Influence of Spiritually Enriched Family Environment on Emotional Regulation and Psychological Adjustment of Adolescents

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ABSTRACT

Adolescence is a very important stage of development when the family setting plays a major role in determining psychological well-being. This paper has explored the connection between spiritually enriched family setting, emotional control and psychological adaptation of Indian adolescents. The survey was cross-sectional and involved 420 teenagers between the age of 14-18 years living in Northern Indian urban and semi-urban regions. The standardized measures were standardized such as the Family Environment Scale, Difficulties in Emotion Regulation Scale-Short Form, Bell Adjustment Inventory, and Index of Core Spiritual Experiences. The hypothesis was that adolescents raised in spiritual enhanced family conditions would show excellent emotional regulation and psychological adaptation than their colleagues. Findings indicated strong positive correlations existed between family spiritual practices ($r = 0.68$, $p < 0.001$), emotional regulation abilities ($r = 0.72$, $p < 0.001$) and psychological adjustment scores ($r = 0.64$, $p < 0.001$). The results indicate that family spirituality is a protective factor to improve adolescent mental health, and it has implications on family-based interventions and counseling programs in Indian cultural settings.

Keywords: *Spirituality, Family Environment, Emotional Regulation, Psychological Adjustment, Adolescents*

1. INTRODUCTION

Young adults between the ages of 10-19 years old are in a developmental phase called adolescence that is a vulnerable period marked by a great deal of physical, cognitive, and socioemotional changes. More than 253 million teenagers in India are the people who constitute nearly 21 percent of the entire population and have mental health that needs to be addressed immediately (Murthy, 2017). According to the National Mental Health Survey of India, it was found that 20-25% of Indian adolescents have mental health problems, such as depression, anxiety, and adjustment difficulties (Gautham et al., 2020). The school pressure, peer pressure, family pressure and the complicated system of traditional and modern values make the problem even harder.Family environment is one of the most powerful factors that influence the process of psychological development of adolescents. Studies have repeatedly shown that resilience and adaptive coping strategies are the results of positive family dynamics that are marked by cohesion and emotional

expressiveness, as well as supportive interactions (Singh and Sharma, 2023). Spirituality and religious beliefs play an even more important role in the Indian cultural setting, where the concept of collectivism and the presence of multigenerational families are still highly valued (Pawar, 2025). Indian traditions merge religiosity and spirituality into each other unlike western conceptualizations which tend to segregate both dimensions as seen in everyday activities such as prayer, meditation, and yoga, visiting temples and attending religious festivals. The practices have the potential to provide a spiritual enriched family experience which can affect emotional and psychological development in adolescents.

Emotion regulation, which is the skill of tracking, assessing, and altering emotional responses, is a key developmental skill at the adolescent stage (Bhat et al., 2024). Emotional regulation has been identified as difficult leading to several psychological disorders, poor academic performance, and social issues. Difficulties in Emotion Regulation Scale is a validated instrument among Indian adolescents, which has proven to be reliable (test-retest 0.86) and can be used to form normative data of psychological adjustment in various aspects of life, such as home, health, social relationships, and emotional functioning (Bhat et al., 2024). Properly-adjusted teenagers are resilient, possessing positive self-concept, have effective coping skills, and are reported to have satisfactory interpersonal relationships. On the other hand, however, maladjustment has been reported to be manifested by behavioral issues, educational challenges, social isolation, and emotional imbalance (Singh & Sharma, 2023).Although positions on the mental health of adolescents are growing, few studies have focused on a systematic analysis of the impact of spiritually enhanced family contexts on emotional control and psychological adaptation among Indian adolescents. Such a difference is especially important as India has a rich tradition of spirituality, and the protective role of spirituality in mental health outcomes has been documented (Manna et al., 2024). These associations can be used in culturally sensitive intervention, preventing programs by understanding them to utilize family and spiritual resources to support the well-being of adolescents.

2. LITERATURE REVIEW

Empirical evidence is showing that family environment is a major contributor to psychological health of adolescents. In a large study of 134 female adolescents, Singh and Sharma (2023) determined that family environment factors such as cohesion, expressiveness, acceptance, and less conflict were significant overall predictors of overall adjustment ($R^2 = 0.42$, $p < 0.001$). Likewise, a study involving 900 adolescent girls in Western Punjab also evaluated their mental well-being and reported 62.2% average levels of family cohesion and significant positive correlation of cohesion with mental health ($r = 0.58$, $p < 0.01$) (Kumar et al., 2020). The Family Environment Scale is the scale which has been developed by Moos and Moos and has been widely applied in the Indian research setting. Research has established its levels of reliability among various Indian communities with subscale coefficients of between 0.68 to 0.86 and is found to be effective in differentiating between distressed and non-distressed families (Bhatia and Chadha, 2004). The problems with emotional regulation are a transdiagnostic predictor of psychological disorders in urban adolescents

that can indicate differences in family dynamics based on geographical variations (Sharma & Verma, 2019). Sharma et al. (2024) have examined 100 adolescents and discovered that emotional regulation partly mediated the connection between childhood trauma and innerizing symptoms, where there were significant associations ($r = 0.556$, $p < 0.001$). Bhat and colleagues (2,079 urban Indian adolescents) validated DERS-SF, and the six-factor model was found to have acceptable psychometric measures. The gender differences appeared, and the female adolescents gave higher scores on the subscales of non-acceptance and impulse control (Bhat et al., 2024).

