सत्यमेव जयते
Goverment Of India

Conference Proceeding

for

National Conference on

"Building Resilient Minds: Capacity Building Programme on Physical, Mental Health and Happiness"

Date- 20th – 21th September, 2025

Jointly organized by

National Institute for Locomotor Disabilities

Under Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Government of India

with

Vaibhav Prakash Vishesh Prashikshan Kendra

Uttar Pradesh

Published By
MSB-IJIR

ISSN-2583-7192

Dear Authors,

It gives me immense pleasure to present the Proceedings of the National Conference jointly organized by National Institute for Locomotor Disabilities Under Department of Empowerment of Persons with Disabilities (Divyangjan) Ministry of Social Justice & Empowerment, Government of India with Vaibhav Prakash Vishesh Prashikshan Kendra Uttar Pradesh on topic **"Building Resilient Minds: Capacity Building Programme on Physical, Mental Health and Happiness"** (Online Mode) Date- 20- 21 September, 2025. This conference brought together distinguished academicians, researchers, practitioners, and students from diverse fields to deliberate on emerging trends, share research findings, and exchange innovative ideas.

The proceedings represent a compilation of selected papers presented during the conference, carefully reviewed and edited to ensure academic quality, originality, and relevance. Each contribution reflects the dedication and scholarly efforts of the authors, and collectively, they highlight the dynamic landscape of research and practice in Mental Health and Resilience for Person with Disabilities.

On behalf of the editorial team, I extend my sincere gratitude to the authors for their valuable contributions, to the reviewers for their constructive feedback, and to the organizing committee for their tireless efforts in making the conference a success. Special thanks are also due to **Chief Guest Mr. Adarsh kumar,** Labour Enforcement Officer, Labour Commissioner Office Kanpur, Govt. of Uttar Pradesh for their support and encouragement.

We hope that this volume of proceedings will serve as a useful resource for scholars and practitioners and inspire further research and collaboration in the years to come.

With warm regards,

Editor
Dr. Neelam Bansal
Assistant Professor
Amity Institute of Rehabilitation Sciences
Amity University Uttar Pradesh Lucknow Campus, UP India.

प्रिय सम्मानित सदस्यों व अतिथिगणों,

इस कार्यक्रम के मुख्य अतिथि के रूप में मुझे यह जानकर अत्यंत हर्ष हो रहा है कि "नेशनल इंस्टीट्यूट फार लोकोमोटर दिसबिलिटीस (दिव्यांगजन) कोलकाता व वैभव प्रकाश विशेष प्रशिक्षण केंद्र उत्तर प्रदेश के संयुक्त तत्वावधान में 20 व 21 सितंबर 2025 को ***National Conference on "Building Resilient Minds: Capacity Building Programme on Physical, Mental Health and Happiness"***," विषय पर दो दिवसीय ऑनलाइन सम्मेलन का आयोजन किया जा रहा है व इस विषय पर सफल आयोजन के उपलक्ष्य में यह पुस्तक प्रकाशित की जा रही है। मानव जीवन की वास्तविक प्रगति केवल भौतिक उपलब्धियों से नही बल्कि शारीरिक स्वास्थ्य, मानसिक संतुलन और आंतरिक सुख शान्ति से मापी जाती है। आज के परिवर्तित जीवन परिदृश्य में चुनौतियों और तनावों के बीच मानसिक दृणता(resilience) का निर्माण न केवल व्यक्तिगत स्तर पर , बल्कि समाज और राष्ट्र के समग्र विकास के लिए भी अत्यंत आवश्यक है। इस सम्मेलन के माध्यम से विशेषज्ञों , शिक्षाविदों और शोधकर्ताओं का एक मंच पर आना निश्चित ही विचारो के आदान प्रदान और नवीन दृष्टिकोणों के निर्माण का मार्ग प्रशस्त करेगा ।

मुझे विश्वास है कि यह पुस्तक प्रतिभागियों के विचारों अनुभवो और शोध कार्यों का संग्रह बनकर भविष्य में भी सभी के लिए प्रेरणास्रोत सिद्ध होगी। मैं इस अवसर पर आयोजन समिति के सदस्यों विशेषकर डॉ नीलम बंसल अस्सिटेंट प्रोफेसर एमिटी विश्व विश्वविद्यालय, डॉ ललित नारायण निदेशक, NILD कोलकाता, डॉ राजीव वर्मा डीन छात्र कल्याण एमिटी विश्विद्यालय लखनऊ , श्री पी के अग्रवाल निदेशक वैभव प्रकाश विशेष प्रशिक्षण केंद्र उत्तर प्रदेश को धन्यवाद देना चाहूंगा जिनके अथक प्रयास से इस सम्मेलन का सफल आयोजन संभव हुआ । साथ ही सभी विद्वान प्रतिभागियों तथा लेखको को हृदयपूर्वक बधाई एवं शुभकामनाएं देता हूं । आशा है कि यह प्रयास मानवता को स्वस्थ , संतुलित और आनंदमय जीवन की दिशा में एक सशक्त कदम सिद्ध होगा।

सादर

आदर्श कुमार
श्रम प्रवर्तन अधिकारी
श्रम आयुक्त कार्यालय मुख्यालय
कानपुर उत्तर प्रदेश

Dear Researchers,

It is with a profound sense of responsibility and scholarly gratification that I extend my message for these proceedings of the National Conference. The convening of this academic congregation is not merely an episodic event, but rather a cultivated endeavour to orchestrate the convergence of intellect, innovation, and interdisciplinary dialogue. Conferences of this magnitude embody the quintessence of academic pursuit—an arena where inquiry is not confined by disciplinary boundaries, but instead propelled by the restless human spirit to interrogate, innovate, and inspire.

This compendium of deliberations and discourses enshrined within these pages' bears testimony to the collective intellectual labour of distinguished academicians, researchers, and practitioners whose erudition has animated this scholarly platform. The proceedings are not to be read merely as records, but as resonant echoes of critical thought, carrying within them the seeds of future paradigms, awaiting cultivation by posterity.

As Convenor, I am indebted to the constellation of minds who, through their unwavering commitment and intellectual generosity, have transfigured this conference into a vibrant crucible of ideas. It is my earnest conviction that the insights, reflections, and recommendations herein shall transcend the moment of their articulation and continue to exert a catalytic influence upon research, policy, and practice.

May these proceedings serve as both a repository of knowledge and a stimulus for further explorations, embodying the spirit of academic rigour, inclusivity, and transformative vision.

With scholarly regards,

Convenor

Dr. Rajeev Verma,
Dean Student Welfare,
Amity University Uttar Pradesh Lucknow Campus. UP.

Dear Colleagues,

It gives me immense pleasure to share with you the proceedings of the ***National Conference on "Building Resilient Minds: Capacity Building Programme on Physical, Mental Health and Happiness"***, held on the 20th and 21st of September, 2025. The conference brought together distinguished experts, academicians, clinicians, and professionals from diverse fields to deliberate on fostering resilience, promoting well-being, and strengthening capacities for holistic health. The scientific sessions, workshops, and discussions served as a valuable platform for exchanging knowledge, innovative practices, and strategies that can be translated into everyday professional and personal life.

On behalf of the organizing committee, I extend my heartfelt gratitude to all participants, speakers, and collaborators whose presence and contributions enriched the success of this event. We believe that the insights gained and the networks established during these two days will continue to inspire meaningful initiatives in the domains of physical and mental health, as well as overall happiness and well-being.

With great pride, we now present the proceedings for your reference and future use.

With warm regards,

President & Chairperson, Organizing Committee.

Dr. Lalit Narayan
Director,
National Institute for Locomotor Disabilities, NILD, Kolkatta
Under Department of Empowerment of Persons with Disabilities
(Divyangjan), Ministry of Social Justice & Empowerment,
Government of India.

INDEX

	Lived Well-Being	
11	Prāṇātmaka Sapta Chakra Yantra (The Seed of Life): Harnessing Sacred Geometry in Art Therapy for Healing.	Mrs. Shraddha Prasad Kale Researcher, Trainer and Mentor Department of Art Therapy and Counselling ATH – Asha the Hope, Bangalore.
12	Coping with Adversity, Physical & Mental Health in the Workplace, Sustainable Happiness	Dr. Santosh Yadav, Assistant Professor in Special Education, DoSE, AIISH, Mysuru, Karnataka, Mr. Ambuj Kushwaha, Research Scholar (JRF) in Special Education, DoSE, AIISH, Mysuru, Karnataka
13	Resilient Students, Reflective Minds: Enhancing Well-Being through Mindfulness and Emotional Learning	Muthukumari U,Research Scholar, Dr. Shalini Infanta L, Assistant Professor and Research Guide, Department of English, Faculty of Science and Humanities, SRM Institute of Science and Technology, Kattankulathur.

Impact of Inclusive Educational Practices on the Happiness of Parents of Children with Neurodevelopmental Disabilities

Anushka Singh,
Scholar, RKMVERI-FDMSE, Coimbatore
V. Indirani
Assistant Professor in Special Education
RKMVERI-FDMSE, Coimbatore

Abstract

Parents of Children with Neurodevelopmental Disabilities (NDDs) often face emotional, financial, and social challenges. Inclusive education not only benefits children but also has the potential to enhance parental happiness and well-being. This study examined the impact of inclusive educational practices on the happiness of parents of children with NDDs and identified specific practices contributing to parental well-being. A sample of 50 parents completed a structured questionnaire measuring five domains of inclusivity (school practices, social acceptance, support services, collaborative decision-making, and community inclusion) and parental happiness. Data were analyzed using descriptive statistics, multiple regression, and independent-samples t-tests. Results indicated that inclusive practices significantly predicted parental happiness, with support services, collaborative decision-making, and school practices emerging as the strongest predictors. Income significantly influenced happiness, while residence (urban/rural) did not. Findings highlight the importance of strengthening inclusive practices, especially support services and parent–school collaboration, to enhance family well-being.

Keywords: Inclusive education, parental happiness, neurodevelopmental disabilities, support services, collaborative decision-making

Introduction

Inclusive education emphasizes the right of all children, including those with neurodevelopmental disabilities (NDDs), to learn in mainstream environments with appropriate supports. Beyond improving academic and social outcomes for children, inclusive practices can shape parental perceptions, satisfaction, and happiness. Parents of children with NDDs often face stress related to caregiving, social stigma, and uncertainty about the future. Schools that provide inclusive opportunities may help alleviate these pressures and foster a sense of belonging and satisfaction among parents (Sharma & Salend, 2016). Parental happiness is a key dimension of family well-being. Inclusive practices such as individualized learning accommodations, peer acceptance, support services, and opportunities for collaborative decision-making may increase parents' confidence in schools and reduce stress (Florian & Black-Hawkins, 2017). However, limited empirical research has focused specifically on the relationship between inclusive practices and parental happiness in the Indian context. Therefore, this study aims to empirically examine the impact of inclusive educational practices on the happiness of parents of children with NDDs in India.

Review of Literature

Inclusive education benefits not only children with disabilities but also their families. Parents report higher satisfaction when schools adopt family-centred practices and provide resources tailored to children's needs (Loreman, 2017). Studies show that inclusive schools that emphasize collaboration between educators and families reduce parental stress and foster positive attitudes (Sharma & Deppeler, 2019).

Recent research highlights the role of support services. Brown et al. (2020) found that access to therapies, counselling, and inclusive learning environments improved parental coping and well-being. Similarly, Singh and Srivastava (2021) observed that collaborative decision-making increased trust between parents and schools, leading to greater parental satisfaction.

However, social acceptance remains an ongoing challenge. Despite improvements in school-based inclusion, families still face stigma in the community, which negatively affects parental happiness (Gupta & Yadav, 2022). This suggests that while schools are progressing, broader societal acceptance is lagging behind. Thus, the literature underscores that while inclusivity within schools enhances parental well-being, gaps in social acceptance and community inclusion remain critical challenges. While the existing literature suggests a positive relationship, there is a need for empirical validation within specific socio-cultural contexts like India.

Research Objectives

1. To examine the impact of inclusive educational practices on the happiness of parents of children with neurodevelopmental disabilities.
2. To identify the specific inclusive practices that contribute to parental well-being and satisfaction.

Research Hypotheses

1. **H1:** Inclusive educational practices have a significant positive impact on the happiness of parents of children with neurodevelopmental disabilities.
2. **H2:** Specific inclusive practices, such as collaborative decision-making, peer acceptance, and availability of support services, significantly contribute to the well-being and satisfaction of parents of children with neurodevelopmental disabilities.

Methodology

Research Design-A descriptive and correlational survey design was used to examine the relationship between inclusive educational practices and parental happiness.

Sample-The study included 50 parents of children with NDDs (autism, ADHD, and intellectual disabilities) enrolled in inclusive schools in Tamil Nadu. Participants were selected using purposive sampling to ensure representation of both urban and rural areas.

Research Tool

A structured questionnaire was developed with two sections:

- **Section A:** Demographic information (age, income, residence, education).
- **Section B:** Inclusivity scale (34 items across five domains: school practices, social acceptance, support services, collaborative decision-making, and community inclusion) rated on a 5-point Likert scale. Parental happiness was measured using a 7-item scale adapted from the Satisfaction with Life Scale (SWLS; Diener et al., 1985). The tool was validated by experts in special education, and Cronbach's alpha reliability was 0.87.

Data Collection

Data were collected offline through paper-based questionnaires distributed to parents in inclusive schools. After obtaining necessary permissions from school authorities, parents were approached personally during parent–teacher meetings and school visits. The purpose of the study was explained, informed consent was obtained, and confidentiality of responses was assured. Each participant filled out the questionnaire independently, and the completed forms were collected on the same day. The data collection process was completed within two weeks.

Data Analysis

Data were analyzed using **SPSS.** Descriptive statistics were used to summarize scores. Multiple linear regression tested the predictive power of inclusive practices on parental happiness (H1, H2). Independent-samples t-tests compared parental happiness across residence (urban vs. rural) and income levels (≤₹25,000 vs >₹25,000). A significance level of $p < .05$ was adopted.

Data Analysis and Interpretation

Table 1: Descriptive Statistics of Inclusive Practices and Parental Happiness (N=50)

Domain of Inclusivity	Mean	SD	Minimum	Maximum
School Practices	3.85	0.62	2.4	4.9
Social Acceptance	3.72	0.58	2.6	4.8
Support Services	3.91	0.64	2.3	4.9
Collaborative Decision-Making	3.76	0.55	2.5	4.7
Community Inclusion	3.69	0.61	2.3	4.6
Parental Happiness	**3.88**	**0.59**	**2.5**	**4.9**

Parents reported above-average satisfaction across all domains of inclusive practices. Among them, Support Services (M = 3.91) and School Practices (M = 3.85) were rated the highest, showing that parents value practical support and effective school strategies. Community Inclusion (M = 3.69) received the lowest score, which suggests that while schools are providing support, the wider community is still less inclusive. Overall, parents expressed good levels of happiness (M = 3.88), but there is room for improvement, especially in community involvement.

Table 2: Multiple Linear Regression Predicting Parental Happiness

Predictor Variable	β	t	p-value
School Practices	0.21	2.11	0.040*
Social Acceptance	0.18	1.95	0.057

Support Services	0.29	2.85	0.007**
Collaborative Decision-Making	0.24	2.36	0.022*
Community Inclusion	0.12	1.28	0.206

The regression model was statistically significant, indicating that the five domains of inclusive practices collectively predict parental happiness. The model explained 46% of the variance in happiness, a substantial effect for social science research.

- **Support Services (β=0.29, p=0.007)** emerged as the strongest predictor. Parents benefit most when schools provide therapies, counseling, and educational resources tailored to their children's needs.
- **Collaborative Decision-Making (β=0.24, p=0.022)** and **School Practices (β=0.21, p=0.040)** were also significant, highlighting the importance of engaging parents in planning and maintaining inclusive classrooms.
- **Social Acceptance** approached significance (p=0.057), suggesting peer acceptance at school may contribute to happiness but varies by context.
- **Community Inclusion** was not significant, showing that societal attitudes outside schools may have limited influence on parental happiness compared to school-based practices.

This confirms H1, that inclusive educational practices significantly affect parental happiness, and partially supports H2, identifying the key domains influencing well-being.

Table 3: Independent Samples t-test – Happiness by Residence and Income

Variable	Group	N	Mean	SD	t	df	p-value
Residence	Urban (n=28)	28	3.94	0.52	0.81	48	0.42
	Rural (n=22)	22	3.81	0.61			
Income	≤ ₹25,000 (n=24)	24	3.65	0.56	2.86	48	0.006**
	> ₹25,000 (n=26)	26	4.09	0.49			

Residence: There was no significant difference in parental happiness between urban (M = 3.94) and rural/town (M = 3.81) parents (p = 0.42). This suggests that inclusive education practices are reaching families in both settings. Income: Parents with higher income (> ₹25,000) reported significantly higher happiness (M = 4.09) than those with lower income (≤ ₹25,000; M = 3.65) (p = 0.006). This shows that financial stability plays a strong role in how parents experience inclusive education and feel happiness.

Discussion

The first hypothesis (H1)—that inclusive practices positively affect parental happiness—was supported. The regression analysis showed that Support Services, Collaborative Decision-Making, and School Practices were significant predictors, explaining 46% of the variance in parental happiness. This confirms that parents value practical support, involvement in decisions, and effective inclusive school strategies.

These findings align with previous research (Brown et al., 2020; Singh & Srivastava, 2021), which highlighted the importance of access to therapies, counseling, and parent–school collaboration in improving well-being.

The second hypothesis (H2)—that specific inclusive practices contribute to parental well-being—was partially supported. While Collaborative Decision-Making and School Practices significantly influenced happiness, Social Acceptance was near-significant, and Community Inclusion was not significant. This suggests that while parents experience satisfaction from school-level practices and involvement, broader community acceptance and participation still lag. Social stigma outside the school environment may reduce the potential benefits of inclusivity in the wider community (Gupta & Yadav, 2022).

The t-test results indicated that income significantly influenced happiness, with higher-income families reporting greater satisfaction. Financial stability may allow parents to access additional resources and services, enhancing their overall experience of inclusivity. However, residence (urban vs. rural) did not significantly affect happiness, indicating that inclusive practices in schools are reaching families across different geographic areas.

Overall, the findings highlight that inclusive educational practices are crucial for improving parental well-being, particularly when schools provide strong support services and actively involve parents in decision-making. However, gaps in community inclusion and social acceptance remain challenges that require broader policy and awareness initiatives.

Conclusion

This study confirms that inclusive educational practices significantly enhance the happiness of parents of children with NDDs. Among the five domains studied, Support Services, Collaborative Decision-Making, and School Practices had the strongest impact.

Key points from the study

1. Inclusive schools that provide therapies, counseling, and tailored learning accommodations increase parental satisfaction and reduce stress.
2. Involving parents in decisions about their child's education fosters trust, engagement, and happiness.
3. Social acceptance and community involvement remain limited, highlighting the need for awareness and outreach beyond the school.
4. Income plays a role in parental happiness, suggesting that financial stability enables families to better benefit from inclusive practices.

Recommendations

1. Strengthen Support Services: Schools should provide regular access to therapies, counseling, and academic assistance for children with NDDs.
2. Enhance Parent–School Collaboration: Parents should be actively involved in Individualized Education Programs (IEPs) and school decisions.
3. Promote Community Awareness: Policies and campaigns are needed to reduce stigma and encourage broader social acceptance of children with disabilities.

By addressing these areas, inclusive education can improve not only children's learning outcomes but also the overall well-being and happiness of families, contributing to a more supportive and equitable society.

References

- Brown, A., Johnson, L., & Richards, P. (2020). Family well-being and inclusive practices: The role of support services in reducing parental stress. International Journal of Inclusive Education, 24(7), 815–830. https://doi.org/10.1080/13603116.2019.1572234
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. Journal of Personality Assessment, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- Florian, L., & Black-Hawkins, K. (2017). Exploring inclusive pedagogy. British Educational Research Journal, 43(2), 223–240. https://doi.org/10.1002/berj.3260.
- Gupta, R., & Yadav, M. (2022). Community attitudes towards children with disabilities: Implications for inclusion in India. Asian Journal of Disability Studies, 9(1), 45–59.
- Loreman, T. (2017). Pedagogy for inclusive education. Oxford Research Encyclopedia of Education. https://doi.org/10.1093/acrefore/9780190264093.013.148
- Sharma, U., & Deppeler, J. (2019). Inclusive education and parental satisfaction: A review of international evidence. Journal of Special Education Studies, 25(3), 135–148.
- Sharma, U., & Salend, S. (2016). Teaching in inclusive classrooms: Emerging perspectives. European Journal of Special Needs Education, 31(2), 129–134. https://doi.org/10.1080/08856257.2015.1133473
- Singh, R., & Srivastava, A. (2021). Parent–teacher collaboration in inclusive classrooms: Effects on parental satisfaction and student outcomes. Journal of Education and Human Development, 10(2), 22–31.

Promoting Sustainable Happiness through Self-Care Strategies for Children with Special Needs

N. Dhivya,
PG Scholar,
RKMVERI – FDMSE, Coimbatore campus
V. Indirani,
Assistant Professor in Special Education,
Dept. of Intellectual Disability,
RKMVERI-FDMSE, Coimbatore campus

Abstract

Sustainable happiness refers to a long-lasting sense of well-being that fosters personal growth and positive development. For children with special needs (CwSN)—a term used in education and psychology to describe children who require additional support due to intellectual, developmental, physical, behavioural, or learning challenges—promoting happiness is particularly crucial, as it directly influences emotional stability, learning, behaviour, and overall quality of life. This paper explores how self-care strategies across six domains—emotional regulation, cognitive and mindfulness, social interaction, behavioural and routine-based, physical well-being, and positive psychology/independence—can contribute to sustainable happiness in CwSN. A thematic review of literature from psychology, education, and health highlights practices such as mindfulness, structured routines, physical activity, social inclusion, and creative learning. Findings emphasize that consistent self-care enhances daily functioning, strengthens resilience, and promotes autonomy. The paper argues that educators, parents, caregivers, and policymakers should integrate these strategies into special education programs to nurture long-term well-being and sustainable happiness.

Keywords: Sustainable happiness, self-care strategies, children with special needs, resilience, special education.

Introduction

Happiness is universally regarded as a central component of human well-being. For children with special needs (CwSN)—children who require additional support due to intellectual disabilities, developmental delays, physical impairments, behavioural difficulties, or learning challenges—happiness is especially important, as it affects emotional regulation, learning outcomes, and overall quality of life. These children often face barriers such as social exclusion, communication difficulties, and academic struggles, which may hinder their ability to sustain well-being.

The concept of sustainable happiness extends beyond temporary pleasure, focusing on long-term, meaningful well-being that promotes resilience, growth, and fulfilment (Seligman, 2011). Within special education, happiness is not only a desirable outcome but also a critical factor that enables better learning and social functioning.

Self-care strategies provide a practical pathway toward achieving sustainable happiness. By addressing emotional, physical, social, and cognitive needs, self-care fosters resilience and autonomy while reducing stress and dependence. Practices such as mindfulness (Kabat-Zinn, 2013), physical activity (Pan, 2014), social inclusion (Bauminger & Kasari, 2000), and creative learning (Craft, 2005) have shown promise in enhancing the lives of CwSN. This paper examines how self-care can be used as a structured approach to promote happiness in special education, highlighting evidence-based strategies and offering practical recommendations.

Objectives

The study is guided by the following objectives:

1. To examine the concept of sustainable happiness in relation to children with special needs.
2. To identify emotional, physical, social, and cognitive self-care strategies that enhance well-being.
3. To analyze evidence from psychology, education, and health literature on the effectiveness of these strategies.
4. To explore the role of educators, parents, and policymakers in supporting sustainable happiness through self-care.
5. To provide recommendations for integrating self-care into special education programs.

Methodology

This paper adopts a **descriptive method** with **thematic analysis**. Accessible peer-reviewed studies, open-source reviews, and published books were analyzed across the domains of psychology, education, and health. Thematic categories were developed around four dimensions of self-care: emotional, physical, social, and cognitive. Each theme integrates empirical findings and highlights practical applications for children with special needs.

Understanding Self-Care for Children with Special Needs

Self-care involves engaging in intentional activities that promote emotional, mental, physical, and social health. For children, self-care includes daily practices that help them feel calm, safe, and supported. In the case of CwSN, self-care must be carefully adapted to meet developmental and emotional needs. Strategies like emotional regulation, mindfulness exercises, structured social activities, predictable routines, healthy physical practices, and independence training play a central role. Guided support from parents, teachers, and caregivers enables children to gradually develop confidence, autonomy, and resilience, laying a foundation for sustainable happiness.

Linking Self-Care and Sustainable Happiness

The connection between self-care and sustainable happiness is well-supported by research. Regular emotional regulation reduces frustration and stress, while cognitive and mindfulness strategies foster calm thinking and focus. Social interaction strategies promote belonging and empathy, while behavioural and routine-based strategies strengthen predictability and adaptability. Physical well-being strategies support healthy

body–mind balance, and positive psychology/independence strategies encourage self-confidence, optimism, and autonomy. Together, these six domains create a holistic approach that helps CwSN regulate emotions, cope with challenges, build resilience, and experience long-term happiness rather than short-lived pleasure.

Practical Strategies for Implementation

1. Emotional Regulation Strategies

- Help children identify and name emotions clearly.
- Support safe expression of positive and negative feelings.
- Teach tolerance for frustration and delayed gratification.
- Encourage self-reflection to process emotions effectively.
- Strengthen resilience to emotional triggers through guided support.

2. Cognitive & Mindfulness Strategies

- Promote concentration and sustained attention through focused activities.
- Encourage present-moment awareness to reduce stress.
- Support calm thinking and minimize mental clutter.
- Foster perspective-taking and reflective thinking.
- Strengthen awareness of thoughts without judgment.

3. Social Interaction Strategies

- Foster acceptance and belonging within peer groups.
- Encourage healthy communication, cooperation, and turn-taking.
- Promote empathy and compassion in daily interactions.
- Build trust and security in social relationships.
- Create opportunities for cooperative and inclusive participation.

4. Behavioural & Routine-Based Strategies

- Establish predictable schedules to enhance security.
- Reinforce consistency in daily routines.
- Encourage self-monitoring and self-regulation of behaviors.
- Support adaptability to change within structured environments.
- Strengthen discipline through constructive repetition.

5. Physical Well-Being Strategies

- Promote awareness of body signals and physical needs.
- Encourage a balance between activity and rest.
- Support stress-reducing practices such as relaxation breaks.
- Ensure environments are comfortable, safe, and relaxing.
- Connect physical health with emotional stability.

6. Positive Psychology & Independence Strategies

- Highlight children's strengths and achievements.
- Foster hope, optimism, and motivation.
- Encourage gratitude, appreciation, and kindness.
- Promote problem-solving and autonomy in daily routines.
- Build self-confidence through achievable goals and responsibilities.

Role of Parents, Teachers, and Caregivers

Parents

- Encourage daily self-care routines at home across all six domains.
- Provide emotional warmth and positive reinforcement.
- Model resilience, gratitude, and coping strategies.

- Celebrate small achievements to boost confidence.

Teachers

- Integrate emotional, cognitive, social, and physical self-care activities into classroom routines.
- Create inclusive and supportive learning environments.
- Encourage peer cooperation, empathy, and acceptance.
- Balance academic goals with attention to emotional and social needs.

Caregivers

- Provide consistent emotional and behavioural support.
- Create safe environments for emotional and physical well-being.
- Model mindfulness, patience, and positive psychology.
- Advocate for children's independence and dignity across contexts.

Practical Applications Across Contexts

Practical strategies for implementing self-care can be applied across different contexts—**schools, homes, and communities**—so that children receive consistent support in every aspect of their lives.

School Level

- Begin the day with short mindfulness or breathing sessions.
- Provide calm corners for relaxation.
- Use happiness charts to encourage positive habits.
- Integrate art, music, and play for emotional expression.
- Teachers can model self-care practices for students.

Home Level

- Guide children in short gratitude or relaxation exercises.
- Reinforce coping skills consistently.
- Celebrate small achievements to boost self-esteem.
- Use visual schedules and reminders to maintain routines.

Community Level

- Offer recreational and inclusive play programs.
- Organize group mindfulness sessions.
- Encourage nature-based activities like gardening and outdoor walks.
- Conduct awareness campaigns to promote acceptance and inclusion.

Together, these strategies make self-care a **practical, low-cost, and highly impactful tool** for nurturing sustainable happiness among CwSN.

Policy and Practice Implications

Promoting self-care among CwSN requires policies and practices that recognize happiness as a fundamental right. Educational frameworks should embed emotional, cognitive, social, behavioural, physical, and independence strategies into inclusive curricula. Teacher training programs must prepare educators to model and reinforce these strategies in classrooms. Parents should receive structured workshops and counselling on how to support self-care at home. Resource allocation is vital for adaptive materials, assistive tools, and community inclusion programs. Cross-sector collaboration between

education, health, and community organizations ensures holistic support. Finally, policies must align with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) to safeguard dignity, autonomy, and participation.

Recommendations

1. Integrate all six domains of self-care strategies into special and inclusive education curricula.
2. Develop mandatory teacher training on self-care and sustainable happiness.
3. Provide parental workshops and counselling to reinforce routines at home.
4. Allocate resources for adaptive tools, visual aids, and inclusive programs.
5. Encourage cross-sector collaboration for holistic child support.
6. Monitor and evaluate emotional, cognitive, social, behavioural, physical, and independence-based programs for effectiveness.

Conclusion

Self-care is a simple yet powerful pathway to sustainable happiness for children with special needs. When applied across emotional, cognitive, social, behavioural, physical, and independence domains, self-care builds resilience, confidence, and long-term well-being. Families, schools, and communities play an essential role in consistently reinforcing these practices. With strong policy support, adequate resources, and continuous research, self-care can become a cornerstone for fostering happiness, empowerment, and meaningful participation for CwSN in every aspect of life.

References

- Pan, C. Y. (2008). School time physical activity of students with and without autism spectrum disorders. Journal of Autism and Developmental Disorders, 38(8), 1292–1301. https://doi.org/10.1007/s10803-007-0518-0
- Mestre, M. V., Samper, P., Tur, A. M., & Richaud de Minzi, M. C. (2012). Emotions, styles of coping, and well-being in children and adolescents. Spanish Journal of Psychology, 15(1), 131–139. https://doi.org/10.5209/rev_SJOP.2012.v15.n1.37316
- Rayan, A., & Ahmad, M. (2017). Mindfulness and parenting distress among parents of children with disabilities: The mediating role of parental self-efficacy. Child and Adolescent Psychiatry and Mental Health, 11(1), 1–9. https://doi.org/10.1186/s13034-017-0208-6
- Seemüller, A., Kienberger, K., & Renz-Polster, H. (2021). Effects of physical activity on health and well-being of children with disabilities: A systematic review. Frontiers in Public Health, 9, 680198. https://doi.org/10.3389/fpubh.2021.680198
- Fayad, M., Mosleh, S., & Alhalaiqa, F. (2023). The effectiveness of mindfulness-based interventions on psychological well-being in children with special needs: A systematic review. International Journal of Environmental Research and Public Health, 20(2), 1247. https://doi.org/10.3390/ijerph20021247
- Bauminger, N., & Kasari, C. (2000). Loneliness and friendship in high-functioning children with autism. Child Development, 71(2), 447–456. https://doi.org/10.1111/1467-8624.00156.
- Craft, A. (2005). Creativity in schools: Tensions and dilemmas. Routledge. (Available in open-access excerpts via Google Books).

- United Nations. (2006). Convention on the Rights of Persons with Disabilities (CRPD). United Nations General Assembly. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

Sustaining Happiness: An Indian Psychological Perspective

Dr. Rekha B. Raveendran
Assistant Professor, Department of Psychology
Nehru Arts and Science College

Abstract

The quest for happiness is a fundamental human endeavour. In contemporary society, happiness is often equated with material possessions, social status, or fleeting pleasurable experiences. However, as many discover, this external pursuit frequently leads to a cycle of temporary gratification followed by renewed longing. Indian psychology, a rich tapestry of ancient wisdom traditions, offers a compelling alternative – a path to sustained happiness that originates from within. This paper delves into the core tenets of Indian psychological thought to illuminate how individuals can cultivate a lasting sense of contentment and joy, rather than merely experiencing momentary bursts of pleasure.

Keyword: Sustaining Happiness, Indian Psychology, society, happiness.

Introduction

The Indian Psychological Framework of Happiness

Unlike some Western psychological models that might view happiness as a purely neurochemical phenomenon or a consequence of external circumstances, Indian psychology posits a multi-layered understanding of human existence, encompassing the physical, mental, and spiritual dimensions. True happiness, from this perspective, is not merely the absence of suffering or the presence of pleasure, but a state of profound inner peace and fulfilment that is independent of external conditions (Sharma, 2018).

Several foundational concepts underpin the Indian approach to sustained happiness:

1. Dharma: Righteous Living as a Foundation

Dharma refers to one's righteous conduct, moral duties, and ethical responsibilities. In Indian thought, adhering to Dharma is not just about societal conformity, but about living in harmony with universal principles. When an individual lives a life aligned with ethical values – honesty, compassion, non-violence (Ahimsa), generosity – it creates a sense of integrity and inner peace (Prasad, 2015). This alignment reduces internal conflict and regret, which are significant impediments to happiness. By acting in ways that benefit oneself and others, individuals build a foundation of positive Karma and cultivate a clear conscience, essential for lasting well-being.

2. Karma: Understanding Action and Consequence

The law of Karma states that every action (physical, verbal, or mental) has corresponding consequences. While often misinterpreted as fatalism, Karma in Indian psychology is a powerful principle of accountability and agency. Understanding Karma empowers individuals to take responsibility for their choices and recognize that their present

circumstances are, in part, a result of past actions, and their future happiness is being shaped by their present choices (Smith, 2019). By performing wholesome actions (Punya Karma) driven by pure intentions, individuals sow the seeds for future happiness and reduce the accumulation of negative patterns. This proactive engagement with one's actions fosters a sense of control and purpose, contributing to sustained positive states.

