**THE CALMING RESONANCE OF OM: A STUDY ON ITS PSYCHOLOGICAL BENEFITS IN CHILDREN WITH INTELLECTUAL DISABILITIES**

**ABSTRACT**

**Aims:** This study aimed to evaluate the effectiveness of Om chanting as a therapeutic intervention for reducing anxiety and stress, and enhancing emotional regulation in children with Intellectual Disabilities (ID), aged 8 to 15 years.

**Study Design:** A quasi-experimental design was used.

**Place and Duration of the Study:** Special education school in Bangalore, Karnataka, India, over an eight-week period.

**Methodology:** The sample consisted of 40 children with mild to moderate intellectual disabilities selected through purposive sampling. The experimental group received guided Om chanting sessions for 15-20 minutes per day, five days per week, over eight weeks. Standardized tools, such as Glasgow Anxiety Scale (GAS-ID), Subjective Stress Scale (SSS) and Emotional Regulation Checklist (ERC) were used for assessment. Pre- and post-test scores were compared using paired t-tests and Mann-Whitney U tests.

**Results:** Significant reductions were observed in anxiety and stress levels (P < .001), along with improvements in emotional regulation (P < .001) in the experimental group. Between-group analysis showed that the experimental group performed significantly better than the control group on all three variables. Age and gender-based comparisons indicated that older children and females reported higher stress and anxiety levels, while improvements in emotional regulation were consistent across subgroups. Although not statistically significant, children with moderate intellectual disability exhibited higher anxiety and lower emotional regulation scores compared to those with mild disability.

**Conclusion:** Om chanting proved to be a culturally grounded, non-invasive, and effective intervention for improving emotional well-being in children with intellectual disabilities. It shows potential for integration into educational and clinical settings. Further research is needed to explore its long-term impact and wider applicability.

***Keywords:*** *Om chanting, Intellectual Disability, Anxiety, Stress, Emotional Regulation, Mindfulness, Special Education, Holistic Intervention.*

**1. INTRODUCTION**

Intellectual Disability (ID) is a significant neurodevelopmental condition defined by marked limitations in intellectual functioning and adaptive behavior, with onset during the developmental period (APA, 2013). These limitations affect various areas of functioning, including reasoning, learning, communication, social interaction, and self-care. In India, where inclusive education and mental health services for children with special needs are still evolving, children with ID face multilayered challenges that hinder their overall development.

According to the 2011 Census of India, Karnataka reported over 1.3 million individuals with disabilities, of which approximately 18% were adolescents between the ages of 10 and 19 (Census of India, 2011). Among these, intellectual disability remains one of the most prevalent and stigmatized conditions. A UNESCO (2019) report highlighted that nearly 22% of children with disabilities in Karnataka had never attended school, with many of them being children with ID. Moreover, children with ID are often marginalized in mainstream educational environments due to a lack of trained educators, accessible infrastructure, and individualized pedagogical approaches. Their mental and emotional well-being is further compromised by social exclusion, communication barriers, and behavioral difficulties (Singh et al., 2020).

Children with ID frequently exhibit poor emotional regulation, heightened stress responses, and anxiety-related behaviors due to cognitive delays and limited coping mechanisms (Matson & Shoemaker, 2009). These emotional and behavioral difficulties, if left unaddressed, can lead to long-term negative outcomes in academic achievement, peer relationships, and quality of life (Emerson, 2003). Conventional treatments such as medication, behavioral therapy, and structured learning programs have been the mainstay in managing these issues. However, these interventions are often resource-intensive and may not be easily accessible to all families, especially in low- and middle-income settings (Durkin et al., 2015).

Given this context, there is an increasing demand for low-cost, non-invasive, and culturally relevant interventions that can be integrated into the daily routines of children with ID. One such practice is Om chanting, an ancient Indian meditative technique known for its calming effects on the mind and body. Om chanting involves the rhythmic repetition of the syllable "Om" and has been shown to activate the parasympathetic nervous system, promote relaxation, and regulate emotional responses through auditory stimulation and breath control (Telles et al., 2010; Kumar et al., 2018). Previous studies have linked Om chanting to improvements in anxiety, stress management, emotional regulation, and cognitive functioning in neurotypical populations and individuals with anxiety disorders (Pundir & Chauhan, 2023; Mueller et al., 2019). However, its potential for supporting children with intellectual disabilities remains under-researched, especially in the Indian context.

