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## FROM THE EDITOR

Dear Readers,

We present the first issue of our International Journal of Positivity & Well-Being to your attention. We publish the articles of our esteemed authors who prefer our journal for the publication of their work in our journal after a rigorous refereeing process and editorial evaluations. Our publication policy is based on scientificity, care and quality. We continue our publication processes within this framework and aim to contribute to the scientific literature in the field of well-being. Our aim is to be included in quality scientific indexes while continuing with this discipline and ensuring wider accessibility of our publications.

Although we have just published our first issue, we are happy to have achieved international country diversity with our authors from different countries. In our first issue, there are 3 research and 2 review articles. In our article titled "Depressive Disorders of Polish University Students During the Covid-19 Pandemic", a study was conducted to determine the symptoms of depressive disorders that emerged in students studying at Polish universities one year after the pandemic caused by SARS-CoV-2. As a result of the research, depressive disorders that frequently occur in students were pointed out, and recommendations were made within the scope of supporting well-being based on the research results. In our article titled "Music and Children's Well-Being", it was found and examined that there were statistically (some) significant differences in the well-being self-evaluations of primary school students in favour of music among those who liked the subject. In our article titled "Navigating The Complexities of Parenting: The Interconnectedness of Forgiveness, Perfectionism, and Self-Compassion", the causal links between perfectionism, forgiveness, cognitive distortion, and the self-compassion levels of parents were examined. Our article, "Educational Inclusion of People With Disabilities and Well-Being: Desires, Needs, and Wishes" sheds light on how the transformation of the concepts of health, illness, and well-being interacts with the process of educational inclusion of people with disabilities. "Wellness Tourism: Reviving Healthy Food and Lifestyle" will be of interest to you with its unique perspective on well-being and tourism.

In our first issue, which we published with great excitement, I would like to sincerely thank our authors who preferred our journal for their articles, our referees, and our editorial board, who are the most important heroes of the process.

Yours sincerely,

**Prof. Dr Çağla GÜR**

**Editor in Chief**

## EDİTÖRDEN

Saygıdeğer Okurlar,

International Journal of Positivity & Well-Being Dergimizin ilk sayısını ilginize sunuyoruz. Çalışmalarının yayınlanması için dergimizi tercih eden değerli yazarlarımızın makalelerini titiz bir hakemlik süreci ve editoryal değerlendirmeler ardından dergimizde yayınlıyoruz. Yayın politikamız, bilimsellik, özen ve kalite üzerine kuruludur. Yayın süreçlerimizi bu çerçevede sürdürmekte olup, iyi oluş alanında bilimsel literatüre katkı yapmayı hedefliyoruz. Amacımız; bu disiplinle devam ederken kaliteli bilimsel indekslerde yer almak ve yayınlarımızın daha geniş tabanlı olarak ulaşılabilirliğini sağlamaktır.

Henüz ilk sayımızı yayınlamış olmakla birlikte farklı ülkelerden yazarlarımızla uluslararası ülke çeşitliliği sağlamış durumda olmaktan ötürü mutluyuz. Yayında olan ilk sayımızda 3 araştırma ve 2 derleme makalesi bulunmaktadır. “Depressive Disorders of Polish University Students During the Covid-19 Pandemic” başlıklı makalemizde, SARS-CoV-2'nin neden olduğu pandemiden bir yıl sonra Polonya üniversitelerinde okuyan öğrencide ortaya çıkan depresif bozuklukların semptomlarını belirlemeye yönelik bir çalışma yürütülmüştür. Araştırma sonucunda, öğrencilerde sıklıkla ortaya çıkan depresif bozukluklara işaret edilmiş ve araştırma sonuçlarından yola çıkılarak iyi oluşun desteklenmesi kapsamında önerilerde bulunulmuştur. “Music and Children's Well-Being” adlı makalemizde, müzik lehinde ilkökul öğrencilerinin iyi oluş öz değerlendirmelerinde konuyu sevenler lehine istatistiksel olarak (bazı) anlamlı farklılıklar söz konusu olduğu bulgusu elde edilmiş ve irdelenmiştir. “Navigating The Complexities of Parenting: The Interconnectedness of Forgiveness, Perfectionism, and Self-Compassion” konulu makalemizde, ebeveynlerin mükemmeliyetçilik, affetme, bilişsel çarpıtma ve öz-şefkat düzeyleri arasındaki nedensel bağlantılar incelenmiştir. “Educational Inclusion of People With Disabilities and Well-Being: Desires, Needs and Wishes” adlı makalemiz, sağlık, hastalık ve refah kavramlarının dönüşümünün yetersizliği olan bireylere yönelik eğitime katılım süreciyle nasıl etkileşime girdiğine ışık tutmaktadır. “Wellness Tourism: Reviving Healthy Food and Lifestyle” başlıklı makalemizin iyi oluş ve turizme yönelik sunduğu özgün bakış açısıyla ilginizi çekeceğini düşünüyorum.

Büyük bir heyecanla yayınlamış olduğumuz ilk sayımızda, makaleleri için dergimizi tercih eden yazarlarımıza, sürecin en önemli kahramanları olan hakemlerimiz ve editör kurulumuza yürekten teşekkür ederim.

Saygılarımla,

**Prof. Dr. Çağla GÜR**

**Baş Editör**

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## Depressive Disorders of Polish University Students During the Covid-19 Pandemic

Małgorzata Przybysz-Zaremba <sup>1</sup>

**Abstract:** The aim of the study was to determine the symptoms of depressive disorders manifested by 151 students—138 (91.4%) women and 13 (8.6%) men—studying at Polish universities after a year of the pandemic caused by the SARS-CoV-2 (Covid-19) virus in the country. The study used a depression test by David D. Burns, consisting of 25 questions (described states), in which students had the opportunity to choose one of four answers, to which appropriate points were assigned: 0: not at all; 1: rarely; 2: sometimes; 3: often; 4: very often. 151 students from randomly selected universities located in the central, northern, and southern parts of Poland participated in the study. The study, recognised as a pilot study, was conducted from May to September 2021. At the time of the study, only half of the students were vaccinated against the COVID-19 virus. The statistical analysis of test results was performed using Statistica 13.1 Dell Inc. software.

Research results: The conducted research shows that the dominant symptoms of depressive disorders often manifested by students were: a sense of discouragement (33.8%), a sense of fatigue (33.2%), loss of motivation to act (27.8%), spending less time with family and friends (27.8%), sleep problems (26.5%), a poorer mood (25.8%), and difficulty making decisions (25.2%). On the other hand, very common symptoms of depressive disorders indicated by students were: feeling of exhaustion (34.4%), sleep problems (21.2%), loss of motivation to act (17.9%), feeling of discouragement (13.9%), problems with making decisions (13.2%), loneliness (13.9%), lack of interest in work and current tasks or actions (13.2%), feeling sad and depressed (11.9%), and worrying about their own health (11.3%). Based on these results, suggestions will be made within the scope of supporting well-being.

### Article History

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Depressive Disorders,  
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### Introduction

Depressive disorders indicate a mental illness that combines various cognitive functions and emotional, and physical symptoms, including anhedonia, feelings of emptiness, hopelessness, and sleep disorders (American Psychiatric Association, 2013). When analyzing this disease in a broad sense, it should be pointed out that the symptoms of depression are associated with social disorders of the individual, his/her functioning in many areas, e.g., at work, school, and family (Bertha & Balazs, 2013). When reviewing many research studies, it is not easy to state unequivocally the main cause of depressive disorders, which in most cases lead to suicide attempts. Nevertheless, the assumption that symptoms of depression are significantly correlated with suicidal thoughts can be confirmed by many researchers (Ang, Wahab et al., 2019, pp. 404–410; Sarmiento-Hernández,

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Camarena-Medellín, et al., 2019, pp. 1-6).

The pandemic situation caused by the SARS-CoV-2 virus, which first appeared in Wuhan, China, on December 31, 2019, adversely affected the lives and functioning of almost every person in the world. In February 2020, the World Health Organization (WHO) defined the new coronavirus disease as COVID-19; the disease itself began to spread extremely quickly, because, already on March 11, 2020, it was noted to be present in 114 countries. On this day, COVID-19 was declared a pandemic (Hossain & Sultana & Purohit, 2020). Today, in retrospect, it can be said that the pandemic situation caused by the COVID-19 virus has led to the deaths of over 20 million people around the world and to many problems regarding human psycho-physical and social functioning. The restrictions introduced in most of the countries, Poland included, had an unfavourable impact, e.g., social distancing, isolation of sick people, quarantine, and public health policies aimed at preventing the spread of the COVID-19 virus. Research indicates that the quarantine may be a catalyst for mental health problems in people who did not have any mental disorders before. Many of them reported the appearance of the problems that may manifest as symptoms: irritability, insomnia, anxiety, depressed mood, panic disorder, somatization anxiety, anhedonia, hopelessness, frustration, loneliness (Hawryluck & Gold & Robinson, et al., 2004; Sokół-Szawłowska, 2021), depression, post-traumatic stress disorder (PTSD), and many others (Giorgi & Lecca & Alessio & Finstad et al., 2020). In some countries, there is even talk of a mental health crisis that requires systemic action in the field of mental health policy (Ding & Xu & Huang & Li & Lu & Xie, 2020; Dong & Bouey, 2020; Talevi & Socci & Carai and others, 2020).

The impact of the COVID-19 pandemic on mental health was also noted among students. Research indicates that the nationwide closures of universities (suspension of education) and the transition to e-learning have affected almost 70 percent of the world's student population (UNESCO, 2020). It was also noted that students under high academic pressure and social isolation are vulnerable to all kinds of mental health disorders (Bruffaerts et al., 2018; Mikolajczyk et al., 2008).

According to the research results cited, almost every person has suffered from the pandemic situation that the world has been experiencing. Therefore, it is necessary to take various actions aimed at preventing mental health disorders. In order to care for psychophysical well-being, it is advisable to strengthen and extract protective factors that compensate for or reduce the impact of risk factors, thus contributing to reducing the likelihood of disorders (problem behaviours) or minimising their severity.

## Method

The aim of the study was to determine the symptoms of depressive disorders manifested by students studying at Polish universities, after a year of the pandemic caused by the SARS-CoV-2 (Covid-19) virus in the country. Within such a general objective, two research problems were posed:

1. After a year of the Covid-19 virus-caused pandemic in the nation, what signs of depressive disorders do students exhibit, and which ones do they exhibit the most frequently?
2. Are such variables as age, form of study, field of study, and place of residence significant for depressive disorders manifested by students?

The study used a depression test by David D. Burns, consisting of 25 questions (describing states of emotion), in which students had the opportunity to choose one of four possible options, to which appropriate points were assigned: 0 - not at all, 1 - rarely, 2 - sometimes; 3 - often, 4 - very often. The students were instructed to check the box that corresponds to the intensity and quality of the symptom over the last week, including the day on which the research tool was

completed. The study was conducted from May to September 2021 and was thought of as a pilot study. At the time of the study, only half of the students were vaccinated against the COVID-19 virus.

The study involved 151 students from selected universities located in the central (Mazovian Province), northern (Warmia-and-Masurian Province), and southern (Sub-Carpathian Province, Silesian Province, Lesser Poland Province) parts of Poland. Due to the ongoing pandemic caused by the COVID-19 virus in the country, the study was conducted using the platform and online tools; the Burns depression test was introduced into the system, and then the link to the test was sent to students of those universities with which the research author cooperated. Following that, the students were informed about the purpose of the research and its anonymity. Only those students who expressed their voluntary willingness to participate in the research participated in the study. They were informed that the research results would be published, - all respondents agreed to this.

There were 138 (91.4%) women and 13 (8.6%) men among the students taking part in the research. The age of the students was classified into different groups: 20 - 25 years - 74 (49%); 26 - 30 years - 16 (10.6%); 31 - 35 years - 25 (16.6%); 36 - 40 years - 15 (9.9%); 41 - 45 years - 12 (7.9%); over 45 years old 9 (6%). The respondents included both full-time - 105 students, (69.5%) and part-time - 46 students, (30.5%), living in the city - 68 people, (45%), and in rural areas - 83 people, ( 55%). The respondents were students of the following faculties: pedagogy - 104 people, (68.9%), and social work - 47 people, (31.1%).

The statistical analysis of test results was performed using Statistica 13.1 Dell Inc. software. The results of the analysis were presented in the form of frequency tables or crossover tables. An initial descriptive analysis of the variables was carried out, and the normality of the distribution of the presented variables was checked using the Kolmogorow-Smirnov (K-S) test. The descriptive analysis included the minimum arithmetic mean, median (Me), minimum and maximum values of the response range, and measures of variability such as standard deviation (SD) and quarter deviation (QD). Then, non-parametric tests were used, such as Pearson's chi-square test ( $\chi^2$ ) and the Kruskal-Wallis test (K-W) appropriate for qualitative variables. When verifying all the analyses, the significance coefficient  $p$  at the level of  $\alpha=0.05$  was used, which made it possible to consider variables statistically significant at  $p<0.05$ .

## Results

Statistical analysis of the research results indicated various symptoms of depressive disorders manifested by Polish students. The data obtained using the David D. Burns depression test are presented in Tables 1-5, while in Graph 1 the symptoms of depressive disorders that occurred in students often and very often are presented.

**Table 1.** Symptoms Of Depressive Disorders Manifested By Students Of Selected Polish Universities - Based On The David D. Burns Depression Test

Questions asked	Not at all - 0		Seldom - 1		Sometimes - 2		Often - 3		Very often - 4	
	N	%	N	%	N	%	N	%	N	%
<b>Feeling sad/depressed</b>	7	4,6	38	25,2	56	37,1	<b>32</b>	<b>21,2</b>	<b>18</b>	<b>11,9</b>
Worse mood	8	5,3	26	17,2	64	42,4	39	25,8	14	9,3
Crying fits or tearfulness	51	33,8	46	30,5	25	16,5	21	13,9	8	5,3
<b>Feeling discouraged</b>	13	8,6	19	12,6	47	31,1	<b>51</b>	<b>33,8</b>	<b>21</b>	<b>13,9</b>
Feeling hopeless	36	23,8	34	22,5	43	28,5	26	17,3	12	7,9

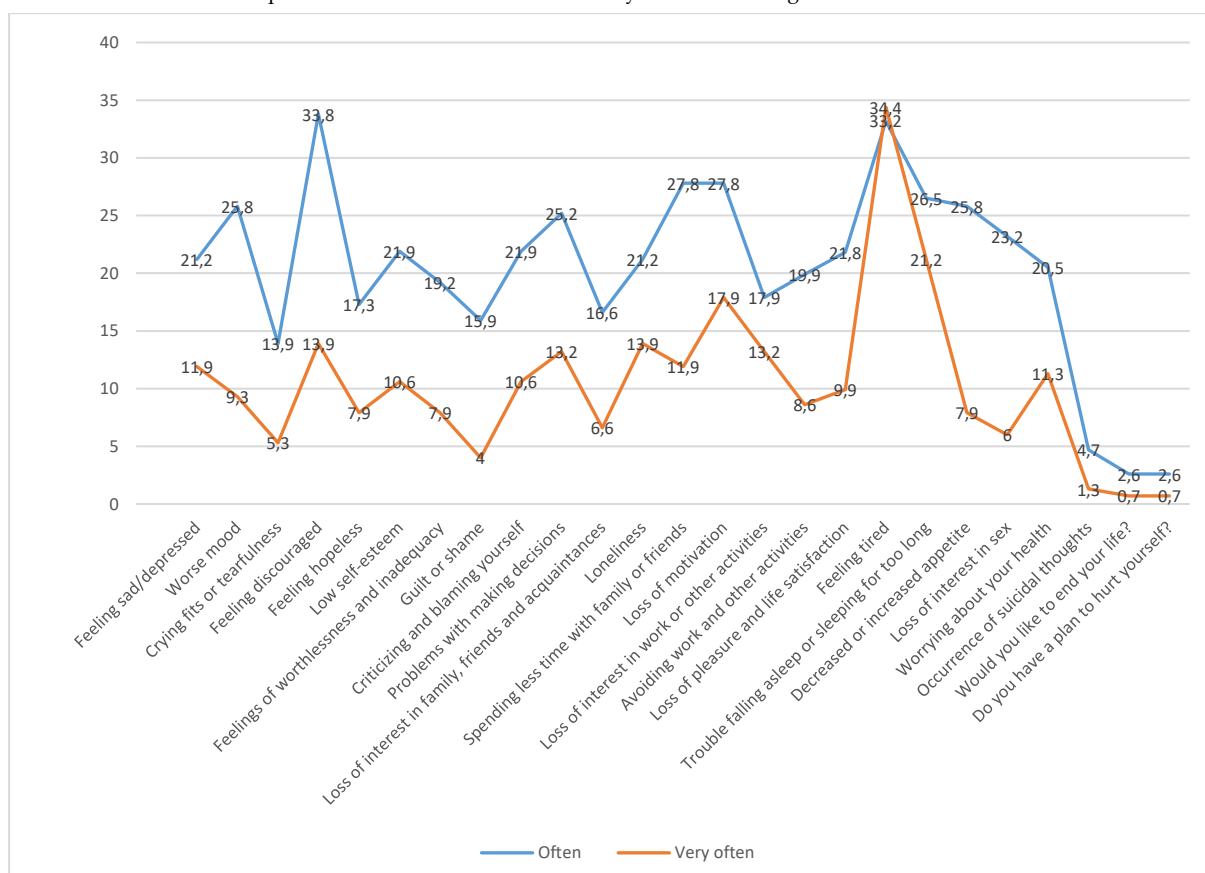
Low self-esteem	29	19,2	36	23,8	37	24,5	33	21,9	16	10,6
Feelings of worthlessness and inadequacy	46	30,5	34	22,5	30	19,9	29	19,2	12	7,9
Guilt or shame	48	31,8	44	29,1	29	19,2	24	15,9	6	4
Criticizing and blaming yourself	36	23,8	29	19,2	37	24,5	33	21,9	16	10,6
<b>Problems with making decisions</b>	19	12,6	34	22,5	40	26,5	38	25,2	<b>20</b>	<b>13,2</b>
Loss of interest in family, friends and acquaintances	63	41,7	28	18,5	25	16,6	25	16,6	10	6,6
<b>Loneliness</b>	41	27,2	24	15,9	33	21,8	<b>32</b>	<b>21,2</b>	<b>21</b>	<b>13,9</b>
Spending less time with family or friends	42	27,8	16	10,6	33	21,9	<b>42</b>	<b>27,8</b>	18	11,9
<b>Loss of motivation</b>	14	9,3	21	13,9	47	31,1	42	27,8	<b>27</b>	<b>17,9</b>
<b>Loss of interest in work or other activities</b>	21	13,9	39	25,8	44	29,2	27	17,9	<b>20</b>	<b>13,2</b>
Avoiding work and other activities	35	23,1	40	26,5	33	21,9	30	19,9	13	8,6
Loss of pleasure and life satisfaction	35	23,2	33	21,9	35	23,2	33	21,8	15	9,9
<b>Feeling tired</b>	6	4	12	7,9	31	20,5	50	33,2	<b>52</b>	<b>34,4</b>
<b>Trouble falling asleep or sleeping for too long</b>	20	13,2	18	11,9	41	27,2	40	26,5	<b>32</b>	<b>21,2</b>
Decreased or increased appetite	22	14,6	36	23,8	42	27,9	39	25,8	12	7,9
Loss of interest in sex	46	30,5	29	19,2	32	21,1	35	23,2	9	6
Worrying about your health	23	15,2	36	23,9	44	29,1	31	20,5	17	11,3
Occurrence of suicidal thoughts	109	72,2	18	11,9	15	9,9	7	4,7	2	1,3
Would you like to end your life?	113	74,8	21	13,9	12	8	4	2,6	1	0,7
Do you have a plan to hurt yourself?	125	82,8	18	11,9	3	2	4	2,6	1	0,7

Source: Own elaboration based on the research results.