3. Vairagya: Detachment from Outcomes

Vairagya, often translated as "detachment" or "non-attachment," is a crucial concept. It does not imply apathy or indifference, but rather a freedom from intense craving and aversion towards worldly objects, experiences, and outcomes. The pursuit of happiness is often marred by attachment to specific results, leading to disappointment and suffering when those results are not achieved (Dasgupta, 2017). Vairagya encourages individuals to perform their actions (Karma) with sincerity and dedication, but without being overly invested in the fruits of those actions. This detachment from outcome allows for a greater sense of equanimity, reducing the emotional roller-coaster of hope and fear, and fostering a more stable state of happiness.

4. Abhyasa: Consistent Practice

Abhyasa refers to consistent effort, sustained practice, and disciplined cultivation. In the context of happiness, it emphasizes that inner transformation is not a one-time event but an ongoing process. Practices such as meditation, mindfulness, introspection, and ethical living require consistent dedication (Iyengar, 2005). Just as a musician practices daily to master an instrument, individuals must consistently engage in practices that cultivate positive mental states and dismantle negative patterns. This disciplined effort strengthens beneficial neural pathways and habits, making sustained happiness a more natural and ingrained experience.

5. Yoga: Union and Integration

Yoga, in its broadest sense, means "union" – the integration of body, mind, and spirit. Beyond physical postures, Yoga encompasses various paths (e.g., Raja Yoga, Karma Yoga, Jnana Yoga, Bhakti Yoga) designed to achieve this holistic integration. Practices like Pranayama (breath control) calm the nervous system, leading to mental clarity. Meditation techniques cultivate focus and inner stillness. The ultimate goal of Yoga is to transcend the fluctuations of the mind (Chitta Vritti Nirodhah, as stated in the Yoga Sutras of Patanjali) and experience the true nature of consciousness, which is inherently blissful (Patanjali, c. 400 CE/2012). This profound union leads to a stable and unwavering sense of well-being.

6. Mindfulness and Self-Awareness

Mindfulness, a concept prominent in Buddhist psychology and increasingly recognized in modern psychology, involves paying attention to the present moment without judgment (Kabat-Zinn, 1990). In Indian traditions, this extends to cultivating deep self-awareness – understanding one's thoughts, emotions, motivations, and patterns. By observing the mind without identifying with its contents, individuals can recognize the impermanence of all phenomena, including fleeting sorrows and joys. This detached observation helps to break reactive patterns and fosters a sense of inner spaciousness, allowing for a more

stable emotional landscape. Self-awareness also facilitates the identification and transformation of negative mental Samskaras (imprints) that obstruct happiness (Easwaran, 2007).

7. Realization of the True Self (Atman/Nirvana)

At the pinnacle of Indian psychological thought lies the concept of realizing one's true Self. In Vedantic philosophy, this is the realization of Atman (the individual soul) as Brahman (the ultimate reality), a state of non-dual consciousness that is inherently blissful (Ananda) (Deutsch, 2010). In Buddhist psychology, the goal is Nirvana, the cessation of suffering through the eradication of craving and attachment, leading to a state of profound peace and liberation (Gethin, 1998). This ultimate realization transcends the limited ego-self and its desires, leading to a state of unconditioned happiness that is not dependent on any external factors. While this is a spiritual goal, its psychological implications are profound: understanding one's true nature as inherently whole and complete eliminates the fundamental sense of lack or incompleteness that drives much of human suffering.

Conclusion

Indian psychology offers a comprehensive and enduring framework for sustaining happiness. It shifts the focus from external pursuits to internal cultivation, emphasizing ethical conduct, conscious action, mindful awareness, and the profound journey of self-realization. By integrating principles like Dharma, Karma, Vairagya, Abhyasa, Yoga, and the cultivation of mindfulness, individuals can move beyond the transient nature of worldly pleasures and sorrows. The path to sustained happiness, according to Indian wisdom traditions, is not a quick fix but a transformative process of inner work, leading to a profound and unwavering state of peace, contentment, and joy that resides deep within the Self. Embracing these timeless principles can lead to a truly fulfilling and lasting state of well-being in an ever-changing world.

References

Dasgupta, S. N. (2017). A history of Indian philosophy (Vol. 1). Motilal Banarsidass. (Original work published 1922-1955).

Deutsch, E. (2010). Advaita Vedanta: A philosophical reconstruction. University of Hawaii Press.

Easwaran, E. (2007). The Bhagavad Gita (Classic of Indian Spirituality) (2nd ed.). Nilgiri Press.

Gethin, R. (1998). The foundations of Buddhism. Oxford University Press.

Iyengar, B. K. S. (2005). Light on life: The Yoga journey to wholeness, inner peace, and ultimate freedom. Rodale.

Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. Delta.

Patanjali. (2012). The Yoga Sutras of Patanjali (S. Satchidananda, Trans.). Integral Yoga Publications. (Original work c. 400 CE).

Prasad, H. (2015). Indian philosophy of management. PHI Learning.

Sharma, D. (2018). Indian psychology: Concepts and applications. Rawat Publications.

Smith, H. (2019). The world's religions. HarperOne.

Social Media Addiction and its relationship with Mental Well-Being among college students

Manirag Sandhya Das, Research Scholar,
Department of Education, Assam University, Silchar,
Dr. Ram Kumar Mahto, Professor,
Department of Education, Assam University, Silchar,

Abstract

The widespread use of social media among students has generated increasing interest in its possible impact on mental health and well-being. This study explored differences in mental well-being (MWB) and social media addiction (SMA) across demographic groups and examined whether the two constructs are related. Data were collected from 92 university students using the Warwick–Edinburgh Mental Well-being Scale and the Social Media Addiction Scale – Student Form. Mean scores were 49.0 (SD = 7.19) for mental well-being and 91.4 (SD = 14.5) for social media addiction, with both variables normally distributed. Gender differences were not significant for either measure. However, MWB varied by locality ($p = .040$, $d = –0.49$), while SMA differed by academic stream ($p = .038$, $d = –0.46$). Correlation and regression analyses showed only a weak, nonsignificant association between the two constructs, indicating that SMA did not predict MWB. These findings suggest that demographic factors, particularly locality and academic stream, may have a greater influence on student outcomes than a direct relationship between social media use and mental well-being.

Keywords: Social Media Addiction, Mental Well-Being, college students, correlation

Introduction

Social media has become deeply embedded in student life, shaping how young people connect, learn, and spend their time. Platforms such as Instagram, TikTok, and WhatsApp provide opportunities for communication and entertainment but can also lead to excessive use and dependence. Research has increasingly described this pattern as SMA, a behavioral problem with academic, psychological, and health consequences. Evidence shows that SMA is common among both high school and university students, with most reporting moderate levels of addiction. Interestingly, being a university or high school student makes little difference, but factors such as gender, type of school, and time spent online do play a role, with male students often reporting higher levels of addiction than females (Simsek, Elciyar, & Kizilhan, 2019; Qureshi, Bhatti, & Khoso, 2023). Students often begin using social media due to loneliness, boredom, or a lack of social connection, but over time, this use shifts into a continuous pattern tied to maintaining friendships and fulfilling social expectations (Aksoy, 2018). This suggests that addiction is not simply about how many hours are spent online, but about deeper psychological and social needs that reinforce use.

The consequences of this pattern are seen across health, academic, and psychological outcomes. Excessive use has been associated with poor sleep, musculoskeletal pain, reduced physical activity, and higher risks of serious mental illness (Alotaibi et al., 2022). Multiple studies also confirm negative links between SMA and academic performance,

showing that higher levels of addiction correspond to lower grades, academic burnout, and reduced focus (Hou et al., 2019; Sarafraz, Chavoshi, & Alinaghi, 2019; Feng et al., 2025). At the same time, SMA is strongly connected with stress, anxiety, depression, and distress, while protective factors such as social support, resilience, mindfulness, and self-esteem help buffer its effects (Bilgin & Taş, 2018; Zewude et al., 2025; Mitropoulou, Karagianni, & Thomadakis, 2022). In fact, studies suggest that when these protective resources are weak, addiction increases and well-being decreases, underscoring the importance of social and psychological supports. Some findings further show that entertainment use is more strongly associated with addiction, while social use may, in certain contexts, support well-being (Zhao, 2021). Moreover, institutional and environmental responses can make a difference: interventions that promote self-regulation, coping skills, and digital literacy have been shown to reduce risks, while failure to address these issues can worsen students' academic and mental health challenges (Malizal, 2025; Sümen & Evgin, 2021).

This study focuses on college students, as they represent a group that is both highly active on social media and vulnerable to its effects on learning and mental well-being. The first aspect of the study is a) to measure the levels of social media addiction and mental well-being among college students, b) to study how social media addiction is related to mental well-being, and c) to observe whether demographic factors such as gender, age, or academic background play a role in the two constructs. By studying these three aspects together, this research aims to give a clearer picture of how social media affects students' daily life, academic progress, and mental health.

Methods

This study adopted a quantitative survey research design to examine the relationship between social media addiction and mental well-being among students. The survey method was chosen as it enables the systematic collection of standardized data from a relatively large sample, providing the basis for meaningful statistical analysis of behavioral and psychological variables. Two well-established instruments were employed to gather data. The first was the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) (Tennant et al., 2007), which consists of 14 positively worded items rated on a 5-point Likert scale ranging from "none of the time" to "all of the time." This tool has consistently demonstrated excellent internal consistency (Cronbach's $\alpha = 0.91$) and is widely used to measure both subjective well-being and psychological functioning. The second instrument was the Social Media Addiction Scale – Student Form (SMAS-SF) (Sahin, 2018), a 29-item measure of problematic social media use across four dimensions: occupation, mood modification, relapse, and conflict. Items are also rated on a 5-point Likert scale, and the tool has been validated with strong reliability (Cronbach's $\alpha = 0.93$). For this study, both instruments were combined into a single questionnaire to ensure efficiency and consistency in data collection. Ethical considerations were observed throughout the process, including voluntary participation, informed consent, and strict confidentiality of responses. The data collected were analyzed quantitatively to test the study's hypotheses and to explore patterns in the relationship between social media addiction and students' mental well-being.

Table 1: Reliability test of tools

	Cronbach's α	McDonald's ω
WEMWBS	0.825	0.832
SMAS-SF	0.891	0.895

Although both the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) and the Social Media Addiction Scale– Student Form (SMAS-SF) are well-validated instruments, their internal consistency was examined in the present study to ensure reliability within the sample. As shown in Table 1, the WEMWBS demonstrated good internal consistency (Cronbach's α = 0.825; McDonald's ω = 0.832), with item-level analysis indicating that removal of any single item did not substantially improve reliability, suggesting that all 14 items contributed positively to the overall scale. Similarly, the SMAS-SF showed excellent internal consistency (Cronbach's α = 0.891; McDonald's ω = 0.895), and item-level analysis confirmed that deletion of any item would not enhance reliability, thereby supporting the retention of all 29 items.

Results

Table 2 presents descriptive statistics for the total sample (N = 92), indicating a mean score of 49.0 (SD = 7.19) on the MWB and 91.4 (SD = 14.5) on the SMA. The Shapiro–Wilk test was conducted to assess the normality of the distributions. Results showed no significant deviation from normality for either MWB (W = 0.979, p = .151) or SMA (W = 0.984, p = .339), as both p-values exceeded the .05 threshold. These findings suggest that the data for both variables are approximately normally distributed, thereby meeting a key assumption for parametric statistical analyses.

Table 2: Descriptive analysis and Normality test

	MWB	SMA
N	92	92
Mean	49.0	91.4
Standard deviation	7.19	14.5
Shapiro-Wilk W	0.979	0.984
Shapiro-Wilk p	0.151	0.339

To examine potential differences between male and female participants, Levene's test was first conducted to assess the assumption of homogeneity of variances for both MWB and SMA. The results, as shown in Table 3, indicated no significant differences in group variances, with MWB yielding [F (1, 90) = 0.023, p = .880] and SMA yielding [F (1, 90) = 0.277, p = .600]. Since both p-values exceeded the .05 threshold, the assumption of equal variances was satisfied, supporting the use of independent samples t-tests for subsequent comparisons.

Table 3: Homogeneity of Variances Test (Levene's) for gender

	F	df	df2	p
MWB	0.0229	1	90	0.880
SMA	0.2769	1	90	0.600

The t-test results revealed no statistically significant gender differences for either construct as shown in Table 4. For Mental Well-being, the difference between males and females was not significant, t (90) = –0.919, p = .361, with a small effect size (Cohen's d = –0.21). Similarly, for Social Media Addiction, no significant gender difference was observed, t (90) = –0.918, p = .361, also corresponding to a small effect size (Cohen's d = –0.21). Overall, these findings indicate that gender did not meaningfully influence outcomes on either Mental Well-being or Social Media Addiction.

Table 4: Independent Samples T-Test for gender

		Statistic	df	p		Effect Size
MWB	Student's t	-0.919	90.0	0.361	Cohen's d	-0.210
SMA	Student's t	-0.918	90.0	0.361	Cohen's d	-0.210

To examine the influence of locality (rural vs. urban) on mental well-being and social media addiction, Levene's tests for equality of variances were first conducted. Results indicated in Table 5 depicted that the assumption of homogeneity was satisfied for mental well-being, [F (1, 90) = 0.018, p = .894], and was tenable for social media addiction despite approaching significance, [F (1, 90) = 3.822, p = .054].

Table 5: Homogeneity of Variances Test (Levene's) for locality

	F	df	df2	p
MWB	0.0177	1	90	0.894
SMA	3.8223	1	90	0.054

Independent samples t-tests assuming equal variances were therefore performed. Table 6 shows a significant difference emerged for mental well-being, t (90) = –2.08, p = .040, with a moderate effect size (d = –0.49), suggesting that rural and urban participants differed meaningfully in their reported levels of psychological well-being. In contrast, no statistically significant difference was observed for social media addiction, t (90) = –1.85, p = .067, although the moderate effect size (d = –0.43) indicated a potential trend toward locality-based differences. These findings highlight that locality is a significant factor for mental well-being, while its influence on social media addiction remains less conclusive.

Table 6: Independent Samples T-Test for locality

	Statistic	df	p	Effect Size

Table 6: Independent Samples T-Test for locality

		Statistic	df	p		Effect Size
MWB	Student's t	-2.08	90.0	0.040	Cohen's d	-0.488
SMA	Student's t	-1.85	90.0	0.067	Cohen's d	-0.434

To examine the influence of academic stream (Arts vs. Science) on mental well-being and social media addiction, Levene's tests of equality of variances were conducted as shown in Table 7. For mental well-being, the test was not significant, [F (1, 90) = 3.255, p = .075], and for social media addiction, it was also nonsignificant, [F(1, 90) = 0.464, p = .497], indicating that the assumption of homogeneity of variances was met in both cases.

Table 7: Homogeneity of Variances Test (Levene's) for stream

	F	df	df2	p
MWB	3.255	1	90	0.075
SMA	0.464	1	90	0.497

Accordingly, independent samples t-tests assuming equal variances, as shown in Table 8, were performed. Results showed no significant difference in mental well-being scores between Arts and Science students, t (90) = –0.55, p = .586, with a small effect size (d = –0.12), suggesting minimal practical differences across streams. However, a significant difference was found for social media addiction, t (90) = –2.11, p = .038, with a moderate effect size (d = –0.46), indicating that students from one stream reported significantly lower social media addiction compared to the other. These findings suggest that while the academic stream does not appear to influence mental well-being, it plays a meaningful role in shaping patterns of social media use.

Table 8: Independent Samples T-Test for stream

		Statistic	df	p		Effect Size
MWB	Student's t	-0.547	90.0	0.586	Cohen's d	-0.120
SMA	Student's t	-2.111	90.0	0.038	Cohen's d	-0.462

Table 9 indicates that MWB had a mean of 49.0 (SD = 7.19), whereas SMA had a mean of 91.4 (SD = 14.5). A Pearson correlation analysis revealed a small, positive association between MWB and SMA (r = .153), which did not reach statistical significance, suggesting that the two constructs were largely independent in this sample (N = 92).

Table 9: Correlation between MWB and SMA

Variable	M	SD	MWB	SMA
MWB	49.0	7.19	—	

SMA	91.4	14.5	.153	—

Note. $N = 92$. Pearson's r reported. No correlations reached statistical significance. †$p < .10$. $p < .05$. *$p < .01$. **$p < .001$.

To formally examine whether SMA could predict MWB, a simple linear regression was conducted, as shown in Table 10. Although the correlation was nonsignificant, regression analysis was included due to the theoretical rationale that SMA might contribute to variations in MWB, as well as to provide useful information for future research. The regression model was not statistically significant, [F (1, 90) = 2.17, p = .144], explaining only 2.4% of the variance in MWB ($R^2 = .024$, Adjusted $R^2 = .013$). The regression coefficient for SMA was positive but nonsignificant (B = 0.076, SE = 0.052, t = 1.47, p = .144), indicating that SMA did not meaningfully predict MWB in this sample.

Table 10: Regression Analysis

							Overall Model Test		
Model	R	R^2	Adjusted R^2	AIC	BIC	RMSE	F	df1	df2	p
1	0.153	0.0235	0.0127	627	634	7.07	2.17	1	90	0.144

Note. Models estimated using a sample size of N=92

Discussion and Conclusion

The findings of the present study partly align with existing literature while also showing important divergences. Similar to Şimşek et al. (2019), who reported variations in social media addiction based on academic factors, the present results also revealed significant differences by academic stream, though no gender-based differences were found, unlike their study. In contrast with Aksoy (2018), who emphasized gendered motives for social media use, such as socialization needs or fear of missing out, gender did not emerge as a differentiating factor in this study. The results also diverge from Alotaibi et al. (2022), Zewude et al. (2025), Hou et al. (2019), and Qureshi et al. (2023), who identified strong negative associations between social media addiction and mental health, academic performance, or well-being, whereas the present analysis did not find addiction to significantly predict mental well-being. However, the observed differences by locality and stream resonate with findings by Bilgin and Taş (2018) and Malizal (2025), who underscored the influence of social support, resilience, and contextual factors in shaping student outcomes. While studies such as Zhao (2021) and Sümen and Evgin (2021) highlighted the role of usage patterns and lifestyle variables (e.g., sleep quality), the current results suggest that demographic and contextual variables may also moderate the relationship between social media addiction and well-being. Collectively, the findings contribute to the broader literature by indicating that although many studies report consistent negative effects of social media addiction, these associations may be less direct

and more dependent on contextual factors such as stream, locality, and institutional or cultural environments.

Implications of the study

The findings of the present study carry several important implications. First, they highlight that the effects of social media addiction are not universal but contingent on contextual factors such as academic stream and locality, suggesting the need for a more nuanced understanding of its impact rather than assuming direct and consistent negative outcomes. This has practical significance for educators and policymakers, who should design interventions that account for the distinct academic cultures and environments influencing students' patterns of use, rather than focusing solely on gender-based differences as emphasized in earlier studies. The results also imply that mental health services should not treat social media addiction as an isolated determinant of well-being but should instead consider broader ecological factors such as institutional context, peer support, and resilience. Theoretically, the study challenges the dominant view of social media addiction as a straightforward predictor of negative outcomes, contributing instead to a more complex model that recognizes the role of demographic and situational moderators. Moreover, the observed variations across streams and localities underscore the importance of cross-cultural and institutional perspectives in understanding how addiction interacts with student outcomes. Finally, these findings point to future research directions, particularly the need for longitudinal and mixed-methods studies that explore how contextual and protective factors, such as academic engagement and social support, mediate or buffer the relationship between social media use and well-being.

References

Aksoy, M. E. (2018). A qualitative study on the reasons for social media addiction. *European Journal of Educational Research*, *7*(4), 861-865.

Alotaibi, M. S., Fox, M., Coman, R., Ratan, Z. A., & Hosseinzadeh, H. (2022). Smartphone addiction prevalence and its association on academic performance, physical health, and mental well-being among university students in Umm Al-Qura University (UQU), Saudi Arabia. *International journal of environmental research and public health*, *19*(6), 3710.

Bilgin, O., & Taş, İ. (2018). Effects of perceived social support and psychological resilience on social media addiction among university students. *Universal journal of educational research*.

Feng, T., Wang, B., Mi, M., Ren, L., Wu, L., Wang, H., ... & Wang, X. (2025). The relationships between mental health and social media addiction, and between academic burnout and social media addiction among Chinese college students: A network analysis. *Heliyon*, *11*(3).

Hou, Y., Xiong, D., Jiang, T., Song, L., & Wang, Q. (2019). Social media addiction: Its impact, mediation, and intervention. Cyberpsychology: Journal of Psychosocial Research on Cyberspace, 13(1), article 4. http://dx.doi.org/10.5817/CP2019-1-4

Malizal, Z. Z. (2025). Behavioral Addiction and Student Well being: Examining the Mental Health Impact of Social Media. *Sinergi International Journal of Psychology*, *3*(2), 111-125.

Mitropoulou, E. M., Karagianni, M., & Thomadakis, C. (2022). Social media addiction, Self-Compassion, and psychological Well-Being: A structural equation model. *Alpha Psychiatry*, *23*(6), 298.

Qureshi, J. A., Bhatti, T., & Khoso, P. A. (2023). Effects of social media on psychological wellbeing and academic performance among university students in Sindh. *Pakistan Journal of Educational Research*, *6*(2), 92-105.

Sarafraz, M. R., Chavoshi, H., & Alinaghi, M. (2019). Social networks and students: educational performance, psychological well-being, and mental health. *International Journal of School Health*, *6*(3), 1-6.

Simsek, A., Elciyar, K., & Kizilhan, T. (2019). A comparative study on social media addiction of high school and university students. *Contemporary educational technology*, *10*(2), 106-119.

Sümen, A., & Evgin, D. (2021). Social media addiction in high school students: a cross-sectional study examining its relationship with sleep quality and psychological problems. *Child Indicators Research*, *14*(6), 2265-2283.

Zewude, G. T., Natnael, T., Woreta, G. T., & Bezie, A. E. (2025). A multi-mediation analysis on the impact of social media and internet addiction on university and high school students' mental health through social capital and mindfulness. *International Journal of Environmental Research and Public Health*, *22*(1), 57.

Zhao, L. (2021). The impact of social media use types and social media addiction on subjective well-being of college students: A comparative analysis of addicted and non-addicted students. *Computers in Human Behavior Reports*, *4*, 100122.

Fostering Resilience in Children with Multiple Disabilities: A Psychosocial and Technological Perspective

Dr. Rajesh Ramachandran
Rehabilitation Officer (S & P),
Dept. of Medical Science, NIEPMD (D), Chennai

Abstract

Children with multiple disabilities face unique challenges which have a significant impact on their development, social and emotional life. Resilience, which can be described as a dynamic process of positive adaptation in the face of adversity, is a protective mechanism that is necessary among such children. This paper will explain resilience using two complementary aspects: psychosocial basis and technological advances. Through analysis of relationship, family and community systems, assistive technology and customized educational interventions, the paper identifies the strategies through which resilience can be promoted. The paper concludes with a call to action for integrated strategies of integrating psychosocial support, inclusive education, and technological empowerment to guarantee comprehensive development and successful futures among children with multiple disabilities.

Keywords: Resilience, Multiple Disabilities, Psychosocial Support, Assistive Technology, Inclusive Education.

Introduction

The concept of resilience has emerged as crucial in understanding how children adapt to adversity. For children with multiple disabilities, resilience is especially important because of the complex nature of their challenges including sensory impairments, difficulties in communication, chronic diseases, and social exclusion. Resilience is not inborn but is a skill that can be built up through individual factors, relationships and community conditions.

Literature Review

Resilience in childhood is often viewed as a dynamic process that has been viewed in contrast to the invariance of a trait. The reviewed research on the topic of disability has suggested that the interventions with supportive relations, active skill building and environmental support are the most effective to affect the outcomes related to resilience, i.e., self-regulation, problem-solving, and social competence results. The Centre on the Developing Child has found adult relationships and, in particular, at least one stable and nurturing adult relationship to be the most reliable protective factor that helps children to thrive even in the conditions of utmost adversity, which in its turn has been repeatedly confirmed in a great diversity of population groups, including those with neurodevelopmental disabilities. The stress level of parents of children with disabilities is at higher levels of stress, and as a result, their participation in community activities

decreases. However, parenting interventions that strengthen the confidence of parents can significantly improve the well-being of caregivers and, in turn, the child's own development. The literature review has suggested that the process of structured training for parents can ensure that parents feel more confident about their capacity to care for a child with neurodevelopmental disabilities. Subsequent studies on parental resilience have emphasized the importance of coping mechanisms, optimism, and support networks. Recent meta-analyses of such interventions have enhanced the evidence of the relationship between parents and children with intellectual disabilities by illustrating how parents and children can improve their relationship, particularly during early and middle childhood. The establishment of resilience has also been discovered to be based on inclusive schooling and community engagement. Current studies on intellectual disability and inclusion suggest that customized, needs-based models are more effective compared to generic placements. Reviews of inclusive education for children with severe and multiple disabilities note the importance of multi-part programmes that imply adaptations, peer support, and integrated therapy. The need for more robust designs and outcomes to be pursued has, however, been brought to the fore by recent criticisms, which include academic advancement, functional competence and overall well-being.

It is proven that AAC and other related assistive technologies may play a great role in improving communication, engagement and quality of life of children with little or no speech. Studies have established that the symbol based applications and speech generators may be useful, and more recent research indicate the challenges that can prevent the use of AAC from becoming a long-term habit (including training, attitudes, and access). Children with profound and multiple disabilities, programmes using microswitches and environmental control technologies enable the children to develop self-determined responses and cause-and-effect learning, which would possibly lead to greater motivation and resilience due to repeated success.

The developmental priorities are shifted: the secure attachment and emotional regulation become a primary focus during the early childhood, peer relations, problem solving, and self-advocacy are key factors during the middle childhood, and self-determination, identity and vocational careers are important during the adolescence. Recent reviews on neurodevelopmental disabilities emphasize that the transition to adulthood is a crucial one to help foster resilience (e.g., community involvement, autonomy support, and mental health awareness). Practical guidance from developmental science highlights the necessity of combining manageable challenges with responsive assistance for the development of skills at each stage.

The combination of risks, sensory and communication, motor and health impairments and behavioural problems is likely to be compounded in children with multiple disabilities that limit the opportunities to both engage and master. The population level analysis would also indicate that the exposure to violence and exclusion in these children is oversaturated; hence, a coordinated intervention is required to carry out psychosocial support, educational, and technological interventions. The increasing evidence base underpins the interdisciplinary programmes that unite the family-centred planning, school-based adaptations, therapy, and access to assistive technology, considered on a context-sensitive basis and with an equity focus.

Understanding Resilience in Children with Multiple Disabilities

Resilience is no longer about bouncing back, it is a process of adaptation and growth. According to the American Psychological Association (APA, 2017), the effects of adversity during childhood may be profound, and neurological development may be at risk of developing cognitive, emotional, and physical problems. However, problem-solving, emotional regulation, and social skills have been demonstrated to improve when using resilience-building interventions. In the case of children with multiple disabilities, resilience serves as a protective buffer that decreases risks and enables them to participate in meaningful life activities.

Psychosocial Foundations of Resilience

The human relationships are unleashed through the psychosocial aspect of resilience. The research done by the Centre on the Developing Child at Harvard University states that having at least one stable and positive relationship is the most consistent factor that is associated with resilience. A caring, sensitive and habitual nature of caring about children enables one to surmount their feelings and build trust (Fisher, University of Oregon). Families also possess their own process of resilience, which entails the shock, adaptation and development (Bian et al., 2025). Therefore, resilience is not developed in isolation but is established through networks and social relationships.

Family and Community Systems

The ecological systems theory by Bronfenbrenner provides a valuable framework for understanding how to build resilience in children with disabilities. Family cohesion, realistic expectation and open communication are required at microsystem. At the mesosystem and exosystem levels, inclusive education, peer relationships, recreational activities, and broader support networks all contribute to resilience. The family optimism and community inclusion are found to be highly predictive of the positive resilience results, which are based on empirical research.

Challenges Unique to Children with Multiple Disabilities

Children with multiple disabilities face overlapping barriers: sensory difficulties such as visual, hearing, and processing issues; communication challenges including limited speech and receptive or expressive language problems; physical and medical conditions like motor impairments and chronic illnesses; and behavioural issues like stereotypic movements and social withdrawal. These overlapping issues tend to restrict autonomy, activities, and a focus on resilience, and it is crucial to address these issues with specific interventions.

Psychological Impact on Families

Families that have children with multiple disabilities experience chronic stress, financial difficulties, and social isolation. These pressures often strain the mental health of caregivers and reduce opportunities for community involvement. Notably, Adaptive coping and parent self-efficacy are directly correlated with the outcome of resilience in children. The intervention should not be primarily aimed at a child, but it must also be directed at the welfare of the whole family.

Technological Innovations Enhancing Resilience

Assistive technology (AT) has transformed the resilience-building possibilities that offer children the new opportunities to achieve independence, participation and communication. Children who cannot talk verbally can speak with the help of speech generating devices, symbol-based applications, while adaptive switches and environmental control systems promote independence. Specialised educational software ensures academic content is accessible, that opens up learning possibilities. Even small successes such as activating a switch or using eye-gaze technology can lead to meaningful experiences of agency, thus increasing the resilience.

Educational and Psych pedagogical Programs

Education has a dual purpose: promoting knowledge development while building resilience. Psych pedagogical interventions such as differentiated instruction, structured play, peer-assisted learning, and strengths-based teaching methods help children acquire coping strategies and social skills. Successful programmes incorporate family support, therapy, AT, and inclusive academic teaching, with the focus on the role of interdisciplinary collaboration.

Age-Appropriate Resilience Development

The process of resilience should be nurtured at every development stage. During the early childhood (05 years), emotional security is formed through security, sensory exploration and regularity of routines. In middle childhood (6-12 years), the development of more independence occurs with the help of structured learning, peer associations, and problem-solving. During adolescence (13- 18+ years), it is all about self-determination, professional competence, community participation, and self-identification. Interventions are to be designed to accommodate age and individual differences.

Moving Forward: Strategies and Calls to Action

Building resilience requires a systemic approach across multiple areas. This means prioritizing relationships through family-centred support and professional training, widening access to technology through advocacy, lending libraries, and insurance coverage. It also involves introducing integrated programmes which incorporate therapeutic, educational, and psychosocial interventions. Furthermore, empowering families and children through participatory research is crucial.

Conclusion

Resilience in children with multiple disabilities is not an automatic process but rather a psychosocial process that should be nurtured through psychosocial support, family and community networks, assistive technology, and inclusive education. When these elements come together, they turn challenges into chances for growth. Ultimately, resilience is concerned with equipping children with the ability not only to cope with the adversity, but also to succeed as full-fledged members of society.

References

- American Psychological Association. (2017). The Road to Resilience. Washington, DC: APA.
- Bian, X., Zhou, Y., & Chen, H. (2025). Family adaptation and resilience in raising children with multiple disabilities. Journal of Disability Studies, 31(2), 145–160.
- Center on the Developing Child at Harvard University. (2015). Supportive relationships and active skill-building strengthen the foundations of resilience (Working Paper).
- Center on the Developing Child at Harvard University. (n.d.). InBrief: The Science of Resilience. (PDF summary).
- Center on the Developing Child, Harvard University. (2015). Supportive Relationships and Resilience in Childhood. Cambridge, MA.
- Crowe, B., et al. (2021). Augmentative and Alternative Communication for children: An overview of systematic reviews. Perspectives of the ASHA Special Interest Groups, 6(4), 909–923.
- Dada, S., et al. (2023). A review of interventions for children and youth with severe to profound disabilities in inclusive education. Cogent Education, 10(1), 2278359.
- Fisher, P. (2019). Responsive caregiving and developmental outcomes in children with disabilities. Journal of Child Psychology and Psychiatry, 60(4), 457–465.
- Hohlfeld, A. S. J., et al. (2018). Parents of children with disabilities: A systematic review of parenting interventions and self-efficacy. Child: Care, Health and Development, 44(3), 330–363.
- Hornby, G. (2024). Inclusive education, intellectual disabilities and the evidence base. Frontiers in Education, 9, 1346065.
- Lancet Child & Adolescent Health team (2022). Global analysis of violence against disabled children (news summary). The Guardian report of peer-reviewed study.
- Lancioni, G. E., et al. (2003). Using multiple microswitches to promote different responses in children with multiple disabilities. Research in Developmental Disabilities, 24(1), 21–36.
- Lancioni, G. E., et al. (2006). A microswitch-based program to enable students with multiple disabilities to access preferred stimulation. Journal of Special Education Technology, 21(2), 31–38. (ERIC full text).
- Lancioni, G. E., et al. (2008). Microswitch-based programs for persons with multiple disabilities: An overview of recent research. Research in Developmental Disabilities, 29(4), 409–425.
- Peer, J. W., & Hillman, S. B. (2014). Stress and resilience for parents of children with disabilities. Journal of Policy and Practice in Intellectual Disabilities, 11(2), 92–98.
- Psychology Today. (2022). Resilience across developmental stages. Retrieved from https://www.psychologytoday.com/intl/basics/resilience
- Roche, L., et al. (2015). Microswitch technology for enabling self-determined responding in children with profound and multiple disabilities: A review. Developmental Neurorehabilitation, 18(2), 59–71.

