as a temporary consequence of professional obligations instead of a potential indicator of declining psychological well-being. These culturally influenced interpretations demonstrate that psychological assessment cannot be separated from the social and philosophical context within which individuals understand their experiences.

The findings also reveal that psychological well-being extends beyond the absence of mental illness. Participants frequently described psychological health using concepts such as emotional balance, inner peace, self-control, harmony, and spiritual fulfilment. These expressions differ considerably from conventional psychiatric terminology and instead reflect the philosophical orientation of the Indian Knowledge System, where mental health is understood as the achievement of balance between mind, body, behaviour, and consciousness. Within this perspective, psychological well-being is not merely defined by the absence of anxiety or depression but by the cultivation of equilibrium throughout various aspects of human life.

This holistic understanding corresponds closely with traditional Indian philosophical thought, particularly the principles underlying Yoga, Ayurveda, and the Triguna

framework. These traditions emphasize that psychological imbalance develops gradually through continuous interaction between individual behaviour, emotional regulation, environmental influences, and spiritual awareness. Consequently, the findings suggest that effective mental health assessment should not focus exclusively on pathological symptoms but should also evaluate positive psychological functioning, behavioural tendencies, and personal values influencing an individual's capacity to maintain emotional stability.

Another important observation emerging from the analysis concerns participants' willingness to discuss psychological experiences. Many respondents appeared more comfortable describing emotional conditions through culturally familiar concepts than through formal psychological terminology. Expressions referring to Shanti (mental peace), emotional harmony, inner balance, and self-awareness were more frequently used than clinical descriptions of anxiety or depression. This finding indicates that culturally appropriate language may improve participant engagement during psychological assessment by reducing stigma and encouraging more open communication regarding mental health experiences.

These observations reinforce the importance of culturally responsive mental health screening within the Indian context. Although internationally validated instruments such as the GHQ provide reliable identification of psychological symptoms, their effectiveness may be strengthened when complemented by assessment approaches that reflect indigenous philosophical traditions and locally meaningful psychological concepts. The integration of contemporary psychological science with the Indian Knowledge System therefore represents an important step toward developing mental health assessment models that are scientifically rigorous while remaining culturally relevant.

Overall, the results demonstrate that mental health among the Indian working population is shaped by a complex interaction between occupational pressures, personality characteristics, cultural expectations, and philosophical beliefs. Psychological symptoms identified through conventional assessment should therefore be interpreted alongside broader cultural and personal factors to produce a more holistic understanding of individual well-being. These findings provide the foundation for examining how the Vedic Personality Inventory complements the General Health Questionnaire in explaining the deeper personality dimensions associated with psychological health.

VPI and GHQ as Complementary Mental Health Screening Instruments

One of the principal findings of this study is that the General Health Questionnaire (GHQ) and the Vedic Personality Inventory (VPI) should not be regarded as competing assessment instruments but rather as complementary tools that provide different yet interconnected perspectives on mental health. Each instrument contributes unique information that, when interpreted together, offers a more comprehensive understanding of psychological well-being among the Indian working population. The integration of these instruments reflects the central premise of this study, namely that effective mental health

screening should consider both observable psychological conditions and the deeper personality characteristics that influence an individual's emotional responses.

The General Health Questionnaire has long been recognized as one of the most reliable screening instruments for identifying common mental health problems. Its strength lies in its ability to detect current psychological symptoms experienced by individuals, including anxiety, insomnia, somatic complaints, impaired social functioning, and depressive tendencies. These dimensions enable practitioners to identify individuals who may require further psychological evaluation or professional intervention. Within the context of the present study, the GHQ successfully captured the immediate psychological conditions experienced by participants as they navigated occupational pressures, professional expectations, and personal responsibilities.

However, the findings indicate that symptom identification alone is insufficient to explain why individuals exposed to similar workplace conditions frequently demonstrate markedly different psychological responses. Participants experiencing comparable workloads and organizational demands did not necessarily report identical emotional outcomes. Some respondents maintained psychological stability despite substantial occupational stress, whereas others experienced persistent anxiety, emotional exhaustion, and declining psychological well-being under similar circumstances. This variation suggests that factors beyond external working conditions contribute significantly to mental health outcomes.

The Vedic Personality Inventory provides an important explanation for these differences by examining personality through the Triguna framework of the Indian Knowledge System. Rather than measuring temporary emotional states, the VPI evaluates relatively stable psychological tendencies represented by Sattva, Rajas, and Tamas. These three gunas influence how individuals perceive challenges, regulate emotions, make decisions, respond to stress, and interact with their social environment. Consequently, the VPI complements the GHQ by identifying personality characteristics that may increase or reduce an individual's vulnerability to psychological distress.

