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**SNDT Women's University, Mumbai**



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**Well-being, Empathy, Resilience and Mindfulness  
Among Urban and Rural Adolescents**

**Dr. Preeti Asgaonkar & Prof (Dr) Nilesh Thakre**

**2026**



# **Well-Being, Empathy, Resilience and Mindfulness Among Urban and Rural Adolescents**

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## About SNTD Women's University

SNTD Women's University is the first women's university in India and South-East Asia, founded in 1916 by Maharshi Dr. Dhondo Keshav Karve with the vision of empowering women through education. The University is headquartered at Churchgate, Mumbai, with additional campuses at Juhu (Mumbai) and Karve Road (Pune). It has a vast academic structure comprising 37 university departments, 13 constituent institutions, and 174 affiliated colleges across Maharashtra, Gujarat, Goa, Madhya Pradesh, and Uttar Pradesh, collectively serving over 70,000 students.

The University has consistently maintained strong academic standards and was awarded NAAC A+ Accreditation in 2025. In alignment with the National Education Policy (NEP) 2020, it established the Centre for Holistic Education, Training and Novel Advancements (CHETNA) in 2022 to promote multidisciplinary and innovative learning. It has also strengthened its academic and research ecosystem through approximately ₹100 crore funding under the PM-USHA Scheme (2024) and is developing the Maharshi Karve Women Empowerment Knowledge Campus at Ballarpur, Chandrapur, with a major government investment to expand skill-based and employment-oriented education for women.

Beyond academics, SNTDWU actively promotes innovation, culture, and student development through initiatives such as Abhivyakti Manch, Yuva Mahotsav, and Innovative Mahakumbh, which supports entrepreneurship and has nurtured incubated, funded, and pre-incubation startups involving students and faculty. The University also preserves Indian Knowledge Systems through BHAGYASY (Bhartiya Gyan, Sanskrit evam Yog Kendra) and the Jagarani Project, which highlights the contributions of Indian women scholars under the theme "Nari Se Narayani." It further strengthens global academic engagement through collaborations such as the International Conference on Climate Change (ICCC-2025) with CUNY, USA. Student welfare remains central through initiatives like Earn and Learn, anti-ragging measures, grievance redressal systems, health camps, and leadership programmes. The 75th Annual Convocation (2025) reflected the University's legacy and its forward-looking vision of innovation, sustainability, and ethical leadership for national development.



## Message by Hon'ble Vice-Chancellor

It gives me immense pleasure to present this monograph authored by **Dr. Preeti Asgaonkar**, developed from her doctoral research in the field of Psychology at SNTD Women's University.

The monograph, titled “**Well-Being, Empathy, Resilience and Mindfulness Among Urban and Rural Adolescents**” is based on the scholar's Ph.D. thesis completed under the able guidance of **Prof (Dr) Nilesh Thakre**. This work represents a significant contribution to the field of Psychology, examining key positive psychological attributes among adolescents across urban and rural settings. By exploring the interrelationships between well-being, empathy, resilience, and mindfulness, the study provides valuable insights into the factors that support healthy psychological development and adaptive functioning during a critical stage of life.

The research offers an important understanding of how social and environmental contexts influence adolescents' emotional and psychological experiences. Its findings contribute to the growing body of knowledge on positive mental health and have relevance for educators, counsellors, psychologists, parents, and policymakers concerned with promoting the holistic development and well-being of young people.

The publication of this monograph reflects the University's commitment to making high-quality doctoral research accessible to a wider academic and professional community. Research of this nature contributes to the advancement of psychological knowledge while providing evidence-based perspectives that can inform interventions, educational practices, and policies aimed at fostering resilience, empathy, mindfulness, and overall well-being among adolescents.

I congratulate Dr. Preeti Asgaonkar on this noteworthy achievement. Her dedication, perseverance, and scholarly commitment have culminated in a publication that will serve as a valuable resource for researchers, academicians, students, mental health professionals, educators, and practitioners. I also extend my sincere appreciation to Prof (Dr) Nilesh Thakre for his guidance and mentorship throughout the research journey.

I am confident that this monograph will stimulate further scholarly inquiry and contribute meaningfully to understanding the psychological strengths and developmental needs of adolescents in diverse social contexts. May it inspire future researchers to undertake innovative studies that promote mental health, well-being, and positive human development.

On this auspicious occasion of the University Foundation Day (5 July 2026), I extend my best wishes to Ms. Preeti Asgaonkar and look forward to many more such scholarly contributions that showcase the richness and diversity of research emerging from SNTD Women's University.

***Warm regards,***

*Prof. Dr. Ujwala Chakradeo*  
*Vice-Chancellor, SNTD Women's University*



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**Dr. Preeti Asgaonkar**



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## ABSTRACT

The present study examines the relationships among empathy, resilience, and mindfulness in adolescents, considering the influence of well-being and geographical location (urban vs. rural). The participants in this study comprised 600 adolescents from English- and Marathi-medium schools and junior colleges in urban (Mumbai, Navi Mumbai) and rural (Raigad, Ratnagiri) areas of Maharashtra. They were assessed using the EPOCH Measure of Adolescent Well-Being, Basic Empathy Scale, Child and Youth Resilience Measure, and Child and Adolescent Mindfulness Measure. The data were analyzed using two-way ANOVA, correlation, and multiple regression. Results indicated statistically significant main effects for geographical location on empathy ( $F(1, 596) = 3.78, p = .05, \eta^2 = .00$ ) and resilience ( $F(1, 596) = 45.09, p < .05, \eta^2 = .07$ ), and for well-being on empathy ( $F(1, 596) = 61.45, p < .00, \eta^2 = .09$ ) and resilience ( $F(1, 596) = 503.73, p < .05, \eta^2 = .45$ ). Significant interaction effects were observed between geographical location and well-being on resilience ( $F(1, 596) = 6.08, p < .05, \eta^2 = .01$ ) and mindfulness ( $F(1, 596) = 14.80, p \leq .05, \eta^2 = .02$ ). A significant positive correlation was found between resilience and empathy among adolescents from rural areas with low well-being ( $r = .28, p < .01$ ), adolescents from urban areas with low well-being ( $r = .40, p < .01$ ), and adolescents from urban areas with high well-being ( $r = .21, p = .01$ ). A significant negative correlation was found between mindfulness and empathy ( $r = -.30, p < .01$ ) among adolescents from urban areas with low well-being and between mindfulness and empathy ( $r = -.23, p < .01$ ) among adolescents from urban areas with high well-being.

**Keywords:** Adolescent, Empathy, Geographical Location, Mindfulness, Resilience, Well-being

## INTRODUCTION AND CONTEXT OF STUDY

As psychotherapists, engaging closely with adolescents offers valuable insights into their cognitive and behavioral responses to environmental influences, which vary according to shifting conditions and individual differences. Adolescence marks a critical transition between childhood and adulthood, characterized by significant biological changes and shifts in social roles (Sawyer et al., 2018). Supporting adolescents in developing resilience, mindfulness, and psychological wellbeing is vital for preventing mental health issues. Empathetic skills should also be fostered to equip youth with advanced cognitive, social, and emotional abilities, enabling them to form meaningful community connections. Schools play a crucial role in nurturing these cognitive, social, and emotional competencies. The structured schooling system can be leveraged to strengthen positive psychology constructs such as resilience, wellbeing, empathy, and mindfulness, supporting adolescents during formative years and into adulthood as mindful, resilient, and empathetic individuals. The ways adolescents handle challenges during identity formation are foundational for future problem-solving, decision-making, and career-setting. Their significant cognitive and emotional growth should be supported by wellbeing and resilience. Comparing urban and rural adolescents can illuminate differences in psychological variable processing due to varied resources and socio-cultural environments. Studying these geographical differences enhances our understanding of how psychological strengths function across contexts. Since schools are pivotal in developing cognitive, social, and emotional skills (Waters, 2011), promoting healthy attitudes among students is essential for fostering healthy adults (Dabas & Singh, 2016). Thus, examining psychological variations within school settings is key for effective youth development programs.

Furthermore, global frameworks such as the Lancet Commission, 2025, underscore adolescence as a critical developmental window with long-term implications for individual and societal outcomes. The Commission advocates for multisectoral and preventive approaches that integrate health, education, and social systems, thereby reinforcing the need for holistic models of well-being. (Baird et al., 2025)

Psychotherapeutic engagement with adolescents offers insight into how their cognition and behaviour adapt to changing environmental and individual circumstances. Adolescence represents a critical developmental transition between childhood and adulthood, marked by rapid biological changes and evolving social roles (Sawyer et al., 2018). Because identity formation during this period strongly influences future adjustment, adolescents must be

supported in developing resilience, mindfulness, psychological wellbeing, and empathy to reduce vulnerability to mental health concerns and strengthen their social connectedness.

Schools provide a structured setting in which positive psychology constructs—such as resilience, wellbeing, empathy, and mindfulness—can be systematically nurtured during adolescents' formative years, supporting lifelong psychological strengths and wellbeing. Coping strategies developed during this stage shape future problem-solving abilities, career-related decisions, and emotional regulation, making wellbeing and resilience essential supports for healthy development. Comparative examination of urban and rural adolescents further helps in understanding how socio-cultural contexts and environmental resources influence psychological functioning. As schools increasingly serve as key environments for developing cognitive, social, and emotional competencies (Waters, 2011), promoting healthy attitudes among students becomes foundational for creating healthier adults (Dabas & Singh, 2016). Therefore, studying psychological variations within school environments is crucial for designing effective youth development initiatives.

# CHAPTER 1

## INTRODUCTION

### 1.1 Introduction

The field of positive psychology finds its intellectual origins in early scholarly discussions of human potential and flourishing, beginning with William James's writings in 1902. James examined themes of human resilience, potential, and the capacity to thrive, thereby laying an essential conceptual foundation for subsequent discourse in the field. Building upon these early ideas, Gordon Allport, in 1958, emphasized positive human characteristics, including personal growth and self-realization, further strengthening the focus on constructive aspects of human functioning. In the 1990s, Martin Seligman formally established positive psychology as a scientific discipline and is widely recognized as its contemporary founder. His work drew substantially upon Abraham Maslow's (1968) humanistic psychology movement, which emphasized self-actualization and peak experiences, as well as Cowan's research on resilience among children and adolescents, which highlighted the adaptive capacities that emerge in the face of challenging circumstances (Upadhyaya & Arya, 2015). According to Schueller (2012), positive psychology is concerned with the exploration of optimal functioning. It systematically examines the psychological traits and resources that enable individuals to cope adaptively with the varied demands of life.

Linley et al. (2005) approach positive psychology at the meta-psychological level, advocating a shift in focus from deficits and dysfunctions to strengths and positive experiences. At the same time, they emphasize the integration of insights regarding both positive and negative aspects of human life, thereby promoting a holistic perspective. At the pragmatic level, the field investigates the wellsprings, processes, and mechanisms that lead to desirable outcomes, including well-being, resilience, and meaningful life experiences. Overall, positive psychology offers structured tools aimed at improving quality of life.

Seligman and Csikszentmihalyi (2000) articulated three core domains central to positive psychology: subjective experiences, individual traits, and group-level virtues. Subjective experiences encompass emotions such as well-being, contentment, hope, optimism, and happiness. At the individual level, the emphasis is placed on traits such as love, courage, interpersonal skills, creativity, and aesthetic sensibility. At the group level, attention extends to civic virtues including responsibility, altruism, nurturance, and the promotion of shared well-being. Collectively, these domains provide a comprehensive framework for understanding how positive aspects of life contribute to both individual and collective flourishing.

Sheldon and King (2001) further underscored the importance of positive psychology as a scientific study of human strengths and virtues. They advocated for an appreciative perspective that recognizes human potential, motives, and capacities, promoting a balanced approach that celebrates strengths while still acknowledging vulnerabilities. Such an inclusive stance allows for a deeper understanding of the conditions under which individuals flourish and thrive. Moreover, positive psychology extends beyond theoretical formulation by establishing a solid foundation for practical applications through interventions grounded in its principles.

Positive psychology interventions (PPIs) represent a significant advancement within the field. These evidence-based strategies empower individuals to cultivate factors that contribute to long-term subjective well-being and happiness. PPIs include gratitude exercises, strength-based approaches, and practices designed to

enhance optimism and meaning. By reinforcing positive habits and attitudes, such interventions have demonstrated effectiveness in improving mental health and life satisfaction (Dabas & Singh, 2016).

The application of positive psychology has expanded considerably, particularly in initiatives aimed at enhancing well-being. These applications include the promotion of resilience, mindfulness, and coping skills, all of which play a crucial role in fostering social, emotional, and behavioral competencies. Resilience-building interventions focus on strengthening individuals' capacity to adapt to adversity, while mindfulness practices enhance awareness and self-regulation. These constructs are especially beneficial for children and adolescents, as they support the development of emotional and social well-being (Upadhyaya & Arya, 2015).

A notable application of positive psychology is found within the educational domain. Positive education integrates principles of positive psychology into school settings with the objective of promoting strengths and supporting students' mental health. Programs grounded in positive education have been implemented globally, focusing on building resilience, enhancing emotional intelligence, and strengthening interpersonal relationships. Although critiques have been raised regarding issues of scalability and cultural applicability, positive education continues to represent a transformative movement influencing contemporary educational practices (White & Kern, 2018).

Despite attracting considerable scholarly and practical interest, positive psychology has also been subject to critical examination. Nevertheless, the field remains a significant and transformative movement in psychological science. Through its emphasis on wellness and optimal human functioning, positive psychology provides a comprehensive framework for examining the dynamic interaction among resilience, mindfulness, empathy, well-being, and related constructs that enable individuals to thrive. In doing so, it establishes a robust conceptual foundation for the present research.

## **1.2 Wellbeing**

Across cultures and historical periods, humans have consistently sought a "good life," commonly associated with fulfillment, happiness, and well-being. This universal pursuit has philosophical roots in early Greek thought concerning how to live meaningfully and effectively (Zeng & Chen, 2020; Ryff et al., 2021). In contemporary psychology, one of the most influential models of well-being was proposed by Ryff and Keyes (1995), who described six core dimensions that together capture the richness and complexity of psychological well-being: self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, and personal growth.

Self-acceptance refers to holding a positive and realistic view of oneself, including an awareness of both strengths and limitations. Positive relationships involve forming and sustaining warm, trusting, and meaningful connections with others. Autonomy emphasizes independence and self-determination in thinking and behavior. Environmental mastery reflects the ability to manage life's demands effectively and to shape one's surroundings in ways that support personal goals. Purpose in life relates to having direction, meaningful aims, and a sense that life holds significance. Personal growth underscores the ongoing development of one's potential, openness to new experiences, and learning from life's challenges. Taken together, these six dimensions provide a comprehensive and balanced understanding of well-being, integrating both individual development and relational fulfillment.