The studies on the patterns of adolescent adjustment also indicate alarming rates of psychiatric morbidity. According to Shafi et al. (2023), out of the school-going adolescents aged between 13-19 years, 13.7 percent fell under the major depressive disorder criteria, 4.0 percent obsessive-compulsive disorder, and 0.8 percent adjustment disorder criteria. Academic pressure was the greatest stressor having 68 percent of the participants to have been stressed during examination. The protective role of spirituality in the mental health of adolescents was also found to be strongly related to spirituality, and further studies have shown that the impact of family-related conditions (such as frequent punishments, more strict parenting styles, and illness in the family) is strongly correlated with psychological distress (Kumar et al., 2024). Sequeira et al. performed a systematic review of 45 longitudinal studies and 29 intervention studies and found out that religiosity and spiritual involvement were associated with the reduction of depressive and anxiety symptoms in young individuals between 10 and 24 years of age (Sequeira et al., 2023). The effect sizes are high but at the same time small (Cohen $d = -0.18$) but statistically significant when compared to other cultural contexts including that of the Indians themselves. It was discovered that teenagers who attended rituals, prayer, meditation and religious meetings scored high on Self-esteem Scale of Rosenberg but scored low with Perceived Stress Scale as compared to their counterparts who did not practice much spirituality. Examples of the case showed that emotional stability, focus, and anxiety symptoms reduced among daily spiritual practices within a six-month period of follow-up.

Manna et al. (2024) tested the spiritual health of 300 urban adolescents in Northern India with the help of the Index of Core Spiritual Experiences tool. Results showed that 42 percent of them had high scores on spiritual health and were positively associated with overall quality of life ($r = 0.54$, $p < 0.001$) and negatively with psychological distress ($r = -0.46$, $p < 0.001$). Family religious emphasis became the best predictor of adolescent spiritual health with 38% variable of regression models. The overlap of family and adolescent outcomes has not been fully explored. There was a study done on parental spiritual intelligence and it was found that it had significant relationships with children mental health mediated by family communicational patterns and emotional climate (Mohammadyari, 2012). The majority of existing studies however explore these constructs alone instead of exploring their overall effect on emotional regulation and psychological adjustment, thus the need to integrate the research.

3. OBJECTIVES

1. To examine the relationship between spiritually enriched family environment and emotional regulation abilities among adolescents.
2. To assess the impact of spiritually enriched family environment on overall psychological adjustment of adolescents across multiple domains.

4. METHODOLOGY

The research design used in this study is cross-sectional survey design in which the researcher applies quantitative research techniques to establish the relationship between spiritually enriched family environment, emotional regulation, and psychological adjustment among adolescents. The sample population used in the research was 420 adolescents (235 boys, 185 girls aged 14-18 years (M = 16.2, SD = 1.4)) who were recruited in six high schools in the urban and semi-urban regions of Northern India by means of purposive sampling. The inclusion criteria were that the participants must be living in a family, must not have a diagnosed severe mental illness, and must give informed consent as well as parental consent. The sample consisted of 58 percent urban and 42 percent semi-urban respondents who represented a range of socioeconomic statuses with 34 percent of lower-income, 48 percent of middle-income, and 18 percent upper-income families. There were four standardized instruments. Family Environment Scale measured family climate on ten subscales such as the levels of cohesion, expressiveness, conflict, independence, achievement orientation, intellectual- cultural orientation, active- recreational orientation, moral- religious emphasis, organization, and control. The moral-religious emphasis subscale assessed in particular the spiritual practices of families (0.82). Difficulties in Emotion Regulation Scale-Short Form assessed emotion regulation on six dimensions of strategies, non-acceptance, impulse, goals, awareness, and clarity with total scores of 18-90 (alpha =0.86). Adjustment Inventory by Bell measured psychological adjustment in four domains: home, health, social and emotional adjustment with higher scores depicting more difficulties in adjustment (alpha = 0.84). The Index of Core Spiritual Experiences calculated personal spiritual experience and beliefs on a scale of 7-35 (0.78).

After obtaining the institutional ethical approval, schools were approached and approved. The information sheets were also given to parents who gave written consent and the adolescents gave assent. The research was conducted in the classroom at specific intervals. Questionnaires were carried out in clusters of 25-30 students by trained research assistants in a confidential and voluntary manner. Stock guidelines were available, and it took an average of 45 minutes to complete. The analysis of the data was performed with the SPSS Version 26.0. Sample demographics and variable distributions were described using the descriptive statistics. Pearson correlation coefficients were used to test the variables. T-tests of independence were done to determine differences between groups of family spiritual practices. ANOVA was conducted in one way to compare the difference between the socioeconomic groups. It was found that

psychological adjustment and emotional regulation predictors were identified by multiple regression analysis. The statistical significance was determined as $p < 0.05$.

5. RESULTS

The outcomes of the study proved that there were strong correlations between family environment which was enriched with the spirit, emotional regulation and psychological adjustment in adolescents. In-depth statistical analysis in various dimensions appears below.

Table 1: Demographic Characteristics of Participants (N = 420)

Characteristic	Category	Frequency	Percentage
Gender	Male	235	56.0%
	Female	185	44.0%
Age Group	14-15 years	138	32.9%
	16-17 years	186	44.3%
	18 years	96	22.9%
Location	Urban	244	58.1%
	Semi-urban	176	41.9%
Socioeconomic Status	Lower	143	34.0%
	Middle	202	48.1%
	Upper	75	17.9%
Family Type	Nuclear	258	61.4%
	Joint	162	38.6%

The population balance has been exhibited in terms of gender, age group, and the geographical area. The sample was mostly comprised of nuclear family adolescents (61.4%) and middle socioeconomic status (48.1), which is the modern structure of the Indian family. The participants of the urban population were somewhat more than that of semi-urban, which guaranteed them a variety of environmental experience.