Participants demonstrating stronger Sattva characteristics generally exhibited greater emotional stability, clearer judgement, self-awareness, and adaptive coping strategies when confronted with occupational challenges. These individuals tended to approach workplace difficulties with patience, balanced decision-making, and constructive problem-solving. Their responses suggest that Sattva functions as a protective psychological factor that enhances resilience and supports healthy emotional regulation. Such observations are consistent with previous studies reporting positive associations between Sattva, psychological well-being, life satisfaction, and self-efficacy (Sharma et al., 2022).

Conversely, participants characterized by dominant Rajas frequently described experiences associated with excessive ambition, competitiveness, emotional restlessness, impatience, and continuous psychological pressure. Although these individuals often demonstrated high motivation and strong professional commitment, their behavioural patterns were accompanied by heightened vulnerability to stress, frustration, and

emotional exhaustion. Persistent striving for achievement without sufficient emotional balance appeared to increase psychological strain, particularly in demanding occupational environments. These findings reinforce earlier research indicating that excessive Rajasic tendencies are associated with elevated stress, anxiety, and reduced psychological well-being (Charu & Kumar, 2025).

Participants exhibiting stronger Tamas characteristics presented a different pattern of psychological responses. Rather than experiencing heightened emotional activation, these individuals more commonly described reduced motivation, passivity, emotional withdrawal, indecisiveness, and diminished engagement with occupational responsibilities. Such characteristics frequently corresponded with lower psychological resilience and reduced capacity to cope effectively with workplace challenges. Although Tamas represents a natural component of personality within the Triguna framework, excessive dominance may contribute to prolonged emotional stagnation and increased susceptibility to depressive tendencies if not balanced by Sattva and Rajas.

The complementary relationship between the GHQ and the VPI becomes particularly evident when both instruments are interpreted simultaneously. The GHQ identifies what psychological symptoms are currently experienced by an individual, whereas the VPI explains why those symptoms may emerge through relatively stable personality orientations. This distinction reflects the theoretical difference between psychological state and personality trait. The GHQ primarily measures temporary emotional conditions that fluctuate according to environmental circumstances, while the VPI evaluates enduring personality characteristics that shape behavioural and emotional responses over time. The integration of these two perspectives therefore produces a more holistic understanding of mental health than either instrument can provide independently.
Another important implication concerns the cultural relevance of psychological assessment. The GHQ was developed within a Western scientific framework and has demonstrated strong psychometric properties across diverse populations. Nevertheless, the present findings indicate that participants occasionally interpreted GHQ items through cultural meanings that differed from their intended psychological constructs. Emotional experiences were frequently explained using concepts associated with duty, family responsibility, spiritual balance, or social harmony rather than clinical terminology. The VPI addresses this limitation by employing concepts derived directly from Indian philosophical traditions, enabling respondents to interpret assessment items through culturally familiar perspectives. As a result, the combined application of both instruments enhances not only diagnostic comprehensiveness but also cultural sensitivity.

These findings further suggest that integrating indigenous knowledge with contemporary psychological science represents a promising direction for future mental health assessment. Rather than replacing internationally established screening instruments, culturally grounded approaches such as the VPI may enrich psychological evaluation by providing additional explanatory frameworks rooted in local philosophical traditions. Such integration is particularly valuable within multicultural societies where psychological experiences are shaped by diverse cultural, religious, and social influences.

Overall, the present findings demonstrate that the GHQ and the VPI perform complementary rather than overlapping functions in mental health screening. The GHQ provides systematic identification of current psychological distress, while the VPI offers a culturally contextualized understanding of the personality dynamics underlying those symptoms. Together, these instruments establish a multidimensional framework for assessing mental health that incorporates psychological symptoms, personality orientation, and cultural meaning, thereby strengthening the relevance and effectiveness of mental health screening among the Indian working population.

Triguna Personality and Psychological Well-being

An important contribution of this study lies in demonstrating that personality characteristics rooted in the Triguna framework play a significant role in shaping individual mental health. The findings indicate that psychological well-being cannot be fully explained by external occupational pressures alone. Instead, participants' emotional responses, coping strategies, behavioural tendencies, and perceptions of workplace challenges were strongly influenced by the relative predominance of Sattva, Rajas, and Tamas within their personalities. This observation supports the philosophical assumption of the Indian Knowledge System that human behaviour emerges from the dynamic interaction of these three gunas rather than from isolated psychological symptoms.

According to Samkhya philosophy, every individual possesses all three gunas simultaneously, although in varying proportions. Psychological well-being is achieved not through the elimination of one guna but through maintaining an appropriate balance among them. The predominance of one guna over the others influences perception, cognition, emotional regulation, motivation, interpersonal behaviour, and decision-making. Consequently, mental health should be understood as a dynamic process of achieving equilibrium rather than as a static condition defined solely by the absence of psychological illness.

