Chapter - I

Introduction the Problem
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INTRODUCTION: THE PROBLEM

The study investigates the effect of yoga intervention programme on self-concept, well-being and emotional maturity of visually-challenged, hearing-challenged and orthopedically-challenged students of special schools studying in Ambala and Rohtak division of Haryana State.

1.1 PERSONS WITH DISABILITIES: AN INTRODUCTION

We live in a world of diversities and individual differences. None of us is identical, in true sense, with any other person, irrespective of the closeness of our blood relationships. However, the distribution of such individual differences among our population, in all the personality dimensions, follows the trend of a well known pattern known as normal distribution. Accordingly, most of the children are found to possess average abilities, capacities and potentialities with regard to their growth and development in one or the other dimension of the personality. However, it does not always happen this way. There are exceptions and as such many of our children deviate much from the expected range of the normal or average possession of the one or the other traits of their personality, so much so that they are in need of some special care, attention and measure for the adequate adjustment, welfare and progress in their life and are designated “exceptional children”. They are found to suffer from extremes or excesses. Among them, the most marginalized ones, called the disabled, are found to suffer a lot from one or the other deficiency and inadequacy in their potentialities, growth and development.

Disability is a term in common parlance which generally denotes individual’s inability to do certain physical and/or mental activities which the
other children of his age can do with ease. It results from physical, intellectual and social deprivations and interferes significantly with child’s normal growth and development. According to Person with Disability (PWD) Act 1995, “disability”, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment. Children with disabilities have poorer health outcomes, lower education achievements, less social participation and higher rates of poverty than people without disabilities. This, partly is, because children with disabilities experience barriers in accessing services—health, education, employment, information and transport—that many of us have long taken for granted. Their specific emotional, educational and physical needs call for special educational provisions to help them to make the best use of their abilities in learning and be self-reliant to the extent as much as could be possible. It is imperative for the society to recognize and respond to the individual needs of these students by providing accommodating infrastructure, curriculum adaptations, augmentative and alternative communication and social support. Their disability is not to be disregarded but it requires modifications in school practices and availability of certain specific measures, useful in using and developing the potential, they posses. The disabled children need suitable treatment in school as well as in society as is provided to their able/normal counterparts.

Children with disabilities have needs very similar to the needs of all other people, as clearly stated in Article 23 of the United Nations’ Convention on the Rights of the Child (UNICEF, 2000). They need a safe and supportive environment, education, health services and access to sport and recreation. They also need to develop skills that will serve them well in the community and the work place. They also have a strong emotional need to be a part of a social group. From early childhood, they continually strive to be accepted as a
member of social groups in diverse sociological settings. This is a way for them to achieve a sense of security. Their position in a family, their adjustments with their peer group and their emotional development, each reflects a desire to belong to these groups and occupy a sought-after status in each setting. If a situation threatens one’s position in the social system, it produces anxiety and may cause disorganization within the person, and provoke reactions like that of alienation. The disabled children often suffer social discrimination. The social effect of disability tends to create a social distance between the disabled and their families and the community. This distancing is often expressed by the non-acceptance of the disabled in social functions, educational programmes and work places.

Generally, the disabled have the needs for appropriate education, a stronger desire to be accepted, to preserve their self-identity and self-esteem, and hence the social prestige need, so that they can exercise their fundamental right to live and take part in social activities according to their potential and interests etc. In addition, the disabled children have emotional needs for security, respect, appreciation, and a sense of achievement as well as social needs for affiliation and acceptance.

By and large, it may be said that upto the present times, the attitude of the society has not changed. Children with disabilities are still considered as dependent, helpless, immoral and evil beings to be feared, avoided and rejected. Such attitudes contribute to the negative impact on the development of the disabled child which further affects their self-perception, mental and physical well-being and emotional level and creates a lot of conflicts, anxiety, frustration and emotional, mental and social stress in their life. Such a situation of rejection and denial of the rights and privileges by the family members and society causes severe damage to the feelings of a disabled child, struggling hard to overcome his/her disability and bringing back to himself/herself into the mainstream of
social life. It has been observed that the maladjustment of the disabled child is not due to actual disability but rather due to the hatred, poor social support and attitudes of the non-disabled towards the disabled and due to the mental and emotional stress placed on them by the family members and society. Banerjee (1988) concluded that the blind students were found to be more maladjusted than the sighted ones with home environment, school environment and the peers of the opposite sex. He further added that the percentage of blind students maladjusted to home environment was one and half times more than to school environment (as coated in Mallick, 2003). Sahoo (1991) reported lower self-concept but better adjustment of deaf children than blind children because of better support of family members. Lal (1992) reported differences in the blind and the sighted students on acceptance, worthiness, anxiety and participation scales.

Globally, it is widely acknowledged that the greatest impediment to the lives of people with disabilities is prejudice, social isolation and discrimination. While all individuals with disability may be affected by this lifelong cycle of stigma and prejudice, females are at an increased risk. In societies where girls are valued less than boys, the investment in education, health care or job training that families are willing to make for the disabled girls are often substantially less than for the disabled boys. Some discrimination may be subtle: for example, a poor family may wait for a few days more to invest in an antibiotic for an ill daughter with a disability than they would for a son with a disability, hoping that the condition will clear on its own. A study by the International Labour Organization (2003) in six Asia-Pacific nations found that the incidence of disability was, in fact, higher for women than for men, making the higher survival rates for men with disabilities in the countries surveyed, more strikingly unequal. Arora (2002) in his study found that visually-challenged girls are emotionally less stable than boys. Gramer and Imaika (2002) concluded that females are less emotionally stable than males. Shield et al., (2006) have concluded that the adolescent females with cerebral palsy have
a lower self-concept and poor mental health than females without disability. Bajpai (2006) found that orthopedically-handicapped boys are more emotionally mature, self-confident with lesser feeling of loneliness in comparison with girls. A study on the self-concept of children with learning disabilities by Montgomery (1994) shows that these children have a lower academic self-concept than their peers without disabilities, but the two groups do not differ in global self-concept or in other dimensions of self-concept, like social competence, affective, physical, or family.

According to Census 2001, there were 2.19 crore persons with disabilities in India. This covered 2.13% of its total population and include persons affected with visual, hearing, speech, locomotors/ orthopedically and mental disabilities. The Constitution of India ensures equality, freedom, justice and dignity to all individuals and implicitly mandates an inclusive society for all, including persons with disabilities. In the recent years, there has been some positive change in the perception of society towards persons with disabilities. It has been realized that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures and intervention programmes. The National Policy on Education, 1986 envisaged some measures for integrating of children with physical and mental handicap with the general community as equal partners, preparing them for their normal growth and development and enabling them to face life with courage and confidence. It too recognizes that children with disabilities are valuable human resources for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in social and economic activities.

1.1.1 LEGAL PROVISIONS

The 93rd Amendment to the Constitution of India has made education a fundamental human right for children in the 6-14 years age group, thereby making it mandatory for all children to be brought under the fold of education, including
students with disability. Persons with Disabilities (PWD) Act, 1995 also mandates the similar provisions for the disabled students. Today, numerous laws and policies exist that ensure equal treatment of people with disabilities. There are number of programmes that address the specific needs of people with disabilities, organized by government agencies, private voluntary organizations, religious organizations and community groups. Some of the important policies and programmes are:

(i) The Integrated Education for Disabled Children Scheme (IEDC), launched in 1974, to admit children with disabilities in regular schools.


(iii) The Project Integrated Education for the Disabled, launched in 1987, which encourages all schools in a neighborhood to enrol children with disabilities.

(iv) The District Primary Education Programme (DPEP), 1994, which acknowledges the fact that universalization of education, is possible only if it includes children with disabilities.

(v) The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which recommends making changes in assessment, curriculum, and removing architectural barriers, to support inclusion. It also recommends providing free books and uniform for children with disabilities.

(vi) The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act 1999, which facilitates the realization of equal opportunities, protection of right and full participation of person with disabilities in the community to which they belong.
(vii) The Amendment to the Constitution in 2001, to make education a fundamental right for those in the 6-14 age groups, which covers children with disabilities.

(viii) The Sarva Shiksha Abhiyan (SSA) launched in 2002, which pledges that the "SSA will ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment".


(x) The draft of National Policy for Persons with Disabilities (2006), which has a section on education and which states that, "There is a need for mainstreaming of the persons with disabilities in the general education system through inclusive education." It also mentions that children "learn best in the company of their peers".

(xi) Rashtriya Madhyamik Shiksha Abhiyan (RMSA) 2009, which recommends that no student shall be deprived of secondary education because of gender disparity, socio-economic reasons, disability or any other reason.