* 1. **Review of Literature**

Several studies have examined the impact of yogic and meditative practices, including Om chanting on children with special needs, particularly those with intellectual and developmental disabilities. Kumar and Gurjar (2020), and Kumar and Jaiswal (2020) found notable anxiety reduction in adolescents following regular Om chanting. Similarly, Mishra (2023) and Amin et al. (2016) reported decreased stress and improved mood in elderly women with hypertension. Jindal and Sharma (2019) found that integrating yoga and meditation practices into special education classrooms significantly reduced anxiety and emotional outbursts in children with intellectual disabilities. Similarly, Vallimurugan et al. (2004) reported a noticeable reduction in stress levels among children with special needs following daily sessions of Om chanting. Kumaravelu and Das (2020) demonstrated that yogic interventions, including sound-based practices, helped regulate emotional disturbances and lowered stress responses in children with intellectual and physical impairments.

Pise et al. (2018) observed improved emotional control and behavioural adaptation in children with disabilities following integrated yoga and chanting interventions. Mueller et al. (2019) documented similar improvements in emotional regulation among adults with developmental disabilities using yoga-based practices, supporting its relevance across age groups. Chamoli et al. (2017) found that yoga and breathing practices, which often incorporate chanting, led to enhanced emotional stability and social engagement in children with developmental challenges.

Naidu et al. (2014) and Venkatesha et al (2024) reported improvements in memory, attention and focus among school children and young adults. Rao et al. (2018) used neuroimaging to show increased brain connectivity during Om chanting, indicating neurological benefits. VK and Chaube (2021) documented cognitive improvement in a child with ADHD following Vedic chanting, while Gulati et al. (2021) found yoga beneficial for individuals with Autism Spectrum Disorder. Krisdathiwadh et al. (2024) and Naveen et al. (2022) noted improvements in executive function and memory following structured chanting programs.

Allison et al. (2021) confirmed that structured yoga sessions improved stress management and emotional functioning in adults with intellectual and developmental disabilities, which may be extrapolated to younger populations. Studies like those of Singh and Singh (2014) and Taneja (2023) also support the role of meditative sound practices in promoting emotional balance and reducing behavioural disruptions.

Collectively, these studies highlight the positive impact of Om chanting and related yogic techniques in reducing anxiety and stress, and improving emotional regulation among children with intellectual and developmental disabilities. This supports the use of such practices as low-cost, non-invasive interventions for emotional well-being in special education settings.

* 1. **Objectives**
* To examine the impact of Om chanting on levels of anxiety, stress and emotional regulation in children aged 8-15 years with intellectual disabilities.
* To compare pre-test and post-test scores of anxiety, stress and emotional regulation within the experimental group receiving the Om chanting intervention.
* To compare post-test scores between the experimental and control groups to assess the effectiveness of the intervention.
* To explore differences in outcomes based on gender, age and severity level of the children with intellectual disability.
  1. **Hypothesis**

**H1:** There is a significant difference between pre-test and post-test in children with intellectual disabilities.

**H2:** There is a significant difference in anxiety levels between experimental group and control group in children with intellectual disabilities.

**H3:** There is a significant difference in stress levels between experimental group and control group in children with intellectual disabilities.

**H4:** There is a significant difference in emotional regulation between experimental group and control group in children with intellectual disabilities.

**H5:** There is a significant difference in anxiety, stress levels and emotional regulation between male and female children with intellectual disabilities.

**H6:** There is a significant difference in anxiety, stress levels and emotional regulation between children with intellectual disabilities of different age groups.

**H7:** There is a significant difference in anxiety, stress levels and emotional regulation among children with intellectual disabilities across different severity levels.

**1.5 Rationale**

The rationale for the present study stems from both theoretical and practical gaps in the literature. While mindfulness-based practices have gained traction in educational and therapeutic domains, there is limited empirical evidence on the use of chanting-based interventions for children with ID. Om chanting is particularly promising as it aligns with India’s cultural practices, does not require complex instructions, and can be implemented easily in both home and school environments. This makes it a potentially valuable tool for caregivers, educators, and therapists working with children with intellectual disabilities.

