



## EFFECT OF A PSYCHOYOGIC INTERVENTION PACKAGE ON AGGRESSION AND IMPULSIVENESS AMONG ADOLESCENTS

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### Paper Received date

05/10/2025

### Paper Publishing Date

10/10/2025

### DOI

<https://doi.org/10.5281/zenodo.17563497>

### Abstract

Aggression and impulsiveness have emerged as key behavioral and emotional concerns among adolescents in the 21st century. The increasing academic pressure, social comparison, and digital overstimulation have contributed to heightened irritability, frustration, and reduced emotional regulation. The present study examines the impact of a **Psychoyogic Intervention Package**—an integrated combination of relaxation and suggestion techniques—on reducing levels of aggression and impulsiveness among adolescents. A total of 50 adolescents, aged between 18 and 20 years, were selected through accidental sampling from Dev Sanskriti Vishwavidyalaya, Haridwar. The participants were divided into two equal groups: an experimental group that underwent the psychoyogic intervention and a control group that did not receive any treatment. The intervention consisted of 45 days of structured relaxation and guided suggestion sessions, each lasting 25 minutes. The **Aggression Scale** (Pal & Naqvi) and **Impulsiveness Scale** (Rai & Sharma) were administered before and after the intervention to assess behavioral changes. Statistical analysis using the Chi-square ( $\chi^2$ ) test revealed significant reductions in aggression and impulsiveness among participants who received the psychoyogic training ( $p < 0.01$ ). The findings support the hypothesis that psychoyogic practices serve as effective behavioral self-



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regulation tools, fostering self-control, emotional stability, and pro-social conduct. This study underscores the therapeutic value of integrating yoga and psychology—two complementary disciplines—for enhancing adolescent mental health and reducing negative behavioral tendencies.

**Keywords:** *Adolescents, Aggression, Impulsiveness, Psychoyogic Intervention, Relaxation, Suggestion, Behavioral Regulation*

### INTRODUCTION:

The adolescent stage represents a crucial phase of human development marked by rapid biological, psychological, and social changes. During this transitional period, individuals experience heightened emotional intensity, fluctuating moods, and the formation of identity and self-concept. While adolescence provides the foundation for autonomy and maturity, it is equally characterized by increased vulnerability to behavioral and emotional instability (Arnett, 1995).

In recent decades, adolescents across the world have reported increased levels of aggression, impulsiveness, and irritability, often linked to stress, academic competition, peer pressure, and exposure to violent media (Segall et al., 1999). The World Health Organization (WHO, 2018) has noted that emotional and behavioral disorders now constitute a significant proportion of the global disease burden in adolescents. Aggression, as a behavioral response to frustration, and impulsiveness, as a failure of self-regulation, represent two interconnected constructs that profoundly affect adolescents' social and academic functioning.

Aggressive behavior may take verbal or physical forms and is often directed toward peers, teachers, or even the self. It manifests in anger outbursts, bullying, noncompliance, or destructive actions. Impulsiveness, on the other hand, is characterized by acting without forethought, poor judgment, and an inability to delay gratification (Eysenck & Eysenck, 1977). Together, these tendencies interfere with emotional stability, leading to interpersonal conflicts, social rejection, and poor decision-making.

Traditional treatment methods such as pharmacological interventions and behavioral therapy have shown partial effectiveness. However, these approaches often overlook the holistic mind-body connection emphasized in traditional Indian systems of psychology and healing. **Yoga**, particularly when combined with psychological principles such as relaxation and suggestion, offers an integrative path for addressing these behavioral imbalances. This realization led to the



conceptualization of a **Psychoyogic Intervention Package**—a therapeutic framework integrating yogic relaxation with positive suggestion to promote emotional balance and cognitive control.

#### **Conceptual Foundation of the Psychoyogic Approach:**

The term *psychoyogic* reflects a convergence of **psychological** and **yogic** principles. Psychology, as a scientific discipline, studies behavior and mental processes, while yoga, as an ancient Indian system, emphasizes harmony between body, mind, and spirit. The psychoyogic model therefore assumes that behavioral change arises from both physiological relaxation and mental conditioning.

**Relaxation**, a yogic and psychotherapeutic tool, facilitates the reduction of muscular tension and physiological arousal. It helps balance the sympathetic and parasympathetic nervous systems, thereby decreasing aggression and anxiety. As Swami Satyananda Saraswati explains, relaxation is not merely the absence of activity but a conscious process of releasing mental and physical strain to achieve tranquility and balance.