(xii) The Right of Children to Free and Compulsory Education (RTE) Act, 2009, which attempts to provide an enabling environment for disabled children to enter school, attend and complete elementary education.

It is evident from above that over the last few years several measures have been taken by the Central and State Governments, society and the families to enhance the educational opportunities, removing infrastructural barriers, providing effective access to rehabilitation measures and intervention
programmes of children with disabilities. Several intervention programmes dealing with the educational needs and the problems of disabled students have been organized but these remained least concerned with developing the psychological aspects of personality of children with disabilities. Review of literature has indicated that yoga, as a therapy, hold the potential to improve various psychological aspects of human personality.

Yoga is self acquired, finest and most clearly uplifting system available for civilized society and for a successful individual, as its success is attained with disciplined self efforts. Yoga is a mind and body practice in Complementary and Alternative Medicine (CAM) with origins in ancient Indian philosophy (Khalsa et al., 2009). The various styles of yoga that people use for health purposes typically combine physical posture, breathing techniques, concentration, and meditation or relaxation. Yoga is intended to increase relaxation as well as balance in between body, mind, and spirit. It has been dedicated to the physical, mental and spiritual health of mankind. Yogic principles and their practice are the most effective, practical and universally accepted to achieve the highest goal of life i.e., self-realization.

1.2 YOGA: MEANING AND CONCEPT

The word ‘Yoga’ means ‘unity’ or ‘oneness’ and originates from Sanskrit word ‘Yuj’ meaning ‘to join or to unite’. The unity or joining is described in spiritual terms as the union of the individual consciousness with the universal consciousness. On a more physical level, yoga is a means of balancing and harmonizing the body, mind and emotions. Yoga originated in India more than 5,000 years ago, and played an integral part in the growth of Hinduism, Buddhism and Indian civilization as a whole. Yoga exercises have a holistic effect and bring body, mind and soul into balance. In this way, yoga assists us in coping with everyday demands, problems and worries. Yoga helps
in developing positive thinking, perseverance, orientation towards the supreme, kindness and understanding as a way to self-knowledge and self-realization.

Yoga is far from simply being physical exercises; rather it is an aid to establish a new way of life, which embraces both inner and outer reality. However, this way of life is an experience, which cannot be understood intellectually but could be realized through practice and experience.

The term ‘yoga’ is used to indicate both the ‘end’ as well as the ‘means’. In the sense of the ‘end’, the word yoga in yogic parlance signifies ‘attainment of absolutely undisturbed state of consciousness or Samadhi’. As a means there are innumerable techniques or practices leading to the goal of yoga and all of them are also called yoga. Yoga is, thus, an integral subject, which takes into consideration man as a whole. It does not divide him into watertight compartments as body, mind, spirit, etc. (Swami Kavalyanada and Vinekar, 1963) to use and apply. It also means union or communion. It is believed as the true union of our will with the will of God. In the sixth chapter of the ‘Bhagavad Gita’ which is the most important authority on yoga philosophy, Shri Krishana explains to Arjuna the meaning of yoga as a deliverance from the contact with pain and sorrow. It also gives other explanation of the term yoga as karma yoga i.e., yoga by action. Yoga has also been described as wisdom in work or skillful living amongst activities, harmony and moderation.

Swami Sivananda of Rishikesh explained ‘yoga’ as an ‘integration and harmony between thought, word and deed, or integration between head, heart and mind’ (as coated in Shivjeet, 2005). Taimani (1965) reports that, in philosophy and mysticism, yoga has generally been used in the sense of a union of “individual self” with the “universal self”.

Maharishi Patanjali, rightly called as the “Father of Yoga” compiled and refined various aspects of yoga systematically in his famous manuscript called ‘Yoga Sutras’. He advocated the eight fold path of yoga, popularly
known as ‘Ashtanga Yoga’ for all round development of human personality. These are: Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana and Samadhi. The description of Eight Limbs of Patanjali Yoga (Ashtanga Yoga) is as follows.

(i) **YAMA (CODE OF CONDUCT)**

Yama consists of five vows—Ahimsa (non-violence), Satya (truthfulness), Asteya (non-stealing), Brahmacharya (continence), and Aparigraha (non-acquisitiveness). These virtues enhance psychological and spiritual well being of an individual.

(ii) **NIYAMA (SELF REGULATION)**

Niyama consists of five virtues. These are: Shauch (purification), Santosh (contentment), Tapas (mortification), Swadhyaya (study) and Ishwara pranidhana (surrendering to super power).

(iii) **ASANAS (PHYSICAL POSTURES)**

The first physical aspect and third stage in Ashtanga yoga is asana. Any posture that is performed steadily with ease is called asana. Asanas are for the control of body and mind, purification of our mind, veins and nerves and promotion of general health of the body. They relaxed, rejuvenate, and energize the body and aim to bring the body and the mind into a harmonious union. Asanas should be done with comfort, ease, alertness and steadiness, achieving a balance between ease and effort.

Other exercises affect only the muscles outwardly and the body becomes quite strong and healthy. But these exercises do not have as much impact on the internal organs of the body as the yogasanas. Yogasanas are very effective in throwing out all our body wastes and in activating our glands. The proper
functioning of our body depends on our health and happiness. They give wonderful powers and increase longevity. Other exercises have very little impact on the mind and sense organs, while the asanas improve mental power and help in controlling the sense organs.

(iv) **PRANAYAMA (SYETEMATIC BREATHING EXERCISES)**

*Pranayama* means control and regulation of breath. ‘Prana’ is a Sanskrit word which means vital energy or force. The aim of pranayama is to inspire, infuse, control, regulate and balance the Prana Shakti (vital energy) in the body. In all forms of life from the highest to the lowest, the Prana is present as a living force. All the force is based on Prana; it is the origin of movement, gravity, magnetism, physical action, the nerve currents and the force of the thought.

Just as bathing is necessary for the purification of the body, similarly pranayama is essential for the purification of mind. Pranayama helps to improve retention power and concentration power. This, in turn, leads to soundness of mind and soundness of body. The liver, the stomach, the kidneys, the intestines, the digestive organs, the veins and the entire nervous system get strengthened by the regular practice of pranayama. By its regular practice, one is able to control the sense organs and the mind. It has been said in Vyasa Bhashya:

> “There is no greater tapa than pranayama. It washes away the impurities and leads to the light of real knowledge.”

The duration of inhalation, retention, and exhalation of breath is regulated with the aim of strengthening and cleaning the nervous system and increasing a person’s source of life energy. Pranayama practice also makes the mind calmer and more focused.
There are three stages of pranayama (breathing exercise) namely, controlled inhalation (Puraka), controlled exhalation (Rechaka) and the period in between when breath is retained (Kumbhaka).

Slow and deep breathing is best for the nervous system. Systematic rapid breathing increases the heart beat and stimulates the nervous system, thrusting it into the sympathetic mode the one which acts when stress hormones are released. On the other hand, lengthening and deepening of each breath, slow down the heartbeat and calm the nerves, resulting in peace and wellbeing.

(v) **PRATYAHARA (WITHDRAWAL OF SENSES)**

The withdrawal of the senses from their respective outside objects and projecting these inwards is called pratyahara. The senses are generally turbulent and restless. The practice of pratyahara brings the senses under control, imparts to the body health and capability to enter Samadhi (super-conscious state).

(vi) **DHARANA (CONCENTRATION)**

Dharana is concentration of mind on a particular object. Mind will be strengthened and controlled if we concentrate it on a particular object. This step strengthens the mind and helps in the spiritual growth.

(vii) **DHYANA (MEDITATION)**

Constant attention on the object of concentration is Dhyana (meditation). It is said in the Upanishads that a sin, which is as high and as stupendous as a mountain, can be pierced only through Dhyana (meditation) and not through any other means. According to Maharishi Patanjali, meditation plays an important role in human life.

Meditation is the foundation of self development and well-being. Generally, almost imperceptibly, meditation transforms the quality of every
life, stimulating creativity, exercising mental capacities and integrating body and mind. Through meditation we can open ourselves to path of self-knowledge that leads ultimately to enlightenment. This path was taken twenty five hundred years ago by the Lord Buddha, his penetrating investigation into the causes of unhappiness and means to perfect health culminated in the full realization of human potential. After his liberation, the Buddha taught that no matter what our background or present lifestyle, this awareness cannot fade with the passage of time.

