# Social-Emotional Learning Intervention In School-Going Adolescents Of Guwahati, Assam During Covid 19 Pandemic.

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## Abstract

**Background:** *The covid 19 pandemic led to the shutdown of educational institutions globally. School shut down has forced a change in the whole education system. The students have experienced several challenges, including increased stress and anxiety leading to mental health degradation. Many studies reported flaring up irritability and anger issues in students. Emotional intelligence and empathy are potent dimensions of an educational system that caters to developing coping skills to cope with life's various pressures and demands. Social-Emotional Learning is one such process of acquiring the skills to recognize and manage emotions, decrease aggression and irritability, develop empathy, caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations. This study would aim to test the effectiveness of an SEL intervention in a high school setting of Guwahati, Assam, India, to reduce aggression and enhance empathy.*

**Materials and Methods**: *Two hundred students were selected from Marias Public School, Guwahati Assam. One hundred of them were in the control group, while another one hundred were in the experimental group. Before SEL intervention was given both groups were assessed for aggression using Buss Perry Aggression questionnaire. Empathy was assessed using the Interpersonal Reactivity Index. In the experimental group, SEL intervention was given by the researcher.*

**Results:** *Most of the aggression and anger came down post SEL intervention. It was also found to have a significant difference in pre and post-intervention empathy ratings. The significant difference in pre and post-intervention ratings of aggression and empathy led to conclude the efficacy and effectiveness of the SEL intervention.*

**Key words**: *Aggression; Covid 19; Empathy; School; Social- Emotional Learning.*

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## I. Introduction:

The unprecedented scenario of the Covid 19 pandemic brought the entire world to a standstill. Globally one of the essential pillars of our society, the educational institutions were shut down. Since the pandemic globally, UNICEF reported that more than 168 million children were shut down during the COVID19 lockdown. As a result, 1 in 7 students has missed more than three-quarters of their in-person learning. Around 888 million children globally still continue to face disruptions in education due to full and partial school closures [1]. Due to pandemic lockdown, the closure of 1.5 million schools has impacted 247 million children enrolled in schools in India [2].

School shut down has forced a change in the whole system of how education was imparted. Online classes and online exams became the need of the hour. However, in a low, middle-income country, online education is not an option for all. Data suggests as only one in four children has access to digital devices and internet connectivity [1]. Many students were also not comfortable with the online mode of education. Teachers found it challenging to teach students, assign projects, correct mistakes in homework, conduct exams in the virtual model. The lack of physical school, loss of daily routine, inability to meet friends, loss of communication with teachers, lack of outdoor play with peers, and social isolation had an enormous toll on the mental health of our school-going children [3][4].

Boards exams were cancelled, many entrance exams were postponed, admissions to new courses were on hold. Many adolescents started having underlying stress regarding the uncertainty in their careers. Other stressors associated with the lockdown include family hardships, financial difficulties, constantly staying with nagging parents, etc. Many studies have reported that student-teacher reciprocal relation and communication are

quintessential for holistic success in students' lives [5][6]. Reciprocal learning has a significant impact on the overall development of a student as it leads to improved communication, development of resiliency, enhancing problem-solving skills, and increasing empathetic abilities. However, this reciprocal learning was lost due to social distancing and school closure. All of these have negatively impacted students' psychological well-being. The teachers, students, and their families have experienced several different challenges, including increased stress and anxiety that have led to degradation of mental health [4]. Particularly in students, stress levels were at an all-time high. Many studies reported flaring up irritability and anger issues. An increase in screen time due to online classes led to a myriad of problems for parents as it streamlined many students into gaming addiction, porn addiction, and screen addiction. Research has already stated that an increase in screen time and gaming addiction leads to a negative influence on students' mental health. Many became aloof, withdrawn. Aggression and defiant behaviour were seen in many children, which started to worry parents. Multiple studies on the impact of mental health issues in adolescents during pandemic time reported stress, anxiety, PTSD-like symptoms, and depression in school-going students [7].