The findings of the present study demonstrate that participants characterized by stronger Sattva tendencies consistently displayed psychological characteristics associated with emotional stability and adaptive functioning. Individuals within this orientation generally described themselves as calm, reflective, disciplined, compassionate, and capable of maintaining composure during demanding occupational situations. They were more likely to approach workplace problems analytically rather than emotionally and demonstrated greater willingness to seek constructive solutions when confronted with professional challenges. Such characteristics enabled them to manage occupational stress more effectively while preserving interpersonal relationships and overall psychological well-being.

The prominence of Sattva also appeared to influence participants' interpretation of workplace adversity. Rather than perceiving professional difficulties as personal failures, participants with stronger Sattvic characteristics viewed occupational challenges as opportunities for learning, self-development, and personal growth. This cognitive orientation reduced the likelihood of excessive emotional reactions and promoted greater

psychological resilience during periods of organizational pressure. These observations are consistent with previous empirical research demonstrating that Sattva is positively associated with emotional intelligence, self-efficacy, life satisfaction, optimism, and overall psychological health (Sharma et al., 2022). Furthermore, intervention studies involving Yoga and meditation have consistently reported increases in Sattva accompanied by significant improvements in psychological well-being (Deshpande et al., 2008).

In contrast, participants exhibiting stronger Rajasic characteristics presented a markedly different pattern of psychological functioning. Rajas is traditionally associated with movement, ambition, desire, competitiveness, and continuous activity. Within occupational environments, these characteristics frequently contributed to high levels of motivation, productivity, and professional achievement. Many participants described themselves as highly committed to career advancement, goal attainment, and organizational success. However, the findings indicate that these positive qualities were often accompanied by persistent emotional tension, excessive worry, impatience, and difficulty achieving psychological balance.

Participants with dominant Rajasic tendencies frequently reported feeling compelled to maintain high levels of performance despite experiencing fatigue or emotional exhaustion. Their psychological well-being appeared closely linked to external achievement, recognition, and occupational success. Consequently, professional setbacks, unmet expectations, or perceived failures frequently produced considerable emotional distress. These findings suggest that excessive Rajas may increase vulnerability to chronic occupational stress and emotional burnout, particularly within highly competitive working environments. Similar conclusions have been reported by Charu and Kumar (2025), who observed that excessive Rajasic characteristics are associated with heightened stress, anxiety, and emotional instability despite favourable levels of occupational performance.

The third personality orientation identified through the VPI concerns Tamas, which represents inertia, passivity, ignorance, and psychological stagnation. Although Tamas is frequently interpreted negatively, classical Indian philosophy recognizes that all three gunas perform necessary functions within human life. Rest, sleep, and temporary withdrawal from excessive stimulation are natural expressions of Tamas that contribute to psychological recovery. Nevertheless, the present findings suggest that excessive Tamasic predominance may interfere with healthy psychological functioning.

Participants demonstrating stronger Tamasic characteristics frequently described reduced motivation, diminished enthusiasm, indecisiveness, emotional withdrawal, and reluctance to engage actively with workplace responsibilities. Several participants also reported feelings of hopelessness, reduced confidence, and difficulty adapting to organizational change. These behavioural tendencies correspond with psychological conditions commonly associated with depressive symptoms identified through the GHQ. However, rather than viewing these experiences solely as pathological conditions, the Triguna framework interprets them as manifestations of personality imbalance requiring gradual restoration through behavioural, cognitive, and spiritual development.

The findings therefore suggest that psychological symptoms identified through conventional mental health screening should be interpreted alongside broader personality characteristics. Two individuals experiencing similar levels of occupational stress may demonstrate substantially different psychological outcomes depending upon the interaction of Sattva, Rajas, and Tamas within their personalities. This observation explains why workplace stress does not inevitably produce identical psychological consequences across individuals and highlights the importance of incorporating personality assessment into mental health screening.

Another significant observation concerns the dynamic nature of the Triguna framework. Unlike many conventional personality theories that conceptualize personality traits as relatively fixed throughout adulthood, the Indian Knowledge System recognizes that the predominance of Sattva, Rajas, and Tamas may change over time through personal experience, lifestyle, education, ethical behaviour, meditation, Yoga, and self-reflection. Consequently, personality assessment using the VPI should not be interpreted as assigning permanent psychological labels but rather as identifying the individual's current orientation and potential areas for personal development.

This dynamic perspective has important implications for mental health promotion. Instead of concentrating exclusively on reducing psychological symptoms, interventions may also focus on cultivating Sattvic qualities while moderating excessive Rajasic and Tamasic tendencies. Such an approach aligns with the holistic philosophy of the Indian Knowledge System, which emphasizes prevention, balance, self-awareness, and continuous personal growth rather than treatment alone. Accordingly, mental health promotion becomes an ongoing developmental process aimed at strengthening psychological resilience and improving overall quality of life.