- Tajik-Parvinchi, D., et al. (2024). An umbrella review of characteristics of resiliency-enhancing interventions for children and youth with disabilities. Disability and Rehabilitation.
- Westlake, F., et al. (2024). Parent–child relationship interventions for families of children with intellectual disability: A systematic review and meta-analysis. Journal of Applied Research in Intellectual Disabilities, 37(5), 1243–1263.
- Yau, S. H., et al. (2024). Barriers in AAC: A scoping review comparing low- and middle-income versus high-income contexts. International Journal of Language & Communication Disorders, 59(5), 1161–1181.
- Zukerman, N., et al. (2024). Resilience and the adolescence transition in youth with neurodevelopmental disorders: A review. Frontiers in Psychiatry, 15, 1387069.

Mental Well-being of Persons with Disabilities: Challenges, Interventions, and Future Directions.

Dr. Neelam Bansal
Assistant Professor
, Amity Institute of Rehabilitation Sciences
Amity University Uttar Pradesh Lucknow Campus, UP.
Dr. Rajeev Verma,
Dean Student Welfare
Amity University Uttar Pradesh Lucknow Campus. UP.

Abstract

Mental well-being is a crucial aspect of human development, yet for Persons with Disabilities (PwDs) it often remains under-recognized and under-supported. Globally, PwDs constitute about 16% of the population, and they face not only functional limitations but also social, economic, and psychological challenges that impact their overall mental health. Issues such as stigma, exclusion, inaccessible environments, unemployment, and lack of inclusive health services contribute significantly to stress, anxiety, depression, and low self-esteem among PwDs. In the Indian context, despite legislative frameworks like the Rights of Persons with Disabilities (RPwD) Act (2016) and global commitments to the UN Convention on the Rights of Persons with Disabilities (CRPD), gaps remain in service delivery, community participation, and societal attitudes. This article examines the multidimensional nature of mental well-being among PwDs by drawing on empirical research, case studies, and policy analyses. It explores key determinants, including social inclusion, education, family support, economic independence, and access to health care. The paper also highlights best practices in psychological support, community-based rehabilitation, and assistive technologies that promote resilience and empowerment. Ultimately, it argues that enhancing mental well-being for PwDs requires a holistic approach—one that combines legal protections, institutional support, and attitudinal change—to ensure dignity, participation, and quality of life for all.

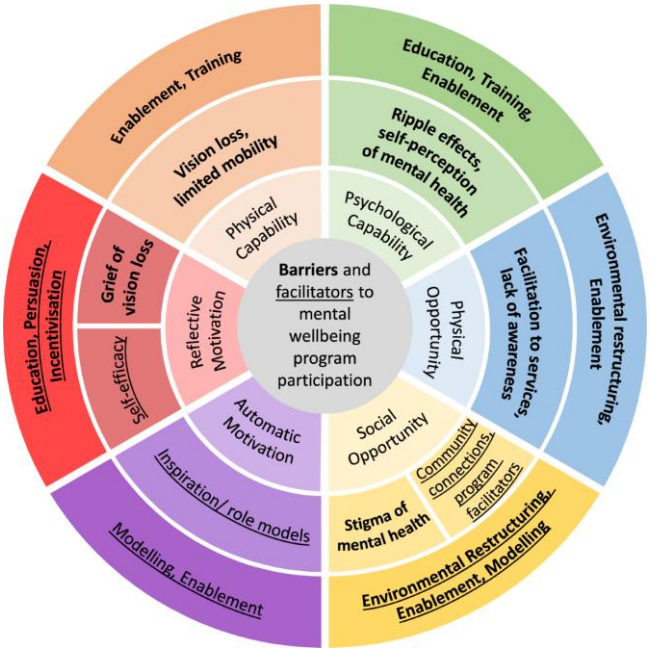
Keywords: Mental well-being, Persons with Disabilities, Inclusion, Stigma, Rehabilitation.

Introduction

Mental health and well-being are central to human flourishing, enabling individuals to cope with life's stresses, maintain relationships, and contribute meaningfully to society. For Persons with Disabilities (PwDs), however, mental well-being often emerges as a complex challenge due to overlapping factors of impairment, stigma, discrimination, and systemic exclusion. The World Health Organization (WHO) defines mental health not merely as the absence of illness but as a state of well-being in which individuals realize their potential, cope with normal stresses, work productively,

and contribute to their community. When applied to PwDs, this definition underscores both the shared human right to well-being and the additional barriers they face in achieving it.

Figure 1 Mental Well-Being of Person with Disabilities



Globally, over 1.3 billion people live with some form of disability (WHO, 2023). Within this group, the prevalence of common mental health disorders such as depression and anxiety is nearly double that of the general population. The reasons are not limited to disability itself; rather, they are rooted in social determinants—poverty, exclusion, lack of accessible services, and persistent discrimination. In India, the 2011 Census estimated over 26.8 million PwDs, though actual numbers are likely higher. Despite progressive legislation, PwDs remain at the margins of mainstream education, employment, and healthcare, which further undermines their psychological well-being. The concept of mental well-being in PwDs goes beyond addressing mental illness. It involves fostering resilience, self-determination, positive identity, and opportunities for participation. This article therefore aims to:

1. Explore the factors influencing mental well-being among PwDs.
2. Examine the literature on global and Indian contexts.
3. Highlight effective interventions and policies.
4. Discuss implications for practice and future research.

Review of Literature

Global Perspectives

Research worldwide consistently shows that PwDs experience poorer mental health outcomes than the general population. Shakespeare (2006) argues that the "social model of disability" provides a critical lens: it is not impairment alone but societal barriers that

produce disability-related disadvantage. Empirical studies highlight how exclusionary environments intensify feelings of isolation and low self-worth. For example, in Europe, surveys reveal that PwDs report lower life satisfaction and higher prevalence of depression compared to their non-disabled peers (OECD, 2019).

In low- and middle-income countries (LMICs), challenges are compounded by limited mental health infrastructure. According to WHO's Mental Health Atlas (2020), 75% of PwDs in LMICs lack access to any form of mental health support. Community-based rehabilitation (CBR) has been recognized as an effective approach, but its coverage remains uneven.

Indian Perspectives

In India, mental well-being of PwDs is deeply intertwined with social stigma and limited access to resources. Studies indicate high rates of depression among individuals with locomotor disabilities and visual impairments, while persons with intellectual and developmental disabilities often face lifelong exclusion from education and employment (Kumar & Singh, 2017). The Rights of Persons with Disabilities Act, 2016, expanded the definition of disability from 7 to 21 categories, providing a legal framework for inclusion. However, implementation remains inconsistent. Research also highlights that PwDs in rural areas, where services are scarce, are more vulnerable to mental health problems. Family burden, lack of awareness, and economic dependency further exacerbate stress and anxiety among PwDs and their caregivers (Chakraborty et al., 2020). The literature also emphasizes the importance of inclusive education and vocational opportunities in enhancing psychological well-being. Participation in mainstream schooling not only builds self-esteem but also challenges stereotypes. Similarly, employment is strongly linked to identity, social networks, and financial independence—all critical determinants of mental well-being.

Factors Influencing Mental Well-being of PwDs

1. Social Inclusion and Stigma

Stigma remains one of the most pervasive threats to the mental health of PwDs. Being perceived as "less capable" or dependent often results in marginalization. Negative attitudes from peers, employers, and even family members erode self-confidence and create barriers to participation. Conversely, social inclusion—through friendships, community participation, and representation in media—plays a protective role in promoting well-being.

2. Educational Access

Education is a gateway to empowerment. Inclusive classrooms not only provide academic learning but also foster a sense of belonging and peer acceptance. For children with disabilities, exclusion from education often leads to social withdrawal and lifelong dependency. Inclusive education policies, when implemented effectively, can enhance self-esteem, reduce stigma, and create pathways to meaningful employment.

3. Economic Independence

Unemployment rates among PwDs remain disproportionately high. Economic dependency is linked to feelings of helplessness and low morale. In contrast, vocational training, microfinance initiatives, and entrepreneurship opportunities provide a sense of purpose and autonomy. Research shows that employed PwDs report better life satisfaction and mental health than those who are unemployed.

4. Family and Caregiver Support

Families are both a source of strength and, at times, a site of stress for PwDs. Supportive families can nurture resilience, while overprotectiveness or neglect can impede independence and self-worth. Caregivers, too, face psychological burdens that indirectly affect PwDs' well-being. Family counseling and peer-support groups are therefore critical.

5. Accessibility of Health Services

Healthcare services for PwDs are often fragmented and inaccessible, particularly in rural settings. Mental health services are further marginalized within this landscape. Physical inaccessibility of clinics, lack of trained professionals, and cultural stigma surrounding mental illness collectively restrict PwDs from seeking care.

Interventions and Best Practices

1. Policy Frameworks

Legislations like the RPwD Act (2016) and international conventions such as the UNCRPD provide strong policy backing. However, practical implementation—ensuring accessible schools, workplaces, and healthcare facilities—remains a challenge. States that invest in inclusive infrastructure and community awareness campaigns demonstrate better outcomes.

2. Psychological and Therapeutic Interventions

Counseling, cognitive-behavioral therapy, and group interventions tailored to PwDs have shown promising results. For example, peer-led support groups for visually impaired individuals reduce loneliness and foster resilience. Similarly, therapy programs focusing on self-advocacy help individuals with intellectual disabilities build confidence.

3. Community-Based Rehabilitation (CBR)

CBR has emerged as a cost-effective and inclusive model, especially in LMICs. It integrates health, education, livelihood, and social components, often led by community workers. Case studies from India, Nepal, and Bangladesh demonstrate its success in enhancing both functional ability and psychological well-being.

4. Inclusive Education and Employment

Programs that place children with disabilities in mainstream schools, supported by resource teachers, are linked to better long-term mental health. Similarly, workplace inclusion initiatives—such as affirmative action, flexible working arrangements, and awareness training—contribute to positive identity and reduced stress.

5. Technology and Assistive Devices

Digital technology plays an increasingly important role. Mobile apps for mental health counselling, teletherapy, and accessible learning platforms bridge geographical and physical barriers. Assistive devices not only improve functional independence but also enhance self-confidence.

Discussion and Implications

The mental well-being of PwDs cannot be seen in isolation from broader social, cultural, and economic structures. While individual-level interventions are necessary, systemic changes are equally vital. For instance, counseling may provide coping mechanisms, but without inclusive education or job opportunities, PwDs remain vulnerable to chronic stress.

Policymakers must therefore prioritize integrated approaches:

- Embedding mental health services into disability rehabilitation programs.
- Training teachers, employers, and healthcare workers in disability inclusion.
- Expanding social security nets that reduce economic dependency.
- Promoting positive representations of PwDs in media and public life.

Further research is needed to examine how intersecting identities—gender, rural/urban location, socioeconomic status—shape mental health experiences of PwDs. Moreover, participatory research that includes PwDs as co-researchers can yield more authentic insights.

Conclusion

Mental well-being is not a luxury but a fundamental right of Persons with Disabilities. Addressing it requires dismantling barriers that deny dignity, independence, and participation. From global frameworks to local community initiatives, efforts must converge to create inclusive environments where PwDs can thrive. The path forward lies in combining policy with practice, legislation with lived experience, and therapy with empowerment. As society moves toward the vision of inclusion, ensuring the mental well-being of PwDs will remain both a moral imperative and a measure of true progress.

References

- WHO. (2020). World Mental Health Atlas. Geneva: World Health Organization.
- OECD. (2019). Society at a Glance: Disability and Well-being Indicators. Paris: OECD Publishing.
- Kumar, S., & Singh, A. (2017). Mental health of persons with locomotor disabilities in India. Indian Journal of Social Psychiatry, 33(3).
- Chakraborty, S., et al. (2020). Caregiver burden and mental health of families of persons with disabilities. Indian Journal of Psychiatry, 62(4).
- Shakespeare, T. (2006). Disability Rights and Wrongs. London: Routledge.
- Rees, B., Travis, F., Shapiro, D., & Chant, R. (2014). Significant reductions in post-trau matic stress symptoms in Congolese refugees within 10 days of transcendental medita tion practice. Journal of Traumatic Stress, 27(1), 112–115.

- Rook, D. (2015). Five key factors in measuring wellness. J.P. Griffin Group.
- Russo, S., Murrough, J., Han, M.-H., Charney, D., & Nestler, E. (2012). Neurobiology of resilience. Nature Neuroscience, 15(11), 1475–1484.
- Ryan & Deci. (2001). From pp. 8, 15. Sainsbury's.& Oxford Economics. (2018). The Sainsbury's living well index. Oxford Economics & National Centre for Social Research.
- Sarris, J., Mischoulon, D., & Schweitzer, I. (2012). Omega-3 for bipolar disorder: Meta- analyses of use in mania and bipolar depression. Journal of Clinical Psychiatry, 73(1), 81– 86.
- Wiley, E. (2019). The unseen impacts of climate change on mental health BC Medical Journal, 65(4), 180, 188.
- Wilson, E. (1984). Biophilia. Cambridge, MA: Harvard University Press. World Health Organization (WHO). (2006).
- The World Health Report 2006—working together for health. Geneva, Switzerland: WHO.
- World Health Organization (WHO). (2013). Comprehensive mental health action plan 2013–2020. Geneva, Switzerland: WHO.
- World Health Organization (WHO). (2016). Global Health Observatory (GHO) data. Geneva, Switzerland: WHO.

Understanding the Role of Self-Care, Self-Compassion, and Self-Forgiveness in Enhancing Mental and Emotional Well-Being in Persons with Locomotor Disabilities

Nivedha S,
Assistant Professor,
Nehru Arts and Science College, Coimbatore

ABSTRACT

People with locomotor disabilities face a range of physical, emotional, and social challenges that can significantly affect their psychological well-being. This study explores the role of self-care, self-compassion, and self-forgiveness as essential psychological resources that promote mental and emotional well-being in individuals with locomotor impairments. Drawing on positive psychology, self-determination theory, and emotional regulation frameworks, the research examines how intentional self-care practices—such as mindfulness, emotional awareness, and personal boundary-setting—contribute to enhanced resilience and reduced psychological distress. The study also highlights how self-compassion helps individuals manage self-criticism and internalized stigma, while self-forgiveness enables emotional healing and the release of guilt and regret. Using a cross-sectional design with standardized assessment tools, the study assesses the interrelationship of these constructs and their impact on psychological outcomes. The findings underscore the importance of integrating self-directed psychological strategies into rehabilitation and disability support systems. This research calls for the development of inclusive interventions that empower individuals with locomotor disabilities to cultivate internal strength and holistic well-being through sustained self-care and emotional growth.

Keywords: self-care, self-compassion, self-forgiveness, locomotor disability, psychological well-being, emotional resilience, mental health.

Introduction

Locomotor disabilities refer to conditions that impair an individual's ability to walk or move, often resulting from congenital anomalies, neurological disorders, injuries, or chronic conditions. These impairments not only reduce mobility but also impact various aspects of daily living, including self-care, employment, social interaction, and access to public spaces. Individuals with locomotor disabilities are more likely to experience psychosocial challenges such as chronic pain, dependency on caregivers, limited social participation, and exposure to stigma and discrimination (World Health Organization [WHO], 2011). These stressors can lead to an increased vulnerability to psychological conditions such as depression, anxiety, social withdrawal, and low self-esteem (Ryff, 1989; Lee & Miller, 2013).

Traditional rehabilitation approaches have primarily emphasized physical recovery through physiotherapy, assistive devices, and medical care, often neglecting the emotional and psychological aspects of disability. However, recent frameworks in positive psychology have highlighted the importance of fostering internal psychological resources to build resilience and promote holistic well-being (Seligman & Csikszentmihalyi, 2000). Within this paradigm, constructs such as self-care, self-compassion, and self-forgiveness are gaining recognition as essential protective factors that buffer the emotional impact of disability and enhance psychological functioning (Neff, 2003; Toussaint, Worthington, & Williams, 2017).

Self-care involves intentional practices aimed at maintaining or improving physical, emotional, and mental health. For individuals with disabilities, self-care extends beyond routine health management to include practices such as emotional regulation, boundary-setting, self-monitoring, and seeking support—activities that foster a sense of autonomy and control (Lee & Miller, 2013). Self-compassion, as defined by Neff (2003), involves treating oneself with kindness during periods of failure or suffering, recognizing one's experiences as part of the shared human condition, and maintaining mindful awareness of painful emotions. Self-compassion has been associated with reduced self-criticism, emotional distress, and increased resilience, particularly among individuals dealing with chronic health conditions and disabilities (Neff & Germer, 2009; Gilbert & Procter, 2006). Self-forgiveness refers to the ability to acknowledge one’s mistakes or limitations, release self-directed negative emotions, and adopt a more compassionate view of oneself. It is especially relevant in the context of disability, where individuals may blame themselves for being a burden or for the onset of their condition. Research shows that self-forgiveness can lead to emotional healing, reduced psychological distress, and improved self-worth (Thompson et al., 2005; Toussaint et al., 2017).

Together, these self-regulatory strengths contribute to the enhancement of psychological well-being, a multidimensional construct that includes self-acceptance, autonomy, purpose in life, personal growth, environmental mastery, and positive relationships (Ryff, 1989). Despite their relevance, the interrelationship of these constructs and their collective influence on well-being in the context of locomotor disability remains underexplored. Therefore, the present study aims to examine the relationship between self-care, self-compassion, self-forgiveness, and psychological well-being in individuals with locomotor disabilities. By identifying these protective psychological factors, this research intends to inform the development of strength-based, inclusive interventions that promote emotional resilience and holistic rehabilitation.

REVIEW OF LITERATURE

Self-Care

Self-care refers to intentional activities individuals undertake to care for their mental, emotional, and physical health. These include maintaining routines, practicing mindfulness, setting boundaries, and seeking support. Studies show that self-care practices improve life satisfaction, reduce burnout, and promote a sense of personal control and agency (Lee & Miller, 2013).

Self-Compassion
Neff (2003) defined self-compassion as treating oneself with care, recognizing one's shared humanity, and being mindful of painful experiences. It consists of three components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self-compassion has been linked to reduced anxiety, improved emotional regulation, and higher self-worth, especially in populations dealing with chronic health conditions (Neff & Germer, 2009).

Self-Forgiveness
Self-forgiveness entails acknowledging mistakes or limitations, accepting personal responsibility, and releasing guilt or shame. It differs from avoidance or denial in that it promotes accountability and growth. Among individuals with disabilities, feelings of regret about lost abilities or dependency can hamper mental health. Forgiving oneself is associated with increased optimism, reduced distress, and improved psychological adjustment (Toussaint et al., 2017).

Psychological Well-Being
Ryff's (1989) multidimensional model of psychological well-being includes autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Positive emotions, life satisfaction, and adaptive functioning are all integral to this construct. Internal psychological strengths like self-care, self-compassion, and self-forgiveness may significantly impact these facets of well-being.

Mindfulness and Self-Care

Mindfulness, a component often embedded within self-care, helps individuals become aware of their physical and emotional states without judgment. Mindfulness-based self-care practices have been shown to reduce psychological distress and increase self-awareness and adaptive coping (Shapiro et al., 2007). For individuals with physical limitations, mindfulness encourages acceptance and present-moment focus, which are essential in managing chronic stress.

Forgiveness and Physical Health

Beyond emotional outcomes, forgiveness (especially self-forgiveness) has been linked to better physical health. Studies show that individuals who practice forgiveness report lower levels of blood pressure, improved immune functioning, and better sleep quality (Lawler et al., 2005). This suggests that emotional healing can have tangible effects on overall well-being, making forgiveness a valuable psychological tool in disability support.

Resilience and Well-Being

Resilience—the capacity to recover from adversity—is closely linked to psychological well-being. Self-care, self-compassion, and forgiveness contribute significantly to building resilience in individuals facing long-term physical challenges (Windle, 2011).

Cultivating these traits helps foster not just emotional survival, but psychological growth despite adversity.

Social Connectedness and Positive Emotions

Positive psychology emphasizes the role of meaningful social connections in psychological well-being. Fredrickson's broaden-and-build theory suggests that emotions like gratitude and compassion expand one's psychological resources (Fredrickson, 2001). In individuals with disabilities, positive relational experiences foster belonging, reduce loneliness, and indirectly strengthen practices like self-care and self-compassion.

OBJECTIVES OF THE STUDY

1. To assess the levels of self-care, self-compassion, and self-forgiveness among persons with locomotor disabilities.
2. To explore the correlational relationship between self-care and psychological well-being.
3. To examine the correlational relationship between self-compassion and psychological well-being.
4. To explore the correlational relationship between self-forgiveness and psychological well-being.

HYPOTHESES

- H1: There is a significant positive correlation between self-care and psychological well-being.
- H2: There is a significant positive correlation between self-compassion and psychological well-being.
- H3: There is a significant positive correlation between self-forgiveness and psychological well-being.

Methodology

Research Design

The study adopted a quantitative, cross-sectional correlational design to examine relationships between the psychological variables.

Participants

A sample of 120 adults (aged 18 to 50 years) with locomotor disabilities was selected using convenience sampling. Participants were recruited through rehabilitation centers, NGOs, and support groups across Tamil Nadu. Inclusion criteria required participants to be literate in English or Tamil and have a certified locomotor disability. Exclusion criteria included cognitive impairments and severe psychiatric diagnoses.

Tools Used

- **Self-Care Inventory-Revised (SCI-R)**: To assesses personal self-care behaviors
- **Self-Compassion Scale (Neff, 2003)**: To measure self-kindness, common humanity, and mindfulness

- **Heartland Forgiveness Scale (Self subscale)**: To measure dispositional self-forgiveness
- **Ryff's Psychological Well-Being Scale (RPWB)**: To measure six dimensions of well-being

Procedure

Participants were recruited from rehabilitation centers, physiotherapy clinics, NGOs, and community organizations supporting individuals with locomotor disabilities across Tamil Nadu. A total of 120 adults, aged 18 to 50 years and with certified locomotor impairments, were selected using purposive and convenience sampling. Each participant received an information sheet outlining the study's purpose, the voluntary nature of participation, and confidentiality assurances. Written informed consent was obtained in either English or Tamil. Data collection was conducted both offline and online to ensure accessibility: offline sessions took place in quiet, accessible locations, while online responses were collected via Google Forms shared through email or WhatsApp. The tools were administered in a fixed order and included a demographic data sheet, the Self-Care Self-Regulation Questionnaire (SCSRQ), the Self-Compassion Scale, the Heartland Forgiveness Scale – Self Subscale, and Ryff's Psychological Well-Being Scale. Completing the questionnaires took approximately 30 to 40 minutes. For participants with literacy challenges, trained assistants read items aloud and recorded responses without introducing bias. All responses were anonymized and securely stored, and data were analyzed using SPSS version 26.

Results- Descriptive statistics showed moderate to high mean scores on self-care, self-compassion, and self-forgiveness scales. Pearson correlation analysis revealed:

- Self-care positively correlated with psychological well-being ($r = .62$, $p < .01$).
- Self-compassion positively correlated with psychological well-being ($r = .59$, $p < .01$).
- Self-forgiveness positively correlated with psychological well-being ($r = .56$, $p < .01$).

These findings supported all three hypotheses, indicating meaningful relationships between the self-related variables and mental well-being.

Discussion- This study confirms that self-care, self-compassion, and self-forgiveness are significantly associated with psychological well-being in individuals with locomotor disabilities. Engaging in self-care enhances autonomy and emotional balance. Self-compassion allows individuals to handle internalized stigma and criticism with greater ease. Self-forgiveness promotes emotional healing, especially from feelings of shame or regret related to one's condition.These findings highlight the importance of adopting strength-based frameworks in rehabilitation. Professionals working with disabled populations should consider integrating practices that enhance these internal resources, such as mindfulness training, compassion-focused therapy, and forgiveness interventions. These findings highlight the value of strength-based approaches in rehabilitation, suggesting that interventions like mindfulness training, compassion-focused therapy, and forgiveness practices can play a vital role in improving mental health outcomes in this population.

Limitations and Future Directions

- The use of self-report tools may introduce response bias.
- The cross-sectional design limits causal inference.
- The sample size and region may not be representative of the entire disabled population.

Future studies should consider experimental or longitudinal designs and explore mediators like emotional regulation or perceived stigma. Including participants from diverse cultural and socioeconomic backgrounds could enrich the findings.

Conclusion- The present study underscores the vital contribution of self-care, self-compassion, and self-forgiveness to the psychological well-being of individuals with locomotor disabilities. These constructs serve not merely as coping strategies, but as foundational psychological resources that empower individuals to manage emotional challenges, reduce internalized stigma, and foster a sense of personal growth. The results advocate for a shift from purely biomedical or deficit-based approaches toward more holistic and person-centered models of rehabilitation that emphasize emotional resilience, self-awareness, and inner healing. Integrating interventions that cultivate self-directed strengths such as mindfulness, compassion training, and forgiveness-based practices can significantly enhance psychological outcomes and overall quality of life for this population. Ultimately, promoting these internal capacities may help individuals with locomotor impairments lead more empowered, emotionally balanced, and fulfilling lives, despite the physical limitations they face.

References

- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. Psychological Inquiry, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. Self and Identity, 2(3), 223–250. https://doi.org/10.1080/15298860309027
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84(4), 822–848. https://doi.org/10.1037/0022-3514.84.4.822
- Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S., ... & Roberts, D. E. (2005). Dispositional forgiveness of self, others, and situations. Journal of Personality, 73(2), 313–359. https://doi.org/10.1111/j.1467-6494.2005.00311.x

- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. Clinical Psychology & Psychotherapy, 13(6), 353–379. https://doi.org/10.1002/cpp.507

- Neff, K. D., & Germer, C. K. (2009). A pilot study and randomized controlled trial of the mindful self-compassion program. Journal of Clinical Psychology, 65(6), 613–626. https://doi.org/10.1002/jclp.20543
- World Health Organization. (2011). World report on disability. https://www.who.int/publications/i/item/9789241564182
- Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. Families in Society: The Journal of Contemporary Social Services, 94(2), 96–103. https://doi.org/10.1606/1044-3894.4289
- Toussaint, L., Worthington, E. L., Jr., & Williams, D. R. (2017). Forgiveness and health: A review and theoretical exploration of emotion pathways. Journal of Behavioral Medicine, 40(2), 291–302. https://doi.org/10.1007/s10865-016-9824-0
- Sirois, F. M., & Hirsch, J. K. (2019). Self-compassion and adherence in five medical samples: The role of stress. Mindfulness, 10(1), 46–54. https://doi.org/10.1007/s12671-018-0930-4
- Phelps, C., & Sperry, L. L. (2020). Compassion fatigue and compassion satisfaction among student support professionals. Journal of Child and Adolescent Counseling, 6(1), 55–68. https://doi.org/10.1080/23727810.2019.1695751.

Teaching Resilience: Integrating Disability-Inclusive Social and Emotional Learning (SEL) into Teacher Education for Adolescents with Locomotor Disabilities in India

Prabha E.
Assistant Professor
Nehru Arts and Science College

Abstract

Adolescents with locomotor disabilities in India often face layered psychosocial challenges such as stigma, peer exclusion, inaccessible infrastructure, and inadequate teacher sensitivity. These barriers undermine their socio-emotional well-being and capacity for resilience. Yet, teacher education programs like B.Ed. and ITEP rarely provide structured training in disability-inclusive pedagogy, relying instead on generic Social and Emotional Learning (SEL) frameworks that assume able-bodied learners as the norm. This paper proposes integrating disability-inclusive SEL into teacher education curricula to move beyond tokenistic inclusion toward transformative practice. Drawing on the social model of disability and ecological resilience theory, it reconceptualizes resilience as a systemic and relational outcome rather than an individual trait. The framework emphasizes inclusive lesson planning, empathy-building workshops, peer support networks, and reflective practices to challenge ableism and foster belonging. Policy contexts such as the RPWD Act (2016), NEP 2020, and India's UNCRPD commitments are analyzed to highlight gaps between rhetoric and implementation. Practical strategies are outlined for embedding inclusive SEL into coursework, fieldwork, and faculty development within teacher education programs. By equipping educators with the dispositions and tools to create accessible, empathetic, and equitable classrooms, this paper contributes a model for cultivating resilience collectively. Disability-inclusive SEL is positioned not as an add-on but as a core component of teacher education, essential for building schools where all adolescents, regardless of ability, can thrive.

.**Keywords**: Adolescent resilience, teacher education, locomotor disability, social and emotional learning (SEL), inclusive pedagogy, stigma, accessibility, India.

Introduction

Adolescence is a pivotal stage of human development, marked by cognitive, emotional, and social transitions. While many adolescents benefit from supportive networks, those with locomotor disabilities in India often face systemic inequities—stigma, peer exclusion, inaccessible infrastructure, and inadequate educational support (Sharma & Salend, 2016). These challenges not only hinder academic progress but also affect emotional regulation and self- worth. Resilience, once framed as an internal trait or fixed capacity to "bounce back" (Masten, 2014), is now recognized as a relational and ecological construct shaped by surrounding systems (Ungar, 2019). Protective factors such as nurturing relationships, accessible environments, and inclusive pedagogy are as

critical as individual coping skills. For adolescents with locomotor disabilities, resilience cannot rest on personal fortitude alone; it must emerge from responsive environments that affirm dignity, ensure accessibility, and foster belonging. Teacher sensitivity, peer acceptance, and institutional equity are central determinants of resilience. Social and Emotional Learning (SEL) provides a framework for building competencies in emotional regulation, empathy, and responsible decision-making (CASEL, 2020). However, mainstream SEL—largely designed for able-bodied, neurotypical learners—often neglects disability realities, inadvertently reinforcing exclusion (Osher et al., 2016).

Teacher education is therefore crucial. Programs such as the B.Ed. and ITEP aim to prepare educators for diverse classrooms, yet they often prioritize content knowledge over inclusive practices (Alur, 2019). Although NEP 2020 emphasizes inclusion, its directives remain broad and fail to address disability-sensitive SEL specifically. As a result, teacher education frequently relies on generic SEL frameworks imported from Western contexts, which overlook issues of stigma, accessibility, and ableism (Jagers et al., 2019).

This gap directly affects classroom inclusivity. Without structured training, teachers may struggle to design accessible lessons, remain unaware of biases, or fail to build peer support for students with disabilities. This risks tokenistic inclusion—where students are present but not meaningfully engaged. To address these shortcomings, teacher education must integrate modules on disability-inclusive SEL that blend theory, experiential learning, and reflective practice. Such training equips educators to create classrooms that are both academically accessible and emotionally supportive, thereby fostering resilience among all learners. This paper argues for embedding disability-inclusive SEL in teacher education to strengthen resilience in adolescents with locomotor disabilities. It proposes a conceptual framework that merges SEL with inclusive pedagogy and outlines strategies for curriculum reform. While rooted in the Indian context, the discussion contributes to global debates on inclusive education.

Problem Statement: Despite strong policy commitments to inclusive education, teacher education in India continues to inadequately prepare educators to integrate disability-inclusive SEL into their practice. Courses in programs such as the B.Ed. and ITEP often present inclusion as a peripheral topic, addressed through brief lectures or optional modules rather than woven into the core curriculum. As a result, many teachers enter classrooms without the skills to adapt SEL frameworks to the realities of disability, including stigma, accessibility barriers, and social exclusion. This gap means that adolescents with locomotor disabilities frequently encounter **tokenistic inclusion**—their presence in mainstream classrooms is acknowledged, but their holistic socio-emotional needs remain unaddressed. Genuine transformation requires shifting beyond compliance and rhetoric toward preparing educators to foster environments where these students can truly participate, belong, and thrive.

Objectives:

1. To analyze the limitations of mainstream SEL frameworks in relation to disability inclusion.
2. To reconceptualize resilience as a collective, systemic outcome rather than an

individual trait.

3. To propose curriculum reforms that integrate disability-inclusive SEL into teacher education programs in India.
4. To outline practical strategies for equipping teachers to foster resilience and belonging among adolescents with locomotor disabilities.
5. To situate disability-inclusive SEL within the broader commitments of NEP 2020, RPWD Act (2016), and UNCRPD.

Literature Review and Theoretical Framework Social and Emotional Learning (SEL)

Social and Emotional Learning (SEL) has emerged as a significant educational paradigm globally, emphasizing the development of students' emotional intelligence, interpersonal skills, and decision-making abilities alongside academic knowledge. The Collaborative for Academic, Social, and Emotional Learning (CASEL) (2020) defines SEL as "the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." CASEL identifies five core competencies: (a) self-awareness, (b) self-management, (c) social awareness, (d) relationship skills, and (e) responsible decision-making. The efficacy of SEL has been documented extensively. Durlak et al. (2011), in a meta-analysis of 213 school-based SEL programs, found significant improvements in students' social-emotional skills, attitudes, behavior, and academic performance. Similarly, Taylor et al. (2017) demonstrated that the positive effects of SEL extend well into adulthood, influencing mental health, educational attainment, and employment outcomes. SEL thus plays a pivotal role in promoting holistic well-being, resilience, and lifelong success.

However, a recurring critique of mainstream SEL frameworks is their implicit universality. Most models were developed in Western contexts, assuming that learners share similar cultural backgrounds, abilities, and opportunities (Jagers et al., 2019). This can render SEL less effective or even exclusionary in contexts where structural inequities shape students' lived experiences. For instance, SEL programs that focus on "self-regulation" and "grit" may inadvertently place the responsibility of adaptation on marginalized students, without addressing systemic barriers such as stigma, poverty, or disability-related discrimination. In this way, SEL risks reinforcing rather than dismantling inequities if it fails to integrate an equity and inclusion lens.

Disability and Inclusive Education

The global discourse on disability has undergone a paradigmatic shift from the **medical model** to the **social model** of disability (Oliver, 1990). The medical model views disability as an individual deficit requiring correction or rehabilitation, while the social model frames disability as the interaction between impairments and environmental barriers, including inaccessible infrastructure and discriminatory attitudes. This latter perspective underpins international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), which emphasizes full

participation and equal opportunities for persons with disabilities.

