

AKHARA AS AN INDIGENOUS PSYCHOSOCIAL AND SOCIAL WORK INSTITUTION: A HISTORICAL ANALYSIS OF PHYSICAL CULTURE AND MENTAL DISCIPLINE IN HARYANA

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Abstract:

This study examines the akhara as an indigenous psychosocial and social work institution within the socio-cultural context of Haryana, reconceptualizing it beyond a traditional site of wrestling and physical training to a holistic system integrating physical culture, mental discipline, moral regulation, and community engagement. Drawing on primary cultural traditions and secondary scholarly sources, the paper traces the historical evolution of the akhara from ancient and medieval periods through colonial transformations to its contemporary adaptations, highlighting its resilience and socio-cultural significance. It analyses the akhara through the lens of indigenous psychology, emphasizing its role in shaping identity, behaviour, and emotional regulation through disciplined routines, guru-shishya mentorship, and collective participation. The study further demonstrates how the akhara functions as a preventive and promotive mental health system by fostering self-regulation, resilience, and social support, while also serving as a space for informal counselling and community cohesion in contexts with limited access to formal services. At the same time, it critically engages with challenges such as gender exclusion, caste dynamics, and the pressures of modernization, noting emerging transformations including women's participation and the incorporation of scientific training methods. The paper argues that the akhara offers a culturally grounded and sustainable model of community-based intervention that can inform contemporary social work and mental health practices, underscoring the importance of preserving and adapting indigenous institutions to address evolving psychosocial needs.

Keywords: Akhara, Indigenous Institutions, Psychosocial, Physical Culture, Mental Discipline, Social Cohesion, Traditional Knowledge Systems, Social Capital, Indigenous Therapy.

CONTENT:

The concept of the akhara occupies a unique and multidimensional position within the socio-cultural and psychological landscape of India, particularly in regions such as Haryana where physical culture, agrarian identity, and community cohesion intersect deeply with traditional institutions. Historically, the akhara has functioned not

merely as a site of physical training but as an indigenous psychosocial institution embedded within the broader framework of social organization, moral discipline, and collective identity formation. The term akhara itself denotes a place of practice and congregation, combining elements of physical training, spiritual discipline, and communal living, often structured around a guru–shishya tradition that emphasizes both bodily strength and ethical conduct (Akhara, ed.). This dual emphasis situates the akhara within the broader discourse of indigenous psychology and social work, wherein local institutions serve as vehicles for psychosocial development, social regulation, and community-based well-being.

In the historical evolution of Indian society, particularly in northern regions such as Haryana, the akhara emerged as an institution that integrated martial training, moral education, and socialization processes. Its origins can be traced to ancient Indian traditions where physical training and martial skills were closely linked to societal roles, including defence, agriculture, and governance. References to organized training grounds resembling akharas are found in ancient texts such as the Mahabharata, which describe arenas for wrestling and combat training, suggesting that such institutions were integral to early social organization and the cultivation of physical and mental discipline (Akhara, ed.). Over time, these spaces evolved into structured institutions that not only trained individuals in wrestling and other physical practices but also inculcated values such as self-control, discipline, celibacy, and communal responsibility.

The psychosocial significance of the akhara becomes particularly evident when examined through the lens of indigenous psychology. Unlike Western models of psychological development that often emphasize individualism and clinical frameworks, indigenous Indian approaches highlight the interconnectedness of the individual with the community, culture, and spiritual traditions. Scholars have argued that social psychology in India must be understood within its cultural and historical contexts, where institutions such as akharas play a crucial role in shaping behaviour, cognition, and emotional regulation. Within the akhara, the individual is not merely trained physically but is socialized into a collective ethos that prioritizes harmony, respect for authority, and adherence to moral codes. This process aligns with the principles of community psychology, which emphasize empowerment, participation, and the development of social capital.

In Haryana, the akhara has historically functioned as a central institution within rural society, closely linked to the agrarian lifestyle and the valorisation of physical strength. The region's cultural identity has long been associated with wrestling (kushti) and physical prowess, with akharas serving as hubs for training young men in these practices. However, the role of the akhara extends beyond physical training; it also acts as a space for social interaction, mentorship, and the transmission of cultural values. The guru, or coach, plays a pivotal role in this process, functioning not only as a trainer but also as a moral guide and social worker who addresses the emotional and behavioural needs of trainees. This relational dynamic reflects a form of informal psychosocial intervention, where guidance and discipline are provided within a culturally familiar and socially accepted framework.