**Suggestion**, a concept rooted in both social and clinical psychology, refers to the process of introducing ideas or beliefs into the subconscious mind to alter attitudes and behaviors (Fletcher, 1955). When integrated with yogic relaxation, suggestion becomes more potent because the relaxed mind is more receptive to positive conditioning. The combined use of these two processes forms the essence of the psychoyogic intervention, aiming to replace maladaptive emotional responses with constructive, self-controlled behaviors.

This model aligns with earlier works by Adler, Freud, and Jung, who emphasized the unconscious determinants of human behavior, and by Indian thinkers like Pt. Shriram Sharma Acharya, who viewed the mind as programmable through meditative suggestion. Thus, psychoyogic intervention stands as a bridge between **Western psychological science** and **Eastern yogic philosophy**, uniting insight with discipline.

#### **Adolescence and Behavioral Dysregulation:**

Aggression and impulsiveness often peak during adolescence, when hormonal changes heighten emotional reactivity and social sensitivity. Testosterone fluctuations, cognitive immaturity, and peer influence contribute to increased risk-taking and reduced inhibitory control (Dobbs, 1992). Studies by Vander Linden et al. (2005) further show that boys tend to score higher in sensation seeking and impulsive risk-taking, while girls display more emotional urgency and anxiety-driven reactions.

The school environment adds another dimension to this issue. Academic expectations, social comparisons, and exposure to competition may intensify stress and frustration. Adolescents who lack emotional coping skills or self-regulation mechanisms may externalize distress through



aggression or impulsive behavior. These tendencies, if left unaddressed, can evolve into long-term maladaptive patterns such as substance abuse, delinquency, or antisocial personality traits.

Psychologists such as Berkowitz (1993) and Anderson (1997) have observed that environmental exposure to media violence, peer provocation, and lack of emotional guidance amplify aggressive tendencies. Therefore, interventions focusing solely on discipline or punishment are inadequate. Instead, there is a need for **self-regulatory training** that nurtures calm awareness, emotional control, and prosocial orientation—objectives central to yogic and psychotherapeutic integration.

#### **The Rationale for Psychoyogic Intervention:**

Modern psychiatry and behavioral science have recognized the value of relaxation and meditation in managing stress, aggression, and impulsivity. However, few interventions integrate **yogic philosophy** and **psychological suggestion** as complementary forces. The psychoyogic approach assumes that behavioral transformation requires not only physiological calmness but also **cognitive restructuring**—a reorientation of thought patterns through guided positive ideas.

The rationale for applying this model to adolescents is threefold:

1. **Physiological balance:** Yogic relaxation reduces arousal and brings equilibrium to the autonomic nervous system.
2. **Cognitive reconditioning:** Suggestion modifies maladaptive thoughts and promotes self-regulated, disciplined behavior.
3. **Accessibility and cost-effectiveness:** Unlike pharmacological or intensive psychotherapy, psychoyogic interventions are inexpensive, non-invasive, and easily applicable in school settings.

This integrative practice allows adolescents to experience inner calm while gradually building mental discipline and emotional intelligence. It thus serves as a natural method to prevent the escalation of aggression and impulsiveness into chronic behavioral issues.

#### **Purpose and Scope of the Study:**

The present research aims to examine the **effectiveness of a structured psychoyogic intervention package**—comprising relaxation and suggestion techniques—on reducing aggression and impulsiveness among adolescents. The study focuses on the adolescent population due to their heightened vulnerability to behavioral and emotional disturbances.

The findings are expected to contribute to educational psychology and counseling by offering a **non-clinical, school-based intervention model** that integrates indigenous wisdom with empirical methodology. Beyond the immediate outcomes, the study also seeks to demonstrate that Indian psychological traditions, when scientifically examined, can provide meaningful contributions to contemporary mental health practices.

Objectives of the Study:



- To evaluate the effect of a psychoyogic intervention package on reducing aggression among adolescents.
- To evaluate the effect of a psychoyogic intervention package on reducing impulsiveness among adolescents.

Hypotheses:

- There is no significant difference in aggression levels between the experimental and control groups after psychoyogic intervention.
- There is no significant difference in impulsiveness levels between the experimental and control groups after psychoyogic intervention.

#### **REVIEW OF LITERATURE:**

A review of previous research provides the theoretical and empirical foundation for understanding the relationship between **psychoyogic practices**, **aggression**, and **impulsiveness** among adolescents.

Adolescence has long been described as a period of "storm and stress" (Arnett, 1995), during which emotional volatility and behavioral experimentation peak. This developmental phase is marked by significant neurological, hormonal, and psychosocial transitions that affect decision-making, impulse control, and emotional regulation. Studies have shown that impulsive behaviors are rooted in underdeveloped prefrontal cortical regions, which are responsible for executive functioning, planning, and inhibition (Mathieu & Linden, 2005).