The data contained in Graph 1 and Table 1 show that the dominant symptoms of depressive disorders often manifested by students were: a sense of discouragement (33.8%), a sense of fatigue (33.2%), loss of motivation to act (27.8%) %, spending less time with family and friends (27.8%), sleep problems (26.5%), poorer mood (25.8%), and difficulty making decisions (25.2%). On the other hand, as very common symptoms of depressive disorders indicated by students were: feeling of fatigue (34.4%), sleep problems (21.2%), loss of motivation to act (17.9%), feeling of discouragement (13, 9%), problems with making decisions (13.2%), loneliness (13.9%), lack of interest in work and current tasks/actions (13.2%), feeling sad and depressed (11.9%) and worrying about their own health (11.3%).

The symptoms of depressive disorders manifested by students were analyzed in the study due to such variables as: age, form of study, field of study and place of residence of the respondents. The data are presented in Tables 2, 3, 4, 5.

Depressive Disorders of Polish University Students During the Covid-19 Pandemic



**Graph 1.** Symptoms Of Depressive Disorders Manifested By Students Often And Very Often  
 Source: Own Study Based On Conducted Research.

The data contained in Table 2 shows that the variable of students' age is significant for manifested depressive disorders. The most significant significance was noted for loss of interest in sex ( $p = 0.0001$ ) and for the "how to hurt yourself?" option ( $p=0.0951$ ).

**Table 2.** The Age Of The Surveyed Students And Their Symptoms Of Depressive Disorders

Question	Aver.	Me	Aver.	Me	Aver..	Me	Aver.	Me	Aver..	Me	Aver.	Me	P
Age	20-25 of age	years	26-30 of age	years	31-35 of age	years	36-41 of age	years	of	41-45 of age	years	over 45 years of	
Feeling sad/depressed	3,16 (1,06)	3,0 (2,0)	2,94 (1,18)	2,5 (1,5)	3,16 (0,94)	3,0 (1,0)	3,00 (1,70)	3,0 (1,0)	3,00 (1,35)	3,0 (2,0)	3,11 (0,93)	3,0 (2,0)	0,9027
Worse mood	3,14 (1,0)	3,0 (1,0)	3,25 (1,0)	3,0 (1,5)	3,16 (0,85)	3,0 (1,0)	3,20 (1,15)	3,0 (2,0)	3,33 (1,23)	3,5 (1,5)	3,00 (1,0)	3,0 (1,0)	0,9778
Crying fits or tearfulness	2,34 (1,23)	2,0 (2,0)	2,06 (1,24)	2,0 (2,0)	2,04 (1,06)	2,0 (2,0)	2,47 (1,51)	2,0 (3,0)	2,58 (1,31)	2,5 (2,0)	1,89 (0,78)	2,0 (1,0)	0,7036
Feeling discouraged	3,51 (1,14)	4,0 (1,0)	3,50 (0,97)	4,0 (1,0)	2,92 (0,34)	3,0 (2,0)	3,27 (1,10)	3,0 (1,0)	3,08 (1,38)	4,0 (2,0)	2,89 (1,05)	3,0 (0,0)	0,1164
Feeling hopeless	2,68 (1,22)	3,0 (1,0)	2,56 (1,46)	2,0 (3,0)	2,48 (1,16)	2,0 (1,0)	2,67 (1,45)	2,0 (3,0)	2,75 (1,42)	3,0 (3,0)	2,56 (0,88)	3,0 (1,0)	0,9838
Low self-esteem	2,89 (1,28)	3,0 (2,0)	2,81 (1,22)	2,5 (2,0)	2,52 (1,26)	2,0 (1,0)	3,20 (1,37)	3,0 (2,0)	2,92 (1,44)	3,5 (2,5)	2,11 (0,78)	2,0 (1,0)	0,3198
Feelings of worthlessness and inadequacy	2,45 (1,27)	2,0 (2,0)	2,44 (1,46)	2,0 (2,5)	2,32 (1,22)	2,0 (2,0)	3,00 (1,51)	3,0 (2,0)	3,00 (1,60)	3,5 (3,0)	2,33 (0,87)	2,0 (1,0)	0,5808
Guilt or shame	2,32 (1,17)	2,0 (2,0)	1,88 (1,02)	2,0 (1,0)	2,24 (1,13)	2,0 (2,0)	2,93 (1,33)	3,0 (1,51)	2,50 (1,38)	2,5 (2,5)	1,89 (1,05)	2,0 (1,0)	0,2180
Criticizing and blaming yourself	2,88 (1,25)	3,0 (2,0)	2,69 (1,40)	2,5 (2,5)	2,68 (1,44)	2,0 (3,0)	2,87 (1,51)	3,0 (3,0)	2,75 (1,36)	3,0 (2,5)	2,00 (1,12)	2,0 (2,0)	0,5736
Problems with making	3,26	3,0	2,69	3,0	2,84	3,0	3,00	3,0	3,08	3,0	2,44	2,0	0,3016

decisions	(1,22)	(2,0)	(1,25)	(2,5)	(1,28)	(2,0)	(1,20)	(2,0)	(1,31)	(2,0)	(1,01)	(1,0)	
Loss of interest in family, friends and acquaintances	2,18 (1,26)	2,0 (2,0)	2,13 (1,41)	1,5 (2,5)	2,24 (1,39)	2,0 (2,0)	2,73 (1,53)	3,0 (3,0)	2,33 (1,44)	2,0 (2,5)	2,67 (1,22)	3,0 (2,0)	0,6755
Loneliness	2,96 (1,37)	3,0 (2,0)	2,25 (1,53)	1,5 (2,5)	2,56 (1,47)	2,0 (3,0)	2,87 (1,41)	3,0 (2,0)	2,83 (1,47)	3,0 (2,5)	2,78 (1,30)	3,0 (1,0)	0,5102
Spending less time with family or friends	2,99 (1,36)	3,0 (2,0)	2,63 (1,63)	2,5 (3,0)	2,76 (1,48)	3,0 (3,0)	2,47 (1,30)	3,0 (2,0)	2,75 (1,42)	3,0 (3,0)	3,22 (1,39)	4,0 (1,0)	0,6922
Loss of motivation	3,49 (1,14)	3,0 (1,0)	3,25 (1,13)	3,0 (1,5)	2,96 (1,24)	3,0 (2,0)	3,13 (1,30)	3,0 (2,0)	3,33 (1,23)	3,5 (1,5)	3,22 (1,39)	3,0 (1,0)	0,6511
Loss of interest in work or other activities	2,97 (1,23)	3,0 (2,0)	2,69 (1,20)	2,5 (2,0)	2,68 (1,28)	3,0 (2,0)	3,00 (1,25)	3,0 (2,0)	3,08 (1,31)	3,0 (2,0)	3,00 (1,32)	3,0 (1,0)	0,9052
Avoiding work and other activities	2,70 (1,19)	3,0 (2,0)	2,38 (1,41)	2,0 (2,5)	2,56 (1,33)	2,0 (3,0)	2,80 (1,47)	3,0 (3,0)	2,83 (1,47)	3,0 (2,5)	2,33 (1,12)	2,0 (1,0)	0,8290
Loss of pleasure and life satisfaction	2,74 (1,31)	3,0 (2,0)	2,50 (1,37)	2,0 (2,0)	2,64 (1,32)	3,0 (3,0)	2,87 (1,36)	3,0 (2,0)	3,00 (1,48)	3,0 (2,5)	2,78 (0,97)	3,0 (1,0)	0,9327
Feeling tired	3,86 (1,16)	4,0 (2,0)	4,19 (0,91)	4,0 (1,0)	3,68 (1,25)	4,0 (2,0)	3,67 (1,5)	4,0 (1,0)	4,00 (0,95)	4,0 (1,5)	3,89 (0,78)	4,0 (1,0)	0,7527
Trouble falling asleep or sleeping for too long	3,26 (1,44)	3,0 (3,0)	3,81 (0,98)	4,0 (1,5)	3,04 (1,31)	3,0 (2,0)	3,20 (1,08)	3,0 (1,0)	3,67 (0,98)	3,5 (1,5)	3,22 (1,09)	3,0 (1,0)	0,5002
Decreased or increased appetite	2,89 (1,23)	3,0 (2,0)	2,81 (1,28)	2,0 (2,0)	2,88 (1,23)	3,0 (2,0)	2,80 (1,26)	3,0 (2,0)	3,25 (1,06)	3,0 (1,0)	2,67 (0,87)	3,0 (1,0)	0,8757
Loss of interest in sex	2,09 (1,18)	2,0 (2,0)	3,06 (1,23)	3,0 (2,0)	2,32 (1,28)	2,0 (2,0)	3,20 (1,08)	3,0 (2,0)	3,33 (1,37)	4,0 (1,0)	3,56 (0,88)	4,0 (1,0)	0,0001
Worrying about your health	2,78 (1,22)	3,0 (2,0)	3,00 (1,21)	3,0 (2,0)	2,88 (1,27)	3,0 (2,0)	2,80 (1,47)	3,0 (3,0)	3,33 (1,30)	4,0 (2,0)	3,11 (0,60)	3,0 (0,0)	0,7331
Occurrence of suicidal thoughts	1,50 (0,90)	1,0 (1,0)	1,44 (0,81)	1,0 (0,5)	1,32 (0,95)	1,0 (0,0)	2,00 (1,51)	1,0 (3,0)	1,50 (0,52)	1,5 (1,0)	1,44 (0,72)	1,0 (1,0)	0,4531
Would you like to end your life?	1,36 (0,69)	1,0 (1,0)	1,31 (0,47)	1,0 (1,0)	1,24 (0,66)	1,0 (0,0)	2,00 (1,51)	1,0 (3,0)	1,33 (0,49)	1,0 (1,0)	1,44 (0,88)	1,0 (0,0)	0,5956
Do you have a plan to hurt yourself?	1,26 (0,64)	1,0 (0,0)	1,31 (0,60)	1,0 (0,5)	1,04 (0,20)	1,0 (0,0)	1,80 (1,37)	1,0 (1,0)	1,25 (0,45)	1,0 (0,5)	1,00 (0,0)	1,0 (0,0)	0,0951

Legend: 1 – never, 2 – seldom, 3 – sometimes, 4 – often, 5 – very often;  $p < 0,05$  Test K-W

Source: Own elaboration based on the research results.

**Table 3.** Form of studies (full-time, part-time) and symptoms of depressive disorders manifested by students

Questions	Aver.	Me	Min.	Max	QD	SD	Aver	Me	Min	Max	QD	SD	P
	Full-time studies						Part-time studies						
Feeling discouraged	3,15	3,0	1,0	5,0	2,0	1,04	3,00	3,0	1,0	5,0	2,0	1,10	0,559507
Feeling hopeless	3,20	3,0	1,0	5,0	1,0	0,98	3,09	3,0	1,0	5,0	1,0	1,03	0,679935
Low self-esteem	2,30	2,0	1,0	5,0	2,0	1,22	2,17	2,0	1,0	5,0	2,0	1,22	0,582647
Feelings of worthlessness and inadequacy	3,40	3,0	1,0	5,0	1,0	1,04	3,13	3,0	1,0	5,0	2,0	1,29	0,293821
Guilt or shame	2,61	3,0	1,0	5,0	1,0	1,22	2,67	3,0	1,0	5,0	2,0	1,30	0,926869
Criticizing and blaming yourself	2,81	3,0	1,0	5,0	2,0	1,25	2,80	3,0	1,0	5,0	3,0	1,34	0,174924
Problems with making decisions	2,52	2,0	1,0	5,0	3,0	1,30	2,50	2,0	1,0	5,0	3,0	1,36	0,765617
Loss of interest in family, friends and acquaintances	2,39	2,0	1,0	5,0	2,0	1,23	2,13	2,0	1,0	5,0	2,0	1,09	0,346659
Loneliness	2,71	3,0	1,0	5,0	3,0	1,34	2,87	3,0	1,0	5,0	2,0	1,29	0,641425
Spending less time with family or friends	3,08	3,0	1,0	5,0	2,0	1,21	2,96	3,0	1,0	5,0	2,0	1,30	0,091674
Loss of motivation	2,27	2,0	1,0	5,0	2,0	1,34	2,30	2,0	1,0	5,0	2,0	1,33	0,966188
Loss of interest in work or other activities	2,81	3,0	1,0	5,0	2,0	1,42	2,74	3,0	1,0	5,0	3,0	1,39	<b>0,006858</b>

## Depressive Disorders of Polish University Students During the Covid-19 Pandemic

Avoiding work and other activities	2,83	3,0	1,0	5,0	3,0	1,43	2,91	3,0	1,0	5,0	2,0	1,35	0,913559
Loss of pleasure and life satisfaction	3,36	3,0	1,0	5,0	1,0	1,08	3,20	3,5	1,0	5,0	2,0	1,41	<b>0,011549</b>
Feeling tired	2,86	3,0	1,0	5,0	2,0	1,20	3,02	3,0	1,0	5,0	2,0	1,31	0,614409
Feeling discouraged	2,68	3,0	1,0	5,0	2,0	1,24	2,57	2,0	1,0	5,0	3,0	1,36	0,594182
Feeling hopeless	2,75	3,0	1,0	5,0	2,0	1,25	2,70	3,0	1,0	5,0	3,0	1,43	0,168861
Low self-esteem	3,91	4,0	1,0	5,0	2,0	0,99	3,74	4,0	1,0	5,0	2,0	1,32	0,143771
<b>Trouble falling asleep or sleeping for too long</b>	3,44	3,0	1,0	5,0	1,0	1,18	3,00	3,0	1,0	5,0	3,0	1,49	<b>0,041297</b>
Decreased or increased appetite	2,93	3,0	1,0	5,0	2,0	1,15	2,78	3,0	1,0	5,0	2,0	1,26	0,474241
Loss of interest in sex	2,64	3,0	1,0	5,0	3,0	1,32	2,28	2,0	1,0	5,0	2,0	1,20	0,468114
Worrying about your health	2,98	3,0	1,0	5,0	2,0	1,18	2,67	2,0	1,0	5,0	2,0	1,32	0,183486
Occurrence of suicidal thoughts	1,50	1,0	1,0	5,0	1,0	0,95	1,52	1,0	1,0	5,0	1,0	0,94	0,745022
Would you like to end your life?	1,44	1,0	1,0	5,0	1,0	0,84	1,33	1,0	1,0	4,0	0,0	0,70	0,938067
Do you have a plan to hurt yourself?	1,27	1,0	1,0	4,0	0,0	0,64	1,26	1,0	1,0	5,0	0,0	0,80	0,391662

Legend: 1 – never, 2 – seldom, 3 – sometimes, 4 – often, 5 – very often;  $p < 0,05$  Test K-W

Source: Own elaboration based on the research results.

The data contained in Table 3 indicate the importance of the variable “form of studies” (full-time, part-time) carried out by students for the manifestations of depressive disorders. Depressive disorders such as loneliness ( $p=0.006858$ ), loss of motivation ( $p=0.011549$ ) and problems with falling asleep ( $p=0.041297$ ) were significant in the statistical analysis for the indicated variable. On the other hand, the statistical analysis concerning the significance of the influence of the variable "field of study" shows that its significance for the occurrence of such depressive disorders as: feeling of discouragement -  $p = 0.041894$ ; criticizing and blaming oneself -  $p=0.012720$ ; loss of interest in sex -  $p=0.005327$ ; suicidal thoughts -  $p = 0.008459$ ; would you like to end your life? -  $p = 0.004564$ ; plan to hurt yourself -  $p = 0.016719$ . Appropriate data are presented in Table 4.

**Table 4.** Field of study and symptoms of depressive disorders manifested by students

Question	Aver.	Me	Min	Max	QD	SD	Aver.	Me	Min	Max	QD	SD	P
	Field of study: pedagogy						Field of study: social work						
Feeling sad/depressed	3,09	3,0	1,0	5,0	2,0	1,04	3,15	3,0	1,0	5,0	2,0	1,10	0,898464
Worse mood	3,16	3,0	1,0	5,0	1,0	0,99	3,17	3,0	1,0	5,0	2,0	1,03	0,349391
Crying fits	2,19	2,0	1,0	5,0	2,0	1,15	2,43	2,0	1,0	5,0	3,0	1,35	0,213878
<b>Feeling discouraged</b>	3,26	3,0	1,0	5,0	1,0	1,14	3,45	4,0	1,0	5,0	1,0	1,10	<b>0,041894</b>
Feeling hopeless	2,58	3,0	1,0	5,0	1,0	1,21	2,74	3,0	1,0	5,0	3,0	1,31	0,492833
Low self-esteem	2,79	3,0	1,0	5,0	2,0	1,25	2,85	3,0	1,0	5,0	2,0	1,33	0,497944
Feelings of worthlessness and inadequacy	2,39	2,0	1,0	5,0	2,0	1,27	2,79	3,0	1,0	5,0	3,0	1,38	0,092225
Guilt or shame	2,19	2,0	1,0	5,0	2,0	1,12	2,57	2,0	1,0	5,0	3,0	1,31	0,032864
<b>Criticizing and blaming yourself</b>	2,75	3,0	1,0	5,0	2,0	1,30	2,79	3,0	1,0	5,0	3,0	1,38	<b>0,012720</b>
Problems with making decisions	3,00	3,0	1,0	5,0	2,0	1,21	3,13	3,0	1,0	5,0	2,0	1,28	0,750628
Loss of interest in family life	2,19	2,0	1,0	5,0	2,0	1,31	2,47	2,0	1,0	5,0	3,0	1,38	0,457531
Loneliness	2,73	3,0	1,0	5,0	3,0	1,42	2,91	3,0	1,0	5,0	2,0	1,40	0,478615
Spending less time with family or friends	2,78	3,0	1,0	5,0	3,0	1,39	3,02	3,0	1,0	5,0	3,0	1,44	0,334074
Loss of motivation	3,31	3,0	1,0	5,0	2,0	1,25	3,32	3,0	1,0	5,0	1,0	1,04	0,388900
Loss of interest in work	3,00	3,0	1,0	5,0	2,0	1,23	2,70	3,0	1,0	5,0	2,0	1,23	0,653585

Avoiding work and other activities	2,66	2,5	1,0	5,0	2,0	1,30	2,60	3,0	1,0	5,0	2,0	1,23	0,930499
Loss of pleasure	2,74	3,0	1,0	5,0	2,0	1,33	2,72	3,0	1,0	5,0	2,0	1,26	0,570386
Feeling tired	3,82	4,0	1,0	5,0	2,0	1,16	3,96	4,0	1,0	5,0	2,0	0,98	0,530250
Problems with falling asleep	3,21	3,0	1,0	5,0	2,0	1,34	3,51	4,0	1,0	5,0	1,0	1,18	0,367396
Decreased or increased appetite	2,84	3,0	1,0	5,0	2,0	1,17	3,00	3,0	1,0	5,0	2,0	1,22	0,910363
<b>Loss of interest in sex</b>	2,34	2,0	1,0	5,0	2,0	1,18	2,96	3,0	1,0	5,0	3,0	1,44	<b>0,005327</b>
Worrying about your health	2,84	3,0	1,0	5,0	2,0	1,23	3,00	3,0	1,0	5,0	2,0	1,22	0,128622
<b>Do you have suicidal thoughts?</b>	1,39	1,0	1,0	5,0	0,0	0,85	1,77	1,0	1,0	4,0	1,0	1,09	<b>0,008459</b>
<b>Would you like to end your life?</b>	1,27	1,0	1,0	5,0	0,0	0,64	1,70	1,0	1,0	4,0	1,0	1,02	<b>0,004564</b>
<b>Do you have a plan to hurt yourself?</b>	1,21	1,0	1,0	4,0	0,0	0,63	1,38	1,0	1,0	5,0	1,0	0,80	<b>0,016719</b>

Legend: 1 –never, 2-seldom, 3 -sometimes, 4-often, 5- very often;  $p < 0,05$  Test K-W

Source: Own elaboration based on the research results.