Therefore, this study is designed to evaluate the effectiveness of Om chanting on anxiety, stress levels, and emotional regulation in children with intellectual disability. By examining these psychological variables, the research aims to provide empirical support for incorporating chanting as a complementary therapeutic practice. Ultimately, the findings of this study contribute to the development of culturally grounded, accessible interventions that support the emotional and mental well-being of children with ID and inform educational and clinical practices in special education settings across India.

**2. METHODOLOGY**

**2.1 Aim**

The primary aim of this study was to assess the effectiveness of Om chanting in reducing anxiety and stress and enhancing emotional regulation among children with intellectual disabilities.

**2.2 Research Design**

A quasi-experimental design was employed. This quantitative approach allowed for the assessment of change over time within and between groups exposed to the intervention.

**2.3 Participants**

The study included a total of 40 children aged 8 to 15 years diagnosed with mild to moderate intellectual disabilities. Participants were recruited using purposive sampling from special schools. Written informed consent was obtained from their parents or guardians prior to participation.

**Figure 1.** Distribution of gender, age and severity levels among children with intellectual disability (N = 40)

|  |  |  |
| --- | --- | --- |
|  |  |  |

The pie charts illustrate the demographic distribution of the sample. The gender distribution indicates a higher proportion of females compared to males. The age distribution shows that the majority of participants were aged 13-15 years, followed by those in the 10-12 years range, with the fewest in the 7-9 years group. The severity distribution reflects an equal number of children with mild and moderate intellectual disability, ensuring a balanced representation across severity levels.

**2.3.1 Inclusion Criteria**

* Children diagnosed with intellectual disabilities
* Age between 8 and 15 years
* Ability to participate in group activities
* Informed parental/guardian consent

**2.3.2 Exclusion Criteria**

* Severe sensory impairments
* Non-cooperative behaviour during preliminary sessions

**2.4 Tools for Assessment**

**2.4.1 Glasgow Anxiety Scale for People with Intellectual Disabilities (GAS-ID)**

Mindham and Espie (2003) developed this is a 27-item semi-structured observational scale specifically designed for individuals with intellectual disabilities. It measures both behavioural and physiological signs of anxiety using a 3-point Likert scale. The tool has high internal consistency (Cronbach’s alpha = 0.94) and test-retest reliability (0.89).

**2.4.2 Subjective Stress Scale (SSS)**

Developed by Bramston and Bostock (1994), the SSS assesses perceived levels of emotional and physiological stress through a 31-item self-report measure rated from “not at all stressed” to “extremely stressed”. It has demonstrated strong reliability (Cronbach’s alpha = 0.88).

**2.4.3 Emotional Regulation Checklist (ERC)**

The ERC, developed by Shields and Cicchetti (1997), is a 24-item checklist used to evaluate emotional regulation in children. It includes two subscales: emotional regulation and lability/negativity, rated on a 4-point Likert scale. The reliability scores for the subscales are 0.83 and 0.96, respectively.

**2.5 Intervention Protocol**

**2.5.1 Description of Intervention**

The intervention consisted of guided Om chanting sessions conducted over an eight-week period. Sessions were help five days per week and lasted 15-20 minutes each. The structure of each session included three phases:

* Relaxation and breathing exercises (5 minutes)
* Om chanting (10 minutes)
* Post-chanting silence or guided meditation (5 minutes)

The facilitator explained the significance of Om chanting and guided participants through the process in a calm, quiet and distraction-free environment.

**2.6 Procedure and Administration**

After pre-test assessments, participants were randomly assigned to either the experimental group (received Om chanting intervention) or control group (continued regular activities). Post-test assessments were conducted at the end of the eight-week period to measure changes across the three variables.

**2.7 Data Analysis**

Descriptive statistics were used to summarize demographic and baseline characteristics. Inferential statistical methods included the paired sample t-test for within-group comparison and, the Mann-Whitney U test and Kruskal-Wallis test for between-group and subgroup comparisons. All statistical analyses were conducted to identify significant differences in anxiety, stress and emotional regulation across groups.

**2.8 Ethical Considerations**

The study adhered to ethical research practices, including:

* Informed consent from parents/guardians
* Assurance of confidentiality and voluntary participation
* Provision of the intervention to the control group after study completion

**3. RESULTS AND DISCUSSION**

The present study evaluated the effects of Om chanting on anxiety, stress and emotional regulation among children with intellectual disabilities aged 8-15 years. The analysis was carried out using pre-test and post-test scores within the experimental group and compared to control group. Various statistical tests, including paired sample t-tests, Mann-Whitney U test and Kruskal-Wallis test were used to evaluate intra- and inter-group differences and subgroup comparisons based on age, gender and severity levels.