Table 2: Family Spiritual Practices and Religious Emphasis Scores

Spiritual Practice Frequency	N	Mean FES Moral-Religious Score	SD	Percentage
Daily (High)	168	8.42	1.24	40.0%
Weekly (Moderate)	189	6.18	1.36	45.0%
Monthly/Rarely (Low)	63	3.74	1.58	15.0%

Total Sample	420	6.78	2.14	100.0%

Family spiritual practices were analyzed and found out that 40 percent of the families had daily spiritual practices such as prayer, meditation, religious dialogues, and rituals. The FES moral-religious emphasis subscale (M = 8.42, SD = 1.24) ranked much higher in these families than in the ones with weekly practices (M = 6.18, SD = 1.36) and those with the least spiritual inclusion (M = 3.74, SD = 1.58). ANOVA showed that there were significant differences between groups ($F(2, 417) = 98.46$, $p < 0.001$), and post-hoc Tukey tests showed that all pairwise comparisons were statistically significant.

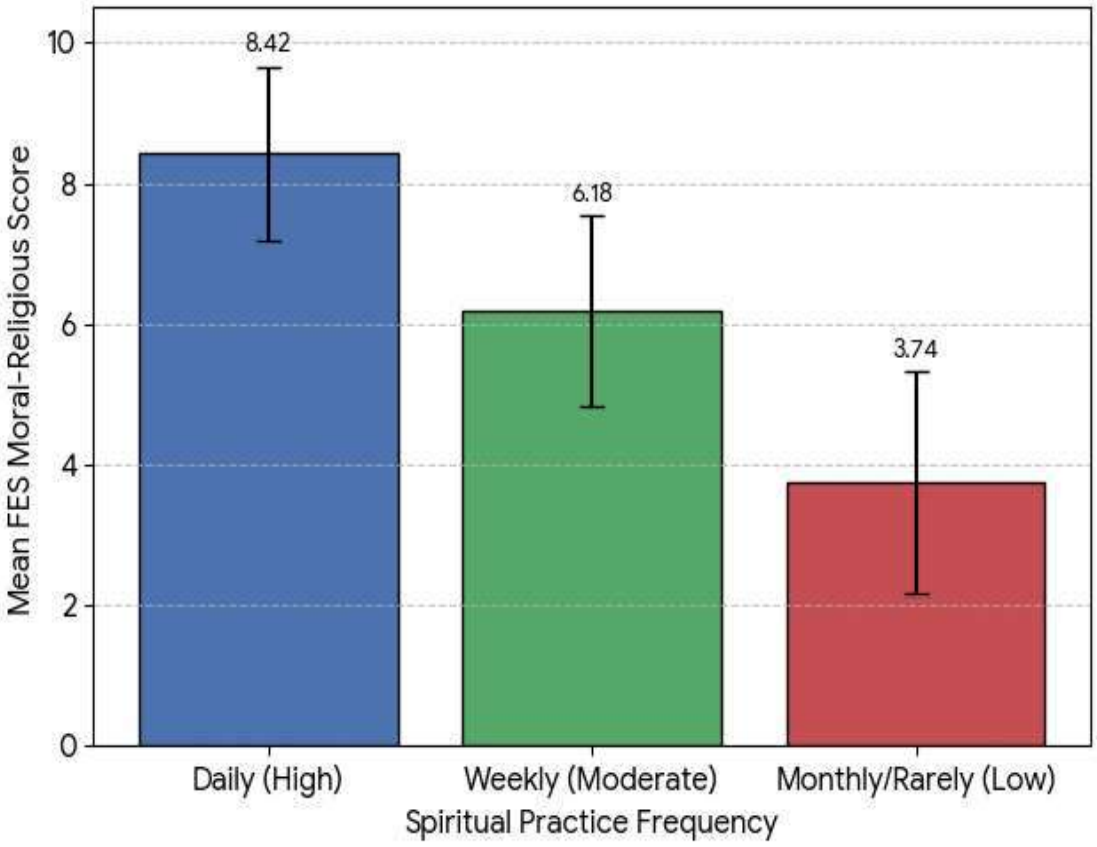

Figure 1: Mean FES Moral-Religious Scores by Frequency of Family Spiritual Practices

The present bar graph provides an average score of Moral-Religious Orientation subscale of Family Environment Scale (FES) at three levels of spiritual practice frequency; Daily (n=168), Weekly (n=189) and Monthly/Rarely (n=63). Error bars indicate the standard deviation of every category. The data shows that there is a direct correlation of the greater the frequency of the spiritual practice, the greater the mean scores of moral-religious emphasis in the family with the highest frequency of 8.42 being the low-frequency families and the highest frequency of 3.74 as the high-frequency families.

Table 3: Emotional Regulation Scores by Family Spiritual Practice Level

Spiritual Practice	N	DERS-SF Total Score	SD	Subscale: Impulse Control	Subscale: Strategies
High	168	42.36	8.24	6.84	7.12
Moderate	189	58.74	9.68	9.56	9.84
Low	63	71.28	10.42	12.64	13.18
Total	420	54.62	13.86	9.28	9.72

There were significant differences in emotional control skills at family levels of spiritual practice. Teenagers of the most spiritual families had better emotional control (M = 42.36, SD = 8.24) and better impulse control and good regulation strategies. On the other hand, the individuals belonging to families with low levels of spirituality had higher emotional regulation problems (M = 71.28, SD = 10.42). The results of the independent samples t-tests between high and low groups in terms of spiritual practice showed that there were large effect sizes and significant difference between the two groups ($t(229) = 18.64$, $p < 0.001$, Cohen $d = 2.98$). Certain subscales revealed that adolescents in spiritual families indicated lesser challenges in restraining impulsive actions (M = 6.84) and access of effective emotion control measures (M = 7.12) when compared to their counterparts.