The variable "place of residence" of the respondents and its impact on depressive disorders of students were also subject to statistical analysis. The data in Table 5 shows that the indicated variable is significantly significant for two depressive disorders: self-harm plan -  $p = 0.041539$  and low self-esteem -  $p = 0.073605$ . For the other analyzed depressive disorders, the significance is present, but it is not so significant.

**Table 5.** Place of residence and symptoms of depressive disorders manifested by students

Question	Village						Town/City						P
	Aver.	Me	Min	Max	QD	SD	Aver.	Me	Min	Max	QD	SD	
Feeling sad/depressed	3,08	3,0	1,0	5,0	2,0	1,05	3,13	3,0	1,0	5,0	2,0	1,08	0,994432
Worse mood	3,14	3,0	1,0	5,0	1,0	0,96	3,19	3,0	1,0	5,0	1,0	1,04	0,917460
Crying fits	2,22	2,0	1,0	5,0	2,0	1,24	2,32	2,0	1,0	5,0	2,0	1,19	0,771029
Feeling discouraged	3,34	3,0	1,0	5,0	1,0	1,07	3,29	4,0	1,0	5,0	1,0	1,20	0,439901
Feeling hopeless	2,59	3,0	1,0	5,0	1,0	1,21	2,68	3,0	1,0	5,0	2,5	1,29	0,372753
<b>Low self-esteem</b>	2,67	3,0	1,0	5,0	2,0	1,15	2,97	3,0	1,0	5,0	2,0	1,40	<b>0,073605</b>
Feelings of worthlessness and inadequacy	2,40	2,0	1,0	5,0	2,0	1,27	2,66	3,0	1,0	5,0	3,0	1,37	0,453194
Guilt or shame	2,31	2,0	1,0	5,0	2,0	1,17	2,31	2,0	1,0	5,0	2,0	1,22	0,970510
Criticizing and blaming yourself	2,76	3,0	1,0	5,0	2,0	1,29	2,76	3,0	1,0	5,0	3,0	1,36	0,308075
Problems with making decisions	3,07	3,0	1,0	5,0	2,0	1,17	3,00	3,0	1,0	5,0	2,0	1,32	0,263818
Loss of interest in family life	2,22	2,0	1,0	5,0	2,0	1,28	2,35	2,0	1,0	5,0	2,5	1,40	0,507214
Loneliness	2,76	3,0	1,0	5,0	3,0	1,41	2,82	3,0	1,0	5,0	2,5	1,41	0,818743
Spending less time with family or friends	2,77	3,0	1,0	5,0	3,0	1,43	2,96	3,0	1,0	5,0	2,0	1,38	0,858805
Loss of motivation	3,28	3,0	1,0	5,0	1,0	1,19	3,35	3,0	1,0	5,0	1,0	1,19	0,770461
Loss of interest in work	2,93	3,0	1,0	5,0	2,0	1,23	2,88	3,0	1,0	5,0	2,0	1,25	0,997621
Avoiding work and other activities	2,60	2,0	1,0	5,0	2,0	1,27	2,69	3,0	1,0	5,0	2,0	1,28	0,822620
Loss of pleasure	2,71	3,0	1,0	5,0	2,0	1,26	2,76	3,0	1,0	5,0	2,5	1,36	0,537385
Feeling tired	3,82	4,0	1,0	5,0	2,0	1,12	3,91	4,0	1,0	5,0	2,0	1,09	0,940083
Problems with falling asleep	3,18	3,0	1,0	5,0	2,0	1,34	3,46	4,0	1,0	5,0	1,0	1,23	0,594962
Decreased or increased appetite	2,84	3,0	1,0	5,0	2,0	1,20	2,94	3,0	1,0	5,0	2,0	1,16	0,348335
Loss of interest in sex	2,48	2,0	1,0	5,0	3,0	1,31	2,59	2,5	1,0	5,0	3,0	1,28	0,555406
Worrying about your	2,89	3,0	1,0	5,0	2,0	1,26	2,88	3,0	1,0	5,0	2,0	1,19	0,436750

health													
Do you have suicidal thoughts?	1,40	1,0	1,0	5,0	0,0	0,84	1,65	1,0	1,0	5,0	1,0	1,05	0,290903
Would you like to end your life?	1,29	1,0	1,0	4,0	0,0	0,67	1,54	1,0	1,0	5,0	1,0	0,92	0,266746
<b>Do you have a plan to hurt yourself?</b>	1,18	1,0	1,0	5,0	0,0	0,57	1,37	1,0	1,0	4,0	0,0	0,81	<b>0,041539</b>

Legend: 1 –never, 2-seldom, 3 -sometimes, 4-ofien, 5- very often;  $p < 0,05$  Test K-W

Source: Own elaboration based on the research results.

## Discussion

The goal set in the study was achieved. The research has provided worth-noticing evidence that the students often and very often show symptoms of depressive disorders, such as: a sense of discouragement, a sense of fatigue, loss of motivation to act, spending less time with family and friends, sleep problems, worse mood and problems with making decisions, loneliness, lack of interest in work and tasks or actions undertaken so far, feeling sad and depressed, and worrying about your own health, which are associated with experiencing social isolation caused by the development of the Covid-19 virus pandemic worldwide, Poland included. These results confirm the previous research on anxiety, fear, and depression among young people caused by the coronavirus pandemic. Such studies were carried out by Pfefferbaum & North (2020); Holmes et al. (2020); Cao, Fang et al. (2020); Chang, Yuan et al., (2020); Qiu & Shen & Zhao et al. (2020); Gouin & MacNeil & de la Torre-Luque & Chartrand & Chadi et al. (2023). The research was also conducted in China by Lozano-Vargas (2020) among people aged 18–30 who, due to the COVID-19 pandemic, experienced a moderate to severe mental disorder, including depression. The results of the research by Tang, Hu, Hu et al. (2020) among university students from Chengdu Province and Chongqing City from January 30th to February 8th, 2020, indicate an incidence of post-traumatic stress disorder and depression of 2.7% and 9.0%, respectively, one month after the COVID-19 outbreak. Also, the studies done by Marelli et al., (2020), conducted among Italian students, show strong evidence of experiencing many mental disorders (including fear, anxiety, stress, depression, etc.). It is also worth mentioning the research conducted in Poland in the field of the relationship between depressive disorders and the existing pandemic caused by the COVID-19 virus. Such studies were carried out by Gambina & Sękowski & Woźniak-Prusb et al. (2020) on a nationwide random-quota sample of 1,179 adults living in Poland. The research shows that the index of the severity of depressive symptoms and generalized anxiety in the 18-34 age group more than doubled (before the pandemic, it covered 16.2% of respondents, and during the pandemic, it was 36.6%). On the other hand, people in the 18–24 age group showed the highest (significantly higher than other age groups) level of symptoms of depression and generalized anxiety during the epidemic (two weeks before the date of the study).

The symptoms of depressive disorders manifested by students were analyzed in the study also in terms of the following variables: age, form of study, field of study, and place of residence of the respondents. The age variable of students was highly significant for manifested depressive disorders, especially for such disorders as loss of interest in sex and self-harm. These results are fully confirmed by the research conducted by Gambina & Sękowski & Woźniak-Prusb et al. (2020), which shows that age is important in the onset (as well as intensification) of depressive disorders during the Covid-19 pandemic. Also, studies conducted in the UK by Pierce & Hope & Ford et al. (2020) on a sample of 17,452 people indicate the highest increase in the rate of the group of respondents aged 18–34 (from 18.9% in 2018–2019 to 27.3% in April 2020). As for the form and field of study, we have not found such detailed studies that would analyze these variables in terms of the occurrence of depressive disorders in students (young people). On the other hand, our research shows that the variable "form of study" (full-time, part-time studies) indicates high



statistical significance with such depressive disorders manifested by students as: loneliness ( $p = 0.006858$ ), loss of motivation ( $p = 0.011549$ ), and sleep problems ( $p = 0.041297$ ). The variable "field of study" is also significant for such depressive disorders as: feeling of discouragement -  $p = 0.041894$ ; criticizing and blaming oneself -  $p = 0.012720$ ; loss of interest in sex -  $p = 0.005327$ ; suicidal thoughts -  $p = 0.008459$ ; would you like to end your life? -  $p = 0.004564$ ; plan to hurt yourself -  $p = 0.016719$ . These data indicate the need to undertake further in-depth research in the field of depressive disorders manifested by students. All this is more than necessary, because previous research (Wang & Pan & Wan, et al., 2020; Pierce & Hope & Ford, et al., 2020) shows that among the groups most sensitive to the occurrence of depression, anxiety, and/or fear are women, students, and people with specific physical symptoms (e.g., headaches, muscle pain). Students turn out to be an important group, particularly vulnerable to impacts related to the pandemic because they are additionally subject to mental strain during the exam session. Their mental state depends on the degree of preparation for the exam or credit test and the attitude towards them. People exposed to situations in which they experience fear and anxiety are more likely to display depressive disorders, which pose a risk of suicidal attempts (Wan Mohd Yunus & Kauhanen & Sourander et al., 2022; Przybysz-Zaremba, 2019a; Przybysz-Zaremba, 2021; Gaylor & Krause & Welder & Cooper et al., 2023).

The study also analyzed the significance of the variable "place of residence"; it turned out that this variable is statistically significant for the occurrence of depressive disorders in students, such as: self-harm plan -  $p = 0.041539$  and low self-esteem -  $p = 0.073605$ . These are very significant disorders that are strongly correlated with each other, and at the same time indicate suicidal actions by the individual. Low self-esteem is often associated with a sense of hopelessness, a hopeless situation, which often occurs in people with depressive disorders (O'Connor & Sheehy, 2002). It should also be emphasized that the research was conducted during the pandemic caused by the Covid-19 virus, which thus had an adverse effect on the well-being of the respondents. Previous studies indicate that the risk of increasing suicide attempts increases in people with psychotic depression and a high level of fear and anxiety, especially those related to psychomotor agitation (an individual cannot find a place for himself due to the suffering of depression, so the only way out situation turns out to be "finishing yourself"). Of course, making suicide attempts or committing suicide during the Covid-19 pandemic may be related to various factors, e.g. the introduction of a policy of social distancing, social isolation, disorders in the psychophysical functioning of a given individual (Makara-Studzińska 2013, p. 76; Białkowska, Mroczkowska et al., 2014; Przybysz-Zaremba, 2019, pp. 89–104), with unfavorable living and functioning conditions of the family where the individual lives (e.g. domestic violence, psychiatric disorders in one of the parents, addictions etc.) (Christoffersen, Poulsen, Nielsen, 2003, p. 350), as well as with the whole spectrum of factors found in the social environment, exemplified by the global Covid-19 pandemic. Additionally, the research shows that many university students during the pandemic also experienced financial stress, food insecurity and loneliness, which could also have an impact on poor mental health, an increase in depressive and anxiety symptoms (Gouin & MacNeil & de la Torre-Luque & Chartrand & Chadi et al., 2023).

### **Conclusions and Recommendations**

According to the analysis of the presented research, Polish university students experienced many mental disorders during the pandemic, which are the main reason for suicidal behavior (and suicide attempts). And although these studies were pilot studies, they signal that the symptoms of mental disorders of students indicate an important problem that requires immediate preventive measures and, in some situations, also assistance and support measures. As the research showed, the place of residence of students had an impact on their low self-esteem and emerging suicidal thoughts. Therefore, it seems necessary to take immediate action in the field of caring for the mental well-being of students, because it can be assumed that they cannot count on professional

help in their place of residence. In this regard, it is recommended that:

- Universities have prepared appropriate documents in the field of providing help and support, of mainly psychological type; at the same time it is crucial that such measures are organized in such a way that a person who needs help is not afraid to use it. Looking back, some universities in Poland, including the university that employs the author of this study, have developed an ordinance containing regulations on providing psychological support to students and lecturers who can use the free help of a psychologist and psychotherapist by making an appointment in advance. Such forms of help and support were offered as: psychological consultation, psychological assistance, psychological counseling and psychoeducation.

However, due to the fear that someone might find out about the current situation a student experiences, few students took advantage of this opportunity to help, hence another recommendation may be implemented. It would be good for universities to develop proprietary tools that will be used to diagnose the symptoms of depressive disorders and suicidal behavior. Teaching staff (i.e. lecturers, readers and professors) should be trained in recognizing students' behavior that is classified by specialists as depression and/or suicidal behavior. This form of help seems to be needed because - as research confirms - depressive disorders that lead to suicidal behavior/attempts do not arise overnight, but develop as a result of the impact of a whole range of unfavorable factors on the individual, which are often integrated into together. In the event of observing the indicated disorders, a specialist-psychologist (employed at the University) should either provide appropriate support or refer the given person to an appropriate specialist.

To sum up, depressive disorders manifested by young people during the pandemic indicate a significant problem that requires immediate assistance and support, in which the main attention should be paid to the methods and techniques of caring for the mental well-being of a given individual. It is also recommended to undertake comprehensive diagnostic, preventive and assistance activities.

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## Music and Children's Well-Being

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**Abstract:** Well-being is a desirable combination of high emotional, social, physical, and cognitive health. It is closely related to an element that has existed since the beginning of humankind: music. It is common knowledge that music is an inevitable part of an individual's life; it affects not just the current mood but more importantly, it serves as a means of social bonding, as a tool for therapy, and it affects the overall quality of living. Therefore, according to the Curriculum of the subject Music Culture for Primary Schools and Music Arts for Gymnasium, the teaching of the subject Music culture is intentionally focused on the overall cognitive, psychomotor, and affective dimensions of the child's development. Through musical activities listening, singing, playing, movement with music, musical games and musical creativity, it is also directed at creating a relaxed class atmosphere, as well as arousing a sense of satisfaction among all students. Students can engage in the aforementioned activities apart of regular classes as well, as part of extracurricular/out-of-school musical activities. This research shows that there are (some) statistically significant differences in the self-assessment of well-being of primary school students, in favor of those who like the subject Music culture, who like listening to classical music in class, and whose household members listen to classical music, while statistically significant difference with regard to (not) attending musical activities was not observed. In fact, students who attend musical activities are (imperceptibly) less satisfied in all life domains. This could be explained by additional obligations, such as preparations for exams and performances, which take place at the time of the survey for the purposes of this research, that is, at the end of the school year. But, it was determined that students who attend extracurricular musical activities have a higher grade point average, which is explained by the acquired good organizational skills necessary for successfully mastering school duties.

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## Introduction

### Subject Music Culture and Attending Musical Activities

Teaching of the subject Music culture, which according to the Croatian *Curriculum for the Subject Music Culture for Primary Schools and Music Art for Gymnasiums* (MSE, 2019) is focused on establishing a democratic, creative, and relaxed atmosphere that encourages all students to

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participate in musical activities and arouses in them a feeling of satisfaction, and on comprehensive development of the child in cognitive, psychomotor and affective dimension, takes place through musical activities *listening, singing, playing, movement with music, musical games* and *musical creativity*. In addition to regular classes, students have the opportunity to develop themselves through extracurricular/out-of-school musical activities.

That teaching of Music culture takes place in a positive atmosphere, is confirmed by the data that majority (74.6%) of students like it (Šulentić Begić, 2006; Šulentić Begić et al., 2020) and that most of them feel relaxed (Dobrota & Obradović, 2012; Šulentić Begić et al., 2020), satisfied, involved and excellent in class (Šulentić Begić, 2006). In terms of activities, *singing* is definitely students' favorite activity (Dobrota & Obradović, 2012; Šulentić Begić, 2006; Šulentić Begić et al., 2020; Radočaj-Jerković, 2012). Their next favorite activity is *listening*, then *musical games, playing*, while they like *musical creativity* and *literacy* the least (Šulentić Begić et al., 2020), and statistically significant differences in the liking of the activities with regard to gender were also determined (Dobrota & Obradović, 2012).

The activity of *listening* is particularly important in the teaching of Music culture because through this activity the value of music is learned, that is, students are educated aesthetically through listening to all types of music, including classical music (MSE, 2019). Although it is not students' and their parents' favorite type of music to listen to in their free time (Dobrota, 2012; Šulentić Begić & Begić, 2013), students, especially younger ones (Dobrota & Mikelić, 2012) have positive attitudes towards classical music (Dobrota & Ćurković, 2006; Dobrota, 2012) and towards listening to it in class (Šulentić Begić & Begić, 2013). More parents than their children listen to classical music (Šulentić Begić et al., 2020) and the fact that students whose parents listen to classical music have more positive attitudes towards Music culture (Dobrota & Conar, 2018), shows that what our environment listens to consciously or unconsciously influences our thinking.

That students in addition to regular Music culture classes want to engage in music, is shown by the fact that musical activities are, after sports, the second most represented and attended extracurricular and out-of-school activities (Gergorić, 2019). Almost all schools offer (one or two) musical activities (Dubovicki et al., 2014), and the following is a list of some existing extracurricular and out-of-school activities: choir-which is most represented and attended activity (Dubovicki et al., 2014; Gergorić, 2019; Vidulin, 2016), learning an instrument, instrumental group, vocal group, dance group, orchestra, folklore, music listening sessions, composition, klapa singing and music workshop, balet, contemporary dance (Gergorić, 2019; Šulentić Begić et al., 2016; Vidulin, 2016). Whether or not students will engage in music extracurricular or out-of-school activities, depends significantly on the parents' (not) engaging in music. This again shows that environment, that is parents, during children's growing up, unconsciously or consciously influence their thinking and future interests (Šulentić Begić et al., 2021). And whether and why students will be involved in extracurricular rather than out-of-school musical activities can also be explained by the fact that extracurricular activities do not require any additional financial investment or participation payment. Let's also add the fact that the mentors of the activities themselves are already known to students and parents, as well as the time in which they take place (Šulentić Begić et al., 2016).

### **Relationship Between Music and Well-Being**

According to the World Health Organization (1989, p.1), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". That well-being is not only closely related to music, but that individual's well-being partially depends on the music, is presented by many researchers whose goal was to collect, and then for easier review, systematize more and more research related to this topic (Croom, 2014; Dingle et al., 2021).

Young people are aware that music contributes to their well-being (Papinczak et al., 2015). Students who attend previously mentioned musical activities say that it relaxes them (Gergorić, 2019), that those activities are a place of joy, socializing and learning (Dubovicki et al., 2014), that they gain new friendships with students from other classes and become closer with students they knew before (Proleta & Svalina, 2011). Students, whose general teachers included singing for five to 10 minutes every day, had a significant improvement not only in singing skills, but also in reading scores and working memory. In addition, the fact that even five months after the research, teachers continued to use this activity in their work with students speaks of the positive aspects of singing (Welch, 2021). Therefore, it doesn't surprise that exactly choir singers are "satisfied and accomplished individuals" (Radočaj-Jerković, 2022, p. 203) and in periods of impossibility of singing together, such as Covid-19, students who normally engage in singing activities feel less happy and it is harder for them to remove negative feelings (Jurkić Sviben & Jambrošić, 2021).

One study, which included a control and an experimental group, showed that additional listening and engaging in musical activities have a statistically significant effect on reducing the level of pessimism. However, the author believes that the mentioned should be practiced for a longer period of time, because then the difference would be even greater. Therefore, they call for the inclusion of musical activities in non-music subjects as well (Ivek, 2016).

Analyzing 63 studies involving 6975 participants, which the authors categorized into the following categories: receptive music listening, intentional music listening, shared music listening, instrumental music playing, group singing, lyrics and rapping, music and movement/dance and composition/songwriting/ improvisation; it was observed that in some way, and depending on the category, music has a positive influence on health and well-being. Just to name a few benefits, some studies have shown that music listening reduces pain; enhances social connection and mood; playing an instrument and movement with music programs improve cognitive health and well-being and so on (Dingle et al., 2021).