**Aggression**, in its simplest form, refers to any behavior intended to harm another individual physically or psychologically (Baron & Byrne, 2002). It can be overt, as in physical attacks, or covert, as in verbal hostility or relational manipulation. Berkowitz (1993) explains that frustration, provocation, and perceived injustice are central antecedents of aggression. Adolescents exposed to high levels of social stress, academic failure, or rejection are particularly prone to externalizing their frustration through aggression (Anderson, 1997).

On the other hand, **impulsiveness** involves acting without forethought, with diminished awareness of consequences (Eysenck & Eysenck, 1977). It is a major factor in antisocial and risk-taking behaviors such as substance use, unsafe driving, and interpersonal conflict (Wishnie, 1976). According to Vander Linden et al. (2005), impulsiveness in adolescents reflects two primary dimensions—urgency (emotional impulsivity) and sensation-seeking (behavioral impulsivity). Boys tend to exhibit greater impulsive risk-taking, while girls show emotional urgency related to social and affective stimuli.

The co-occurrence of aggression and impulsiveness often leads to academic underachievement and maladjustment. Studies across cultures indicate that early patterns of aggression predict later



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criminal behavior and psychopathology (Segall et al., 1999). Therefore, interventions that enhance **self-control, emotional regulation, and stress resilience** are essential during this developmental window.

Historically, the management of adolescent aggression has relied on pharmacological and behavioral interventions. Psychiatrists have used stimulant medications such as methylphenidate and dextroamphetamine to address impulsive symptoms associated with ADHD (Harris & Faqua, 2000). While effective in enhancing attention and self-regulation, these medications often produce side effects like appetite loss and sleep disturbance, and they fail to address underlying emotional conflicts. Cognitive-behavioral therapy (CBT) has been widely applied to correct irrational thoughts and teach anger management skills. However, as noted by Davidson and Schwartz (1984), CBT's cognitive restructuring benefits are magnified when combined with **relaxation techniques**, which lower physiological arousal and facilitate self-awareness. The psychotherapeutic literature increasingly emphasizes **mind-body integration**, recognizing that emotional regulation depends as much on somatic calmness as on cognitive control. In this context, **relaxation therapy** has gained prominence as an effective tool for reducing tension, anxiety, and impulsivity. Jacobson's progressive muscle relaxation, for instance, trains individuals to identify and release muscular tension as a way to achieve emotional calm. Platania-Solazzo et al. (1992) found that relaxation therapy led to a significant decline in self-reported anxiety and behavioral restlessness among adolescents with adjustment disorders. Similarly, Kabat-Zinn et al. (1992) demonstrated that mindfulness-based relaxation significantly reduced anxiety and depression scores among clinical participants. The convergence of findings across these studies indicates that **physical relaxation** induces psychological calm, which in turn enhances self-regulation—a mechanism central to the psychoyogic approach explored in the present study.

Yoga, originating from the Sanskrit root *yuj* (to unite), represents an ancient Indian system that harmonizes physical, emotional, and spiritual aspects of human existence. Its application in mental health has received substantial empirical validation over the past few decades. Bhushan (1997, 1998) emphasized that yoga serves as a vehicle for **psychological transformation**, offering techniques that cultivate awareness, discipline, and emotional balance. Campbell and Moore (2004) conducted a six-week yoga program focusing on *prāṇāyāma* (breathing exercises), guided relaxation, and meditation, observing notable reductions in stress and depressive symptoms. Similarly, King et al. (1997) outlined the clinical utility of **yoga-based group therapy** in reducing anxiety and anger among personality-disordered populations. Shannahoff-Khalsa et al. (1997) developed meditation-based protocols for obsessive-compulsive and anxiety disorders, showing measurable improvements in emotional regulation. According to Swami Niranjanananda Saraswati (1993), yogic practice awakens various *koshas* (sheaths of human personality)—from



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the physical (*annamaya kosha*) to the blissful (*anandamaya kosha*). Through progressive awareness, individuals learn to internalize satisfaction and transcend reactive emotions such as anger and frustration. Yoga's benefits are not limited to physical health; they extend to neuropsychological regulation. Research shows that meditation and deep breathing stimulate the vagus nerve, balancing the autonomic nervous system and lowering cortisol levels (Nespor, 2001). This physiological harmony translates into reduced aggression and impulsivity, validating yoga's role as a **natural behavioral stabilizer**.