Psychological well-being also depends on how individuals navigate their emotional experiences. Bradburn (1969) proposed that well-being arises from a dynamic balance between positive and negative emotions. Positive

emotions contribute directly to happiness and flourishing, while negative emotions can signal difficulties that, when addressed constructively, offer opportunities for growth. Expanding on this view, Ryff (1989) argued that happiness is not merely the absence of distress but the active presence of positive functioning and continued personal growth. This perspective encourages active engagement with life, even in the face of adversity.

Well-being is shaped by a range of interconnected internal and external factors. Physical health provides a fundamental base, enabling individuals to participate fully in meaningful activities. Personality traits such as optimism, resilience, and openness are strongly associated with higher levels of well-being, as they support adaptive coping and a constructive outlook on life. Social relationships are equally vital; supportive and meaningful connections foster belonging, reduce stress, and enhance life satisfaction. Work and income also play important roles. Experiencing purpose and satisfaction in one's work, alongside financial security, contributes to stability and overall happiness. In addition, lifestyle practices—including regular physical activity, balanced nutrition, and mindfulness—support both physical and emotional health, reinforcing the interconnected nature of well-being.

Efforts to enhance well-being often center on strengthening positive psychological qualities such as optimism, gratitude, and emotional regulation. Hart (2020) emphasizes the importance of grounding such efforts in evidence-based practices. These may include goal-setting strategies, mindfulness exercises, and interventions designed to cultivate positive emotions and resilience. Over time, these practices can increase happiness, lower stress, and improve overall life satisfaction.

Among contemporary models, Seligman's PERMA model (2011) is one of the most widely recognized frameworks in positive psychology. PERMA represents five key elements of well-being: Positive Emotions, Engagement, Relationships, Meaning, and Achievement. Each element contributes uniquely to human flourishing. Positive emotions—such as joy, gratitude, and hope—form a foundation for well-being. Engagement refers to deep involvement in activities, often described as a state of flow in which individuals become fully absorbed. Relationships highlight the value of supportive and meaningful social connections. Meaning involves belonging to and serving something larger than oneself, whether through work, relationships, or personal values. Achievement concerns the pursuit and attainment of goals, fostering a sense of competence and accomplishment. Research indicates that these five elements are strongly associated with flourishing and improved well-being across diverse populations (Coffey et al., 2014).

Recognizing developmental differences, Kern et al. (2016) adapted the PERMA framework for younger populations, focusing on engagement, perseverance, optimism, connectedness, and happiness. This adaptation underscores the importance of context and developmental stage in understanding well-being. It also highlights the need for age-appropriate strategies that nurture these dimensions as children and adolescents grow.

As noted earlier, positive psychology interventions (PPIs) have emerged as practical and structured methods for strengthening well-being. These interventions commonly target areas such as emotional regulation, resilience, personal growth, and social connection. Hart (2020) reports that PPIs demonstrate moderate effectiveness in enhancing life satisfaction and engagement. Frequently used approaches include gratitude practices, mindfulness exercises, and strength-based activities. By intentionally cultivating positive psychological traits, individuals can move toward more satisfying and meaningful lives.

One of the most impactful applications of these principles is positive education. Implemented in schools worldwide, positive education integrates well-being into academic curricula with the goal of strengthening students'

emotional and social skills. Teaching practices such as gratitude, kindness, and constructive problem-solving helps foster resilience and prosocial behavior. Research indicates that such initiatives enhance both subjective well-being and academic performance (Dabas & Singh, 2016; White & Kern, 2018). Beyond individual benefits, positive education contributes to creating supportive school environments that promote collective well-being.

Despite the range of theoretical models and measurement approaches, a shared understanding emerges: well-being is not simply the absence of distress but the presence of active thriving. Warner and Kern (2013) describe well-being as a proactive process involving the pursuit of a purposeful and fulfilling life. Flourishing represents the fullest realization of human potential, characterized by living in alignment with one's values, aspirations, and strengths.

Seligman (2011) further advanced this perspective through the Well-Being Theory (WBT), which offers a structured and measurable framework for assessing well-being. WBT identifies five core elements—positive emotion, engagement, relationships, meaning, and accomplishment—which closely parallel the PERMA model. These components provide a clear and organized approach to understanding and enhancing well-being. Interventions grounded in WBT, such as maintaining a gratitude journal or performing acts of kindness, offer accessible and practical strategies for personal development. Such activities not only improve immediate well-being but also encourage sustained growth over time (Coffey et al., 2014).

As research on well-being continues to evolve, the integration of positive psychology interventions with well-being theory offers a comprehensive pathway for enhancing quality of life. By applying these frameworks across educational, personal, and organizational contexts, it becomes possible to strengthen resilience, happiness, empathy, and flourishing in both individuals and communities.

### **1.3 Empathy**

Empathy, rooted in the Greek word “*empathia*” (meaning “in feeling”), has become a central concept in psychology and neuroscience, reflecting our ability to connect with others' emotions. Titchener (1909) expanded empathy's definition beyond emotional resonance to include cognitive processes like perspective-taking (Villardaga, 2009). As a psychological and biological phenomenon, empathy supports human survival and social cooperation (Bošnjaković & Radionov, 2018).

Brunsteins (2018) advocates for an integrative understanding of empathy, describing it as the capacity to place oneself in another's position while forming a connection at neuronal, emotional, and cognitive levels. This view aligns with findings in neuroscience that highlight the role of mirror neurons and brain regions such as the anterior cingulate cortex and insula in empathic processing. These biological mechanisms demonstrate that empathy is not purely emotional; it is also a neurological process that enables individuals to perceive, interpret, and resonate with the emotions of others.

Empathy is commonly defined as the ability to understand and share another person's emotional or mental state—often described as “stepping into another's shoes” (Ioannidou & Konstantikaki, 2008). Cuff et al. (2014) explain that empathic reactions arise from the interaction between innate capacities and contextual influences. This interaction produces an emotional response similar to the perceived or imagined emotion of another person, accompanied by the awareness that the source of the emotion lies outside oneself. Cognitive empathy, in contrast, involves understanding another individual's thoughts, intentions, and emotional experiences, creating a balance

between emotional connection and intellectual insight. Together, these emotional and cognitive components form a complex and integrated process.

The importance of empathy extends well beyond individual interactions. It plays a key role in strengthening social cohesion and guiding ethical behavior. Bošnjaković and Radionov (2018) describe empathy as a vital personality trait that enhances our ability to navigate social environments, anticipate others' actions, and share emotional experiences. It supports prosocial behaviors such as cooperation, altruism, compassion, and moral decision-making. Hoffman (2008) characterizes empathy as an emotional response elicited by another person's situation, in which one feels what the other might experience under similar circumstances. This capacity to resonate emotionally forms the basis for compassion and moral growth.

Contemporary definitions reflect empathy's multifaceted nature. Yu and Chou (2018) describe empathy as bridging physical independence with psychological interconnectedness, emphasizing its role in understanding others' internal states and intentions. Vilardaga (2009) highlights its emotional dimension, defining empathy as a set of vicarious emotions directed toward others, closely associated with compassion and tenderness. Bošnjaković and Radionov (2018) further elaborate that empathy includes experiencing others' emotions, engaging in perspective-taking, demonstrating concern, and responding appropriately. In this sense, empathy serves as a bridge between self and others, fostering understanding and harmonious relationships.

In recent years, empathy has gained recognition as an intersubjective and often non-reciprocal capacity, reflecting its importance in a socially interconnected world (Brunsteins, 2018). Its influence on ethical decision-making, reduction of cultural biases, and promotion of compassion underscores its transformative potential. Ongoing research continues to integrate insights from psychology, neuroscience, and philosophy to deepen understanding of this essential human ability.

Empathy has been classified into different types and components, reflecting its complexity. Bošnjaković and Radionov (2018) identify three primary forms: affective empathy, cognitive empathy, and a hybrid form that combines both. Affective empathy involves the immediate and often automatic sharing of another person's emotions. Cognitive empathy requires conscious effort to understand another's perspective or emotional state. While affective empathy is rapid and instinctive, cognitive empathy supports reflective understanding and may guide prosocial behavior, although it does not always lead to altruistic action (Yu & Chou, 2018).

The interaction between these two forms is central to empathic processing. Affective responses can initiate empathic engagement, while cognitive processes regulate and refine these responses. Hoffman (2008) introduces the idea of mature empathy, which incorporates a metacognitive awareness of oneself and others as distinct individuals with independent internal experiences. This awareness allows empathy to move beyond emotional contagion toward thoughtful and intentional engagement.

Vreeke and Van Der Mark (2003) propose a tripartite model consisting of emotional contagion, parallel emotionality, and reactive emotions. Emotional contagion involves instinctive, non-cognitive mimicry of others' emotions. Parallel emotionality integrates cognitive understanding with shared emotional experience. Reactive emotions refer to behavioral responses shaped by personality and psychological control systems. These components interact within relational contexts, influencing how empathy is expressed.

Lishner, Stocks, and Steinert (2017) further broaden the concept by identifying eight interconnected cognitive, affective, and behavioral reactions, including perspective-taking, empathic concern, and personal distress. This expanded view highlights empathy's dynamic nature and its sensitivity to situational and interpersonal factors.

Biological research adds another layer to this understanding. Bošnjaković and Radionov (2018) emphasize the influence of neuropeptides such as oxytocin, vasopressin, and opioids in strengthening bonding, trust, and empathic responses. Brain regions including the ventromedial and medial prefrontal cortex and the inferior parietal cortex contribute to self-awareness and perspective-taking. These neural mechanisms illustrate empathy's evolutionary significance in promoting social cohesion.

From a neurological perspective, Brothers (1989) describes neural systems in the primate central nervous system that enable rapid assessment of others' motivations. The superior temporal sulcus and amygdala respond to social stimuli such as faces and gestures, while the amygdala plays a central role in processing emotional signals. These findings highlight the importance of the right hemisphere in emotional communication and social interaction.

Rameson and Lieberman (2009) examine empathy through a social cognitive neuroscience lens, emphasizing the mirror neuron system located in the inferior frontal and parietal cortices. This system supports vicarious emotional experiences. The anterior insula and dorsal anterior cingulate cortex show overlapping activation when individuals experience or observe pain and emotions. The medial prefrontal cortex contributes to distinguishing self from others, with ventral areas associated with affective processing and dorsal regions linked to cognitive understanding.

The integration of the mirror neuron system with the limbic system, including the anterior insula and anterior cingulate cortex, connects emotional resonance with cognitive interpretation. The prefrontal cortex regulates personal distress and supports reflective empathy. Additional regions such as the right temporo-parietal junction and posterior cingulate assist in differentiating self from others (McDonald & Messinger, 2011).

Various theoretical models have sought to explain empathy. Baxter (1995) presents a model emphasizing regression and identification. Regression involves temporarily allowing oneself to be influenced by another's emotions, followed by identification, where one aligns emotionally while maintaining cognitive boundaries. This model captures the balance between openness and self-awareness.

Vreeke and Van Der Mark (2003) propose an integrative model that views empathy as a communicative function rather than a fixed trait. It highlights the dynamic interaction between individuals within relational contexts, integrating emotional contagion, perspective-taking, and social cue recognition.

Relational Frame Theory (RFT), as outlined by Vilardaga (2009), situates empathy within a behavioral and linguistic framework. It suggests that empathy and perspective-taking arise from cognitive processes shaped by language and contextual learning, underscoring its adaptive value in social species.

Wondra and Ellsworth (2015), through appraisal theory, argue that empathy emerges from how observers evaluate another person's situation. Shared appraisal leads to shared emotional experience, emphasizing the subjective and context-dependent nature of empathy.

Yu and Chou's (2018) Dual Route Model distinguishes between a lower, automatic route associated with affective empathy and a higher, reflective route linked to cognitive empathy. The lower route is rapid and unconscious, mediated by the mirror neuron system, while the higher route involves deliberate processing within regions such as the medial prefrontal cortex. Together, these pathways illustrate how automatic and reflective processes combine to shape empathic responses.

Despite its benefits, empathy has limitations. Hoffman (2008) notes that empathy can be influenced by egoistic motives and ingroup biases. Individuals tend to empathize more readily with familiar or similar others, particularly in contexts of intergroup tension. Empathy is also stronger when suffering is immediate and visible, making distant or abstract distress harder to perceive.

Preckel, Kanske, and Singer (2018) emphasize that empathy, while essential, is distinct from compassion and reasoning. Transforming empathic responses into compassion can help prevent empathic distress. Impairments in these socio-affective and socio-cognitive processes are observed in conditions such as autism and psychopathy, illustrating the interconnected yet distinct nature of empathy and related capacities.

Finally, the capacity to deeply share another's pain can lead to empathic distress, often referred to as empathy fatigue or "the cost of caring." This phenomenon is particularly evident among helping professionals and is considered an occupational risk in caregiving roles (Chen et al., 2022). Emotional exhaustion of this kind underscores the need for balance. Resilience becomes a crucial complementary construct, enabling individuals to regulate emotional responses, maintain psychological flexibility, and transform empathic distress into constructive, compassionate action.

## **1.4 Resilience**

Resilience theory emerged from early research on children who demonstrated positive adaptation despite growing up in adverse environments (Van Breda, 2001). The term itself comes from the English word "resilience," referring to the capacity to bend, recover quickly, and adapt effectively in the face of difficulty (Lee & Cranford, 2008). Herman et al. (2011) describe resilience as a personal trait that becomes evident following a single, short-lived traumatic event.

Over time, resilience has come to be understood not merely as a fixed trait but as an evolving process. Joseph (2015) conceptualizes resilience as a developmental and dynamic capacity rather than a static outcome. It reflects positive adaptation despite significant threats or adversity. This perspective is particularly relevant in emotionally demanding contexts, such as empathic engagement, where individuals must maintain their own stability while responding to the needs of others. In such situations, resilience enables the transformation of emotional strain into constructive compassion, supporting both personal well-being and meaningful connection.

Carlson et al. (2012) broaden the concept by describing resilience as the capacity of individuals, organizations, or communities to anticipate, withstand, adapt to, and recover from disturbances. Similarly, Olsson et al. (2003) define resilience as a dynamic process shaped by the interaction between risk and protective factors. When considered alongside empathy, resilience becomes especially significant. Individuals with higher resilience are better prepared to manage the emotional demands of empathic relationships, drawing on adaptive strategies that allow sustained engagement without leading to exhaustion or distress.