Studies say the most common way to express stress is anger, and anger is manifested as aggression [8]. In their study, Glassman et al. and Dinkes et al. reported that aggression is associated with various psychosocial maladjustments [9][10]. Aggression leads to poor social behaviour and poor social maladjustments. Anger and aggression may also be a sign of developing mental illness in any individual. Aggressive behaviour leads to a decline in academic capabilities, ultimately hampering the educational system [11]. Empathy acts as a cushion against aggression and anger [12][13]. It has been well reported time and again that aggression can be clamped by improving empathy in children and adolescents by developing their social-emotional learning. Emotional intelligence and empathy are potent dimensions of an educational system that caters to developing coping skills to successfully cope with the various pressures and demands of any stressful situation in one's life. Social-emotional learning (SEL) is an interventional program that focuses on the holistic development of an individual [3][4][5]. In a way, SEL helps improve empathy and decrease aggression in adolescents.

Social-emotional learning (SEL) is strongly influenced by Daniel Goleman's theory of Emotional Intelligence (1995) which states that to be successful in any situation, humans need to understand and effectively navigate social norms and networks. The Collaborative for Academic, Social, and Emotional Learning (CASEL, 2012) [14] defines SEL as "the process of acquiring the skills to manage emotions, develop a caring and concerning feeling for others, make logical, responsible decisions, establish a fulfilling relationship with others, develop resiliency to handle stressful situations. According to CASEL, social-emotional learning consists of five core competencies and dimensions. They are self-awareness, self-management, social awareness, relationship skills, and responsible decision-making [14]. SEL is critical to developing core competencies in life besides academic knowledge, skills that are necessary to succeed in one's career. SEL interventions provide a foundation for better adjustment and academic performance as reflected in more positive social behaviours and peer relationships, less defiant behaviour, fewer conduct issues, lesser negative emotions, better scholastic performances, being able to make logical, responsible decisions, better problem-solving skills, a better understanding of others emotion, establishing a positive relationship with others, improving empathic abilities, improving emotional quotient, better tackling and solving of problems in life and also positively facing challenges and adversities in life.

However, unfortunately, social and emotional learning is believed to be a "missing piece" in our educational system, particularly in India, more so in Assam. To fill these crucial gaps in SEL initiatives, this study would aim to test the effectiveness of an SEL intervention in the high school setting of Guwahati, Assam, India, to reduce aggression and enhance empathy. Social-emotional learning is the need of the hour in this current pandemic situation. SEL, in a way, will help school students deal with their current stressful problems, irritability issues, deal with issues in their relationships with parents and peers and help them cope with a crisis situation.

## II.  Materials and Methods

**Research aim:** To assess the efficacy of the SEL intervention model on school-going adolescents in giving knowledge about aggression, ways to address aggression, and necessary implications of the model on reducing aggression and enhancing empathy.

**Research objectives:**
1. To assess the knowledge of aggression and the indicators of aggressive behaviour among adolescents prior to the SEL Intervention in the Experimental Group and the Control Group.
2. To assess the post SEL intervention knowledge of aggression and the indicators of aggressive behaviour among adolescents in the Experimental Group and the Control Group.
3. To assess the knowledge of empathy and the variables of empathy among adolescents prior to the SEL Intervention in the Experimental Group and the Control Group.
4. To assess the post SEL intervention knowledge of empathy and empathy variables in the Experimental Group and the Control Group.

**Hypothesis:**
1. The SEL intervention will be associated with increasing the knowledge on aggression and reducing the indicators of aggression, including instrumental, cognitive, and emotional components of aggression.
2. The SEL intervention will be associated with increasing the knowledge on empathy and in enhancing the empathic abilities positively related to social competence (empathic concern and perspective-taking) and in reducing the abilities negatively associated with such competence (fantasy and personal distress).

**Inclusion Criteria**:
- School-going middle and late adolescents belonging from Classes VIII to XII.
- Parents giving consent to the adolescent to participate in the study.
- Adolescents agreeing to participate in the study

**Exclusion Criteria:**
- Parents not giving consent to the adolescent to participate in the study due to severe physical illness (chronic illness/ children undergoing cancer treatment).
- Adolescents missing any of the 12 SEL sessions will be automatically excluded from the study.