During meditation, the energy level increases and if it is retained, a number of benefits occur. Some such changes are:

a) Freedom from stress
b) Increased resistance to disease
c) Improved health
d) Metabolic changes
e) Biochemical and cardiovascular changes
f) Development of personality
g) Quality of life and productivity
h) Improvement in motor, perceptual ability and athletic performance
i) Increased energy and dynamism
j) Intelligence, learning and academic performance improves
k) Electro physiological changes
l) Increased creativity

In addition, meditation has physical ramifications. Meditation can relax the nerves, control or reduce the blood pressure, make us zestful by stemming the dissipation of energy through tensions, improve our health and keep us fit.
**SAMADHI (ENLIGHTENMENT)**

_Samadhi_ is the state of super-consciousness and perfect calm. When the mind becomes one with the form of the object of its concentration in _Dhyana_, it leads one to the state of _Samadhi_. It is the climax of _Dhyana_. When _Dhyana_ achieves maturity, mind loses the sense of duality with the object of concentration (_Dhyana_), leading to the state of _Samadhi_. This helps to unfold the world of knowledge and wisdom to the seeker and he reaches super-conscious state. The eight limbs of _Ashtanga_ yoga are presented in Picture 1.1.

![Picture 1.1: Eight Limbs of Ashtanga Yoga](image)

_Patanjali_ describes yoga as ‘_Chitta vrtti nirodhah_’. This may be translated as the restraint (_nirodhah_) of mental (_chitta_) modifications (_vrtti_) or as suppression (_nirodhah_) of the fluctuations (_vrtti_) of consciousness (_chitta_). The word _chitta_ denotes the mind in its total or collective sense as being composed of three categories:
(a) Mind (*Manas*, that is, the individual mind having the power and faculty of attention, selection and rejection; it is the oscillating indecisive faculty of mind).

(b) Intelligence or reason (*Buddhi*, that is, the decisive state which determines the distinction between things).

(c) Ego (*Ahamkara*, literally the I-maker, the state which ascertains that ‘I know’).

### 1.3 IMPORTANCE OF YOGA

Yoga is the oldest system of personal development in the world, encompassing the entire body, mind and spirit. Some people consider it as the union between a person’s ‘own’ consciousness and the “universal” consciousness. The merger of the soul with God, and the experience of oneness with Him is yoga. It is possible only through the control over sense organs and through continued practice and detachment. According to the great Sage *Patanjali*, the withdrawal of sense organs from their worldly objects and their control is yoga.

As said earlier in this chapter, yoga helps to develop a greater positive thinking, perseverance, orientation towards the Supreme, motivation to prayer as well as kindness and understanding as the ways to self-knowledge and self-realization. It is considered as an important medical technique for developing the physical and mental functioning of an individual, especially of children with disabilities. It is one of the most important, effective and valuable tools available for the disabled children to overcome their various physical and psychological problems such as frustration, anxiety, emotional instability and immaturity, and poor mental health etc (*Singh*, 2006). Yoga refers to the system of practices that helps to control the mind, body and soul. It is a holistic path that leads to a sense of
peace and well-being. Through different poses (asanas), breathing techniques (pranayama) and meditation (dhyana), yoga makes the practitioner aware of his inner self. It includes cultivation of correct attitudes and reconditioning of the neuromuscular systems. It helps the whole body to enable it to withstand greater stress and strain. Yoga proposes healthy diet and encourages the natural process of elimination, whenever it is necessary. It aims at the integrated and harmonious development of all the potentialities of the human beings. Through the practice of yoga, one becomes aware of the interconnectedness among his/her emotional, mental and physical selves.

Yoga is an ancient technique of promoting health through exercises, regulation of breathing and meditation. Yoga has been reported to have various therapeutic effects. Studies have shown that the practice of yoga reduces perceived stress and negative feelings and improves mental and physical symptoms (Kirkwood et al., 2005; Smith et al., 2007). Yoga has therapeutic benefits not only for various mental disorders (Descilo et al., 2010; Carei et al., 2010), but also for some physical distress, such as asthma (Nagarathna et al., 1985), hypertension (Vijayalakshmi et al., 2004), rheumatoid arthritis (Evans et al., 2010), migraines, musculoskeletal disorders (Sherman et al., 2005), cancer-related symptoms (Moadel et al., 2007) and other disorders, most of which are related to mental factors or mental states, or are aggravated by stress. It has been demonstrated that the practice of yoga improves the mental state by lowering the levels of anxiety, depression and anger (Michalsen et al., 2005; Lavey et al., 2005; Sareen et al., 2007).

The practice of yoga does not only deal with developing the body but also covers all the aspects of a person’s life as stated in the eight limbs of yoga. It is concerned about the physical, mental and spiritual well-being of an individual as well as his environment and relationship with other creatures.
Real practice of these eight principles leads to deeper self-knowledge, love and respect toward other people and creatures, clean environment, healthy diet, and union with nature.

The practice of yoga *asanas* having physical, mental and moral effects, leads a man to spiritualism. No other system has such wide ranging impact on human body and mind. The various psychological benefits of practicing yoga are as under:

a) Stress reduction.
b) Increased self-awareness.
c) Less anxiety and depression.
d) Improved concentration.
e) Inner peace and calm.
f) More positive view of self/others.
g) Increased body awareness and acceptance.
h) Increased energy and vitality.
i) Heightened sense of control of one’s body and mind.
j) Decline in self-destructive patterns.
k) Improved self-confidence.
l) Social adjustment increases.
m) Increased mental clarity.
n) Improved reaction time.
o) Improved learning ability and memory.
p) Increased ability to be present in the moment.
q) Greater creativity
r) Improved sleep
s) Increased emotional stability, etc.
1.4 SELF-CONCEPT

Self-concept as the core of human personality refers to the sum total of people’s perceptions about their physical, social, emotional and academic competence. It is the view that one has of oneself. It is the set of perceptions that the person has about himself, the set of characteristics, attributes, qualities and deficiencies, capacities and limits, values and relationships that the subject knows to be descriptive of him. It refers to the view that a person holds about himself, his abilities, his feelings, his values and possessions. It is an influential factor in individual’s behaviour, his action and interactions in different social conditions. It is the attitude and feeling that a person has regarding him.

Allport (1961) has described the self-concept as, “the self is something of which we are immediately aware, we think of it as the warm, central private region of our life, as such it plays a crucial part in our consciousness (a concept broader than self in our personality and in our organism (a concept broader than personality) thus it is some kind of core in our being.” Combs and Syngg (1964) refer to self-concept as, “the individual’s perception or view of himself.” It can be concluded that self-concept is the sum total of all that the individual can call “I” or “Me”. It refers to those perceptions, beliefs, feelings, attitudes and values which the individual views as part or characteristics of himself. It refers to an individual’s perception or view of himself. It includes the person abstractions and evaluations about his physical abilities, appearance, intellectual capacities, social skills, psychological self-image, self-confidence, self-respect and self-adequacy.

Paderson (1965) defined self-concept as an organized configuration of perceptions, beliefs, feelings, attitudes and values, which the individual views as a part of his characteristics. According to Merenda (1967), self is the perception and the reflection of individual’s conscious and/or unconscious efforts to behave in those real or imagined ways demanded by his immediate
and/or most important social group. *Le Benne* and *Greene* (1969) view self-concept as person’s total appraisal of his appearance, background and origins, abilities and resources, attitudes and feelings which culminate as a directing force in behaviour.

The concept of self has three major components: the perceptual, the conceptual and the attitudinal (*Hurlock*, 1978). The perceptual component is similar to physical self-concept which includes the image of one’s appearance, attractiveness and sex appropriateness of body and the importance of different parts of body. The conceptual component is similar to psychological self-concept which relates to the origin of the individual, his abilities and disabilities, his social adjustment and traits of personality. The attitudinal component refers to attitudes of a person about his present status and future prospects, his feelings, his worthiness, his attitudes of self-esteem and pride and shame. It also includes his beliefs, convictions and values.

*Rogers* (1981) viewed self-concept as an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perception of one’s characteristics and abilities, the precept and concept of the self in relation to others and to the environment, the value qualities which are perceived as associated with experiences and objects and the goals and ideas which are perceived as having positive and negative balance.

According to *Mash* and *Johnston* (1983), self-concept is composed of a person’s thoughts and feelings, strivings and hopes, fans and fantasies, his view of what he is, what he has been, what he might become and his attitudes pertaining to his worth.

*Saraswat and Gaur* (1984) described self-concept as the individual’s way of looking at him. It also signifies his way of thinking, feeling and behaving.
According to *Laxmi* (1997), self-concept is composed of thoughts and feelings which constitute a person’s awareness of his individual existence, his perception of what he had, his conception of who he is and his feelings about his characteristics, qualities and properties.

According to *Sen and Sexena* (1997), self-concept may be described as a set of attributes an individual uses to describe himself. Self is conceptualized as the non-perceivable but existing and most important aspect of personality.