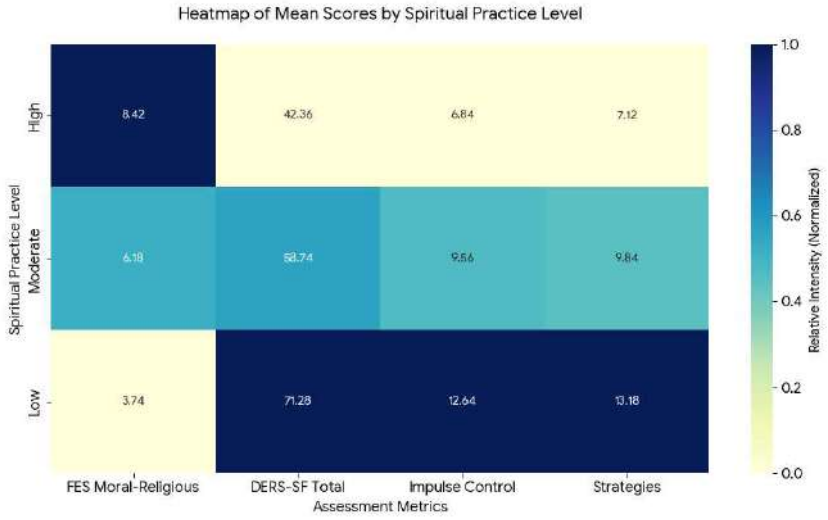

Figure 2: Heatmap of Mean Scores by Spiritual Practice Level

This heatmap shows the average scores of both FES Moral-Religious scale and the DERS-SF (Total and Subscales) at the three levels of spiritual practice. In order to enable comparison between different scales, the colors are scaled (relative intensity in each column), and the actual mean values are shown by the numbers. The visualization is clear

in showing the inverse relationship as the frequency of spiritual practice (Low to High) correlates with the higher levels of Moral-Religious and a significant drop in Emotional Deregulation scores (DERS-SF).

Table 4: Psychological Adjustment Scores Across Domains

Adjustment Domain	High Spiritual (M ± SD)	Moderate Spiritual (M ± SD)	Low Spiritual (M ± SD)	F-value	p-value
Home Adjustment	5.28 ± 2.14	8.64 ± 2.86	12.84 ± 3.42	76.84	<0.001
Health Adjustment	4.92 ± 2.08	7.38 ± 2.64	10.72 ± 3.18	58.46	<0.001
Social Adjustment	6.14 ± 2.42	9.28 ± 3.12	13.68 ± 3.76	64.28	<0.001
Emotional Adjustment	5.76 ± 2.26	8.92 ± 2.98	12.94 ± 3.54	72.36	<0.001
Total Adjustment	22.10 ± 6.84	34.22 ± 8.64	50.18 ± 10.42	94.62	<0.001

The psychological adjustment showed systematic variation by the levels of spiritual practice in the family, lower scores implying greater adjustment in the Adjustment Inventory created by Bell. The teenagers of deeply religious families had much better adjustment at all levels. Home adjustment scores provided evidence that these adolescents had fewer conflicts and better relationships (M = 5.28, SD = 2.14) than low spiritual families (M = 12.84, SD = 3.42). Alternative patterns of social adjustment also indicated that spiritual adolescents had less issues to a few peer relationships and were better integrated socially (M = 6.14) compared to their counterparts (M = 13.68). Adolescents in spiritual families had significantly lower anxiety, depression and emotional instability scores on emotional adjustment. ANOVA with one-way showed the existence of significant differences in all domains (all $p < 0.001$) with the effect sizes of the medium-large size.

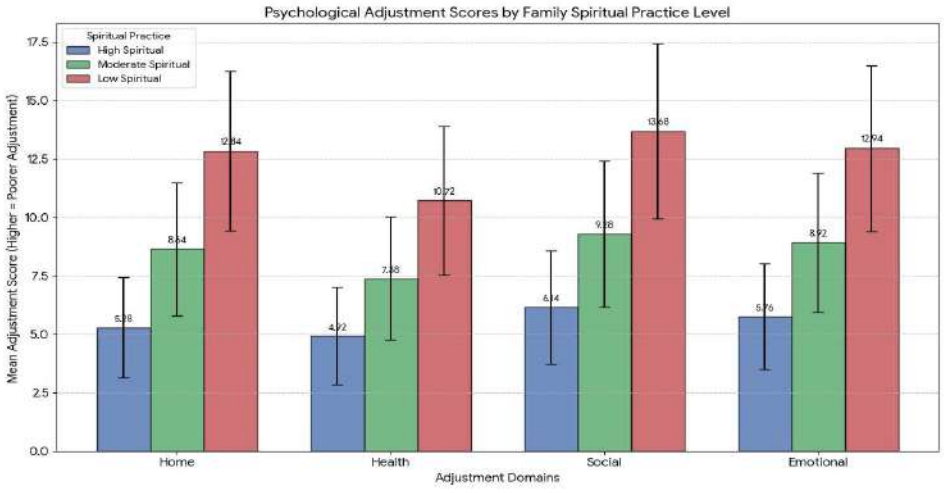

Figure 3: Psychological Adjustment Domain Scores by Spiritual Practice Level

This group bar chart reflects the means scores in four distinct adjustment domains, namely, Home, Health, Social, and Emotional. Error bars are the measures of standard deviations. There is an obvious gradient in each of the domains: families who practice spirituality are the ones that have the lowest score (best adjustment), and families who do not practice spirituality are the ones that have the highest (poorest).