**Source of Population**: For the current study, school-going adolescents 14 to 19 years of age (middle and late adolescents) have been taken. Since the SEL intervention program planned for this study is for high school and higher secondary school students, hence, for the current study, school-going middle and late adolescents belonging from Classes VIII to XII are considered for the study.

**Sample Size:** 200 students were selected from Marias Public School, Guwahati Assam. One hundred of them were in the control group, while another one hundred were in the experimental group. The lottery method of sampling was done to assign students into control and experimental groups. In the experimental group, Social-emotional learning intervention was administered to examine the effect on aggression and empathy, whereas no intervention was made in the control group.

**Sample design:**
The study has been carried out using a Pre-test Post-test Control group design.

**Instruments:**
**Aggression:**
The Aggression Questionnaire is a well-validated self-report tool for measuring aggression. The physical and verbal factors of aggression are composed of nine and five items, respectively. The anger factor is composed of seven items. The hostility factor is composed of eight items [15].

**Empathy:**
The Interpersonal Reactivity Index measures empathy under a multidimensional perspective. It consists of 28 items consisting of two cognitive and two emotional scales. The two cognitive scales are perspective-taking, which finds out the tendency to adopt others' points of view, and fantasy, which finds out the tendency to transport oneself imaginatively into fictitious characters and experience their emotions. The two emotional scales are of empathic concern, which tries to measure the feelings of sympathy towards others, while personal distress, which measures feelings of fear, apprehension, and discomfort while witnessing the negative experiences and emotions of others [16].

**Strong Teens**:
Strong Teens: Merrell's Strong Teens is a Social & Emotional Learning Curriculum by Dianna Carrizales-Engelman, Laura Feuerborn, Barbara A. Gueldner, and Oanh K. Tran. Strong Teens is intended for use with students in grades 9 through 12 or adolescents from the age group of approximately 14 to 19. The authors have made specific strategies for creating a cultural adaptation of Strong Teens. These strategies are based on the premises of the American Psychological Association's Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse populations [17].
The Strong Teens program consists of 12 intervention sessions, each lasting about 35 to 50 minutes in length.
**1st session: About Strong Teens: Emotional Strength Training** The first session oriented the students to the curriculum, and the emotional vocabulary to be used was introduced.
**2nd Session: Understanding your Emotions 1:** This session provided the students with the knowledge and skills to identify physical feelings that occurred concurrently with emotions.

**3rd Session: Understanding your Emotions 2:** This session taught students to identify thoughts, emotions, and behaviors; understand the relationships among them; and increase awareness that people have choices in how they think and act, promoting resilience.

**4th Session: Understanding other people's emotions:** The fourth session taught students to cultivate and improve empathy by identifying with and considering others' emotions.

**5th Session: Dealing with Anger:** This session was used to teach students to understand their anger and to manage their anger proactively.

**6th Session: Clear Thinking 1:** The purpose of this session was to teach students an awareness and understanding of common thinking traps.

**7th Session: Clear Thinking 2:** This session provided students with the skills to evaluate thought patterns, consider alternative views and reframe their thinking traps.

**8th Session: Solving people Problems:** This session was utilized to teach students to develop healthy, positive relationships with others and make responsible, respectful, and realistic decisions when confronted with a social conflict.

**9th Session: Letting Go of Stress:** The ninth session provided students with the skills to effectively cope with stressors of life.

**10th Session: Positive Living:** This session taught students ways to incorporate positive habits into their daily lives.

**11th Session: Creating Strong and Smart Goals:** This session taught students the skills of goal setting and increasing positive activity as a means to a healthy life and resilience.

**12th session: Finishing Up!** The last session provided students with a review of major concepts and skills in the Strong Teens curriculum.

**Data Collection**: Pre-test data was collected from students belonging from Classes VIII to XII of Marias Public School, Guwahati Assam. The 12 SEL intervention session was provided to the students by giving two sessions per week. On the 12th session, post-test data were collected from the students. The pre-test data, the 12-intervention session, and the post-test data all were collected and conducted through online /virtual mode (google form and google classroom)

## III. Results

**Baseline Characteristics of Sample**

In table 1 it is depicted that the study was based on a sample of size 200 equally allotted in control and experimental group (100 each) in the age group of 14-19 years studying in Class VIII to class XII collected from Marias Public School out of which 43(43.0%) and 44(44.0%) females respectively in control and experimental group. Similarly, there were 57(57.0%) and 56(56.0%) males, respectively, in the control and experimental group. Similarly, religion and caste distribution across control and experimental group is also depicted.