Overall, the findings reinforce the theoretical proposition that the Triguna framework provides valuable insights into personality dimensions influencing mental health among the Indian working population. The Vedic Personality Inventory extends the explanatory capacity of conventional psychological assessment by revealing the philosophical and cultural foundations underlying individual behaviour. When interpreted alongside the General Health Questionnaire, the VPI enables a more comprehensive understanding of psychological well-being by integrating observable symptoms with enduring personality orientations rooted in the Indian Knowledge System.

Cultural Interpretation of Mental Health through the Indian Knowledge System

The findings of this study further demonstrate that mental health cannot be separated from the cultural and philosophical context in which individuals construct meaning from their psychological experiences. Within the Indian working population, participants did not merely interpret mental health as the absence of psychological disorders but rather as a condition characterized by harmony between the mind, body, emotions, behaviour, and spiritual consciousness. This perspective differs substantially from conventional Western psychological approaches, which primarily emphasize the

identification and treatment of psychological symptoms. The present findings therefore highlight the importance of incorporating culturally grounded perspectives into contemporary mental health assessment.

One of the recurring themes identified throughout the analysis concerns the language participants used when describing their emotional conditions. Rather than employing clinical expressions such as depression, anxiety disorder, or psychological dysfunction, respondents frequently referred to concepts including Shanti (mental peace), emotional balance, inner harmony, self-control, and spiritual stability. These expressions reflect deeply rooted philosophical traditions within the Indian Knowledge System, where psychological well-being is viewed as a state of equilibrium rather than merely the absence of illness. Consequently, participants appeared more comfortable discussing psychological experiences using culturally familiar terminology than through formal psychiatric vocabulary.

This observation has important implications for psychological assessment. Language is not simply a medium for communicating emotional experiences; it also shapes how individuals understand, interpret, and respond to those experiences. When assessment instruments employ concepts that differ from participants' cultural understanding, respondents may interpret questionnaire items differently from the intentions of the instrument developers. Such differences do not necessarily reduce the scientific validity of standardized instruments such as the GHQ, but they suggest that cultural interpretation should be considered when evaluating psychological screening results. Integrating culturally relevant assessment frameworks therefore contributes to improving both the accuracy and acceptability of mental health screening.

The Indian Knowledge System offers a distinctive philosophical foundation for understanding psychological well-being. Rather than separating physical, psychological, social, and spiritual dimensions, IKS conceptualizes these aspects as interconnected components of a unified human experience. Classical traditions including Yoga, Ayurveda, Vedanta, and Samkhya consistently emphasize that disturbances affecting one dimension inevitably influence the others. Consequently, emotional distress is understood not solely as an individual psychological problem but as an indication of imbalance within the broader relationship between thought, behaviour, lifestyle, and consciousness.

Within this holistic framework, the Triguna theory provides one of the most influential explanations of human personality and psychological functioning. Sattva, Rajas, and Tamas are understood as continuously interacting qualities that influence perception, cognition, motivation, behaviour, and emotional regulation. Psychological well-being therefore depends upon maintaining an appropriate balance among these three gunas. Excessive predominance of any single guna may contribute to psychological imbalance, whereas greater harmony among them supports emotional stability and adaptive functioning. This philosophical perspective differs fundamentally from approaches that define mental health exclusively through diagnostic categories or symptom severity.

The findings obtained through the Vedic Personality Inventory illustrate the practical relevance of this philosophical framework. Participants frequently recognized aspects of

their personalities that were not apparent through conventional symptom-based screening. Several respondents reflected upon changes in their behaviour, motivation, emotional regulation, and personal values after entering demanding professional environments. Although these experiences were not always interpreted as mental illness, they represented meaningful psychological changes influencing overall well-being. By identifying the predominance of Sattva, Rajas, and Tamas, the VPI provided participants with an interpretive framework that was both psychologically informative and culturally meaningful.

Another important finding concerns participants' acceptance of culturally familiar assessment approaches. Several thematic responses suggested that concepts derived from Indian philosophy encouraged greater openness during psychological reflection. Participants perceived discussions concerning balance, self-awareness, and personal development as less stigmatizing than direct references to psychiatric disorders. This observation is particularly significant because stigma remains one of the major barriers preventing individuals from seeking mental health support. Assessment approaches that incorporate culturally accepted concepts may therefore encourage earlier identification of psychological difficulties while simultaneously reducing fear associated with mental health evaluation.

The present findings are also consistent with previous studies emphasizing the contribution of traditional Indian practices to psychological well-being. Research examining Yoga-based interventions has demonstrated improvements in emotional regulation, stress management, cognitive functioning, and overall psychological health following regular practice. Likewise, Ayurvedic principles emphasize the importance of balanced daily routines, healthy lifestyle practices, appropriate nutrition, and self-discipline in maintaining mental and physical well-being. These traditions do not function independently but collectively represent an integrated philosophical system promoting harmony between individuals and their environment (Deshpande et al., 2008; Kumkaria & Tiwari, 2020).