According to *Mosby’s Medical Dictionary* (2009), self-concept is the composite of ideas, feelings, and attitudes that a person has about his or her own identity, worth, capabilities, and limitations. Such factors as the values and opinions of others, especially in the formative years of early childhood, play an important part in the development of the self-concept.

The self-concept is what the individual thinks of as his actual self. The part of environment in which he has involved himself is known as phenomenal self and the rest of the environment of which he is aware or to which he responds, is his phenomenal environment or perceived environment. To an individual, his phenomenal environment is the reality. Thus, he reacts to the world which he perceives, not to the world perceived by others.

Thus, self-concept may be briefly defined as the view that a person holds regarding himself, his abilities, his feelings, his values and possessions. It is an influential factor in individual’s behaviour, his actions and interactions in different social conditions. It is the totality of one’s way of seeing himself. It is the attitude and feeling that a person has regarding him. Most educationists and psychologists consider that an individual’s self-concept is a critical facet of his personality and determinant of his behaviour.

The above discussion exhibits the meaning of self-concept in general terms. In the context of disabled person, the importance of self-concept for a
disabled person has been highlighted by many researchers. For example: Cook-Clampert (1981) observes “The most fundamental aspect of the blind child is his self-concept. The manner in which the child learns to view himself has a tremendous impact on his future ambitions, accomplishment and personal happiness.”

Cambra (2002) concluded that some factors appear to influence the self concept of students with special needs (deaf students), and those factors include: severity or degree of disability, age of onset of disability, acceptance of disability by parents, type of school (regular or special) and special support.

Hence, the view of disabled person about themselves i.e. their body, orientation and mobility, body postures, interaction with members of society and peer group and acceptance of the impairment by them as a natural condition or the curse of the God, holds considerable importance in constituting self-concept.

1.5 FEELING OF WELL-BEING

The history of well-being dates back to 1961 with the work of Halbert Dunn, who coined the term “Wellness” and defined it as “an integrate method of functioning, which is oriented towards maximizing the potential of which the individual is capable” (Dunn, 1961).

There are other researchers who think that physical well-being, adjustment, mental ability, emotional control, social adjustment and even sex adjustment, all these characteristics should be included in the meaning of well-being (Crow and Crow, 1951). Schneider (1965) propounds a criterion of mental well-being which is as follow:

(a) Mental efficiency.

(b) Control and integration of motives.
(c) Control of conflicts and frustration.
(d) Positive and healthy feelings and emotions.
(e) Tranquility or peace of mind.
(f) Healthy attitudes.
(g) Healthy self-concept.
(h) Adequate ego identity.
(i) Adequate relation to reality.

The major focus of researches in 20th century was on expanding the knowledge based on psychological ill health whereas towards the end of 20th century, wellbeing received greater attention from researchers. In the light of acceptance of the two-factor theory of mental health, more focus on discovering facts about wellbeing are expected. Wellbeing has also received attention of the researchers as nowadays a common man experiences greater stress, less happiness and complex emotional situation.

Well-being in the 21st century has considered as the subjective feeling of contentment, happiness, satisfaction with life’s experience, sense of achievement, utility, belongingness and no distress, or worry etc. It may be classified into five components, viz.

(a) Positive effects indicating feeling of happiness and contentment in general.
(b) Satisfaction with life experiences shows feeling of satisfaction in general.
(c) Sense of achievement relating to perception of overall achievement as compared to one’s expectation.
(d) Utility, belongingness showing values and beliefs which individuals anticipated to be related to the domain of inner life.
(e) Negative effects meaning distress, anxiety, dissatisfaction and worry.
According to the Random House Dictionary (Stein, 1966), well-being is a good or satisfactory condition of existence: a state characterized by health, happiness, prosperity and welfare.

In Wolman’s Dictionary (1973), wellbeing is defined as the harmonious relationship with the environment involving the ability to satisfy most of one’s needs and meet most of the demands, both physical and social, that are put upon one.

The Oxford English Dictionary (Simpson and Weines, 1989) states well-being as “a state of being or doing well in life, happy, healthy or prosperous condition, moral or physical welfare”.

According to Verma and Verma (1989), well-being is a state of psychological and physical well-being in which a person is able to function effectively and productively, is able to get along with others and is reasonably well-adjusted with his life.

As per the World Book Encyclopedia (1997), health is a state of physical, mental and social well-being. It involves more than just the absence of disease. A truly healthy person not only feels good physically but also has a realistic outlook on life and gets along well with other people. Good health enables people to enjoy life and have the opportunity to achieve goals they set for themselves, thus experience feeling of well-being.

According to Sinha (1990), well-being implies that the environment provides the necessary inputs for the proper development of those skills and abilities through which the person is able to satisfy his basic and psychological needs and thereby achieve a degree of adjustment. Well-being has both objective and subjective components. The former relates to things like education, employment status, financial resources and comforts of modern
living. The latter includes his expectations and perceptions of reality which determine his satisfaction and is often referred to as the feeling of well-being.

According to the *Collins* English Dictionary (1998), the term well-being means health and happiness.

According to *Prakash* (2000), psychological well-being is a subjective sense of overall satisfaction and positive mental health and is said to represent the person’s evaluation of life as a whole, including the self in both cognitive and affective terms as well as the purely subjective aspect of mental health.

To sum up, it can be said that feeling of well-being means a state of mind in which an individual feels happy, satisfied with life and is able to function efficiently.

In the context of persons with disabilities, they often face societal barriers and their disability evokes negative perceptions and discrimination in society. As a result of the stigma associated with disability, persons with disabilities are generally excluded from education, employment and community life which deprives them of opportunities essential to their social development, health and well-being. In some societies, persons with disabilities are considered dependent and seen as incapable, thus, fostering inactivity which often causes person with disabilities to experience restricted mobility beyond the cause of their disability.

Hence, dependence on other for their day to day activities, rejection, social isolation, feeling of inferiority, dissatisfaction from their performance on academic front etc. create hindrance in developing positive well-being of person with disabilities.

1.6 **EMOTIONAL MATURITY**

The word emotional maturity means "relating to emotion," "dominated by or prone to emotion," "appealing to or arousing emotion" and "markedly
aroused or agitated in feeling or sensibilities”. One of the major aims of any good educational programme is to help the learners to gain emotional maturity. A person is said to be emotionally mature when he/she feels proper emotion in a proper situation and expresses it in a proper quantity.

Emotional maturity is the acquisition of adaptive behaviour that reduces, minimizes, escapes and avoids emotional disturbances of an individual. Emotional maturity is achieved when one learns to control emotions according to the needs of time. The greater the emotional maturity of a person, the greater is his/her ability to withstand the stress or frustration and to live a happy, useful and effective life. Chamberlain (1960) said that an emotionally matured person is one whose emotional life is well under control. Walter and Smitson (1974) said that an emotionally stable child has a capacity to make effective adjustments with himself, his family members, and his peers. Emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra-psychically and intra-personally. Emotional maturity can be understood in terms of ability of self control which, in turn, is a result of thinking and learning. According to Singh and Bhargava, (1990) emotional maturity is not only the effective determinant of personality pattern but also helps to control the growth of an adolescent’s development. A person who is able to keep his emotions under control, who is able to break delay and to suffer without self-pity, might still be emotionally stunned and childish. According to Young (1996), the emotionally mature or stable individual regardless of his age, is the one who has the ability to overcome tension, to disregard certain emotion stimulations that affect him, and to view himself objectively as he evaluates his assets and liabilities and strings towards an improved integrator of his thoughts and emotional attitudes and his overt behaviour, so the mature individual is said to have control over his emotions.

According to Menninger (1999), emotional maturity includes the ability to deal constructively with reality. According to Lisa, (2004), emotional maturity brings with it a capacity for independence, the willingness to take
action as free agent along with the capacity to affiliate, to freely initiate and sustain loving relationships. Bhatia (2005) states that emotional maturity means exhibiting proper emotion at proper time and to express it in proper form and in proper quality (as quoted in Tiwari, 2012).

The above account highlights the meaning of emotional maturity in terms of general population. The importance of emotional maturity of disabled person has been highlighted by many researchers. The disabled persons exhibit emotional immaturity in their behaviour due to one or another reason associated with their specific disability. For example, Meadow (1981) states that as deafness is both a communication disability and a sensory defect, the students with hearing impairment may not be able to communicate clearly about his/her own needs, thoughts, experiences nor can his/her parents communicate with him/her adequately. Moreover, it is difficult for them to learn naturally about what is expected of people, and why and how to obtain satisfaction of their needs in approved ways. It resulted in suppressed feelings which led hearing-challenged students to behave in an impulsive way and resort to outbursts and tantrums when they were frustrated (Freeman et al., 1981).