Resilience is shaped by multiple, interconnected influences. Southwick et al. (2014) identify biological, psychological, social, and cultural factors as central contributors to how individuals respond to stress. Biological influences include physical health, genetic predispositions, temperament, and gender. Psychological factors such as cognitive abilities, coping skills, personality traits, self-esteem, self-efficacy, optimism, and motivation also play a vital role. Environmental influences—including family and peer support, community resources, educational opportunities, cultural context, spirituality, and the absence of violence—further strengthen resilience. In emotionally demanding interactions, these combined factors support effective emotional regulation and help sustain long-term engagement with others.

Expanding this view, Olsson et al. (2003) describe resilience as involving protective processes such as personal resources, skills, and talents. These processes operate across multiple levels: individual characteristics, supportive family and peer networks, and broader community and societal systems. Sisto et al. (2019) emphasize that resilience also includes internal qualities such as hardiness and self-efficacy, which promote reintegration and personal growth after adversity. Through this lens, resilience becomes not only a means of coping but also a pathway to development. When integrated with empathy, resilience ensures that individuals can connect deeply with others while protecting their own emotional balance and fostering healthy interpersonal relationships.

Ungar (2008) presents a holistic understanding of resilience as the ability to access and negotiate resources that sustain well-being within culturally meaningful contexts. This perspective highlights the interaction between individuals and their environments in maintaining resilience. In emotionally challenging circumstances, resilience acts as a buffer against overload, allowing individuals to remain engaged without becoming overwhelmed. The growing body of research on resilience has shifted attention away from deficit-focused models toward approaches that emphasize strengths and protective processes (Joseph, 2015). By integrating resilience with empathy, individuals are better equipped to manage emotional demands, preserve their well-being, and transform challenges into opportunities for growth. Resilience provides the adaptive foundation for responding to adversity, while mindfulness strengthens awareness and emotional regulation, further supporting the development of resilient capacities.

## 1.5 Mindfulness

Mindfulness, though widely studied in contemporary psychology, originates from ancient contemplative traditions (Ji, 2023). Its foundations lie in Buddhist philosophy and practice (Chen et al., 2013), with the term derived from the Pali word *sati* and the Sanskrit *smṛiti*, both referring to remembrance or mindful awareness (Singh, 2023). Bodhi (2000) further explains that *sati* conveys presence of mind, and historically the Buddha used the term to describe a state of non-judgmental awareness or “bare attention,” where experiences are observed without reaction or interference (Singh, 2023). Over time, this practice expanded beyond religious contexts to become a practical approach for addressing psychological and emotional challenges in modern life. Although rooted in spiritual traditions, this practice of cultivating present-moment awareness has evolved into a widely applicable and practical approach to managing psychological and emotional challenges in modern life.

Shapiro (2020) expands the understanding of mindfulness by describing it as “clear comprehension,” a deliberate and conscious awareness grounded in the present moment. Traditional Buddhist teachings further enrich this understanding by highlighting concepts such as *sati* (mindful awareness with recollection), *appamada* (mindfulness combined with ethical care and responsibility), and *sampajañña* (mindfulness linked to clarity and spiritual growth) (Shonin et al., 2015). These traditional dimensions resonate strongly with modern therapeutic

approaches, where mindfulness is understood as slowing down, accepting experiences without resistance, and responding thoughtfully rather than reacting impulsively. It also encourages non-judgmental awareness, self-compassion, and kindness, demonstrating how ancient contemplative wisdom aligns with contemporary psychological goals.

In modern psychology, mindfulness is viewed as a multidimensional construct that addresses the complexities of cognition and emotion. Chen et al. (2014) distinguish between socio-cognitive mindfulness, which contrasts mindful awareness with automatic or habitual behavior, and mindfulness meditation, which develops focused and sustained attention. Shapiro (2009) further describes mindfulness as an integration of awareness, discernment, and memory. This broader conceptualization has allowed mindfulness to be incorporated into various fields, including psychotherapy, education, healthcare, and organizational settings. Through principles such as acceptance, adaptability, and compassion, mindfulness has become a practical approach for enhancing clarity, focus, and engagement with the present moment.

A substantial body of research supports the psychological and physiological benefits of mindfulness. It has been associated with improved emotional regulation, better behavioral control, and increased subjective well-being (Lomas & Jnanavaca, 2015). Physiologically, mindfulness practices contribute to reduced stress responses, lower cortisol levels, and enhanced relaxation, helping to buffer the harmful effects of chronic stress (Brown et al., 2007). Studies also link mindfulness to strengthened immune functioning, greater pain tolerance (Keng et al., 2011), and reduced symptoms of anxiety and depression. These findings underscore mindfulness as a valuable approach to promoting overall mental and physical health.

Neuroscientific research further demonstrates that mindfulness practice influences brain structure and functioning. Zou et al. (2016) report increased grey matter density in regions such as the hippocampus, which supports learning and memory, as well as in the anterior cingulate cortex and prefrontal cortex, which are associated with emotional regulation, cognitive flexibility, and sustained attention. Mindfulness has also been shown to influence activity in the amygdala, reducing emotional reactivity and enhancing regulation through stronger connections with the lateral prefrontal cortex. These neurological findings illustrate the brain's capacity for change and adaptation, highlighting mindfulness as a practice that strengthens resilience and cognitive-emotional balance.

Mindfulness-based interventions (MBIs) represent structured applications of these principles within therapeutic contexts. Mindfulness-Based Stress Reduction (MBSR) emphasizes stress reduction and relaxation through guided mindfulness practices. Mindfulness-Based Cognitive Therapy (MBCT) integrates mindfulness with cognitive-behavioral strategies to reduce the risk of depressive relapse. Other approaches, including Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Mindfulness-Based Relapse Prevention (MBRP), apply mindfulness to areas such as emotional regulation, substance use, and chronic pain. Research indicates that these interventions enhance executive functioning, memory, creativity, attention, psychological flexibility, and resilience (Hanson et al., 2018).

Beyond clinical settings, mindfulness has broader implications for ethical awareness, empathy, and reduced bias. By fostering non-judgmental and non-reactive attention, mindfulness encourages thoughtful and balanced responses to life's situations. Shapiro (2020) suggests that its deeper purpose lies in helping individuals perceive life more clearly and respond with wisdom. Sun (2014) emphasizes that mindfulness ultimately aims to alleviate

suffering and cultivate inner peace, a principle rooted in Buddhist philosophy. These ideas illustrate how mindfulness bridges its spiritual origins with modern psychological applications.

Western adaptations of mindfulness have preserved its central principles while expanding its use across diverse populations and contexts. Shonin, van Gordon, and Singh (2015) note that both Buddhist and Western approaches share a commitment to non-judgmental awareness and present-centered engagement. This convergence has established mindfulness-based therapies as effective tools for strengthening psychological well-being, building resilience, and deepening self-awareness. By integrating traditional contemplative practices with contemporary psychological science, mindfulness has become an essential resource for addressing emotional challenges and promoting holistic well-being.

Whether approached through its ancient philosophical foundations or its modern scientific applications, mindfulness offers a meaningful framework for navigating life's complexities. Its integration of contemplative wisdom and empirical research underscores its value as a transformative practice for cultivating emotional balance, cognitive clarity, and a deeper sense of connection with oneself and others.

## **1.6 Empathy, Well-being, & Mindfulness**

Empathy, mindfulness, and well-being are closely interrelated constructs that jointly influence emotional, psychological, and social health. Together they form a reinforcing cycle that supports emotional regulation, resilience, and healthier relationships. Drawing from both traditional practices and contemporary psychological research, their interaction demonstrates how personal and collective well-being can be strengthened through their integration.

Mindfulness—commonly described as non-judgmental awareness of the present moment—plays a significant role in cultivating empathy by increasing self-awareness and strengthening emotional regulation (Shapiro, 2020). When individuals are mindfully present, they are better able to attend to others' experiences without becoming overwhelmed, allowing for genuine and balanced engagement.

Research in neuroscience supports this connection between mindfulness and empathy. Mindfulness practice has been associated with increased grey matter density in brain regions linked to emotional regulation and empathic processing, including the anterior cingulate cortex and anterior insula (Zou et al., 2016). These neurological changes enhance the ability to perceive and respond sensitively to others' emotions. Chen et al. (2014) similarly note that mindfulness cultivates the clarity and awareness necessary for deeper interpersonal understanding.

Empathy itself contributes significantly to well-being by strengthening meaningful relationships and reducing feelings of isolation. Lomas and Jnanavaca (2015) observe that empathic interactions stimulate the release of oxytocin and dopamine, neurochemicals associated with bonding and positive mood. These physiological responses help lower stress, build resilience, and support immune functioning. In this way, empathy serves not only as a social strength but also as a psychological and biological buffer against stress.

Mindfulness further enhances well-being by supporting emotional regulation and reducing stress. Brown et al. (2007) demonstrate that mindfulness practice lowers cortisol levels and promotes relaxation, encouraging individuals to accept emotional experiences without reacting impulsively. This non-reactive awareness fosters self-

compassion and emotional balance, which naturally extends to greater patience and understanding in relationships. Shonin et al. (2015) also highlight the ethical dimension of mindfulness, emphasizing reflective awareness and alignment with personal values that support empathic behavior.

The combined influence of empathy and mindfulness is particularly evident in resilience, defined as the capacity to adapt positively in the face of stress. Empathy nurtures supportive social connections, while mindfulness strengthens emotional flexibility and regulation. Structured interventions such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) translate these principles into practice by teaching individuals to remain present, regulate emotional responses, and engage with others compassionately (Hanson et al., 2018). Such approaches have been shown to alleviate symptoms of anxiety and depression while enhancing psychological flexibility and overall well-being (Keng et al., 2011).

Beyond individual outcomes, empathy and mindfulness also contribute to broader social benefits. Mindfulness encourages kindness and compassion, closely aligning with empathy's role in recognizing and responding to others' suffering (Shapiro, 2020). Together, they promote ethical awareness, reduce bias, and foster more inclusive and compassionate communities.

In essence, empathy, mindfulness, and well-being operate as mutually reinforcing processes. Mindfulness strengthens empathy by enhancing awareness and emotional steadiness, while empathy enriches well-being through meaningful connection. Their ongoing interaction creates a positive cycle that supports resilience, emotional balance, and personal fulfillment. The convergence of these constructs in both traditional wisdom and modern psychology underscores their significance in promoting mental and physical health and nurturing a more compassionate and connected society.

## CHAPTER 2

### LITERATURE REVIEW

Adolescence represents a critical developmental phase marked by profound psychological, emotional, and social changes. At this stage, young individuals develop greater self-awareness, explore and shape their identities, and seek increasing independence while managing complex social and interpersonal dynamics (Bronfenbrenner, 1979). Identifying the influences on adolescent well-being is therefore vital for supporting mental health and fostering positive developmental trajectories.

#### 2.1 Adolescent Well-being

Adolescent psychological well-being emerges from the interaction of environmental, social, and personal factors, including living context, gender expectations, school climate, and social support networks. Urban and rural settings offer contrasting influences: urban environments provide broader educational and recreational opportunities but often involve increased stress, competition, and social comparison, whereas rural contexts may foster closer community ties but can also present limitations in academic opportunities, mental health services, and social engagement (Steinberg & Morris, 2001).

Gender norms also shape adolescent experiences, influencing emotional expression and coping patterns. Research indicates that girls may experience greater emotional distress linked to pressures related to appearance, academic performance, and social expectations, while boys often confront norms encouraging emotional restraint and toughness, which may hinder help-seeking behaviors (Bender et al., 2012).

The school environment significantly affects adolescent well-being, with academic pressure, peer relationships, teacher support, and experiences of bullying shaping emotional health. Supportive, inclusive school settings that encourage emotional expression and provide mental health resources tend to foster better outcomes. Conversely, high-pressure environments lacking supportive relationships or marked by peer victimization can heighten stress and negatively affect mental health (Steinberg & Morris, 2001).

Social support systems serve as vital protective factors. Strong family relationships promote emotional security and coping abilities, peer connections reduce loneliness and enhance belonging, and community resources such as mentorship programs and youth services strengthen adolescents' ability to manage challenges and develop a positive self-image (Ennett & Bauman, 1996).

Psychological capacities such as empathy, resilience, and mindfulness further contribute to adolescent well-being. Empathy supports healthy relationships and prosocial behavior, enhancing emotional satisfaction (Gaspar & Esteves, 2022). Resilience enables adolescents to adapt effectively to adversity, lowering vulnerability to anxiety and depression (Masten et al., 2011). Mindfulness, through present-moment awareness and emotional regulation, helps reduce stress and promotes emotional balance and self-reflection (Tang et al., 2021).

Overall, adolescent well-being reflects a combination of environmental conditions, social support, and psychological strengths. Recognizing these influences is essential for designing effective mental health interventions, while strengthening empathy, resilience, and mindfulness can help adolescents navigate this developmental period with greater emotional stability.

Well-being measurement frameworks further support this multidimensional understanding. Seligman's concept of flourishing, outlined through the PERMA model—Positive emotion, Engagement, Relationships, Meaning, and Accomplishment—captures well-being across multiple domains. The PERMA-Profiler demonstrates reliable model fit and validity, enabling individuals and institutions to track well-being across psychosocial areas through domain-based profiles (Butler & Kern, 2016).

Empirical testing of the PERMA model among Australian male adolescents aged 13–18 revealed four PERMA components alongside two ill-being dimensions, depression and anxiety. Associations were observed with variables such as life satisfaction, hope, gratitude, school engagement, growth mindset, spirituality, physical vitality, physical activity, somatic complaints, and stressful experiences, underscoring the importance of a multidimensional approach. Such assessments can guide schools in implementing targeted supports—for example, buddy systems to strengthen social connections among students with weaker peer relationships (Kern et al., 2014; Seligman, 2011).

## **2.2 The Role of the EPOCH Measure in Assessing Adolescent Well-Being**

The EPOCH Measure assesses adolescent well-being through five positive psychological dimensions: engagement, perseverance, optimism, connectedness, and happiness. A large-scale validation study involving 17,854 Chinese adolescents confirmed the measure's reliability and usefulness in evaluating well-being among young people (Zeng & Kern, 2019).

Analyses supported the proposed five-factor structure and showed strong internal consistency across the domains. However, the study also noted certain limitations, particularly weaker consistency over time, especially in the engagement component. Happiness showed the strongest association with overall well-being, possibly reflecting a halo effect. Perseverance was closely related to grit, self-control, and academic success, while self-efficacy and self-awareness were linked with both perseverance and optimism. Overall, the findings support the EPOCH model as a valuable tool for understanding adolescent psychological functioning, while indicating the need for further work to improve its long-term stability.