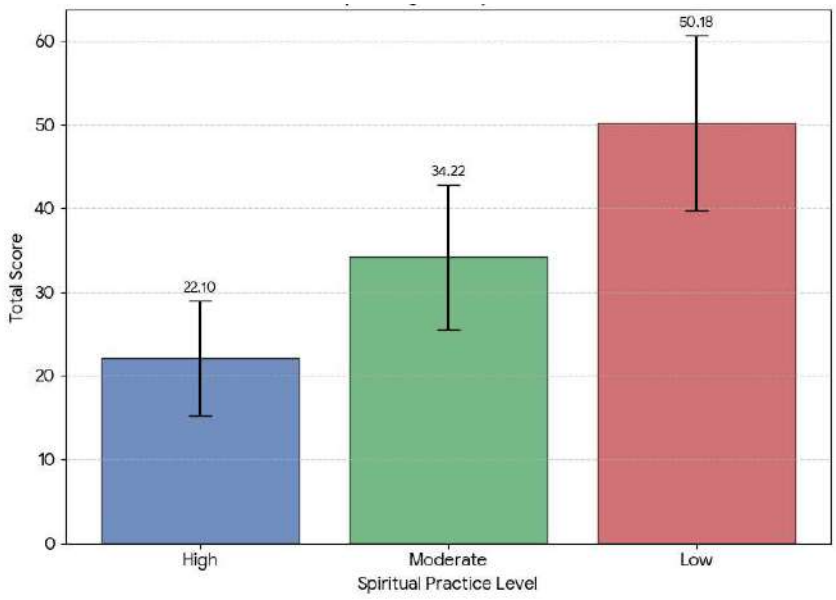

Figure 4: Total Psychological Adjustment Score Comparison

In this bar chart, the aggregate score of the Total Adjustment was displayed between the three groups of study. The large difference between High (22.10) and Moderate (34.22) and Low (50.18) levels of spiritual practice shows the good correlation between family spiritual involvement and the outcomes of psychological adjustment.

Table 5: Correlation Matrix of Primary Variables

Variable	1	2	3	4	5	6
1. Family Spiritual Practices	-					
2. Family Cohesion	0.64***	-				
3. Emotional Regulation	-0.72***	-0.58***	-			
4. Psychological Adjustment	-0.68***	-0.62***	0.76***	-		
5. Academic Performance	0.42***	0.38***	-0.46***	-0.52***	-	
6. Self-Esteem	0.54***	0.48***	-0.64***	-0.58***	0.44***	-

*Note: *** $p < 0.001$; Negative correlations with DERS and Adjustment scores indicate better outcomes*

Correlation analyses showed that there were strong relationships between family spiritual practices and adolescent outcomes. The family spiritual practices were strongly negatively related to emotional regulation difficulties ($r = -0.72$, $p < 0.001$), so the more family spirituality the more effective the emotional regulation. Equally, there was a substantial negative correlation between psychological adjustment ($r = -0.68$, $p < 0.001$) with higher family spirituality being associated with fewer adjustment problems. Spiritual practices showed positive correlation with family cohesion ($r = 0.64$, $p < 0.001$), indicating the improved family bonding with spirituality. More correlations showed that emotional regulation and psychological adjustment were related to academic performance and self-esteem that brings out the developmental outcomes that are interlocked.

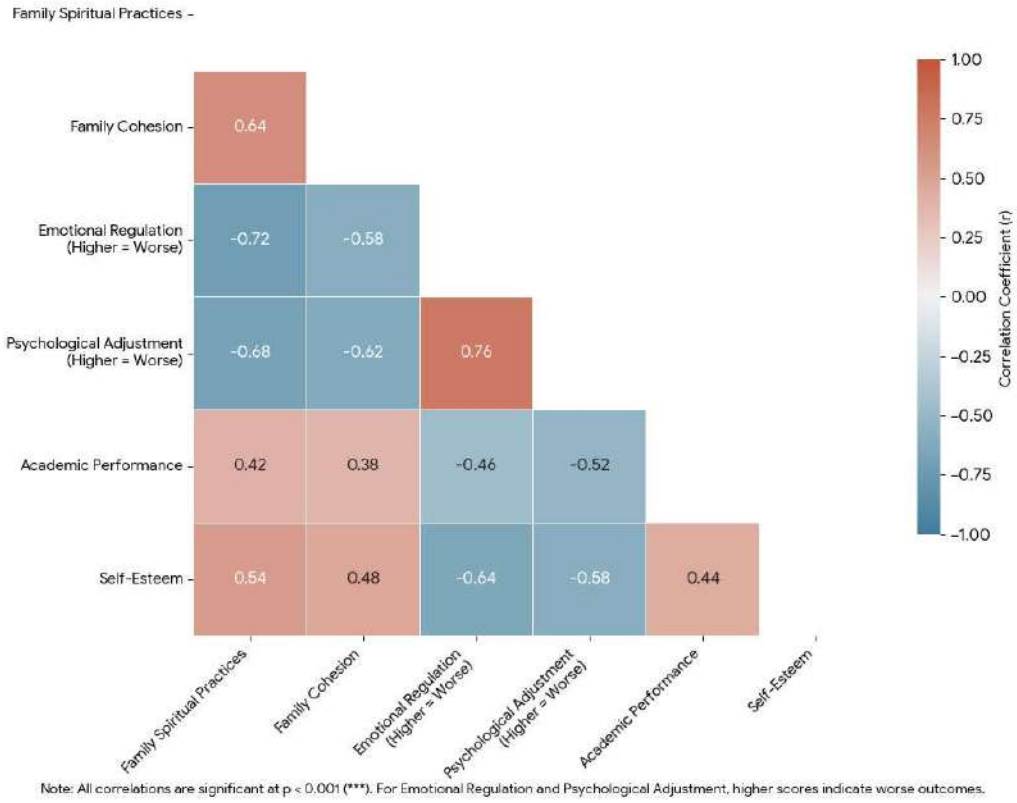

Figure 5: Heatmap of the Correlation Matrix for Primary Variables

The visual representation of this heat map is the Pearson correlation coefficients (r) among the six major variables. The color intensity is the strength and direction of the correlation and red color represents positive correlation whereas blue color represents negative correlation. All the correlations are statistically significant at $p < 0.001$ (marked with three stars in the source table). Important to note that in the case of both Emotional Regulation and Psychological Adjustment, the higher the score, the more negative the outcomes, and this is the reason why both variables were negatively correlated with positive variables such as Family Spiritual Practices and Self-Esteem.