**Table 1 : Baseline Data**

| Demography | Sub Group | Control(n=100) Frequency | Experiment(n=100) Frequency | Total(n=200) Frequency |
|---|---|---|---|---|
| Age (Yrs) | 13 | 1 | 0 | 1 |
| | 14 | 19 | 21 | 40 |
| | 15 | 21 | 40 | 61 |
| | 16 | 20 | 20 | 40 |
| | 17 | 39 | 19 | 58 |
| Gender | F | 43 | 44 | 87 |
| | M | 57 | 56 | 113 |
| Class | VIII | 20 | 20 | 40 |
| | IX | 20 | 20 | 40 |
| | X | 20 | 20 | 40 |
| | XI | 20 | 20 | 40 |
| | XII | 20 | 20 | 40 |

| | | | | |
|---|---|---|---|---|
| Religion | Christian | 9 | 3 | 12 |
| | Hindu | 57 | 64 | 121 |
| | Muslim | 26 | 26 | 52 |
| | Sikh | 8 | 7 | 15 |
| Caste | GEN | 58 | 59 | 117 |
| | OBC | 19 | 21 | 40 |
| | SC | 14 | 12 | 26 |
| | ST | 9 | 8 | 17 |
| Total | | 100 | 100 | 200 |

**Factors of Aggression**

Test of factors in Table 2 indicates that in the case of control group Physical Aggression (Factor I), pre-test average (26.82±3.06) significantly increased in post measure (28.75±2.82), ), *P*<.001. The same in the experimental group, pre-test mean (25.36±3.79) significantly decreased in post-test mean (15.19±2.62), *P*<.001.

In the case of Verbal Aggression (Factor II ) also pre-test average (14.47±2.22) was significantly greater than before in the post measure (16.12±2.11), *P*<.001. However, the same in experimental group pre-test mean (13.74±2.52), significantly reduced in post-test mean(8.12±1.37), t(99)=24.03, *P*<.001. For Anger(Factor III) in the control group, the pre-test average (19.94±2.6) significantly increased in post measure (21.99±2.41), *P*<.001. The same in the treatment group, pre-test mean(18.64±3.35) significantly decreased in post-test mean(11.17±2.08), t(99)=26.98, *P*<.001. Similarly, Hostility(Factor IV ) in the control group, pre-test average (23.17±2.96) significantly increased in post measure (25.38±2.32), ), *P*<.001. But in the experimental group, the same pre-test mean (22.65±3.88) significantly decreased in post-test mean(13.44±2.69), *P*<.001.

The overall Factors of aggression in the control group, pre-test average (84.4±5.27) significantly increased in post measure (92.24±5.36), *P*<.001. The same in the experimental group, pre-test mean (80.39±9.07) significantly decreased in post-test mean (47.92±6.37), *P*<.001.

**Table 2: Paired Samples *t* Test for Factors in Control and Experimental Group**

| Attribute | Test | Control Group | | | Experimental Group | | |
|---|---|---|---|---|---|---|---|
| | | Mean± SD | Mean D ± SDD | P-Value | Mean± SD | Mean D ± SDD | P-Value |
| Physical Aggression (Factor I) | Pre | 26.82±3.06 | 1.93±1.70 | <.001*** | 25.36±3.79 | -10.17±3.26 | <.001*** |
| | Post | 28.75±2.82 | | | 15.19±2.62 | | |
| Verbal Aggression (Factor II ) | Pre | 14.47±2.22 | 1.65±1.31 | <.001*** | 13.74±2.52 | -5.62±2.34 | <.001*** |
| | Post | 16.12±2.11 | | | 8.12±1.37 | | |
| Anger(Factor III) | Pre | 19.94±2.6 | 2.05±1.57 | <.001*** | 18.64±3.35 | -7.47±2.77 | <.001*** |
| | Post | 21.99±2.41 | | | 11.17±2.08 | | |
| Hostility(Factor IV ) | Pre | 23.17±2.96 | 2.21±1.95 | <.001*** | 22.65±3.88 | -9.21±3.10 | <.001*** |
| | Post | 25.38±2.32 | | | 13.44±2.69 | | |
| Factors of Aggression(by students) | Pre | 84.4±5.27 | 7.84±3.58 | <.001*** | 80.39±9.07 | -32.47±7.38 | <.001*** |
| | Post | 92.24±5.36 | | | 47.92±6.37 | | |