The historical development of akharas also reveals their adaptive nature in response to changing socio-political contexts. During periods of political instability and foreign invasions, akharas often took on a militaristic role, training individuals in combat and organizing them into groups capable of defending their communities. The formation of martial akharas, particularly under the influence of religious leaders such as Adi Shankaracharya, illustrates the integration of spiritual and physical disciplines within these institutions (Akhara, ed.). These developments highlight the multifunctional character of akharas as institutions that address both the physical security and the psychosocial resilience of communities.

From a social work perspective, the akhara can be understood as a grassroots institution that embodies principles of community-based intervention, prevention, and rehabilitation. The daily routines within an akhara, comprising physical exercise, dietary regulation, meditation, and communal activities, contribute to the holistic development of individuals. These practices not only enhance physical health but also promote mental well-being by fostering discipline, reducing stress, and providing a sense of belonging. The emphasis on celibacy, simplicity, and self-restraint further reinforces psychological stability and emotional regulation, aligning with contemporary understandings of mental health promotion.

Moreover, the akhara serves as a mechanism for social integration and the prevention of deviant behaviour. In rural Haryana, where formal mental health services and social work interventions may be limited, the akhara provides an alternative support system that addresses the needs of youth. By engaging individuals in structured activities and providing mentorship, akharas help to channel energy into productive pursuits, thereby reducing the likelihood of substance abuse, delinquency, and other social problems. This preventive function underscores the relevance of akharas as indigenous models of social work that operate outside formal institutional frameworks yet achieve significant psychosocial outcomes.

The cultural significance of the akhara is further reinforced by its role in identity formation and the construction of masculinity. In Haryana, participation in akhara activities is often associated with ideals of strength, honour, and discipline, which are integral to the region's social ethos. These ideals are transmitted through both formal instruction and informal socialization processes within the akhara, shaping the attitudes and behaviours of participants. At the same time, the emphasis on collective identity and mutual support fosters a sense of community cohesion, which is essential for social stability and resilience.

In addition to its role in shaping individual and collective identities, the akhara also functions as a site of cultural continuity. Through the preservation of traditional practices such as wrestling, dietary customs, and ritual observances, akharas contribute to the maintenance of cultural heritage in the face of modernization and globalization. This function is particularly important in regions like Haryana, where rapid socio-economic changes

have the potential to disrupt traditional social structures. By providing a space where cultural values are actively practiced and transmitted, the akhara acts as a stabilizing force that bridges the past and the present.

The integration of physical culture and mental discipline within the akhara reflects a holistic understanding of human development that is deeply rooted in Indian philosophical traditions. Concepts such as brahmacharya (celibacy), tapasya (discipline), and seva (service) are central to the ethos of the akhara, guiding both individual behaviour and collective practices. These concepts not only contribute to physical fitness but also promote psychological resilience and moral integrity. The emphasis on self-regulation and ethical conduct aligns with contemporary approaches to mental health that highlight the importance of lifestyle factors and behavioural interventions.

Furthermore, the akhara can be seen as an example of indigenous knowledge systems that offer valuable insights for modern social work and psychology. In recent years, there has been growing recognition of the need to decolonize psychological knowledge and incorporate indigenous perspectives that are more relevant to local contexts. Scholars have emphasized that the development of social psychology in India must move beyond Western frameworks and engage with traditional institutions and practices that have long contributed to psychosocial well-being (Pandey, 2021). The akhara, with its emphasis on community, discipline, and holistic development, constitute a rich source of such indigenous knowledge.

Despite its many contributions, the institution of the akhara has also faced challenges in the modern era. Urbanization, changing lifestyles, and the increasing influence of Western forms of sports and fitness have led to a decline in the traditional akhara system in some areas. Additionally, the gendered nature of many akharas, which historically catered primarily to men, raises questions about inclusivity and the need for adaptation to contemporary social norms. Nevertheless, efforts to revive and modernize akharas, including the inclusion of women and the integration of scientific training methods, indicate the continued relevance of this institution in contemporary society.