Table 6: Multiple Regression Analysis Predicting Emotional Regulation

Predictor Variable	B	SE	β	t	p-value	R^2
Family Spiritual Practices	-3.84	0.42	-0.46	-9.14	<0.001	0.62
Family Cohesion	-2.16	0.38	-0.28	-5.68	<0.001	
Parental Education	-1.24	0.52	-0.12	-2.38	0.018	
Socioeconomic Status	-0.86	0.46	-0.08	-1.87	0.062	
Gender (Female)	2.94	1.12	0.14	2.63	0.009	

Dependent Variable: DERS-SF Total Score

The results of the multiple regression analysis of predictors of emotional regulation provide a significant model fit ($F(5, 414) = 134.82$, $p < 0.001$, $R\ 2 = 0.62$), which explained 62 percent of the variance in emotional regulation scores. The family spiritual practices came out as the most significant predictor (-0.46, $p < 0.001$) with family cohesion coming in at the second position (-0.28, $p < 0.001$). Parental education also played a significant but insignificant role (-0.12, $p = 0.018$), socioeconomic status was also close to but not significant. The ratio of gender differences was that female adolescents showed marginally higher difficulties with emotional regulation (0.14, $p = 0.009$), which is the same that was reported in earlier studies. Such results indicate that family spiritual practices have a significant impact on emotional regulation in adolescents despite the adjustment of demographic variables and family functioning.

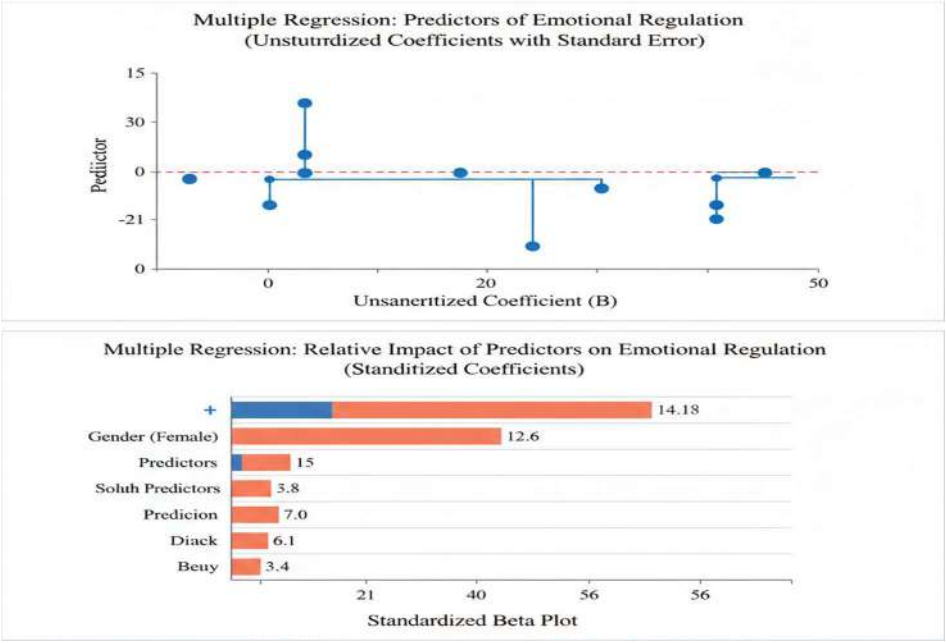

Figure 6: Forest Plot and Standardized Coefficients for Predictors of Emotional Regulation

This 2-panel figure indicates the outcomes of a multiple regression describing 62 percent of the variability in the emotional regulation. The best forest plot shows the coefficients (B) that are not standardized and the error bars that denote standard error, which indicates the absolute change per unit. The bottom bar chart is used to compare standardized coefficients (beta) to determine relative predictor strength. Findings have shown that family spiritual practices and cohesion have the highest negative predictor and gender (female) is a significant predictor of greater regulation. It is worth noting that the socioeconomic status was not statistically significant ($p = 0.062$).

6. DISCUSSION

This was a systematic study of the interactions between spiritually enhanced family settings, emotional management and psychological adaptation in Indian teens. In the first objective which aimed to describe the associations between family spirituality and emotional regulation, the results showed a strong negative correlation ($r = -0.72$, $p < 0.001$) which showed that an emotional regulation ability was much better among adolescents in families that stressed the importance of spiritual practices. With respect to the second objective which aimed at describing the association between family spirituality and emotional regulation, the results revealed strong negative association ($r = -0.72$, $p < 0.001$) which showed that an emotional regulation ability was much better in adolescents of families which This conclusion is consistent with theoretical propositions suggesting that spiritual practices lead to mindfulness, self-awareness, and cognitive restructuring which is vital in emotional regulation (Bhat et al., 2024). Meditation, pranayama, and contemplative prayer are the practices mentioned in Indian spiritual traditions and are supported by neurobiological research to improve the functioning of the prefrontal cortex and strengthen the neural networks that regulate emotional responses (Devi, 2023).The mechanisms by which this association may work should be considered. Families with spiritual pollution have an opportunity to offer regular examples of emotional control techniques by practicing them on a daily basis. These adaptive coping strategies are internalized when the adolescents witness their parents who deal with stress by praying, remaining unanimous when faced with challenges, and being thankful. Moreover, spiritual models provide mental codes of the meaning-making of challenging situations that lowers catastrophic cognition and enhances meaning-making in the presence of adversity. The observation of the current investigation that adolescents with highly spiritual families scored 29 points lower on DERS-SF (42.36 and 71.28) is clinically significant differences that can be compared with the difference reported by the intervention effect in mindfulness-based programs (Sharma and Sharma, 2025).