[NS] Not Significant ;  * Significant at *P*<.05 ;** Significant at *P*<.01; *** Significant at *P*<.001

**Empathy**

The results of the study empathy in the control and experimental group in Table 3 shows that for Fantasy Scale (FS) in the control group, the pre-test average (16.06±2.69) significantly increased in post measure (17.89±2.34), *P*<.001. However, in the treatment group also, the same pre-test mean(14.83±4.16) significantly increased in the post-test mean(16.94±4.47), *P*=.001. In the case of Empathic Concern (EC) in the control group pre-test average (16.15±2.54) significantly decreased in post-measure (14.36±2.26), *P*<.001. On the other hand, in the treatment group also, the same pre-test mean(15.35±3) significantly increased in post-test mean(18.03±4.46), *P*<.001. For Perspective Taking (PT) in the control group, the pre-test average (15.8±2.48) significantly decreased in post measure (14.17±2.16), *P*<.001. But, in the treatment group also, the same pre-test mean(15.99±3.06) significantly increased in post-test mean(18.24±4.45), *P*<.001. Personal Distress (PD) pre-test average (16.26±2.73) in the control group significantly increased in post measure (18.2±2.73), *P*<.001. However, in the treatment group, the same pre-test means (17.71±3.6) significantly decreased in post-test mean(14.16±2.55), *P*<.001.

In conclusion, empathy as aggregate in the control group pre-test average (64.27±5.23) insignificantly increased in post measure (64.62±4.84, ), *P*= 363. But in the treatment group, the same pre-test mean(63.88±9.99) significantly increased in post-test mean(67.37±8.49), *P*=.001.

**Table 3: Paired Samples t Test for Empathy in Control and Experimental Group**

| Attribute | Test | Control Group | | | Experimental Group | | |
|---|---|---|---|---|---|---|---|
| | | Mean± SD | Mean D ± SD D | *P-Value* | Mean± SD | Mean D ± SD D | *P-Value* |
| Fantasy Scale (FS) | Pre | 16.06±2.69 | 1.83±2.16 | <.001*** | 14.83±4.16 | 2.11±6.32 | .001** |
| | Post | 17.89±2.34 | | | 16.94±4.47 | | |
| Empathic Concern (EC) | Pre | 16.15±2.54 | -1.79±1.56 | <.001*** | 15.35±3.00 | 2.68±4.62 | <.001*** |
| | Post | 14.36±2.26 | | | 18.03±4.46 | | |
| Perspective Taking (PT) | Pre | 15.8±2.48 | -1.63±1.76 | <.001*** | 15.99±3.06 | 2.25±4.49 | <.001*** |
| | Post | 14.17±2.16 | | | 18.24±4.45 | | |
| Personal Distress (PD) | Pre | 16.26±2.73 | 1.94±1.76 | <.001*** | 17.71±3.6 | -3.55±4.46 | <.001*** |
| | Post | 18.2±2.73 | | | 14.16±2.55 | | |
| Empathy | Pre | 64.27±5.23 | 0.35±3.83 | 0.363 NS | 63.88±9.99 | 3.49±10.45 | .001*** |
| | Post | 64.62±4.84 | | | 67.37±8.40 | | |

NS Not Significant ;  * Significant at *P*<.05 ;** Significant at *P*<.01; *** Significant at *P*<.001