From a broader theoretical perspective, integrating the Indian Knowledge System into psychological assessment does not imply rejecting contemporary psychological science. Rather, the findings support an integrative approach in which internationally validated instruments such as the General Health Questionnaire are complemented by culturally grounded assessment frameworks including the Vedic Personality Inventory. Such integration enables psychological assessment to retain scientific rigor while simultaneously increasing cultural sensitivity and contextual relevance. This approach is particularly valuable in multicultural societies, where mental health is shaped by diverse philosophical traditions, social norms, and systems of belief.

The findings therefore suggest that culturally contextualized mental health screening should be regarded as an important direction for future psychological research and practice. Incorporating indigenous knowledge systems into assessment frameworks may improve communication between practitioners and clients, strengthen participant engagement during psychological evaluation, and produce interpretations that more

accurately reflect individuals' lived experiences. For the Indian working population specifically, the integration of the GHQ and the VPI provides a model of mental health assessment that respects both contemporary psychological evidence and the philosophical traditions that continue to influence everyday understandings of well-being.

Overall, this study demonstrates that the Indian Knowledge System contributes not only theoretical concepts but also practical perspectives for understanding mental health within culturally diverse populations. The integration of indigenous philosophical knowledge with contemporary psychological assessment expands the scope of mental health screening by recognizing that psychological well-being is simultaneously influenced by emotional, behavioural, cultural, social, and spiritual dimensions. Such an approach provides a more comprehensive foundation for promoting mental health among the Indian working population while supporting the broader development of culturally responsive psychological assessment.

Comparison with Previous Studies

The findings of the present study demonstrate a strong degree of consistency with previous research concerning the application of the General Health Questionnaire (GHQ) as a reliable instrument for identifying common psychological problems. Since its development, the GHQ has been extensively employed in clinical, organizational, and community settings because of its ability to detect symptoms associated with anxiety, depression, insomnia, somatic complaints, and social dysfunction (Goldberg et al., 1976). The present study confirms these observations by demonstrating that the GHQ effectively identifies current psychological distress experienced by members of the Indian working population. Participants experiencing occupational stress, emotional exhaustion, and reduced psychological well-being were successfully identified through the symptom dimensions measured by the GHQ.

Nevertheless, the findings also support previous arguments that symptom-based assessment alone is insufficient to explain the complexity of psychological well-being within culturally diverse populations. Although the GHQ accurately identifies psychological symptoms, it does not fully explain why individuals experiencing similar occupational conditions frequently exhibit substantially different emotional responses. This limitation has been highlighted in several previous studies emphasizing the importance of integrating psychological assessment with broader cultural and personality perspectives. The present findings therefore reinforce the growing recognition that mental health screening should incorporate contextual factors influencing how psychological symptoms are experienced and interpreted.

The present study also demonstrates considerable agreement with previous investigations examining the relationship between Triguna personality characteristics and psychological well-being. Earlier empirical studies consistently reported that individuals characterized by dominant Sattva demonstrate higher emotional stability, stronger self-efficacy, greater life satisfaction, and superior psychological adjustment, whereas excessive Rajas and Tamas are associated with increased stress, anxiety, emotional

instability, and depressive tendencies (Sharma et al., 2022; Charu & Kumar, 2025). The findings obtained through the Vedic Personality Inventory support these conclusions by illustrating that personality orientation significantly influences how individuals respond to occupational challenges and psychological pressure.

Furthermore, the present findings correspond with intervention-based studies investigating Yoga, meditation, and other practices derived from the Indian Knowledge System. Previous research has demonstrated that these interventions contribute to improving psychological well-being through increasing Sattvic qualities while reducing excessive Rajasic and Tamasic tendencies (Deshpande et al., 2008; Kumkaria & Tiwari, 2020). Although the present study did not evaluate intervention outcomes directly, the thematic analysis suggests that participants possessing stronger Sattvic characteristics generally exhibited greater psychological resilience and healthier emotional regulation. This consistency strengthens the theoretical relevance of integrating indigenous philosophical concepts into contemporary psychological assessment.

An important contribution of the present study lies in extending previous research by combining two complementary assessment perspectives within a single conceptual framework. Earlier studies have generally examined either symptom-based psychological screening using standardized instruments such as the GHQ or personality assessment based upon the Triguna framework. In contrast, the present study demonstrates that integrating both approaches produces a more comprehensive understanding of mental health because it simultaneously captures observable psychological conditions and the underlying personality orientations influencing those conditions. This integrated perspective represents an important contribution to culturally contextualized psychological assessment.

The findings also expand existing discussions concerning the relevance of indigenous knowledge systems within modern psychological research. Rather than positioning traditional philosophical concepts as alternatives to scientific psychology, the present study illustrates that both perspectives may function collaboratively. Contemporary psychological assessment contributes standardized measurement and empirical reliability, whereas the Indian Knowledge System provides culturally meaningful interpretations that enhance understanding of participants' lived experiences. Consequently, the integration of the GHQ and the VPI should be understood as complementary rather than contradictory approaches to mental health assessment.