## **2.3 Urban and Rural Differences in Adolescent Well-Being**

Research comparing adolescents across rural and urban settings highlights how environmental and cultural contexts influence resilience and well-being. Koneru and Yenagi (2024), studying adolescents from grades 8–10 in Dharwad and Hyderabad, found that rural adolescents generally demonstrated higher resilience than urban adolescents. In Dharwad, rural youth showed stronger scores in mastery, relatedness, emotional regulation, and overall resilience. In Hyderabad, rural adolescents also scored higher in mastery and relatedness, though emotional reactivity differences were not significant. Adolescents in Dharwad overall displayed greater resilience than those in Hyderabad, suggesting regional factors beyond simple rural–urban differences. The authors attribute these patterns to variations in upbringing, emotional intelligence, social support, and exposure to real-life challenges, with rural settings potentially strengthening coping abilities while urban environments often involve academic pressure and reduced support networks.

Chauhan and Dubey (2021) similarly compared psychological well-being among late adolescents in rural and urban areas, examining life satisfaction, efficiency, sociability, mental health, and interpersonal relationships. Using a balanced sample of 100 adolescents, the study found that rural adolescents showed greater sociability

and overall well-being. Stronger family and community connections in rural settings were suggested as contributing factors supporting adolescent well-being.

Supporting these findings, Bhat (2018) examined psychological well-being among 519 senior secondary students in Kashmir Valley and observed higher well-being among rural students compared to urban students. The study linked this difference to higher stress levels typically associated with urban living. It also noted that differences between private and government schools were minimal, indicating that environmental influences such as family and lifestyle play a stronger role than school infrastructure alone. The findings emphasized the need to reduce stress within urban school settings to promote adolescent mental health.

However, contrasting results were reported by Kaur (2019), who found that while many rural adolescents displayed average well-being, urban adolescents showed comparatively higher levels of well-being. This suggests that access to educational, social, and recreational opportunities in urban environments can positively influence mental health. The study highlighted the importance of school-based initiatives to strengthen adolescent well-being across contexts.

Further, Patil and Adsul (2017) examined the relationship between resilience and well-being among adolescents in Kolhapur city, finding a strong positive correlation between the two. Adolescents with higher resilience reported greater well-being, reinforcing resilience as a protective factor against stress. The study also found that male adolescents scored higher in resilience and well-being than females, possibly reflecting differences in coping resources or support systems. Additionally, resilience components such as emotional regulation, problem-solving skills, and social support were all positively linked with well-being.

Together, these studies demonstrate that adolescent well-being varies across rural and urban contexts, influenced by environmental stressors, social support systems, and resilience factors, while also highlighting the complex and sometimes contrasting patterns across regions and populations.

## **2.4 Psychological Well-Being and Adolescent Mental Health**

Research consistently shows that adolescent psychological well-being is shaped by family support, personal strengths, school environments, and emotional regulation capacities. Desrianty et al. (2021) found that effective family functioning significantly enhances psychological well-being among Indonesian high school students, highlighting the importance of resilience-building and family-focused interventions. The study also recommended integrating stress management and emotional regulation strategies within school counseling services to strengthen adolescent coping skills.

Vinayak et al. (2018) examined resilience and empathy as predictors of psychological well-being among adolescents aged 15–18. Both traits showed positive relationships with well-being, though their influence varied by gender. Resilience emerged as a stronger predictor for boys, explaining nearly half of the variation in their well-being, with resilient boys reporting better emotional health and optimism. For girls, empathy played a more prominent role, accounting for a larger share of well-being outcomes, as empathetic girls demonstrated stronger relationships and self-acceptance. Despite these differences in pathways, overall well-being levels did not significantly differ between boys and girls, consistent with earlier findings that gender influences coping styles and social connections (Mestre et al., 2009).

Campbell and Osborn (2021), studying Kenyan adolescents, explored how depression and anxiety relate to psychological well-being using network analysis. Results revealed two interconnected but distinct clusters: one representing psychopathology and the other representing well-being. Family emotional support and communication emerged as central protective factors, while depressed mood negatively affected optimism and life satisfaction. The study emphasized strengthening well-being and family engagement as important strategies for improving adolescent mental health, particularly in resource-limited contexts.

Korlat et al. (2022) investigated how gender role self-concepts influence school-related well-being. Adolescents displaying both traditionally masculine and feminine traits (androgynous profiles) showed the highest well-being across engagement, perseverance, optimism, connectedness, and happiness. Girls generally scored higher than boys on several well-being indicators. The study suggested that school programs encouraging both expressive and achievement-oriented traits can support better student well-being outcomes.

Addressing school-related stress, Özhan and Yüksel (2021) examined school burnout among high school students and found that effective self-regulation, supportive teacher and peer relationships, and family involvement reduce burnout risk. Conversely, burnout was associated with poorer academic performance and lower psychological well-being. These findings underline the importance of strengthening supportive educational environments and student coping skills to protect mental health.

Zeng, Peng, and Hu (2019) analyzed well-being traits among Chinese adolescents using the EPOCH model and identified cheerfulness, engagement in activities, and optimism about the future as central elements of adolescent well-being. Enhancing these characteristics may therefore serve as an effective intervention focus.

Morrish et al. (2019) examined emotion regulation using both self-reported and physiological measures among adolescents and found that better regulation predicted resilience, perseverance, connectedness, and happiness while reducing symptoms of anxiety and depression. Physiological indicators also supported links between regulation capacity and positive outcomes, suggesting that emotion regulation training can strengthen adolescent resilience and well-being.

Finally, Halliday et al. (2019) demonstrated that involving students directly in participatory action research (PAR) improves the development and effectiveness of positive education programs. Their study showed increases in student engagement and self-efficacy following participation, indicating that student involvement can strengthen well-being initiatives in schools.

Overall, these studies highlight that adolescent psychological well-being is influenced by family and school support, resilience, empathy, emotion regulation, and inclusive educational approaches. Interventions that strengthen these protective factors can significantly enhance adolescent mental health and adjustment.

## **2.5 Mindfulness and Adolescent Mental Health**

Research increasingly demonstrates the protective role of mindfulness in adolescent mental health. Pepping et al. (2016) found that lower levels of mindfulness were linked with poorer mental health outcomes, with expressive suppression—an ineffective emotional regulation strategy—mediating increased symptoms of depression, anxiety, and stress. These findings indicate that dispositional mindfulness supports emotional regulation and helps buffer psychological distress during adolescence. Similar conclusions were drawn by Zoogman et al. (2015), who reported

small-to-moderate improvements in psychological symptoms following mindfulness training among both clinical and non-clinical adolescent populations.

Leavitt et al. (2020) investigated mindfulness in relation to adolescent behavioral and psychological outcomes among both sexually active and non-sexually active youth. Adolescents with higher levels of trait mindfulness reported better self-efficacy, healthier body image, and stronger communication with parents. Among sexually active adolescents, mindfulness specific to sexual experiences was associated with healthier attitudes, reduced shame and anxiety, and greater confidence and openness in communication. The findings suggest that mindfulness can support thoughtful and responsible decision-making, including issues related to consent, and should be encouraged by caregivers and educators to help adolescents navigate developmental challenges.

Jaismin et al. (2023) examined the effectiveness of an eight-week Mindfulness-Based Intervention (MBI) program in reducing academic anxiety among rural adolescents, a group often facing limited access to mental health resources. Screening 600 students and selecting 47 participants for intervention, the study observed significant reductions in academic anxiety alongside improvements in mindfulness and subjective well-being from pre-intervention through follow-up. These results indicate that MBI can effectively enhance emotional well-being and reduce academic stress among rural students.

Haleemunnissa et al. (2021) assessed Mindfulness Integrated Cognitive Therapy (MICT) for children and adolescents with obsessive-compulsive disorder. After fourteen therapy sessions, participants showed marked reductions in obsessive-compulsive symptoms and dysfunctional beliefs, alongside improvements in mindfulness and quality of life. Notably, clinical symptom scores decreased substantially, suggesting that MICT could serve as an effective treatment option, though further research is recommended.

A broader review by Abujaradeh et al. (2018) evaluated mindfulness-based interventions among adolescents with chronic psychological and physical conditions. While such interventions were generally feasible and acceptable, results regarding psychological and physical outcomes varied across studies. The authors concluded that more rigorous research, including large randomized controlled trials, is needed to clarify their effectiveness in clinical populations.

Carson and Langer (2006) discussed mindfulness from a cognitive perspective, emphasizing its role in fostering unconditional self-acceptance. They argue that mindful thinking encourages flexibility, authenticity, and reduced reliance on external judgment, helping individuals move beyond rigid self-evaluations and social comparisons. Mindfulness, in this view, enables individuals to consciously embrace personal growth and responsibility.

Burke (2010) reviewed the emerging use of mindfulness-based approaches with children and adolescents, noting that while programs like Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) appear feasible, research remains limited. The review calls for more standardized and rigorous studies to establish clear evidence of effectiveness. Overall, current evidence suggests that mindfulness strengthens emotional regulation, reduces psychological distress, and supports well-being among adolescents, though continued research is necessary to further refine and expand its applications.

## 2.6 Empathy and Adolescent Mental Health

Research indicates that empathy and related prosocial qualities play a significant role in shaping adolescent mental health and well-being. Kaushik (2020) examined empathy and altruism among adolescents from rural and urban schools and found that rural adolescents displayed higher levels of both traits, with females generally showing greater empathy. Altruism was positively associated with social well-being, suggesting that prosocial behavior contributes meaningfully to adolescent development. The findings highlight the importance of promoting empathy and altruism within educational environments where peer interactions strongly influence social behavior.

Similarly, Fu et al. (2022) demonstrated that empathy and social support significantly influence prosocial behavior among Chinese adolescents, with perceived social support serving as a key mediator. The study emphasized the need for educational programs to strengthen empathy and social support systems, particularly in boarding schools, and recommended integrating culturally relevant narratives to develop socio-emotional and civic competencies.

Expanding on these findings, Wachs et al. (2023) evaluated the HateLess program aimed at preventing hate speech among adolescents. Results showed improvements in empathy, self-efficacy, and counter-speech behaviors shortly after participation, with empathy and self-efficacy partly explaining increases in positive responses to online hate. The study supports incorporating empathy training into scalable programs designed to promote responsible digital citizenship.

Longitudinal work by Nasaescu et al. (2023) explored how empathy, moral competencies, and parental influences relate to antisocial behavior among Spanish youth. Findings indicated that moral disengagement and parental modeling of such attitudes were strong predictors of antisocial conduct, while responsible decision-making skills helped reduce transitions toward problematic behavior, particularly among early adolescent boys.

Garandeau et al. (2021) assessed the Finnish KiVa anti-bullying program and found it effectively enhanced both cognitive and emotional empathy across diverse student groups. The study suggested that empathy-building should remain central to anti-bullying initiatives and proposed that future programs could incorporate technologies such as virtual reality to deepen understanding of peer victimization.

In examining online aggression, Fang et al. (2020) found that callous-unemotional traits were linked to cyberbullying behavior among Chinese college students, with moral disengagement partly explaining this association. Importantly, empathy weakened this link, indicating that higher empathy can reduce the likelihood of harmful online behavior, underscoring its relevance in cyberbullying prevention strategies.

Neuroscientific research further clarifies empathy development. Kim et al. (2020) compared empathy processing in adolescents and adults using fMRI and found that adolescents demonstrated lower cognitive and emotional empathy abilities. Brain imaging showed heightened activation in emotional processing regions among adolescents, suggesting compensatory mechanisms due to still-developing cognitive empathy systems.

Research by Li et al. (2024) examined empathy and loneliness among rural Chinese children separated from migrant worker parents. Results indicated that social anxiety and psychological resilience mediated the relationship between empathy and loneliness. Affective empathy was linked to greater loneliness through increased social anxiety, whereas cognitive empathy reduced loneliness. The study recommends interventions that

strengthen cognitive empathy and resilience while promoting healthy emotional and social development through educational and recreational engagement.

Collectively, these studies emphasize empathy's crucial role in promoting prosocial behavior, reducing aggression, and supporting mental health among adolescents, while also highlighting the need for interventions that foster empathy alongside resilience and supportive social environments.

## **2.7 Resilience and Adolescent Mental Health**

Resilience plays a vital role in helping adolescents cope with academic, emotional, and social challenges. Kanak and Rangila (2024) explored adolescents' understanding of resilience through interviews and resilience assessments among students in Delhi. Participants described resilience as involving patience, perseverance, and endurance, viewing it as essential for academic achievement, emotional stability, and personal growth. Many adolescents emphasized adopting a growth mindset, seeing setbacks as opportunities to learn. The study also highlighted the importance of support from family, peers, and mentors in strengthening resilience, while identifying academic pressure and family conflicts related to studies and screen time as major stressors that weaken adolescents' coping capacity.

Research among university students also confirms resilience's positive role in well-being. Kalonia, Garhwal, and Singh (2023) found that higher resilience levels were linked to greater life satisfaction and psychological well-being, helping students manage academic, financial, and interpersonal challenges. Similarly, Manivannan and Venkataraman (2022) reported gender differences in resilience among higher secondary students in Tamil Nadu, with male students demonstrating higher resilience levels, highlighting the need for resilience-building efforts during late adolescence.

Kumar and Varma (2021) examined resilience and emotional intelligence among adolescents in Chandigarh and found a strong positive relationship between the two, indicating that adolescents who better understand and regulate emotions are more capable of developing effective coping strategies. The study also identified risk factors that hinder resilience, including difficult temperament, low cognitive resources, adverse family environments, parental mental health issues, separation, and socioeconomic disadvantage. Gender differences emerged as well, with female adolescents scoring higher in both emotional intelligence and resilience, suggesting stronger emotional processing and coping capacities. These findings underscore the importance of strengthening emotional and coping skills to support adolescent well-being.

Further supporting these links, Akbari and Khormaiee (2015) demonstrated that resilience mediates the relationship between emotional intelligence and psychological well-being among high school students. Their findings show that resilience not only predicts well-being but also helps translate emotional competence into positive mental health outcomes. The authors recommend integrating resilience training into educational settings to improve students' emotional regulation and coping skills.

Collectively, these studies highlight resilience as a key protective factor in adolescent mental health, strengthened by emotional intelligence and social support while undermined by environmental and personal stressors. Strengthening resilience through targeted educational and psychosocial interventions can therefore play a crucial role in promoting adolescent well-being.

## 2.8 Conclusion

Recent literature reflects a clear paradigm shift in adolescent well-being research toward integrative, context-sensitive, and developmentally informed frameworks. Moving beyond deficit-based models, contemporary scholarship increasingly conceptualizes well-being as a multidimensional construct, consistent with the EPOCH model encompassing engagement, perseverance, optimism, connectedness, and happiness. Within this framework, mindfulness has emerged as a critical psychological resource, with evidence indicating its significant role in enhancing emotional regulation, attentional control, and anxiety reduction among adolescents, including those in Indian contexts (Jobin et al., 2025; Bhattacharya, 2025). These findings reinforce the growing emphasis on preventive mental health approaches within school and community settings.