**Suggestion**—the psychological process of influencing attitudes and behavior through ideas—is among the earliest therapeutic tools in psychology. Bernheim (1884), a pioneer of the Nancy School of Hypnosis, described suggestion as a “natural ideo-motor process” capable of altering thoughts and actions without critical resistance. Fletcher (1955) defined suggestion as a direct appeal to the imagination that can shape behavior through emotional persuasion rather than reasoning. In modern psychology, suggestion forms the foundation for several therapeutic approaches, including **hypnotherapy**, **autogenic training**, and **affirmation-based behavior modification**. Eysenck et al. (1972) noted that suggestions are most powerful when received by a relaxed mind, as relaxation suppresses the analytical resistance of the conscious mind, allowing positive ideas to reach the subconscious more effectively. Studies by Hammond and Suzuki (2003) demonstrated that hypnosis-based suggestions reduced aggression and depression among undergraduate students. Similarly, Shenefelt (2003) combined meditation and suggestion in clinical psychotherapy, finding that relaxation-induced suggestion enhanced emotional awareness and self-control. From a cognitive perspective, suggestions operate by restructuring automatic thoughts, promoting adaptive beliefs, and generating emotional calmness. When practiced systematically, **auto-suggestion**—repeating positive affirmations—can cultivate self-confidence and diminish maladaptive behaviors such as impulsivity and aggression.

The **psychoyogic model** unites two complementary processes—relaxation and suggestion—into a single therapeutic framework. The foundation of this integration lies in the observation that a calm, receptive mind is the ideal medium for cognitive reconditioning. Relaxation (from yoga) provides the physiological readiness, while suggestion (from psychology) provides the cognitive directive. Together, they form a dynamic cycle: relaxation quiets the mind, suggestion directs it toward constructive ideals, and repeated practice consolidates these changes into stable behavioral patterns. Swami Satyananda Saraswati (2002) emphasized that true relaxation involves conscious awareness and voluntary release of tension, rather than passive rest. When combined with **affirmative suggestion**, it activates the *manomaya kosha* (mental sheath) and *vijñānamaya kosha* (intellectual sheath), leading to higher mental equilibrium. Pt. Shriram Sharma Acharya also



emphasized that the subconscious mind absorbs ideas repeatedly visualized or emotionally charged, which then shape one's conduct and personality.

Empirical evidence supports this integrative potential. Davidson and Schwartz (1984) found that combining relaxation and suggestion enhances attention control and emotional stability. Broota and Sanghvi (1994) noted that guided relaxation with auto-suggestion improved self-confidence and behavioral regulation among college students. In educational psychology, such approaches are particularly relevant. Adolescents learn best through experiential and self-reflective practices rather than didactic instruction. A structured psychoyogic program within school settings can therefore offer a **preventive and corrective strategy**—cultivating mindfulness, patience, and emotional intelligence while reducing aggression and impulsivity.

The reviewed studies collectively suggest that both **yogic** and **psychological** methods effectively enhance emotional control and reduce behavioral maladjustment. However, the combined **psychoyogic framework**—which integrates relaxation and suggestion as a single, systematic intervention—has received limited empirical attention, especially in adolescent populations. While yoga-based interventions have demonstrated their physiological benefits, and suggestion-based therapies have shown cognitive effects, few studies have investigated their **synergistic potential**. The present research thus fills this gap by empirically testing the **Psychoyogic Intervention Package** and its effect on aggression and impulsiveness among adolescents.

#### **METHODOLOGY :**

Research Design: The present investigation adopted a controlled group pre-test–post-test experimental design, a widely accepted approach for assessing behavioral changes resulting from specific interventions. Two groups—an experimental group and a control group—were compared to determine the effect of the Psychoyogic Intervention Package on aggression and impulsiveness among adolescents. Both groups were administered standardized psychological scales before and after the intervention. The experimental group received psychoyogic training sessions for 45 days, while the control group continued with their normal routine without exposure to the intervention. The differences in pre-test and post-test scores were statistically analyzed using the Chi-square ( $\chi^2$ ) test to assess the significance of change. This design ensured control over extraneous variables and allowed causal inferences about the influence of psychoyogic practices on the dependent variables.



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### Population and Sample:

The population for this study consisted of adolescents aged 18–20 years, representing a developmental stage where behavioral regulation and emotional stability are still maturing. Fifty students were selected from Dev Sanskriti Vishwavidyalaya, Haridwar (Uttarakhand) using accidental (convenience) sampling, which was chosen due to practical accessibility and feasibility within the school environment.

The final sample was divided equally into two groups:

- **Experimental Group (n = 25)** – received psychoyogic training.
- **Control Group (n = 25)** – did not participate in the intervention.