Hence, lack of opportunity to participate in social life, limited mobility, social attitude towards specific disability-labels attached with the disability (e.g., Langra, Lula, Andha, Behra etc.), lack of interpersonal communication with teachers, family members and peer group, feelings of having improper outlook in comparison with normal persons etc. are some factors which hold considerable importance in social and emotional development of disabled person.

1.6.1 CHARACTERISTICS OF EMOTIONAL MATURITY

The characteristics of emotional maturity are as under:

1. The ability to give and receive love: Emotional maturity fosters a sense of security. A mature person can show his vulnerability by expressing love and accepting expressions of love from the one who loves him. An immature person is unduly concerned with "weakness" and has
difficulty in showing and accepting love. The egocentricity of a person will allow the acceptance of the needs of others to receive love but fails to recognize it. They take it, but they won't give it.

2. The ability to face reality and deal with it: The immature person avoids facing reality. The difficulties which demand character and integrity are avoided and even denied by immature people. Mature people eagerly face reality knowing the quickest way to solve a problem and to deal with it promptly. A person's level of maturity can be directly related to the degree with which he faces problems or the way, he avoid them. In short, the mature people face their problems, immature people avoid their problems.

3. As interested in giving as receiving: A mature person's sense of personal security permits him to consider the needs of others. He gives from his personal resources, whether money, time or effort to enhance the quality of life of those, he loves. They are also able to allow others to give back to them. Balance and maturity go hand in hand.

4. The capacity to relate positively to life experiences: A mature person views life experiences as learning experiences, and when they are positive he enjoys and also learns a lot from these experiences of life. When they are negative, he accepts personal responsibility and is confident that he can look for an opportunity to succeed.

5. The ability to learn from experience: The ability to face reality and to relate positively to life’s experiences is derived from the ability to learn from experience.

6. The ability to accept frustrations: When things don't go as anticipated, the immature person stamps his feet, holds his breath, and blames his
fate. The mature person considers using another approach or going in another direction and moves on with his life.

7. The ability to handle hostility constructively: The mature person looks for a solution. He uses his anger as an energy source and when frustrated, redoubles his efforts to find solutions to his problems.

8. Relative freedom from tension symptoms: Immature people feel unloved, avoid reality, are pessimistic about life, get angry easily and attack the people closest to them when frustrated. No wonder they are constantly anxious. On the other hand, the mature person shows mature approach, he is relaxed and confident in his ability to get what he wants from life.

To sum up, it can be said that emotional maturity means the degree to which the person has realized his potential for richness of living and has developed his capacity to enjoy things, to relate himself to others, to love and to laugh; his capacity for deep sorrow when an occasion for grief arises; his capacity for experiencing anger when faced with thwarting situations that would rile the temper of any reasonably tolerant or sensible person; and his capacity to show fear when there is occasion to be frightened without feeling a need to use a mask of courage.

1.7 YOGA: AN INTERVENTION THERAPY

Yoga as an intervention aims at bringing about the changes in psychological variables of the practitioners. The investigator took the specific components of pranayama and asana keeping in mind the nature of disability of each category i.e., whether the disabled students were comfortable in doing the pranayama and asana or not? Moreover, the review of related literature also indicates the improvement in the variables (i.e. self-concept, feeling of well-being and emotional maturity) that was taken in the study due to regular
practice of yoga by the practitioners. For example, Chandiramani et al., (1994) has found a considerable reduction in the neurotic predisposition, hostility and feelings of helplessness reported by the prisoners while the sense of hope and well-being were enhanced following Vipasana courses. Khosla (1994) presented case studies demonstrating the efficacy of Vipasana meditation on the improvement in the mental health of individuals with mental disorders.

Review of the literature on yoga research (Anantharamana & Sutranyams, 1997) concludes: In summary, this review of the literature suggests that Hatha yoga has potential as a useful intervention for improved physical well-being, reducing anxiety, and enhancing personality development....Hatha yoga could be a helpful adjunct to medical and psychological treatment when practised regularly by clients on their own to improve feelings of physical health, reduce their anxiety, and enhance their self-concepts and emotional tone. The breathing practices, or pranayama, are one component of hatha yoga, which is intended to give one a healthy body and mind. Harinath et al., (2004) also support that regular practice of Hatha yoga and Omkar meditation can bring significant improvement in the autonomic balance, respiratory performance, anxiety, depression and well-being. It also facilitates secretion of melatonin from the pineal gland, which may be acting as a psycho-sensitive hormone. It was also suggested that if yoga and meditation are administered along with routine exercises, both physical and mental performance can be improved.

Fumitoshi and Prasad (2006) also observed that Brhamari pranayama is very effective in mental problems such as tension, stress and hyper-tension etc., and it brings about relaxation to the practitioner of it— thus, enhancing his power of concentration. Yogic practices also improve some psycho-physiological conditions like physical and mental health, self-concept, self-confidence, Alpha Electroencephalography (EEG), Galvanic Skin Response (GSR), Hemoglobin (HB), Erythrocyte Sedimentation Rate (E.S.R.), Expiratory Vital Capacity (E.V.C.), Intelligence Quotient (IQ) level etc (Despande et al., 2008; Shukla, P., 2007; Kumar, K. 2006).
Gupta, et al. (2010) also concluded that Anulom-Vilom pranayama helps in the reduction of the anxiety and the depression levels of the individual. Akhileshwar, Kumar and Pillay (2012) have also stated that yoga enhances the positive traits of various dimensions of personality like activity, enthusiasm, assertions, trusting, non-depressive and emotional stability and helps to reduce and even remove all sorts of negative dimensions of personality like passivity, non-enthusiasm, submissiveness, suspicion, depressive and emotional instability.

In the light of above findings, it can be concluded that hatha yoga which includes various pranayama and asana helps the general population in improving their physical and mental health, personality, self-concept, self-confidence, anxiety, wellbeing, emotional stability etc. In case of disabled people, Hatha yoga can be practised through a long term intervention programme so that its effects can be examined. Therefore, yogic interventions refer to practice of physical exercises, and breathing techniques (pranayamas) based on yoga and specific asanas to strengthen the muscles, relieve stress and strain, and for development of better well-being.

1.7.1 COMPONENTS OF YOGIC INTERVENTION PROGRAMME

The yogic intervention programme includes the following components of pranayamas and asanas.

(A). **PRANAYAMAS**: The following pranayamas are used in the study:

(i) Bhastrika pranayama  
(ii) Kapalbhati pranayama  
(iii) Anulom-Vilom pranayama  
(iv) Brhamari pranayama  
(v) Ujjai pranayama  
(vi) Omkar recitation/ Udgeet pranayama
(B). **ASANAS:** In the present study, only two asanas are used which are as under:

(i) *Tadasan* for stretching each and every muscle for better blood circulation. (This asana was modified for orthopedically challenged students after consulting the physiotherapist and orthopedician. They advised that it is the only asana which can be performed easily by these students in seating position whereas most of the other asanas are performed in standing posture or required movements of upper/lower limbs.)

(ii) Relaxation technique—*Shavasana*

The description of various *pranayamas* and *asanas* which are used in the study are described below:

**PRANAYAMA**

*Pranayama* is the control of breath. “Prana” is breath or bio-energy in the body. On sublet levels “prana” represents the pranic energy responsible for life or life force, and “yama” means control. So *pranayama* is “control of breath”. One can control the rhythms of pranic energy with *pranayama* and achieve healthy body and mind.

In exceptional cases, a man can live for weeks without solid food, for days without water or other fluid, but only a few minutes without air, the connection between life and breath is extremely close and breathing is the most important biological function of the body. All other activities of the human organism are closely connected with breathing.

Civilized man has forgotten how to breathe well. One of the consequences of the unnatural life of man is that he has forgotten the age-old rhythm of sound breathing. It is believed that the way a child breathes is barely sufficient to vegetate, just sufficient for the child to stay alive. This is so
because we do not understand any more the truth that only conscious control of breathing will give us the resistance which ensures a long and healthful life.

Primitive man, living under natural conditions, did not have to learn how to breathe. Continued movement, fresh air, the stimulation to chase, the fight with the elements, all prepared him instinctively to be a good breather. In this, he had the help of the third lung, the skin; every irritation of the skin, cold, heat, mechanical influences all affect the rhythm of lung breathing.