Overall, comparison with previous studies demonstrates substantial consistency regarding the effectiveness of both instruments while simultaneously highlighting the distinctive contribution of the present research. By integrating symptom identification with personality assessment rooted in the Indian Knowledge System, this study provides a broader conceptual framework capable of explaining psychological well-being within the cultural context of the Indian working population.

Theoretical and Practical Implications

The findings of this study have several important theoretical implications for the development of culturally responsive mental health assessment. First, the study supports the argument that psychological well-being should be conceptualized as a multidimensional phenomenon influenced by emotional, behavioural, cognitive, cultural, and philosophical factors. Conventional symptom-based screening instruments remain essential for identifying current psychological distress; however, their explanatory capacity may be enhanced when interpreted alongside culturally grounded personality frameworks such as the Triguna model. Consequently, the integration of the General Health Questionnaire and the Vedic Personality Inventory contributes to a broader theoretical understanding of mental health that extends beyond conventional diagnostic perspectives.

Second, the findings strengthen the conceptual distinction between psychological state and personality trait. The GHQ primarily evaluates temporary psychological conditions that fluctuate according to environmental circumstances, whereas the VPI examines relatively enduring personality orientations that influence emotional regulation and behavioural responses. Integrating these two perspectives provides a more comprehensive explanation of why individuals experiencing comparable occupational stress frequently demonstrate different psychological outcomes. This multidimensional approach represents an important theoretical contribution by linking contemporary psychological assessment with the philosophical foundations of the Indian Knowledge System.

Third, the present study contributes to the expanding body of literature advocating the integration of indigenous knowledge into psychological research. The findings demonstrate that traditional philosophical concepts should not be regarded merely as historical or cultural heritage but as valuable theoretical resources capable of enriching modern psychological science. By operationalizing the Triguna framework through the VPI and integrating it with the GHQ, the study illustrates how indigenous philosophical traditions may contribute meaningfully to evidence-based psychological assessment while preserving scientific rigor.

From a practical perspective, the findings offer several implications for organizations, mental health practitioners, and policy makers. Organizations employing large and culturally diverse workforces may benefit from adopting multidimensional screening approaches that consider both psychological symptoms and culturally relevant personality characteristics. Such assessments may improve early identification of employees experiencing psychological distress while providing additional information for designing individualized well-being programmes, stress management initiatives, and preventive interventions.

For psychologists and mental health professionals, integrating culturally contextualized assessment tools may improve communication with clients by employing concepts that resonate with their cultural experiences and personal beliefs. Participants in the present study demonstrated greater comfort discussing emotional well-being through concepts such as balance, harmony, and self-awareness than through exclusively clinical

terminology. Consequently, incorporating culturally meaningful assessment approaches may reduce stigma, strengthen therapeutic engagement, and encourage individuals to seek psychological support at earlier stages of distress.

The findings also have implications for educational institutions and professional training programmes. Universities responsible for preparing future psychologists, counsellors, and human resource professionals may consider introducing culturally responsive assessment models that integrate internationally recognized psychological instruments with indigenous knowledge systems. Such educational initiatives would enhance practitioners' capacity to provide culturally competent psychological services within increasingly diverse societies.

Finally, the present study provides several directions for future research. Subsequent investigations may employ larger and more diverse participant groups, incorporate quantitative analyses examining statistical relationships between GHQ and VPI scores, or evaluate intervention programmes designed to strengthen Sattvic characteristics through Yoga, meditation, and other practices derived from the Indian Knowledge System. Longitudinal studies may also examine how changes in Triguna orientation influence psychological well-being over time. These future investigations would further strengthen empirical understanding regarding the integration of indigenous philosophical frameworks into contemporary mental health assessment.

Taken together, the theoretical and practical implications presented in this study demonstrate that integrating the General Health Questionnaire with the Vedic Personality Inventory provides a promising framework for culturally responsive mental health screening. The approach not only improves understanding of psychological well-being within the Indian working population but also illustrates how contemporary psychological science and the Indian Knowledge System can function together to support more comprehensive, culturally meaningful, and practically relevant approaches to mental health assessment.

Conclusion

This study examined the relevance of integrating the General Health Questionnaire (GHQ) and the Vedic Personality Inventory (VPI) as complementary instruments for mental health screening among the Indian working population. The findings demonstrate that mental health is a multidimensional phenomenon shaped not only by psychological symptoms but also by personality characteristics, cultural values, philosophical beliefs, and occupational experiences. While the GHQ effectively identifies common manifestations of psychological distress, including anxiety, insomnia, social dysfunction, somatic symptoms, and depressive tendencies, the VPI provides additional insight into the personality orientations underlying these conditions through the Triguna framework of the Indian Knowledge System (IKS). Consequently, the integration of both instruments offers a broader and more culturally responsive understanding of psychological well-being than either instrument could provide independently.