The normality of data distribution was tested first using Kolmogorov-Smirnov and Shapiro-Wilk tests, and the assumptions for parametric and non-parametric tests were appropriately met.

**3.1. There is a significant difference between pre-test and post-test in children with intellectual disabilities.**

**Table 3. Descriptive statistics for pre-test and post-test scores (N = 40)**

*The table summarizes mean, median, standard deviation and variance of anxiety, stress and emotional regulation scores at pre-test and post-test.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Anxiety | Stress | Emotional regulation |
| Pre-test | N | 40 | 40 | 40 |
| Mean | 16.7000 | 56.6250 | 57.7250 |
| Median | 15.5000 | 46.5000 | 58.0000 |
| Std. Deviation | 8.91326 | 21.82293 | 4.86214 |
| Variance | 79.446 | 476.240 | 23.640 |
| Post-test | N | 40 | 40 | 40 |
| Mean | 13.5250 | 51.6750 | 54.4750 |
| Median | 13.0000 | 42.5000 | 53.0000 |
| Std. Deviation | 6.36895 | 19.26520 | 4.05088 |
| Variance | 40.563 | 371.148 | 16.410 |

**Figure 2.** Comparison of pre-test and post-test scores for anxiety, stress and emotional regulation.

From table 1. and figure 2., descriptive analysis indicated improvements following intervention. The post-test mean scores for anxiety and stress were lower than the pre-test scores, suggesting reductions in psychological distress. Similarly, emotional regulation scores were moderately higher in the post-test, indicating better emotional control among children after undergoing Om chanting.

**Table 2.** **Paired sample t-test for Anxiety, Stress and Emotional Regulation (N = 40)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Paired differences | | | | | Significance | | |
| Pretest – post test | **Mean** | **Std. Deviation** | **Std. Error Mean** | **95% confidence interval of the difference** | | **t** | **df** | Significance |
| **Lower** | **Upper** |
| Anxiety | 3.17500 | 4.90362 | 0.77533 | 1.60675 | 4.74325 | 4.095 | 39 | <0.001 |
| Stress | 4.95000 | 5.71974 | 0.90437 | 3.12074 | 6.77926 | 5.473 | 39 | <0.001 |
| Emotional Regulation | 3.25000 | 4.13087 | 0.65315 | 1.92888 | 4.57112 | 4.976 | 39 | <0.001 |

Table 2. presents the results of a paired sample t-test examining changes in anxiety, stress levels and emotional regulation before and after the Om chanting intervention. The anxiety levels decreased significantly post-intervention (*P* < .001). This aligns with the findings of Kumar and Gurjar (2020), who reported a reduction in anxiety among adolescents practicing Om chanting.

Stress scores also declined significantly (*P* < .001), indicating enhanced coping mechanisms. This result is supported by Amin et al. (2016), who found decreased stress levels in elderly women following Om meditation sessions.

Furthermore, emotional regulation scores showed a significant increase (*P* < .001), suggesting enhanced emotional self-regulation among the participants. A similar outcome was reported by Pise et al. (2018), who documented better emotional control in children with disabilities after yoga and chanting interventions.

**3.2. There is a significant difference in anxiety levels between** **experimental group and control group in children with intellectual disabilities.**

**Table 3. Descriptive statistics of anxiety, stress and emotional regulation combining both experimental and control group (N = 40)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Anxiety | Stress | Emotional regulation |
| Experimental group | N | 20 | 20 | 20 |
| Mean | 11.55 | 44.8 | 53.05 |
| Median | 11 | 40 | 53 |
| Std. Deviation | 4.477723 | 12.36549 | 3.170173 |
| Variance | 20.05 | 152.9053 | 10.05 |
| Control group | N | 20 | 20 | 20 |
| Mean | 15.50 | 58.55 | 55.9 |
| Median | 16 | 46 | 56.5 |
| Std. Deviation | 7.416198487 | 22.57029953 | 4.399761 |
| Variance | 55 | 509.4184211 | 19.35789 |

**Figure 3. Comparison of mean scores between experimental and control group.**

Table 3. and figure 3. illustrates that the experimental group had lower mean scores in anxiety and stress, and slightly higher scores in emotional regulation compared to the control group. This suggests that the intervention may have effectively reduced anxiety and stress while improving emotional regulation. The control group showed greater variability, especially in stress levels.