Music concert attendance is associated with higher subjective well-being (Kwon et al., 2020), but what kind of music we listen to, that is, the kind of content the music we listen to is made of and is promoting, is crucially important as well, because it can have both positive and negative effects on our health and well-being (Swartbooi et al., 2016). For example, some of the benefits of listening to classical music by Mozart, Haydn, Vivaldi, Bach, or Händel is to achieve better concentration, while more romantic classical compositions, by composers like Debussy or Ravel, are "suggested for creative assignments" (Foran, 2009, p. 57). Besides reducing pessimism and pain, listening to music in the circle of family and peers contributes to both family and peers cohesion (Boer and Abubakar, 2014).

Taking into account that music has the "potential to provide the demonstrated benefits for individuals, societies and human development" (Welch, 2021, p. 3), the advice is to introduce musical activities in non-musical subjects as well (Welch, 2021), but also sometimes to conduct integrated classes that include music related subjects (Šulentić Begić, 2018).

## Method

### Aim and Research Questions

The aim of this paper was to analyze whether there are differences in primary school students' self-assessment of well-being with regard to several elements related to music. The following questions emerged from the stated aim:

1. *Are there differences in students' self-assessment of well-being with regard to:*

- a) *(dis)liking the subject Music culture,*
- b) *(dis)liking listening to classical music in the Music Culture class,*



- c) *their household members (not) listening to classical music,*  
 d) *(not) attending musical activities?*

2. *Are there differences in students' grade point average with regard to (not) attending musical activities?*

### Sample and Data Collection

The research took place in Croatia during the May 2023, and it included 205 students from fourth to eighth grade from one primary school in Vukovar-Srijem County. A detailed sample of participants regarding gender and grade is in Table 1.

**Table 1.** Sample Description (N = 205)

<b>Gender</b>	Male	107 (52.2%)
	Female	98 (47.8%)
<b>Grade</b>	4th	34 (16.6%)
	5th	33 (16.1%)
	6th	46 (22.4%)
	7th	48 (23.4%)
	8th	44 (21.5%)

Considering that there are no ethics committees at the researchers' institutions, the rules of the Croatian *Ethical code of research with children* (2020) were followed. It mandates that parents and children (up to the age of 14) should be informed with the research details before giving the consent to participate in it. We therefore worked with the line of the aforementioned code. The research was conducted under researcher's institution approval, that is, the rules of the school where the research was conducted, were respected. Consent was then given by the parents of the students and then by the students themselves. Before asking for consent and before conducting the research, parents and students were informed about: the researchers, relevant details of the research, about the voluntariness of participation in the research and the possibility of withdrawing from participation as well as withdrawing data in all phases of the research for the purpose of the research, about the level of confidentiality and secrecy of the data, about the method of storage and the time of data storage, the method of data processing and publication of results, and other data related to the research. Before filling out the questionnaire, students were explained how to complete it. Since one of the researchers works at the school where this research was conducted, she was present during the filling of the questionnaire. In case of any ambiguities, she helped to explain the necessary. After the students filled out the questionnaire, they were asked to check again if they answered all the questions.

### Instrument and Statistical Procedure

The questionnaire consisted of 24 questions, 29 particles, and was divided into six parts: 1. Socio-demographic characteristics (gender, grade); 2. Well-being; 3. Opinions about the subject Music culture; 4. Attending extracurricular/out-of-school musical activities; 5. Musical taste; 6. School success. Six questions were dichotomous, one was trichotomous, seven were polytomous, nine were in the form of Likert scale, and one question was an open-type question. For the purposes of this paper, the answers to 21 questions were analyzed. Questions regarding well-being were taken from the 3<sup>rd</sup> edition of standardized *Personal Wellbeing Index – School Children (PWI-SC)* questionnaire, which consists of one question regarding *satisfaction with life as a whole*, and seven questions regarding specific life domains: *standard of living, personal health, achievement in life, personal relationships, personal safety, feeling part of the community and future security*. A Likert 11-point scale, where 0 means *very sad*; 5 means *not happy or sad*; and 10 means *very happy*, was used to describe satisfaction within the mentioned domains (Cummins and Lau, 2005). To answer the research questions, frequencies, descriptives, crosstabs, one-way ANOVA, and independent-samples T test from IBM SPSS Statistics 25 program were used.

## Results and Discussion

Before answering the research questions, students' opinions about the subject Music culture and its musical activities with comparison regarding gender and grade will be analyzed.

Most students (N=186; 90.7%) expressed that they like the subject, as previous research has established (Šulentić Begić, 2006; Šulentić Begić et al., 2020). Out of 19 (9.3%) students who expressed that they don't like it, only two (10.5%) of them are female, and so statistically significant difference between the genders was found ( $p < .01$ ). Considering the grade, the largest number of students who do not like the subject attend the eighth grade (N=7; 3.4%), while zero students from fourth grade replied the same, but no statistically significant difference was found between them. These results only confirm previous research which show that the number of students who do not like the subject Music culture increases in higher grades (Šulentić Begić et al., 2020). Despite the fact that not all students like the subject, it can still be concluded that the desired pleasant atmosphere (MSE, 2019) continues to prevail in Music culture classes because the majority of them usually feel relaxed (N=143; 71.2%), excellent (N=31; 15.1%) and satisfied (N=22; 10.7%), while an imperceptible number of them feel dissatisfied (N=2; 1%) or bored (N=3; 1.5%). One student (0.5%) stated that their mood in class almost always depends on the day. It can be concluded that a stable positive atmosphere is constant in the teaching of Music culture in Croatia, regardless of the time and place of research (Dobrota and Obradović, 2012; Šulentić Begić, 2006; Šulentić Begić et al., 2020).

As for musical activities, of course, they like some more and some less. Activity students like the most is *musical games*, which was not concluded in several earlier research, where *singing* was in the first place (Dobrota and Obradović, 2012; Šulentić Begić, 2006; Šulentić Begić et al., 2020; Radočaj-Jerković, 2012). *Musical games* is followed by *listening to music*, *singing*, *playing*, *movements with music*, and lastly, *musical creativity*. As before (Dobrota and Obradović, 2012), a statistically significant difference was observed in liking the activity with regard to gender. Female students show a statistically significantly higher preference for all activities, except for *musical games*, which they also rated higher than male students. List of favorite activities regarding gender (female-male) is somewhat similar, and it follows in descending order: 1. *singing* ( $p < .001$ )-*musical games*; 2. *listening to music* ( $p < .05$ )-*listening to music*; 3. *musical games*-*singing*; 4. *playing* ( $p < .001$ )-*playing*; 5. *movements with music* ( $p < .001$ )-*musical creativity*, and 6. *musical creativity* ( $p < .01$ )-*movements with music*.

Looking at Table 2., it is evident that students who like the subject Music culture assessed higher personal well-being in all seven life domains, but not in their satisfaction with life as a whole. However, it should be noticed that statistically significant difference in favor of them was found only in one domain, and that is *standard of living* ( $p < .01$ ). It is also the highest rated domain (M=9.04) in general and by students who like the subject.

**Table 2.** Self-Assessment Of Personal Well-Being With Regard To Their Opinion On The Subject Music Culture

How happy are you...	Do you like the subject Music culture?	N	Mean	Std. Deviation	t
...with your life as a whole?	yes	186	7.71	2.32	-.51
	no	19	8.00	2.75	
...about the things you have? Like the money you have and the things you own?	yes	186	9.04	1.40	<b>2.67**</b>
	no	19	8.05	2.57	
...with your health?	yes	186	8.60	1.90	1.96
	no	19	7.63	3.24	
...with the things you want to be good at?	yes	186	8.09	1.99	.39
	no	19	7.89	2.31	

...about getting on with the people you know?	yes	186	8.11	1.93	1.40
	no	19	7.42	3.08	
...about how safe you feel?	yes	186	8.07	2.29	1.14
	no	19	7.42	2.93	
...about doing things away from your home?	yes	186	8.15	2.28	.08
	no	19	8.11	2.47	
... about what may happen to you later on in your life?	yes	186	7.76	2.29	.14
	no	19	7.68	3.23	

p<.01\*\*;

Just like the previous research show (Dobrota and Ćurković, 2006; Dobrota, 2012; Dobrota and Mikelić, 2012), here we also concluded that most students like classical music (N=60; 29.3%) or just some classical music (N=107; 52.2%). But, as before (Šulentić Begić and Begić, 2013), regardless of liking, here too it was concluded that fewer students, two thirds to be exact, like listening to classical music specifically in the Music culture classes (N=142; 69.3%). With regard to gender, there are again more female (N=73; 74.5%) than male students (N=69; 64.5%) who like the above. Considering the grade, the largest number of students who like to listen to classical music in Music culture class attend the fourth grade (N=26; 76.5%), followed by students of the seventh (N=35; 72.9%), sixth (N=32; 69.6%), eighth (N=30; 68.2%), and lastly the fifth grade where only slightly more than half of the students like the same (N=19; 57.6%).

**Table 3.** Self-Assessment Of Personal Well-Being With Regard To Liking To Listen To Classical Music In The Music Culture Class

How happy are you...	Do you like to listen to classical music in Music culture class?	N	Mean	Std. Deviation	t
...with your life as a whole?	yes	142	8.01	2.10	<b>2.56*</b>
	no	63	7.11	2.78	
...about the things you have? Like the money you have and the things you own?	yes	142	9.07	1.46	1.64
	no	63	8.68	1.77	
...with your health?	yes	142	8.62	1.70	1.12
	no	63	8.27	2.73	
...with the things you want to be good at?	yes	142	8.12	2.00	.55
	no	63	7.95	2.05	
...about getting on with the people you know?	yes	142	8.25	1.90	<b>2.08*</b>
	no	63	7.60	2.35	
...about how safe you feel?	yes	142	8.22	2.17	1.92
	no	63	7.54	2.69	
...about doing things away from your home?	yes	142	8.29	2.29	1.34
	no	63	7.83	2.28	
... about what may happen to you later on in your life?	yes	142	7.98	2.19	<b>2.03*</b>
	no	63	7.25	2.72	

p<.05\*

Observing at Table 3., it is obvious that students who like to listen to classical music in the Music culture class, reported higher personal well-being in all seven life domains and *satisfaction with life as a whole*. Statistically significant difference in favor of them was found within *satisfaction with life as a whole* (p<.05) and two domains: *personal relationships* (p<.05) and *future security* (p<.05). *Standard of living* is again the highest rated domain by both students who don't like (M=8.68) and students who like (M=9.07) to listen to classical music in the Music culture class. Considering that a much larger number of students prefer only some classical music, it would be good to analyze which specific classical music they like in order to use it as an entrance card to the rest of the world of classical music, which they will later like, and ultimately, to develop

their aesthetic education and well-being. An open attitude towards listening to music, especially classical music, which has a positive effect on concentration and creativity (Foran, 2009), is certainly a good start towards using it to nurture well-being. Also, students should be informed about the benefits of listening to music in Music culture class (Dingle et al., 2021, Swatbooi et al., 2016) so that they do not have the attitude that music is listened to in class only because the *Curriculum* requires it (MSE, 2019).

Out of 205 students, only one quarter of them (N=42; 20.5%) listen to classical music in their free time, while a slightly larger number of their household members listen to the same (N=57; 27.8%). Students whose household members listen to classical music are more satisfied in all life domains and with *life as a whole*, where a statistically significant difference was observed ( $p < .05$ ). Life domain *standard of living* was once again the highest rated domain by both groups (M=9.02; M=8.93). Considering that numerous advantages of listening to classical music have been found (Foran, 2009); that listening to music in the family circle contributes to family cohesion (Boer and Abubakar, 2014), and we (only) assume that students know that their household members listen to classical music because they sometimes listen to it together, we conclude that listening to classical music in the home, even if unintentionally, contributes to well-being. The above are sufficient reasons for listening to classical music to become intentional, whether it is listening alone or with household members.

**Table 4.** Self-Assessment Of Personal Well-Being With Regard To Household Members (Not) Listening To Classical Music

<i>How happy are you...</i>	<i>Do your household members listen to classical music?</i>	N	Mean	Std. Deviation	t
<i>...with your life as a whole?</i>	yes	57	8.39	1.92	<b>2.48*</b>
	no	148	7.49	2.47	
<i>...about the things you have? Like the money you have and the things you own?</i>	yes	57	9.02	1.20	.38
	no	148	8.93	1.69	
<i>...with your health?</i>	yes	57	8.86	1.76	1.50
	no	148	8.38	2.17	
<i>...with the things you want to be good at?</i>	yes	57	8.40	1.94	1.48
	no	148	7.94	2.03	
<i>...about getting on with the people you know?</i>	yes	57	8.49	1.93	1.92
	no	148	7.88	2.09	
<i>...about how safe you feel?</i>	yes	57	8.37	2.18	1.36
	no	148	7.87	2.41	
<i>...about doing things away from your home?</i>	yes	57	8.28	2.22	.52
	no	148	8.09	2.32	
<i>... about what may happen to you later on in your life?</i>	yes	57	8.14	2.17	1.44
	no	148	7.61	2.45	

$p < .05^*$

Slightly less than half of the students (N=96; 46.8%) attend some extracurricular/out-of-school musical activity. Most students attend only one, and some indicated that they attend more than one activity. The most attended activity is music school (N=28; 29.17%), followed by folklore (N=23; 23.96%), choir (N=23; 23.96%), private instrument playing lessons (N=18; 18.75%), rhythmic (N=2; 2.08%) and orchestra (N=1; 1.04%). All of the activities that students attend are out-of-school, except for the choir which is in this case both extracurricular and out-of-school activity, and the reason for this is that the school where the students were surveyed, like most other schools, offers only one extracurricular musical activity (Dubovicki et al., 2014).

**Table 5.** Self-Assessment Of Personal Well-Being With Regard To (Not) Attending Extracurricular/Out-Of-School Music Activities

<i>How happy are you...</i>	<i>Do you attend any extracurricular/out-of-school music activity?</i>	N	Mean	Std. Deviation	t
<i>...with your life as a whole?</i>	yes	96	7.50	2.41	-1.35
	no	109	7.94	2.30	
<i>...about the things you have? Like the money you have and the things you own?</i>	yes	96	8.93	1.60	-.21
	no	109	8.97	1.54	
<i>...with your health?</i>	yes	96	8.23	2.06	-1.85
	no	109	8.76	2.05	
<i>...with the things you want to be good at?</i>	yes	96	8.06	2.08	-.04
	no	109	8.07	1.97	
<i>...about getting on with the people you know?</i>	yes	96	7.79	2.15	-1.68
	no	109	8.28	1.96	
<i>...about how safe you feel?</i>	yes	96	7.98	2.42	-.17
	no	109	8.04	2.31	
<i>...about doing things away from your home?</i>	yes	96	7.92	2.59	-1.35
	no	109	8.35	1.98	
<i>... about what may happen to you later on in your life?</i>	yes	96	7.69	2.56	-.39
	no	109	7.82	2.22	

Contrary to previous comparisons that were in favor of music, Table 5. shows that students who attend extracurricular/out-of-school musical activities rate happiness in all life domains slightly lower than those who do not attend the same. However, it is important to emphasize that these differences are subtle, that there is no statistically significant difference between the groups, and that both groups are ultimately satisfied with life. Standard of living is again the life domain with which both groups are the most satisfied with (M=8.93; M=8.97). The authors would explain the lower life satisfaction of students who attend musical activities with a simple reason – more obligations before the end of the school year and, accordingly, stress due to preparing to demonstrate the acquired knowledge and skills in music school exams, as well as performances and concerts that traditionally take place before the summer holidays. It means that during that period, students have rehearsals and lessons, but also independent practice at home, more often than usual. Accordingly, the authors would like to test this group of students again, but in a period when they have fewer obligations, during the summer holiday for example.

A well-known idea that attending musical activities has a positive effect on children's emotional, social, physical, and cognitive health, that is well-being, was confirmed by the students themselves with the following answers to the question *What are the positive aspects of attending musical activities?*:

- *I gained new knowledge.*
- *You can learn to play any instrument you want.*
- *Because I will know something more and I will navigate better in life.*
- *You meet new friends, learn to sing and dance.*
- *I'm not on my cell phone that much.*
- *We can have fun and be happy doing it.*

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- *I'm not at home all the time.*
- *You lose weight and meet new friends.*
- *The positive thing is that I learn to organize myself very well.*
- *You are more relaxed and fulfilled.*
- *Meeting new people, i.e., making new friends, developing intelligence, feelings of pride, satisfaction, joy, learning things that help us in life.*
- *Well, you have more experiences in life, and the time you would spend on your cell phone or being bored, I spend that time with quality studying.*
- *We meet new friends, if we dance it's good for our health and at the end of the day, of course, we learn new things.*
- *You can show other people your success, etc.*

With presented statements, we confirm previous findings that go in favor of additional involvement in musical activities (Dubovicki et al., 2014; Ivek, 2016; Papinczak et al., 2015; Proleta and Svalina, 2011; Radočaj-Jerković, 2021). It is essential to show the students the purpose of everything they do, and to point out the advantages of musical activities, of which there are many. Also, it is important to know how students think, so these statements are valuable and can serve not only as an excellent argument for involvement in these activities, but also as a guide for educators of these activities, in order to see which good sides of the activities students have already noticed and which are (still) invisible, that is, which need to be worked on so that they could be improved and noticed.

In addition to differences in self-assessment of well-being, the authors wanted to find out if there are differences in students' grade point average with regard to them (not) attending musical activities. Majority of students (N=128; 62,4%) finished the last school year with *excellent* 4,5-5,00; 69 (33,7%) with *very good* 3,5-4,4; seven (3,4%) with *good* 2,5-3,4; and one student (0,5%) with *sufficient* 1,5-2,4 grade point average. No statistically significant differences between the groups were found, but students who attend musical activities, on average, have higher grade point average. So, the answer to the last question of this research is positive, that is, it was observed that students who attend extracurricular/out-of-school musical activities, have higher grade point averages.

Since we learned from the students that attending musical activities is useful for developing organizational skills, therefore, with this knowledge, we conclude that exactly attending musical activities is one of the reasons for higher grade point average.

**Table 6.** Comparison Of Students' Grade Point Average With Regard To (Not) Attending Extracurricular/Out-Of-School Music Activity

	<i>Do you attend any extracurricular/out-of-school musical activity?</i>	N	Mean	Std. Deviation	t
<i>With what grade point average did you end the last school year?</i>	yes	96	4.64	.55	1.26
	no	109	4.53	.62	

### Conclusion

Students like the subject Music culture and most often feel positive during classes. With regard to age, liking the subject decreases in higher grades, and with regard to gender, it was observed that female students like the subject more. Female students also show more preferences towards musical activities. Students who love the subject assessed higher personal well-being in all seven life domains, but not in their *satisfaction with life as a whole*. However, a statistically significant difference in favor of them was observed only in one domain, and that is *standard of living*. Two-thirds of students like to listen to classical music in Music Culture classes. Again, a larger number of female than male students, like the above. Students who like to listen to classical

music in the Music culture class reported higher personal well-being in all seven life domains and *satisfaction with life as a whole*. Statistically significant difference in favor of them was found within *satisfaction with life as a whole* and domains *personal relationships* and *future security*. Slightly less than one-third of the students stated that their household members listen to classical music, and it was these students who evaluated all life domains with a higher grade, with a statistically significant difference in favor of them found in *satisfaction with life as a whole*. A little less than half of the students attend some extracurricular/out-of-school musical activity. The largest number of them attend music school, and the smallest attend an orchestra. Interestingly, it was found that students who attend extracurricular musical activities rate happiness in all life domains slightly lower than those who do not attend the same. However, it is important to emphasize that these differences are subtle and there are no statistically significant differences between the groups. The authors would explain it with too many obligations of those students, which is day-to-day practicing before exams and concerts that takes place before the end of the school year. Students recognize the qualities of attending musical activities and cite a variety of positive aspects, which is just an additional confirmation of the benefits of music. Finally, this research showed that students who attend extracurricular/out-of-school musical activities, have higher grade point average, which can be explained by the acquired organizational skills.