Parallel to this, resilience research has evolved from trait-based conceptualizations to dynamic, process-oriented models that emphasize adaptive functioning in the face of adversity. Recent meta-analytic evidence suggests that resilience-based interventions—particularly those integrating cognitive-behavioral strategies, physical activity, and socio-emotional skill-building—produce meaningful improvements in adolescent psychological outcomes (Ciren et al., 2025; Cai et al., 2025). Importantly, resilience is increasingly understood as embedded within socio-cultural and ecological systems, making it particularly relevant in diverse and stratified contexts such as India.

In addition, culturally grounded interventions such as yoga have gained empirical support as effective and scalable approaches to enhancing adolescent well-being. Such practices not only align with indigenous knowledge systems but also contribute to improvements in emotional regulation, stress reduction, and overall psychological functioning (Babu et al., 2026). These approaches hold particular promise in low-resource and rural settings, where access to formal mental health services remains limited.

Within the Indian context, however, adolescent well-being continues to be shaped by significant socio-cultural factors, including stigma, disparities in access to mental health resources, and rural–urban inequalities. Emerging evidence highlights that adolescents in rural areas often face compounded vulnerabilities due to limited service availability and socio-economic constraints, whereas urban adolescents encounter challenges related to academic pressure, digital exposure, and social comparison. These contextual differences necessitate differentiated and culturally responsive intervention strategies.

In this regard, empathy emerges as a crucial yet relatively underexplored component of adolescent well-being. As a socio-emotional competency, empathy facilitates interpersonal connectedness, prosocial behavior, and emotional understanding, thereby contributing directly to the ‘connectedness’ and ‘happiness’ domains of the EPOCH model. When integrated with mindfulness and resilience, empathy forms part of a broader psychosocial framework that supports adaptive development and well-being.

Taken together, the reviewed literature underscores the importance of an integrative framework that situates adolescent well-being within a multidimensional model such as EPOCH, incorporating key psychological constructs including empathy, resilience, and mindfulness. These factors emerge as critical contributors to well-being across both rural and urban contexts, with empathy fostering interpersonal connectedness and emotional understanding, resilience enabling adaptive coping in the face of adversity, and mindfulness enhancing emotional regulation while reducing stress and anxiety. While contextual differences exist—such as greater access to formal mental health services in urban settings and stronger community-based support systems in rural areas—the overall evidence

suggests that these socio-emotional resources operate across contexts to support adolescent mental health. Consequently, an integrated approach that acknowledges both universal developmental processes and context-specific influences is essential for a comprehensive understanding of adolescent well-being.

## CHAPTER 3

### METHOD

The study involved 600 boys and girls aged 13 to 17 from 8th to 12th standard in English and Marathi medium schools and junior colleges in Mumbai, Navi Mumbai, and rural areas of Chiplun and Raigad in Maharashtra. Participants were from nine educational institutes—four in rural and five in urban areas. A total of 1900 candidates were screened, and 600 were selected based on their well-being scores using a convenience sampling method. The mean age of participants was 15.33 years with a standard deviation of 1.27.

➤ **Inclusion Criteria:**

- Students from 8th to 12th grade
- Co-ed schools and junior colleges
- English and Marathi medium

➤ **Exclusion Criteria:**

- Convent schools and women's junior colleges or universities

➤ **Variables**

**Independent Variable 1 (IV 1):** Well-being is measured at 2 levels- High Well-being and Low Well-being.

**Independent Variable 2 (IV 2):** Geographical location measured at 2 levels- Urban geographical location and rural geographical location.

**Dependent variable 1 (DV 1):** Empathy

**Dependent Variable 2 (DV 2):** Resilience

**Dependent variable 3 (DV 3):** Mindfulness

➤ **Research Design**

The design for this study is 2x2 factorial design.

➤ **Operational Definition**

**Wellbeing-**

Well-being, as defined by Kern et al. (2016), encompasses five key youth attributes: engagement, perseverance, optimism, connectedness, and happiness. These attributes form the basis of an EPOCH model of well-being, which also holds predictive value for adult well-being.

**Empathy**

Jolliffe and Farrington (2004) define empathy as a cognitive and affective process. According to them, empathy involves understanding another person's emotional state and sharing that emotional state.

## **Resilience**

Ungar et al. (2017) defined resilience as both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.

## **Mindfulness**

According to Baer et al., (2004), Greco's concept of mindfulness is based on a multidimensional conceptualization of mindfulness originally included in the Kentucky Inventory of Mindfulness Skills (KIMS).

## **Geographical location**

This study focuses on both rural and urban regions within the state of Maharashtra. The urban areas selected are Mumbai and Navi Mumbai, while the rural areas include villages from Chiplun Taluka (specifically, Shirgao and Sati) and Raigad District (Nandavi village).

### ➤ **Tools**

In the present study, four separate tools were employed to gather data. The Basic Empathy Scale (BES) was used to measure empathy, which has previously been applied with Indian adolescents by Gupta and Kiran (2021). Mindfulness was assessed using the Child and Adolescent Mindfulness Measure (CAMM), which has been utilized in the Indian context by Peter et al. (2022). Resilience was measured using the Child and Youth Resilience Measure (CYRM), validated for use with Indian adolescents by Singh, Bandyopadhyay, and Raina (2022).

### **Demographic questionnaire**

A questionnaire was developed for the current study to gather demographic information, including age, gender, the optional disclosure of participants' names, educational institution, current grade level, and date of birth. Additionally, the questionnaire included statements about the participant's consent.

### ➤ **Statistical Analysis**

In the present research, a two-way analysis of variance (ANOVA), correlation and regression analyses were performed.

### ➤ **Procedure**

The study began by securing formal consent from the school and college management. An appointment was made with the principal to explain the study's nature, time requirements, and ethical considerations, leading to written permission. Parental consent was later sought for participants aged 13-17, enrolled in grades 8 to 12.

The survey was conducted over several months based on the schools' availability. Research questionnaires and demographic sheets were distributed, with instructions provided in both Marathi and English, and assistance available for clarification. After completing the questionnaires, participants were debriefed, and no discomfort was reported during the data collection process.

### ➤ **Ethical Consideration**

Before starting the data collection, we obtained explicit consent from the participants' parents following ethical guidelines. They received an informed consent form detailing the study's purpose, objectives, and confidentiality measures, assuring that there were no risks involved. Participants were also provided a form stating

that their data would only be used for the study and kept confidential. They could omit their names and withdraw from the study at any time. Consent forms were sent with students to secure parental permission before recruitment

## **HYPOTHESES**

*H 1* There will be a significant difference between adolescents with higher and lower well-being from urban and rural geographical locations on empathy.

*H 2* There will be a significant difference in empathy between adolescents from rural and urban geographical locations.

*H 3* There will be a significant difference in empathy between adolescents with higher and lower well-being.

*H 4* There will be a significant difference between adolescents with higher and lower wellbeing from urban and rural geographical locations on resilience.

*H 5* There will be a significant difference in resilience between adolescents from rural and urban geographical locations.

*H 6* There will be a significant difference in resilience between adolescents scoring high and low on categories of well-being.

*H 7* There will be a significant difference between adolescents with higher and lower wellbeing from urban and rural geographical locations on mindfulness.

*H 8* There will be a significant difference in mindfulness between adolescents from rural and urban geographical locations.

*H 9* There will be a significant difference in mindfulness between adolescents with higher and lower well-being.

*H 10* There will be a significant positive correlation between empathy, resilience, and mindfulness among adolescents from rural geographical locations with low well-being.

*H 11* There will be a significant positive correlation between empathy, resilience, and mindfulness among adolescents from urban geographical locations with low well-being.

*H 12* There will be a significant positive correlation between empathy, resilience, and mindfulness among adolescents from rural geographical locations with high well-being.

*H 13* There will be a significant positive correlation between empathy, resilience, and mindfulness among adolescents from urban geographical locations with high well-being.

*H 14* Well-being will significantly predict Empathy among adolescents from Urban and Rural geographical locations.

*H 15* Well-being will significantly predict Resilience among adolescents from urban and rural geographical locations.

*H 16* Wellbeing will significantly predict Mindfulness among adolescents of rural and urban geographical locations.

## CHAPTER 4

### RESULTS

The present study examined the influence of well-being on empathy, resilience, and mindfulness among adolescents from rural and urban backgrounds. Data were first subjected to normalization procedures to detect and manage outliers. Missing responses, data entry inaccuracies, and inconsistencies were identified and corrected. Initial screening verified that statistical assumptions required for further analyses were met. Skewness and kurtosis values fell within the acceptable range ( $\pm 2$ ), supporting the assumption of normal distribution.

Following data cleaning, responses were systematically organized and coded, after which descriptive statistics were computed. Inferential analyses were then conducted using two-way analysis of variance (ANOVA), along with correlation and regression techniques, to examine relationships and predictive effects among the variables.

**Table 4.1: Empathy in adolescents from urban and rural areas and their well-being**

*Descriptive Statistics of empathy for adolescent's well-being in urban and rural geographical locations*

|    | <b>Wellbeing</b> | <b>Geographical Location</b> | <b>M</b> | <b>SD</b> | <b>N</b> |
|----|------------------|------------------------------|----------|-----------|----------|
| 1. | Low              | Rural                        | 63.89    | 10.65     | 150      |
|    |                  | Urban                        | 66.57    | 9.62      | 150      |
|    |                  | Total                        | 65.23    | 10.22     | 300      |
| 2. | High             | Rural                        | 71.05    | 8.82      | 150      |
|    |                  | Urban                        | 71.33    | 7.92      | 150      |
|    |                  | Total                        | 71.19    | 8.37      | 150      |
|    | Total            | Rural                        | 67.47    | 10.40     | 300      |
|    |                  | Urban                        | 68.95    | 9.11      | 300      |
|    |                  | Total                        | 68.21    | 9.80      | 600      |

As depicted in Table 4.1, the mean score of empathy for adolescents with low well-being was  $M=65.23$ , and  $SD = 10.22$ . For adolescents with high well-being, the mean empathy was  $M=71.19$ , and  $SD= 8.37$ . This suggests that adolescents with high well-being tend to exhibit higher levels of empathy compared to those with low well-being.

Among adolescents from rural areas, the mean empathy was  $M=67.47$ , and  $SD = 10.40$ , while for adolescents from urban areas, the mean empathy was  $M=68.95$ , and  $SD= 9.11$ . This indicates that empathy was slightly higher among urban adolescents compared to their rural counterparts.

**Table 4.2: Analysis of variance (ANOVA) for empathy of adolescent's well-being in urban and rural geographical locations**

| Source                   | Sum of Squares       | df  | Mean Square | F        | Sig   | $\eta_p^2$ |
|--------------------------|----------------------|-----|-------------|----------|-------|------------|
| Corrected Model          | 5872.80 <sup>a</sup> | 3   | 1957.60     | 22.57    | 0.00  | 0.10       |
| Intercept                | 2791835.30           | 1   | 2791835.30  | 32198.17 | 0.00  | 0.98       |
| Well Being               | 5328.24              | 1   | 5328.24     | 61.45    | 0.00* | 0.09       |
| Geographical Location    | 328.56               | 1   | 328.56      | 3.78     | 0.05* | 0.00       |
| WB/Geographical Location | 216.00               | 1   | 216.00      | 2.49     | 0.11  | 0.00       |
| Error                    | 51677.89             | 596 | 86.70       |          |       |            |
| Total                    | 2849386.00           | 60  |             |          |       |            |
| Corrected Total          | 57550.69             | 599 |             |          |       |            |

a. R Squared = .102 (Adjusted R Squared = .098)

b. Computed using alpha = .05

The analysis of variance on wellbeing ( $F(1, 596) = 61.45$ ,  $p < 0.00$ ,  $\eta^2 = 0.09$ ) indicated that high and low wellbeing has a statistically significant effect on the empathy of adolescents. The obtained data aligns the hypothesis stating that there will be a significant difference in empathy between adolescents with higher and lower well-being. Hence, this hypothesis was accepted.

The analysis of variance on geographical location ( $F(1, 596) = 3.78$ ,  $p = 0.05$ ,  $\eta^2 = 0.00$ ) indicated that urban and rural areas does have a statistically significant effect on the empathy of adolescents. The obtained data aligns with the hypothesis that there will be a significant difference in empathy between adolescents from rural and urban geographical locations. Therefore, this hypothesis was accepted.

As observed in Table 4.2 there was no statistically significant interaction effect found between geographical location and well-being on empathy ( $F(1, 596) = 2.49$ ,  $p > .05$ ,  $\eta^2 = 0.00$ ). Thus, the obtained data does not align with the hypothesis proposing that there will be a significant difference between adolescents with higher and lower well-being from urban and rural areas on empathy. Therefore, this hypothesis was rejected.

**Table 4.3: Resilience in adolescents from urban and rural geographical locations and their well-being***Descriptive Statistics of Resilience for adolescents from urban and rural geographical locations*

|    | <b>Wellbeing</b> | <b>Geographical Location</b> | <b>M</b> | <b>SD</b> | <b>N</b> |
|----|------------------|------------------------------|----------|-----------|----------|
| 1. | Low              | Rural                        | 62.17    | 12.11     | 150      |
|    |                  | Urban                        | 55.46    | 9.82      | 150      |
|    |                  | Total                        | 58.82    | 11.51     | 300      |
| 2. | High             | Rural                        | 76.78    | 5.42      | 150      |
|    |                  | Urban                        | 73.67    | 6.91      | 150      |
|    |                  | Total                        | 75.23    | 6.40      | 300      |
|    | Total            | Rural                        | 69.48    | 11.88     | 300      |
|    |                  | Urban                        | 64.57    | 12.45     | 300      |
|    |                  | Total                        | 67.02    | 12.41     | 600      |

As depicted in Table 4.3, the mean score of resilience for adolescents with low well-being was  $M=58.82$ , and  $SD= 11.515$ . For adolescents with high well-being, the mean resilience was  $M=75.23$ , and  $SD= 6.40$ . This indicates that adolescents with high well-being demonstrate significantly greater resilience compared to those with low well-being.

Among adolescents from rural areas, the mean score of resilience was  $M=69.48$ , and  $SD= 11.88$ , while for adolescents from urban areas, the mean resilience was  $M=64.57$ , and  $SD= 12.45$ . This suggests that resilience was slightly higher among rural adolescents compared to their urban counterparts.