## IV. Discussion:

The study considered Social-emotional learning (SEL) intervention as a tool to acquire the knowledge and skills regarding how to recognize and manage emotions. There was a significant difference in pre-intervention and post-intervention ratings of aggression for adolescents. Many of the factors associated with aggression and anger came down after the SEL intervention was given. Empathic abilities were assessed by Interpersonal Reactivity Index among adolescents prior to SEL intervention. There was a significant difference in pre and post-intervention ratings of empathy. The significant difference in pre and post-intervention ratings of aggression as well as empathy led to conclude the efficacy and effectiveness of the SEL intervention. Therefore, the hypothesis that was considered before the study was statistically established, which concluded that SEL intervention was associated with the reduction of various factors of aggression. The intervention also significantly enhanced and improved the empathic abilities positively related to social competence like empathic concern and perspective-taking. Also, the intervention reduced the ability negatively associated with such competence like personal distress. However, the fantasy score after the intervention did not decrease and match the proposed hypothesis. This might be due to the increase in the screen timing of most students as most of them during the pandemic lockdown indulged in online games, online video watching, online movies, etc. The results found in this study have similarities to various other SEL interventions studies done throughout the world. A meta-analysis study reports that social-emotional learning reduces aggressive behaviors, promotes positive behavior, improves academic results in students [18][19]. Another meta-analysis was done by Merrel et al. on SEL studies that reported overall holistic development in children [23]. Globally various studies reported that the Strong Kids curriculum program for SEL promoted health social-emotional behavior in students [20][21][23][24][25][26][27]. Strong Kids/Teens social and emotional learning program was designed to focus on improving resiliency in students, teaching social and emotional skills, and improving coping skills. Several studies have been conducted using the various SEL programs created by Dr. Merrell, and colleagues (e.g., Strong Start, Strong Kids, Strong Teens) show that participation in [these programs] consistently results in significant and meaningful increases in students' knowledge of curriculum-related concepts: emotional knowledge and management strategies, problem-solving skills, coping strategies, self-management skills, cognitive change techniques to enhance optimism and reduce negative thinking errors, and the ability to set goals and plan for positive behavior change [28]. The improvement that is being demonstrated in students with internalizing disorders will help school educators move forward more confidently with Strong Teens. While the study's results showed statistically significant improvement for the student with internalizing symptoms, there is still a need for more research to be done in additional high schools with larger sample sizes [23]. Clearly, much of the research conducted on Strong Kids/Teens curricula has indicated it is an effective SEL intervention. Some studies report Socio-Emotional Learning (SEL) interventions offer promising benefits, including the reduction of aggressive behaviors and the fostering of socio-emotional skills and mental health and in way can be used in preventing future mental illness in children [29]. Studies on follow-up procedures to test maintenance effects reported that the intervention could be used as a preventative, universal intervention. Various SEL intervention studies also reported that students who received SEL programs had more positive classroom behaviors and fewer clinical symptoms, including anxiety, social stress, and depression [30]. In the past also, it was reported that pandemics cause degradation in mental health issues in children. Covid 19 pandemic was no exception. It did have a huge negative toll on the mental health of students globally, increasing their stress and anxiety. This led to irritation, anger outburst, and aggressive behavior on the part of many students. Many could not cope with the situation, started having problems in making important decisions, many started having relationship problems with their peers and parents. At this time, SEL became a handy tool in managing stress, decreasing aggression, increasing decision-making capacities, improving coping skills, and improving relationships. In the future also, SEL intervention, if imparted in a scheduled manner in schools, can be a potent tool in preventing many mental health issues in children and adolescents.