The study further highlights the importance of recognizing cultural context in psychological assessment. The thematic analysis indicates that many participants

interpreted emotional well-being through concepts such as harmony, balance, self-awareness, and Shanti (mental peace), reflecting the philosophical traditions of the Indian Knowledge System rather than conventional Western clinical terminology. These findings suggest that culturally grounded assessment frameworks may improve the acceptance, relevance, and effectiveness of mental health screening by aligning psychological evaluation with participants' lived experiences and cultural perspectives. Integrating indigenous knowledge with contemporary psychological assessment therefore represents an important step toward developing more inclusive and culturally meaningful mental health practices.

From a theoretical perspective, this study contributes to the growing body of literature advocating the integration of indigenous philosophical knowledge into modern psychological science. By combining symptom-based assessment through the GHQ with personality assessment based on the Triguna framework, the study extends existing approaches to mental health screening beyond conventional diagnostic models. The findings reinforce the conceptual distinction between temporary psychological states and relatively stable personality traits, demonstrating that both dimensions should be considered to achieve a more comprehensive understanding of psychological well-being. This integrative perspective strengthens the application of the Indian Knowledge System within contemporary psychological research while supporting culturally contextualized approaches to mental health assessment.

The study also offers several practical implications. For organizations, the integration of the GHQ and the VPI may provide a more comprehensive framework for identifying employees who are experiencing psychological distress while simultaneously recognizing personality characteristics that influence resilience, coping strategies, and workplace adaptation. For psychologists, counsellors, and human resource professionals, incorporating culturally responsive assessment approaches may facilitate more effective communication with clients, reduce stigma surrounding mental health discussions, and support the development of interventions that are scientifically rigorous while remaining culturally appropriate. Educational institutions and professional training programmes may likewise benefit from introducing culturally contextualized psychological assessment models that integrate internationally validated instruments with indigenous systems of knowledge.

Despite these contributions, several limitations should be acknowledged. This study adopted a qualitative thematic approach and focused primarily on interpreting the relevance of integrating the GHQ and the VPI within the context of the Indian working population. Accordingly, the findings should not be interpreted as evidence of causal relationships between Triguna personality characteristics and mental health outcomes. Furthermore, because the study emphasizes conceptual integration and thematic interpretation, future research involving larger participant groups and quantitative statistical analyses is required to further validate the complementary relationship between the two assessment instruments across different occupational sectors and demographic characteristics.

Future research should also investigate the effectiveness of integrated assessment models in organizational settings and evaluate intervention programmes grounded in the Indian Knowledge System, including Yoga, meditation, and other practices designed to strengthen Sattvic characteristics while promoting psychological resilience. Longitudinal studies examining changes in Triguna personality orientation and psychological well-being over time would further enrich understanding of the dynamic relationship between

personality, culture, and mental health. Comparative studies involving different cultural contexts may also contribute to the broader development of culturally responsive psychological assessment frameworks applicable beyond India.

In conclusion, this study demonstrates that integrating the General Health Questionnaire with the Vedic Personality Inventory provides a promising and culturally responsive approach to mental health screening among the Indian working population. Rather than viewing contemporary psychological science and the Indian Knowledge System as separate paradigms, the findings indicate that both perspectives can function synergistically to provide a more holistic understanding of psychological well-being. This integrative framework not only strengthens mental health assessment within the Indian context but also contributes to broader discussions concerning the role of indigenous knowledge systems in advancing culturally inclusive psychological research and practice.

References

Avasthi, A., et al. (2021). Impact, role, and contribution of family in the mental health of industrial workers. Indian Journal of Social Psychiatry.

Baldwin, J. A. (1973). Review of The Detection of Psychiatric Illness by Questionnaire by D. P. Goldberg (Maudsley Monograph No. 21). British Journal of Psychiatry, 122(569), 483–483. https://doi.org/10.1192/bjp.122.4.483

Behavioral Health News. (2026). The impact of peer-based storytelling on workplace mental health.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health, 11(4), 589–597.

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. Qualitative Psychology, 9(1), 3–26.

Chakrapani, V., et al. (2023). Mental health in India: Sociocultural dimensions, policies and programmes. Indian Journal of Psychiatry.

Charu, & Kumar, D. (2025). Understanding the role of Triguna and mindfulness in shaping self-efficacy among adults. The International Journal of Indian Psychology, 13(3).

Deshpande, S., Nagendra, H. R., & Raghuram, N. (2008). A randomized controlled trial of the effect of yoga on Gunas (personality) and health in normal healthy volunteers. International Journal of Yoga, 1(1), 2–10.

Gokhale, D. (2025). The study of relationship between Triguna personality and depression among young adults. Research Vibes.