As a continuation of this research, the authors suggest re-analyzing the well-being of students who participate in musical activities, but during a less stressful period, that is, a period in which they have (much) fewer obligations. The value of this work is shown in the additional knowledge of the benefits of music, and one of the proposals that emerged from the knowledge obtained is to use musical activities (tactically) in non-musical subjects. It is obvious that children like performing musical activities, especially *musical games*, *listening* and *singing*. Therefore, teachers of non-musical subjects, with the help and guidance of music teachers, can use the mentioned musical activities for the purpose of coming up with different activities to repeat or learn a new lesson. Of course, each subject is specific and different, therefore, we would leave the suggestions, which are many, for another paper. The ultimate goal would be to present music related activities for non-musical subjects, with the task of improving the students' well-being, class atmosphere, learning motivation, and school success.

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## Navigating The Complexities of Parenting: The Interconnectedness of Forgiveness, Perfectionism, and Self-Compassion

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**Abstract:** The objective of this research was to examine the causal connections between parents' levels of perfectionism, forgiveness, cognitive distortions, and self-compassion. A relational research approach was used to investigate the associations between variables and forecast potential results, while structural equation modelling was employed to illustrate how different factors are believed to be structurally connected to each other. The study included 384 parents living in the northern part of Cyprus who completed the Multidimensional Perfectionism Scale, the Heartland Forgiveness Scale, the Cognitive Distortions in Relationships Scale, the Self-Compassion Scale, and a personal information form for demographic data. Results showed a positive correlation between the scores on the Self-Compassion Scale and the Multidimensional Perfectionism Scale, including self-directed perfectionism, perfectionism towards others, and socially perceived perfectionism. The structural equation model indicated that there was a statistically significant and positive association between the Multidimensional Perfectionism Scale, Heartland Forgiveness Scale, and Self-Compassion Scale scores. Furthermore, it predicted a statistically significant and negative association with the scores on the Cognitive Distortions in Relationships Scale.

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### Introduction

In its most general definition, the family is the smallest unit that keeps society alive, connected by blood ties and influenced by each other's thoughts (Şekerli, 2021). When people reach a certain age and feel psychologically ready, they think about starting a family and taking on the role or responsibilities of being a family. The family system begins to be established with the marriage of the couples, and after establishing this system, the couples want to have children. Before having a child, couples only have responsibilities in the role of spouse, but with the birth of the child, the responsibility of being a mother and father is added to the responsibilities of the spouse (Koyuncu, 2021). The responsibilities that arise after becoming a parent, such as taking care of the child, change the expectations of the spouses from each other. For this reason, some

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problems may be experienced in the process of adapting to the changing world of spouses after having children.

Parents cannot keep up with everything, both materially and spiritually, due to some problems they encounter after having a child, and they sometimes feel inadequate due to the thought of not being able to keep up (Meriç, 2020). Parents, who try to do the best for themselves, their children, and their families, feel negative emotions by blaming themselves when they have the thought of inadequacy. However, the ability of parents to deal with these accusatory thoughts and negative emotions will only happen if they show self-compassion. Neff (2003) defines self-compassion as people's understanding instead of criticising themselves, being able to look at events with a logical perspective instead of being stuck with negativities, seeing the negativities they experience as a part of life, and accepting that they can happen to all people (Avşaroğlu & Güleş, 2018). Self-compassion is an important concept for parents to be able to solve problems and learn to cope with problems in order to continue being parents (Şekerli, 2021).

On the other hand, when the problems encountered cannot be solved, they cause conflicts within the family. Due to the conflicts experienced, spouses sometimes get hurt, and sometimes they hurt their partners (Oral, 2016). Therefore, parents need to develop their level of forgiveness as well as their self-compassion in order to solve the problems they face. Enright (1996) defines forgiveness as "an individual's willingness to abandon feelings such as anger, negative judgement, and indifference, by encouraging feelings such as love, generosity, and compassion towards the other person who hurt him unjustly" (Batik, 2020; Aslan, 2017). Forgiveness, which has a multidimensional structure in the literature, has three dimensions: forgiving oneself, forgiving others, and forgiving the situation (Kuşçu, 2019). Self-forgiveness is defined as the individual's feelings of tolerance, compassion, and compassion towards himself and giving up criticising and blaming himself in the face of accepting his mistake (Kaygas, 2017). Forgiving others is defined as individuals' giving up their negative emotions consciously and willingly and developing compensatory feelings such as compassion or love towards the people they forgive (Kaygas, 2017).

Forgiveness is explained as giving neutral or transformative responses to situations that create negative feelings and thoughts (Kaygas, 2017). In order for parents to cope with the problems they face and to show self-compassion by getting rid of negative thoughts, they must first forgive themselves. On the other hand, it is thought that it is very important to forgive others and to show understanding to others in order to cope with the problems experienced in marriage and family life.

The ability of parents to continue their roles and responsibilities in marriage despite all the problems they face is closely related to the concept of perfectionism as well as self-compassion and forgiveness. Perfectionist personality is defined as people struggling to be perfect, overperforming while trying to reach unrealistic goals they set for themselves, and being overly critical of themselves when they cannot reach the goals (Doksat, Zengin, & Doksat, 2018). Hewitt and Flett (1991) describe perfectionism as having a multidimensional structure, both intrapersonal and interpersonal: self-directed perfectionism, others-oriented perfectionism, and socially perceived perfectionism (Büyükşahin Sunal, Ok, & Keskin, 2016). In self-directed perfectionism, people set high standards for themselves and try to achieve these standards perfectly (Kiper, 2016). In perfectionism towards others, people set high standards for others and expect others to fulfil these standards without making mistakes (Büyükşahin Sunal, Ok, & Keskin, 2016). In the last dimension, socially perceived perfectionism, people try to fulfil a set of standards determined by society (Kiper, 2016). The fact that people set such high standards in their relationships causes them to develop dysfunctional thoughts towards themselves and others over time (Kuzucu, Tuncer, & Aksu, 2015).

Dysfunctional thoughts arise because individuals perceive certain events differently than they actually are and interpret them according to their own feelings and thoughts (Büge, 2020). These dysfunctional thoughts of individuals cause some errors when interpreting events, and cognitive distortions are observed as a result of repetitive errors and automatic thoughts (Çelebi & Odacı, 2018). Because these cognitive distortions cause misunderstanding, they prevent the establishment of healthy relationships in marriage and family life. Cognitive distortions about relationships; have sub-dimensions such as avoidance of intimacy, mind reading, and unrealistic relationship expectations. The dimension of avoidance of intimacy refers to people's belief that closeness to be established in their relationships will cause harm; the unrealistic relationship expectation dimension refers to having above-standard expectations in one's relationships; The mind-reading dimension represents the mind-reading error, assuming that people know their feelings and thoughts (Kuzucu, Tunçer, & Aksu, 2015).

Cognitive distortions, which cause the development of dysfunctional emotions and behaviours in individuals, cause the person to attribute negative meanings not only to others but also to themselves (Tunçer, Aksu, & Kuzucu, 2015). In this context, it is thought that individuals with high levels of self-compassion will be effective in controlling dysfunctional thoughts.

Self-compassion, which is the basic concept of this research and is increasingly attracting the attention of scientific research literature, first started in Far Eastern philosophy. Later, this concept started to attract attention and become a research interest in western culture in the early 2000s and in psychology in recent years (Sarıcaoğlu & Arslan, 2019). This situation causes frequent studies on the concept of self-compassion, both at home and abroad. When the studies conducted both in Turkey and abroad are examined, it is seen that the self-compassion level of individuals has a multidimensional structure affected by different concepts. Studies have shown that people's self-compassion levels; life satisfaction (Avşaroğlu & Güleş, 2019; Deniz et al., 2012; Neff, 2003), resilience (Alibekiroğlu et al., 2018; Neff & McGehee, 2010; Kirkpatrick, 2005), humour styles (Baş, 2019), compassion (Güleş, 2017), empathy (Daltry et al., 2018) and forgiveness (Karataş & Uzun, 2021; Kılıç & Tunç, 2020; Çakır & Yavuz Güler, 2020; Wu et al., 2019; Oral, 2016; Sarıçam & Biçer, 2015) ) is found to be positively correlated with On the other hand, the level of self-compassion of individuals; anxiety (Lightning, 2020; Neff, 2003), burnout (Kuzgun, 2020; Kara, 2018), stress (Dev, Fernando & Consedine, 2020; Sirois, Molnar & Hirsch, 2015), depression (Zhang et al., 2019; Lopez et al., 2018), perfectionism (Çarkıt & Yalçın, 2021; Şahin, Kabakçı & Olçun, 2020; Çakır & Yavuz Güler, 2020; Olgunçelik, 2019; Bayır & Lomas, 2016; Barnard & Cury, 2011), and cognitive distortions (Kılıç and Tunç, 2020; Stephenson et al., 2017; Akın,2010; Doğan, 2009).

When the relevant literature is examined, many studies on self-compassion, both at home and abroad, have been found. However, a limited number of studies on self-compassion were found in the parent sample. On the other hand, no study was found that revealed the relationship between parents' self-compassion levels and forgiveness, perfectionism, or cognitive distortions. In order to overcome these deficiencies in the literature, it is thought that a study that will explain the relationship between parents' self-compassion levels and forgiveness, perfectionism, and cognitive distortions will be important. Based on this shortcoming, the study aimed to examine the relationship between parents' self-compassion levels and forgiveness, perfectionism, cognitive distortions, and this relationship around various variables. The sub-objectives determined for this purpose are as follows:

(1) What are the parents' levels of self-compassion, forgiveness, perfectionism, and cognitive distortions?

(2) What is the relationship between parents' self-compassion and multidimensional perfectionism, forgiveness, and cognitive distortions?

(3) Do parents' self-compassions predict perfectionism, forgiveness, and cognitive distortions?

In this section, information about the research design, participants, data collection tools, statistical analysis of the data, and ethical procedures followed in conducting this study will be presented.

## Method

### Research Model and Design

Survey research includes gathering information from a sample through participants' answers to questionnaires (Ponto, 2015). The relational research method is used to determine the relationships between variables and predict possible outcomes. In this model, it is tried to determine whether the variables change together and, if they do, how they change (Karasar, 2011). In addition, a structural equation model was employed to represent how various aspects are thought to be causally structurally related to one another. Therefore, the current study was designed as a relational survey study aiming to investigate the causal relationship between parents' perfectionism, forgiveness, cognitive distortions, and self-compassion levels.

### Participants

The population of this research consists of parents who live in the northern part of Cyprus. The participants were selected with random cluster sampling method. Participants consisted of a total of 384 parents. Table 1 shows the distribution of parents included in the study according to their socio-demographic characteristics. It is seen that, 55.73% of the parents included in the study were female and 44.27% male, 27.60% were 34 years old and younger, 24.74% were 35-44 years old, 32.032%. It was determined that 45-54% of them were in the age group of 45-54 and 15.63% of them were in the age group of 55 and above. 94.27% of the parents are married, 34.53% of the married ones are 10 years or less, 41.71% are 11-20 years and 23.76% are married for 21 years or more. It was also determined that 27,60% had one child, 55.73% had two children, and 16.67% had three or more children.

**Table 1.** Distribution of Parents by Socio-Demographical Characteristics

	Frequency (n=364)	Percent (%)
<b>Gender</b>		
Female	214	55.73
Male	170	44.27
<b>Age group</b>		
34 years and under	106	27.60
35-44 years	95	24.74
45-54 years	123	32.03
55 years and older	60	15.63
<b>Marital status</b>		
Married	362	94.27
Divorced	22	5.73
<b>Marriage duration (n=362)</b>		
10 years and below	125	34.53
11-20 years	151	41.71
21 years and above	86	23.76
<b>Number of children</b>		
One child	106	27.60

Two children	214	55.73
Three children and above	64	16.67

### Data Collection Tools

Five different data collection tools were employed in this study: Multidimensional Perfectionism Scale, Heartland Forgiveness Scale, Cognitive Distortions in Relationships Scale, Self-Compassion Scale and personal information form to gather demographic information about the participants. Detailed information about these data collection tools will be presented in this section.

*The Multidimensional Perfectionism Scale (MCMS)*, was developed by Hewitt and Flett (1991). A 7-point Likert-type scale consisting of 45 items is graded between “I totally disagree” and “I totally agree”. It consists of three sub-dimensions, “self-directed perfectionism”, “other-oriented perfectionism” and “socially perceived perfectionism”, and each dimension consists of 15 items.

Items 1, 6, 8, 12, 14, 15, 17, 20, 23, 28, 32, 34, 36, 40 and 42 represent "Self-directed perfectionism" sub-dimension; items 2, 3, 4, 7, 10, 16, 19, 22, 24, 26, 27, 29, 38, 43 and 45 represent “Other oriented perfectionism” sub-dimension; items 5, 9, 11, 13, 18, 21, 25, 30, 31, 33, 35, 37, 39, 41 and 44 represent the "socially prescribed perfectionism" sub-dimension. There are also reverse items in the scale. These items are 2, 3, 4, 8, 9, 10, 12, 19, 21, 24, 30, 34, 36, 37, 38, 43, 44 and 45 (Oral, 1999). Hewitt and Flett (1991), determined the internal consistency coefficients of the scale as .86 for "self-directed perfectionism" and .87 for “other oriented perfectionism” and .82 for “socially perceived perfectionism”. The Turkish adaptation of the scale was carried out by Oral (1999). In this study, the Cronbach alpha reliability of the scale was found to be 0.84.

*Cognitive Distortions in Relationships Scale* was developed by Hamamcı (2002), in order to measure the cognitive distortions people have in relationships. In this 19-item scale, “I strongly disagree” choice gets 1 point, “I agree very little” gets 2 points, “I partially agree” gets 3 points, “I highly agree” gets 4 points, and “I totally agree” gets 5 points. The highest score that can be obtained from the scale is 95, and the lowest score is 19. High scores obtained from the scale indicate that individuals have cognitive distortions related to relationships. The test-retest correlation coefficients of the scale were .74 for the whole scale and .70 for the Intimacy Avoidance sub-dimension; .74 for the Unrealistic Relationship Expectation sub-dimension; .74 for Mind Reading sub-dimension (Hamamcı & Büyüköztürk, 2003). In this study, the Cronbach alpha reliability of the scale was found to be 0.78.

*Self- Compassion Scale* developed by Neff (2003) was adapted to Turkish by Deniz et al (2008). It consists of 24 items with one dimensional structure. In the scale, respondents are asked to rate how often they act on a 5-point Likert-type scale of "Almost never=1" and "Almost always=5" regarding the situation. In addition, the internal consistency coefficient was calculated as .89 and the test-retest correlation as .83. In the criterion-related validity of the self-compassion scale,  $r=.62$  between Self-Compassion Scale and self-esteem; among life satisfaction  $r=.45$ ;  $r=.41$  between positive emotion and  $r=-.48$  relationship between negative emotion. In this study, the Cronbach alpha reliability of the scale was found to be 0.84.

*Heartland Forgiveness Scale* was developed by Thompson, Snyder, Hoffman, Michael, Rasmussen, & Billings (2005) and adapted into Turkish by Bugay and Demir (2010). It consists of 18 items, is a 7-point Likert type scale. Heartland Forgiveness Scale has three sub-dimensions: forgiving oneself, others and the situation. The Cronbach alpha internal consistency reliability

coefficient values for the subtests of the scale were .64 for self-forgiveness, respectively; .79 for forgiving others, .76 for forgiving situation, and .81 for the total score of the scale. In this study, the Cronbach alpha reliability of the scale was found to be 0.92.

### Data Analysis

All quantitative data collected through scales and forms were transferred to the SPSS program for analysis. 365 questionnaires were given to parent but three of the completed questionnaires were excluded from the study because they contained incomplete information, and the remaining 362 questionnaires were included in the study. The significance level for all analysis was determined as .05. Correlation analysis was carried out to determine the relationship between self-compassion levels and perfectionism, cognitive distortions, forgiveness levels of parents. In addition, structural equation modelling was employed in order to find the prediction relationship of the variables.

### Ethics and Procedure

Participants were provided with a personal information form including gender, marital status, age, number of children and marriage duration as well as three standardized measurement tools. Quantitative data were collected from the measurement tools. The measurement tools used are the Heartland Forgiveness Scale, the Self-Compassion Scale, the Multidimensional Perfectionism Scale, and the Cognitive Distortions Related to Interpersonal Relations Scale.

Data was collected at the end of three general seminars about parenting were given to parents (in three provinces; Girne, Famagusta and Nicosia) organized by the Ministry of Education of North Cyprus. After the participants read the informed consent form, those willing to participate in the study were asked to fill out the questionnaires. Participants were not obliged to participate in the research and were not asked for information that will reveal their identities. It took approximately 10-15 minutes to fill out the questionnaire to collect data.

The research was carried out in accordance with the ethical principles of human participants according to the APA, as well as the ethics committee research guide determined by the Near East University. After the approval of the Near East University Ethics Committee for the research, the data were started to be collected.

### Results

In this section, firstly, the scores of Self-Compassion Scale, Multi-dimensional Perfectionism Scale, Heartland Forgiveness Scale and Cognitive Distortions in Relationships Scale were examined. Then, the relationship between parents' self-compassion scores and perfectionism, forgiveness and cognitive distortions was analyzed. In addition, to reveal whether self-compassion predicts the other variables, structural equation modelling was tested.

**Table 2.** Scores of Parents' Self-Compassion Scale, Multidimensional Perfectionism Scale, Heartland Forgiveness Scale, and Cognitive Distortions in Relationships Scale

	$\bar{x} \pm s$	Bottom-Upper
<b>Self-Compassion Scale</b>	75.14 ± 12.82	33 - 109
self-directed perfectionism	69.97 ± 11.24	33 - 94
perfectionism towards others	61.06 ± 11.33	31 - 90
Socially perceived perfectionism	59.18 ± 12.96	30 - 90
<b>Multidimensional Scale of Perfectionism</b>	190.21 ± 32.23	94 - 270
Self Forgiveness	28.35 ± 5.61	16 - 41
Forgive Others	28.55 ± 6.65	14 - 42

Forgive the Situation	26.49 ± 4.27	6 - 38
<b>Heartland Forgiveness Scale</b>	83.39 ± 12.87	59 - 110
avoiding intimacy	17.52 ± 5.02	8 - 29
unrealistic relationship expectation	19.85 ± 5.37	8 - 32
mind reading	8.47 ± 2.66	3 - 13
<b>Cognitive Distortions in Relationships Scale</b>	45.85 ± 10.71	19 - 69

Table 2. provides descriptive statistics on the scores of the Parents' Self-Compassion Scale, Multidimensional Perfectionism Scale, Heartland Forgiveness Scale, and Cognitive Distortions in Relationships Scale. According to Table 2., the parents included in the study got 75.14±12.82 points from the Self-Compassion Scale. 190.21 ± 32.23 points from the Multidimensional Perfectionism Scale; 69.97 ± 11.24 points from the self-oriented perfectionism sub-scale, 61.06±11.33 points from the other-oriented perfectionism sub-scale, 59.18±12.96 points from the socially perceived perfectionism sub-scale. It was determined that the parents got 83.39±12.87 points from the Heartland Forgiveness Scale, 28.35±5.61 points from Forgiveness of Oneself, 28.55±6.65 points from Forgiveness of Others, and 26.49±4.27 points from Forgiveness of Situation. From the Cognitive Distortions Scale of Relationships, parents got 45.85±10.71 points; 17.52±5.02 points from intimacy avoidance , 19.85±5.37 points from unrealistic relationship expectation, 8.47±2.66 points from mind reading subscales.