**Table 4. Mann-Whitney U test for Anxiety between groups** **(N = 40)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Groups | N | Mean Rank | Sum of Ranks |
| Anxiety | Experimental group | 20 | 16.58 | 331.50 |
| Control group | 20 | 24.43 | 488.50 |
| Total | 40 |  |  |

***Test Statisticsa***

|  |  |
| --- | --- |
|  | Anxiety |
| Mann-Whitney U | 121.500 |
| Wilcoxon W | 331.500 |
| Z | -2.130 |
| Asymp. Sig. (2-tailed) | 0.033 |
| Exact Sig. [2\*(1-tailed Sig.)] | 0.033b |

1. Grouping Variable: group
2. Not corrected for ties.

**Figure 4.** Comparison of mean rank scores for anxiety between experimental and control group.

The Mann-Whitney U test results in table 4. and figure 4 show a statistically significant difference in anxiety scores between the experimental and control groups (*P* = .033). Participants in the experimental group had a lower mean rank, suggesting that the Om chanting intervention contributed to reduced anxiety levels. This finding is consistent with Pundir and Chauhan (2023), who reported that AUM chanting significantly reduced anxiety symptoms in young adults.

**3.3. There is a significant difference in stress levels between experimental group and control group in children with intellectual disabilities.**

**Table.5. Mann-Whitney U test for Stress between groups (N = 40)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Groups | N | Mean Rank | Sum of Ranks |
| Stress | Experimental group | 20 | 16.30 | 326.00 |
| Control group | 20 | 24.70 | 494.00 |
| Total | 40 |  |  |

***Test Statisticsa***

|  |  |
| --- | --- |
|  | Stress |
| Mann-Whitney U | 116.000 |
| Wilcoxon W | 326.000 |
| Z | -2.278 |
| Asymp. Sig. (2-tailed) | 0.023 |
| Exact Sig. [2\*(1-tailed Sig.)] | 0.023b |

1. Grouping Variable: group
2. Not corrected for ties.

**Figure 5.** Comparison of mean rank scores for stress between experimental and control group.

In table 5. and figure 5., stress scores differed significantly between groups (*P* = .023), with the experimental group reporting lower mean ranks than the control group. This suggests that the intervention had a strong and beneficial effect in managing stress among children. This outcome aligns with Mishra (2023), who found that regular Om chanting significantly reduced perceived stress levels in college students.

**3.4. There is a significant difference in emotional regulation between experimental group and control group in children with intellectual disabilities.**

**Table 6. Mann-Whitney U test for Emotional Regulation between groups (N = 40)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Groups | N | Mean Rank | Sum of Ranks |
| Emotional Regulation | Experimental group | 20 | 16.55 | 331.00 |
| Control group | 20 | 24.45 | 489.00 |
| Total | 40 |  |  |

***Test Statisticsa***

|  |  |
| --- | --- |
|  | Emotional Regulation |
| Mann-Whitney U | 121.000 |
| Wilcoxon W | 331.000 |
| Z | -2.151 |
| Asymp. Sig. (2-tailed) | 0.031 |
| Exact Sig. [2\*(1-tailed Sig.)] | 0.033b |

1. Grouping Variable: group
2. Not corrected for ties.

**Figure 6.** Comparison of mean rank scores for emotional regulation between experimental and control group.

Table 6. and figure 6. compares post-test emotional regulation scores between groups. The results indicate a statistically significant difference (P = .031), with the experimental group achieving better scores. This suggests that Om chanting may facilitate improved emotional control and awareness in children with intellectual disabilities. This finding is supported by Mueller et al. (2019), who reported enhanced emotional regulation in individuals with developmental disabilities following yoga-based interventions, including meditative practices.