In India, policy frameworks reflect this global commitment. The Rights of Persons with Disabilities Act (RPWD Act, 2016) mandates inclusive education, requiring schools to provide reasonable accommodations and to promote the participation of students with disabilities in mainstream settings. The National Education Policy (NEP, 2020) reiterates this vision, highlighting the importance of inclusive pedagogy and socio-emotional development. However, critics note a persistent gap between policy rhetoric and implementation (Singal, 2021). Teacher education programs often lack the resources, curriculum, and faculty training necessary to prepare teachers for inclusive practice.

Empirical studies in India confirm these shortcomings. Sharma and Salend (2016) found that general education teachers often report feeling underprepared and anxious about teaching students with disabilities. This is compounded by infrastructural challenges, large class sizes, and limited access to teaching aids. Without targeted training, teachers may rely on surface-level accommodations or, worse, exclude students with disabilities from meaningful participation. For adolescents with locomotor disabilities, these gaps translate into daily experiences of stigma, peer isolation, and reduced opportunities to build resilience.

Resilience Theory

The concept of resilience has evolved significantly over the past few decades. Early perspectives framed resilience as an innate trait—a quality that certain individuals possessed, enabling them to thrive despite adversity (Rutter, 1987). While influential, this view has been criticized for its deterministic overtones and for placing undue responsibility on individuals to overcome systemic disadvantages.

Contemporary resilience theory adopts a **developmental-ecological perspective**, recognizing resilience as a dynamic process that emerges from interactions between individuals and their environments (Masten, 2014). Masten famously described resilience as "ordinary magic," highlighting that it arises from normative human adaptive systems such as secure relationships, effective schools, and supportive communities. Similarly, Ungar (2019) conceptualizes resilience as the capacity of individuals to navigate their way to health-sustaining resources and negotiate for these resources to be provided in culturally meaningful ways. This ecological framing is particularly relevant in the context of disability. For adolescents with locomotor disabilities, resilience is less about "overcoming" impairment and more about whether their environments enable access to supportive relationships, inclusive learning spaces, and opportunities for participation. An inclusive school culture—characterized by teacher sensitivity, peer support, and accessible infrastructure—thus becomes a protective factor that facilitates resilience. Conversely, stigmatizing attitudes, peer bullying, and inaccessible facilities function as risk factors that erode resilience.

Linking SEL, Disability, and Resilience

The integration of SEL and resilience frameworks offers promising avenues for supporting adolescents with disabilities. SEL can provide students with the skills to manage emotions, build relationships, and seek support, while resilience theory

highlights the systemic conditions required for these skills to translate into well-being. However, if SEL frameworks remain disability-blind, they risk misaligning with the realities of students with disabilities. For example, teaching empathy as a universal skill

without addressing ableism may result in superficial outcomes that fail to reduce stigma. A disability-inclusive approach to SEL recognizes that resilience is not simply a matter of teaching coping strategies to individual students with disabilities. Instead, it involves cultivating inclusive classroom environments where all students, including those with disabilities, feel valued and supported. This requires equipping teachers with the knowledge, attitudes, and skills to challenge ableism, facilitate peer acceptance, and adapt SEL practices to diverse needs.

The Indian Context: Teacher Education and Policy Gaps

Teacher education occupies a strategic position in this landscape. Programs such as the B.Ed. and ITEP are tasked with preparing educators for the demands of 21st-century classrooms. Yet, research indicates that disability is often treated as a peripheral issue within these programs, addressed through optional courses or brief modules rather than integrated across the curriculum (Alur, 2019). When SEL is introduced, it is typically framed in generic terms, with little attention to disability-specific adaptations. The NEP (2020) provides an important backdrop for reform. Its emphasis on "holistic development" and "inclusive education" aligns with the goals of disability-inclusive SEL. Yet the policy lacks concrete guidance on how teacher preparation programs can operationalize these principles. For instance, while NEP calls for "curricula that integrate the social and emotional capacities of learners," it does not mandate modules on disability-inclusive SEL. This absence risks perpetuating tokenism—where students with disabilities are physically included in classrooms but not supported emotionally or socially.

Moreover, Indian classrooms face unique contextual challenges: high student-teacher ratios, resource disparities across rural and urban schools, and deeply ingrained cultural stigmas around disability (Mehrotra, 2012). Without equipping teachers to address these realities, policy commitments risk remaining aspirational rather than transformative.

Theoretical Positioning

This paper draws on two interrelated theoretical perspectives to frame its arguments:

1. **The Social Model of Disability** (Oliver, 1990): This model situates disability not within the individual but within the barriers—physical, attitudinal, and institutional—that restrict participation. Applying this lens to education highlights the need for systemic changes in pedagogy, curricula, and teacher attitudes to enable true inclusion.
2. **Ecological Resilience Theory** (Masten, 2014; Ungar, 2019): This perspective emphasizes that resilience emerges through interactions with

supportive systems. For adolescents with locomotor disabilities, resilience depends on teacher support, peer acceptance, accessible infrastructure, and policy implementation.

Together, these frameworks provide a foundation for conceptualizing **disability-**

inclusive SEL as both a pedagogical and systemic reform. By embedding SEL within inclusive education practices, teacher preparation programs can help shift resilience from being an individual burden to becoming a collective outcome of equitable educational environments.

Conceptual Discussion: Disability-Inclusive Social and Emotional Learning (SEL) Moving Beyond Tokenism

Inclusion in Indian schools has often been criticized for its **tokenistic character**. Students with disabilities are enrolled in mainstream classrooms to comply with legal mandates such as the RPWD Act (2016), but little effort is made to ensure meaningful participation (Sharma, 2018). Tokenism manifests in multiple ways: students may be seated at the back of classrooms without active engagement, teachers may rely on rote adjustments rather than differentiated instruction, or curricula may ignore disability altogether. Mainstream SEL frameworks, when imported wholesale into such contexts, risk perpetuating tokenism. For instance, an SEL lesson on "teamwork" may involve physical activities inaccessible to a student with a locomotor disability, thereby reinforcing exclusion. Similarly, discussions of "resilience" may implicitly valorize independence, sidelining the importance of interdependence and collective responsibility. Without disability-sensitive adaptations, SEL risks becoming yet another layer of exclusion masked as support.

Conceptualizing Resilience Collectively

A central contribution of disability-inclusive SEL is its reconceptualization of **resilience**. Rather than framing resilience as an individual's capacity to "overcome" adversity, this model emphasizes resilience as a **collective, systemic achievement**. In this view, resilience emerges from inclusive environments that reduce barriers, foster belonging, and create conditions where all students can thrive (Ungar, 2019). For adolescents with locomotor disabilities, resilience is not demonstrated by enduring peer bullying in silence or persisting in inaccessible classrooms. Instead, resilience becomes possible when teachers actively cultivate empathy, peers provide social support, and schools adopt inclusive practices. By locating resilience in the environment rather than the individual, disability-inclusive SEL avoids pathologizing students with disabilities and instead calls on institutions to take responsibility for equity.

Core Components of Disability-Inclusive SEL

1. Inclusive Lesson Planning

Disability-inclusive SEL requires that **lesson plans intentionally integrate disability perspectives**. This means that examples, scenarios, and activities used to teach SEL

competencies should represent diverse bodies, abilities, and experiences. For instance, when teaching "self-awareness," educators might include narratives of adolescents with locomotor disabilities reflecting on their strengths and challenges. In teaching "relationship skills," role plays could involve scenarios where peers collaborate to make activities accessible for a classmate.

Inclusive lesson planning also involves **universal design for learning (UDL)** principles, ensuring that SEL activities are accessible in multiple formats (visual, auditory, kinesthetic). For example, journaling activities may be supplemented with voice recordings for students with limited mobility in their hands. By embedding accessibility into lesson design, teachers normalize diversity and avoid isolating students with disabilities.

1. Sensitization Workshops for Teachers

A critical barrier to disability-inclusive education is **teacher attitudes**. Research shows that teachers' unconscious biases and low expectations can significantly limit students' opportunities for growth (Sharma & Salend, 2016). To address this, teacher education must include **sensitization workshops** focusing on empathy, accessibility, and ableism. Such workshops might involve:

- **Perspective-taking exercises**: Simulating mobility challenges to build empathy.
- **Critical reflection**: Identifying ableist assumptions in common classroom practices.
- **Accessibility audits**: Training teachers to assess physical and social barriers in schools.

Through these experiences, future educators learn to recognize disability not as an individual deficit but as an issue of social justice requiring collective responsibility.

2. Peer Support and Cooperative Learning

Peers play a pivotal role in shaping adolescents' socio-emotional experiences. For students with locomotor disabilities, peer relationships can be protective against stigma or, conversely, a source of exclusion. Disability-inclusive SEL emphasizes **structured peer support systems** such as buddy programs, peer mentoring, and cooperative learning strategies. For example, in group projects, roles can be distributed to ensure that students with disabilities contribute meaningfully, rather than being sidelined. Peer mediation programs can also be adapted to include disability awareness, enabling students to resolve conflicts related to accessibility or bias. By embedding disability perspectives into peer-focused SEL strategies, schools foster cultures of solidarity and reduce isolation.

3. Reflective Practices for Teachers

Finally, disability-inclusive SEL requires that teachers engage in ongoing **reflective practice** to confront biases and refine their pedagogy. Reflective tools may include journaling, peer observations, or guided discussions. For example, after teaching an SEL lesson, a teacher might reflect: Did all students participate equally? Were any activities unintentionally exclusionary? What adjustments could be made next time? Reflection also involves recognizing how broader systems shape classroom dynamics. Teachers may examine how school infrastructure, parental attitudes, or cultural norms influence

students' resilience. By cultivating reflexivity, teachers move from one-time accommodations to sustained transformation of classroom practices.

Case-Based Illustrations

To illustrate, consider the following **hypothetical classroom scenarios**:

Scenario 1: Group Collaboration

A Grade 8 SEL lesson requires students to create a "class mural" representing teamwork. The initial activity assumes that all students can stand and draw on the mural paper taped to the wall. A student with a locomotor disability using a wheelchair feels excluded. In a disability-inclusive SEL framework, the teacher would adapt the activity by placing the mural on desks, ensuring participation at different heights, and assigning diverse roles (designing, coloring, coordinating). This adaptation models collective problem-solving and inclusivity.

Scenario 2: Building Empathy

During a lesson on empathy, students engage in a role-play where they imagine navigating the school with mobility restrictions. Afterwards, they discuss how physical barriers affect participation. The teacher guides students to propose practical changes, such as placing ramps or rearranging seating. Here, SEL extends beyond abstract empathy to concrete advocacy, reinforcing that resilience is supported by systemic change.

Scenario 3: Teacher Reflection

After a class discussion on resilience, a teacher realizes that examples shared (athletes, entrepreneurs) primarily highlighted "overcoming disability" narratives that valorize independence. In reflection, the teacher revises the lesson to include stories of collective resilience, such as communities advocating for accessibility or peers collaborating to support inclusion. This reframing prevents individualizing resilience and instead highlights collective responsibility.

Integrating the Social Model of Disability and Ecological Resilience Theory

Disability-inclusive SEL draws explicitly on the **social model of disability** and **ecological resilience theory**. From the social model perspective, exclusion is not the fault of the adolescent with a disability but the result of inaccessible classrooms, discriminatory peer cultures, or unsensitized teachers (Oliver, 1990). SEL interventions must therefore target these systemic barriers. From the ecological resilience perspective, resilience is constructed through relationships and contexts (Masten, 2014; Ungar, 2019). For adolescents with locomotor disabilities, resilience grows when supportive teachers,

empathetic peers, and inclusive policies converge. SEL becomes the mechanism for operationalizing these protective systems—teaching not only individual coping skills but also relational, communal, and systemic practices that sustain resilience.

Positioning Disability-Inclusive SEL within Indian Teacher Education

Embedding disability-inclusive SEL into Indian teacher education is both a **conceptual and practical necessity**. Conceptually, it extends SEL by integrating equity, justice, and disability studies into its framework. Practically, it equips teachers to fulfill the mandates of NEP (2020) and RPWD (2016). Modules in B.Ed. and ITEP curricula could include:

- Foundations of SEL and inclusive pedagogy.
- Disability awareness and the social model of disability.
- Strategies for inclusive lesson planning.
- Experiential learning activities (accessibility audits, empathy simulations).
- Reflective assignments on bias and ableism.

These modules would ensure that future teachers do not treat disability as a peripheral issue but as central to socio-emotional development. By institutionalizing disability-inclusive SEL, teacher education can move Indian classrooms closer to **transformative inclusion**, where resilience is cultivated not through individual struggle but through collective empowerment.

Practical Applications for Teacher Education

The integration of disability-inclusive Social and Emotional Learning (SEL) into teacher education requires moving beyond theoretical commitment to **practical curricular reforms and pedagogical innovations**. For teacher preparation programs such as the Bachelor of Education (B.Ed.) and the Integrated Teacher Education Programme (ITEP), this means embedding inclusive SEL across coursework, fieldwork, and reflective practices. By doing so, teacher education can equip future educators not merely with technical skills but with the dispositions, awareness, and strategies needed to foster resilience among adolescents with locomotor disabilities. Curriculum-Level Reforms Embedding Inclusive SEL Modules Teacher education curricula should include **dedicated modules on disability-inclusive SEL**, rather than treating disability and SEL as separate or optional topics. These modules could be organized around four key areas:

1. **Foundations of SEL**: Core competencies, cultural critiques, and adaptations for diverse learners.
2. **Inclusive Pedagogy**: The social model of disability, principles of universal design for learning (UDL), and anti-ableist practices.
3. **Applied SEL Strategies**: Designing accessible lesson plans, facilitating peer support, and addressing stigma in classrooms.
4. **Teacher Reflexivity**: Critical self-reflection on biases, assumptions, and inclusive practices.

Cross-Curricular Integration

Beyond standalone modules, disability-inclusive SEL should be **integrated across**

teacher education subjects. For instance, courses on classroom management should include strategies for facilitating peer support networks, while courses on assessment should highlight inclusive approaches to evaluating socio-emotional competencies. Embedding disability perspectives across the curriculum prevents siloing and reinforces that inclusion is central to teaching practice, not an add-on.

Field-Based Learning

Teacher education must extend into **field experiences** where student-teachers practice inclusive SEL in real or simulated settings. Partnerships with inclusive schools can provide opportunities to observe and implement strategies such as co-teaching, peer mentoring, and accessibility planning. Fieldwork should be accompanied by guided reflection, ensuring that student-teachers critically analyze their assumptions and practices.

Sample Training Activities

1. Case Studies and Simulations

Case studies of classrooms with students with locomotor disabilities can help student-teachers analyze challenges and propose SEL-based interventions. For example, a case may describe a student excluded from group activities due to mobility issues. Student-teachers can brainstorm strategies—such as modifying activities, fostering peer collaboration, and using assistive technology—to ensure participation.

2. **Role-Playing and Perspective-Taking**

Role-play exercises allow teacher candidates to practice inclusive communication and empathy. For instance, one student might role-play an adolescent with mobility challenges, while others act as peers or teachers. After the exercise, group discussions can highlight the emotional impact of exclusion and the role of teachers in fostering inclusion.

3. **Accessibility Audits**

Teacher candidates can conduct **accessibility audits** of their institutions or partner schools, identifying physical (ramps, seating, washrooms) and social (peer attitudes, teacher behaviors) barriers. These audits not only raise awareness but also encourage future teachers to view inclusion as a systemic responsibility.

4. **Reflective Journals**

Reflective practice is a cornerstone of inclusive teaching. Student-teachers can maintain journals documenting their evolving understanding of disability, bias, and inclusive SEL strategies. Prompts might include: “How did my assumptions about resilience change after today’s class?” or “What barriers did I observe during fieldwork, and how could SEL strategies address them?”

5. **Peer-Led Workshops**

Encouraging student-teachers to design and deliver workshops for their peers fosters

leadership and deepens understanding. For example, a group might lead a session on adapting SEL activities for students with locomotor disabilities, reinforcing learning through peer-to-peer teaching.

Policy and Programmatic Alignment

NEP 2020-The National Education Policy (NEP, 2020) emphasizes holistic development and socio- emotional learning but provides limited operational guidance on disability inclusion. Teacher education programs can bridge this gap by aligning curriculum reforms with NEP goals while extending them to explicitly address disability. For example, NEP's call for "curricula that integrate the social and emotional capacities of learners" can be operationalized through modules on disability-inclusive SEL. RPWD Act (2016), The Rights of Persons with Disabilities Act mandates inclusive education and reasonable

accommodations. Teacher education programs must prepare educators to fulfill these legal obligations by integrating training on accessibility, empathy, and disability rights. Linking SEL competencies to legal mandates reinforces that inclusion is not optional but a constitutional duty. UNCRPD (2006), As a signatory to the United Nations Convention on the Rights of Persons with Disabilities, India is committed to ensuring equitable participation in education. Embedding disability-inclusive SEL in teacher education contributes to fulfilling these international obligations by equipping teachers to dismantle barriers and foster belonging.

Implementation Challenges

While the benefits of disability-inclusive SEL are clear, practical implementation faces several challenges. **Resistance to Change,** Teacher educators and institutions may resist curriculum reforms, viewing SEL or disability inclusion as peripheral to "core" academic content. Overcoming resistance requires advocacy, professional development, and demonstrating the benefits of inclusive SEL for all learners.

Resource Constraints

Many teacher education institutions, particularly in rural areas, face resource limitations—lack of trained faculty, inadequate infrastructure, and limited access to assistive technologies. Implementing disability-inclusive SEL requires investment in training, materials, and partnerships with inclusive schools.

Faculty Preparedness

Faculty members themselves may lack expertise in SEL or inclusive pedagogy, creating a gap in implementation. Professional development programs for teacher educators are therefore essential to model inclusive practices effectively.

Cultural Attitudes

Deeply ingrained cultural stigmas around disability can undermine inclusion efforts. For example, parents or communities may resist integrated classrooms. Teacher education must prepare educators to engage sensitively with these attitudes while advocating for equity.

Professional Development-Ongoing workshops, seminars, and training for faculty can build expertise in disability-inclusive SEL. Peer learning networks among teacher educators can also facilitate knowledge sharing.

Research and Evidence-Building-Pilot projects embedding disability-inclusive SEL in B.Ed. and ITEP curricula can generate evidence on effectiveness. Documenting positive outcomes for teacher preparedness and student well-being can build momentum for wider adoption.

Policy Advocacy-Collaboration with policymakers can ensure that disability-inclusive SEL is recognized in national frameworks and teacher education accreditation standards.

Illustrative Model for B.Ed./ITEP Integration

- The following model outlines how disability-inclusive SEL could be embedded across a one-year teacher education program: Semester 1:
    - Course: Foundations of SEL and Inclusive Pedagogy
    - Activities: Case studies, role plays, reflective journals
- Semester 2:
    - Course: Applied SEL Strategies for Diverse Classrooms
    - Activities: Accessibility audits, peer-led workshops, field placements in inclusive schools

Assessment methods could include reflective portfolios, lesson plan adaptations, and project- based evaluations, ensuring that competencies are demonstrated in practice rather than memorized in theory.

Challenges, Limitations, and Future Directions

While the conceptual framework of disability-inclusive Social and Emotional Learning (SEL) offers a compelling vision for transforming teacher education, its practical implementation in India faces significant obstacles. These challenges highlight the structural, cultural, and systemic barriers that need to be acknowledged and addressed.

1. **Structural Inequities and Resource Constraints**

A major challenge in embedding disability-inclusive SEL is the **uneven distribution of resources** across teacher education institutions. Urban colleges may have access to specialized faculty, materials, and inclusive school networks, whereas rural institutions often lack these supports (Mehrotra, 2012). Financial constraints limit the availability of assistive technologies, accessibility audits, and experiential learning opportunities. Without systemic investment, reforms risk deepening rather than reducing inequities.

2. **Faculty Preparedness**

Teacher educators themselves often lack training in SEL and inclusive pedagogy. Many have been socialized within deficit-based models of disability, perpetuating ableist assumptions (Alur, 2019). Faculty may hesitate to teach disability-inclusive SEL due to

perceived lack of expertise, leading to superficial coverage or avoidance. Addressing this requires **capacity building for teacher educators** through workshops, professional development, and peer learning networks.

3. Resistance to Curricular Change

Institutional inertia poses another barrier. SEL and inclusion are sometimes viewed as "soft skills" or add-ons, secondary to content mastery and assessment preparation (Sharma, 2018). Resistance may stem from overloaded curricula, lack of administrative support, or skepticism about SEL's academic value. Without strong leadership and policy mandates, institutions may not prioritize these reforms.

4. Cultural Attitudes and Stigma

Deeply ingrained cultural attitudes toward disability present a formidable challenge. In some communities, disability continues to be stigmatized, framed as misfortune or deficiency (Ghai, 2015). These attitudes can influence both teacher and peer perceptions, undermining inclusive practices. Teacher education must therefore equip educators not only with technical skills but also with the capacity to navigate and challenge stigma in culturally sensitive ways.

5. Assessment and Measurement Gaps

A limitation of current research is the lack of validated tools for assessing **disability-inclusive SEL outcomes**. While there are instruments for measuring SEL competencies, few capture how inclusive environments contribute to resilience among students with disabilities. Without robust evaluation frameworks, it is difficult to measure the impact of teacher education reforms or advocate for their scaling.

6. Risk of Superficial Implementation

There is also a risk that disability-inclusive SEL, if mandated without adequate preparation, may be implemented superficially. Teachers might "check boxes" by including disability-related examples without transforming their pedagogical approaches. This risks reproducing tokenism under the guise of inclusion. Ensuring depth requires sustained reflection, mentoring, and accountability mechanisms.

Future Directions

Despite these challenges, the future of disability-inclusive SEL in teacher education holds considerable promise. Several pathways for research, practice, and policy can help advance this agenda.

1. Pilot Programs in Teacher Education

One immediate future direction is the **development and piloting of disability-inclusive SEL modules** within selected B.Ed. and ITEP programs. Pilot studies could test the effectiveness of experiential learning (e.g., accessibility audits, empathy workshops) on teacher preparedness. Findings from such pilots would provide an evidence base to

advocate for broader curricular integration.

2. **Longitudinal Research on Outcomes**

Future research should adopt longitudinal designs to examine how teachers trained in disability- inclusive SEL influence classroom environments and student outcomes over time. For example, studies could track whether such teachers foster greater peer acceptance, improved socio- emotional skills, and resilience among adolescents with locomotor disabilities. Long-term data would be crucial for demonstrating the transformative potential of these reforms.

3. **Development of Assessment Tools**

There is a pressing need to develop **contextually appropriate tools** for measuring the impact of disability-inclusive SEL. Such tools should assess not only student

competencies but also classroom climate, peer support, and teacher reflexivity. Including qualitative measures (student narratives, reflective journals) alongside quantitative scales would provide richer insights.

4. **Comparative Cross-Cultural Studies**

India's experiences can contribute to global debates on SEL and disability. Comparative studies across countries—especially those in the Global South—can highlight how cultural, economic, and policy contexts shape inclusive SEL. Such research can identify best practices and common challenges, fostering mutual learning among nations committed to inclusive education.

5. **Faculty Development Initiatives**

Future initiatives should prioritize **professional development for teacher educators**, recognizing them as pivotal change agents. Programs could include certificate courses on disability-inclusive SEL, collaborative research projects, and peer mentoring networks. Building faculty expertise ensures that reforms are sustainable and not dependent on isolated champions.

6. **Policy Advocacy and Accreditation Standards**

Sustained change requires embedding disability-inclusive SEL into **policy frameworks and accreditation standards**. Advocacy efforts could push for explicit guidelines within NEP 2020 implementation strategies, ensuring that teacher education curricula include disability perspectives. Accrediting bodies (e.g., NCTE in India) could mandate assessment of SEL and inclusion competencies in teacher education programs, creating systemic accountability.

7. **Community and Family Engagement**

Future directions should also explore the role of families and communities in fostering resilience. Teacher education could include training on engaging parents of students with disabilities, building community awareness, and collaborating with local organizations. Resilience is not only cultivated in classrooms but also sustained in broader social contexts.

Conclusion

Adolescents with locomotor disabilities in India face intersecting barriers—social stigma, peer exclusion, infrastructural inaccessibility, and low teacher sensitivity—that extend far beyond academic challenges. These barriers undermine their self-worth, emotional regulation, and ability to participate meaningfully in schools. Resilience, often celebrated as an individual trait, must therefore be reframed as a **collective outcome** of inclusive environments that nurture belonging, dignity, and empowerment. Social and Emotional Learning (SEL) offers an established framework for developing competencies such as empathy, emotional regulation, and responsible decision-making. Yet, mainstream SEL frameworks are insufficient when applied to contexts of disability because they often assume able-bodied and neurotypical learners as the norm. Without deliberate adaptation, SEL risks reproducing exclusion by placing the burden of adjustment solely on students with disabilities. A disability-inclusive approach to SEL is thus both a theoretical

necessity and a moral imperative. This paper has argued that **teacher education is the most strategic entry point** for embedding disability-inclusive SEL. Programs such as the B.Ed. and ITEP must move beyond tokenistic references to inclusion and instead integrate structured training on inclusive lesson planning, empathy-building workshops, peer support facilitation, and reflective practices. By equipping teachers with these skills and dispositions, resilience can be cultivated not as an individual burden but as a systemic achievement of schools committed to equity.

The discussion has also emphasized the importance of aligning teacher education reforms with existing policy frameworks, including the Rights of Persons with Disabilities Act (2016), the National Education Policy (2020), and India's commitments under the UNCRPD (2006). However, policies alone cannot transform classrooms; sustained institutional support, faculty development, and cultural change are equally vital. Teacher education must therefore become a site of critical reflection, where future educators confront ableism, challenge deficit-based views of disability, and learn to construct classrooms that foster solidarity.

At the same time, challenges remain. Structural inequities across teacher education institutions, faculty unpreparedness, and deeply rooted cultural stigmas present significant barriers. Yet these challenges highlight—not diminish—the urgency of reform. Future directions must include piloting inclusive SEL modules, developing assessment tools, conducting longitudinal research, and embedding disability-inclusive SEL into accreditation standards. Such steps will not only enhance teacher preparedness but also generate evidence for scaling reforms nationwide.

Ultimately, the call of this paper is to **shift from token inclusion to transformative pedagogy**. Resilience for adolescents with locomotor disabilities should not be measured by their capacity to endure exclusion but by their opportunities to thrive in environments that affirm their humanity. By embedding disability-inclusive SEL into teacher education, India can take a decisive step toward building classrooms that are not only academically rigorous but also socially just—spaces where every adolescent,

regardless of ability, is empowered to flourish.

References

- Alur, M. (2019). Inclusive education in India: Policies and practices. Routledge. Collaborative for Academic, Social, and Emotional Learning. (2020). What is SEL? https://casel.org
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based
- universal interventions. Child Development, 82(1), 405–432. https://doi.org/10.1111/j.1467- 8624.2010.01564.x
- Ghai, A. (2015). Rethinking disability in India. Routledge. https://doi.org/10.4324/9781315734064
- Government of India. (2016). The Rights of Persons with Disabilities Act, 2016. Ministry of Social Justice and Empowerment. http://disabilityaffairs.gov.in.
- Government of India. (2020). National Education Policy 2020. Ministry of Human Resource Development. https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
- Jagers, R. J., Rivas-Drake, D., & Borowski, T. (2019). Equity and social and emotional learning: A cultural analysis. Educational Psychologist, 54(3), 162–184. https://doi.org/10.1080/00461520.2019.1623032
- Masten, A. S. (2014). Ordinary magic: Resilience in development. Guilford Press.
- Mehrotra, N. (2012). Disability, gender and state policy: Exploring margins. Rawat Publications.
- Oliver, M. (1990). The politics of disablement. Macmillan. https://doi.org/10.1007/978-1-349- 20895-1
- Osher, D., Kidron, Y., Brackett, M., Dymnicki, A., Jones, S., & Weissberg, R. (2016). Advancing the science and practice of social and emotional learning: Looking back and moving forward. Review of Research in Education, 40(1), 644–681. https://doi.org/10.3102/0091732X16673595
- United Nations. (2006). Convention on the Rights of Persons with Disabilities (UNCRPD). https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
- Ungar, M. (2019). Change your world: The science of resilience and the true path to success. Sutherland House.

Awareness of AI-Assisted Mental Wellness Tools Among Special Educators

M. Janani
PG Scholar,
RKMVERI-FDMSE, Coimbatore
V. Indirani
Assistant Professor in Special Education
RKMVERI-FDMSE, Coimbatore

Abstract

Special educators experience high occupational stress, impacting their well-being and efficacy. AI-assisted mental wellness tools offer promising support, yet their uptake in special education remains underexplored. This study assessed the awareness, perceptions, and adoption barriers of these tools among special educators. A descriptive survey design was employed with 50 special educators selected via purposive sampling. A structured questionnaire collected data on demographics, awareness, adoption, and perceptions. Analysis using descriptive statistics revealed high awareness (76%) and remarkably high adoption (82%), driven primarily by social media (32%) and workshops (30%). Perceptions were overwhelmingly positive (86% high perception). However, a significant barrier was the lack of formal training (62% untrained). While educators are proactively using these tools, a gap exists between informal adoption and effective, supported implementation. The study concludes that targeted professional development, not mere awareness campaigns, is crucial for the responsible integration of AI wellness tools in special education settings.

Keywords: AI-assisted wellness tools, special educators, awareness, adoption, barriers, well-being.

Introduction

Special educators perform a critical role in fostering the development of children with diverse needs. However, the profession's demands often lead to high levels of stress, emotional exhaustion, and burnout (Sharma et al., 2019). This chronic stress jeopardizes educators' mental health and compromises the quality of support provided to vulnerable learners. In recent years, Artificial Intelligence (AI)-driven wellness tools—including chatbots, mood trackers, and virtual therapy platforms—have emerged as accessible, scalable resources for managing stress and promoting mental well-being.

Despite global growth in these digital innovations, research on their awareness and adoption specifically among special educators is scarce. Existing literature has largely focused on general populations or healthcare professionals, creating a significant knowledge gap. Understanding the landscape of AI wellness tools within special education is vital, as these educators require tailored support mechanisms that address their unique professional challenges. This study, therefore, aims to investigate the awareness, perceived usefulness, and barriers to the adoption of AI-assisted mental wellness tools among special educators in India.

Review of Related Literature

Artificial Intelligence is revolutionizing mental health support. AI-assisted tools, such as Woebot and Wysa, utilize cognitive-behavioral techniques to provide

immediate, confidential assistance for stress and anxiety. Research indicates their efficacy in improving emotional regulation and overall well-being among high-stress professional groups (Bendig et al., 2019; Liu & Zhang, 2021). Thompson and Rivera (2020) found that while teachers acknowledged the potential of AI mental health support, a lack of familiarity and confidence hindered use. Barriers like data privacy concerns, insufficient training, and a lack of institutional backing have been widely noted (Kaur & Mehta, 2022). While these barriers are relevant for educators broadly, they may be particularly acute for special educators, who face unique professional challenges. Special educators face heightened stress levels due to the intense demands of supporting students with disabilities (Sharma et al., 2019). While digital interventions show promise in building resilience (Nguyen & Lee, 2021), low awareness remains a critical barrier. Conversely, studies suggest that professional development can significantly enhance educators' confidence and willingness to use such tools (Williams et al., 2022). This review underscores the need to specifically investigate special educators' interactions with AI wellness technologies to foster a supportive ecosystem that enhances both educator well-being and inclusive education quality.

Objectives

1. To assess the level of awareness of AI-assisted mental wellness tools among special educators.
2. To assess the perceived usefulness of AI-assisted mental wellness tools in enhancing professional and personal wellbeing among special educators.
3. To analyse the key barriers faced by special educators in adopting AI-assisted mental wellness tools.

Research Questions

1. What is the level of awareness of AI-assisted mental wellness tools among special educators?
2. What is the perceived usefulness of AI-assisted mental wellness tools among special educators?
3. What are the key barriers faced by special educators in adopting AI-assisted mental wellness tools?

Methodology

Research Design

The study adopted a descriptive research design using the survey method. This design was considered appropriate because the purpose was to understand aspects of AI-assisted mental wellness among special educators within the existing context. The survey method allowed the researcher to collect both qualitative and quantitative data using a structured questionnaire without manipulating any variables, thereby providing a clear picture of the situation.

Population and Sample

The population of the study consisted of special educators working in inclusive and special schools. A purposive sampling technique was employed to select

50 participants. The inclusion criteria were: (i) teachers with direct involvement in supporting children with special needs, and (ii) willingness to participate.

Research Tool

A researcher-constructed questionnaire was used for data collection. The tool consisted of three sections; each measured on a 5-point Likert scale (Strongly Disagree to Strongly Agree):

- Section A – Awareness of AI-Assisted Mental Wellness Tools (10 items)
- Section B – Adoption & Intention of Use (10 items)
- Section C – Perceptions of AI-Assisted Mental Wellness Tools (10 items)

The questionnaire was validated for content accuracy and relevance by a panel of three experts in special education and educational technology. The possible score for each section ranged from 10–50, with responses categorized as Low (10–25), Moderate (26–38), and High (39–50).

Data Collection Procedure

The questionnaire was distributed to the selected special educators via an online platform. Informed consent was obtained from all participants prior to their involvement in the study, and the confidentiality of their responses was ensured. Respondents were requested to complete all items in the tool within the given time frame.

Data Analysis

The collected data were analyzed using descriptive statistics such as frequency and percentage to determine the levels of awareness, adoption, and perceptions among special educators. Graphs and tables were also used for better representation of the findings.