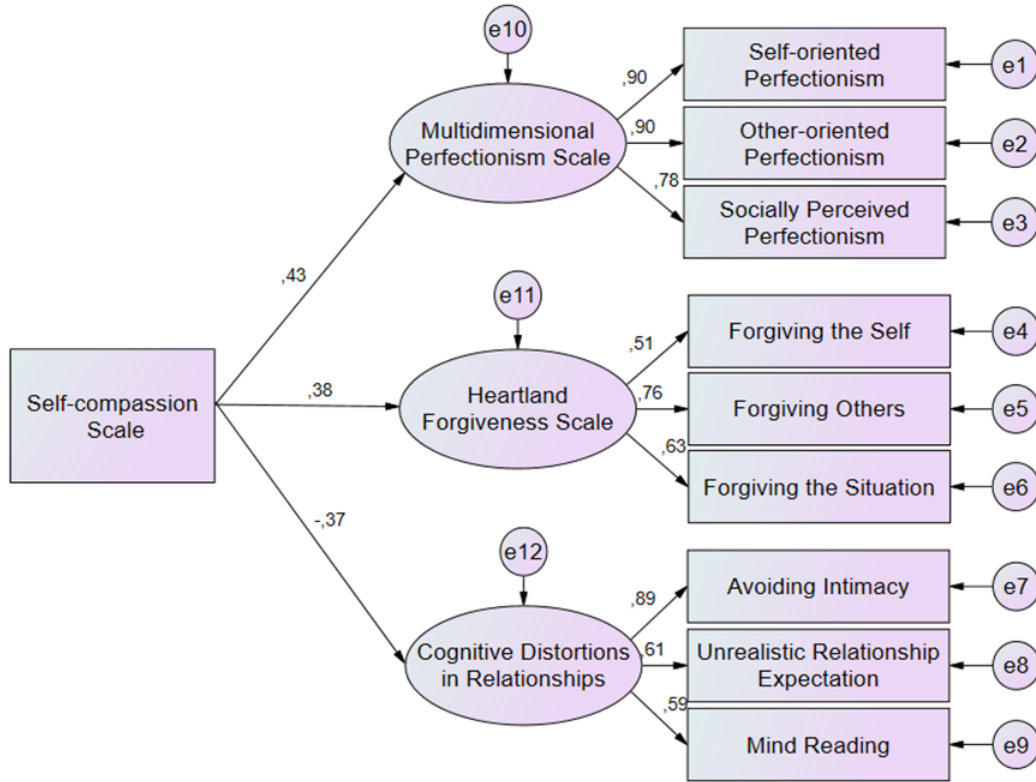
**Table 3.** Correlations between Parents' Self-Compassion Scale scores and Multidimensional Perfectionism Scale, Heartland Forgiveness Scale, and Cognitive Distortions in Relationships Scale Scores

	Self-Compassion Scale	
	r	p
Self-oriented perfectionism	0.401	0,000*
Other-oriented perfectionism	0.369	0,000*
Socially perceived perfectionism	0.364	0,000*
<b>Multidimensional Perfectionism Scale</b>	0.416	0,000*
Forgiveness of self	0.216	0,000*
Forgiveness of others	0.312	0,000*
Forgiveness of the situation	0.188	0,000*
<b>Heartland Forgiveness Scale</b>	0.318	0,000*
Avoiding intimacy	-0.337	0,000*
Unrealistic relationship expectation	-0.273	0,000*
Mind reading	-0.157	0.002*
<b>Cognitive Distortions in Relationships Scale</b>	-0.334	0,000*

\* $p < 0.05$

It was observed that there were statistically significant and positive correlations between the scores of the parents participating in the study from the Self-Compassion Scale and the scores they got from the Multidimensional Perfectionism Scale in general, and the scores of the self-directed perfectionism, perfectionism towards others, and socially perceived perfectionism in the scale ( $p < 0.05$ ). Positive and statistically significant correlations were found between the scores of the parents from the Self-Compassion Scale and the scores they got from the Heartland Forgiveness Scale in general and for self-forgiveness, forgiving others, and forgiving the situation ( $p < 0.05$ ). It was determined that there were statistically significant and negative correlations between the scores of the parents from the Self-Compassion Scale and the scores of the Cognitive Distortions Related to Relationships, avoidance of intimacy, unrealistic relationship expectation, and mind reading ( $p < 0.05$ ).





**Figure 1.** Parental Self-Compassion Scale scores predicting Multidimensional Perfectionism Scale, Heartland Forgiveness Scale, and Relationship-Related Cognitive Distortions Scale scores

Figure 1 shows the findings of the structural equation model in which the Self-Compassion Scale scores of the parents participating in the study were examined in terms of predicting the scores of the Multidimensional Perfectionism Scale, the Heartland Forgiveness Scale, and the Cognitive Distortions in Relationships Scale. According to Figure 1., Multidimensional Perfectionism Scale ( $\beta=0.43$ ;  $p<0.05$ ) and Heartland Forgiveness Scale ( $\beta=0.38$ ;  $p<0.05$ ) scores of Self-Compassion Scale scores were statistically significant and positive. It predicts the scores of the Cognitive Distortions in Relationships Scale ( $\beta=-0.37$ ;  $p<0.05$ ) in a statistically significant and negative direction.

## Discussion

This research was conducted on the levels of cognitive distortions related to forgiveness, perfectionism, and relationships in married and divorced parents. The aim of this study was to determine how much and in which direction they were affected in terms of their self-compassion levels. The findings obtained as a result of the research showed that it was an important predictor for the concepts of forgiveness, perfectionism, and cognitive distortions related to relationships.

In this direction, the first of the findings obtained as a result of the research is that self-compassion positively predicts parents' tendency to forgive themselves, others, and the situation. In other words, people with a high self-concept are likely to have a high tendency to forgive. When the literature was examined, no study was found in this direction in the parent sample, but when the studies dealing with the relationships between self-compassion and forgiveness in different samples were examined, it was seen that similar results were obtained.

Karataş and Uzun (2021), in their study, examined the extent to which the perfectionism, loneliness, and self-compassion levels of adolescents predict their tendency to forgive themselves, others, and situations. They stated that self-compassion predicted adolescents' tendency to forgive

themselves, others, and situations in a positive and meaningful way. Similarly, Sariçam and Biçer (2015) examined the effect of moral value and self-compassion on forgiveness in their study. They stated that there are positive relationships between moral value, self-compassion, and forgiveness, and accordingly, moral value and self-compassion affect forgiveness positively. Roxas, David, and Caligner (2014) examined the relationship between self-compassion and forgiveness. They concluded that self-compassion predicted both others and self-forgiveness in a positive and meaningful way. However, contrary to this research finding in the literature, Saeighi Mameghani, Taşan, and Saylan (2020) examined the levels of forgiveness, self-compassion, and kindness in terms of some socio-demographic variables and concluded that there was no significant difference between forgiveness and self-compassion.

As a result, when the research findings in the literature are examined, it can be said that the concepts of self-compassion and forgiveness generally predict each other and have a positive relationship with each other. Therefore, it is expected that the concepts of self-compassion and forgiveness will be effective in solving the problems encountered in order to maintain marriage and family life.

The second of the findings obtained as a result of the research was self-compassion. It was found that parents positively predicted perfectionism towards themselves, perfectionism towards others, and socially perceived perfectionism tendencies. This result may be due to the fact that the parents participating in the study did not perceive perfectionism negatively; that is, they treated themselves with understanding instead of feeling negative emotions when they could not reach the standards they aimed for. When the literature was examined, no study was found in this direction in the parent sample, but there are studies dealing with the relationships between self-compassion and perfectionism in different samples.

Unlike the findings obtained in this research between self-compassion and perfectionism; Çarkıt and Yalçın (2021) examined the predictive role of self-concept, positive-negative emotion, and perfectionism in their study. They obtained the result that perfectionism traits predicted self-concept negatively and significantly. Demircan (2021), on the other hand, examined the relationship between styles of coping with stress, perfectionism, and self-compassion and stated that there is a significant negative relationship between self-compassion levels and perfectionism levels and all sub-dimensions of perfectionism. Similarly, Kirkpatrick (2005) examined in his study whether individuals' self-compassion levels could be improved and stated that self-compassion is negatively related to anxiety, depression, self-criticism, neuroticism, rumination, thought suppression, and perfectionism.

As a result, when the research findings in the literature are examined, it can be said that the concepts of self-compassion and perfectionism generally predict each other and have a negative relationship with each other. Based on the studies in the literature, it is an expected result that people who set high standards for themselves and others, that is, with a high tendency towards perfectionism, will not be able to understand themselves when faced with failure situations.

The third of the findings obtained as a result of the research, self-compassion; negatively predicted parents' avoidance of intimacy, unrealistic relationship expectations, and mind-reading tendencies.

This finding can be explained by the fact that people with high self-compassion tendencies keep themselves away from negative and dysfunctional thoughts by approaching the problems they encounter from a logical perspective. In the literature, no study was found in this direction in the parent sample, but when the studies dealing with the relationships between self-compassion and cognitive distortions related to relationships in different samples are examined, it is seen that similar results are obtained.

In his study, Hoşoğlu (2020) examined the mediating effect of automatic thoughts on the relationship between the level of self-compassion and life satisfaction and stated that there is a moderately negative relationship between self-compassion and automatic thoughts. Kılıç and Tunç

(2020), on the other hand, examined the mediating role of forgiveness and sub-dimensions of forgiveness in the relationship between irrational belief and self-compassion level. They stated that there was a significant negative relationship between irrational belief and self-compassion, self-forgiveness, and forgiveness of the situation, and that there was no mediation effect between irrational belief and forgiveness of others. Similarly, Stepheson et al. (2018) examined the effects of Rational Emotional Behaviour Therapy on self-compassion, self-esteem, and irrational beliefs in their study; stated that self-compassion is negatively related to irrational beliefs.

As a result, when the research findings in the literature are examined, it can be said that the concepts of self-compassion and cognitive distortions about relationships generally predict each other and have a negative relationship with each other. Therefore, it is an expected result that as the self-compassion level of individuals increases, their dysfunctional thoughts decrease.

When all these findings are examined, it is seen that if the self-compassion levels of the parents increase, the levels of forgiveness and perfectionism also increase; On the other hand, it is predicted that as the self-compassion level of parents increases, their cognitive distortions about relationships decrease. On the other hand, when the literature is examined, it is seen that there are a very limited number of studies examining parents' self-compassion levels with different variables in domestic studies. For this reason, it is thought that the findings obtained in our research will fill the gap in the literature on self-compassion and guide other researchers. In future studies, it may be suggested to re-examine the self-compassion levels of parents by considering different methods and variables. In addition, it is recommended to review the results obtained between self-compassion and other variables by re-executing this study with parents living in regions other than North Cyprus.

### **Limitations and Strengths**

One limitation of the study is its limited sample size and population. The study only includes 384 parents living in the northern part of Cyprus. This sample size is relatively small and may not represent the broader population. Furthermore, the cultural context of the study may also limit the generalizability of the findings to other cultures and countries. Another limitation of the study is its reliance on self-reported measures. While the study uses validated scales to measure the variables of interest, self-reported measures may be subject to response bias or social desirability bias. Participants may also have provided socially desirable answers, leading to inaccurate results.

The study also does not establish causal relationships among the variables, as it only examines associations and predicts potential results. The study uses a relational research approach to investigate the associations between variables, but this approach does not provide a definitive causal relationship between the variables.

Despite these limitations, the study has several strengths. One strength of the study is its use of multiple validated scales to measure the variables of interest. The use of validated scales enhances the reliability and validity of the findings. Additionally, the study uses structural equation modeling, which allows for a comprehensive analysis of the relationships among the variables.

The study also addresses an important topic that has implications for parenting and psychological well-being. Understanding the relationships between perfectionism, forgiveness, cognitive distortions, and self-compassion in parents can help researchers and practitioners develop effective interventions to promote positive parenting and well-being.

### **Conclusion**

In conclusion, this research aimed to investigate the relationship between self-compassion and forgiveness, perfectionism, and cognitive distortions related to relationships in married and divorced parents. The findings showed that self-compassion is an important predictor for the concepts of forgiveness, perfectionism, and cognitive distortions related to relationships. The

results indicated that parents with higher self-compassion levels tend to forgive themselves, others, and the situation. On the other hand, they also tend to have higher levels of perfectionism towards themselves, others, and socially perceived perfectionism tendencies. Additionally, high self-compassion negatively predicted parents' avoidance of intimacy, unrealistic relationship expectations, and mind-reading tendencies. Overall, the study findings suggest that promoting self-compassion could be beneficial in solving the problems encountered in maintaining a healthy marriage and family life. These findings are consistent with previous studies, indicating that self-compassion and forgiveness are positively related, while self-compassion and perfectionism are negatively related.

### **Implications And Future Directions**

The current study has important implications for both clinical and non-clinical settings. One of the significant implications of this study is that interventions that aim to increase self-compassion in parents may help them overcome negative emotional states, such as guilt, shame, and self-blame, and improve their relationships with others. Specifically, helping parents develop self-compassion skills may enhance their ability to forgive themselves and others, reduce their unrealistic relationship expectations, and prevent cognitive distortions related to relationships.

Another implication of this study is that self-compassion may be a protective factor against divorce. It is well-documented that marital conflict is a significant predictor of divorce, and high levels of self-compassion may buffer against the negative effects of marital conflict on divorce. Therefore, interventions that target self-compassion could potentially reduce the incidence of divorce.

The present study provides a foundation for future research in several areas. First, it will be important to investigate the mechanisms through which self-compassion influences relationship quality. It is possible that self-compassion reduces negative emotions that can interfere with relationship functioning, such as anger, resentment, and bitterness. Alternatively, self-compassion may improve communication skills, empathy, and overall relationship satisfaction. Second, it will be important to explore the effects of self-compassion interventions on relationship outcomes. While the current study provides evidence that self-compassion is related to positive relationship outcomes, future research should examine whether self-compassion interventions can directly improve relationship quality. Third, future research should examine whether the relationship between self-compassion and relationship outcomes varies as a function of the parent's relationship status (i.e., married vs. divorced). It is possible that the benefits of self-compassion may be more pronounced in divorced parents, who may be more prone to negative emotions and cognitive distortions related to relationships. Finally, it will be important to investigate the role of self-compassion in other contexts, such as relationships with children, extended family members, and coworkers. This may help to clarify whether self-compassion is a general predictor of positive relationship outcomes or whether it is specific to intimate partner relationships.

Overall, the present study provides important insights into the role of self-compassion in promoting positive relationship outcomes in parents. Future research should build on these findings to further understand the mechanisms through which self-compassion affects relationship quality and to develop interventions that can improve relationship outcomes.

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## Educational Inclusion of People With Disabilities and Well-Being: Desires, Needs and Wishes

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**Abstract:** This article aims to demonstrate how the transformation of the concepts of health, illness, and well-being interacts with the process of educational inclusion for people with disabilities. The reflection is based on the conceptions of the Policy Cycle, articulated with the concepts of inclusion, health, and well-being, and has as material for analysis Brazilian political-normative texts that guide the process of educational inclusion of people with disabilities. It is intended to reconstruct the context of influence from scratch using the Policy Cycle Approach that enabled the emergence of the discourse of inclusion from the perspective of social well-being and to problematize the context of text production and the context of practise through the analysis of public policies aimed at the educational inclusion of people with disabilities. Based on sociology of health studies, which understand health and disease as the subjects' social, material, and cultural contexts, this study understands that the new conceptions of health and disease give a new meaning to disability, distancing it from its immediate association with the concept of disease. Considering disability as not limiting individual potential, educational inclusion is approached from the perspective of promoting social well-being as a form of full participation by the disabled person in all dimensions of community life. Thus, it is concluded that inclusion, widely understood, contributes to the construction of a cultural, political, ethical, and epistemological project aimed at social emancipation, autonomy, and the guarantee of human rights, thus valuing various aspects of the demands for equality in differences.

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### Introduction

The inclusion debate over equal opportunities and respect for differences has become increasingly notorious in contemporary society. Included in this discourse are people with disabilities who have been organising themselves to guarantee the fulfillment of their rights. One of the rights that this group mobilises for is access to inclusive education. Furthermore, studies in the sociology of health indicate transformations in the concepts of health and illness over time, showing that the states of health and illness are social constructions produced, reproduced, and transformed in relation to reality (Queiroz, 2020). In an elucidating way, the understanding of the

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sociological model can be presented in two moments: The first moment is characterised by the idea of health and illness as opposite situations. Illness, as an absence of health, was one in which medical support was constant. Therefore, a sick body was one whose performance differed from what was expected. Thus, disability was the second moment in the sociological model that differentiated support and accessibility for medical follow-up.

In this context, assistive technologies are tools that reveal the deficiencies of environments, not the inefficiency of people. Therefore, the bodies of people with disabilities are socially active and exhibit behavioural diversity, building new social identities for people with disabilities who recognise their rights to be and participate in social life in a unique way. As a result, people with disabilities organise themselves in the struggle for rights, with repercussions across all social strata and, especially, at school. public manifestation of the body's inefficiency through disease.

Influenced by the second moment of the sociological model of health and disease, in relation to access to education, Stainback and Stainback state that: "Inclusive education can be defined as the practice of including everyone – regardless of their talent, disability, socioeconomic origin or cultural – in providing schools and classrooms where the needs of these students are met". (1999, p.21). For these authors, inclusive education is beneficial for society and not just for people with disabilities. Since everyone is sharing the same space, it is possible, for example, for people with disabilities to prepare for life in the community, for the community to prepare itself to fully receive people with disabilities, for their teachers to improve their professional skills, that children in general learn from each other and that society becomes aware of diversity and, consecutively, defends equality for all people. In the view of the authors, in segregated places, diversity, cooperation and respect for those who are different are not valued, harming motivation to learn and self-esteem.

Following this purpose, Mantoan (2017) warns that specialised institutions and spaces restricted to a specific public prevent people from realising and knowing the richness of the experience of difference and inclusion. For the author, experiencing inclusion means understanding differences, and, therefore, the school must be a space for everyone in which the conception of the subject as a singular being is advocated, who learns in his own time and way. That is, in the understanding of an inclusive school, students learn from their capabilities without exclusion, comparison, or hierarchy of levels of knowledge. In the words of Mantoan (2017, p.45) "The inclusive school recognises in the student the being that constitutes the difference, and that nothing is foreseen in his learning. Therefore, this school does not fit a model to be followed or reproduced. We are all simulacra—teachers".

In this context, understanding the conceptual paths of inclusive education is important to understand the concept, its dynamics, its transformations, and its directions. It is in this universe, therefore, that we place this article, which aims to demonstrate how the concepts of health, illness, and well-being dialogue with the process of educational inclusion for people with disabilities. The objective is to analyse how, in Brazilian political-normative texts, educational inclusion is addressed from the perspective of promoting social well-being. To do so, as a method of analysing public policies, we deepened the assumptions and theoretical foundations of the Policy Cycle Approach, formulated by the English sociologist Stephen J. Ball and collaborators.

The Policy Cycle Approach is an analytical framework for understanding educational programs and policies from their formulation to their implementation, in different contexts, and their effects. According to this approach, the Policy Cycle is composed of five contexts, dynamic and interdependent: i) the context of influence (moment of social disputes for equal conditions, access and non-discrimination, which echo in the political scene and culminate in the production of the text political, negotiated in the form of the law); ii) the context in which the text was produced (moment of elaboration of the political-normative documents, which are reflections of a

historical-social context); iii) the context of practice (which corresponds to the appropriation and translation of the political text in the field of practice, that is, a moment in which the policy is interpreted and recreated); iv) the context of results/effects (in which the impacts of the policy on existing inequalities are evaluated); and v) the context of the political strategy (where the strategies to deal with the detected inequalities are manifested).

Thus, in line with the intention of this study, we intend to reconstruct the context of influence that made possible the emergence of the discourse of inclusion and problematize the context of text production, through the analysis of political-normative texts. Besides, it should be clarified that this delimitation, which emphasises the context of influence and the text's production, is an analytical strategy in view of the scope of this work. However, we emphasise that the contexts described in the Policy Cycle are inseparable, dynamic, and interdependent.

Finally, it should be said that to support the research with a qualitative approach, document analysis, proposed by Cellard (2012), was used as a methodological resource for data collection. Searches were carried out for Brazilian laws, decrees, ordinances, and government programmes, published between 2000 and 2023 that dealt with actions for the educational inclusion of people with disabilities. The research complies with Brazilian Resolution 510/2016, which determines that submissions to the Ethics Committee are unnecessary when public domain information is used.