**3.5. There is a significant difference in anxiety, stress levels and emotional regulation between male and female children with intellectual disabilities.**

**Table 7. Gender-based comparison using Mann-Whitney U test (N = 20)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Gender | N | Mean Rank | Sum of Ranks |
| Anxiety | Female | 15 | 11.07 | 166.00 |
| Male | 5 | 8.80 | 44.00 |
| Total | 20 |  |  |
| Stress | Female | 15 | 12.00 | 180.00 |
| Male | 5 | 6.00 | 30.00 |
| Total | 20 |  |  |
| Emotional Regulation | Female | 15 | 10.63 | 159.50 |
| Male | 5 | 10.10 | 50.50 |
| Total | 20 |  |  |

***Test Statisticsa***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Anxiety | Stress | Emotional Regulation |
| Mann-Whitney U | 29.000 | 15.000 | 35.500 |
| Wilcoxon W | 44.000 | 30.000 | 50.500 |
| Z | -0.748 | -1.971 | -0.177 |
| Asymp. Sig. (2-tailed) | 0.455 | 0.049 | 0.860 |
| Exact Sig. [2\*(1-tailed Sig.)] | 0.497b | 0.53b | 0.866b |

1. Grouping Variable: gender
2. Not corrected for ties.

Table 7. explores gender differences across anxiety, stress and emotional regulation. While anxiety and emotional regulation differences were not statistically significant (*P* = .455 and *P* = .860), stress levels showed a significant gender effect (*P* = .049), with females reporting higher stress. This finding is supported by Khalsa et al. (2021), who reported that adolescent females participating in school-based yoga programs exhibited higher baseline stress and greater responsiveness to stress-reduction interventions compared to males.

**3.6. There is a significant difference in anxiety, stress levels and emotional regulation between children with intellectual disabilities of different age groups.**

**Table .8. Kruskal-Wallis test based on age groups (N = 20)**

*Mean ranks for age groups on anxiety, stress and emotional regulation.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Age | N | Mean Rank |
| Anxiety | 7-9 years | 3 | 3.83 |
| 10-12 years | 7 | 8.71 |
| 13-15 years | 10 | 13.75 |
| Total | 20 |  |
| Stress | 7-9 years | 3 | 6.33 |
| 10-12 years | 7 | 10.43 |
| 13-15 years | 10 | 11.80 |
| Total | 20 |  |
| Emotional Regulation | 7-9 years | 3 | 11.67 |
| 10-12 years | 7 | 8.71 |
| 13-15 years | 10 | 11.40 |
| Total | 20 |  |

***Test Statisticsa,b***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Anxiety | Stress | Emotional Regulation |
| Kruskal-Wallis H | 7.585 | 1.987 | 1.011 |
| df | 2 | 2 | 2 |
| Asymp. Sig. | 0.023 | 0.370 | 0.603 |

1. Kruskal-Wallis Test
2. Grouping Variable: age

Table 8. highlights age-related trends across the psychological variables. Anxiety showed a statistically significant difference across age groups (*P* = .023), with older children experiencing more anxiety. Stress and emotional regulation differences were not statistically significant (*P* = .370 and *P* = .603), though a trend was observed suggesting increasing stress with age. Rajesh, S., & Tiwari, S. (2021) found that adolescents reported higher stress and anxiety than younger children, and that yoga-based school interventions were effective in managing emotional symptoms.

**3.7. There is a significant difference in anxiety, stress levels and emotional regulation among children with intellectual disabilities across different severity levels.**

**Table 9. Mann-Whitney U test by severity level (N = 20)**

*Comparing children with mild vs. moderate intellectual disability.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Severity | N | Mean Rank | Sum of Ranks |
| Anxiety | Mild | 10 | 9.65 | 96.50 |
| Moderate | 10 | 11.35 | 113.50 |
| Total | 20 |  |  |
| Stress | Mild | 10 | 10.70 | 107.00 |
| Moderate | 10 | 10.30 | 103.00 |
| Total | 20 |  |  |
| Emotional Regulation | Mild | 10 | 9.20 | 92.00 |
| Moderate | 10 | 11.80 | 118.00 |
| Total | 20 |  |  |

***Test Statisticsa***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Anxiety | Stress | Emotional Regulation |
| Mann-Whitney U | 41.500 | 48.000 | 37.000 |
| Wilcoxon W | 96.500 | 103.000 | 92.000 |
| Z | -0.648 | -0.152 | -0.995 |
| Asymp. Sig. (2-tailed) | 0.517 | 0.879 | 0.320 |
| Exact Sig. [2\*(1-tailed Sig.)] | 0.529b | 0.912b | 0.353b |

1. Grouping Variable: severity
2. Not corrected for ties.

Table 9. compares scores between children with mild and moderate intellectual disabilities. Although differences in anxiety (*P* = .517), stress (*P* = .879) and emotional regulation (*P* = .320) were not statistically significant, patterns suggested that children with moderate intellectual disabilities reported slightly higher anxiety and lower emotional regulation, which may reflect increased challenges in managing emotions. This aligns with Matson and Shoemaker (2009), who found that individuals with greater cognitive impairment often experience more pronounced emotional and behavioural difficulties.