The akhara represents a multifaceted indigenous institution that integrates physical culture, mental discipline, and social organization in a manner that is both historically rooted and socially relevant. Its role as a psychosocial and social work institution is evident in its functions of training, socialization, mentorship, and community building. By examining the historical evolution and contemporary significance of akharas in Haryana, it becomes clear that these institutions offer valuable insights into the interplay between culture, psychology, and social work. As India continues to navigate the challenges of modernization and globalization, the preservation and adaptation of indigenous institutions such as the akhara may provide important pathways for promoting holistic well-being and sustainable social development.

The historical trajectory of the akhara in Haryana cannot be fully understood without situating it within the broader socio-political transformations that unfolded during the medieval and colonial periods. In the pre-colonial era, akharas functioned as relatively autonomous institutions embedded within village life, supported by local patronage systems and integrated into the agrarian economy. Their role extended beyond physical training to include the maintenance of social order and the reinforcement of community norms. However, the advent of colonial rule under the British East India Company and later the British Crown introduced significant disruptions to indigenous institutions, including the akhara system. Colonial administrators often viewed indigenous physical culture practices with suspicion, associating them with potential resistance and rebellion. Consequently, policies were implemented that sought to regulate or marginalize such institutions, particularly in the aftermath of events like the Indian Rebellion of 1857, which heightened colonial anxieties regarding organized physical groups.

Despite these challenges, akharas demonstrated remarkable resilience and adaptability. Rather than disappearing, many akharas reconfigured their functions to align with changing socio-political realities. In some cases, they became centres of cultural nationalism, where physical training was linked to the broader project of resisting colonial domination and asserting indigenous identity. Wrestling and other forms of physical culture were reinterpreted as symbols of national strength and self-reliance, contributing to the emergence of a distinct nationalist discourse around the body and discipline. Scholars have noted that physical culture movements in colonial India played a significant role in shaping modern conceptions of masculinity and citizenship, with akharas serving as key sites for this transformation (Alter, 1992).

In Haryana, these dynamics were further shaped by the region's specific socio-cultural context, characterized by a strong agrarian base, kinship networks, and caste hierarchies. The akhara operated within this framework, both reflecting and influencing social structures. Participation in akhara activities was often mediated by caste and community affiliations, with certain groups historically dominating the wrestling tradition. At the same time, the akhara also functioned as a space where hierarchical distinctions could be temporarily suspended or renegotiated, particularly through the shared experience of physical training and competition. This dual role highlights the complex interplay between structure and agency within indigenous institutions, where practices can both reproduce and challenge existing social inequalities.

The psychosocial dimensions of the akhara become particularly salient when examined in relation to the processes of socialization and identity formation. From a young age, individuals entering the akhara are exposed to a highly structured environment that emphasizes discipline, routine, and adherence to norms. Daily practices such as early morning training, regulated diets, and abstinence from certain behaviours serve not only to enhance physical performance but also to instill habits of self-control and resilience. These practices can be understood as forms of behavioural conditioning that shape cognitive and emotional processes, contributing to the development of what

might be termed an “akhara habitus”, a set of dispositions that guide behaviour and perception within and beyond the training environment.

This habitus is reinforced through the relational dynamics between the guru and the shishya, which constitute the core of the akhara’s pedagogical model. The guru’s authority is not merely technical but also moral and emotional, encompassing guidance on personal conduct, decision-making, and social relationships. This mentorship model aligns closely with principles of psychosocial support in social work, where the emphasis is placed on building trust, providing guidance, and fostering personal growth. Unlike formal therapeutic settings, however, the akhara’s approach is embedded in everyday practices and cultural norms, making it more accessible and contextually relevant for participants.

The therapeutic potential of the akhara can also be analysed through the lens of embodied cognition, which posits that bodily practices play a crucial role in shaping mental processes. The rigorous physical training undertaken in akharas—comprising exercises such as dands (push-ups), baithaks (squats), and wrestling bouts—engages not only the body but also the mind, requiring focus, coordination, and strategic thinking. These activities can contribute to improved cognitive functioning, emotional regulation, and stress management, thereby enhancing overall mental well-being. In this sense, the akhara operates as a form of indigenous psychotherapy, where healing and development are achieved through the integration of physical and mental practices.