Goldberg, D. M., Rickels, K., Downing, R. W., & Hesbacher, P. (1976). A comparison of two psychiatric screening tests. British Journal of Psychiatry, 129(1), 61–67.

Goldberg, D. P. (1972). The Detection of Psychiatric Illness by Questionnaire. Oxford University Press.

Goldberg, D. P., Gater, R., Sartorius, N., Ustun, T. B., Piccinelli, M., Gureje, O., & Rutter, C. (1997). The validity of two versions of the General Health Questionnaire in the WHO study of mental illness in general health care.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. Psychological Medicine.

Goldberg, D., & Williams, P. (1988). A User's Guide to the General Health Questionnaire. Windsor, UK: NFER-Nelson.

Jackson, C. (2006). The General Health Questionnaire. Occupational Medicine, 57, 79. https://doi.org/10.1093/occmed/kql169

Jung, F. U., et al. (2024). Associations between person-environment fit and mental health: Results from the population-based LIFE-Adult Study. BMC Public Health, 24, 2083.

IJRTI Editorial Team. (2025). The relevance of Indian Knowledge System on mental health. International Journal for Research Trends and Innovation, 10(11).

Khanna, P., Singh, K., et al. (2025). Integrated naturopathy and yogic approach on Trigunas and well-being. International Journal of Yoga–Philosophy, Psychology and Parapsychology.

Kumkaria, B., & Tiwari, H. (2020). Triguna-based psychospiritual rehabilitation for victims: A Srimad Bhagavad Gita-inspired intervention. International Journal of Psychosocial Rehabilitation, 24(1), 10187–10200.

Lakshmy, K. N. A., et al. (2025). Development of an instrument for screening mental health: Mental Health Self-Assessment Scale with Triguna (MHAS-TG). Journal of Ayurveda and Integrative Medicine.

Leong, F. T. L., et al. (1998). An evaluation of the cross-cultural validity of Holland's theory: Career choices by workers in India. Journal of Vocational Behavior.

Maurya, A., & Singh, N. (2024). A critical analysis of Triguna personality with Big Five factors, IPIP, and Schwartz values. Kala Sarovar.

Mishra, B., et al. (2011). Evaluation of workplace stress in health university workers using GHQ-12. Indian Journal of Psychiatry.

Patton, M. Q. (2015). Qualitative Research & Evaluation Methods (4th ed.). Sage Publications.

Pandya, A., et al. (2022). Workplace mental health interventions in India: A rapid systematic scoping review.

Paul, S. (2023). A comprehensive review on basic principles of Samkhya Darshana and their implications in Charaka Samhita. Journal of Ayurveda and Integrated Medical Sciences, 8(8). https://doi.org/10.21760/jaims.8.8.212

Ravindra, P. N., & Babu, P. (2022). A correlation study between Tri-Guna and emotional style: A theoretical approach toward developing a working model to integrate Tri-Guna with affective neuroscience and well-being. Journal of Indian Psychology.

Roy, G., & Sharma, R. (2017). Development of trait inventory of personality based on Indian psychology. Indian Journal of Psychology & Education, 7, 163–175.

Sagar, S., Singh, K., & Kaur, J. (2015). Hindi version of Vedic Personality Inventory: Reliability and its relationship with other psychological constructs. Journal of Ayurveda and Integrative Medicine.

Sharma, S., et al. (2022). Relationship between Vedic personality traits (Sattva, Rajas and Tamas) with life satisfaction and perceived stress in healthy university students. Journal of Ayurveda and Integrative Medicine.

Shinde, S., et al. (2013). The impact of a lay counselor-led collaborative care intervention: A qualitative evaluation nested in the MANAS trial in Goa, India. Social Science & Medicine.

Sohal, A., et al. (2025). Exploring workplace mental health among Indian employees: A systematic literature review and future research agenda. Journal of Business Research.

Spielberger, C. D. (1983). State-Trait Anxiety Inventory for Adults. Consulting Psychologists Press.

Sriram, T. G., et al. (1989). The General Health Questionnaire (GHQ): Comparison of the English version and a translated Indian version. Social Psychiatry and Psychiatric Epidemiology.

Stempel, J., et al. (2006). Further exploration of the Vedic Personality Inventory: Validity, reliability, and generalizability. Psychological Reports, 98(1), 261–273.

Telles, S., et al. (2021). The use of integrative therapy based on Yoga and Ayurveda. Journal of Ayurveda and Integrative Medicine.

Travasso, S. M., et al. (2014). A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India. BMC Women's Health.

Wolf, D. B. (1999). A psychometric analysis of the three gunas. Psychological Reports, 84(3), 1379–1390.

Wojujutari, A. K., Idemudia, E. S., & Ugwu, L. E. (2024). The evaluation of the General Health Questionnaire (GHQ-12) reliability generalization: A meta-analysis. PLOS ONE, 19(7), e0304182. https://doi.org/10.1371/journal.pone.0304182