### **Method**

The search for Brazilian normative texts on the inclusion of students with disabilities was carried out using the document analysis method. This research was carried out through visits to the official websites of the Brazilian government, throughout the second half of 2022. As a procedure for document analysis, we relied on the propositions of Cellard (2012). For this author, a global approach to documents is carried out in two stages: i) the preliminary analysis, in which five dimensions of the document must be identified (the context, the author(s), the authenticity and reliability, the nature and key concepts and internal logic); and ii) the actual analysis, in which, with the assembly of all the parts of the preliminary analysis, detailed readings are made in view of the interests of the research. Therefore, intending to investigate how, in Brazilian political and normative texts, educational inclusion is approached from the perspective of promoting social well-being, the document analysis was carried out in two moments: i) the moment of the preliminary analysis had as a result what is exposed in table 1 in the results section; and ii) the moment of the actual analysis, which was based on the concept of the Policy Cycle Approach (Ball [1994] 2006) and did not lose sight of the fact that the text production context already incorporates and/or expresses, in one way or another, what is proper to the context of influence.

Finally, we add that a literature review was carried out on the propositions of studies in the sociology of health, which understand health and disease as social, material and cultural contexts of the subjects. The results of theoretical interweaving and data analysis are described below.

### **Ethical Procedures**

In this study all rules were followed stated in the directive of Scientific Research and Publication Ethics of Higher Education Institutions. Ethics committee permission of this study is taken with the decision of the Ethics Committee of the Fluminense Federal University through Plataforma Brasil dated June 11, 2023, and numbered 4.769.014.

### **Results and Discussion**

First of all, it is necessary to understand the discussions involving the word disability. More than the word, its concept, which is the word plus its meaning in context, is at stake. In fact, what is at stake is a long historical process that gave it multiple meanings and interpretations, which

were or are the basis for the formulation of public policies that assist people with disabilities. Furthermore, In the mediaeval era, between the 5th and 14th centuries, disability was a consequence of God's wrath, becoming a reason for persecution by the inquisition of the Catholic Church. Still without a medical-scientific basis, disability was often explained with religious or mythical support, linked to a sin or curse. Later on, in the Modern Age, the first conception of disability based on the medical model emerged. This model removes the religious aspect that brought great moral barriers but summarizes disability as a deviation from the individual's organic pattern. One can then observe the beginning of the transition from a religious to a scientific approach.

According to studies by Diniz (2007), the medical model was a discursive creation of the 18th century, and since then, being disabled has meant experiencing a body outside the norm. In the 19th century, the first intentions to educate people with disabilities emerged. They were referred to and cared for in specialized institutions and special classes. With a lasting impact on the history of education, this was considered and is still being discussed as the most appropriate way to assist students with disabilities or those who do not fit into the structure of education systems.

The model of schooling people with disabilities in segregated institutions was still based on the idea of an inefficient body that demands health care. Therefore, reaffirming the notion of disabilities as a public manifestation of the disease From the second half of the 20th century onward, specifically from the late 1960s onward, a proposal for a new model of social coexistence was disseminated, with integration as its principle. This principle sought to integrate people with disabilities so that they could adapt to the functioning of social institutions, whether teaching or not. In order for there to be integration, there had to be an understanding that accessibility adaptations were not necessary to receive people with disabilities without considering their individuality.

Sasaki (1999) describes that integration works with the principle of normalization, which postulates that every person with a disability has the right to experience a style or standard of life common to their own culture. However, in educational integration there was no concern for the full participation of people with disabilities in school, they were offered the experience of watching the right to be, remain and participate of people without disabilities.

Historically, we can say that school integration is the precedent of inclusion, although it is still easily identified in supposedly inclusive pedagogical practices. In school integration, the student is received at school without any necessary adaptations. In this scenario, it is up to the student with disabilities to adjust to school. The school does not change as a whole, but students have to change to adapt to its demands (Mantoan, 2016). Furthermore, in Brazil, at the end of the 1990s, the principles of integration began to appear in national legislation. Highlighting the excerpts from the legislation that deal with the rights to education, it appears that both in the Federal Constitution of 1988, in item III of article 208, and in Law n° 8.069, of 1990, which establishes the Statute of the Child and Adolescent, in the item III of article 54, one of the duties of the State was foreseen as the guarantee of “specialized educational assistance to people with disabilities, preferably in the regular education network” (Brasil, 1988; 1990).

According to Nozu and Bruno (2015), the use of the adverb preferably enabled the construction of a range of interpretations within the scope of Special Education policies, opening gaps for different interest groups to defend varied positions regarding the schooling of public special education students. Later on, in the 1990s, the terminology called “Inclusion”, already present in Europe and the United States, arrived in Brazil. Opposing the medical model, the person with a disability came to be perceived beyond the absence, limitation or lack of resources and meanings that are merely strict to the standard of normality established by society. The social

model of disability emerges.

The social model of disability emerged as an alternative to the medical model, which recognizes injury, illness or physical limitation as the primary cause of social inequality and the disadvantages experienced by the disabled, ignoring the role of society in marginalizing individuals. Thus, the discussion on disability went from a strictly biomedical field, confined to medical and rehabilitation knowledge, to also be a field of the humanities (Diniz, 2007). Thus, disability began to be addressed by the social model as a complex concept that recognizes the potentiality of the disabled body, but also denounces the social structure that oppresses the individual.

The social dimension of disability presents the concept of barrier as everything that hinders and/or prevents the full social participation of people with disabilities. In this sense, the barrier is in the environment and can be classified as attitudinal, architectural or communicational. This perspective leads to the understanding that "disability" is not in the person or in their disability condition, but in what, in a social dimension, leads to exclusion. In this context, assistive and communication technologies make it possible for people with disabilities to exercise individual and collective autonomy.

The social model of disability echoes in the educational field and points to learning possibilities and educational assistance in the regular education system for students with disabilities due to their specific conditions. In this context, there is the elaboration of national and international documents and the holding of important conferences with the theme of "Inclusion". It was/is intended to advocate a society in which rights and access to means, places and knowledge are more equitable or available to all, that is, an inclusive society.

Inclusion is a concept that requires a detailed examination, it is possible to advance that, in its amplitude, it is not restricted only to the inclusion of people with disabilities, but extends to other historically marginalized individuals and groups, such as women, blacks, the indigenous, the nomads and the home affective. In Brazil, for example, there are laws that criminalize violence against women, racism and homophobia, and there are affirmative actions that seek to include black and indigenous students in school and academic spaces.

Sasaki argues that inclusion is a bilateral process, in which people who are still excluded and society, in partnership, work to bring about the equalization of opportunities for all. This author argues that the practise of inclusion rests "on principles that were uncommon in society at the end of the 20th century, such as: acceptance of differences, appreciation of each person, coexistence within human diversity, and learning through cooperation" (Sasaki, 1999). Inclusion, therefore, is a process that contributes to the construction of a new type of society through transformations, small and large, in the physical environments (internal and external spaces, equipment, appliances, and utensils, furniture, and means of transport) and in the mentality of all people. Moreover, inclusion is not limited to the educational field. It is present not only in expressions such as inclusive education, but also in fields such as "inclusive leisure, inclusive transport, and so on" (Sasaki, 1999). In this sense, recognizing the breadth of the concept of inclusion, we chose as a methodological and theoretical approach the discussions that deal with the inclusion of people with disabilities, global learning disorders, and giftedness or high abilities in the educational field. And, starting with the analysis of Brazilian political-normative texts, we point them out below.

As Mainardes (2006) suggests, there is a "symbiotic relationship" between the context of influence, discussed above, and the context of text production. While the first manifests itself "behind the scenes", it is in the context of text production that the policy is expressed in such a way that the general public has access to its materiality. It is, therefore, the context in which discourses are converted into texts themselves, which is also marked by all kinds of struggles and

disputes, as well as negotiations, agreements, and alliances. Another important aspect, which should also be highlighted, is that "[...] texts are not, necessarily, internally coherent and clear, and can also be contradictory. They can use key terms differently" (Mainardes, 2006). That is, the political text, as an expression of "politics as text", is not, in this way, neutral and objective; far from it, it is the materialization of different interests in constant tension.

In accordance with these notes, we intend to examine how the Brazilian educational policy, in its various political-normative texts, indicates ways to enable opportunities for people with disabilities, global learning disorders, and giftedness or high abilities to carry out their training in any level or modality of education, with legal guarantees of access, permanence, and participation. Due to the limitations of this work, we chose only the Brazilian political-normative texts published between 2020 and 2023 years. The chosen laws and decrees are described and analyzed, preliminarily, through the proposal of document analysis by Cellard (2012), in Table 1.

**Table 1.** Preliminary Analysis of Brazilian Political-Normative Texts on Educational Inclusion Between 2000 and 2023 years

Document	Context	Author	Authenticity / Reliability	Nature	Internal logic
Resolution Nº. 02/2001 CNE/CEB	Establishes National Guidelines for Special Education in Basic Education	National Board of Education	Authentic and reliable	Normative. Structured according to the rules for the elaboration of norms and legal acts. (Supplementary Law No. 95 of 1998)	Document divided into 22 articles.
National Policy on Special Education from the Perspective of Inclusive Education (PNEEPEI, 2008).	Guidelines of the National Policy on Special Education from the Perspective of Education inclusive	Ministry of Education/Secretary of Special Education	Authentic and reliable	Prescriptive. Structured similar to academic texts	Document divided into eight parts, ranging from the historical context of special education in Brazil to the outline of the PNEEPEI Guidelines
Include Program – Accessibility in Higher Education	Program guidance document, prepared in 2013	SECADI / SESU - MEC	Authentic and reliable	Prescriptive. Structured similar to academic texts	Document divided into eight parts, ranging from the historical context of the program to indicators of accessibility in higher education.
Decree Nº. 7611, of November 17, 2011	Provides for special education, specialized educational services and other measures.	Presidency of the Republic	Authentic and reliable	Normative. Structured according to the rules for the elaboration of norms	Divided into 11 articles

				and legal acts. (Supplementary Law No. 95 of 1998)	
Federal Law N°. 13,146, of July 6, 2015	Establishes the Brazilian Law for the Inclusion of Persons with Disabilities (Statute of Persons with Disabilities)	Presidency of the Republic	Authentic and reliable	Normative. Structured according to the rules for the elaboration of norms and legal acts. (Supplementary Law No. 95 of 1998)	Divided into two books (general part and special part), each with IV titles. In total, there are 127 articles.
Federal Law N°. 13,409, of December 28, 2016	Provides for the reservation of vacancies for people with disabilities in technical courses of secondary and higher level of Federal Educational Institutions (IFs).	Presidency of the Republic	Authentic and reliable	Normative. Structured according to the rules for the elaboration of norms and legal acts. (Supplementary Law No. 95 of 1998)	Divided into two articles that amend Law No. 12,711, of August 29, 2012.
Federal Law N°. 14.191, of August 3, 2021	It includes in the Law of Guidelines and Bases of National Education (LDB) the modality of bilingual education for the deaf.	Presidency of the Republic	Authentic and reliable	Normative Structured according to the rules for the elaboration of norms and legal acts. (Supplementary Law No. 95 of 1998)	Changes the third article of the LDB and adds chapter V-A, which deals with bilingual education for the deaf

Starting with the analysis of the texts, the first point to be considered are the advances made in 2001 by the National Guidelines for Special Education in Basic Education, instituted by Resolution n° 02/2001 CNE/CEB. It recommends Resource Rooms as a locus to develop the specialized pedagogical support service, carried out by Special Education teachers in a complementary or supplementary way to the curriculum, using specific equipment and materials (BRASIL, 2001). At that time, efforts were already being made to ensure that this type of teaching took place in regular education and was not separated from it.

However, it was only in 2008, with the approval of the National Policy on Special Education in the Perspective of Inclusive Education, that it became evident that Special Education is a modality that must permeate all teaching stages and not be a substitute and/or parallel to regular schooling. The 2008 policy was published by the Ministry of Education and is the result of a working group formed by specialists in the field of Education. Despite its relevance in the development of policies for Special Education, it is a document without a formal character in the legal system, not being published in the form of a decree, for example.

The importance of the National Policy on Special Education in the Perspective of Inclusive Education lies in the internationally agreed commitment to a non-segregated teaching model, influencing, in addition to other documents, the Salamanca Declaration and the Convention on the Rights of Persons with Disabilities. A central aspect of this policy is that Specialized Educational Assistance now has a specific organization, providing for the availability of specialized professionals in the area and organization of times, spaces and resources necessary for the learning process of each student.

As a result of this policy, Decree 6571/2008 changed budget predictability and encouraged in-service training for teachers. Therefore, it can be considered as a factor responsible for the increase in enrollment of students with disabilities, global learning disorders and giftedness or high abilities in regular schools, as well as a stimulus to the development of inclusive strategies. Regarding higher education, the decree does not change the budget allocation of universities, since it would need to indicate the forecast for the creation of vacancy codes for hiring specialized professionals.

With regard specifically to the availability of a budget for accessibility and inclusion actions in Higher Education, it is worth highlighting the centrality of the Include Program, which, from 2005 onwards, was carried out through a partnership between the Secretariat of Higher Education and the Secretariat of Education Continued, Literacy, Diversity and Inclusion, both from the Ministry of Education, the last one extinct in 2019. The program made resources available from the registration of universities in specific notices. Through the assistance provided by the “Include” Program, universities could then create and consolidate accessibility centers. However, since 2010, the inclusion selection no longer occurs, and the budget allocation is made available according to the number of enrollments of students with disabilities.

We can say that the Include program is directly linked to the repercussions and influences of the World Declaration on Higher Education in the 21st Century: vision and action (1998). This is because the indication of the creation of accessibility centers made in the Include is one of the ways to ensure what is proposed by the Declaration to higher education institutions, which is the offer of educational material and solutions that are able to contribute to overcoming barriers that prevent or hinder the access and continuity of studies for students with disabilities.

Still on the creation of accessibility centers in public institutions of higher education, Decree 7611/2011 regulates what was an indication of the Include Program. The decree determines the need to structure accessibility centers in Federal Institutions of Higher Education, which aim to eliminate physical, communication and information barriers that restrict the participation and academic and social development of students with disabilities. In the introductory text of this decree, it is explained that its preparation is based on Article 24 of the Convention on the Rights of Persons with Disabilities and its Optional Protocol. This article stresses that “States Parties shall ensure that persons with disabilities may have access to higher education in general, vocational training in accordance with their vocation, adult education and continuing education, without discrimination and on equal terms”.

Another decisive milestone for guaranteeing the rights of access and permanence of Special Education students in Brazilian educational institutions was the enactment of the Brazilian Law for the Inclusion of Persons with Disabilities, Law No. 13.146/2015. Also under the influence of the guidelines of the Convention on the Rights of Persons with Disabilities and its Optional Protocol, it aims to “ensure and promote, under conditions of equality, the exercise of rights and fundamental freedoms by persons with disabilities, with a view to their social inclusion and citizenship” (BRAZIL, 2015, p. 1). Regarding Higher Education, the Law No. 13.146/2015 points out measures that aim to guarantee equity in the selection processes for access and permanence of Special Education students in undergraduate courses in the country. Following what was exposed in the Law No. 13.146/2015 on equity in selection processes, there was, in the following year, the publication of Law 13.409/2016, which provides for the reservation of vacancies for people with disabilities in technical courses of secondary and higher level of Federal Education Institutions.

Finally, we highlight that, in 2021, Law nº 14.191, of 2021, included in the Law of Guidelines and Bases of Education the guarantee that the human, linguistic, cultural and identity diversity of deaf, deaf-blind people is respected, with hearing impaired, signers, deaf people with high skills or giftedness or with other associated disabilities. To this end, the aforementioned law



brought with it aspects that guarantee these students the option of bilingual education for the deaf offered in Brazilian Sign Language (Libras) as a first language and in written Portuguese as a second language, in bilingual schools for the deaf, classes bilingual schools for the deaf, common schools or in centers of bilingual education for the deaf.

As demonstrated, there are, in fact, significant correspondences between the broader context of influences and the context itself of the production of political texts, aimed, in this case, at promoting inclusion in the educational field. Correspondences that did not happen, again, without conflicts, tensions, negotiations and alliances, involving different actors, on multiple scales. This is because these texts decontextualize and translate a large part of the concepts and guidelines that emanate from the arenas and texts identified, in the previous section, as those arising precisely from the context of influences. Therefore, we can say that, as a social construction, the new conceptions about health and disease give a new meaning to disability, which gradually comes to be considered one of the subjects' multiple identity markers, moving away from the immediate association with the concept of disease. Understanding disability as not limiting individual potentials, educational inclusion in political-normative texts is now approached from the perspective of promoting social well-being as a form of full participation of people with disabilities in all dimensions of community life.

### **Conclusions and Recommendations**

As demonstrated, advances in concepts about health, illness, disability, diversity, and inclusion are responsible for transforming the quality of life and well-being of people with disabilities and their families. This has been a reflection of the move away from the mediaeval idea of disability as punishment, guilt, incapacity, and illness and towards an inclusive paradigm that recognizes the right of all to be unique in terms of potential and limitations. In this sense, both the possibility and the limitation are part of the existence of all people who, in interaction, can produce contexts to promote skills. Considering the model of the sociology of health and disease, at first, disability was considered the public manifestation of the disease expressed by a body that behaves differently than expected and is therefore abnormal. Then, in the second moment, the functioning of the body differently than expected gains the transforming potential of society through the experience based on the diversity of being and functioning in the world. In a comparative way, disability as a disease directs the focus to the solitude of existence in isolation, without decision-making autonomy over one's own existence, while disability as an identity marker in diversity broadens the focus to plurality, collectivity, the sharing of responsibilities, and the effective participation of all in an equal situation.

The gradual sense of non-segregated social belonging and the empowerment of people with disabilities allowed for the organisation of movements for the right to participate in public life. In the sphere of education, students with disabilities have progressed from total isolation to segregation to integration and inclusion.

In the case of the Brazilian Law of Inclusion, students are guaranteed the right to access, permanence, and participation in their educational trajectories, despite the fact that this right is still deficient in terms of its application. The argument that physical, mental, and spiritual well-being depend on experiencing feelings of belonging, individual valuation, freedom to be, desire, and want is concentrated at this juncture. Consequently, there are phases of being, wishing, and wanting in the process of school inclusion. The stage of being in the inclusive paradigm entails the freedom to be different without the individual's difference constituting a value attribute. In this sense, the manifestation of the right to be is the production of a law that regulates education on the basis of rights. Moreover, wishing is related to the possibility of making independent decisions throughout existence. Consequently, the desire to select where, how, when, and what to study Being able to specify how and which obstacles can be identified, mitigated, and overcome. wishing

to alter practises and structures of exclusion. wishing to reinvent education and higher education.

The desire stage is contingent on the satisfaction of the preceding stages. We differentiate between wanting and wishing, with the latter being a projection for the future, such as aspirations to be realised or conquered. How to desire prior to being?

The educational inclusion of people with disabilities is an unfinished process. Barriers to participation are constantly fought and produced in all social spheres, and school is no different. On the other hand, the detailed analysis of the course of this phenomenon in Brazil allows expanding the desires and wishes of doing inclusion. It allows us to wish that, in addition to the right to exercise citizenship, formal education feeds the desires, dreams and goals of students in equal opportunities.

Returning to the theoretical and analytical framework of the Policy Cycle Approach (BALL [1994] 2006), desire is manifest in the production of effervescence in the context of influence - the first context. Desire mobilizes organized collective actions and strategies for the production of new political texts that systematize desire - according to context. The contexts of practice, results/effects and political strategies are guaranteed by the right to be who one is. Therefore, both people with disabilities and those who fight for them are strengthened by previous achievements reflected in new concepts in the field of sociology.