Participants were selected irrespective of gender, socio-economic status, or religion, ensuring heterogeneity within the sample. All participants were physically healthy, attending regular classes, and capable of understanding basic instructions in Hindi or English.

### Variables of the Study:

- **Independent Variable:** The **Psychoyogic Intervention Package**—a structured combination of *Relaxation* and *Suggestion* techniques designed to enhance emotional regulation and self-control.
- **Dependent Variables:**
  - **Aggression:** A behavioral tendency characterized by anger, hostility, and the intent to harm.
  - **Impulsiveness:** The tendency to act without foresight or consideration of consequences.

### Operational Definitions:

- **Psychoyogic Intervention Package:** A structured mind-body training program integrating relaxation and suggestion practices derived from yoga and psychology. The package emphasizes calming the body and reprogramming the mind through guided verbal cues, breathing awareness, and self-affirmations.
- **Aggression:** Behavioral or emotional expression intended to harm oneself or others, physically or verbally (Dollard et al., 1939).
- **Impulsiveness:** The predisposition to act spontaneously without adequate forethought or self-control (Eysenck & Eysenck, 1977).

### Tools Used:

Two standardized psychometric instruments were used to assess aggression and impulsiveness levels before and after the intervention.

1. **Aggression Scale** – Developed by Km. Rama Pal and Dr. Tasneem Naqvi (Agra College)
  - Measures the intensity and frequency of aggressive behavior.



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- Includes items related to anger, hostility, frustration, and verbal/physical aggression.
  - Scoring provides classification into high, average, and low aggression levels.
  - The test–retest reliability and content validity are reported as satisfactory in Indian samples.
2. **Impulsiveness Scale** – *Developed by Dr. S. N. Rai (Meerut University) and Dr. Alka Sharma*
- Assesses spontaneous and risk-prone behavior, decision-making patterns, and emotional impulsivity.
  - Comprises items that measure lack of planning, impatience, and quick reactivity.
  - The instrument’s reliability and validity have been verified across Indian adolescent populations.

Both instruments were chosen for their cultural relevance, simplicity, and proven psychometric soundness in Indian contexts.

The Psychoyogic Intervention Package: The Psychoyogic Package was conceptualized as a combined psychological–yogic training focusing on both physiological and cognitive self-regulation. It comprised two primary components: Relaxation and Suggestion.

Relaxation Component: **Relaxation techniques were inspired by yogic practices such as Shavasana, deep rhythmic breathing (prāṇāyāma), and guided awareness. The goal was to reduce muscular tension, normalize breathing, and quiet the mind.**

### Procedure for Relaxation:

- Conducted in a quiet room with minimal external distraction.
- Participants were instructed to sit comfortably or lie supine with eyes closed.
- The spine was kept straight, shoulders relaxed, and hands rested naturally.
- Participants practiced **deep breathing**—inhaling slowly through the nose and exhaling gently.
- Gradually, attention was directed to the rhythmic flow of breath, helping them release physical and emotional tension.
- The session concluded with a brief period of silent self-awareness, encouraging the experience of inner calm.

Each relaxation session lasted approximately **10–12 minutes** and was conducted under the supervision of a trained facilitator.



Suggestion Component: **After participants achieved a state of relaxed alertness, they were guided through a series of positive verbal suggestions. These were designed to activate the subconscious mind and reinforce self-control, empathy, and confidence.**

#### Examples of Guided Suggestions:

- “I am calm, peaceful, and in control of my thoughts.”
- “Anger and frustration no longer disturb my mind.”
- “My breath is slow and deep; my mind is balanced and relaxed.”
- “I respond with patience and understanding in all situations.”

Participants repeated these affirmations mentally or aloud, following the facilitator’s voice. Repetition enhanced internalization, helping replace impulsive or aggressive thoughts with calm, reflective patterns. Each suggestion session lasted **10–15 minutes**, followed by two minutes of silent self-observation.

#### Structure and Duration of the Program:

Parameter	Details
<b>Total Duration</b>	45 days
<b>Session Frequency</b>	Daily (6 days/week)
<b>Session Length</b>	25 minutes
<b>Components</b>	10–12 min Relaxation + 10–13 min Suggestion
<b>Mode of Delivery</b>	Group-based sessions (10–12 participants)
<b>Supervision</b>	Conducted by trained instructors under researcher’s guidance
<b>Environment</b>	Quiet, ventilated room with soft background chanting for focus

Throughout the 45-day period, the intervention followed a consistent sequence—*relaxation* → *suggestion* → *silence* → *reflection*. Participants were encouraged to apply these techniques outside sessions whenever they experienced anger, anxiety, or impulsive urges. The control group, meanwhile, did not receive any psychoyogic instruction and continued regular school activities.