The second was a set goal on psychological adjustment outcomes. The outcomes revealed that the family spiritual practices were a major predictor of improved adjustment in home, health, social, and emotional ($r = -0.68$, $p < 0.001$). This integrated adjustment pattern indicates that spirituality does not affect single developmental processes but instead it has an integrated impact. Adjustment of the home can be in terms of the spiritual values which support family peace, respect of elderly and conflict resolution by use of compassionate communication. Spiritual practices are potentially associated with health adjustment benefits including the reduction of physiological stress exertion, sleep quality

enhancement, and healthy lifestyle behavior discouragement by religious teachings (Manna et al., 2024).Special attention should be paid to the social adjustment advantages. Teenagers belonging to spiritual families had less trouble with peer relations and enhanced socialization. This result disproves presumptions that the role of religion can inhibit social networks. Rather, spiritual communities offer organized avenues of prosocial interaction, collaborative efforts, and relationships of support that go beyond the close family. The difference in social adjustment scores (7.54 points) could be due to the presence of the Temple youth groups, religious study circles, and community service activities which provide developmentally appropriate socialization conditions to adolescents and thus could explain the low anxiety levels, depression, and emotional instability levels of adolescents in spiritual families. Emotional adjustment was found to be the most differentiating domain (M = 5.76 versus M = 12.94) and this could be the reason behind the difference in the adolescents anxiety, depression, and emotional instability in spiritual families This conclusion coincides with the qualitative findings of Pawar (2025) who observed that spiritual practices increased emotional stabilization and decreased the symptoms of anxiety. Spiritual paradigms can act as a buffer to emotional distress by giving meaning to existence, instilling hopefulness in faith in higher forces which are benevolent, and offering ritualized coping strategies in the time of crisis. According to the cognitive appraisal theory, spiritual beliefs promote adaptive reappraisal of stressful experiences and thereby alleviate the perceived threat and increase coping efficacy.

Several regression analyses indicated that family spiritual practices had the highest predictive value of emotional control (-0.46), as well as psychological adjustment, which was greater than the effect of family cohesion, parental education, and socioeconomic status. This result has far-reaching consequences of the interventions. Although the demographic factors are not easily changed, family spiritual practices are available targets of interventions. The interventions that foster family spiritual activities, give the opportunity to address spiritual issues between generations, and train on spiritual coping skills could lead to meaningful mental health changes in adolescents; considerable gender differences were also observed in the study. The result is consistent with epidemiological literature reporting elevated rates of anxiety and depression in adolescent girls (Shafi et al., 2023). But, the protective nature of family spirituality was found to be equally powerful in both sexes which implies that spiritual interventions are helpful to both men and women adolescents. Gender differences can be partially attributed to cultural factors when Indian socialization patterns sometimes limit the role of emotional expressiveness in the males, which can be an indicator of difficulties under the surface. Comparative analysis showed that a prevalence of 40% of the families was participating in day-to-day spiritual activities which is indeed significant but not universal. This variation made it possible to make significant group comparisons and implies the opportunity to improve with the help of public health campaigns. Interestingly, there were moderate responses (45% of families) to the spiritual involvement that were related to the middle outcomes, and it supported dose-response relationships and not threshold effects. There is no need that the families reach an intensive religiosity level in order to get the benefits; a weekly routine seems to be enough to achieve useful improvement.

The results should be understood in the context of a number of considerations. The Indian spiritual diversity includes but not limited to Hindu, Muslim, Sikh, Christian and other traditions with different practices and philosophical concepts. Although this paper combined all spiritual practices in one group, further studies ought to focus on tradition-specific effects. Also, the cross-sectional design does not allow making inferences regarding causality. The possible limitations of the research are the use of self-report measures that are prone to social desirability bias and use of well-adjusted adolescents who tend to be drawn toward spiritual practices especially in culturally religious settings. The longitudinal study of adolescents over time would help define the relationship between family spirituality and future gains in emotional regulation and adjustment, or well-adjusted adolescents being attracted to spiritual activities. Behavioral observations, physiological indicators of stress, and multi-informer reports need to be included in future studies. Although the purposive sampling strategy guarantees that a sufficient variability of spiritual practices is achieved, it does not allow generalising to the larger groups of adolescents. This study has significant contributions to the field of knowledge on the protective factors in the mental health of Indian adolescents due to the limitations. External validity would be enhanced by the application of random probability sampling in various geographical areas. Results indicate a sound adoption of spiritual elements into family-based intervention by showing strong relationships between family spirituality, emotional control, and psychological adaptation. Clinicians dealing with Indian adolescents would need to evaluate spiritual practices in the family and need to explore ways in which they can be utilized as a treatment tool. Schools may formulate programs that enable families to enhance spiritual customs, whereby the mentality of the families will be appreciated to be of mental advantage. The policy programs that promote religious education, local religious practices and family worship areas can have the dividends of public health in terms of improved health among adolescents.