Data Analysis and Interpretation Demographic Profile of the Respondents

Table 1: Distribution of Special Educators by Demographic Characteristics (N=50)

Characteristics	Category	Frequency	Percentage
Gender	Female	47	94%
	Male	3	6%
Age	18-25 years	27	54%
	26-35 years	14	28%
	36-45 years	5	10%
	46-55 years	4	8%
Qualification	Postgraduate	28	56%
	Graduate	18	36%
	M.Phil. / PhD / Diploma	4	8%

Experience	Less than 2 years	33	66%
	3-10 years	8	16%
	11 or more years	9	18%

Table 1 outlines the demographic composition of the 50 special educators who participated in the study. The data reveals a significant gender skew, with females constituting 94% of the sample, which is representative of the gender distribution common in the field of special education. A majority of respondents (54%) were young professionals between 18-25 years of age, and most (66%) had less than two years of teaching experience, indicating a sample weighted towards early-career educators. A smaller group had 3-10 years of experience (16%), while 18% were highly experienced with 11 or more years. Academically, the cohort is highly qualified, with 56% holding a postgraduate degree. Consequently, the findings of this study may be most representative of the views and experiences of female, early-career special educators with advanced academic qualifications.

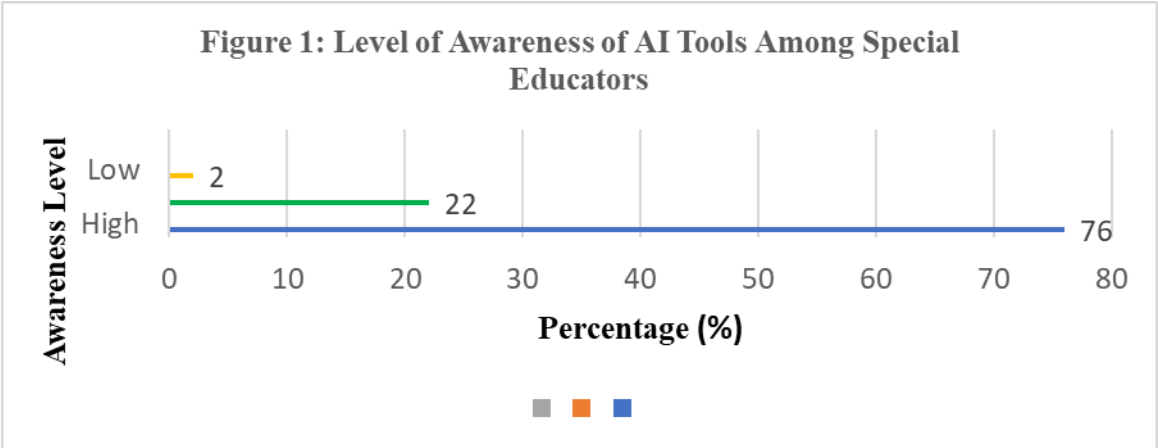
Research Question 1: What is the level of awareness of AI-assisted mental wellness tools among special educators?

To answer the first research question, the level of awareness was assessed. The results are presented in Table 2.

Table 2: Level of Awareness

Awareness Level	Frequency	Percentage
High (Avg ≥ 3.5)	38	76%
Medium (2.5 ≤ Avg < 3.5)	11	22%
Low (Avg < 2.5)	1	2%
Total	**50**	**100%**

Figure 1: Level of Awareness of AI Tools Among Special Educators



As shown in Table 2 and Figure 1, the data reveals that a strong majority of

educators (76%) exhibit a high level of awareness, while only 2% show a low level. This indicates that AI wellness tools are not a novel concept for this community and that most educators are familiar with their existence and potential applications. This high level of awareness provides a strong foundation for the potential adoption of these technologies.

Table 3: Source of Awareness

Source of Awareness	Frequency	Percentage
Social media	16	32%
Workshops/Training	15	30%
Colleagues	7	14%
Professional Networks	4	8%
Educational Institutes	8	16%
Total	50	**100%**

As shown in Table 3, social media (32%) and workshops or training sessions (30%) are the two main sources of awareness. Educational institutes (16%) also served as a significant source. This means that educators learn about AI tools from a combination of informal online platforms, formal training, and their academic institutions. Colleagues (14%) also play an
important role, suggesting that sharing information among teachers is a key way these tools become known.

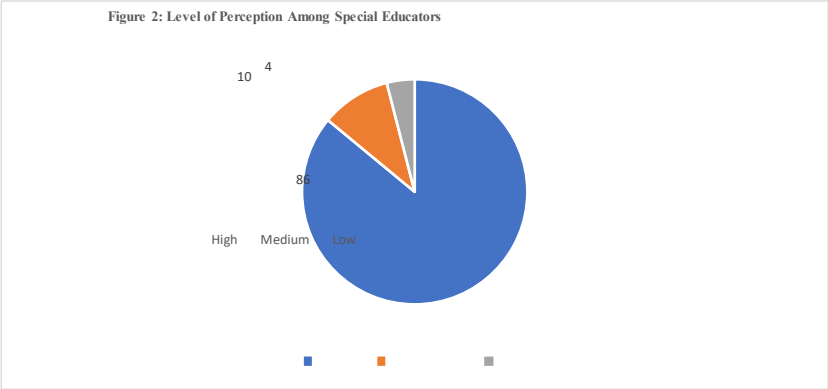
Research Question 2: What is the perceived usefulness of AI-assisted mental wellness tools among special educators?

The perceived usefulness of these tools was evaluated. The results are presented in Table 4.

Table 4: Level of Perception

Perception Level	Frequency	Percentage
High (Avg ≥ 3.5)	43	86%
Medium (2.5 ≤ Avg < 3.5)	5	10%
Low (Avg < 2.5)	2	4%
Total	**50**	**100%**

Figure 2: Level of Perception



As shown in Table 4 and Figure 2, an overwhelming majority of educators (86%) hold a high positive perception of AI-assisted wellness tools, indicating strong belief in their potential to enhance personal and professional well-being. Only a small minority (4%) exhibit low perception. This suggests widespread openness and acceptance of AI-driven mental health support among special educators, highlighting a strong foundation for future implementation and training initiatives.

Table 5: Level of Adoption

Adoption Level	Frequency	Percentage
High (Avg ≥ 3.5)	41	82%
Medium (2.5 ≤ Avg < 3.5)	6	12%
Low (Avg < 2.5)	3	6%
Total	**50**	**100%**

Table 5 presents the level of adoption of AI-assisted mental wellness tools among the educators. Contrary to initial assumptions that often accompany new technologies, the adoption rate was found to be remarkably high (82%). This indicates that a significant majority of special educators are not merely aware of or hold positive views toward these tools but are actively integrating them into their daily routines. This finding suggests a transition from theoretical acceptance to practical, real-world application among the educators surveyed. A comparative analysis of the three core variables reveals a compelling trend: the level of adoption (82%, Table 5) and positive perception (86%, Table 4) among special educators surpassed the already high level of awareness (76%, Table 2). This indicates that educators are not only familiar with these tools but are proactively using them and hold a strong belief in their benefits.

Research Question 3: What are the key barriers faced by special educators in adopting AI-assisted mental wellness tools?

The key barriers to adoption were analyzed. The critical finding is presented in Table 6.

Table 6: Key Barriers and Facilitators to Adoption

Indicator	Response	Frequency	Percentage	Interpretation

Received Training?	No	31	62%	A significant barrier.
	Yes	19	38%	Most educators lack formal training.
Willing to Use?	Yes	41	82%	A major facilitator.
	No	9	18%	Strong intention for future use.

Table 6 identifies a critical gap between adoption and training. Despite high adoption rates (82%), a significant majority of educators (62%) reported having received no formal training in the use of AI-assisted wellness tools. This indicates that current adoption is largely occurring through informal, self-guided exploration rather than structured institutional support. However, the strong willingness to use these tools in the future (82%) suggests that educators are not resistant to the technology but are eager to adopt it more effectively. This highlights a clear need for and openness to professional development initiatives that can bridge this gap between intention and trained implementation.

Discussion

The present study provides significant insights into the readiness of special educators to engage with emerging digital solutions for mental health, revealing a landscape that is both promising and in need of urgent scaffolding.

Awareness of AI Wellness Tools

The findings revealed that many special educators (76%) demonstrated a high level of awareness of AI-assisted mental wellness tools. This was higher than initially anticipated and diverges from some earlier studies that reported limited familiarity among teachers (Thompson & Rivera, 2020). A possible reason for this higher awareness could be the rapid increase in the visibility of AI tools during and after the COVID-19 pandemic, when digital solutions for mental health became more common. Importantly, social media (32%) and professional training (30%) were the main sources of information, showing that both informal digital channels and structured professional development play critical roles in spreading awareness.

Perceived Usefulness and Adoption

The study found that an overwhelming 86% of educators reported a high perception of usefulness, strongly supporting the study's second objective. This aligns with existing research (Bendig et al., 2019; Liu & Zhang, 2021) showing that AI-driven tools are considered beneficial in managing stress. Adoption levels were also remarkably high (82%), even exceeding awareness levels. This indicates that special educators are not just aware but are highly motivated to actively use them, demonstrating a significant shift from theoretical acceptance to practical application, as also noted by Nguyen and Lee (2021).

The Critical Barrier: A Gap in Supported Implementation

Despite these positive results, the study highlighted a critical barrier: 62% of educators had not received any formal training. This identifies a key barrier, as suggested by the third research question, and aligns with concerns raised by Kaur and Mehta (2022) that insufficient training prevents effective integration. This presents a paradox: adoption is high, but it is largely driven by self-learning through social media and peer sharing. While this shows proactive effort, this unsupported adoption raises serious concerns regarding quality of use, data privacy risks, and long-term sustainability.

Readiness for Structured Support

When comparing the three dimensions, a unique pattern emerges: perception (86%) and adoption (82%) were higher than awareness (76%). This suggests that once educators are introduced to these tools, they quickly recognize their value and begin using them. The concurrently high willingness to use these tools (82%, Table 6) indicates that educators are not resistant but are, in fact, eager for structured intervention and guidance. This finding strongly supports the argument made by Williams et al. (2022) that targeted professional development is a critical success factor. The high rate of self-guided adoption underscores a strong intrinsic motivation among special educators and a genuine belief in the value of these tools, making them ideal candidates for structured training programs.

Implications for Policy and Practice

The findings underscore that the challenge has evolved from generating awareness to bridging the gap between informal adoption and formal, supported integration. The high degree of motivation presents a ripe opportunity. Institutions and policymakers should therefore prioritize:

- **Structured Training Programs:** To equip educators with the skills for safe, effective, and ethical use, moving beyond self-guided exploration.
- **Institutional Backing:** Developing clear guidelines and providing institutional support to mitigate risks related to data privacy and ineffective application.
- **Integration into Professional Frameworks:** Embedding AI wellness tool training into existing professional development curricula to ensure sustainable and scalable implementation.

Conclusion

This study explored the awareness, perceptions, adoption, and barriers related to AI-assisted mental wellness tools among special educators. The results demonstrated that awareness levels were high (76%), perceptions of usefulness were very positive (86%), and adoption was remarkably strong (82%). These findings highlight that special educators are not only informed about AI wellness tools but are also actively using them, often with a high degree of trust in their potential benefits for professional and personal well-being. At the same time, the study revealed a critical challenge: 62% of respondents had not received any formal training in using such tools. This suggests that while adoption is happening, it is largely driven by self-

learning through social media and peer networks. Such unsupervised use raises concerns about sustainability, privacy, and effectiveness.

The study therefore concludes that the issue is no longer one of awareness but rather of quality integration. Targeted professional development programs, structured training workshops, and policy-level support are urgently required to bridge the gap between informal use and responsible, effective adoption. Additionally, within the Indian context, ensuring language accessibility and cultural adaptation of these tools will be crucial for their widespread and meaningful adoption. Institutional support will further enhance the safe and meaningful integration of AI-assisted wellness tools in special education. By addressing these gaps, AI wellness tools can evolve from being supplementary aids into sustainable, professionally supported resources that strengthen the resilience and well-being of special educators. In turn, this will positively impact the quality of inclusive education provided to children with special needs.

References

- Bendig, E., Erb, B., Schulze-Thuesing, L., & Baumeister, H. (2019). The next generation: chatbots in clinical psychology and psychotherapy to foster mental health – a scoping review. Verhaltenstherapie, 29(4), 266–280. https://doi.org/10.1159/000501812
- Kaur, R., & Mehta, V. (2022). Barriers to the adoption of artificial intelligence in education: A systematic literature review. Journal of Educational Technology Systems, 50(4), 455–483. https://doi.org/10.1177/00472395221071517
- Liu, X., & Zhang, B. (2021). AI-powered mental health apps: A review and analysis of efficacy. JMIR Mental Health, 8(10), e22338. https://doi.org/10.2196/22338
- Nguyen, T., & Lee, H. (2021). Digital interventions for stress and burnout among teachers: A meta-analysis. Educational Research Review, 34, 100405. https://doi.org/10.1016/j.edurev.2021.100405
- Sharma, U., Loreman, T., & Forlin, C. (2019). Measuring teacher efficacy to implement inclusive practices. Journal of Research in Special Educational Needs, 19(1), 3–16. https://doi.org/10.1111/1471-3802.12430
- Thompson, M., & Rivera, V. (2020). Teacher perspectives on AI in education: Opportunities and apprehensions. Tech Trends, 64(5), 758–767. https://doi.org/10.1007/s11528-020-00534-z
- Williams, J., Davis, R., & Miller, A. (2022). Professional development for digital well-being: A framework for educators. Journal of Educator Well-Being, * 1*(1), 15–30. https://doi.org/10.1177/27525343221131685.

CULTIVATING RESILIENT MINDS: ADDRESSING SOCIAL MEDIA ADDICTION THROUGH INDIA'S NEP 2020, FAMILY ENGAGEMENT, AND ARTIFICIAL INTELLIGENCE INNOVATIONS

Dr Devendra Verma,
Independent Researcher.
Dr Tushar Singh,
Independent Researcher.

Abstract

This article provides a cross-national examination of social media addiction from the perspective of youth, families, and educational policy contexts in India. It draws on recent empirical studies from global and Indian studies related to social media addiction that examine its occurrence and effects on health. In particular, it highlights the increasing rate of addiction in India, particularly within urban and rural contexts, and, understood through a comparative global context, provides an argument for culturally relevant, integrated policy. The article offers a critical examination of India's National Education Policy 2020 as an example of an emerging capacity-building approach, looking at digital well-being, family engagement, and school-based mental health support. There is also a discussion of the potential of artificial intelligence for monitoring and intervention for youth, with consideration of the strengths of family systems in India. The article presents international frameworks for understanding social media addiction, identifies best practices and analyses the capacity of artificial intelligence. Finally, the article ends with a recommendation for evidence-based, collaborative intervention strategies to mitigate the impact of social media addiction on youth well-being.

Introduction

Consider a day in the life of an urban sixteen-year-old Indian student. They wake up in the morning to the buzz of notifications, and their day starts and ends with a screen in front of them. They go to a 'real' (in-person) class, join a 'virtual' class or chit-chat in the digital world during their leisure time. They often find their time off doomscrolling endless social media profiles. Their day-in, day-out engagement with social media platforms like Facebook, Instagram, X, and TikTok is displacing time away from real life. As a result, their physical health starts to suffer, their sleep is interrupted, and concentration and focus are harder and harder to maintain at school. But this kind of anecdotal experience is not a unique or isolated experience.

Social media addiction has become a global public health issue, and is at a level of compulsive addiction that is not confined to any one location; rather, it affects people's physical and mental health, and provides unique contexts of policy and social issues in each one. Our collective experience of addiction to social media has been heightened in India through rapid digitisation, the urban context, and the demographic of youth. According to the Global Connectivity Report (International Telecommunication Union, 2022), approximately 79% of adolescents in India use digital platforms, which is higher than the global average (Alshakhsi et al., 2025; Kemp, 2025). Technology allows for learning and connection with others socially;

however, the frequency and duration of use are often associated with social isolation, anxiety, depression, sleep disturbances, and poor academic performance.

Drawing upon recent research, social media addiction is often considered part of Problematic Internet Use (PIU), with compulsive-impulsive behaviours similar to the manifestations of substance use disorders - withdrawal, tolerance, and negative psychosocial consequences (Aleshkahsi et al., 2025; Ruckwongpatr et al., 2022). The COVID-19 pandemic has accelerated digital engagements and associated difficulties and psychosocial repercussions, particularly with adolescents and young adults (Choudhary & Rawat, 2023; Merino et al., 2024). This article posits that a fully-fledged, context-sensitive family-centred capacity building, school-based strategy and the judicious use of artificial intelligence are vital for addressing the growing prevalence of social media addiction in young people in India. By conducting a juxtaposition of India's National Education Policy (NEP) 2020 and its commonalities and tensions with national and international policies, the article methodically assesses the success of current interventions and generates an evidence-based approach in the Indian sociocultural context.

Literature Review: Statistics and Trends

International Prevalence and Effects

The reported prevalence of social media addiction is highly variable around the world, but is again known to be common, especially among youth. With regard to Arab nations, pooled PIU prevalence rates are found to be about 33%, with, for example, Saudi Arabia, pre-2019, reporting rates of 4–6% (2014–2015) to greater than 30–60% within the year 2019 (Alshakhsi et al., 2025). A recent systematic review predicts the global prevalence among adolescents and young adults ranges from 18.4% to 82%--again, based on definitions, platforms, and sampling (Alshakhsi et al., 2025; Hassan et al., 2024). Some of the highlighted international studies referenced some major consequences of unprecedented loneliness, self-regulation deficits, low self-esteem, depression, and aggressive behaviours (Fuchs, 2021; Hassan et al., 2024; "Social media," 2019). Terms like "Facebook depression," (p. 275), burnout, and fear of missing out (FoMO) have appeared multiple times and have all been connected to compulsive online use and associated mental health issues, such as impaired sleep, musculoskeletal change, declined academia, and even suicidal thinking (Amedie, 2015; O'Keeffe & Clarke-Pearson, 2011, p. 275; "Social media," 2019).

Indian Context: Statistics and Emerging Patterns The digital age in India is anticipated to witness a growth in social media user population from the current estimate of 491 million users (Kemp, 2025), with youth spending more than 2.4 hours on these platforms every day, comparable to global estimates, rapidly increasing in rural India (Mukherjee, n.d.). Recent studies show that 36.9% of Indian students demonstrate addiction-like symptoms resulting in impacts on sleep (26.1%), anger (25.5%), anxiety, and eye strain (38.4%) (Hassan et al., 2024). Other studies (Alshakhsi et al., 2025; Shehata et al., 2024) showed similar findings with an especially high prevalence in urban areas and in the case of adolescent girls. A growing body of research is documenting the emergence of physical health problems linked to social media addiction, including obesity due to sedentary behaviour and the risk of chronic diseases related to lifestyle. Indian studies also show problematic social media use

links to poor academic performance, vulnerabilities in family connectedness, and higher rates of cyberbullying (Choudhary & Rawat, 2023; Gupta et al., 2025).

Policy and Family/School Perspectives:

National Education Policy (NEP) 2020: Capacity Building and Preventive Interventions

India's National Education Policy (NEP) 2020 (Yenugu, 2022) effectively signals a paradigm shift in educational policy, with an emphasis on holistic development and well-being. The policy calls for mental health education, life skills, and digital literacy to be part of the school curriculum (Choudhary & Rawat, 2023; Sundar, 2009; Topno & Sarkar, 2024). NEP 2020 promotes capacity building by supporting collaborations between parents, educators, community stakeholders, and the government. The NEP recommends that schools incorporate school counsellors in ongoing professional development for educators and involve parents in prevention programming to notice signs of addiction (Choudhary & Rawat, 2023).

An example of self-directed learning is a classroom project where students develop their own digital-wellness initiatives. In this initiative, students work together to understand their digital practices and create meaningful, creative products, connecting this project to the autonomy and innovation tenets of NEP 2020. Overall, this example shows the possibility of self-directed learning-based students leading to an intervention implementable in other contexts as policymakers consider a move such as this on a larger scale.

The recommendations of the NEP 2020 (Yenugu, 2022) have been operationalised by the development of interventions, such as:

- Awareness campaigns and school-aided programs on digital well-being (Choudhary & Rawat, 2023)
- Parental training workshops to foster ongoing conversations and proactive navigation of digital well-being in conjunction with their children (Alshakhsi et al., 2025)
- Culturally appropriate frameworks to adapt digital literacy.
- Engagement with health experts to support integrated pathways to care (Choudhary & Rawat, 2023).

These approaches are consonant with best practices internationally. For instance, European models emphasise family-school cooperation and community support, while countries such as South Korea deploy digital detox programs and national helplines for youth (Alshakhsi et al., 2025).

Family-Based Capacity Building

Empirical studies highlight the crucial part that families, especially parents and grandparents, play in the treatment of social media addiction. Research by Alshakhsi et al. (2025) shows that problematic internet use (PIU) has a significant mediating role in adolescent behaviours (whereby the amount of 'serious disputes' about too much

internet use is a moderating variable). The evidence indicates that simply monitoring from arms-length is not enough; the parents are more effective in managing PIU by being engaged together through digital activities, asking questions and setting limits when parents learn to engage their child online in a healthy way (Alshakhsi et al., 2025; Guan et al., 2025).

The Indian joint family systems provide opportunities to model effective digital behaviour. Parent capacity-building should include some knowledge of skill development that includes parents building and modelling healthy digital habits with children as they continue developing knowledge/skills and social norms. Capacity-building programs should also evoke and explain the NEP (National Education Policy) 2020 regarding the appropriate involvement of elders and extended family in educational processes, reflecting these traditional practices (Choudhary & Rawat, 2023).

International Policy Innovations

Capacity-building interventions to address social media addiction, through the build-out of capacity, are being used in various contexts around the world as well. This is true in the Gulf Cooperation Council (GCC) nations (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates), where an increasing emphasis is being placed on mandated parental controls and guidelines for healthy digital engagement (Alshakhsi et al., 2025). In Scandinavia, there are community-based programs to promote safety online through schools, families, and the use of the technology industry to shape behaviour. In the United States, mental health screening and prevention education programs are embedded in the framework of secondary schools.

AI-Powered Innovations: Efficacy and Limitations

The Promise of Artificial Intelligence

It is imperative to continue to anchor AI-based interventions to core well-being values that inform educators and stakeholders about the tools that are more appropriate to use. This might include a value checklist regarding information privacy, cultural competence, inclusivity, user empowerment, and relevance to educational goals. By establishing these values as the foundation, AI interventions can be assessed on factors beyond the technology. The pace of AI-based interventions has been accelerating and offers tools for assessing, monitoring, and intervening in cases of social media addiction. Examples of leading AI-driven interventions are:

- The use of AI-driven decision support apps for parents and educators (Alshakhsi et al., 2025; Goyal, 2025; “Social Media Addiction,” n.d.);
- Chatbots that can identify early indicators of distress and recommend evidence-based strategies (Goyal, 2025);
- Machine learning algorithms embedded in wearable devices that can track screen time, sleep habits, and emotional states (Goyal, 2025); and
- Customisable digital well-being platforms that can reduce and provide customised content moderation plans and strategies based on real-time user-generated data(“Social Media Addiction,” n.d.).

Recent research (Entenberg et al., 2023; Gardiner & Mutebi, 2025; Ni & Jia, 2025; Wykman, 2023) has suggested that the use of an AI-driven well-being platform, when

culturally adapted, increases parental self-efficacy, enables peer support, and inspires healthy offline activities. Pilot work in India evaluated chatbots for psychological first aid and behavioural coaching, reporting better outcomes for urban youth and caregivers.

Limitations and Challenges

Nonetheless, there remain some limitations. AI systems leverage cultural, linguistic, and contextual data in the multi-modal interaction, which means Indian solutions must have a focus on regional languages, user privacy, and socio-cultural nuances (Goyal, 2025; Khanganbi & Priya, 2024). Privacy and ethics remain critical issues, especially when working with minors. The integration into existing family and school practices will entail continued training and infrastructure investments (Choudhary & Rawat, 2023; Meena, 2023).

Capacity Building Interventions: Family and School Strategies

Methods for Effective Capacity Building

Several studies (Alter, 2018; Amirthalingam & Khera, 2024; Bozzola et al., 2022; Hassan et al., 2024; Kuss & Griffiths, 2017; Sundar, 2009) identify best practices for capacity building in the intervention of media addiction:

- **Parental Training:** Workshop focused on digital literacy, emotion regulation, and supportive dialogue with the parent-child relationship. (Alshakhsi et al., 2025; Choudhary & Rawat, 2023)
- **Teacher Professional Development:** NEP 2020 states that there should be ongoing teacher professional development on early detection of an addiction as well as psycho-social intervention. (Choudhary & Rawat, 2023)
- **Peer/Elder Participation:** Programs that showed the effect of modelling moderation and emotional support from grandparent(s) and community elders. (Choudhary & Rawat, 2023)
- **School-Community Linkages:** Community partners to collaboratively plan campaign efforts toward raising awareness of addiction and to provide resources to assist with early interventions.
- **Youth Leadership:** An approach that encourages the young leaders to embrace and promote healthier digital practices among their peers.

Creating Supportive Environments

NEP 2020's vision for holistic education focused on establishing mental health clubs and peer counseling programs, and a focus on hybrid learning, online and offline (Choudhary & Rawat, 2023; Topno & Sarkar, 2024). Interventions are more successful when there are systematic capacity-building efforts that have measurable goals, allocation of supports, and continuous monitoring. According to multiple studies (Neville et al., 2021; Uster, 2024; Weber et al., 2025), capacity-building initiatives are context-sensitive, being sensitive to age and inclusive.

Discussion: Policy Recommendations and Future Research

Policy Recommendations

Based on both the Indian context and international experiences, we also offer the following Recommendations:

- **Mandate a Comprehensive Digital Literacy Curriculum:** Digital literacy and wellness modules must be developed with input from psychologists, parents, and technology companies, and made compulsory at every stage of schooling in India. (Choudhary & Rawat, 2023)
- **Encourage Family Engagement:** Institutions must incentivise programs that train parents, elders, and caregivers to notice and react to social media use and abuse. (Alshakhsi et al., 2025; Choudhary & Rawat, 2023)
- **Use AI Responsibly:** Invest in AI research with localised contexts and applications that protect privacy and support culturally relevant interventions, in partnership with families and schools. (Goyal, 2025; "Social Media Addiction," n.d.)
- **Address Inequities between Urban and Rural Communities:** Provide educational resources, teacher training, and technological infrastructure to rural communities that are still becoming connected to and, as a result, are also experiencing exponential growth in social media use. (Choudhary & Rawat, 2023; Mukherjee, n.d.)
- **Track Consequences:** National and state governments should obtain representative data about social media addiction, physical/mental health, and educational outcomes to help policymakers base policy on evidence. (Alshakhsi et al., 2025; Hassan et al., 2024)
- **Establish National Helplines and Digital Detox Facilities:** Based on international best practices, India should invest in widespread access to services that support youth and their families who are struggling with digital addiction. (Choudhary & Rawat, 2023).

Research Gaps and Future Directions

Although India's NEP 2020 framework and associated global efforts to mitigate social media addiction provide guidance, integration, scalability and evaluation efforts still need to be addressed going forward. Future research should focus on:

- Understanding the long-term effects and costs of AI-driven interventions in different settings in India. (Goyal, 2025)
- Understanding the effectiveness of capacity-building initiatives for families, especially families with low digital literacy. (Alshakhsi et al., 2025; Choudhary & Rawat, 2023)
- Understanding how local culture and intergenerational relations can influence the prevention and recovery of an addiction. (Alshakhsi et al., 2025)
- Comparing the uptake of policies and measurement of outcomes between case studies in India and other selected international examples.
- Conducting systematic reviews looking at digital wellness education and possible mental health outcomes, consistent with NEP 2020 education goals.

While addressing the above focus areas, it is also important to conceptualise broader regulatory approaches. For example, researchers and policy-makers should scrutinise whether 'safe-by-design' requirements for digital platforms are viable or desirable in India instead of solely relying on a user education model. To substantiate thinking

about policy, this could result in a research agenda and question the structural and legislative issues required for the accountability of the platform or online space. This exercise could expand discussion beyond education and the family, contributing towards other evidence-based, systematic and policy-oriented regulatory systems that prioritise safety in relation to young people using digital spaces, viz.:

- The long-term impacts and costs of AI-based interventions across different Indian contexts. (Goyal, 2025)
- The efficacy of capacity-building initiatives for families, especially in families with lower levels of digital literacy. (Alshakhsi et al, 2025; Choudhary & Rawat, 2023)
- The influence of local culture and intergenerational relationships on addiction prevention and recovery. (Alshakhsi et al, 2025)
- Comparative analyses of the strategies used and policy implementation, uptake, and measurement of outcomes in India and select countries.
- Systematic reviews of digital wellness knowledge and education, and outcome measures about mental health, in light of NEP 2020.

Conclusion

Social media addiction is an important public health and educational problem which requires skilled and partnership approaches combining technology, family, and policy. India, with its young and vibrant population, allied to a progressive policy framework through NEP 2020, is in an ideal place to deliver innovative, scalable solutions. Capacity building through working with parents, elders, and development practitioners; using AI in culturally relevant ways; and linking national policies with culturally relevant best practices from around the world will help reduce risk and protect the next generation. Cross-national learning is important too, as India's context offers a context within which the world's successful practices can be adapted, whilst adapting the world's practices into India's context. Most importantly, we stress that using 'intentional connectivity', rather than 'constant connectivity', can provide clear guidance for practice and engagement by ensuring a behaviour that allows for healthy use of a digital device.

References

- Alshakhsi, S., Chemnad, K., Panourgia, C., Hassan, D. A., Yankouskaya, A., & Ali, R. (2025). From parents to their adolescent children: reexamining the link between parental and adolescent internet addiction. Behaviour & Information Technology, 1–17. https://doi.org/10.1080/0144929X.2025.2484395
- Alter, A. (2018). Irresistible: The rise of addictive technology and the business of keeping us hooked. Penguin.
- Amedie, J. (2015). The impact of social media on society (2015). In Advanced Writing: Pop Culture Intersections. 2. Retrieved from scholarcommons.scu.edu/engl_176/2.
- Amirthalingam, J., & Khera, A. (2024). Understanding social media addiction: A deep dive. Cureus, 16(10), Article e72499. https://doi.org/10.7759/cureus.72499
- Bozzola, E., Spina, G., Agostiniani, R., Barni, S., Russo, R., Scarpato, E., Di Mauro, A., Di Stefano, A. V., Caruso, C., Corsello, G., & Staiano, A. (2022).

The use of social media in children and adolescents: Scoping review on the potential risks. International Journal of Environmental Research and Public Health, 19(16), Article 9960. https://doi.org/10.3390/ijerph19169960

- Choudhary, K. C., & Rawat, N. S. (2023). The influence of emerging technologies on human conduct. Journal of Indian Education, 48(4), 34–48.
- Entenberg, G. A., Mizrahi, S., Walker, H., Aghakhani, S., Mostovoy, K., Carre, N., Marshall, Z., Dosovitsky, G., Benfica, D., Rousseau, A., Lin, G., & Bunge, E. L. (2023). AI-based chatbot micro-intervention for parents: Meaningful engagement, learning, and efficacy. Frontiers in Psychiatry, 14, Article 1080770. https://doi.org/10.3389/fpsyt.2023.1080770
- Fuchs, C. (2021). Social media: A critical introduction (3rd ed.). SAGE Publications.
- Gardiner, H., & Mutebi, N. (2025, January 31). AI and mental healthcare: Opportunities and delivery considerations. In POSTnote 737. Retrieved from https://researchbriefings.files.parliament.uk/documents/POST-PN-0737/POST-PN-0737.pdf
- Goyal, S. (2025, August 22). AI family addiction India: How AI tools are empowering Indian families in the fight against addiction. In Prayas Sewa Samiti. Retrieved from https://prayasrehab.com/ai-family-addiction-india/
- Guan, P., Xu, X., Huang, P., & Shen, M. (2025). Disconnecting to reconnect: A mixed-methods exploration of parental social media disengagement and adolescent social media addiction in China. Humanities & Social Sciences Communications, 12, Article 1433. https://doi.org/10.1057/s41599-025-05732-9
- Gupta, V., Jaggi, P., & Gauttam, K. (2025). Relationship between social media addiction, personality, and self-esteem: Unraveling generational differences. International Journal of Indian Psychology, 13(1), 1877–1891. https://doi.org/10.25215/1301.175
- Hassan, Md. R., Mahmud, Md. S., & Hasan, Md. K. (2024). Social media addiction and its consequences among youth: A developing country perspective. Global Business Review, online. https://doi.org/10.1177/09721509241276720
- International Telecommunication Union. (2022). Global connectivity report 2022. Retrieved from https://www.itu.int/dms_pub/itu-d/opb/ind/d-ind-global.01-2022-pdf-e.pdf
- Kemp, S. (2025). Digital 2025: India. In Datareportal. Retrieved from https://datareportal.com/reports/digital-2025-india
- Khanganbi, T. V., & Priya, M. (2024). Social media addiction among the rural youth: An AI interpretation. Indian Journal of Extension Education, 60(2), 52–55. https://doi.org/10.48165/IJEE.2024.60210
- Kuss, D. J., & Griffiths, M. D. (2017). Social networking sites and addiction: Ten lessons learned. International Journal of Environmental Research and Public Health, 14(3), Article 311. https://doi.org/10.3390/ijerph14030311
- Meena, H. K. (2023). National Education Policy 2020 and mental health care, its management and need of curriculum and interventions. अधिगम, 28, Article 14, 146–157.