That said, the data presented corroborate the argument that the inclusion of people with disabilities in educational spaces is a multifactorial sociological phenomenon with individual and collective impacts in the areas of economy, education, labour relations, the re-signification of faith, and the redefinition of the role of medicine in modernity. Therefore, the inclusion of people with disabilities as a strategy for individual well-being is a complex social transformation process with impacts in different spheres, including the well-being of people without disabilities who experience directly or indirectly the transformations resulting from the fight against prejudice and discrimination.

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## Wellness Tourism: Reviving Healthy Food and Lifestyle

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**Abstract:** Tourism has been widely considered to be a mentally & physically healthy pursuit. Travel essentially contributes to relax the mind and reduces the stress. People resort to travel usually to take a break from their hectic life schedules and enjoy some quality leisure time with friends and family if not for other reasons. This research attempts to provide a comprehensive review of healthy food and lifestyle practices that are required to lead a healthy life. Technological advances and modern work practices have brought in lifestyle changes coupled with drastic changes in eating habits and food items. Presently, the abundant availability of fast food and other unhealthy options have brought in various lifestyle disorders like diabetes, hypertension, obesity, etc. in the younger generations. Food provides beneficial nutrients like vitamins and minerals to humans. Also, rich source of certain compounds of foods which ultimately boost up human health when it is consumed in an appropriate amount. Millets, which was widely consumed in rural India but lost their value over a period of time, are one of the prominent lost foods having many health benefits which need wider investigation. Lot of research is already underway to promote use and production of millets. In India, the year 2023 has been designated as the year of millets. Ready to eat /fast foods are diminishing the healthy lifestyle of an individual. Good lifestyle has the potential to harmonize the emotional life of any individual. In ashrams yoga teaches patience, restraint & how to live life harmoniously. The ashram lifestyle places more emphasis on expansion of awareness and consciousness. This research looks at the various aspects of healthy food which is lost over the decades & lifestyles and comes out with recommendations based on the findings to help individuals select the right food and lifestyle to lead a healthy life.

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### Introduction

Travel has numerous benefits which includes mental and physical health, better communication skills, awareness of other cultures and practices, broader outlook and horizon, valued memories, relaxation and freedom from troubles as well as developing new contacts and friends across the destinations travelled (Staff, 2023). Seasonality of tourist inflow can be significantly minimized by resorting to Wellness Tourism. Ski destinations, for instance, may be of interest to wellness travelers who are interested in hiking or other outdoor activities during the summer, whereas sea beaches are a source of inspiration for those seeking a more serene and

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tranquil location to relax during the winter months.

The value of the Global Wellness Tourism Market stood at USD 814.6 billion in 2022 and as per studies it is expected to expand with a compound annual growth rate (CAGR) of 12.42% between the years 2023 to 2030. Wellness tourism consists of a number of tourism related activities which are performed with an idea of improving and increasing the physical, mental, and spiritual well-being of individuals. The individuals involve themselves in various physical, mental, and spiritual activities by performing yoga, meditation, and Pilates and also invigorating themselves in spas. Tourists also visit hot spring resorts. Interacting with and engaging in activities with residents of a destination who have travelled to and spent time with various cultures is also beneficial to one's well-being (Yeung & Jonston, 2022) .

For every living being the most crucial need to survive is food. The strong combination Wellness and Tourism – two of the largest and growing multi-trillion-dollar industries: Consumer Decision making is currently getting increasingly motivated by Holistic health and prevention of disorders, and people these days look to sustain their healthy lifestyles and related wellness routines even whilst away from home. Wellness tourism can hence definitely help overcome the negative impact of over – tourism, because wellness tourists normally do not have tight budgets and tend to spend well as compared to regular tourists and also look to get unique experiences; there is reduced level of pressure on destinations to engage in a “race to the bottom” type of strategy which can compromise on quality and standards.

It is a fact that people who adopt a higher objective in life usually tend to have healthier lifestyle practices, which has a negative impact on development of chronic diseases like cardiovascular diseases or cancer. (Hirooka, 2021). Wellness tourism can be equated with voluntary travel to destinations across the globe with the sole aim of promoting health & wellbeing through various activities that are physical, mental or spiritual. (Dimon, 2013). There are numerous case studies that emphasize significance of wellness tourism and the various activities that include spas, visits to medical wellness, festivals and yoga retreats, attending life-coaching, meditation and pilgrimage. The researchers have also evaluated various strategies pertaining to marketing and promotion and have attempted to assess various operational and management challenges with regard to health and wellness tourism. (Puczko, 2008). Wellness tourism is one of the fast-growing niches in the present tourism industry. This book looks at the entire gamut of purposefulness that is driving the readers ahead in their purpose of gaining a healthy state of mind and body. More often than not, the target achievement is successful only if one is clear about the huge potential that is stuck in certain customs and cults available in specific countries and particular locations only (Jagyasi, 2015).

*“It is health that is real wealth & not pieces of gold & silver”*. - Mahatma Gandhi (lawyer, freedom fighter & anti-colonial nationalist: Father of the Nation - India).

For protection against malnutrition, it is necessary for one to adopt a healthy diet. This stands true in the case of non-communicable diseases (NCDs) which include diabetes, heart disease, stroke and cancer. The World Health Organization (WHO) defines Health as to: “Health is the state of complete physical, emotional, and social well-being, not merely the absence of diseases or infirmity.” This definition has remained unchanged since 1948.

Diet is regarded as one of the major constituents for preventing illness. Controlling the intake of calories to maintain a healthy weight, regular exercise, and not indulging in unhealthy practices like smoking are the other three strategies that have significance in sustaining health. As per the data obtained from the Nurses’ Health Study it is evident that women who kept up with the above-mentioned strategies and a healthy lifestyle were 80% less likely to develop any cardiovascular disease over a 14-year period in comparison to other women in the study not following the same. (Stampfer, 2000). As more and more people are consuming industrially produced goods there is

increasing concern on the health and side effects of such food. Eating healthy food helps in providing energy to keep ourselves active throughout the day & at the same time a person will have healthy weight also. There are many benefits to maintain a healthy diet which includes the building of strong bones, protection of the heart, prevention of diseases and also serves as a mood booster (Brey Meyer, 2016).

### **Objectives**

The objectives of this study are to analyze various published research/data on wellness, health, lifestyle and food to present the readers with a clearer view of the following:

- To list out various benefits of Tourism and its association with “Wellness”
- To identify various major problems faced by the world presently and its causes.
- To examine the food that is abundantly available in terms of its health/nutrition.
- To give an insight of the use of Millets/Other grains for healthier lifestyle and present reasons why these have not prospered commercially.
- To suggest lifestyle changes and eating habits that would help to increase wellness and health amongst all. (Especially pertaining to Yoga and Ashrams)

### **Method**

The method adopted for this research was based on secondary data. Extensive study was done to gather documented work from prior publications and websites, books and magazines as well as reports and articles. The researchers also used a participant observation method to visit various health centers and wellness centers as well as yoga ashrams to meet and interact with the residents as well as the trainers and practitioners. The entire data collected was then subjected to analysis to sort the relevant and significant ones which were listed under various headings and inferences were listed based on the common factors that were identified from the studies.

In this study all rules were followed stated in the directive of Scientific Research and Publication Ethics of Higher Education Institutions. Ethics committee permission of this study is taken with the decision of the Ethics Committee of Faculty of Tourism and Hospitality, CGU dated 22<sup>nd</sup> Dec 2022 and numbered 2022 – 012- 002. Both the corresponding author and co-author participated voluntarily in this research after obtaining necessary approvals from their department and consent of their ethics and research committee.

### **Defining “Wellness” and Its Association with Travel**

Wellness is defined as the process of inculcating and practicing healthy habits as a daily routine to achieve and maintain better health both physically and mentally, so as to ensure that you’re thriving in a blissful mental and healthy physical state (Pfizer, 2023). To actually understand the importance and significance of “Wellness” it is necessary to comprehend how it is related to health. Health is not defined or is limited to the absence of infirmities or a disease, but being in state of well-being that reflects both physically, mentally and socially (WHO, 2023).

The wellness economy across the globe was valued at \$4.9 trillion in 2019, which came down to \$4.4 trillion in 2020, as a direct impact of the Covid 19 pandemic. However, it is predicted to achieve firm and robust growth and the wellness economy is expected to return to its earlier stature growing at about 9.9% average annual growth resulting in the economy reaching approximately \$7.0 trillion in 2025. 5.1% of global economic output in 2020 was represented by the wellness economy according to GWI (GWI, 2021).

There are eleven sectors that are included in the wellness economy which are represented by Beauty & Personal Care (\$955 billion), Nutrition, Weight Loss & Healthy Eating (\$946 billion),

Physical Workout/Activities (\$738 billion), Wellness Tourism (\$436 billion), Complementary, Traditional and Alternative Medicine (\$413 billion), Public Health, Disease Prevention, & Personalized Medicine (\$375 billion), Real Estate pertaining to Wellness (\$275 billion), Mental Wellness (\$131 billion), Spas (\$68 billion), Wellness at Workplace (\$49 billion) and Thermal/Mineral Springs (\$39 billion). (GWI, 2021)

Some statistics of wellness tourism are presented below that are indicative of the huge potential of wellness Tourism and stand witness to the strong association of wellness and travel (GWI, 2021). Wellness tourism consisted of a \$720 billion market in 2019 which came down to \$436 billion in 2020, as a result of the widespread disruptions in travel caused by the Covid 19 pandemic. It is projected by GWI that wellness tourism shall grow at a rapid pace in coming years as the world recovers from the pandemic (+20.9% annual growth) and the market is expected to reach \$1.1 trillion by 2025. Travelers across the globe completed over 600 million domestic and international trips with focus on wellness 2020, which showed a decline from 936 million trips in 2019. The average expenditure incurred by international wellness tourists was about \$1,601 per trip in 2020, 35% higher than the typical standard of international tourists. Domestic wellness tourists incurred expenses of about \$619 per trip, 177% higher compared to the average domestic tourist.

### **Major Health Challenges Across the Globe in Today's Time**

Some of the major factors associated with stress are the effect it has on psychological, body & brain functioning. Chronic aggravation includes daily work pressure, frustration due to traffic jams, difficulties due to financial challenges, marital disputes and altercations as well as family related problems. Of course, it is to be noted that there could be numerous other issues that may result in stress, but these are the common stress faced by the society. Sometimes our inner stress causes many chemical changes in our body resulting in different types of diseases & also leads to anxiety, anger & depression (Frank, Christian, & Mathew, 2012)

Chronic stress influences every system in our body as per past research. Due to unreleased of chronic stress body immune system gets affected and results in various types of illness. It is a serious point to ponder on what would happen to the human body if it continued to be in the fight-or-flight mode. The Human body reacts to such stress by releasing hormones and once the actual or imaginary threat is removed, the fight-or-flight response goes down and the body gets relaxed by returning to normal situation. In this period of time the heart rate, pressure of the blood, breathing, tension in the muscles, digestion, metabolism and the immune system all return to their normalcy level of functioning. If stress continues for a sustained length of time it can lead to different types of physical and emotional symptoms. Basically, two types of stress exist, which is commonly found – Acute stress, it is short term stress and goes away quickly & the other type of stress is chronic stress which stays for a continued length of time. (Frank, Christian, & Mathew, 2012). Cohen, Kessler & Gordon (1995) claimed that stress to be a process wherein environmental demands lay a lot of strain on the ability of individuals to adapt which brings about psychological demands and the biological changes that form the outcome may lead to putting the individual at risk of illness.

### **Stress and The Immune System**

A complex relationship occurs between stress and illness. The reasons behind the stress are usually genetic vulnerability, the style of coping with stress, personality of the individual and the kind of social support. The effect of stress can be both beneficial as well as detrimental. At times, short term stress may help in building the immune system as per studies, but chronic stress definitely contributes detrimentally to the immune system that manifests into an illness in the end (Lazarus, 1966).

According to, 'Health and Safety Executive' analysis it is found that of the self-reported illnesses rate disclosed that stress, depression or anxiety had an effect on 1.3% of the workforce. It is calculated that 80% to 90% of all the industrial or workplace accidents are the outcome of personal issues and the inability of employees to handle stress, and over 50% absenteeism at work is a result of stress according to European Agency for Safety and Health (Jansen, 1986). It was reported by the European Agency for Safety and Health at work that about 50% absenteeism at jobs is caused by stress (Simmons & Simmons, 1997).

Asthma is a disease that involves both external & internal factors; the internal factor is more severely affected by acute effects of so-called psychological stressors. In house therapy treatment is commonly used to manage asthmatic children. Reducing the interaction with parents, the situation improves that reduces regular stressful conditions. Further, asthma patients are always at a risk of heart disease & stroke. There are mainly four types of disease which are infectious, deficiency, physiological and hereditary diseases. A study by Gauci, King, Saxarra, Tulloch, Husband, & Minnesota, 1993 presented strong positive correlations amongst some of Minnesota Multiphase Personality Inventory (MMPI) distressed-related scales with reactivity of skin in response to allergens. Together, this data stands as proof of association between stress, immune dysfunction and clinical activity of atopic and asthmatic disease. For further reference, Liu, Coe, Swenson, Kelly, Kita, & Busse, 2002 have provided quality evidence that stress can increase allergic inflammatory response.

There is proof to justify the fact that recent life events contribute to the commencement of psychiatric illness. The relation between stressful life events and psychiatric illness is much firmer than the relation with physical or medical illness. (Vincent & Roscentock, 1979) Found that before hospitalization, patient's psychiatric disorders had suffered more stressful event than those with physical disorders. In the meantime, (Andrew & Tenant, 1978) could not find any meaningful association between physical illness and stress.

### **Food and Health – The Less Known Dimension**

Since the beginning of civilization, Adulteration in food has been a major concern, due to inferior quality of food products health condition of people is severely affected at the later stage. New techniques have come up for detection of adulterants in food (Sangita, Apoorva, Manisha, Anupam, & Sanjiv, 2017). There are lots of disadvantages on consuming antioxidants supplements. The excessive antioxidants consumption results in breakdown of natural enzymatic antioxidants protection power (Blazovics, 2022). Mc Donald's French fries have dangerous pesticides according to Times Food. Michael Pollan, a well-known author and social activist, reports - the fries are prepared from a particular variety of potato known as 'Russet Burbank', which is abundantly grown in America. These potatoes are preferred as they serve to provide the fries their traditional long and thin shape (Pollan, 2018). Aerated beverages have become a highly demand beverages in today's world where most of the young generation are consuming beverages which are not good for health. Many schools in Britain have banned consumption of soft beverages in schools. The intake of soft drinks has been associated with reduced intakes of calcium, and other essential nutrients which has an increased risk of numerous medical complications (e.g., diabetes) (Vartanian, Schwartz, & Brownell, 2007). Obesity epidemic is one the major problem world is facing today. Youngsters are often the targets of sneaky advertising tactics by junk food companies (Si, Sara, Rebecca, & Stephanie, 2022). The quality of food is deliberately altered in today's generation by addition of different ingredients to change different properties of the food items to increase profits. This impacts the health severely health as well as leads to financial loss. Some adulterants show carcinogenic, genotoxic & clastogenic properties (Momtaz, Bubli, & Khan, 2023).



Millets have constituted a significant part of our daily food intake for many hundreds of years. Further to having a number of health benefits, millets have low water and input requirements and hence are essentially favorable for the environment as well. For this purpose, to promote awareness and supplement the production of millets, United Nations, on request from the Government of India, declared 2023 as the International Year of Millets. To commemorate this, Govt. of India is hosting a number of activities at different levels involving multiple stakeholders on millets and its health benefits. Major and Minor millets have been termed as Nutri-cereals due to their high nutritional value. Millets have lot of health advantages as it a source of gluten free protein, high in fiber & are rich in bioactive chemicals (Poshadri, Deshpande, & Kshirsagar, 2023). Ministry of Agriculture & Farmers Welfare, Government of India rebranded some of the Nutri-cereals like major millets, small millets, Sorghum (coarse cereals ) (Kane - Potaka & Kumar, 2019). In Asia & Africa, the staple food for tribal people are mostly millets. Millets are valued for their exceptional farming practices as they are rich in nutrients & good for health (Suni, Bimlesh, & Deepak, 2023). Small millets consist of a wealth of health benefits and contain high levels of insoluble dietary fiber, phytates, Phyto chemicals catechins, flavonoids etc. The small millets are a rich source for copper and iron.

The body and mind may be addressed by Yoga and Meditation, which can contribute towards many molecular processes that include metabolism, epigenetic, oxidative processes, and subjective well-being (Mrithunjay, Meghnath, Jessy, Rima, & Manoj, 2023). Mankind has always strived to achieve excellence and progress since civilization began. There have been numerous factors that have contributed towards increased comforts and enhanced outputs, productivity and efficiency. These include Industrialization, automation and technological disruptions. Consequently, in the recent times, health and wellness have started receiving increased attention all over the globe. There has been an increase in Stress and stress-related diseases and workplace-related ailments in the last few decades and have gained focus of the society and industrial organizations. Recently, in the context of the Covid 19 pandemic, there has been focus on wellness in many countries, communities and institutions worldwide. Yoga has comprised as a crucial part of the Indian ethos for over many centuries (Rabindra, Gopal, & Kadambin, 2021). Tourism, based on Yoga is vital in the choice of promotions adopted by destinations offering yoga retreats as tourism destination (Ewelina & Jordan, 2019).

### **Analysis and Findings**

From the studies reviewed and also based on various observations carried out in person by the researchers at some of the ashrams and yoga centers the following points came to light. Travel was considered by many as a stress buster, which promoted better mental and physical health, helped increase knowledge and awareness of various facts and issues. It was presented by many researchers that in modern times the biggest problems being faced all over included cancer, obesity, mental health and stress. Covid was also listed amongst the major issues but was not studied in much depth as it was taken to be a temporary challenge. For most of the major problems it was found that the underlying cause was majorly related to lifestyle practices and food habits that included consumption of alcohol and smoking (active/passive). Pollution and poor air quality also contributed to the numerous diseases and disorders. To combat such issues many traditional practitioners had started numerous wellness centers all over the Globe, catering to an increasingly troubled population suffering from hypertension, diabetes, cardiac issues, cancer and many more.

### **Conclusions and Recommendations**

It is very much evident that most of the disorders and diseases are due to lack of activity and

a sedentary lifestyle. This is complemented by availability of sweetened carbonated high calorie beverages, fried junk food and so on. Many people have resorted to various diets and practices to sustain their weight and health. However, all such efforts that are not according to the nature are not sustainable and lead to other problems and complications. Eating non-refined foods like millets and fruits and vegetables in their natural form is one of the major recommendations of this study. This research also advocates the need for adopting an active lifestyle with less luxuries and comforts. Practicing Yoga and meditation is a good way to relieve stress. Ashram lifestyle is hence increasing in popularity, and many are turning back to basics to revive their mind and body. We look to younger generation to practice physical sports and a healthy eating lifestyle which includes replacing all the refined products with healthier crude and unrefined products. As a final word, it is to be understood that lifestyle is to match nature (i.e., Rise with the Sun and rest likewise), eat variety but do not indulge in taste, adopt as per the surroundings and blend with nature so you can get mentally and physically blissful.

### Limitations of the Study

Despite sincere efforts made by the scholars to cover a sizeable volume of the literature available, it is impossible to go through the entire gamut of content that is available at large. Hence, it is definitely possible that some very relevant and significant contributions may have been missed, keeping in mind the consideration of volume and time. Also, there are thousands of wellness centers, and it is not possible to have visited each in person, hence the data used here is limited to few centers that were accessed by the researchers.

### Scope of the Study and Options for Further Studies

This study has considered broadly various factors like wellness and its association to travel, also health and lifestyle alongside food and healthy practices that are followed at traditional and ethnic centers like ashrams, yoga centers and so on. However, it is worthy to note that each of the chosen areas is by themselves broad enough to warrant a detailed study on their own. Hence, it is logical to present this study as an overall summary of the various heads put together to bring forth an easily comprehensible coalition of various aspects to present some logical and reasonable suggestions and guidelines to readers.

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