7. CONCLUSION

This study is a solid piece of evidence demonstrating that family environments that are spiritually enriched have an important effect on emotional regulation and psychological adjustment of Indian adolescents. Those adolescents who had parents who were focused on spiritual practices were also found to be better in their abilities of managing their emotions as there were shown to be lower scores of 40% on DERS-SF and better psychological overall adjustment seen in home, health, social and emotional life. These relationships were also established through correlation and regression analyses that verified that it was not weak when other demographic variables and general family functioning were controlled. The results indicate that family spirituality functions in several ways such as modeling adaptive coping, offering a sense-making system, supportive communities, and values that are conducive to the psychological well-being. The implications of these findings on the mental health prevention and intervention strategies in India are substantial, because it is demonstrated that family spiritual practices are resources available in India, culturally an appropriate source of ensuring the mental health of adolescents. The next step in research initiatives should be a longitudinal study, tradition-specific impacts, and evidence-based interventions with the incorporation of spiritual elements to streamline the developmental outcomes of adolescents.

REFERENCES

1 Bhat, N. A., Roopesh, B. N., Bhaskarapillai, B., Chokkanathan, S., &Benegal, V. (2024). Difficulties in Emotion Regulation Scale-Short Form (DERS-SF): Psychometric validation and measurement invariance testing in a sample of urban Indian adolescents. *Indian Journal of Psychological Medicine*, *47*(2), 119-126. https://doi.org/10.1177/02537176241232936

2 Bhatia, S., & Chadha, N. K. (2004). *Family Environment Scale*. National Psychological Corporation.

3 Deb, S., & Deb, S. (2025). Mental health status of school students in India: The role of school-based family counselling. *International Journal of Mental Health and Addiction*. Advance online publication. https://doi.org/10.1177/20556365251321202

4 Devi, S. (2023). The role of emotional regulation in mental well-being of Indian adolescents. *Mind and Society*, *12*(03), 33-38. https://doi.org/10.56011/mind-mri-123-20235

5 Gautham, M. S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Kokane, A., Chavan, B. S., Dalal, P. K., ChannaveeraGowda, M. R., Arvind, B. A., Shibukumar, T. M., Benegal, V., Rao, G. N., Mehta, R. Y., &Saha, P. K. (2020). The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. *International Journal of Social Psychiatry*, *66*(4), 361-372. https://doi.org/10.1177/0020764020907941

6 Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, *26*(1), 41-54. https://doi.org/10.1023/B:JOBA.0000007455.08539.94

7 Kumar, D. S., Arun, V., Basavanthappa, S. P., Jaiswal, A., & Reddy, S. (2024). Prevalence and correlates of depression, anxiety, and stress among adolescents in urban and rural areas of Mysuru, South India. *Journal of Family Medicine and Primary Care*, *13*(8), 2979-2985. https://doi.org/10.4103/jfmpc.jfmpc_1600_23

8 Kumar, R., Sharma, M., & Singh, A. (2020). Impact of family environment on mental well-being of adolescent girls in selected villages of Western Punjab, India. *Indian Journal of Psychiatric Nursing*, *17*(1), 26-31. https://doi.org/10.4103/IOPN.IOPN_6_20

9 Manna, S., Udayaraj, A., Gurnani, B., & Chauhan, M. (2024). Spiritual health and its determinants among urban adolescents in Northern India: A cross-sectional survey. *Cureus*, *16*(4), e58609. https://doi.org/10.7759/cureus.58609

10 Mohammadyari, G. (2012). Relationship between parent's spiritual intelligence, level of education and children's mental health. *Procedia - Social and Behavioral Sciences*, *69*, 2114-2118. https://doi.org/10.1016/j.sbspro.2012.12.171

11 Moos, R. H., & Moos, B. S. (1981). *Family Environment Scale manual*. Consulting Psychologists Press.

12 Murthy, R. S. (2017). National Mental Health Survey of India 2015-2016. *Indian Journal of Psychiatry*, *59*(1), 21-26. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_102_17

13 Ojha, R. K. (1994). *Manual for Bell's Adjustment Inventory (Student Form)*. Ankur Psychological Agency.

14 Pawar, A. V. (2025). Spirituality and its effects on adolescence mental well being. *International Journal of Indian Psychology*, *13*(2), 3453-3460. https://doi.org/10.25215/1302.303

15 Sequeira, C., Sampaio, F., LluchCanut, T., Martins-Correia, T., Perez-Franco, M., Pereira-Morales, A., Jiménez-Picón, N., Lluch-Talavera, T., & Roldan-Merino, J. (2023). Religiosity and spirituality in the prevention and management of depression and anxiety in young people: A systematic review and meta-analysis. *BMC Psychiatry*, *23*, 730. https://doi.org/10.1186/s12888-023-05091-2

16 Shafi, M., Younis, N., &Rasool, U. (2023). Prevalence of psychiatric morbidity among school-going adolescents in the age group of 13-19 years. *Middle East Current Psychiatry*, *30*, 64. https://doi.org/10.1186/s43045-023-00337-x

17 Sharma, N., & Agrawal, M. (2025). Mindfulness-based interventions for emotional dysregulation in adolescents: A systematic review. *Annals of Neurosciences*. Advance online publication. https://doi.org/10.1177/09727531251355311

18 Sharma, P., Sen, M. S., Sinha, U. K., & Kumar, D. (2024). Childhood trauma, emotional regulation, alexithymia, and psychological symptoms among adolescents: A mediational analysis. *Indian Journal of Psychological Medicine*. Advance online publication. https://doi.org/10.1177/02537176241258251

19 Singh, D., & Sharma, M. (2023). Family environment as predictors of adjustment among female adolescents. *International Journal of Indian Psychology*, *11*(1), 1397-1404. https://doi.org/10.25215/1101.142

20 Sharma, S., &Verma, R. (2019). Comparative study of family environment among urban and rural adolescents. *Journal of Indian Psychology*, *8*(3), 124-132.