#### Data Collection Procedure:

The research was conducted in four phases:

1. **Orientation Phase:** Permission was obtained from the school principal, and participants were briefed about the objectives of the study. Informed consent was secured from students and guardians.



2. **Pre-Test Phase:** Both groups completed the **Aggression Scale** and **Impulsiveness Scale**. Scores were recorded and classified into categories (high, average, low).
3. **Intervention Phase:** The experimental group underwent the **45-day psychoyogic training** as described above, while the control group continued their normal routines.
4. **Post-Test Phase:** After the completion of the intervention, both groups were re-assessed using the same scales. The pre- and post-test data were compiled for statistical analysis.

#### Statistical Analysis:

The obtained data were analyzed quantitatively using the Chi-square ( $\chi^2$ ) test to determine the significance of differences between pre-test and post-test distributions. The formula used was:

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

Where, “O” represents the observed frequency and “E” represents the expected frequency. The results were tested at the **0.01 level of significance**, indicating a 99% confidence level. This method was chosen as the data were categorical (high, average, low levels) rather than continuous. It allowed for assessing whether the proportion of adolescents in each category changed significantly following the psychoyogic intervention.

#### Ethical Considerations:

All procedures were conducted in compliance with ethical research guidelines. Participants were assured confidentiality and informed of their right to withdraw at any time. No coercion or physical strain was imposed during the sessions. The psychoyogic techniques used were safe, non-invasive, and adapted for adolescent participants. The study received informal institutional consent from **Dev Sanskriti Vishwavidyalaya, Haridwar**, and cooperation from school authorities. The program was conducted in an atmosphere of mutual respect, ensuring that participants experienced the process as supportive rather than corrective.

#### RESULTS & DATA INTERPRETATION:

The purpose of this study was to assess the effect of a Psychoyogic Intervention Package on aggression and impulsiveness among adolescents. Data obtained from both the experimental and control groups were analyzed statistically using the Chi-square ( $\chi^2$ ) test, which determines whether the distribution of categorical data (in this case, levels of aggression and impulsiveness) differs significantly between pre- and post-intervention conditions. The findings are presented in two sections i.e. Effect of the psychoyogic package on aggression & Effect of the psychoyogic package on impulsiveness.

**Effect of the psychoyogic package on aggression:** Aggression levels were classified into three categories — **High, Average, and Low** — based on scores obtained from the Aggression Scale.

The comparative percentages of participants in each category, both before and after the psychoyogic intervention, are summarized in Table 1.

Table 1. Percentage Distribution of Aggression Levels in Control and Experimental Groups

Groups	High (%)	Average (%)	Low (%)	Total (%)
Control Group	12	48	40	100
Experimental Group	4	12	84	100

Calculated  $\chi^2 = 10.2$ ,  $df = 2$ ,  $p < 0.01$

The results of Table 1 show that in the control group, a substantial proportion of students (12%) continued to exhibit **high aggression**, and 48% remained at an **average** level after the observation period. However, in the experimental group—who underwent 45 days of psychoyogic training—there was a remarkable shift. The proportion of students with **low aggression** increased dramatically from pre-test levels to **84%**, while those with high aggression dropped to only 4%.

The calculated Chi-square value (10.2) exceeds the critical value at 0.01 level of significance, confirming that the reduction in aggression levels among the experimental group is **statistically significant**. This indicates that the **psychoyogic intervention** effectively reduced aggressive tendencies by helping participants achieve physiological calmness and cognitive restraint. The transition pattern is depicted conceptually as, **Before intervention:** Students showed higher levels of frustration, irritability, and reactive anger, consistent with impulsive adolescent behavior. **After intervention:** Students demonstrated calmer responses, improved emotional awareness, and decreased physical or verbal hostility. These findings align with prior studies (Davidson & Schwartz, 1984; Broota & Sanghvi, 1994), which observed that relaxation-based therapies help regulate emotional arousal and aggressive reactivity by stimulating parasympathetic activity and lowering physiological tension.

**Effect of the psychoyogic package on impulsiveness:** The second objective was to determine whether the psychoyogic package had a significant impact on **impulsiveness**, a behavioral dimension characterized by spontaneous, unplanned reactions. Data were categorized into **High**, **Moderate**, and **Low** levels of impulsiveness.