Through normal, ordinary breathing, we absorb a certain amount of *prana*, but through yoga-breathing we lay up a considerable amount of reserve *prana* in our brain and in our nerve centres to be used in case of need. When we are called upon to furnish an unexpected mental or physical effort, we draw upon this reserve. People who possess the faculty of storing *prana* are said to have great vitality.

The most evident manifestation of *prana* in the human body is that it forces us to breathe. In order to collect more *prana* in our nerve centres, we must, first of all, learn to discipline the movements of our lungs, our respiration. This means that each breath should be taken consciously and that the *prana* absorbed should be conducted into the storehouse of the nerve centres through concentration upon these centres. The conscious practice of controlled breathing and concentration of thought is called *pranayama*.

There are number of *pranayamas* practices by different yogis. The following paragraphs include details of *pranayamas* which are used in the present study.

(i) **BHASTRIKA PRANAYAMA**

*Bhastrika* consists primarily in forced rapid deep breathing which serves as a basis for many varieties of exercises, all of which may be described by the same name. ‘*Bhastrika*’ means ‘bellows’ in Sanskrit. Just as a blacksmith blows his bellows
rapidly, so also you should inhale and exhale rapidly. Sit in Padmasana or Siddhasana or Sukhasana. Close the mouth, but air is forced both in and out. A series of such, each following the other in quick succession without pause, either full or empty, may be called “a round”. This pranayama should be done for 1 to 5 minutes.

In order to perform this Pranayama, sit comfortably in any meditational posture. Then inhale deeply till diaphragm is filled and exhale with full force through both the nostrils. This ‘Pranayama’ can be done in three ways as per individual’s capacity—slowly, at normal medium pace and quickly. If somebody’s lungs and heart are weak, then he should do it slowly. A healthy and old practitioner should slowly increase frequency of inspiration and expiration. It should be done for 3 to 5 minutes.

While inhaling during ‘Bhastrika’, one should take ‘Sankalpa’ i.e. he/she should think in his/her mind that the heavenly power, energy, holiness, peace and satisfaction existing in this universe, are entering his body along with inspiration. One should feel overwhelmed with heavenly ‘Sankalpa’.

(ii) **KAPALBHATI PRANAYAMA**

‘Kapal’ means forehead and ‘Bhati’ means light, halo, aura etc. So, the ‘Pranayama’ that adds light and halo to forehead is called ‘Kapalbhati’. Its procedure is slightly different from ‘Bhastrika’.
In this, inhaling is done at normal pace in a natural manner, but whole concentration is given to force exhaling i.e., forced expiration. Naturally, concentration and expansion occur in stomach also, and affects ‘Muladhar’, ‘Swadhisthan’ and ‘Manipur Chakra’. It should be done for minimum of 5 minutes.

While performing this pranayama, one should think that he/she is throwing all virus, diseases, disorders and unwanted elements out of body along with expiration. One should think of throwing out all ill and sick feelings also while doing ‘Rechak’ (exhaling). This pranayama should be practiced for 3 to 5 minutes. One should take a break whenever he/she feels tired or exhausted while performing ‘Kapalbhati’. After practice of 1 to 2 months, one can easily do it for minimum of 5 minutes without taking a break. This is its complete timing. Initially, pain might be felt in abdomen or waist but that will go on its own after some time.

(iii) **ANULOM-VILOM PRANAYAMA**

To perform this asana, the practitioner uses right hand, closes right nostril (Pingala) by thumb and left nostril (IDA) by middle and ring fingers and keeps palm in front of nose but slightly above.

As left nostril (IDA) represents power of moon or peace, this pranayama is started with left nostril only by closing right nostril using thumb and inhale slowly through left nostril. After complete inhalation, left nostril is closed using middle and ring fingers and exhaling completely through right nostril. In it, the pace of inspiration and expiration is increased slowly, and the practitioner goes to as full as possible speed as per individual’s capacity.
‘Prana’ creates an audible sound when ‘Poorak’ and ‘Rechak’ are done at fast pace. Once expiration is over, one inhales completely through right nostril keeping left nostril closed, and then, exhales through left nostril keeping right one closed. This finishes one process. Same process can be repeated many a time taking break in between whenever tired. So, timing of 10 minutes can be achieved after starting with 3 minutes practice. Generally, a practitioner can do pranayama continuously for 5 minutes without break after practice of around one month. One should not exceed limit of 10 minutes and limit practice to 3 to 5 minutes in summer. This pranayama awakens power lying in ‘Muladhar Chakra’ and same is termed as awakening of ‘Kundalini’. One should think and recite ‘Om’ also while doing this pranayama.

(iv) **BRHAMARI PRANAYAMA**

In this asana, after complete inhalation, the practitioner presses roots of nostrils (near eyes) from both sides using middle fingers. Then, he/she keeps his/her concentration in ‘Aagya Chakra’ and closes both ears using thumbs. Now, he/she exhales making loud singing voice of ‘Om’ like the buzzing of a bee. One should repeat same process minimum 3 times, limiting maximum 11 to 21 times.
While doing this pranayama, the practitioner should think that God’s grace, peace and happiness are raining over his head. He/she should feel that God Himself is appearing as a divine light in his/her ‘Aagya Chakra’ and granting wisdom by removing all ignorance. So, this Pranayama results in appearance of a divine light source in ‘Aagya Chakra’ and process of meditation becomes smooth and easy.

(v) **UJJAYI PRANAYAMA:** Ujjayi pranayama is one of the important techniques that help in calming the mind and it warms the body. In this asana, the practitioner sits in Vajrasana posture on a yoga mat and puts his/her hands on the knees. Then, he/she completely fills his/her lungs with breath, while slightly contracting the throat, and breathes through the nose.

(vi) **OMKAR RECITATION/UDGEET PRANAYAMA**

This should be done after finishing all previously mentioned pranayamas. The practitioner feels like a spectator, and breathes in and out very slowly and takes long, deep breaths. Speed of inspiration and expiration should be so slow that even the practitioner does not feel the sound of breath and even if someone places cotton in front of nostrils, then the cotton should not move. One increases practice in a manner so as to achieve timing of one minute for
breathing in and another full minute for breathing out. Also, one tries to feel the breath inside the body also. Initially one will feel the breath only at front edge of nostrils, but slowly breath will be felt deep inside body also. So doing this, one should recite ‘Omkar’ in a spectator mode, facilitating meditation and concentration. One can recite ‘Gayatri Mantra’ also.

(B) ASANAS

‘Asanas’ in Sanskrit means posture. There are around 84 asanas—each one has a special name, special form and a distinct way of performing. Asanas are designed to promote a state of mental and physical well-being or good health. This may be defined as the condition that is experienced when all the organs function effectively under the intelligent control of the mind. Asanas have an extraordinary capacity to overhaul, rejuvenate and bring the entire system into a state of balance. The practise of asanas affects the physical system (blood circulation, inner organs, glands, muscles, joints and nerve system), psychological system (developing emotional balance and stability, harmony), mental state (improved ability to concentrate, memory), and consciousness (purifying and clarifying consciousness/awareness) aspects of the human being.

The description of some asanas used in the study is as follows:

(i) TADASANA:

‘Tada’ means mountain and ‘sana’ means upright unmoved. ‘Sthiti’ means standing skill. ‘Tadasana’ therefore, implies a pose where the practitioner stands firm and erect like a mountain and remain as natural as the practitioner can when standing—keeping the feet together with toes and inner heels touching

Picture 1.9: A Yoga Practitioner Performing Tadasana
(ii) **SHAVASANA**

The Sanskrit term ‘Shava’ means dead body. This is the only practice in Yoga Science in which the practitioner goes into the pose of death. Its object is to enable the practitioner to free himself from the strains and stresses.

*Shavasana* lowers blood pressure considerably. It is recommended to patients suffering from mental and emotional stress and strains and those having cardiac troubles and hypertension. In this posture, the practitioner lies flat on the back, preferably on the floor, on a mat or rug, naked or as lightly dressed as possible, arms stretched out alongside the body, legs outstretched, and feet slightly apart. Then, he/she breathes easily without forcing, slowing down the breathing movements as much as possible. Thereupon, he/she consciously make tense all the muscles, group after group, one after the other, beginning with the feet. Immediately after tensing the muscles, the practitioner lets go and relaxes them. This tensing and relaxation must be done consciously by concentrating all attention upon the particular muscle such as muscles of the feet, legs, knees, abdomen, arms, hands, shoulders, neck, jaw, face and forehead. The practitioner goes over the whole body in this way once, twice, three times, until all the muscles are fully relaxed. He/she thinks of nothing except deep rest and repose and peace which insure perfect health.

The benefits of pranayamas and asanas used in the study are as under.