**Table 4.4: Analysis of variance (ANOVA) for resilience of adolescent well-being in urban and rural geographical locations**

| <b>Source</b>            | <b>Sum of Squares</b> | <b>df</b> | <b>Mean Square</b> | <b>F</b> | <b>Sig</b> | <b><math>\eta_p^2</math></b> |
|--------------------------|-----------------------|-----------|--------------------|----------|------------|------------------------------|
| Corrected Model          | 44497.23 <sup>a</sup> | 3         | 14832.41           | 184.97   | 0.00       | 0.48                         |
| Intercept                | 2695142.28            | 1         | 2695142.28         | 33610.68 | 0.00       | 0.98                         |
| Well Being               | 40393.21              | 1         | 40393.21           | 503.73   | 0.00*      | 0.45                         |
| Geographical Location    | 3616.21               | 1         | 3616.21            | 45.09    | 0.00*      | 0.07                         |
| WB/Geographical location | 487.80                | 1         | 487.80             | 6.08     | 0.01*      | 0.01                         |
| Error                    | 47791.48              | 596       | 80.18              |          |            |                              |
| Total                    | 2787431.00            | 600       |                    |          |            |                              |
| Corrected Total          | 92288.71              | 599       |                    |          |            |                              |

a. R Squared = .482 (Adjusted R squared = .480)

b. Computed using alpha = .05

The analysis of variance on Wellbeing ( $F(1, 596) = 503.73, p < .05$ , partial  $\eta^2 = .45$ ) indicated that high and low wellbeing has a statistically significant effect on the resilience of adolescents. The obtained data does align with the hypothesis stating that there will be a significant difference in resilience between adolescents with higher and lower wellbeing. Hence, this hypothesis was accepted.

The analysis of variance on geographical location ( $F(1, 596) = 45.09, p < .05$ , partial  $\eta^2 = .07$ ) indicated that urban and rural locations does have a statistically significant effect on the resilience of adolescents. The obtained data aligns with the hypothesis that there will be a significant difference in resilience between adolescents from rural and urban geographical locations. Thus, this hypothesis was accepted.

As observed in Table 4.4, there is a statistically significant interaction effect found between geographical location and well-being on resilience ( $F(1, 596) = 6.08, p < .05$ , partial  $\eta^2 = .01$ ). This obtained data aligns with the hypothesis proposing that there will be a significant difference between adolescents with higher and lower well-being from urban and rural areas on resilience. Thus, this hypothesis was accepted.

**Table 4.5: Mindfulness in adolescents from urban and rural geographical locations and their well-being**

*Descriptive Statistics of Mindfulness for adolescents from urban and rural geographical locations.*

|    | <b>Wellbeing</b> | <b>Geographical Location</b> | <b>M</b> | <b>SD</b> | <b>N</b> |
|----|------------------|------------------------------|----------|-----------|----------|
| 1. | Low              | Rural                        | 22.95    | 5.13      | 150      |
|    |                  | Urban                        | 20.55    | 7.16      | 150      |
|    |                  | Total                        | 21.75    | 6.33      | 300      |
| 2. | High             | Rural                        | 21.19    | 5.75      | 150      |
|    |                  | Urban                        | 22.74    | 6.89      | 150      |
|    |                  | Total                        | 21.96    | 6.38      | 300      |
|    | Total            | Rural                        | 22.07    | 5.51      | 300      |
|    |                  | Urban                        | 21.65    | 7.10      | 300      |
|    |                  | Total                        | 21.86    | 6.35      | 600      |

As depicted in Table 4.5, the mean score of mindfulness for adolescents with low well-being was  $M= 21.75$ , and  $SD= 6.33$ . For adolescents with high well-being, the mean mindfulness was  $M=21.96$ , and  $SD=6.38$ . This suggests that there is minimal difference in mindfulness between adolescents with low and high well-being.

Among adolescents from rural areas, the mean score of mindfulness was  $M=22.07$ , and  $SD=5.51$ , while for adolescents from urban areas, the mean mindfulness was  $M=21.65$ , and  $SD= 7.10$ . This indicates that mindfulness was slightly higher among rural adolescents compared to their urban counterparts.

**Table 4.6: Analysis of variance (ANOVA) for mindfulness of adolescent well-being in urban and rural geographical locations**

| Source                   | Sum of Squares      | df  | Mean Square | F       | Sig.  | $\eta^2$ |
|--------------------------|---------------------|-----|-------------|---------|-------|----------|
| Corrected Model          | 619.57 <sup>a</sup> | 3   | 206.52      | 5.21    | 0.00  | 0.02     |
| Intercept                | 286672.04           | 1   | 286672.04   | 7242.94 | 0.00  | 0.92     |
| Well Being               | 6.61                | 1   | 6.61        | 0.16    | 0.68* | 0.00     |
| Geographical Location    | 26.88               | 1   | 26.88       | 0.67    | 0.41* | 0.00     |
| WB/Geographical location | 586.08              | 1   | 586.08      | 14.80   | 0.00* | 0.02     |
| Error                    | 23589.38            | 596 | 39.57       |         |       |          |
| Total                    | 310881.00           | 600 |             |         |       |          |
| Corrected Total          | 24208.95            | 599 |             |         |       |          |

The analysis of variance on wellbeing ( $F(1,596) = 0.16$ ,  $p > 0.05$ , partial  $\eta^2 = .00$ ) indicated that high and low wellbeing did not have a statistically significant effect on the mindfulness of adolescents. The obtained data does not align with the given hypothesis stating that there will be a significant difference in mindfulness between adolescents with higher and lower well-being. Hence, the hypothesis was rejected.

The analysis of variance on geographical location ( $F(1,596) = 0.67$ ,  $p > 0.05$ , partial  $\eta^2 = .00$ ) indicated that urban and rural locations does not have a statistically significant effect on the mindfulness of adolescents. The obtained data does not align with the hypothesis that there will be a significant difference in mindfulness between adolescents from rural and urban geographical locations. Thus, the hypothesis was rejected.

Table 4.6 depicts a statistically significant interaction effect between geographical location and well-being on mindfulness ( $F(1,596) = 14.80$ ,  $p < 0.05$ , partial  $\eta^2 = .02$ ). However, Well-being and geographical locations were found to be non-significant. The obtained data does not align with the hypothesis that there will be a significant difference between adolescents with higher and lower well-being from urban and rural areas on mindfulness. Therefore, this hypothesis was rejected.

#### ***Empathy, Resilience and Mindfulness for Urban and Rural Geographical Locations among Adolescents with High and Low Well-being***

**Table 4.7**

*Correlations between Empathy, Resilience and Mindfulness among adolescents from rural geographical locations with Low Well-being*

| Variables   | Mindfulness | Empathy | Resilience |
|-------------|-------------|---------|------------|
| Mindfulness | 1           | -0.10   | 0.12       |
| Empathy     | -0.10       | 1       | 0.28**     |
| Resilience  | 0.12        | 0.28**  | 1          |

\*\* . Correlation is significant at the 0.01 level

As depicted in table 4.7, The correlation between resilience and empathy was found to be significant and positive ( $r = .28$ ,  $p < .01$ ). The correlation between mindfulness and empathy was found to be not significant ( $r =$

.10,  $p > .01$ ). Similarly, the correlation between mindfulness and resilience was found to be not significant ( $r = .12$ ,  $p > .01$ ).

**Table 4.8**

*Correlations between Empathy, Resilience and Mindfulness among adolescents from Urban geographical locations with Low Well-being*

| Variable    | Mindfulness | Empathy | Resilience |
|-------------|-------------|---------|------------|
| Mindfulness | 1.00        | -0.30   | -0.12      |
| Empathy     | -0.30       | 1.00    | 0.40       |
| Resilience  | -0.12       | 0.40    | 1.00       |

**\*\* Correlation is significant at the 0.01 level**

As depicted in table 4.8, the correlation between mindfulness and empathy was found to be significant and negative ( $r = -.30$ ,  $p < .01$ ). The correlation between resilience and empathy was found to be significant and positive ( $r = .40$ ,  $p < .01$ ). Lastly, the correlation between mindfulness and resilience was found to be not significant and negative ( $r = -.12$ ,  $p > .01$ ).

As depicted in Table 4.7, among adolescents from rural areas with low well-being, a significant positive correlation was found between empathy and resilience. However, no significant correlation was found between mindfulness and either empathy or resilience. Similarly, Table 4.8 indicated that among adolescents from urban areas with low well-being, a significant positive correlation was found between resilience and empathy. In contrast, the correlation between mindfulness and empathy, although significant, was negative. The correlation between mindfulness and resilience was not significant and also negative, indicating no clear relationship between these variables.

The hypothesis stating that there will be a significant positive correlation between empathy, resilience, and mindfulness among adolescents from rural and urban areas with low well-being was not fully supported by the obtained data. Thus, this hypothesis was rejected.

**Table 4.9**

*Correlations between Empathy, Resilience and Mindfulness among adolescents from Rural geographical locations with High Well-being*

| Variable    | Mindfulness | Empathy | Resilience |
|-------------|-------------|---------|------------|
| Mindfulness | 1.00        | -0.05   | 0.13       |
| Empathy     | -0.05       | 1.00    | 0.11       |
| Resilience  | 0.13        | 0.11    | 1.00       |

**\*\* Correlation is significant at the 0.01 level**

As depicted in Table 4.9, the correlation between mindfulness and empathy was found to be not significant and negative ( $r = -.05$ ,  $p > .01$ ). In contrast, the correlation between mindfulness and resilience was not significant and positive ( $r = .13$ ,  $p > .01$ ). The correlation between resilience and empathy was found to be not significant and positive ( $r = .11$ ,  $p > .01$ ).

**Table 4.10**

*Correlations between Empathy, Resilience and Mindfulness among adolescents from Urban geographical locations with High Well-being*

| <b>Variable</b>    | <b>Mindfulness</b> | <b>Empathy</b> | <b>Resilience</b> |
|--------------------|--------------------|----------------|-------------------|
| <b>Mindfulness</b> | 1.00               | -0.23          | -0.02             |
| <b>Empathy</b>     | -0.23              | 1.00           | 0.21              |
| <b>Resilience</b>  | -0.02              | 0.21           | 1.00              |

\*\* Correlation is significant at the 0.01 level (2-tailed) ( $r = .11$ ,  $p > .01$ )

As depicted in Table 4.10, the correlation between mindfulness and empathy was significant and negative ( $r = -.23$ ,  $p < .01$ ). The correlation between mindfulness and resilience was not significant and positive ( $r = -.02$ ,  $p > .01$ ). The correlation between resilience and empathy was significant and positive ( $r = .21$ ,  $p = .01$ ).

As depicted in 4.9, among adolescents from rural areas with high well-being, all the reported correlations between Mindfulness, Empathy, and Resilience were not significant. Similarly, Table 4.10 indicates that among adolescents from urban areas with high well-being, a significant positive correlation was found between Empathy and Resilience. However, the correlation between Mindfulness and Empathy although significant, was negative. The correlation between mindfulness and resilience was not significant.

The hypothesis stating that there will be a significant positive correlation between empathy, resilience, and mindfulness among adolescents from rural and urban areas with high well-being, was not fully supported by the obtained data. Thus, this hypothesis was rejected.

#### **Well-being, Empathy, Resilience, and Mindfulness among adolescents from Rural and Urban geographical locations**

**Table 4.11**

*Regression Coefficients for Empathy Predicted by Well-Being and Geographical Location among Adolescents*

| <b>Variable</b>       | <b>B</b> | <b>SE</b> | <b><math>\beta</math></b> | <b>t</b> | <b>P</b> |
|-----------------------|----------|-----------|---------------------------|----------|----------|
| Constant              | 57.05    | 1.65      | -                         | 34.38    | 0.00     |
| Geographical Location | 1.48     | 0.76      | 0.07                      | 1.94     | 0.05     |
| WB                    | 5.96     | 0.76      | 0.30                      | 7.82     | 0.00     |

Note:  $N=600$   $R^2 = .09$ ,  $F(2, 597) = 32.53$

\*\*\* $p < .05$

Table 4.11 presents the effects of well-being and geographical location on empathy in adolescents. The  $R^2$  value was found to be 0.09, indicating that well-being and geographical location account for 9% of the variance in the outcome variable, empathy, with  $F(2, 597) = 32.53$ ,  $p < 0.05$ . The results revealed that well-being ( $\beta = 0.30$ ,  $t(597) = 7.82$ ,  $p < 0.05$ ) is a significant predictor of empathy. However, due to the low  $R^2$  value, we reject the hypothesis, which states that well-being acts as a significant predictor of empathy among adolescents.

**Table 4.12***Regression Coefficients for Resilience Predicted by Well-Being and Geographical Location among Adolescents*

| Variable              | <i>B</i> | <i>SE</i> | $\beta$ | <i>t</i> | <i>p</i> |
|-----------------------|----------|-----------|---------|----------|----------|
| Constant              | 49.77    | 1.60      | -       | 31.10    | 0.00     |
| Geographical Location | -4.91    | 0.73      | -0.19   | -6.68    | 0.00     |
| WB                    | 16.41    | 0.73      | 0.66    | 22.34    | 0.00     |

Note: N=600,  $R^2 .47 =$ ,  $F(2, 597) = 272.10$ \*\*\* $p < .05$ 

Table 4.12 illustrates the impact of well-being and geographical location on resilience in adolescents. The  $R^2$  value was found to be 0.47, indicating that well-being and geographical location explained 47% of the variance in the outcome variable, resilience. The analysis yielded  $F(2, 597) = 272.10$ ,  $p < 0.05$ . The results revealed that well-being ( $\beta = 0.66$ ,  $t(597) = 22.34$ ,  $p < 0.05$ ) is a significant predictor of resilience. Consequently, we accept hypotheses 15 which state that well-being significantly predicts resilience among adolescents.

**Table 4.13***Regression Coefficients for Mindfulness Predicted by Well-Being and Geographical Location among Adolescents*

| Variable              | <i>B</i> | <i>SE</i> | $\beta$ | <i>t</i> | <i>p</i> |
|-----------------------|----------|-----------|---------|----------|----------|
| Constant              | 22.17    | 1.13      | -       | 19.58    | 0.00     |
| Geographical Location | -0.42    | 0.52      | -0.03   | -0.81    | 0.41     |
| WB                    | 0.21     | 0.52      | 0.01    | 0.40     | 0.68     |

Note: N=600,  $R^2 .00 =$ ,  $F(2, 597) = .41$ \*\*\* $p < .05$ 

Table 4.13 presents the impact of well-being and geographical location on mindfulness in adolescents. The  $R^2$  value was found to be .00, indicating that well-being and geographical location account for 0% of the variance in the outcome variable, mindfulness, with  $F(2, 597) = .41$ ,  $p > 0.05$ . The results revealed that well-being ( $\beta = .01$ ,  $t(597) = .40$ ,  $p > 0.05$ ) is not a significant predictor of mindfulness. Consequently, we reject hypotheses 16, which state that well-being significantly predicts mindfulness among adolescents.