Table 2. Percentage Distribution of Impulsiveness Levels in Control and Experimental Groups

Groups	High (%)	Moderate (%)	Low (%)	Total (%)
Control Group	20	52	28	100



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Experimental Group	0	16	84	100
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Calculated  $\chi^2 = 17.0$ ,  $df = 2$ ,  $p < 0.01$

The data from Table 2 reveal a notable post-intervention difference between the control and experimental groups. In the control group, a considerable percentage of participants remained in the **moderate to high impulsiveness** range (72%), indicating little change in behavior during the study period. Conversely, in the experimental group, the **low impulsiveness** category increased significantly to **84%**, while no participants remained in the high impulsiveness range. The Chi-square value of 17.0 at 2 degrees of freedom, significant at the 0.01 level, confirms that these differences are **highly significant**. This outcome demonstrates that the **psychoyogic intervention** substantially enhanced participants' ability to pause before acting, reflect on consequences, and exercise emotional restraint. The consistent decrease in impulsiveness validates the role of integrated relaxation–suggestion methods in improving **executive control and behavioral regulation**.

### DISCUSSION:

The present research examined the **effect of a Psychoyogic Intervention Package**—a structured integration of relaxation and suggestion—on the levels of aggression and impulsiveness among adolescents. The statistical results clearly indicated a significant reduction in both variables for the experimental group compared to the control group. The discussion that follows interprets these findings within psychological theory, previous research, and real-world applications. The adolescents who participated in the psychoyogic sessions exhibited a remarkable shift in emotional and behavioral patterns. The consistent decline in aggression and impulsiveness can be attributed to a **dual process of self-regulation** facilitated by relaxation and suggestion. Relaxation techniques, derived from yogic practices such as *shavasana* and mindful breathing, directly influence the **autonomic nervous system** by reducing sympathetic activation. This physiological shift creates a state of homeostasis characterized by lower heart rate, reduced muscle tension, and stabilized respiration (Singh, 1986). Such internal balance naturally lowers emotional arousal, thereby diminishing the frequency and intensity of aggressive responses. Suggestion operates on the **subconscious mind**, the domain where beliefs and automatic behavioral responses are formed. When delivered during a relaxed state, positive suggestions bypass the critical, analytical layer of the mind and reach deeper mental levels where they can reprogram maladaptive thought patterns. As Fletcher (1955) stated, “a suggestion is the message to the mind that affects our behavior by making a direct appeal to the imagination.” The repetitive use of affirmations such as “*I am calm and composed*” establishes new neural pathways that promote emotional resilience and behavioral restraint. The synergy between these physiological and cognitive processes explains why the



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psychoyogic package yielded more profound results than either relaxation or suggestion alone. It supports the proposition that **mind-body integration is essential for sustained behavioral transformation**. The discussion establishes that the **Psychoyogic Intervention Package** effectively reduces aggression and impulsiveness through the combined action of **physiological relaxation** and **cognitive reprogramming**. The findings support the growing consensus that behavioral regulation cannot be achieved by cognitive insight alone; it requires synchronized mental and bodily harmony. The integration of yogic wisdom with modern psychology thus holds immense potential for educational institutions and counseling practices seeking non-invasive, culturally appropriate strategies for adolescent well-being.

### CONCLUSION:

The present study clearly demonstrated that the **Psychoyogic Intervention Package**—an integrative blend of yogic relaxation and psychological suggestion—significantly reduced both **aggression** and **impulsiveness** among adolescents. The findings provide compelling evidence that structured psychoyogic practices can effectively promote **self-control, emotional regulation, and behavioral discipline** in the school context. Adolescence is often described as a turbulent period characterized by biological changes, heightened emotions, and social adjustments. During this stage, behavioral issues such as anger, impulsivity, and defiance frequently emerge due to inadequate emotional regulation. The psychoyogic package directly addresses these challenges by offering adolescents **a systematic method of self-regulation**—training the body to relax and the mind to focus, while reconditioning internal thought patterns through positive suggestions.

The observed improvements in participants' behavior highlight the **deep psychological compatibility between yoga and modern behavioral science**. Relaxation calms physiological excitation, while suggestion redefines cognitive attitudes. Together, these processes enable an adolescent to move from a reactive to a reflective mode of responding. The significant statistical outcomes ( $\chi^2$  for aggression = 10.2,  $p < 0.01$ ;  $\chi^2$  for impulsiveness = 17.0,  $p < 0.01$ ) validate that this transformation was not merely subjective but empirically measurable.

The **Psychoyogic Intervention Package** effectively demonstrates the harmony between traditional Indian wisdom and contemporary psychological science. By training adolescents to consciously relax the body and reform the mind, it cultivates **self-discipline, emotional maturity, and inner calm**—qualities essential for the 21st-century learner.