### 1.7.2 BENEFITS OF PRANAYAMAS AND ASANAS

The benefits of *pranayamas* and *Asanas* that have been identified relevant to the study by the investigator are discussed under following headings:
(A) **BENEFITS OF PRANAYAMA**

(i) **BHASTRIKA PRANAYAMA:**

*Bhastrika*’ is a Sanskrit word, which means ‘bellows’. In short, *Bhastrika* is to ‘inhale’ and ‘exhale’ deeply and forcefully. Therefore is also known as ‘deep breath exercise’. It is an excellent breathing exercise. It keeps the body healthy and mind happy. It is excellent for physical body as well as for the spirituality of an individual. It makes the mind peaceful and calm so as to help in *Kundalini* awakening. It also helps to remove impurities of blood. *Vata* (wind/spirit/air), *pitta* (bile) and *kapha* (phlegm) are balanced so as to make body healthy.

In the context of disabled students, *Bhastrika pranayam* helps them in achieving sound, calm and peaceful mind along with a healthy body which further improves their well-being. It also helps them to keep negative thoughts away.

(ii) **KAPALBHATI PRANAYAMA**

*Kapalbhati*’ is a Sanskrit word. ‘Kapal’ means forehead and ‘Bhati’ means light. By this breathing exercise, forehead becomes luminous and lustrous, which means all diseases disappear and body becomes pure, healthy and happy. It is a miraculous yoga breathing exercise, invented by Indian yogis thousands of years ago, for complete body fitness. It balances three *doshas* of the human body. These are *vata* (wind/air), *pitta* (bile) and *kapha* (phlegm). Disorder of these three is the root cause for unhealthy body. It is excellent not only for physical body but for sub-conscious mind as well. While doing *Kapalbhati*, if practitioner concentrates at the ‘*Mooladhar Chakra*’, the ‘*Kundalini*’ power starts awakening. *Kapalbhati* improves concentration power in children and adults. It has a positive effect on the working of nervous system. As the brain cells receive blood, rich in high oxygen content, it enhances the functioning of brain cells, improving memory, concentration and efficiency. It is a good way for curing any kind of mental and emotional
problem also. It unlocks any mental or emotional blockages, thereby giving a feeling of mental peace and emotional satisfaction.

Regular practice of Kapalbhati pranayama is likely to enable the disabled students to overcome their emotional problems and achieves a greater sense of mental peace.

(iii) ANULOM VILOM PRANAYAMA

Anulom Vilom pranayama is one of the best and the easy most breathing exercise for complete purification of body as well as mind. It completely cures most of the internal body diseases without any medicine. It vanishes stress of body and mind. If practised regularly with devotion, Anulom-Vilom not only intensifies the inner strength of body but also enhances the spiritual powers. It is extremely helpful for ‘Kundalini Shakti Jagran’ or awakening of ‘Kundalini Power’. The practitioner of ‘Anulom-Vilom’ experiences his life happy and full of optimism. This is also known as Nadi Shuddhi or Nadi Shodhana Pranayama. Practitioners report that the practice of Anulom Vilom pranayama develops a steady mind, strong will-power, and sound judgment, and that sustained pranayama practice extends life and enhances perception.

Anulom-Vilom pranayama is likely to help the disabled students to improve their inner strength to achieve mental calm, happiness and positive perception about themselves-overcoming depression, mental tension and worries.

(iv) BRHAMARI PRANAYAMA:

‘Brhamari’ is a Sanskrit word which is derived from ‘Brhamar’ the black Indian bumble bee. It describes the characteristic of humming sound which is produced while exhaling in this breathing exercise. It is the best breathing exercise for meditation. It has immediate relaxing effect on the brain. If it is practised regularly, mental stress, fatigue and high blood pressure are reduced.
Everybody can practice Brhamari—children, old age people or patients. It is very easy and significant breathing exercise for everyone. It is a powerful breathing exercise for meditation and helpful for Kundalini awakening. The mind becomes calm and peaceful. It helps in spiritual enhancement of an individual. It is beneficial in mental tension, agitation, high blood pressure, heart disease etc. It also enlivens the practitioners’ looks and improves the glamour of the face.

In the context of disabled students, Brhamari pranayama is likely to help them to improve their physical appearance such as glow on their face, activity of their body; it removes their stress, anger, depression, negativity, frustration or anxiety etc. which, in turn, improves their self-concept.

(v) **UJJAYI PRANAYAMA**

Ujjayi is also known as Ocean breath or Victorious breath, which clears toxins out of the bodily system. The practitioner takes in enough oxygen to build vital energy. It is also the best pranayama for thyroid problems and also to cure all throat diseases. It also helps to achieve a state of calmness and mental clarity. It brings stability and peace in mind.

Ujjayi pranayama motivates the disabled students to achieve emotional stability, calmness, peace in mind, release their tensions etc.

(vi) **OMKAR RECITATION/UDGEET PRANAYAMA**

Udgeet Pranayama is commonly known as Omkari japa, meaning chanting of Om. In Sanskrit, Udgeet means singing in a loud pitch. Literally, Udgeet pranayama means chanting of Om in a loud pitch. This is a very relaxing technique in insomnia by deepening the quality of sleep and relieving one of bad dreams. It also helps the mind to become focused and facilitates the practice of conscious sleep (Yoga Nidra).
In the context of disabled students, chanting of Om is likely to help them to heal their physical, mental or spiritual imbalances, relieve their stress and achieve a sense of peace, concentration, and spiritual wisdom.

(B) BENEFITS OF ASANAS

Only two asanas have been identified by the investigator in the study, keeping in view the nature of disability as the orthopedically-challenged students were not able to perform all the asanas. The benefits of asanas that were discussed as under:

(i) TADASANA

Tadasana or mountain pose, is a basic standing posture and is, therefore, the foundation for all others. Physically, it helps to create space within the body, allowing internal organs to work more efficiently. This can drastically improve respiration as well as digestion and blood circulation. It improves posture, strengthens thighs, knees, and ankles and increases strength, power, and mobility in the feet, legs, and hips. Mentally, it leaves its users invigorated and motivated. It relieves tension, aches, and pains throughout the body and improves blood circulation. It also expels dullness and depression and harmonizes the body and mind.

This asana was included in the study because all the pranayamas are performed in sitting posture and sitting in same posture for a long time makes an individual, especially student with disability, tired and also restricts the proper blood circulation. Moreover, it is likely to help the disabled students in improving concentration and increasing alertness of mind.

(ii) SHAVASANA

Shavasana also known as ‘Mrtasana’ or ‘corpse-pose’ is an ultimate relaxing pose that is practised as a concluding asana. Proper relaxation is
integral to healthy functioning of mind and body, providing clarity of thought, aiding in judgment and decision making. It is a relaxation technique that provides relaxation to mind and body. It calms the brain and helps relieve stress and mild depression. It reduces headache, fatigue and nervousness. It improves concentration also.

In the context of disabled students, Shavasana is likely to help them to rejuvenate body, mind, and spirit. It also helps them in improving self-confidence, concentration, memory etc.

1.8 YOGA, SELF-CONCEPT, FEELING OF WELL-BEING AND EMOTIONAL MATURITY OF STUDENTS WITH DISABILITIES

Yoga is one of the six foundations of Indian philosophy and has been used for millennia to study, explain, and experience the complexities of the mind and human existence (Feuerstein, 1998). Patanjali, an ancient Yoga sage, defines Yoga as a technique used to still the fluctuations of the mind to reach the central reality of the true self (Iyengar, 1966). Patanjali’s Yoga Sutras outline a skillful way of conducting life that fosters moderation and harmony (Becker, 2000). These guidelines, which include ethical and moral standards of living in addition to postural and breathing exercises, are primarily used to foster spiritual growth and evolve one’s consciousness.

In the present society, yoga is considered as an important technique for developing the physical and mental functioning of an individual. It is likely to be one of the most important, effective and valuable tools available for the students with disabilities to overcome their various physical and psychological problems such as anxiety, emotional instability, frustration and poor mental health etc. Yoga refers to the system of practices that help to control the mind, body and soul. It is a holistic path that leads to a sense of peace and well-being. Through different poses (asanas), breathing technique (pranayama) and meditation (dhyana), yoga makes
the practitioner aware of his inner self. It includes cultivation of correct attitudes and reconditioning of the neuromuscular systems. Yoga helps the whole body to enable it to withstand greater stress and strain. Yoga proposes healthy diet and encourages the natural process of elimination, whenever it is necessary. Yoga aims at an integrated and harmonious development of all the potentialities of human beings. Through the practice of yoga, one becomes aware of the interconnectedness between his/her emotional, mental and physical states. It is an ancient Indian science and a way of life, which influences the functioning of the brain and the rest of the body.