## V. Recommendation

Although the primary mission of the educational system in India has traditionally laid importance to promote the growth of academic and cognitive skills, however, there is growing support and advocacy for the inclusion of skills that are considered non-academic but are, in fact, potent skills for the overall growth of an adolescent or student. Critical thinking, problem-solving, emotional regulation, creativity, communication, responsible thinking is, in fact, necessary for a student to succeed apart from his education. Over the last few decades, there has been a growing school of thought which demonstrates that social and emotional learning helps in the acquisition of these skills and knowledge that plays an important key in the development of an adolescent. However, unfortunately, social and emotional learning in the school curriculum is believed to be a "missing piece" in India, more so in Assam. Most SEL evidence is based on American studies (83% of the existing literature), which makes it difficult to test their generality worldwide. Geeta Shinde reported that the Central Board of Secondary Education (CBSE) in 2003 introduced life skill education as an integral part of the curriculum through continuous and comprehensive education for classes six to ten [31]. Sarva Shiksha Abhiyan (SSA) also has under its agenda life skills training for upper classes. However, there are certain challenges in imparting these skills in India to date. Many schools are still not clear which life skill intervention curriculum to follow (whether WHO or CASEL). So, there is a lack of proper definition and understanding of the life skill curriculum in India. There is limited evidence in developing countries about life skills text. Also, there is very little evidence-based research and less documentation on these intervention programs. There is a lack of proper guidelines, so practical implementation of these curriculums becomes difficult in India. Many a time, teachers in India lack the proper training to teach these skills in school. Also, our education system or syllabus puts much impetus on the academic curriculum that, at times, these intervention programs take a back seat. However, the New Education Policy of India 2019 in its draft again has laid emphasis on social-emotional skills. It states that curriculum and pedagogy are transformed by 2022 in order to minimize rote learning and instead encourage holistic development and 21st-century skills such as critical thinking, creativity, scientific temper, communication, problem-solving, ethics, social responsibility, and digital literacy. Also, it states that education should not only focus on the development of cognitive aspects, but it should also give as much importance to social, ethical, and emotional capacities and dispositions [32]. Also, as evident from the SEL intervention in improving empathy and bringing down anger and aggression, this SEL intervention can be started or included in the school academic curriculum for the holistic development of an adolescent. This can be put forward to stakeholders and policymakers working in the area of education.

## VI. Conclusion:

The results of the study established that aggression was significantly larger in the control group while the same was almost reduced in the experimental group because of the intervention of Social- Emotional Learning (SEL) intervention that contributed to the reduction of various indicators of aggression, including instrumental, cognitive and emotional components. Empathy remained the same in the control group while the same increased in the experimental group also established the efficiency of the SEL intervention. The study shows the effectiveness of SEL intervention. COVID 19 pandemic is a temporary situation in our life. However, challenges and adversities are part and parcel of one's life. As individuals, we should have the skills to tide these stormy phages of life. SEL skills, if imparted along with academic skills, will definitely help students in their holistic development to cope with adversities of life and, in a way, will help to ward off many mental health issues.

## References:

[1].    www.unicef.org
[2].    www.timesofindia.indiatimes.com
[3].    Linlin Li, Flynn K, Melissa E. DeRosier, Weiser G, Austin-King K. Social-Emotional Learning Amidst COVID-19 School Closures: Positive Findings from an Efficacy Study of Adventures Aboard the S.S. GRIN Program. Frontiers in Education. June 2021, Volume 6, Article 683142.
[4].    Rao M, Rao D. The Mental Health of High School Students During the COVID-19 Pandemic. Frontiers in Education. July 2021, Volume 6 ,Article 719539.
[5].    Amerstorfer C, Clara Freiin von Münster-Kistner. Student Perceptions of Academic Engagement and Student-Teacher Relationships in Problem-Based Learning. Frontiers in Psychology. 2021; 12: 713057.
[6].    Jan N. Hughes and Qi Chen. Reciprocal effects of student-teacher and student-peer relatedness: Effects on academic self-efficacy. Journal of Applied Developmental Psychology. 2011 Sep 1; 32(5): 278–287.
[7].    Uddin M, Uddin B. The impact of Covid-19 on students' mental health. Journal of Social, Humanity, and Education (JSHE). Vol 1, No 3, 2021, 185-196.
[8].    Anderson C A, Bushman Brad A. Human Aggression, Department of Psychology, Iowa State University, Ames, Iowa 50011-3180.
[9].    Dinkes, R., Kemp, J., & Baum, K. Indicators of school crime and safety: 2008 (NCES 2009–022/NCJ 226343). Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice (2009).
[10].   Glassman, William E, Hadad Marilyn. Approaches to Psychology, Open University Press 2004.
[11].   Furrer, C., & Skinner, E. Sense of relatedness as a factor in children's academic engagement and performance. Journal of Educational Psychology (2003)., 95(1),148–162. http://dx.doi.org/10.1037/0022-0663.95.1.148