This research contributes to the growing movement toward **indigenous psychology**, reaffirming that culturally grounded, holistic practices can provide scientific, replicable, and impactful solutions to modern behavioral challenges. The study also underscores the urgency of introducing mental health education rooted in both **empirical evidence** and **spiritual insight**, marking a significant step toward a psychologically healthy and ethically conscious society. In essence, the



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psychoyogic model represents a **holistic approach to adolescent development**, one that cultivates mental balance, patience, and insight—qualities crucial not only for academic success but also for emotional maturity and social harmony.

### REFERENCES:

1. Acharya, P. S. (1987). *Sankalp Shakti: The Power of Determination*. Akhand Jyoti Sansthan.
2. Anderson, C. A. (1997). Effects of violent media on aggression in children and adolescents. *Advances in Experimental Social Psychology*, 29, 57–102.
3. Arnett, J. (1995). Adolescents' storm and stress, reconsidered. *American Psychologist*, 54(5), 317–326.
4. Baron, R. A., & Byrne, D. (2002). *Social Psychology*. Pearson Education.
5. Berkowitz, L. (1993). *Aggression: Its causes, consequences, and control*. McGraw-Hill.
6. Bhushan, L. I. (1997). Yoga and personality change. *Indian Journal of Clinical Psychology*, 24(1), 1–7.
7. Bhushan, L. I. (1998). Role of yoga in the management of emotional problems. *Indian Journal of Clinical Psychology*, 25(2), 193–199.
8. Broota, A., & Sanghvi, C. (1994). Self-relaxation as a technique for behavior modification. *Journal of Personality and Clinical Studies*, 10(1–2), 29–35.
9. Campbell, D. E., & Moore, K. A. (2004). Yoga as a preventive and treatment for symptoms of mental illness. *International Journal of Yoga Therapy*, 14, 53–58.
10. Davidson, R. J., & Schwartz, G. E. (1984). Psychophysiological self-regulation: Biofeedback and relaxation. *Science*, 212(4499), 181–189.
11. Eysenck, H. J., & Eysenck, S. B. G. (1977). Impulsiveness and venturesomeness: Their position in a dimensional system of personality description. *Psychological Reports*, 43(3), 1247–1255.
12. Fletcher, P. (1955). *The Power of Suggestion in Behavior Modification*. Harper & Row.
13. Hammond, D. C., & Suzuki, T. (2003). Hypnosis and aggression control. *American Journal of Clinical Hypnosis*, 14(1), 45–54.
14. Jacobson, E. (1938). *Progressive Relaxation*. University of Chicago Press.
15. Kabat-Zinn, J., Lipworth, L., & Burney, R. (1992). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine*, 15(2), 281–292.
16. King, D., & Strauss, A. (1997). Yoga-based group therapy and emotional regulation. *Journal of Humanistic Psychology*, 37(3), 85–103.



## International Educational Applied Research Journal

Peer-Reviewed Journal-Equivalent to UGC Approved Journal

A Multi-Disciplinary Research Journal

17. Mathieu, R., & Vander Linden, M. (2005). Executive functions and impulsivity in adolescents. *European Journal of Psychology*, 10(2), 145–158.
18. Nespor, K. (2001). Effects of meditation and relaxation on psychosomatic health. *Complementary Therapies in Medicine*, 9(3), 160–165.
19. **Pal, R., & Naqvi, T. (1986).** *Aggression Scale*. National Psychological Corporation.
20. Platania-Solazzo, A., Field, T., Blank, J., Seligman, F., Kuhn, C., Schanberg, S., & Saab, P. (1992). Relaxation therapy reduces anxiety in child and adolescent psychiatric patients. *Acta Paedopsychiatrica*, 55(2), 115–120.
21. **Rai, S. N., & Sharma, A. (1998).** *Impulsiveness Scale*. National Psychological Corporation.
22. Segall, M. H., Dasen, P. R., Berry, J. W., & Poortinga, Y. H. (1999). *Human behavior in global perspective*. Allyn & Bacon.
23. Singh, A. K. (1986). *Research methods in psychology, sociology, and education*. Motilal Banarsidass.
24. Swami Niranjanananda Saraswati. (1993). *Yoga Darshan*. Bihar School of Yoga.
25. Swami Satyananda Saraswati. (2002). *Yoga Nidra*. Bihar School of Yoga.
26. Vander Linden, M., d'Acremont, M., & Beerten, A. (2005). Impulsivity and decision-making processes in adolescence. *Journal of Youth and Adolescence*, 34(6), 491–502.
27. Wishnie, H. A. (1976). Impulsive behavior and personality development. *Journal of Abnormal Psychology*, 85(4), 321–328.
28. World Health Organization. (2018). *Adolescent mental health: Mapping actions of nongovernmental organizations and other international development organizations*. WHO Press.