A lack of positive self-concept, emotional immaturity and lack of positive well-being often results from a fear of failure, or criticism, stemming from a feeling of inferiority, that can exists due to specific disability in an individual. An individual may be inexperienced, unsure of his/her abilities, uncomfortable with his/her appearance, have no direction or stability in life, or may have set themselves up for failure with unrealistic objectives that are too difficult to meet.

The holistic principles involved in living a yoga lifestyle helps in fostering a healthy attitude by strengthening the mind and body through a variety of controlled mental and physical exercises, which, in turn, can lead to developing or restoring belief in one’s self and one’s capabilities. Yoga also creates positive feeling of well-being, clarity of mind, and empowerment, through the use of methodical and energizing movements. For example, the exercises involved in a yoga routine include muscle strengthening and toning postures, deep breathing, relaxation techniques, and focused meditation for overall enhanced physical and mental fitness. Physical activity is known to both relieve stress and to improve the body’s appearance. Therefore, yoga alleviates stress which can increase energy and breed negativity, as well as promote mental resilience and a positive body image, resulting in overall boost in self-concept, emotional maturity and positive well-being level.
Yoga also concentrates on establishing a connection with the inner self. This leads towards discovering one’s untapped potential, with an increased awareness of who one is, and what one is capable of. As a result, confidence and self-concept of an individual naturally grows within.

Several studies have shown that the practice of yoga has a definite role in the promotion of positive health, including mental health. Hence, yoga plays an important role in maintaining the psychological health of the child. Setterlind (1983) found that regular practice of meditation and yoga brings a positive change in the well-being of the subjects. Swami (1994) and Rao (1995) established that the yogic practices are good and useful as they help not only to strengthen each organ and develop every muscle of the body but also to regulate the circulation of the blood, purify the lungs, inspire the mind to be more alert and give a feeling of well-being and harmonious development of human personality. Vicente Pedro (1987) and Bhushan (1998) also found significant reduction in the anxiety of the subjects due to regular practice of yoga.

Triveni and Aminbhavi (1999) revealed that those who were practising yoga regularly had significantly lower level of neuroticism than the non-practitioners. It was also noticed that the subjects who were practising yoga regularly had shown less anxiety and depression than the subjects who were not practising yoga. Shivjeet (2005) also revealed that yoga helps in maintaining a better feeling of well-being and mental alertness in the practitioners. Kamakhya (2004) found that yoga nidra positively decreases the stress level and increases the general well-being of the subjects. Singh (2006) found that yogic practices improve the self-confidence, over all adjustment, emotional stability, intelligence and mental health of deaf and dumb children. Kozasa et al., (2008) reported significant reduction in scores on anxiety, depression, and tension after one month practice of yoga programme. Khalsa et al., (2009) found that two months of yoga and meditation techniques can reduce performance anxiety.
and mood disturbance in young professional musicians. Javnbakht et al., (2009) reported that participation in a two-month yoga programme lead to a significant reduction in perceived levels of anxiety in women who suffered from anxiety disorders.

Hence, it can be said that yoga is likely to have a positive effect on human physiological and psychological dimensions of personality and practice of yoga is likely to help in overcoming the various physical and psychological problems, faced by the children with disabilities to develop their own unique identity.

1.9 SIGNIFICANCE OF THE STUDY
(a) Review of related literature reveals that most of the studies related to yoga have been conducted on patients suffering from different physical and mental ailments. A few studies have also been conducted to study the effect of yoga on physical fitness of sports persons and school going students. However, very few studies have been conducted to study the effect of yoga on psychological variables of students with disabilities. A research study to find out an effective yogic intervention approach for the students with disabilities for the management of their self-concept, feeling of well-being and emotional maturity for their better adjustment as well as for the harmonious development of their personality will be a contribution to knowledge in this field.

(b) This study would promote awareness of yoga among students with disabilities, parents, yoga instructors, special education teachers, general education teachers, rehabilitation workers, media personnel and the policy makers.

(c) This study would provide a scientific basis and guidance to stakeholders to conduct further research in the similar fields.
1.10 STATEMENT OF THE PROBLEM

The review of literature, researcher’s own observations and discussions with colleagues and with members of the community has revealed that yoga has a positive effect on those human beings who practise it. Thus, a need was felt to study the effect of yogic intervention on self-concept, feeling of well-being and emotional maturity of students with disabilities in Haryana State.

1.11 OPERATIONAL DEFINITIONS OF THE KEY TERMS USED IN THE STUDY

1.11.1 YOGIC INTERVENTION

In the present study, the yogic intervention means practice of physical exercises, and breathing techniques, based on yoga and specific asanas to strengthen the muscles, relieve stress and strain, development of better well being. Only six pranayamas viz. Kapalbhati, Bhastrika, Ujjai, Anulom-Vilom, Brhamari, and Omkar recitation/Udgeet pranayamas and two asanas viz. Tadasan for stretching the muscles and Shvasana as a relaxation technique were used.

1.11.2 SELF-CONCEPT

Self-concept is defined in this study as sum total of perceptions of disabled students about their physical, social and academic competence. It is the view that a student with disability holds about himself. It is the set of characteristics, attributes, qualities, deficiencies, capacities, limits, values and relationships that the subject knows to be descriptive of him. In the present study, self-concept of students with disabilities was measured by Mohsin Self-Concept Inventory (1979).

1.11.3 FEELING OF WELL-BEING

In this study, feeling of well-being refers to a state of mind in which a disabled student fully feels happy, satisfied with life and is able to function
efficiently. It was measured by P. G. I. General Well-Being Measures Scale developed and validated by Verma and Verma (1989).

1.11.4 EMOTIONAL MATURITY

In this study, emotional maturity refers to the state in which students with disabilities express their emotions at proper time, in proper manner and in proper quality. It was measured by Emotional Maturity Scale developed and validated by Yashvir Singh and Mahesh Bhargava (1990).

1.11.5 STUDENTS WITH DISABILITIES

In the present study, three types of disabled students were taken by the investigator which is defined below:

(i) ORTHOPEDICALLY-CHALLENGED STUDENTS

According to Person with Disability (PWD) Act, 1995, “loco motor/orthopedic disability means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.” Therefore, orthopedically challenged students in the study are those who have a physical defect or deformity which causes interference with normal functioning of bones, muscles and joints.

(ii) VISUALLY-CHALLENGED STUDENTS

Two categories of visually-challenged students were included in the present study namely (a) the blind, and (b) students with low vision. The blind students are defined as those who suffer from any of the following conditions (as per PWD Act, 1995), namely:

(a) total absence of sight; or
(b) visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
(c) Limitation of the field of vision subtending an angle of 20 degree or worse.
The students with low vision are defined as those who has impairment of visual functioning even after treatment or standard refractive correction but who use or are potentially capable of using vision for the planning or execution of a task with appropriate assistive device (PWD Act, 1995).

(iii) HEARING-CHALLENGED STUDENTS

In the present study, hearing-challenged students are those who were born with little or no hearing, or who have suffered the loss early in infancy before acquisition of speech and language pattern. The Person with Disability (PWD) Act 1995, states that "hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies. The same definition has been used for identifying the hearing impaired students in the present study.

1.12 OBJECTIVES OF THE STUDY

To solve the problem of the study, the following objectives were identified.

1. To study the level of self-concept, feeling of well-being and emotional maturity of students with disabilities.

2. To develop and execute the yogic intervention programme for students with disabilities.

3. To study the effects of the yogic intervention on self-concept, feeling of well-being, emotional maturity of students with disabilities.

4. To study the interactive effects of yogic intervention on self-concept, feeling of well-being and emotional maturity of students with disabilities.

1.13 HYPOTHESES OF THE STUDY

The following research hypotheses were formulated:

1. After the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of self-concept of students with disabilities.
2. After the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of feeling of well-being of students with disabilities.

3. After the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of emotional maturity of students with disabilities.

4. After the exposure to yogic intervention, there are significant interactive effects on self-concept, feeling of well-being and emotional maturity of the students with disabilities.

1.14 DELIMITATIONS OF THE STUDY

Keeping in view the time available and limited resources, the present study was delimited to the following aspects:

1. The study was delimited to 100 students with disabilities studying in three special schools in Ambala and Rohtak divisions, recognized by the Government of Haryana.

2. It covered only three types of disabled students namely, orthopedically-challenged, visually-challenged and hearing-challenged students.

3. Students with disabilities ranging between the ages of 14 to 20 years were included in the intervention programme.

4. The study examined the effects of yogic intervention on self-concept, feeling of well-being and emotional maturity of students with disabilities.