## CHAPTER 5

### DISCUSSION

#### 5.1 Empathy in Adolescents from Urban and Rural Areas and Their Well-being

This study highlights the essential role empathy plays in adolescent development, influencing prosocial behavior, emotional intelligence, and overall well-being. The impact of geographical location on empathy is evident, with disparities observed between urban and rural adolescents. Previous research consistently shows that rural adolescents exhibit higher levels of empathy and altruism, suggesting that environmental and social contexts are significant factors in emotional growth.

For instance, Kaushik, Chawla, and Vig (2020) found that rural adolescents demonstrated greater empathy and altruism than their urban peers. Further investigations into the empathetic profiles of rural adolescents have revealed connections to other psychological constructs, enhancing our understanding of this demographic. Notably, Sen and Hai (2023) indicated that rural adolescents showed higher levels of empathy and creativity, emphasizing the influence of social interactions and cultural values on emotional development. Moreover, Crum et al. (2022) observed that rural medical residents exhibited better recovery of empathy during residency training, suggesting that a rural upbringing fosters resilience that supports sustained empathy levels.

The implications of empathy in rural regions go beyond interpersonal relationships, influencing broader developmental and educational outcomes. Kandakatla et al. (2022) investigated India's Unnat Bharat Abhiyan (UBA) program, which integrates service learning into higher education, thereby enhancing students' empathy through real-world engagement. Paricio et al. (2020) highlighted how empathy promotes positive developmental traits, such as self-efficacy and assertiveness, reinforcing peer connections and academic success, particularly in rural contexts. Additionally, Wang et al. (2022) studied empathy in urban-rural relations in China, showing its mediating role in interactions between different geographical groups.

The findings suggesting greater empathy in rural settings contrast with the results of the present study, indicating a shift toward higher empathy levels in urban contexts. This evolving trend warrants further exploration to uncover the underlying factors responsible for these changes. Recent research on university students indicates a possible reversal, with urban environments cultivating higher empathy and prosocial behavior. For example, Shafique et al. (2024) found that urban undergraduates demonstrated greater empathy and prosocial behavior than their rural counterparts, emphasizing the role of varied social interactions, cultural experiences, and educational resources present in urban areas in fostering empathetic understanding and social skills. Similarly, Crouch et al. (2023) explored this dynamic further, indicating that rural-urban differences in empathy and prosocial behavior remain significant and complex.

The pattern observed in relation to empathy across rural and urban adolescents with varying levels of well-being invites a nuanced interpretation within a broader socio-cultural and developmental framework. The absence of significant differences in empathy across rural and urban adolescents with varying levels of well-being suggests that empathy may operate as a relatively stable socio-emotional construct. While prior literature highlights contextual disparities in adolescent development, recent evidence indicates that emotional competencies, including empathy, may not vary substantially across settings. Studies on emotional intelligence and psychosocial functioning among Indian adolescents demonstrate generally moderate to high levels across populations, suggesting uniformity in socio-emotional development (Shee et al., 2025). Furthermore, research on life skills indicates that individual factors such as gender may play a more prominent role than contextual variables in shaping empathy (Thippeswamy et al., 2025). Although rural and urban environments differ in terms of peer dynamics,

exposure, and resources, both contexts offer unique but effective pathways for socio-emotional learning, potentially resulting in comparable empathy levels (Srivastava & Bhadoria, 2025). This finding may also be understood within the broader cultural framework of India, where collectivistic values and shared socialization practices promote interpersonal sensitivity across contexts. Therefore, the present findings align with emerging evidence suggesting that empathy development may be less context-dependent than other dimensions of adolescent well-being.

## **5.2 Resilience in Adolescents from Urban and Rural Areas and Their Well-Being**

Empirical evidence consistently affirms a complex but robust association between resilience, well-being, and contextual factors in adolescence. Koneru and Yenagi (2020) demonstrated that rural adolescents exhibit average resilience levels, whereas urban adolescents show below-average resilience, despite comparable general intelligence across groups—confirming that cognitive ability alone does not account for resilience. In a subsequent investigation of 383 adolescents from Dharwad and Hyderabad, Koneru and Yenagi (2024) reported that rural adolescents scored significantly higher on sense of mastery, relatedness, emotional reactivity, and overall resilience. These findings indicate that rural ecological contexts—characterized by cohesive familial structures, community embeddedness, and collective engagement—may naturally cultivate resilience. Nevertheless, resilience remains multidimensional; rural adolescents, while advantaged in certain domains, continue to encounter stressors that may compromise overall well-being.

Ramya et al. (2021) corroborated these findings, identifying significantly higher resilience among rural adolescents and establishing a strong positive association between resilience and subjective well-being in rural contexts. This reinforces the bidirectional relationship between well-being and resilience enhancement.

Contrasting evidence tempers the geographical determinism of resilience. Wells (2010), examining older adults across rural, urban, and suburban settings in New York, reported no significant locational differences in resilience. Instead, resilience correlated positively with strong family networks, good physical and mental health, and lower income levels, suggesting that social capital and health status are more decisive predictors than geography alone. Similarly, Pinki and Duhan (2020) found that urban adolescents demonstrated better mental health outcomes, while male adolescents—irrespective of residence—exhibited higher academic resilience, underscoring the influence of gender and environmental moderators.

Annalakshmi (2019) identified self-regulation as a primary predictor of resilience and academic success among low-income rural adolescents in Coimbatore, with secure attachment enhancing social and cultural capital. These findings underscore the strategic importance of interventions targeting self-regulatory capacities and attachment security. However, Prakash et al. (2024) reported higher depression rates among rural adolescents (39.3%) compared to urban adolescents (24.2%), despite comparable anxiety levels. This apparent paradox highlights that resilience does not immunize against psychopathology. Limited access to mental health services, inadequate professional support, and stigma surrounding help-seeking in rural areas may contribute to elevated depressive outcomes despite relatively high resilience indices. Thus, resilience without systemic support structures may be insufficient to safeguard mental health.

The interdependence of resilience and well-being is further substantiated by evidence indicating that adolescents with higher well-being consistently demonstrate greater resilience. Vineesha, Monteiro, and Prasad (2024) emphasized the role of personal development initiatives, educational strategies, and mentorship programs in strengthening resilience among undergraduates, reinforcing the value of structured developmental scaffolding.

School-based interventions provide compelling support for resilience-building frameworks. Mehra et al. (2022) concluded that resilience training programs significantly reduced depressive symptoms and enhanced cognitive and problem-solving abilities, advocating a holistic mental health curriculum integrating nutrition, substance use awareness, and reproductive health education. However, Dey and Daliya (2019) observed that resilience significantly enhanced well-being among non-orphaned adolescents but had no measurable effect among orphaned adolescents, underscoring the critical mediating role of familial and institutional cultural resources.

Contemporary challenges further illuminate resilience dynamics. McKeering et al. (2021) identified strong positive associations between resilience, well-being, and engagement among international school students, noting that demographic and mobility factors influence these constructs and may necessitate targeted support. Kelly et al. (2021), evaluating the iHEART intervention in the UK, documented moderate improvements in impulse control, emotional resilience, and well-being following a ten-week structured program, suggesting that sustained and intensive interventions may be required for durable outcomes.

The interaction between geographical location and well-being in relation to resilience suggests that resilience is not uniformly distributed but is shaped by the interplay of individual and contextual factors. Contemporary research supports such variability, with evidence indicating significant differences in resilience coping between rural and urban adolescents (Sharma et al., 2026). These differences may be attributed to variations in environmental exposure, social support systems, and access to resources. Adolescents in high-risk environments, such as socio-economically disadvantaged or densely populated urban settings, often exhibit altered resilience patterns due to increased exposure to stress and adversity (Yatirajula et al., 2025). Further, intervention-based literature highlights that resilience develops through contextually embedded processes, including life skills training, mindfulness practices, and social support, which may differ across rural and urban contexts (Sadhu et al., 2025). Structural disparities, including unequal access to mental health services and socio-cultural stressors, also contribute to these differences. (Gupta, 2025). In addition, resilience within the Indian context is increasingly conceptualized as a culturally embedded construct influenced by ecological and socio-cultural factors (Deshpande & Ranjan, 2025). Collectively, these perspectives suggest that resilience is a dynamic and context-sensitive construct shaped by the interaction between individual well-being and environmental conditions.

Structural disparities, including unequal access to mental health services and socio-cultural stressors, also contribute to these differences (Sharma, 2025). In addition, resilience within the Indian context is increasingly conceptualized as a culturally embedded construct influenced by ecological and socio-cultural factors (Deshpande & Ranjan, 2025). Collectively, these perspectives suggest that resilience is a dynamic and context-sensitive construct shaped by the interaction between individual well-being and environmental conditions.

Collectively, the literature establishes that resilience in adolescence is shaped by an interaction of contextual, relational, and individual regulatory factors. While rural adolescents frequently demonstrate greater resilience—attributable to social cohesion, enculturation, and familial support—urban adolescents may benefit from greater access to services yet lack comparable communal embeddedness. The evidence unequivocally supports the implementation of context-sensitive interventions, including school-based resilience training, psychosocial empowerment strategies, and mentorship models, to strengthen both resilience and well-being across diverse adolescent populations.

### 5.3 Mindfulness in Urban and Rural Adolescents and Its Association with Well-being

The analysis of variance demonstrates that geographical location does not exert a statistically significant effect on adolescent mindfulness. Urban and rural adolescents display comparable levels of mindfulness. This finding is consistent with She et al. (2023), whose evaluation of a mindfulness-based intervention among migrating children in Shanghai revealed no significant pre-intervention differences between groups and no statistically significant post-intervention gains compared to controls. These results indicate that mindfulness may represent a relatively stable psychological construct that is not inherently altered by rural–urban transition.

Nonetheless, engagement in mindfulness-related practices reflects contextual disparities. Sahoo et al. (2023) reported that 14% of urban adults and over 9% of rural adults practiced mindfulness-related activities such as yoga more than once weekly. Educational attainment emerged as a decisive factor: individuals with ten or more years of education were 2.3 times more likely to engage in yoga in rural areas and 2.1 times more likely in urban areas compared to uneducated counterparts. Education (44.2%), caste (2.5%), and chronic health conditions significantly explained the rural–urban gap in practice. These findings confirm that participation in mindfulness activities is influenced more by socio-educational and structural determinants than by geography alone.

Pang et al. (2020), examining adolescents in a rural village in Borneo, identified significant inverse correlations between mindfulness and depression, although no association was found with smartphone addiction. The study highlighted that behavioral concerns such as smartphone addiction are not exclusive to urban contexts and may even be accentuated in rural environments due to limited recreational alternatives. Importantly, the findings reinforce the protective association between mindfulness and depressive symptomatology.

Addressing disparities in access to mental health resources, Liu and Zhou (2025) demonstrated that online mindfulness training significantly reduced test anxiety among adolescents aged 12–18, particularly those experiencing serious interpersonal difficulties. Their quasi-experimental design involving 186 trained participants and 217 matched controls underscores the scalability of technology-mediated mindfulness interventions, especially in underserved rural settings.

Further analysis revealed that high and low well-being groups did not differ significantly in mindfulness levels. This aligns with Montero-Marin et al. (2022), who found that school-based mindfulness training (SBMT), compared with teaching-as-usual (TAU), produced slightly worse depression and well-being scores among at-risk students, though differences were not clinically significant. Complementary findings by Britton et al. (2021) and Goldberg et al. (2021) indicate that mindfulness-based programs (MBPs) may occasionally produce transient distress, heightened emotional sensitivity, or anxiety. Baer et al. (2020) reported that approximately two-thirds of participants in mindfulness-based cognitive therapy (MBCT) experienced unpleasant but largely non-upsetting effects, with harm rates ranging from 3% to 7% and reliable deterioration between 2% and 7%. These findings necessitate cautious, context-sensitive implementation rather than indiscriminate application.

Conversely, substantial evidence supports the positive contribution of mindfulness to adolescent well-being. Jasmin et al. (2023) documented significant reductions in academic anxiety and improvements in subjective well-being among rural adolescents following mindfulness-based interventions. Dunning et al. (2019) reported beneficial effects of MBIs on executive functioning, attention, depressive symptoms, and behavioral outcomes. Similarly, Chhajjer and Hira (2024) demonstrated that both mindfulness-based interventions (MBIs) and positive psychology interventions (PPIs) enhanced well-being, gratitude, resilience, and stress management. Moreira et al. (2018)

further established that mindful parenting indirectly strengthened adolescent well-being through secure attachment, self-compassion, and cultivated mindfulness skills, thereby reinforcing emotional resilience.

The observed relationship between geographical location and well-being in relation to mindfulness further incorporates that mindfulness may not be independently determined by contextual or individual factors alone, but rather emerges through their combined influence. Contemporary literature indicates that mindfulness is closely associated with internal psychological processes such as emotional regulation and coping, although its expression may be influenced by contextual and individual factors.(Sharma et al., 2025). At the same time, evidence from Indian studies demonstrates that mindfulness contributes significantly to reductions in anxiety and improvements in well-being, although these effects are not uniformly distributed across populations (Bhattacharya, 2025). Additionally, structural and socio-cultural differences across rural and urban contexts influence the ways in which psychological processes are experienced, rather than producing direct variations in mindfulness levels (Hugh-Jones et al., 2025). Taken together, these perspectives suggest that mindfulness is a context-sensitive construct whose expression is shaped by the interaction between individual well-being and environmental conditions, thereby providing support for the observed interaction effect while also explaining the absence of independent main effects.

Collectively, the evidence establishes that while mindfulness levels may not significantly differ by geographical location, engagement in mindfulness practices and intervention outcomes are shaped by educational attainment, socio-cultural context, access to resources, and program design. Mindfulness is neither uniformly beneficial nor inherently harmful; its efficacy depends on developmental sensitivity, contextual adaptation, and structured implementation. Accordingly, tailored, evidence-informed mindfulness programs are essential to effectively enhance adolescent mental health across diverse rural and urban settings.

#### **5.4 Empathy, Resilience, Mindfulness, and Well-being in Urban and Rural Adolescents**

The findings establish a significant positive correlation between empathy and resilience among adolescents in both urban and rural contexts, irrespective of well-being levels. In contrast, mindfulness demonstrated non-significant associations with resilience and empathy in several subgroups, and notably, a significant but negative correlation with these constructs among certain urban adolescents. This inverse relationship is concerning, given that mindfulness and resilience are conventionally regarded as complementary protective factors in mental health.

The broader literature largely supports a positive association among these constructs. Sharma and Rawat (2020), Maharana and Goswami (2023), and Chandna and Sahai (2021) documented significant positive relationships between mindfulness and resilience in Indian youth. Zhou et al. (2023) and Yuan (2021) further confirmed that mindfulness enhances resilience and emotional regulation, while Oh, Sarwar, and Pervez (2022) and Huang et al. (2020) emphasized mindfulness as a mediator of psychological well-being and stress adaptation. Evidence from educational settings (Almanasef and Almaghaslah, 2024; De la Fuente-Anuncibay et al., 2019; Snipes, 2020) similarly demonstrates that mindfulness strengthens empathy and adaptive functioning, although findings by Cura and Atay (2023) indicate nuanced patterns, including differential effects on emotional empathy.