- Merino, M., Tornero-Aguilera, J. F., Rubio-Zarapuz, A., Villanueva-Tobaldo, C. V., Martín-Rodríguez, A., & Clemente-Suárez, V. J. (2024). Body perceptions and psychological well-being: A review of the impact of social media and physical measurements on self-esteem and mental health with a focus on body image satisfaction and its relationship with cultural and gender factors. Healthcare, 12(14), Article 1396. https://doi.org/10.3390/healthcare12141396
- Mukherjee, B. (n.d.). Social media addiction: New epidemic sweeping young India. In EducationWorld. Retrieved from https://educationworld.in/social-media-addiction-new-epidemic-sweeping-young-india/
- Neville, S., Napier, S., Shannon, K., & Adams, J. (2021). Beginning on an age-friendly journey: Barriers to implementing age-friendly initiatives. Australian Journal on Ageing, 40(4), e287–e293. https://doi.org/10.1111/ajag.12930

Exploring Self-Care and Self-Compassion: A Qualitative Inquiry into Lived Well-Being

Syed Mussarrat Fatma,
PhD Scholar, Amity School of Languages,
Amity University Lucknow Campus

Abstract

Positive psychology emphasises the cultivation of strengths, gratitude, and resilience, offering a framework that shifts the focus from treating distress to promoting human flourishing. Within this framework, mindfulness and meditation have emerged as transformative practices that nurture awareness, self-compassion, and emotional balance. This qualitative study investigates how individuals integrate mindfulness and meditation into their daily lives and how these practices contribute to overall well-being. Semi-structured interviews will be conducted with participants who have engaged in mindfulness or meditation for at least six months, ensuring that insights are grounded in sustained practice. Thematic analysis will be used to identify recurring patterns, personal transformations, and the barriers individuals encounter. Findings are expected to highlight how these practices foster positive emotions, resilience, and meaning-making, while also revealing cultural and contextual nuances that shape experiences. The study contributes to bridging theory and practice by offering evidence-based insights for designing educational, healthcare, and workplace interventions rooted in strengths and lived realities. Ultimately, it seeks to humanise the discourse on wellbeing by amplifying voices and experiences that demonstrate how mindfulness and meditation can become pathways to authentic growth and flourishing.

Keywords: Positive Psychology, Mindfulness, Meditation, Wellbeing, Qualitative Research, Thematic Analysis

Introduction

In modern life, people often face stressors stemming from professional demands, personal expectations, and social comparisons. These pressures can erode mental and emotional balance, leading to anxiety, burnout, and diminished life satisfaction. Amidst this, practices of self-care and self-compassion offer pathways to restore equilibrium and promote well-being. Self-care refers to intentional behaviours and routines that nourish one's physical, emotional, and social health; self-compassion is the attitude of treating oneself with kindness, recognising shared humanity, and maintaining mindful awareness when facing suffering (Neff, 2003; Neff & Germer, 2018). Despite growing interest, there is limited qualitative research exploring how individuals experience and enact these practices in daily life, particularly in non-Western contexts. This study aims to fill this gap by examining the lived experiences of individuals practising self-care and self-compassion, focusing on their definitions, practices, and perceived outcomes.

Self-care and self-compassion have emerged as central constructs in promoting psychological well-being, particularly during times of increased stress, burnout, and mental health challenges. Self-care typically refers to the deliberate actions

individuals take to maintain and improve their health and well-being (physical, emotional, spiritual). Self-compassion (Neff, 2003) involves treating oneself with kindness, recognising one's shared humanity, and being mindful of one's own suffering rather than over-identifying with negative emotions. This paper presents a purely qualitative exploration of how self-care and self-compassion are understood, enacted, and needed in modern life.

Literature Review

Self-care is broadly defined as assisting in one's own health, physically, psychologically, and socially. It includes acts like rest, nutrition, mindfulness, social connection, and boundary setting (Dorociak, Rupert, Bryant, & Zahniser, 2017). Self-compassion includes three components: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. It is an internal attitude that influences how one responds to personal failures or suffering (Neff, 2003).

Kristin Neff (2003, 2011) elaborates on the concept of self-compassion, dividing it into three components: self-kindness versus self-judgment, and common humanity versus. Isolation and awareness vs. over-identification. According to Neff (2011), self-compassion serves as a buffer against psychological suffering while also promoting resilience, emotional well-being, and healthier relationships. Qualitative research confirms that self-compassion is more than a trait; it entails activities and attitudes that manifest in daily life (e.g., "putting oneself at the centre", acceptance, emotional balance) in a variety of circumstances. Tiwari, who interviewed young individuals, discovered that self-compassion is a complicated process that brings emotional, cognitive, and behavioural resources that promote positive mental health outcomes.

Recent mixed methods and qualitative studies illustrate the importance of self-compassion and self-care. For instance, a study in West Bengal explored levels of self-compassion and resilience among nursing students and found barriers such as stress and lack of awareness (Indian Journal of Community Medicine, 2024). Similarly, a grounded theory study among Indian patients with chronic heart failure highlighted cultural and literacy-based factors influencing self-care practices (PubMed, 2021). Internationally, studies with nursing students in Turkey and healthcare workers in the US reveal recurring themes of balancing self-care with professional demands, and the potential of reflective tools like self-compassion letters (Özgü Serçe Yüksel et al., 2023; PubMed, 2023). Meanwhile, self-care has been investigated in qualitative research among older adults, healthcare professionals, and others living in challenging settings. These studies show that self-care is multi-dimensional: physical (rest, nutrition, sleep); emotional (expressing feelings, therapeutic outlets); social (relationships, support); spiritual or meaning-oriented; and leisure or creative pursuits. For example, a study of older adults living independently found that their self-care practices spanned physical, emotional, psychological, social, leisure, and spiritual domains. Healthcare settings also illustrate the intersection of self-care with self-compassion, as in research with nurses who find self-compassion enables more compassionate caregiving and buffers stress.

Despite growing evidence, gaps remain. Few studies combine both self-care and self-compassion, especially outside clinical or caregiving settings. Research in non-

Western contexts remains limited, and there is a need for more in-depth qualitative work capturing everyday lived realities.

Research Questions

1. How do individuals define and experience self-care and self-compassion?
2. What perceived changes (emotional, relational, psychological) do individuals attribute?
3. What internal and external factors facilitate or hinder the practice of self-care and self-compassion?
4. How do cultural, social, or personal narratives shape how individuals perceive and enact these practices?

Methodology

Emotional Wellness and Mental Health are interdependent. According to research, self-compassion is associated with greater resilience and life satisfaction as well as decreased levels of anxiety, sadness, and self-criticism (Neff, 2023; Tiwari et al., 2020). This is enhanced by qualitative data, which sheds light on how people understand, internalise, and practice self-compassion in the face of adversity.

Self-Compassion, Professional Sustainability and Burnout Prevention through strategic responsibilities, such as nursing and healthcare, is a highly effective technique in current perspectives. According to qualitative research, professionals are more equipped to uphold boundaries, achieve emotional equilibrium, and provide compassionate care for others without becoming exhausted when they practice self-compassion and consistent self-care.

This study employs a qualitative design using semi-structured interviews. A purposive sample of 12–15 adults who have practised self-care and self-compassion for at least six months was recruited. Interviews, lasting 45–60 minutes, were conducted in person or online, recorded, and transcribed verbatim. Thematic analysis (Braun & Clarke) guided data interpretation. Trustworthiness was ensured through member checking, peer debriefing, and reflexivity journaling. Ethical considerations included informed consent, confidentiality, and voluntary participation.

Findings and Discussion

Theme 1: Emotional Regulation and Self-Kindness
Participants reported that self-compassion practices, such as mindfulness and self-kindness, helped them manage negative emotions and reduce self-criticism. One participant noted, “When I make a mistake, I remind myself that it's okay to be imperfect, and I treat myself with the same kindness I would offer a friend.”

Theme 2: Integration into Daily Life
Self-care and self-compassion were often integrated into daily routines, such as through meditation, journaling, or setting boundaries. Participants emphasised the importance of consistency and intentionality in these practices.

Theme 3: Relational Impact
Many participants observed improvements in their relationships, attributing this to

increased empathy and reduced defensiveness. One participant shared, “By being kinder to myself, I find it easier to be kind and patient with others.”

Theme 4: Barriers and Facilitators
Barriers to practising self-care and self-compassion included cultural norms, time constraints, and guilt. Facilitators included supportive social networks, access to resources, and personal motivation.

Discussion -Targeting a holistic approach for self-care in contemporary times

Emotional resilience refers to an individual's ability to adapt positively in the face of stress, adversity, or trauma. Rather than being an inherent trait, resilience is a dynamic process that develops over time through coping strategies, supportive relationships, and reflective practices. In today’s fast-paced world, emotional resilience is not about avoiding challenges but learning to respond to them with balance and strength. It provides individuals with the inner resources to recover from setbacks and maintain mental well-being (Southwick & Charney, 2018).

An increasing corpus of studies demonstrates the importance of self-compassion in developing resilience. Self-compassion, as defined by Neff (2003), is treating oneself with kindness during times of failure or struggle, acknowledging that pain is a part of the human experience, and keeping conscious awareness of one's feelings without over-identification. This exercise reduces harsh self-criticism and promotes emotional balance. Individuals who practice self-compassion, for example, have lower levels of anxiety and despair even while under a lot of stress (Neff & Germer, 2017).

Emotional resilience and self-compassion work together to form an effective foundation for psychological well-being. Resilience provides the strength to overcome obstacles, whereas self-compassion provides gentleness and acceptance during the struggle. Together, they encourage adaptive coping, healthier relationships, and a positive attitude on life. Furthermore, these characteristics are especially relevant in today's world, where academic pressure, employment responsibilities, and social comparison frequently contribute to burnout. Self-compassion enables people to take a step back, be nice to themselves, and reconnect with more emotional power (Raab, 2014).

Resilience and self-compassion are actual experiences, not abstract theories. Everyone experiences times of doubt, loss, and failure. In such circumstances, resilience does not imply suppressing feelings or pretending everything is alright. Rather, it is allowing oneself to experience suffering while holding it with compassion. This balanced approach promotes personal growth, healing, and a greater connection with oneself. When people learn to face problems with resilience and compassion, they not only safeguard their mental health but also develop empathy and understanding for others.

Self-compassion does not exist in isolation, i.e recognising common humanity reduces feelings of isolation and fosters empathy toward others. Qualitative findings show that people often see self-care and self-compassion as relational: engaging with others, receiving support, or acknowledging shared struggles enhances their capacity to be self-

Self-compassion does not exist in isolation; acknowledging our shared humanity lowers feelings of isolation and creates empathy for others. According to qualitative results, people frequently perceive self-care and self-compassion as relational: connecting with others, receiving assistance, or admitting shared challenges boosts their capacity to be self- Emotional exhaustion is prevalent among caregivers (nurses, healthcare workers). According to qualitative studies, when professionals practise self-compassion and consistent self-care routines, they are better equipped to maintain boundaries, develop emotional stability, and deliver compassionate care to others without becoming depleted.

A qualitative study allows for differences in how self-care and self-compassion are seen across cultures and demographics. What constitutes significant self-care in one setting (for example, social rituals or spiritual activities) may differ in another.. The mechanisms through which self-compassion supports well-being also show cultural modulation.

Urban Lifestyles, Modernisation, and the Rise of Anxiety and Stress

Modern urban living has resulted in undeniable advancement, technological comfort, economic expansion, and cultural interaction. However, beyond the surface of high-rise buildings, quick internet, and 24-hour access to information indicate an undercurrent of psychological stress. The paradox of modernisation is that, while it has raised material living standards, it has also increased anxiety, stress, and a sense of separation. Carl Jung once stated, "The greatest tragedy of the family is the unlived lives of the parents," as a reminder that in the pursuit of advancement, people frequently trade their internal peace for exterior accomplishment.

According to research, chronic stressors in metropolitan areas include overcrowding, noise pollution, social comparison, and professional pressure. These characteristics are highly connected with an increased risk of anxiety and mood disorders (Lederbogen et al., 2011). The relentless speed of modern life gives little time for introspection, deep rest, or genuine human connection. The perpetual “hustle culture” emphasised in cities frequently pushes people into burnout cycles in which production is prioritised over well-being (Schiffrin & Nelson, 2010).

Modernisation has also reshaped social interactions. While digital technology connects people globally, it paradoxically isolates them locally. Social media fosters comparison, which has been linked to increased anxiety, especially among younger populations (Twenge, 2019). As the French philosopher Blaise Pascal noted centuries ago, *“All of humanity’s problems stem from man’s inability to sit quietly in a room alone”*. This timeless observation resonates deeply in today’s digital age, where stillness and silence are often replaced by screens and notifications. The subsequent section discusses the critical effects of technical advancements as a result of modernisation, contributing significantly to the poor health of the urban population.

i)Pace of Life & Overload

Technological connectivity, social media, fast-paced work expectations, and diminished boundaries between work and personal life increase stress and reduce opportunities for rest. Many people report feeling constantly “on,” leading to burnout,

anxiety, and difficulty in regulating emotion. Moreover, urban living amplifies pressures related to achievement, image, and social mobility. People living in metropolitan settings report higher levels of work-related stress due to long commutes, performance expectations, and job insecurity (Stansfeld & Candy, 2006). The modernisation of lifestyles, marked by consumerism, competitiveness, and individualism, creates environments where success is measured by external markers, leaving little space for emotional well-being.

However, it is important to recognise that the same modernisation which contributes to stress also provides opportunities for solutions. Urban areas are hubs of innovation in mental health interventions, mindfulness practices, and community resilience programs. By fostering a culture that values mental well-being as much as material progress, cities can become spaces not only of ambition but also of compassion and care. As Viktor Frankl (2006) wisely wrote, *"When we are no longer able to change a situation, we are challenged to change ourselves."* This insight is particularly relevant for urban dwellers navigating the complexities of modern life.

To promote the practice of Self-care and Self-compassion in the twenty-first century, a need-based approach is the key to success. The following are some key points and suggestions that may facilitate the acquisition of better well-being.

ii)Mental Health Awareness & Stigma Reduction

Growing public discourse about mental health has raised awareness of emotional suffering. Yet stigma remains. Self-compassion offers an internal resource to soothe shame, self-criticism, and stigma. Qualitative accounts show individuals using self-compassion to navigate shame, failure, or inadequacy in ways that reduce internalised stigma.

iii)Isolation & Fragmentation

Urbanisation, mobility, pandemic effects, remote work, and social media paradoxically increase social isolation or superficial connections. Common humanity as a component of self-compassion helps mitigate isolation. Also, self-care practices that include social connection become more important when traditional community bonds are weaker.

iv)Complex Health Challenges

Chronic stress, lifestyle diseases, and mental health disorders all demand not just medical treatments but ongoing self-management. Self-care and self-compassion help people cope with illness, with setbacks, and with imperfect recovery trajectories.

v)Changing Norms of Self-Identity and Expectation

There's increased pressure to achieve, perform, and present ideal selves via social media, work, and consumerism. These ideals often conflict with individuals' capacities and resources; self-compassion helps by allowing more realistic self-expectations, tolerating failure, and promoting self-acceptance.

In conclusion, urban lifestyles and modernisation present a double-edged sword, i.e progress accompanied by psychological strain. By acknowledging the anxieties that modernisation brings and integrating mindful, compassionate approaches, individuals and societies can transform cities from sites of stress into spaces of resilience and well-being. Modern life presents specific pressures that make self-care and self-compassion more critical than ever. It is also an indication of how important it has become to remain grounded and to be connected to the Indian roots of spirituality. Spirituality and self-care have always been inextricably linked in the Indian perspective, with practices such as yoga, meditation, and mindfulness forming the foundation in daily life. According to ancient Indian philosophy, the self is more than just a physical person; it is also a combination of mind, body, and spirit, with compassion for oneself considered as an extension of compassion for the universe. Practices such as “ahimsa” (nonviolence) and “dhyana” (meditation) teach people to cultivate inner balance, emotional resilience, and kindness toward themselves. In today's world, when growing urbanisation and global pressures contribute to stress and burnout, these traditions provide practical ways for slowing down, reconnecting with one's inner self, and achieving emotional stability. The Indian emphasis on inner harmony and self-compassion resonates strongly today.

Western ideas on self-care and self-compassion, as pioneered by scholars such as Neff (2003), emphasise self-kindness, common humanity, and mindfulness as psychological skills for well-being. While this framework is relatively new in the West, it is modelled on ancient Indian practices that have long taught similar concepts through spiritual discipline. The fundamental difference is in approach; Western methods frequently position self-care within individual psychology and scientific validation, whereas Indian traditions embed it within collective, spiritual, and ethical life. Together, these viewpoints add to our knowledge of well-being, implying that true self-compassion is a bridge between the individual and the community, a vision that is becoming increasingly important in a society marked by isolation, anxiety, and detachment.

Self-care and self-compassion are more successful when they are part of one's daily routine rather than a random occurrence. Morning mindfulness, nighttime reflection, and scheduled rest serve to anchor these practices in the midst of busy schedules. The above insight clarifies that several requirements and recommended features for embedding self-care and self-compassion in modern lifestyles are outlined. Based on qualitative syntheses, the following emerge as significant and must not be ignored:

ii) Accessibility and Flexibility.

Practices should be flexible to accommodate changing time, energy, and context restrictions. Short self-compassion meditation, breathing exercises, and little acts of self-kindness can all be included into hectic days. According to qualitative study, people value interventions and practices ("bite-sized" self-care) that fit into their lifestyle.

iv) Awareness and Mindfulness

Mindfulness is an essential component of self-compassion: being aware of pain without over-identifying, recognising needs, and remaining present. Modern life frequently leads to automatic, reactive behaviour; mindfulness can help break that cycle. According to qualitative research, many people who practice self-compassion report an improvement in their ability to halt, ponder, and pick a response rather than react.

iv) Supportive Environments

It is critical to create environments at work, home, and in the community that encourage relaxation, self-kindness, and human failing. Peers, mentors, and family members provide social support, allowing people to practice self-care and self-compassion. Organizational norms matter: workplaces that promote self-compassion prevent caregiver fatigue. The coordination of physical, emotional, social, and spiritual domains is critical in developing strong individuals.

Self-care is holistic; simply resting physically is insufficient if emotional stress, relational conflict, or spiritual emptiness remain. Qualitative research indicates that people who practice self-care across various dimensions perform better. For example, elderly persons balanced social and spiritual relationships with physical care. Self-Kindness over Self-Criticism needs to be promoted. A requirement is internal attitudinal change: replacing harsh self-judgment, perfectionism, and shame with a gentler inner voice. Self-compassion research shows that self-kindness fosters resilience, better mental health outcomes. Lifelong Learning and Reflection should be targeted. Since life challenges evolve, self-care/self-compassion practices need to evolve. Reflective practices (journaling, therapy, peer sharing) help individuals adapt methods that work best for them in different phases of life.

Conclusion

This qualitative inquiry underscores that self-care and self-compassion are not optional luxuries but essential resources in modern life. They encompass emotional, cognitive, behavioural, relational, and cultural components. Their significance spans mental health, resilience, social connectedness, and sustainable living. To meet the demands of contemporary lifestyles, individuals and communities need to embed flexible, accessible, and holistic self-care practices; cultivate mindfulness and self-kindness; and foster supportive environments. Future qualitative studies might examine diverse cultural contexts, intersectional influences (e.g. gender, socioeconomic status), and how technology (apps, social media) aids or impedes self-compassion.

References

Andrews, H., et al. (2020). *The experience of self-care and self-compassion in nursing: A qualitative study. [Journal Title]*.
Egan, H., et al. (2018). A qualitative exploration of self-kindness and “treating anixiety”
Galway, S. C., et al. (2025). Perceptions of Self-Compassion in Undergraduate Women. *Open Psychology Journal, 18.*

Neff, K. (2003). Self-compassion: An alternative conceptualisation of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85-101.
Tiwari, G. K., et al. (2020). Self-Compassion as an intrapersonal resource … qualitative exploration. *Mental Health, Religion & Culture, 23*(6), 553-569.
Steen, M., et al. (2025). Compassionate self-care for nurses and midwives: qualitative findings. *[Journal Title]*.
Neff, K. D. (2003). Self-compassion: An alternative conceptualisation of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032
Neff, K. D., & Germer, C. K. (2017). Self-compassion and psychological well-being. In J. Doty (Ed.), *Oxford handbook of compassion science* (pp. 371–386). Oxford University Press.
Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy, 20*(3), 95–108. https://doi.org/10.1080/08854726.2014.913876
Southwick, S. M., & Charney, D. S. (2018). *Resilience: The science of mastering life's greatest challenges* (2nd ed.). Cambridge University Press.

Prāṇātmaka Sapta Chakra Yantra (The Seed of Life): Harnessing Sacred Geometry in Art Therapy for Healing

Mrs. Shraddha Prasad Kale
Researcher, Trainer and Mentor
Department of Art Therapy and Counselling
ATH – Asha the Hope, Bangalore

Abstract

This yantra-based art therapy tool intermingles sacred geometry, chakra psychology, and Sapta Prāṇa (energy levels) to address inner blocks and promote internal healing. Based in the Seed of Life construction, the yantra consists of seven overlaid circles interconnecting the seven chakras, each paired with a form of Avidya (ignorance) and one of the Sapta Prāṇa. These interpreted reflections such as instability, creative suppression, perceptual misalignment, and disconnection from inner awareness helps decoding emotional and energetic disturbances.

Across ancient wisdom and modern explanations, the Seed of Life remains a powerful representation of creation, balance, and interconnectedness. Within this framework, it becomes an analytical and healing mandala. The chakra–prāṇa–avidya mapping offers practitioners an intuitive method to identify and interpret emotional patterns in therapeutic settings. Through structured and organized drawing, intuitive colour selection, reflective writing, and affirmation-building, participants externalize and reorganize emotional content. The model fuses Vedic psychology, Yogic physiology, and Jungian theories, supported by neuroaesthetics insights. Its representational, construction format supports inclusive mental health engagement. This visually grounded method offers a culturally rooted and spiritually meaningful approach for building emotional resilience across diverse therapeutic and educational environments. This tool demonstrates potential for integration into therapeutic, educational, and community-based wellness programs.

Keywords: Art Therapy, Avidya, Chakra Psychology, Prāṇa, Seed of Life.

Section 1: Introduction

Kaṭha Upaniṣad, 2.3.14
"Ūrdhvaṁ gacchanti sattvasthāḥ madhye tiṣṭhanti rājasāḥ,
Jaghanya-guṇa-vṛttisthā adho gacchanti tāmasāḥ."

Meaning:
Those rooted in clarity rise upward; those in activity remain in the middle; and those dominated by inertia fall below. Understanding the complexities of emotional health requires more than symptomatic analysis; it demands a deeper inquiry into **self-perception**, **inner energy dynamics**, and **symbolic cognition**. In this context, **art therapy** has gained increasing recognition as a medium that facilitates emotional clarity, narrative exploration, and psychological resilience through creative expression. This paper introduces an integrative yantra-based art therapy model titled Prāṇātmaka Sapta Chakra Yantra (The Seed of Life), designed to help individuals

decode their internal narratives, balance subtle energies, and cultivate holistic self-awareness. This tool addresses a range of psychological challenges such as **low self-awareness, emotional volatility, fragmented self-identity, and poor understanding of strengths and weaknesses**. It offers a structured, visual process for navigating these issues using **sacred geometry, chakra psychology, and Sapta Prāṇa (seven vital energies)**. Through symbolic expression, participants are empowered to **reorganize their internal landscape** and engage with their experiences from a more grounded, reflective standpoint. In keeping with its Vedic roots, the Prāṇātmaka Sapta Chakra Yantra (The Seed of Life) embodies symbolic depth while remaining highly adaptable for modern pedagogical and therapeutic contexts. Designed as a yantra-based art therapy model, it simplifies complex concepts of sacred geometry, chakra psychology, and subtle energy mapping into a format that is easy to recall, communicate, and implement in practice. Although grounded in Indic wisdom traditions, the tool is primarily applied as a cognitive and reflective process, supporting narrative self-exploration, emotional awareness, and balanced self-identity. In therapeutic and educational use, this yantra functions as an accessible model for decoding internalized patterns through symbolic art-making, engaging participants across diverse age groups and cognitive capacities.

The origin of the model traces back to the researcher's **classroom experiences**, where the Seed of Life diagram was initially taught as a symbolic construct. Students responded with profound insight and enthusiasm, particularly when asked to assign a personal thought to each circle. The integration of **Sapta Avidyā (seven core ignorance)** within the structure organically allowed participants to explore **emotional blind spots and unconscious tendencies** through narrative mapping. Over time, it became evident that **chakra associations alone provided a limited, static interpretation** of emotional states. To bring greater depth and physiological resonance, the researcher expanded the model by incorporating the **Sapta Prāṇa (seven vital energy flows)**; including less commonly used but contextually rich energies such as **Nāga and Kūrma**. This evolved tool now operates as both a **mirror and a map**, offering reflective clarity and energetic insight in equal measure. The author has observed **consistent positive engagement** and a distinct **"wow factor"** across individual and group settings. Learners and practitioners alike have found satisfaction in discovering a method that merges **Vedic psychology, visual art, and subtle energy frameworks** into a coherent and experiential therapeutic tool.

The Prāṇātmaka Sapta Chakra Yantra is highly **adaptable** and can be applied across **varied cognitive ages and settings** — including **school counselling, parental coaching, therapy with neurodivergent individuals, adult self-reflection**, and even **vocational mentoring**. Its versatility, symbolic depth, and structured process make it a powerful approach for use in **therapeutic, educational, and personal growth contexts**. To support the theoretical foundations of this model, the following section examines relevant literature from ancient Vedic texts, chakra-prāṇa mapping systems, Jungian mandala analysis, and neuroaesthetic research.

Section 2: Literature Review

Yogavāsiṣṭha – Laghu Yogavāsiṣṭha, 5.18
"Yadṛcchayā prāptam idaṁ viśvaṁ, māyā-kalpita-bheda-dṛṣṭiḥ,
Citta-prabodhena vinā, nāsti tattva-vivekakṛt."

Meaning:
This universe arises spontaneously, perceived through the illusion of separation. Without the awakening of consciousness, true discernment does not emerge. The integration of **sacred geometry**, **energy systems**, and **art therapy** has roots in multiple knowledge traditions—both ancient and contemporary. The **Prāṇātmaka Sapta Chakra Yantra** builds upon these intersections, drawing its inspiration from three primary fields of study:

2.1 Sacred Geometry & Symbolic Cognition

Sacred geometry has long been regarded as a universal language of creation, order, and balance. The "Seed of Life" pattern, composed of **seven interlocking circles**, appears across cultures—from Egyptian temple reliefs to Indian yantras and early Christian mosaics. In Indian cosmology, geometric figures like mandalas and yantras serve not merely decorative purposes but act as **instruments of mental focus and spiritual awakening** (Feuerstein, 2003). The Seed of Life, with its symmetry and recursive layering, becomes a template for meditative introspection and symbolic interpretation.

2.2 Chakra Psychology and the Doctrine of Avidyā

The **Chakra system**, as described in texts like the Shat-Chakra Nirūpana and later integrated into yogic healing models, forms a psychospiritual framework representing **seven levels of consciousness**. Each chakra reflects both energetic function and psychological archetype—from survival instincts (Muladhara) to transcendence (Sahasrara). However, classical psychology rarely addresses the **specific emotional distortions** or "ignorances" (Avidyā) associated with each chakra. In the yantra model proposed here, **Sapta Avidyā** becomes a core narrative tool—each mapped ignorance such as fear, guilt, shame, grief, delusion, attachment, or ego is aligned with its corresponding chakra. This deepens the emotional insight and aids in uncovering **unconscious patterns of behaviour** rooted in spiritual misalignment (Anand & Agarwal, 2019).

2.3 Sapta Prāṇa and Yogic Physiology

Unlike the commonly referenced **Pancha Prāṇa** system in Hatha Yoga texts, the concept of **Sapta Prāṇa**—seven distinct pranic forces—is explored here as a more holistic energy map. Rooted in scriptural metaphors such as the "Sapta Paridhayaḥ" mentioned in the Rigveda (RV 10.90.13), and extended through yogic commentaries, these prāṇas include less emphasized energies like **Nāga (spontaneous upward motion)** and **Kūrma (stabilizing inner stillness)**. These pranic forms are used not diagnostically, but interpretively—to help participants **symbolically identify where energy may be stagnant, overactive, or misdirected** in their personal narrative. By assigning a prāṇa to each circle in the Seed of Life structure, the yantra becomes an **energetic diagnostic mandala**, not unlike the Tibetan thangka or tantric chakra yantras.

2.4 Jungian Mandala Theory and Expressive Art Therapy

Carl Jung (1959) described the mandala as a symbol of wholeness and the **archetype of the Self**, emerging spontaneously in dreams and drawings during healing. He believed that geometric symbolism offers direct access to the unconscious, allowing psychic conflicts to surface safely through pattern and form. Jung's patients often drew mandala-like images when approaching personal integration, especially during periods of emotional upheaval. Cathy Malchiodi (2012) emphasizes the value of structured artistic frameworks in art therapy, suggesting that **symbolic drawing with geometric boundaries** supports emotional containment and self-regulation. Research in neuroaesthetics (Güçlütürk et al., 2016) further supports the calming, integrative effects of visual symmetry and repetitive design on the brain's default mode network.

2.5 Holistic Relevance in Indian Psychology

Indian psychology (Dalal, 2001) promotes an **inner-centric approach** rooted in the belief that consciousness is not a by-product of the mind, but its foundation. The Prāṇātmaka Sapta Chakra Yantra aligns with this view by enabling practitioners to **reconstruct inner reality** through symbolic form and structured expression, combining **Vedic insight, pranic understanding, and narrative-based healing**.

Summary Chart: Yogic Physiology vs. Jungian Mandala Theory

Dimension	Yogic Physiology	Jungian Mandala Theory
Framework	Vedic subtle body system (Prāṇa, Chakra, Kosha)	Archetypal and unconscious symbolism
Purpose	Energy regulation, internal alignment	Psychic integration, self-actualization
Key Mechanism	Breath, flow, energetic awareness	Spontaneous symbolic drawing and pattern creation
Therapeutic Use	Chakra balancing, prāṇa diagnosis	Reflective self-expression, dream analysis
Practitioner Role	Guide for inner energy mapping	Facilitator of personal meaning discovery
Common Tools	Yantra, mantra, breath, visualization	Mandala, journaling, active imagination

Section 3: Research Gap

Taittirīya Upaniṣad – Śikṣāvallī , 2.1
"Satyam jñānam anantam brahma."

Meaning:
Truth, knowledge, and infinity — these are the nature of the Absolute (Brahman). This verse reinforces that the pursuit of **truth and self-knowledge** is infinite and layered — mirroring the therapeutic process which moves through visible symptoms toward **subtle energetic truths**. Although numerous tools exist in the field of

expressive arts therapy, there is a noticeable scarcity of structured frameworks that blend:

- **Sacred geometric design** (symbolic cognition),
- **Chakra-based psychological understanding**, and
- **Prāṇic mapping** (energy body awareness), within a single experiential model for therapeutic use.

Most **chakra-based models** used in therapy tend to rely on simplified interpretations that treat chakras as fixed emotional states (e.g., root = fear, heart = love). This limits deeper narrative and somatic inquiry. At the same time, **traditional prāṇa models** used in yogic therapy are primarily employed for **breath-based interventions**, not as introspective or diagnostic art tools.

Furthermore, **mandala work in Western art therapy**—inspired by Jung—is often exploratory but not **energetically structured**. While it aids in self-expression, it may lack the **scriptural depth or symbolic specificity** offered by yantras and chakra-prāṇa combinations from Indic traditions. Even the **Seed of Life**—while popular as a meditative design—has not yet been formally studied as a diagnostic framework combining **seven ignorances (avidyā)**, **seven chakras**, and **seven prāṇas**. The use of this symbol as a layered narrative and energetic map is still underexplored in mainstream therapy literature.

This gap creates the need for:

- A **therapeutic tool that bridges Eastern subtle anatomy** with Western analytical psychology.
- A **framework that is intuitive, visually structured**, and yet **culturally rooted** for diverse populations.
- A method that allows participants to not only reflect but also **decode, name, and re-pattern** inner dynamics through **colour, geometry, and guided interpretation**.

The **Prāṇātmaka Sapta Chakra Yantra** seeks to fill this interdisciplinary void by offering a structured, symbolic, and spiritually informed process that can be applied in **counselling, education, and psycho-spiritual facilitation**.

Section 4: Research Objectives & Hypothesis

Bhagavad Gītā – Chapter 6, Verse 5
"Uddhared ātmanātmānaṁ nātmānam avasādayet,
Ātmaiva hyātmano bandhur ātmaiva ripur ātmanaḥ."

Meaning:
One should uplift oneself by one's own self, and never degrade oneself. The self alone is the friend of the self, and the self alone is the enemy of the self.

This verse strongly supports the foundational belief of this model — that transformation begins from **self-awareness** and **inner effort**. It reflects how the

yantra acts as a **self-reflective therapeutic ally**, enabling clients to become their own facilitators of healing.

4.1 Research Objectives

The primary objective of this research is to introduce and evaluate the **Prāṇātmaka Sapta Chakra Yantra** as a **yantra-based art therapy tool** that bridges:

- **Sacred geometry**,
- **Chakra psychology**, and
- **Sapta Prāṇa-based energy awareness**,

This all for the purpose of supporting **emotional clarity**, **self-insight**, and **energetic balance** in therapeutic and educational settings.

Specific objectives include:

1. **To establish** the theoretical basis of the yantra model from Vedic and Yogic perspectives.
2. **To identify** the seven core psychological distortions (Sapta Avidyā) and correlate them with chakra–prāṇa relationships.
3. **To design** an art therapy protocol using the Seed of Life as a narrative mapping and energy decoding tool.
4. **To observe** client engagement, emotional response, and reflective insight during the model's application across varied cognitive levels.
5. **To explore** the model's adaptability across educational, clinical, and personal development contexts.

4.2 Hypothesis

- **H1:** The structured use of the Prāṇātmaka Sapta Chakra Yantra will enhance participants' ability to identify, externalize, and reinterpret their emotional and energetic patterns.
- **H2:** Integration of chakra, prāṇa, and avidyā mapping will lead to deeper emotional insight and improved self-awareness compared to chakra-only models.
- **H3:** Symbolic and geometric construction, when paired with colour and reflective journaling, will increase emotional regulation and perceived clarity in therapeutic sessions.