**3.8. Summary**

This study examined the effectiveness of Om chanting in reducing anxiety and stress, and improving emotional regulation among children aged 8-15 years with mild to moderate intellectual disabilities. The intervention consisted of daily guided Om chanting sessions over a period of eight weeks.

Descriptive statistics showed notable reductions in anxiety and stress scores and a moderate increase in emotional regulation from pre-test to post-test. Paired sample t-tests confirmed these improvements to be statistically significant across all three variables. Group comparisons using the Mann–Whitney U test further revealed that the experimental group significantly outperformed the control group, indicating the effectiveness of the chanting intervention.

Additionally, the subgroup analyses showed females experienced significantly higher stress than males (P = .049), consistent with findings by Khalsa et al. (2021). Older children (13–15 years) reported more anxiety than younger age groups (P = .023), aligning with Rajesh, S., & Tiwari, S. (2021), who noted higher stress and anxiety than younger children. Although not statistically significant, children with moderate intellectual disabilities showed greater emotional difficulties than those with mild impairment—echoing Matson and Shoemaker (2009), who identified higher emotional and behavioral challenges in individuals with more severe cognitive delays.

The results align with prior research on the therapeutic effects of Om chanting. For instance, Kumar and Gurjar (2020) observed reduced anxiety in adolescents following Om chanting, while Mishra (2023) reported stress reduction among college students using the same practice. Regarding emotional regulation, Pise et al. (2018) found that yoga and chanting improved emotional control in children with special needs, and Mueller et al. (2019) noted similar outcomes in adults with developmental disabilities using yoga-based interventions.

**3.8. Implications of the study**

* Om chanting can be integrated into special education classrooms to support emotional well-being.
* It serves as a low-cost, non-invasive alternative to traditional therapeutic approaches.
* The intervention supports inclusive education by improving classroom behavior and peer interaction.
* Parents and caregivers can easily implement it at home to reinforce emotional regulation.
* As a culturally rooted practice, it enhances acceptability and adherence in Indian contexts.
* Findings may guide the development of school-based mental health programs and policies.

**3.9. Future recommendations**

* Longitudinal studies to examine the sustainability of benefits over time.
* Exploring neurophysiological changes associated with chanting in this population.
* Comparing Om chanting with other mindfulness-based interventions.
* Expanding sample size and including children with severe or profound intellectual disabilities for broader generalizability.

**4. CONCLUSION**

The present study provides compelling evidence supporting the effectiveness of Om chanting as a therapeutic intervention for improving emotional well-being in children with intellectual disabilities. The statistically significant improvements observed in the experimental group demonstrate that even short-term, structured chanting sessions can lead to meaningful psychological benefits. These results are particularly important given the limited accessibility and affordability of conventional mental health services in many low- and middle-income settings.

Om chanting, being non-invasive, cost-effective, and culturally embedded, offers a practical tool that can be easily implemented in both educational and home environments. It does not require specialized equipment or extensive training, making it highly adaptable for special education settings, therapy programs, and community-based care. Furthermore, the intervention aligns with holistic and inclusive approaches to child development, promoting not only emotional well-being but also classroom engagement, behavioral stability, and improved peer relationships.

The subgroup analysis adds depth to these findings, revealing how factors like age, gender, and severity of intellectual disability can influence emotional outcomes. This emphasizes the need for personalized intervention strategies, recognizing that emotional support must be tailored to the unique needs of each child.

In conclusion, Om chanting holds substantial promise as a mind-body practice that enhances emotional resilience and supports psychological health in children with intellectual disabilities. Its simplicity and effectiveness make it a valuable addition to multidisciplinary approaches in education and mental health. Future research should focus on long-term impacts, comparative efficacy, and neurobiological mechanisms to further validate and expand the application of this intervention across diverse populations.

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