Research across professional populations reinforces the resilience–empathy nexus. Wu et al. (2021; 2022) showed that empathy and resilience significantly predict well-being and reduce burnout in medical students. Morice et al. (2018) and Spilg et al. (2021) confirmed that higher resilience corresponds with greater empathy and lower burnout among physicians. Jahedi and Derakhshani (2020), Xing, Deng, and Ho (2023), Park and Yoon (2018),

and Lasota, Tomaszek, and Bosacki (2022) further established that empathy, emotional intelligence, gratitude, and altruism positively interact with resilience, reinforcing their collective contribution to psychological well-being.

Regression analyses in the present study indicate that well-being and geographical location significantly predict empathy and resilience, but not mindfulness. This distinction aligns with Swenson et al. (2024), Choi et al. (2016), Khan and Butt (2022), and Tran-Chi et al. (2019), who confirmed strong predictive links between empathy and well-being, particularly when emotional regulation mitigates personal distress. Resilience consistently emerged as a robust predictor of well-being (Vinayaka & Judge, 2018; Amreen and Malik, 2021; Sagone and De Caroli, 2014; Niyazova and Madaliya, 2022; Kajbafnezhad and Khaneh Keshi, 2015), underscoring its central protective role across developmental stages.

Mindfulness presents a more complex profile. Dhar et al. (2019) and Singh & Singh (2020) affirmed its stress-buffering benefits. However, Anuar (2022) reported no significant relationship with well-being, and Yousefi Afrashteh and Hasani (2022) identified indirect negative pathways through emotional dysregulation. These findings suggest that mindfulness may heighten emotional awareness without uniformly strengthening resilience, particularly in high-pressure urban contexts.

Collectively, the evidence confirms that empathy and resilience are reliably intertwined with adolescent well-being and shaped by contextual factors, including geography. Mindfulness, however, appears to operate through more complex internal mechanisms and may not universally function as a protective factor. The negative association observed among urban adolescents warrants further longitudinal and culturally grounded investigation, particularly within competitive and high-stress environments.

These findings reinforce the necessity of context-sensitive interventions: structured resilience-building and empathy-enhancement programs should be prioritized within schools and communities, while mindfulness initiatives require careful, developmentally informed implementation. A differentiated and culturally responsive approach remains essential for advancing adolescent psychological well-being.

## CHAPTER 6

### IMPLICATIONS OF THE STUDY

Educational institutions, encompassing schools and junior colleges, are positioned to implement dedicated mindfulness programs. These engaging workshops focus on mindfulness, fostering inner peace and raising awareness of maladaptive behaviors that may hinder personal growth. This awareness empowers adolescents to better understand their digital habits, cultivating a more intentional relationship with social media. By enhancing this consciousness, young individuals can exert more control over their online time, enabling them to choose content that enriches their minds and promotes their well-being. Given the significant correlation between adolescents' well-being and social media usage, along with the latter's extensive influence on various aspects of daily life, these thoughtfully designed programs can facilitate more fulfilling lives and encourage positive psychological well-being. Furthermore, mindfulness practices can be integrated seamlessly into existing school routines, such as morning assemblies, physical education, or extracurricular activities, thereby minimizing the need for standalone programs.

The psychological well-being model (EPOCH) by Kern (2016) lends itself well to implementation in educational settings. The first component, engagement, allows adolescents to experience flow — a state of complete absorption in a task that leads to deep satisfaction. This engagement can foster increased motivation, persistence, and a sense of accomplishment. As adolescence is often characterized by confusion and the challenge of making wise decisions, involvement in meaningful activities can provide a sense of direction and purpose.

Enhancing perseverance enables adolescents to remain dedicated to their pursuits and pursue their goals relentlessly, even amidst obstacles. This characteristic embodies resilience, imparting adolescents with the essential life skill to see tasks through to completion. Rather than retreating from challenges, they cultivate the ability to face difficulties head-on, illustrating that true strength lies in perseverance.

This resilience is further bolstered by the element of optimism, which nurtures a positive outlook. Adolescents equipped with these life skills are likely to adopt a favorable perspective toward situations, perceiving negative events as temporary and context-specific. This optimistic framework inspires hope and confidence about the future, contributing significantly to overall happiness and a general sense of life satisfaction. In light of the rising incidence of depression among adolescents, the optimism and happiness components of the EPOCH model can serve as vital preventive measures and interventions for mild depression cases.

Recent studies emphasize the alarming prevalence of depression and risky behaviors in adolescents and indicate that higher levels of social connectedness can mitigate emotional and behavioral difficulties in this demographic. Research shows that adolescents who exhibit strong social connectedness face fewer mental health challenges, demonstrate lower levels of risky sexual behaviors, and harbor fewer suicidal thoughts (Resnick et al., 1997; Joyce Hilary and Early Theresa, 2014; Langille et al., 2015).

In an age marked by pervasive digital connectivity, many adolescents simultaneously endure heightened feelings of loneliness and fragile social relationships. In this environment, the psychological component of connectedness becomes essential. An emotional support network not only fosters individual well-being but also enhances empathy among youth, which is critical for nurturing positive social dynamics.

This heightened empathy cultivates a deeper sense of belonging, making individuals feel valued, accepted, and cherished within their communities. It also mitigates feelings of alienation experienced by many adolescents.

By forging deep connections, individuals become more adept at understanding and resonating with others' emotions and experiences, appreciating diverse perspectives. Moreover, this increased emotional awareness is crucial in addressing the complex factors that contribute to online bullying, thereby promoting a more supportive and cohesive social environment.

**Summary of the study's implications:**

- Educational institutions, including schools and junior colleges, play a crucial role in promoting adolescent well-being by actively implementing mindfulness programs.
- Mindfulness programs effectively enhance self-awareness concerning maladaptive habits, especially in relation to digital media usage.
- Mindfulness programs effectively enhance self-awareness concerning maladaptive habits, especially in relation to digital media usage.
- This awareness should drive a more intentional and healthier engagement with social media.
- The EPOCH well-being model—comprising Engagement, Perseverance, Optimism, Connectedness, and Happiness—is highly effective and well-suited for implementation in schools.
- Implementing these programs in rural areas is essential because there is a significant shortage of mental health professionals.
- School-based programs in rural areas are essential for raising mental health awareness and effectively reducing stigma.
- These programs are essential for equipping rural adolescents with the skills needed for mindful social media engagement.
- Collaborating with local community health workers and NGOs is essential for effectively delivering programs in rural areas.
- These interventions decisively empower adolescents by equipping them with healthy coping mechanisms, enhancing their overall well-being, fostering strong social relationships, and promoting mindful digital engagement.

## CHAPTER 7

### CONCLUSION

#### Key Findings and Discussion

##### Results indicated

1. Statistically significant main effects for geographical location on empathy ( $F(1, 596) = 3.78, p = .05, \eta^2 = .00$ ) and resilience ( $F(1, 596) = 45.09, p < .05, \eta^2 = .07$ ), and for well-being on empathy ( $F(1, 596) = 61.45, p < .00, \eta^2 = .09$ ) and resilience ( $F(1, 596) = 503.73, p < .05, \eta^2 = .45$ ).
2. Significant interaction effects were observed between geographical location and well-being on resilience ( $F(1, 596) = 6.08, p < .05, \eta^2 = .01$ ) and mindfulness ( $F(1, 596) = 14.80, p \leq .05, \eta^2 = .02$ ).
3. A significant positive correlation was found between resilience and empathy among adolescents from rural areas with low well-being ( $r = .28, p < .01$ ), adolescents from urban areas with low well-being ( $r = .40, p < .01$ ), and adolescents from urban areas with high well-being ( $r = .21, p = .01$ ).
4. A significant negative correlation was found between mindfulness and empathy ( $r = -.30, p < .01$ ) among adolescents from urban areas with low well-being and between mindfulness and empathy ( $r = -.23, p < .01$ ) among adolescents from urban areas with high well-being.

The study focused on how well-being affects empathy, resilience, and mindfulness among adolescents in rural and urban areas. Key findings showed that adolescents with high well-being display significantly greater empathy than those with low well-being. Notably, rural adolescents demonstrated slightly lower empathy levels compared to their urban peers, although the interaction between geographical location and well-being did not significantly affect empathy overall.

Furthermore, adolescents with high well-being also exhibit much higher resilience compared to those with low well-being. Rural adolescents showed marginally higher resilience than urban adolescents, and the connection between geographical location and well-being is statistically significant when it comes to resilience. This indicates that one's environment plays a crucial role in their ability to cope with adversity.

When it comes to mindfulness, adolescents with low well-being showed lower levels than their high well-being counterparts, but the difference was minimal. Overall, well-being had little impact on mindfulness levels. Interestingly, mindfulness was slightly higher in rural areas versus urban settings, but this too did not significantly affect adolescent mindfulness.

Among rural adolescents, no strong correlations were found between empathy, resilience, and mindfulness, although a positive correlation between resilience and empathy emerged among those with low well-being. For urban adolescents, there was a significant positive correlation between resilience and empathy, regardless of well-being levels. However, the relationship between mindfulness and empathy was negative, and mindfulness did not significantly correlate with resilience.

While well-being and geographical location are strong predictors of empathy and resilience, mindfulness appears to be influenced by factors beyond just well-being. This includes personal introspection, self-regulation, and cognitive flexibility. Such elements are critical in developing a deeper understanding of oneself and enhancing overall awareness

## **CHAPTER 8**

### **FUTURE RESEARCH**

This study underscores the need for further investigation into the wellbeing components of empathy, resilience, and mindfulness among adolescents in both urban and rural contexts.

Firstly, a longitudinal study is essential to uncover the long-term effects and developmental pathways of fostering these psychological traits during adolescence, extending into later life.

Secondly, qualitative research employing in-depth interviews can provide critical insights into adolescents' perceptions of wellbeing and the factors that enhance mental health, thereby enriching our understanding of their questionnaire responses. Notably, there is significant potential to conduct comparative analyses between adolescents and children, enabling early interventions based on these components to be integrated into the educational system.

A nuanced comprehension of cultural norms, values, and diverse practices is vital for accurately interpreting and applying research findings. This is particularly pertinent in rural areas, where various rituals and practices can distinctly affect mental health. Additionally, the implications of diverse racial and ethnic identities may manifest more forcefully in rural communities than in urban settings.

Formal education often emphasizes moral values; however, each institution may promote unique principles that shape student experiences. This differentiation is crucial when comparing rural and urban schools, as it may significantly influence adolescents' mental health and the factors that foster positive mental well-being.

The rural area under investigation is facing industrialization in isolated regions, leading to an influx of resources. Yet, many parents and adults lack the skills needed to effectively utilize these resources. This situation poses a risk of inadvertently pressuring children to utilize these resources without considering their individual capabilities. Consequently, some children may experience undue stress, particularly when they compare themselves to peers who are not subject to similar expectations regarding academic resource use.

Finally, a correlational study analyzing engagement within the EPOCH model of wellbeing and mindfulness is imperative for the development of a comprehensive training program aimed at enhancing adolescents' psychological wellbeing. Furthermore, it is crucial to investigate the relationships among resilience, perseverance, and optimism, as well as the connections between happiness, connectedness, and empathy. Such research is essential for cultivating these foundational life skills during the critical developmental phase of adolescence.

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## Appendix A

### CAMM

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle the number that tells how often each sentence is true for you.

| No. | Statement                                                              | Never True | Rarely True | Sometimes True | Often True | Always True |
|-----|------------------------------------------------------------------------|------------|-------------|----------------|------------|-------------|
| 1.  | I get upset with myself for having feelings that don't make sense.     | 0          | 1           | 2              | 3          | 4           |
| 2.  | At school, I walk from class to class without noticing what I'm doing. | 0          | 1           | 2              | 3          | 4           |

## Appendix B

### B E S

For each statement below, please indicate your agreement or disagreement. Rate each statement on a 5-point scale with

1=Strongly disagree. 2=Disagree. 3=Neutral. 4=Agree. and 5=Strongly Agree.

| No. | Statement                                                                 | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-----|---------------------------------------------------------------------------|-------------------|----------|---------|-------|----------------|
| 1.  | My friends emotions don't affect me much.                                 |                   |          |         |       |                |
| 2.  | After being with a friend who is sad about something, I usually feel sad. |                   |          |         |       |                |

## Appendix C

### CYRM-R

To what extent do the following statements apply to you? There are no right or wrong answers. Tick the answer that applies to you.

| No. | Statement                                | Not at all | A Little | Somewhat | Quite a bit | A lot |
|-----|------------------------------------------|------------|----------|----------|-------------|-------|
| 1   | I get along with people around me.       | 1          | 2        | 3        | 4           | 5     |
| 2.  | Getting an education is important for me | 1          | 2        | 3        | 4           | 5     |

## Appendix D

### EPOCH

This is a survey about you! Please read each of the following statements. Tick, how much each statement describes you. Please be honest- there are no right or wrong answers!

1- Almost Never. 2- Sometimes. 3- Often. 4- Very Often. 5- Almost Always.

| No. | Statement                                                                                | Almost<br>Never | Sometimes | Often | Very Often | Almost<br>Always |
|-----|------------------------------------------------------------------------------------------|-----------------|-----------|-------|------------|------------------|
| 1.  | When something good happens to me, I have people who I like to share the good news with. | 1               | 2         | 3     | 4          | 5                |
| 2.  | I finish whatever I begin                                                                | 1               | 2         | 3     | 4          | 5                |

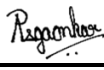


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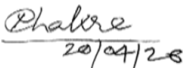
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I have examined the manuscript and approve it for publication as a monograph.

**Name of Research Guide:** Prof (Dr) Nilesh Thakre

**Designation:** Professor & HOD

**Department & Institution:** Department of Psychology, SNTD Women’s University, Mumbai

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20/04/20

**Date:** 30.06.2026

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## About the Monograph

Adolescence is a critical stage of development in which emotional, social, and psychological strengths play a vital role in shaping future well-being. This monograph explores the interconnected dimensions of well-being, empathy, resilience, and mindfulness among urban and rural adolescents, highlighting how personal and environmental factors influence their growth and adaptation. By examining these key psychological attributes across diverse settings, the work offers valuable insights into adolescent development, emotional health, and coping capacities. The findings contribute to a deeper understanding of the challenges and strengths of young people, providing useful perspectives for educators, psychologists, parents, researchers, and policymakers committed to promoting positive youth development and mental well-being.

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