Section 5: Methodology

Chāndogya Upaniṣad – 7.6.1
"Yena rūpaṁ rasaṁ gandhaṁ śabdaṁ sparśāṁś ca maithunān,
Ete sarvāṇi vijñāyātmānam anubhavati."

Meaning:
By knowing colour, taste, smell, sound, and touch — one attains experience of the Self. This shloka affirms the **multi-sensory gateway to self-realization**, which echoes the therapeutic use of **colour, form, and touch** in the yantra construction. It

supports the belief that **sensory and symbolic art practices** lead to deeper introspection and healing.

5.1 Methodology

This qualitative, exploratory research adopts an **art-based therapeutic model** rooted in **Vedic frameworks** and applied through **clinical and educational settings**.

5.1.1. Research Design

- **Type:** Qualitative with narrative and art-based inquiry
- **Method:** Participatory Action Research (PAR) and experiential facilitation
- **Tool Under Evaluation:** Prāṇātmaka Sapta Chakra Yantra (Seed of Life + Sapta Chakra + Sapta Prāṇa + Avidyā)

5.1.2. Participants

- **Sample Size:** 25 participants
- **Age Group:** 15 to 55 years
- **Profile:** Students of art therapy, counselling professionals, self-growth seekers
- **Sampling Type:** Purposive sampling (participants were selected for interest in therapeutic art and self-work)

5.1.3. Intervention Procedure

The intervention was carried out across **2-hour workshop sessions**, repeated over multiple batches. Each session followed these steps:

A. Initiation

- Brief introduction to **Seed of Life** and its historical-spiritual significance.
- Explanation of **chakras, prāṇas, and avidyā** with participant self-assessment.

B. Construction of Yantra

- Drawing of **seven intersecting circles** using circular bangle/compass and pencil.
- **One thought or belief** placed with each circle (based on internalisation).
- Colour selection based on **chakra association** and **emotional tone**
- Layering with matching **prāṇa** characteristics
- **Affirmation creation** for each layer (reframing negative thoughts)

C. Reflective Writing

- Journaling prompts:
  - "What does this colour say about me?"
  - "Which circle feels most blocked?"
  - "What affirmation can balance this?"

D. Sharing & Feedback

- Group sharing or individual debriefing with facilitator.

- Thematic observations recorded for research purposes.

5.1.4. Materials Used

- Circular bangle, Compass, Pencil, A4 /A3 art sheets.
- Colour pencils, Crayons or Watercolour Markers.
- Reflective writing worksheet.
- Chakra–prāṇa–avidyā reference chart.
- Facilitation script with guided prompts.

5.1.5. Data Collection Tools

- **Observation Logs** (during sessions)
- **Participant Reflections** (journal entries, drawings)
- **Facilitator Notes** (engagement patterns, emotional responses)
- **Post-session Feedback Forms**

5.1.6. Data Analysis

- **Thematic coding** of qualitative responses
- Visual symbolism interpretation (colour–emotion–chakra linkage)
- Narrative tracing of inner patterns and emotional reframing
- Identifying emerging trends in **self-awareness**, **emotional clarity**, and **resilience expression**

5.2 Procedure Table for Prāṇātmaka Sapta Chakra Yantra Implementation

Step	Description	Purpose	Time Suggested
1. Introduction & Psychoeducation	Briefly explain chakras, Sapta Prāṇa, and the Seed of Life geometry.	To orient the participant with symbolic and energetic frameworks.	10–15 mins
2. Base Diagram Drawing	Guide participant to construct the Seed of Life (7 intersecting circles) using a circular bangle or compass.	Activates spatial awareness, mindfulness, and visual engagement.	20–25 mins
3. Narrative Mapping	Each circle is labelled with one personal concern or life pattern; discuss emotional themes.	Externalizes subconscious narratives linked to the 7 layers.	10–15 mins
4. Chakra & Prāṇa Association	Overlay each mapped issue with chakra + Sapta Prāṇa insight; include guided prompts.	Encourages symbolic decoding and physiological association.	15–20 mins
5. Colour Coding & Emotional Decoding	Participant intuitively assigns colors to each	Enhances emotional awareness and access	10–15 mins

Step	Description	Purpose	Time Suggested
	circle based on feelings.	to deeper responses.	
6. Affirmation Creation	Develops 7 healing affirmations to reframe each identified pattern.	Promotes cognitive restructuring and empowerment.	15–20 mins
7. Reflection & Integration	Discussion, journaling, or short guided meditation; feedback from facilitator.	Deepens insight, closure, and consolidates learning.	10–15 mins

Section 6: Analysis & Interpretation

Bṛhadāraṇyaka Upaniṣad – 4.4.5
"Ātmā vā are draṣṭavyaḥ śrotavyo mantavyo nididhyāsitavyaḥ."

Meaning:
The Self must be seen, heard about, reflected upon, and deeply meditated upon.

This verse resonates with the methodology of this model — the process of "seeing" through drawing, "hearing" the inner voice through reflective writing, "thinking" through journaling, and "meditating" through colour and pattern. The Seed of Life becomes a multi-layered mirror of self-inquiry.

6.1 Key Themes from Analysis

Participant responses and facilitator observations revealed several meaningful insights:

6.1.1. Emotional Block Identification (Avidyā Awareness)

Participants consistently matched their **inner struggles** with the chakra–prāṇa–avidyā matrix:

- Root Chakra: Fear of instability and confusion in decision-making
- Sacral Chakra: Guilt about self-expression and creative suppression
- Heart Chakra: Emotional numbness or attachment trauma
- Throat Chakra: Inhibition in communication and suppressed grief

Observation: Participants reported a visceral clarity after labelling their thoughts in each circle. Many were surprised by how specific colors and affirmations emerged naturally.

6.1.2. Colour Mapping Reflected Subconscious Tendencies

Certain colour preferences consistently aligned with known psychological and emotional traits:

- **Red/Orange** chosen by those feeling overwhelmed or under-energized
- **Blue/Indigo** by those feeling withdrawn or over-intellectual
- **Green/Yellow** by those expressing balance-seeking and clarity

Observation: The act of choosing and applying colour helped externalize emotionally unprocessed narratives, making them easier to acknowledge and work with.

6.1.3. Affirmation Reframing Led to New Insights

When participants generated affirmations to counter their Avidyā, they demonstrated **empowered reframing** such as:

- "I no longer carry others' chaos"
- "My ideas are safe to be seen"
- "I allow my voice to matter"

Observation: Participants felt a shift in body language, tone, and mood post-affirmation writing, with many reporting a lightness or catharsis.

6.1.4. Sapta Prāṇa Recognition Enhanced Somatic Awareness

When prompted to identify how each prāṇa (e.g., Apāna, Samāna, Udāna) was functioning within them:

- Participants described **physical correlates** (muscle tensions, changed breathing, etc)
- Nāga and Kūrma were especially helpful in mapping **repetitive thought loops** and **defensive emotional postures**

Observation: Adding prāṇa awareness provided a physiological lens to otherwise symbolic emotional work.

6.1.5. Integration Across Circles Fostered Narrative Cohesion

As participants completed all seven circles:

- They saw repeating patterns in their thoughts
- Recognized a central narrative (e.g., "I am safe to transform")
- Reported feeling more organized internally

Observation: This cohesion mirrors **mandala completion theory** from Jung — symbolizing inner unity.

6.2 Sample Case Insight (Anonymized)

Profile: Female, 36, Married
Presenting Concerns: Feelings of instability, blocked creativity, low self-esteem, and anxiety in trusting instincts.

Mapped Circle Observations (with Chakra Links):

Circle	Concern/Observation	Chakra	Interpretation / Therapeutic Insight
1	Instability, overlap of colours indicating imbalance	Mūlādhāra (Root)	Suggested lack of grounding; overemphasis on intellect distracted from stability.
2	Ignorance of creativity, untapped potential	Svādhiṣṭhāna (Sacral)	Indicated unawareness of creative outlets and suppressed self-expression.
3	Blocked knowledge, low confidence	Maṇipūra (Solar Plexus)	Reflected fear of expression, poor self-esteem, and need to strengthen confidence.
4	Anxiety, self-doubt in instincts	Anāhata (Heart)	Suggested emotional insecurity and lack of trust in one's intuition.
5	Physical signs of suppressed words (e.g., biting inner cheek)	Viśuddha (Throat)	Highlighted inhibition in communication and difficulty expressing truth.
6	Knowledge present but not applied	Ājñā (Third Eye)	Demonstrated awareness but difficulty in implementing perception effectively.
7	Awareness of problem but weak alignment of Body–Mind–Intellect (BMI)	Sahasrāru (Crown)	Indicated a need to strengthen holistic integration and inner balance.

Therapeutic Approach (Affirmations Created):

- I am safe and protected at all times.
- My creativity flows effortlessly, and I trust my self-expression.
- My mind is calm, focused, and aligned with higher consciousness.
- I give and receive love freely and unconditionally.
- I speak with love and kindness toward myself and others.
- I trust my inner wisdom and make decisions aligned with my true purpose.
- I release all limitations and allow my consciousness to expand fully.

Case Summary:

This case illustrates how the Prāṇātmaka Sapta Chakra Yantra provided both **diagnostic clarity** and **therapeutic reframing**. By identifying emotional blind spots (instability, blocked creativity, suppressed words), and pairing them with affirmations, the yantra enabled structured self-awareness and a pathway toward healing.

6.2.1 Post-Reflection Summary:

"I realized how much pressure I've been holding in my body without naming it. Mapping my energy onto this geometry helped me find where I'm blocked and what I truly want to release. The colors were emotional, the affirmations felt deeply personal. I didn't expect geometry to guide me like this."

6.3 Participant Reflections and Thematic Outcomes

In addition to facilitator notes and case insights, 25 student reflections were collected during guided sessions of the Prāṇātmaka Sapta Chakra Yantra. These narratives highlighted consistent themes of awareness, affirmation, and symbolic engagement.

Participants reported:

- Enhanced **emotional awareness**, often describing hidden blocks and gratitude practices.
- Creation of **personal affirmations**, reframing self-limiting beliefs into empowering statements.
- Strong **aesthetic and sensory connection**, where colours triggered memories, beauty, and emotional resonance.
- **Self-insight and alignment**, recognizing the link between body, mind, and subtle energy.

- A sense of **satisfaction**, particularly after overcoming initial hesitation in constructing the geometry.

To quantify these reflections, responses were thematically coded. As shown in Figure 1 and Figure 2, Emotional Awareness (88%) and Affirmation & Reframing (76%) were the most frequent outcomes, followed by Self-Insight & Alignment (72%), Aesthetic Engagement (64%), and Perseverance & Satisfaction (60%).

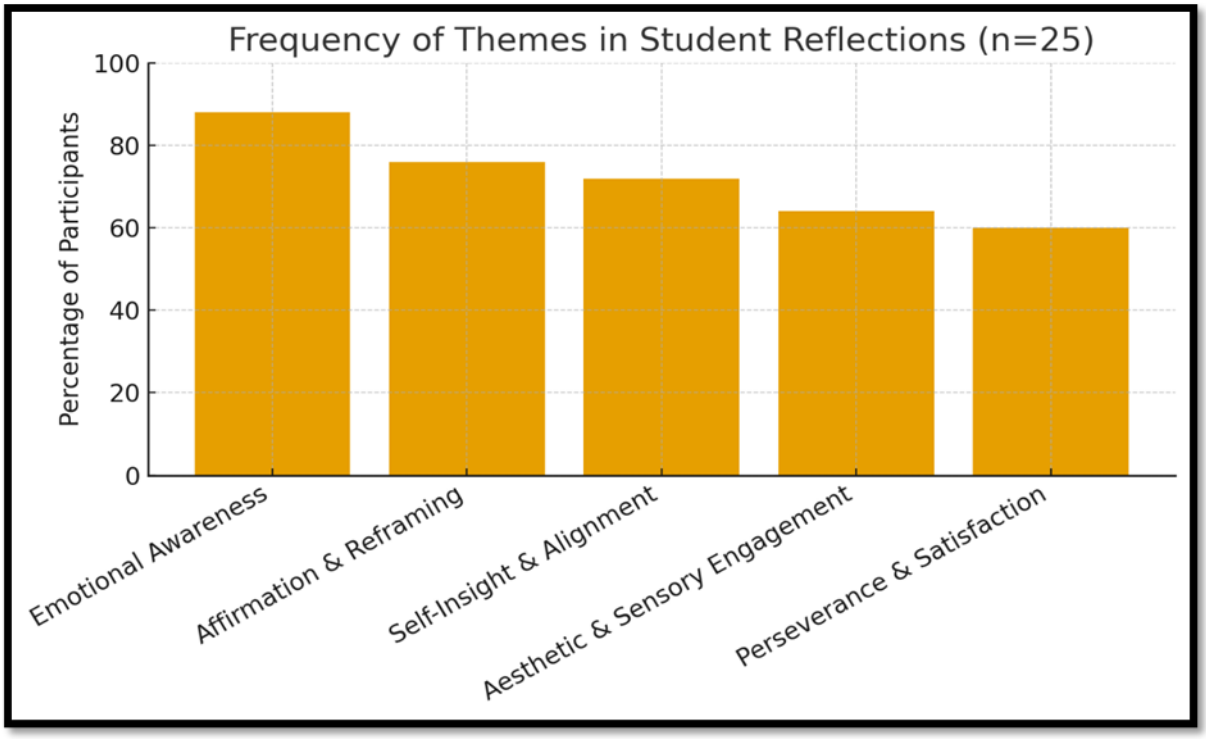


Figure 1. Frequency of thematic outcomes from student reflections (n=25).

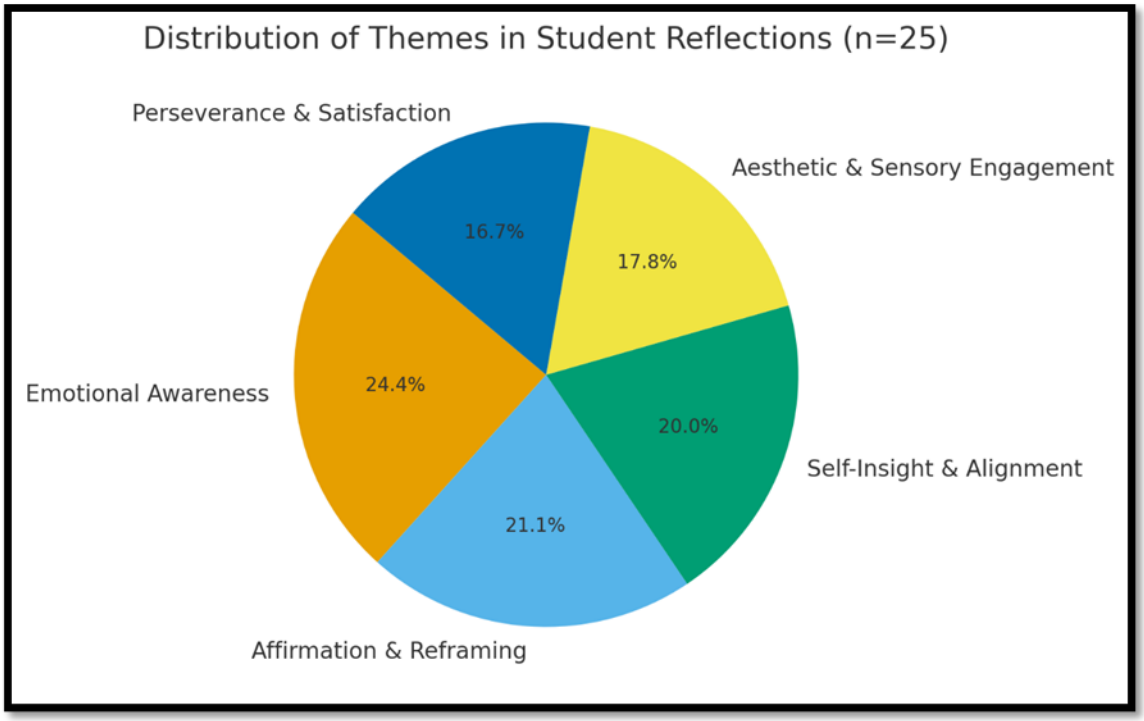


Figure 2. Proportional distribution of themes observed in participant reflections.

Section 7: Major Findings, Suggestions & Conclusion

Taittirīya Upaniṣad – 2.7.1
"Satyam jñānam anantam brahma."
Meaning: Truth, knowledge, and infinity — this is the nature of the Absolute.

This verse reflects the intention of the Prāṇātmaka Sapta Chakra Yantra — to reconnect the individual with deeper inner truth, self-knowledge, and expansive awareness through symbolic expression and prāṇic balance.

Major Findings

The analysis of 25 participant reflections, supported by thematic charts, revealed five core outcomes:

1. **Emotional Awareness** – Most participants were able to access hidden emotions and articulate them through colour and symbolic mapping.
2. **Affirmation & Reframing** – Guided affirmations helped participants transform limiting thoughts into empowering self-statements.
3. **Self-Insight & Alignment** – Several participants reported recognizing body–mind–intellect connections, reinforcing holistic balance.
4. **Aesthetic Engagement** – Colours and geometry evoked sensory memories, adding depth to self-expression and healing.
5. **Perseverance & Satisfaction** – Despite initial hesitation, many described joy and pride in completing the yantra.

Together, these outcomes confirm the yantra's efficiency as both a **diagnostic framework** and a **therapeutic tool**, bridging Vedic psychology, art therapy, and experiential learning.

Suggestions for Application

- **Educational Settings**: Integrate into school counselling and parental awareness workshops to foster emotional resilience in adolescents and families.
- **Therapeutic Practice**: Apply in individual and group art therapy sessions, particularly for clients struggling with self-expression or identity blocks.
- **Further Research**: Conduct longitudinal and clinical studies to measure the tool's effect on resilience, emotional regulation, and wellbeing.

Conclusion

The Prāṇātmaka Sapta Chakra Yantra is not merely a symbolic or artistic construct, but a **living mandala of transformation**. It acts as a **mirror of consciousness**, integrating Vedic psychology, yogic subtle physiology, and therapeutic art frameworks into a structured healing process. It provides a structured yet intuitive process where geometry, colour, and affirmations converge into meaningful self-inquiry. By combining ancient wisdom with contemporary therapeutic methods, the yantra fosters **clarity, balance, and empowerment** across diverse populations.

As mental health practice increasingly seeks culturally rooted, holistic approaches, this yantra-based tool emerges as a **psychologically effective and spiritually grounded contribution** to the evolving field of expressive therapies. The Seed of Life becomes both a **mandala of balance** and a **map of transformation**, allowing individuals to decode their emotional patterns, realign energetic flow, and foster self-awareness through creativity.

Rooted in **ancient insight and contemporary therapeutic relevance**, this model responds to the growing need for holistic mental health tools that respect cultural knowledge, visual intelligence, and somatic awareness. In conclusion, this art therapy yantra holds potential as a **culturally meaningful, spiritually grounded, and psychologically effective** tool in the evolving field of expressive therapies.

References

- Anand, S., & Agarwal, P. (2019). Chakras and their relevance in modern psychotherapy. International Journal of Holistic Psychology, 45(3), 189–202.
- Güçlütürk, Y., Jacobs, R. H., & Van Lier, R. (2016). The influence of visual symmetry on aesthetic experience: A neural and psychological perspective. Neuroaesthetics Journal, 4(2), 1–12.
- Jung, C. G. (1959). The archetypes and the collective unconscious (Vol. 9, Part 1). Princeton University Press.
- Malchiodi, C. A. (2012). The art therapy sourcebook. McGraw-Hill.
- Vasishtha, V. (n.d.). Yogavāsiṣṭha (Laghu). Translations and commentary. (For contextual shloka references).
- Kaṭha Upaniṣad. (n.d.). In Hume, R. E. (Trans.), The Thirteen Principal

Upanishads. Oxford University Press. (For 2.3.14 reference)
- Rigveda 10.90.13. (n.d.). Ṛgveda Saṁhitā. (For "sapta prāṇa" metaphorical mention)
- Sthapatya Veda texts and Vāstu scriptures. (Used in interpreting sacred geometry and yantra construction methodologies; citations contextually woven in the paper.

Coping with Adversity, Physical & Mental Health in the Workplace, Sustainable Happiness

Dr. Santosh Yadav[1], Mr. Ambuj Kushwaha[2]
[1]Assistant Professor in Special Education, DoSE, AIISH, Mysuru, Karnataka,
[2]Research Scholar (JRF) in Special Education, DoSE, AIISH, Mysuru, Karnataka,

1.1 INTRODUCTION:

The oak fought the wind and was broken,

the willow bent when it must and survived."

– Robert Jordan

Life and workplaces are uncertain—dismissals, conflicts, failures, and personal losses. These challenges are inevitable, yet how we respond to them shapes our professional growth and well-being. Coping with Adversity is not merely about surviving setbacks; it is about developing resilience—the ability to recover, adapt, and continue with a sense of purpose.

In the modern workplace, Adversity often manifests as job insecurity, heavy workloads, and strained relationships. Sustainable happiness in the workplace does not come from momentary successes or material gains but from a more profound sense of fulfilment, belonging, and growth.

Life and workplaces are uncertain—dismissals, conflicts, failures, and personal losses. These challenges are inevitable, yet how we respond to them shapes our professional growth and well-being. According to the Bhagavad Gita (2.14), pleasure, pain, success, and failure are temporary experiences. Just as seasons come and go, so too do challenges. Therefore, one must cultivate titiksha (forbearance and patience) to endure hardships without losing balance. In the modern workplace, Adversity frequently takes the form of job insecurity, heavy workloads, strained relationships, and organisational changes. If unmanaged, these stressors negatively affect physical health (fatigue, headaches, chronic illness) and mental health (anxiety, depression, burnout). Promoting resilience and wellness at work thus becomes a necessity, not a luxury. Bhagavad Gita (6.17) further offers practical guidance: sustainable well-being comes from moderation — balance in eating, recreation, work, sleep, and wakefulness. A disciplined lifestyle fosters clarity of mind, strengthens the body, and reduces sorrow. Modern well-being practices such as mindfulness, yoga, counselling, and work-life balance initiatives align with this ancient wisdom.

Sustainable happiness does not arise from momentary achievements but from a more profound sense of purpose, harmony, and inner balance. By learning to cope with Adversity,

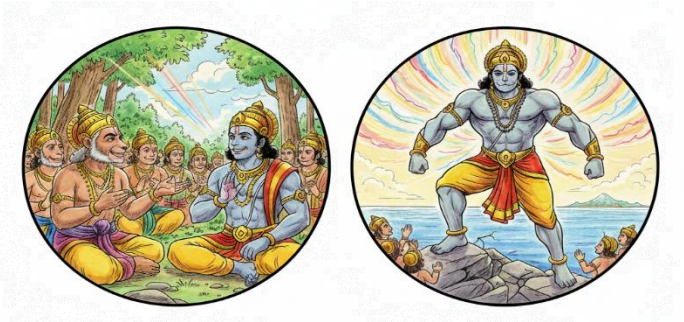
maintaining health, and living with moderation, individuals create the foundation for long-lasting happiness — one that sustains them through challenges and successes.

In 2022, a significant global rise in anxiety and depression, with prevalence increasing by 25% during the first year of the COVID-19 pandemic. Health fears, isolation, economic instability, and lifestyle disruptions drove this surge. Healthcare workers were especially affected, with many reporting anxiety and depression (WHO, 2022). Despite the growing need, mental health services remained inadequate, with low budget allocations globally. WHO emphasised the urgent need for accessible mental health care and organisational support to protect well-being. Adversity is a challenging or unpleasant situation that disrupts an individual's normal functioning, well-being, or stability (Australiacounselling 2023). It can manifest in physical, emotional, social, or professional forms and often demands resilience, adaptation, and inner strength to overcome.

1.2 NATURE OF ADVERSITY:

Albert Einstein once said, "Adversity introduces a man to himself. According to the quote, Adversity reveals a person's true character. When faced with hardship, we discover our inner strength, values, and resilience—often more than we ever knew existed. It's through struggle that self-awareness deepens. This powerful idea suggests we must confront who we truly are when life becomes difficult—beyond comfort, routine, or external validation. This idea beautifully aligns with a moment in the Ramcharitmanas (Sundarkand), where Jambavan reminds Hanuman of his forgotten powers.

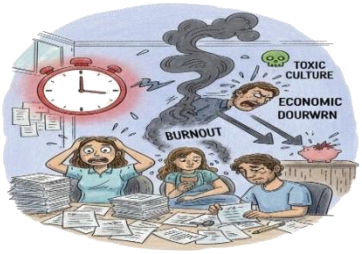
"जाम्बवन्त के बचन सुहाए। सुनि हनुमन्त हृदय अति भाए॥
समझि पराक्रम निज बल सीला। भए परम प्रबल बलीला॥"



In this moment, Hanuman is confronted with a daunting task—finding Sita in Lanka. Initially unsure of himself, he is reminded of his true capabilities. This Adversity becomes the turning point where Hanuman reconnects with his inner strength and rises to the challenge. Both the quote and the verse teach us: Adversity strips away distractions and reveals our core: our

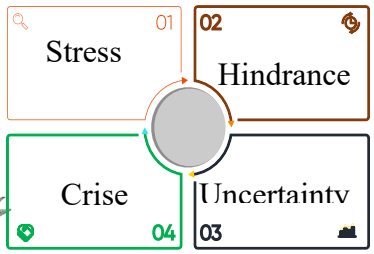
values, fears, strengths, and limits. In moments of struggle, we learn what drives us, what we're capable of, and where we need to grow. In essence, Adversity acts like a mirror. It doesn't just test us—it teaches us. It can awaken courage, deepen empathy, and spark transformation. Without Adversity, we might never fully meet ourselves.

1.3 NATURE OF ADVERSITY: Adversity is marked by



ADVERSITY: WORKPLACE

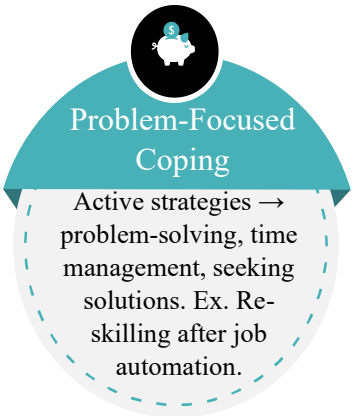

ADAPTABILITY & GROWTH

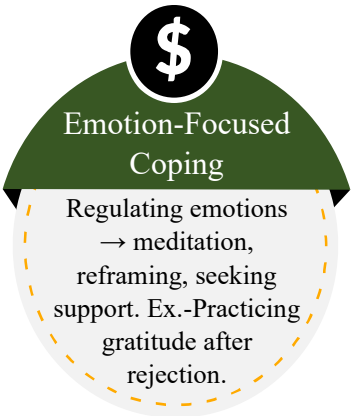


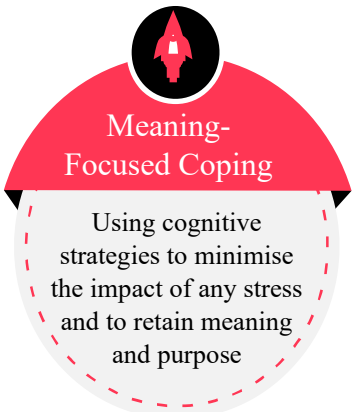
stress, hindrances, crises, and uncertainty. Stress, a psychological and physiological reaction, may sharpen focus in small doses but leads to burnout if chronic. Hindrances, whether internal or external, obstruct progress yet build resilience and adaptability. Crises are sudden disruptions demanding urgent action, testing leadership while also opening paths for transformation. Uncertainty, rooted in ambiguity, causes doubt and discomfort but can foster creativity and resilience. In workplaces, adversity appears through deadlines, burnout, economic downturns, or toxic culture, challenging individuals and organizations alike.

1.4 TYPES OF COPING STRATEGIES:

Coping strategies are the cognitive, emotional, and behavioural efforts people use to manage stress, adversity, or difficult situations. The most influential framework comes from Richard Lazarus and Susan Folkman's Transactional Model of Stress and Coping (1984).







"कर्मण्येवाधिकारस्ते मा फलेषु कदाचन। "दुःखेष्वनुद्विग्नमनाः सुखेषु "**सर्वधर्मान्परित्यज्य मामेकं शरणं व्रज।**

1.5 COPING STRATEGIES AND THEIR BENEFITS:

Coping Strategy	How it Works	Benefit/Outcome	Connection
Deep Breathing	Activates relaxation response, reduces anxiety, improves focus.	Builds confidence	Calm mind → clearer thinking → stronger belief in one's ability.
Journal Writing	Externalizes emotions, helps reflect and release stress.	Helps manage emotions	Writing feelings → emotional awareness → reduced inner pressure.
Positive Self-Talk	Reframes negative thoughts into constructive affirmations.	Improves independence	Encourages reliance on inner strength rather than external validation.
Practicing Gratitude	Shifts focus from stressors to positives in life.	Helps manage stress	Gratitude → optimism → lighter stress burden.
Mindful Coloring	Engages focus, calms the mind, reduces impulsivity.	Improves behaviors	Attention training → better control over frustration and restlessness.
Writing a List of Choices	Encourages decision-making by visualizing multiple responses.	Improves self-regulation	Thinking before acting → stronger self-control in stressful situations.
Exercising	Releases endorphins, reduces tension, boosts resilience.	Helps work through challenges	Physical strength & energy → better problem-solving and coping with stress.

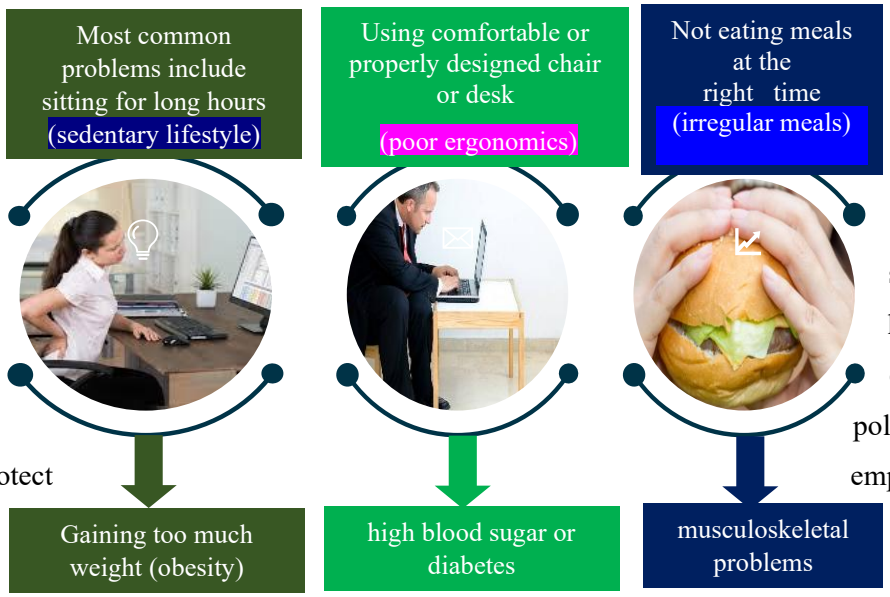
1.6 NATURE OF COPING STRATEGIES:

Coping strategies are conscious thoughts and actions individuals use to manage stressful situations, reduce unpleasant emotions, and deal with challenges, helping to maintain mental and emotional well-being. Coping strategies have the following nature:

2.1 HEALTHY WORK ENVIRONMENTS:

A healthy work environment promotes employee well-being, productivity, and engagement while minimising stress and burnout. Modern research and business practices emphasise that excessively long hours do not necessarily lead to better results; instead, balance, support, and thoughtful policies create sustainable success. The ongoing debate about 90-hour workweeks—sometimes seen in high-pressure corporate or tech jobs—has drawn attention from prominent business leaders and organisations worldwide. Many argue that excessively long workweeks can harm physical and mental health, reduce creativity, and ultimately decrease productivity. Successful companies are now exploring alternatives that prioritise employee well-being alongside performance.

Healthy work environments prioritize balance, support, and well-being over sheer hours worked. Flexible schedules, wellness initiatives, supportive leadership, and evidence-based policies not only protect employees from burnout but also boost productivity, creativity, and long-term organizational success. The lessons from companies



like Microsoft Japan demonstrate that working smarter, not longer, leads to better outcomes for both employees and employers. Besides creating a healthy work environment, it is important to focus on workplace health.

2.2 WORKPLACE HEALTH:

Workplace Health (often called *Occupational Health* or *Work Health*) refers to the overall physical, mental, and social well-being of employees within their work environment. It is not only about preventing illness or injury at work but also about creating a supportive environment that helps employees stay healthy, motivated, and productive. Workplace health plays a direct and critical role in determining how employees perform and how organisations grow.

EMPLOYEE HEALTH = PRODUCTIVITY, RETENTION, AND INNOVATION

Workplace health is the foundation of a thriving organisation and economy. When employees are physically, mentally, and socially well, they contribute through higher productivity, stronger loyalty, and greater innovation. On the other hand, neglecting workplace health results in massive losses, as highlighted by WHO (2022), with anxiety and depression alone costing the world billions of workdays each year. Thus, promoting employee well-being is not merely a welfare measure but a strategic investment. A healthy workplace culture ensures sustainable growth, resilience in times of crisis, and long-term success for both individuals and organisations. The working schedule is as follows.