[12]. Davis, M. H. A multidimensional approach to individual differences in empathy. JSAS Catalog of Selected Documents in Psychology (1980). 10, 85.
[13]. Gini, G., Albiero, P., Benelli, B., & Altoè, G. Does empathy predict adolescents' bullying and defending behavior? Aggressive Behavior (2007)., 33(5), 467–476.http://dx.doi.org/10.1002/ab.20204.
[14]. CASEL. What is SEL? Retrieved December 8, 2016 from http://www.casel.org/aboutsel/WhatisSEL.php (2006).
[15]. Brackett, M. A., Mayer, J. D., &Warner, R. M. Emotional intelligence and its relation to everyday behavior. Personality and Individual Differences (2004). 36(6),1387–1402. http://dx.doi.org/10.1016/S0191-8869(03)00236-8
[16]. Davis, M. H. A multidimensional approach to individual differences in empathy. JSAS Catalog of Selected Documents in Psychology (1980). 10, 85.
[17]. Merrells. Strong Teens, A Social Emotional Learning Curriculum. Edited by Dianna Carrizales-Engelman, Laura Feuerborn, Barbara A. Gueldner and Oanh K. 2nd edition. Paul H Brookes publication.2016
[18]. Rebecca et al. Promoting Positive Youth Development through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-Up Effects. Child Development, July/August 2017, Volume 88, Number 4, Pages 1156–117.
[19]. Celene et al. Social-Emotional Competence: An Essential Factor for Promoting Positive Adjustment and Reducing Risk in School Children. Child Development, February 2017.
[20]. Merrell, K. W., Juskelis, M. P., Tran, O. K., & Buchanan, R. (2008). Social and emotional learning in the classroom: Evaluation of strong kids and strong teens on students' social emotional knowledge and symptoms. Journal of Applied School Psychology, 24(2), 209–224.
[21]. Harlacher, J. E., & Merrell, K. W. Social and emotional learning as a universal level of student support: Evaluating the follow-up effect of strong kids on social and emotional outcomes. Journal of Applied School Psychology (2010)., 26, 212-229.
[22]. Isava, D. M. An investigation of the impact of a social-emotional learning curriculum on problem symptoms and knowledge gains among adolescents in a residential treatment center. Unpublished doctoral dissertation, University of Oregon, (2006).
[23]. Castro-Olivo, S. One size does not fit all: Adapting SEL programs for use in our Multicultural world. In K.W. Merrell & B.A. Gueldner (Eds.), Social and emotional learning in the classroom: Promoting mental health and academic success (2010). (pp. 83–102). New York: Guilford.
[24]. Feuerborn, L. L. Promoting emotional resiliency through classroom instruction: The effects of a classroom-based prevention program (2004).. Unpublished doctoral dissertation, University of Oregon, Eugene.
[25]. Gueldner, B. A., & Merrell, K. W. Evaluation of a social-emotional learning intervention using performance feedback to teachers in a structured consultation model. Journal of Educational and Psychological Consultation. (2011), 21, 1-27.
[26]. Marchant, M., Brown, M., Caldarella, P., & Young, E. Effects of Strong Kids curriculum on students with internalizing behaviors: A pilot study. Journal of Evidence-Based Practices for Schools (2010).11(2), 123-143.
[27]. Nakayama, N. J. An investigation of the impact of the Strong Kids curriculum on social- emotional knowledge and symptoms of elementary aged students in a self-contained special education setting. Unpublished doctoral dissertation, University of Oregon (2008).
[28]. Merrell, K. W. Linking prevention science and social and emotional learning: The Oregon Resiliency Project. Psychology in the Schools (2010)., 47, 55-68.
[29]. Castillo R. Effects of an emotional intelligence intervention on aggression and empathy among adolescents. Journal of Adolescence ,36 (2013) 883–892.
[30]. Ruiz-Aranda, D., Salguero, J. M., Cabello, R., Palomera, R., & Fernández-Berrocal, P. (2012). Can an emotional intelligence program improve adolescents' psychosocial adjustment? Results of the INTEMO project. Social, Behavior & Personality, 40(8), 1373–1380.
[31]. Geeta Shinde. Life skill education: status, practice and policy in India. Scholarly Research Journal for Humanity Science & English Language. OCT- NOV 2017, VOL- 4/24.
[32]. www.education.gov.in