Sector	Typical Daily Hours	Weekly Hours	Weekly Schedule
State Government Offices	9:30 AM to 6:00 PM (lunch break: 1:30 PM–2:00 PM) or 10:00 AM to 5:30 PM	40–45 hours	Monday–Friday (5 days); some states have half-day Saturday
Private Companies	9:00 AM to 6:00 PM (or 9:30 AM–6:30 PM; lunch break: 30–60 minutes)	Up to 48 hours	Monday–Saturday (5–6 days) or Monday–Friday (flexible)

2,3 PHYSICAL HEALTH AT WORK: PROBLEMS, CAUSES, IMPACTS, AND SOLUTIONS:

Some of the problems, causes, impacts, and solutions related to physical health at work are discussed hereunder:

Problem	Cause	Impact	Solution
Obesity (Weight	Sitting for long hours	Increases risk of	Encouraging walking

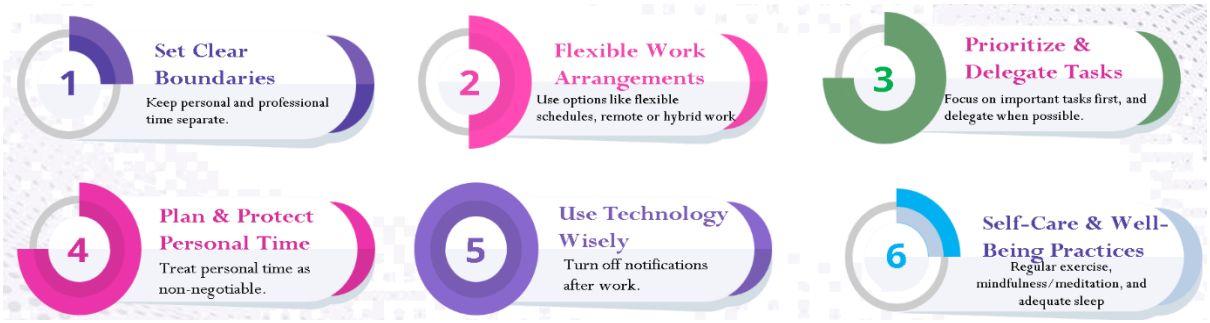
Gain)	and limited movement create a sedentary lifestyle, which is one of the biggest causes of obesity at work.	heart disease, fatigue, and reduced stamina.	breaks, standing desks, and workplace fitness activities.
High Blood Sugar or Diabetes	Poor workplace ergonomics, such as uncomfortable chairs and desks, reduce activity levels. Coupled with lack of movement and unhealthy snacking, this contributes to high blood sugar and diabetes.	Leads to long-term health complications, reduced focus, and frequent medical leave.	Promoting regular physical activity, ergonomic seating, and healthier eating options at the workplace.
Musculoskeletal Problems	Skipping meals or eating at irregular times affects body metabolism and weakens physical strength. Prolonged poor posture while working also leads to back pain, neck stiffness, and joint issues.	Chronic pain, absenteeism, and decreased work efficiency.	Awareness about proper posture, scheduled meal breaks, and stretching exercises at intervals.

Mental Health at Workplace: Mental health refers to a person's emotional, psychological, and social well-being. WHO (2019) officially recognized burnout as an occupational phenomenon, highlighting its impact on employee well-being and productivity. Work-Life Balance Explained through Bhagavad Gita 6.16–17

नात्यश्नतस्तु योगोऽस्ति न चैकान्तमनश्नतः। न चाति
स्वप्नशीलस्य जाग्रतो नैव चार्जुन॥
युक्ताहारविहारस्य युक्तचेष्टस्य कर्मसु। युक्तस्वप्नावबोधस्य योगो
भवति दुःखहा॥

Krishna teaches Arjuna that discipline and balance in daily life (food, rest, work, habits) is the path to peace and freedom from suffering. This is the ancient wisdom of work-life balance. Work-life balance is not a modern invention; it is an ancient wisdom already explained in the Gita. Krishna teaches that avoiding extremes and cultivating moderation in every aspect of life leads to *yoga* — a state where stress dissolves, health improves, and both work and life flourish.

Now, let us look into the principles governing work-life balance.



The Gita teaches us that **True yoga = True work-life balance**. By avoiding extremes and living in moderation in food, sleep, work, and habits, we gain not only productivity but also peace and freedom from stress. Desire for a more meaningful and connected life, aligning personal fulfilment with the well-being of future generations and the planet creates the need for sustainable happiness.

3.1 SUSTAINABLE HAPPINESS:

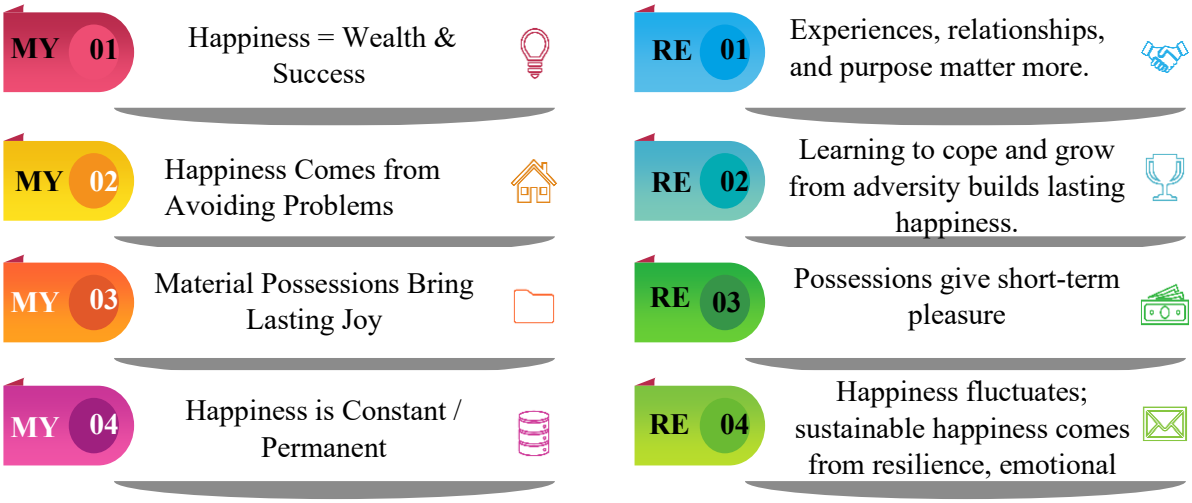
Sustainable happiness is a concept that goes beyond temporary joy or short-lived pleasures. Lyubomirsky (2008) defines it as enduring well-being achieved through purpose, positive relationships, and personal growth. True happiness comes from external rewards, money, material possessions, inner fulfilment, meaningful goals, supportive social connections, and continuous self-development. Every year, the World Happiness Report ranks countries based on income, social support, life expectancy, freedom, generosity, and perceptions of corruption.

- Happiest Countries: Finland has been ranked the happiest for the 8th consecutive year, followed by Denmark, Iceland, and Sweden. These countries consistently perform well due to strong welfare systems, high social trust, work-life balance, and community support.

- India's Position: India has shown slight improvement, ranking 118th in 2025, compared to 126th in 2024. Although progress is visible, challenges, including income inequality, social stress, and infrastructure gaps, affect overall well-being.
- South Asian Nations: In South Asia, Nepal leads at 92nd, followed by Pakistan (109th), Myanmar (126th), Sri Lanka (133rd), and Bangladesh (134th). These rankings highlight regional struggles in governance, economic stability, and social support systems.
- Bottom Countries: Afghanistan remains at the bottom (147th) for the fourth consecutive year, reflecting ongoing conflict, instability, and humanitarian crises. Other countries at the lower end include Sierra Leone (146th), Lebanon (145th), Malawi (144th), and Zimbabwe (143rd), where poverty, political unrest, and lack of resources negatively impact people's happiness.

Sustainable happiness teaches us that true well-being depends not on short-term pleasures but long-term values such as purpose, relationships, and growth. The global rankings remind us that though wealth contributes to happiness, trust, equality, and security, social bonds are equally essential. Countries like Finland demonstrate how supportive policies and social structures nurture happiness, while others highlight the importance of addressing basic needs and stability to improve people's lives. Having discussed the concept of sustainable happiness, let us now look into some of the myths and realities of happiness

3.2 MYTHS VS. REALITY OF HAPPINESS:



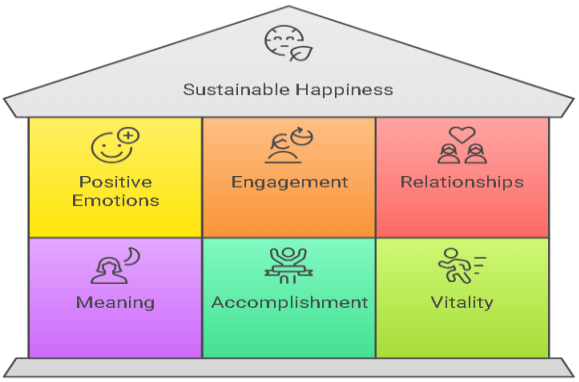
True happiness is not about wealth, possessions, or a problem-free life. It is about meaningful experiences, strong relationships, resilience, and emotional balance. By letting go of myths and embracing reality, we can achieve sustainable happiness throughout life's ups and downs. Now, let us look into the pillars of strength upon which rests sustainable happiness.

3.3 PILLARS OF SUSTAINABLE HAPPINESS:

Sustainable happiness is about long-lasting well-being, not just short moments of joy. It rests on certain key foundations that make life more meaningful and fulfilling. These pillars help people stay positive even when life has challenges. There are certain ways through which happiness can be maintained and enhanced at workplace.

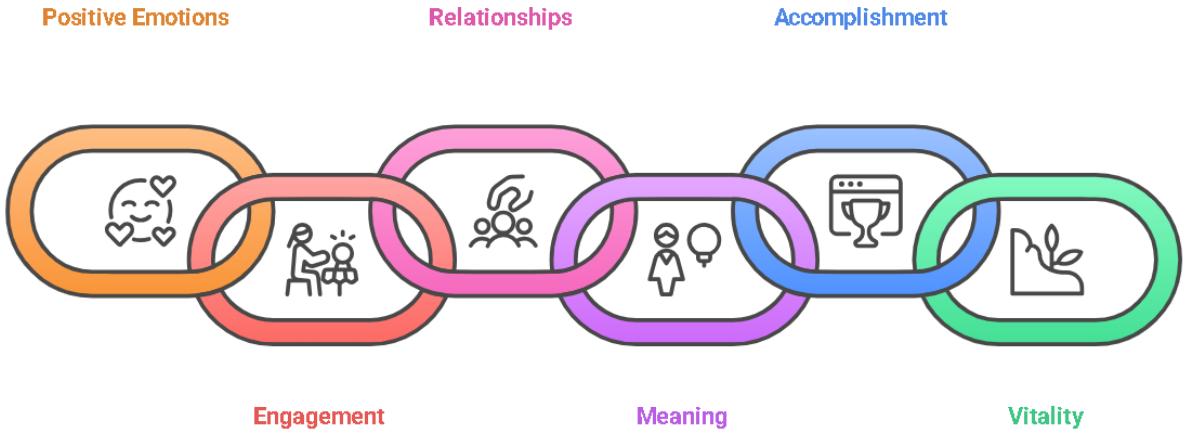
3.4 HAPPINESS AT WORK (PERMA+V)

Happiness at work refers to a state where employees experience satisfaction, motivation, and well-being while performing their professional duties. It goes beyond monetary rewards and career advancement, focusing on psychological, emotional, and social fulfilment in the workplace. Research shows that happier employees are more productive, creative, and resilient.



Components of Happiness at Work

Experiencing joy, gratitude, and optimism at work enhances motivation and energy. Positive emotions help employees approach challenges with confidence and reduce stress. A workplace that fosters appreciation, recognition, and encouragement supports emotional well-being.



Energy, physical well-being, and mental stamina are essential for sustaining happiness at work. Regular breaks, healthy routines, and work-life balance contribute to vitality, helping employees remain productive and enthusiastic. We can follow certain daily practices for conserving sustainable happiness in our lives, which has been explicated in a tabular format.

3.5 DAILY PRACTICES FOR SUSTAINABLE HAPPINESS

Daily Practice	Description / Action
Daily 1: Gratitude Journal	Write down 3–5 things you're grateful for each day to foster appreciation and positivity.
Daily 2: Small Gestures of Kindness	Compliment someone, help a person, donate, or volunteer to enhance generosity and connection.
Daily 3: Engage in Hobbies	Participate in hobbies, music, sports, or creative work to nurture joy and personal fulfillment.
Daily 4: Mindful Practice	Practice mindful breathing or walking to improve awareness, reduce stress, and stay present.
Daily 5: Physical Activity	Exercise, yoga, or even a short walk to maintain physical vitality and mental well-being.

Since technology has and is developing at a rapid pace, it is important to have a look at its impact on happiness.

3.6 TECHNOLOGY AND HAPPINESS: PROS VS CONS

Aspect	Pros	Cons
Connectivity	Keeps people connected across distances, fostering relationships and support.	May lead to social comparison and feelings of inadequacy.

Learning and Knowledge	Access to vast information and learning resources for personal and professional growth.	Risk of digital addiction and distraction from real-world tasks.
Support Groups and Communities	Provides emotional support, community engagement, and shared experiences.	Can disrupt sleep due to excessive online engagement, notifications, or late-night use.
Productivity and Convenience	Enables efficient work, task management, and easy access to services.	Reduces face-to-face interaction, weakening personal relationships and social skills.

4.0 CONCLUSION:

In today's fast-paced world, true success is not measured solely by wealth, long hours, or external achievements. Sustainable happiness, well-being, and resilience form the foundation of lasting fulfillment—both personally and professionally. By investing in resilience, health, and happiness, individuals enhance their ability to cope with challenges, maintain balance, and thrive in all areas of life. Healthy work environments, mindful daily practices, positive relationships, purpose, and emotional well-being are not luxuries—they are essential pillars for long-term productivity and satisfaction. Organizations and individuals alike benefit when well-being is prioritized alongside performance, as happier, healthier people are more engaged, creative, and resilient. Ultimately, prioritizing resilience, health, and happiness is an investment that yields enduring success, fulfilment, and a life of meaning—proving that sustainable happiness is both a personal and professional advantage.

REFERENCES:

A.C. Bhaktivedanta Swami Prabhupada; et al. (2015). "Bhagavad Gita As It Is" (PDF). Bhaktivedanta Book Trust (1972 edition). Archived (PDF) from the original on 6 October 2017. Retrieved 6 October 2017.

American Psychological Association. (2023). Work and well-being survey 2023. https://www.apa.org/news/press/releases/stress/2023/work-wellbeing

Australia counselling. (2023). What is Adversity? How to Handle Adversity When You Meet With it. Com.au. https://www.australiacounselling.com.au/what-is-adversity-how-to-handle-adversity-when-you-meet-with-it/

CDC. (2022). Workplace health promotion: Physical activity and ergonomics. Centers for Disease Control and Prevention. https://www.cdc.gov/workplacehealthpromotion

Duckworth, A. (2016). Grit: The power of passion and perseverance. Scribner.
Gallup. (2022). State of the global workplace 2022: Employee stress and engagement. https://www.gallup.com/workplace/349484/global-workplace-report-2022.aspx
Google. (2022). Search Inside Yourself Leadership Institute: Mindfulness at work. https://siyli.org
Lyubomirsky, S. (2008). The how of happiness: A scientific approach to getting the life you want. Penguin.
Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual Review of Psychology, 52, 397–422. https://doi.org/10.1146/annurev.psych.52.1.397
Mind Share Partners. (2021). Mental health at work 2021: The state of mental health in the workplace. https://www.mindsharepartners.org/state-of-mental-health-2021
Pew Research Center. (2021). Teens, social media & technology 2021. https://www.pewresearch.org/internet/2021/04/07/teens-social-media-technology-2021
Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. Free Press.
Waldinger, R., & Schulz, M. (2015). The Harvard Study of Adult Development. Harvard University. https://www.adultdevelopmentstudy.org
WHO. (2022). Mental health and workplace: Global perspective. World Health Organization. https://www.who.int/teams/mental-health-and-substance-use/workplace-health

Resilient Students, Reflective Minds: Enhancing Well-Being through Mindfulness and Emotional Learning

Muthukumari U*, Dr. Shalini Infanta L**
*Research Scholar, **Assistant Professor and Research Guide
Department of English,
Faculty of Science and Humanities,
SRM Institute of Science and Technology, Kattankulathur

Abstract

As academic pressures, socio-emotional challenges, and digital overload increase among students, promoting mental resilience and emotional well-being has become a critical priority in educational institutions. This paper presents a student-centred approach to building psychological strength through reflective practices, mindfulness-based strategies, and peer-supported emotional learning. Drawing on the frameworks of positive psychology and self-compassion theory, the intervention focuses on equipping students—especially from technical and polytechnic backgrounds—with practical tools to manage stress, build positive relationships, and cultivate inner awareness. A structured programme including guided reflection, breathing techniques, emotional vocabulary training, and journaling was piloted with first-year students in a polytechnic college in Tamil Nadu. Preliminary findings show improved emotional regulation, reduced anxiety, and stronger peer bonding among participants. The paper argues for embedding such capacity-building practices into mainstream curricula to foster sustainable happiness, enhance academic performance, and create emotionally intelligent learners. In doing so, it contributes to the broader goal of nurturing resilient minds capable of thriving both personally and professionally.

Keywords: Student well-being, resilience, emotional intelligence, mindfulness, reflective learning.

1.Introduction

In today's rapidly evolving educational landscape, the mental and emotional well-being of students has become a matter of urgent concern. Increasing academic demands, performance-based evaluations, digital distractions, and reduced social engagement have all contributed to rising levels of stress, anxiety, and emotional fatigue among learners (Misra & Castillo, 2004; Shankar & Park, 2016). These challenges are particularly pronounced among students in technical and polytechnic institutions, where the curriculum is often rigorous and outcome-oriented, leaving little room for emotional self-regulation or introspection.

The World Health Organization (WHO, 2020) has underscored that mental well-being is a fundamental component of overall health and learning, and educational institutions must take proactive measures to support it. Despite this recognition, mental health interventions in many academic environments remain reactive,

fragmented, or overly clinical. There is an increasing call for preventive, inclusive, and student-centred approaches that equip learners with the tools to cope with emotional difficulties and cultivate psychological resilience (Cipriano et al., 2020; Schonert-Reichl, 2017).

Mindfulness and emotional learning are two such approaches gaining traction in contemporary educational research. These strategies align with the growing movement toward holistic education, which prioritises not only academic achievement but also social-emotional competencies, interpersonal relationships, and self-awareness (Zins et al., 2004). When integrated with reflective practices, these methods can promote self-regulation, empathy, and a more grounded approach to academic and personal challenges.

This paper explores a structured intervention programme piloted with first-year polytechnic students in Tamil Nadu. Drawing from the frameworks of positive psychology, emotional intelligence, and self-compassion theory, the programme aims to promote student well-being through mindfulness-based reflective activities and peer-supported emotional learning. The study argues that such integrative, low-cost, and scalable interventions can enhance students' academic experiences while fostering a foundation for lifelong emotional resilience and well-being.

2. The Need for Emotional Resilience in Students

The growing mental health crisis among students in higher education is well documented. According to the American College Health Association (2022), nearly 60% of college students reported experiencing overwhelming anxiety, and over 40% felt so depressed that it was difficult to function. While these trends are global, Indian students, particularly those in technical and vocational institutions, face a unique set of stressors—intense academic workloads, competitive entrance pathways, limited access to counselling, and socio-economic pressures to perform (Deb et al., 2015; Verma et al., 2022). In polytechnic environments, where practical and theoretical learning must be mastered simultaneously, students often lack structured support systems to address emotional well-being.

Emotional resilience—the ability to bounce back from stress, setbacks, and failure—is increasingly recognised as a critical life skill that underpins both academic success and personal development (Hartley, 2011). Resilient students tend to engage more actively in their learning, exhibit greater problem-solving ability, and demonstrate persistence in the face of challenges (Martin & Marsh, 2006). However, resilience is not an inherent trait; it is a competency that can be nurtured through intentional teaching and experiential learning.

Moreover, chronic academic stress has been shown to impair cognitive functioning, reduce memory retention, and lower academic performance (Beiter et al., 2015). Therefore, investing in emotional learning and resilience-building is not a diversion from academic goals—it is foundational to achieving them. Institutions that incorporate resilience-focused interventions report improvements in student engagement, retention, and overall institutional climate (Durlak et al., 2011).

In the Indian context, where mental health remains a culturally sensitive topic and access to trained psychologists is limited, educational strategies rooted in peer support, reflective practice, and mindfulness offer a practical and non-stigmatising pathway to build emotional resilience (Rao & Sahu, 2020). Embedding such approaches within the curriculum ensures wider reach and normalises conversations around emotions, coping, and well-being.

3. Mindfulness and Emotional Learning: Theoretical Frameworks

Mindfulness and emotional learning are increasingly recognised as transformative pedagogical tools in both general and higher education settings. Rooted in contemplative traditions and refined through modern psychological research, mindfulness refers to the non-judgmental awareness of the present moment (Kabat-Zinn, 2003). When integrated into educational contexts, mindfulness helps students develop greater emotional clarity, cognitive flexibility, and attentional control (Meiklejohn et al., 2012). These benefits are particularly crucial for students in high-pressure academic environments where cognitive overload and emotional suppression are common.

Emotional learning, meanwhile, focuses on the development of competencies such as emotional awareness, self-regulation, empathy, and responsible decision-making (CASEL, 2020). The Collaborative for Academic, Social, and Emotional Learning (CASEL) identifies five core competencies of social-emotional learning (SEL): self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These competencies align closely with the demands of the 21st-century workforce, particularly in technical and engineering domains where collaboration, adaptability, and resilience are increasingly valued (OECD, 2018).

The theoretical underpinnings of this study are drawn from positive psychology and self-compassion theory. Positive psychology, as articulated by Seligman (2011), focuses on cultivating human strengths and fostering flourishing rather than merely correcting deficits. This framework supports the inclusion of mindfulness and reflection as tools for enhancing well-being and intrinsic motivation. Similarly, self-compassion theory, developed by Neff (2003), encourages individuals to respond to personal setbacks with kindness, a sense of common humanity, and mindful awareness rather than self-criticism or avoidance. For students, cultivating self-compassion has been shown to buffer against anxiety and promote greater emotional resilience (Neff & Germer, 2013).

The integration of these frameworks into classroom practices creates a psychologically safe environment that supports both academic achievement and emotional health. Mindfulness exercises such as deep breathing, body scans, and thought-labelling allow students to pause and observe their internal states without reactivity. Meanwhile, emotional literacy activities—such as identifying feelings, journaling, and peer-sharing—equip learners with the vocabulary and confidence to articulate and manage their emotions effectively (Schonert-Reichl & Roeser, 2016).

Importantly, these strategies are not solely remedial in nature; they are generative, helping students move beyond mere coping toward growth and self-

awareness. When delivered through structured, culturally responsive programmes, mindfulness and emotional learning can be seamlessly embedded within the academic experience of even the most technically focused disciplines, such as those offered in polytechnic education.

4. The Intervention: A Structured Program for Polytechnic Students

Recognising the emotional and psychological pressures faced by students in technical institutions, a structured, mindfulness-based emotional learning intervention was designed and piloted with a cohort of first-year polytechnic students in Tamil Nadu. The programme was conceptualised as a low-cost, scalable, and culturally adaptable model aimed at developing resilience, enhancing emotional vocabulary, and fostering reflective thinking among young adult learners.

The programme was delivered over a six-week period, with weekly 50-minute sessions integrated into the students' timetable as part of their language or life skills classes. This ensured accessibility and avoided overburdening an already demanding academic schedule. Each session followed a consistent structure comprising four key components:

4.1. Mindfulness and Breathing Techniques

Each session began with a 5–10-minute mindfulness exercise, such as guided breathing, body scans, or grounding techniques. These activities were adapted from evidence-based protocols like Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) (Segal, Williams, & Teasdale, 2013). These techniques are known to reduce anxiety, improve attentional control, and foster emotional regulation in adolescents and young adults (Zenner et al., 2014; Waters et al., 2015).

4.2. Emotional Vocabulary Building

The second component involved introducing students to emotional vocabulary using visual aids, multilingual equivalents (including Tamil), and role-play. Research shows that enhancing emotional vocabulary contributes to emotional granularity—the ability to distinguish and articulate one's emotional states—which in turn supports healthier emotion regulation and interpersonal functioning (Barrett, 2017; Kashdan et al., 2015). Students were encouraged to identify, name, and share feelings experienced during the week, facilitating both self-expression and peer empathy.

4.3. Reflective Journaling and Sharing

Students were provided with reflection journals and guided prompts to help them think about moments when they felt overwhelmed, anxious, or proud during the week. Writing reflections encourages metacognitive awareness and emotional insight (Moon, 2006). Select entries were voluntarily shared in pairs or small groups, promoting peer bonding and normalising the experience of emotional vulnerability. Reflection prompts were scaffolded to gradually move from surface-level observations to deeper emotional processing.

4.4. Peer-Supported Group Activity

Each session concluded with a collaborative task, such as storytelling circles, emotion cards, or gratitude exercises. These activities fostered social connectedness, reduced feelings of isolation, and built peer support systems—factors known to buffer against stress and increase student engagement (Davidson & Strauss, 2017).

The facilitators (English faculty trained in basic mindfulness facilitation) played a crucial role in maintaining a safe, non-judgmental environment. To ensure

sustainability, a facilitator manual and reflection workbook were also developed as part of the intervention package.

The programme was piloted with 54 students aged 17–19, and qualitative data were collected through pre- and post-intervention reflections, facilitator observations, and informal student feedback.

5. Preliminary Findings and Impact

The pilot programme yielded encouraging preliminary results, with both qualitative feedback and facilitator observations indicating significant improvements in students' emotional well-being, self-awareness, and peer relationships. While the small sample size and informal assessment approach limit generalisability, the early data offer valuable insights into the effectiveness of mindfulness and emotional learning in a polytechnic context.

5.1. Improved Emotional Regulation

One of the most noticeable outcomes was enhanced emotional regulation among participants. Students who initially reported difficulty managing academic pressure or interpersonal conflicts began using breathing techniques and emotion-labelling tools introduced during the sessions. Many reflected that they could now "pause before reacting" or "take a moment to calm down" when faced with stressful situations. These self-reports are consistent with prior findings in mindfulness literature, where students exposed to even brief mindfulness training showed reduced emotional reactivity and better affective control (Schonert-Reichl et al., 2015; Hülsheger et al., 2013).

5.2. Reduction in Anxiety and Stress

Participants also described a reduction in feelings of anxiety, particularly around exams, classroom presentations, and peer interactions. Several students commented that journaling and mindfulness practices helped them sleep better and feel more "mentally organised." Although not clinically assessed, these observations align with research indicating that mindfulness practices can lower cortisol levels and reduce perceived stress among adolescents and young adults (Bamber & Schneider, 2016; Regehr et al., 2013).

5.3. Stronger Peer Bonding and Social Trust

Peer-supported group activities had a significant social-emotional impact. In feedback sessions, students expressed that sharing reflections with their classmates made them feel "less alone" and "more connected." This increased sense of belonging is vital, particularly for first-year students navigating a new academic environment. Studies have shown that emotional sharing and collaborative reflection contribute to greater group cohesion, empathy, and prosocial behaviour in educational settings (Fredrickson, 2001; Jennings & Greenberg, 2009).

5.4. Increased Reflective Thinking

Facilitators observed that students became more reflective over time—not only about their emotions but also about how they approached learning, handled conflict, and made decisions. Reflection journals revealed a growing metacognitive awareness, with students identifying triggers of emotional distress and developing healthier coping strategies. Reflective practices have been linked to improved academic resilience, motivation, and long-term learning outcomes (Kember et al., 2008; Ryan & Deci, 2000).

Collectively, these outcomes support the hypothesis that mindfulness and emotional learning interventions—when adapted to the linguistic, cultural, and

cognitive context of learners—can enhance both emotional resilience and academic engagement. Although this was a non-evaluative pilot, the results suggest significant potential for broader implementation, especially in institutions with limited access to professional mental health services.

6. Implications for Curriculum Design

The findings from the pilot intervention suggest that mindfulness and emotional learning practices are not peripheral but central to cultivating students' overall well-being and academic success. As such, there is a compelling case for institutionalising these practices within the formal curriculum, particularly in technical and polytechnic education settings where the focus is predominantly cognitive and career-oriented.

6.1. Integrating SEL and Mindfulness into Core Courses

Rather than offering emotional resilience programmes as optional workshops or extracurricular activities, institutions should consider embedding elements of social and emotional learning (SEL) and mindfulness into mainstream subjects—especially communication skills, life skills, and language instruction. For example, reflective writing and journaling can be part of English courses, while mindfulness-based listening exercises can enrich communication labs. Research has shown that when SEL is integrated into academic content, students are more likely to engage with both the emotional and intellectual dimensions of learning (Jones et al., 2013; Taylor et al., 2017).

6.2. Scaffolding for Cognitive and Emotional Growth

Curriculum planners can scaffold the emotional learning journey throughout a student's academic programme by incorporating tiered activities:

- At entry-level, focus on emotional vocabulary and regulation
- In middle semesters, introduce collaborative reflection and peer learning
- At final stages, promote goal-setting, self-assessment, and career resilience strategies

This developmental approach mirrors Vygotsky's zone of proximal development (ZPD), wherein emotional competencies can be cultivated progressively with appropriate support and reflection opportunities (Vygotsky, 1978; Brackett et al., 2019).

6.3. Capacity Building for Teachers

For successful integration, faculty themselves must be sensitised to the principles and practices of emotional learning. Teacher professional development should include training in basic mindfulness facilitation, trauma-informed pedagogy, and reflective teaching practices (Jennings et al., 2017). This also contributes to creating what Jones and Bouffard (2012) call emotionally intelligent classrooms—learning spaces where students feel safe, heard, and motivated to participate fully.

6.4. Policy-Level Support and Assessment

From a policy perspective, national frameworks like India's National Education Policy (NEP 2020) support the inclusion of socio-emotional learning as a key component of holistic education. However, implementation on the ground remains patchy. Institutions can lead by example by incorporating well-being metrics into student feedback systems, tracking reflective growth alongside academic

achievement. Programmes like the SEL framework piloted in this study could be scaled across campuses with minimal cost and significant return on student engagement and retention (Mahoney et al., 2021).

In essence, emotional resilience and mindfulness should not be viewed as temporary solutions to temporary problems. They are foundational, future-ready skills that empower students to navigate uncertainty, relate meaningfully with others, and succeed beyond their academic environments.

7. Conclusion

The centenary year of the Institute of Printing Technology provided a timely opportunity to reflect on the evolving role of educational institutions, not just as providers of technical knowledge, but as nurturing grounds for emotional intelligence, resilience, and lifelong learning. The pilot initiative on emotional well-being, mindfulness, and reflective practices clearly demonstrated that students benefit profoundly from structured opportunities to explore their inner world, manage their emotions, and connect with peers meaningfully.

As our observations and feedback show, even short, well-designed interventions can spark transformation. Students reported feeling calmer, more focused, and better prepared to manage academic and personal pressures. They began to develop a language of emotion, greater self-awareness, and a capacity for intentional response over impulsive reaction—qualities that are increasingly vital in the 21st-century world of work and citizenship (Goleman, 1995; Greenberg et al., 2003).

Importantly, this programme's success also underscores a key insight: emotional learning cannot remain on the margins. It must be woven into the curriculum, culture, and consciousness of technical education. Educators, administrators, and policymakers must see socio-emotional development not as a luxury but as a core component of holistic learning.

As we move forward, institutions like this can lead the way by embedding emotional literacy, mindfulness, and reflective pedagogy into their instructional design, offering students not just the tools to succeed in their careers, but the inner resilience to thrive in life.

References

- American College Health Association. (2022). *National College Health Assessment III: Reference Group Executive Summary Spring 2022*. https://www.acha.org/documents/ncha/NCHA-III_Spring_2022_Reference_Group_Executive_Summary.pdf
- Bamber, M. D., & Schneider, J. K. (2016). Mindfulness-based meditation to decrease stress and anxiety in college students: A narrative synthesis of the research. *Educational Research Review, 18*, 1–32. https://doi.org/10.1016/j.edurev.2015.12.004
- Misra, R., & Castillo, L. G. (2004). Academic stress among college students: Comparison of American and international students. *International Journal of Stress Management, 11*(2), 132–148. https://doi.org/10.1037/1072-5245.11.2.132
- Moon, J. A. (2006). *Learning journals: A handbook for reflective practice and professional development*. Routledge.
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. https://doi.org/10.1080/15298860309027

- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28–44. https://doi.org/10.1002/jclp.21923
- OECD. (2018). *The future of education and skills: Education 2030 – The OECD Learning Compass*. https://www.oecd.org/education/2030/
- Rao, K., & Sahu, A. (2020). Building resilience among Indian college students: The role of social support and mindfulness. *Indian Journal of Positive Psychology, 11*(2), 93–97.
- Regehr, C., Glancy, D., & Pitts, A. (2013). Interventions to reduce stress in university students: A review and meta-analysis. *Journal of Affective Disorders, 148*(1), 1–11. https://doi.org/10.1016/j.jad.2012.11.026
- Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology, 25*(1), 54–67. https://doi.org/10.1006/ceps.1999.1020
- Schonert-Reichl, K. A. (2017). Social and emotional learning and teachers. *The Future of Children, 27*(1), 137–155.
- Schonert-Reichl, K. A., & Roeser, R. W. (2016). Mindfulness in education: Introduction and practical applications. In *Mindfulness in Education: Research and Practice*. Springer.
- Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., et al. (2015). Enhancing cognitive and social–emotional development through a simple-to-administer mindfulness-based school program. *Developmental Psychology, 51*(1), 52–66. https://doi.org/10.1037/a0038454
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression*. Guilford Publications.
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- Shankar, N. L., & Park, C. L. (2016). Effects of stress on students' physical and mental health and academic success. *International Journal of School & Educational Psychology, 4*(1), 5–9. https://doi.org/10.1080/21683603.2016.1130532
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*(4), 1156–1171. https://doi.org/10.1111/cdev.12864
- Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in Psychology, 5*, 603. https://doi.org/10.3389/fpsyg.2014.00603