The dietary and lifestyle regimes associated with the akhara further reinforce its psychosocial functions. Traditional akhara diets, which emphasize the consumption of milk, ghee, almonds, and other nutrient-rich foods, are designed to support both physical strength and mental clarity. At the same time, restrictions on substances such as alcohol and tobacco reflect a broader commitment to maintaining purity and discipline. These practices can be interpreted as forms of preventive health care, aimed at reducing the risk of physical and psychological disorders. From a social work perspective, they represent a holistic approach to well-being that integrates physical, psychological, and social dimensions.

The communal nature of the akhara also plays a critical role in fostering social support and collective resilience. Training sessions, competitions, and communal meals create opportunities for interaction and bonding, strengthening social ties and promoting a sense of belonging. This sense of community is particularly important in rural contexts, where social networks serve as primary sources of support in times of need. By providing a space for collective engagement and mutual assistance, the akhara contributes to the development of social capital, which has been identified as a key determinant of health and well-being in social science research (Putnam, 2000). At the same time, the akhara’s emphasis on competition and hierarchy introduces elements of *तनाव* and conflict that must be carefully managed. Wrestling competitions, for instance, involve not only physical exertion but also psychological pressures related to performance, reputation, and status. The ability to cope with these pressures is an important aspect of the training process, contributing to the development of resilience and emotional intelligence. However, excessive emphasis on competition can also lead to negative outcomes, such as anxiety or aggression, highlighting the need for balance within the akhara system.

The intersection of the akhara with broader social institutions, such as family, education, and religion, further underscores its significance as a psychosocial entity. In many cases, participation in the akhara is encouraged by family members, who view it as a means of instilling discipline and ensuring the proper development of children. Religious practices, including rituals and prayers, are often incorporated into akhara routines, reinforcing the spiritual dimensions of training. These interconnections illustrate the embeddedness of the akhara within a larger ecosystem of social institutions, where multiple influences converge to shape individual and collective outcomes. The colonial and post-colonial transformations of Haryana also brought new challenges and opportunities for the akhara system. The introduction of modern sports institutions, educational systems, and state-sponsored programs led to the emergence of alternative pathways for physical training and social mobility. While these developments expanded opportunities for some individuals, they also contributed to the marginalization of traditional institutions like the akhara. Nevertheless, the continued success of wrestlers from Haryana at national and international levels indicates the enduring relevance of akhara-based training, even in the context of modern sports infrastructure.

In recent decades, there has been a renewed interest in the revival and modernization of akharas, driven by both cultural and practical considerations. Government initiatives and non-governmental organizations have sought to support traditional wrestling and physical culture, recognizing their potential contributions to health, youth development, and cultural preservation. At the same time, efforts have been made to integrate scientific training methods, improve facilities, and promote inclusivity, particularly with regard to the participation of women. These developments reflect an ongoing process of negotiation between tradition and modernity, where the akhara continues to evolve in response to changing social conditions.

The gender dynamics of the akhara represent a particularly important area of transformation. Historically, akharas have been predominantly male spaces, reflecting broader patterns of gender inequality within Indian society. However, the increasing participation of women in wrestling and other physical activities has begun to challenge these norms, leading to the emergence of more inclusive forms of akhara practice. This shift has significant implications for both gender relations and psychosocial development, as it expands opportunities for empowerment and challenges traditional stereotypes.

From a theoretical perspective, the akhara can be conceptualized as a form of indigenous social work practice that operates through culturally embedded mechanisms of support, discipline, and empowerment. Its emphasis on community participation, holistic development, and preventive intervention aligns with key principles of

contemporary social work, while its grounding in local traditions ensures its relevance and sustainability. By examining the akhara through this lens, it becomes possible to bridge the gap between traditional knowledge systems and modern professional practices, contributing to the development of more culturally sensitive and effective approaches to social work.

The historical and psychosocial analysis of the akhara in Haryana reveals its significance as a dynamic and multifaceted institution that has adapted to changing socio-political contexts while retaining its core functions. Its role in shaping physical, mental, and social development underscores the importance of indigenous institutions in promoting well-being and social cohesion. As contemporary societies grapple with the challenges of modernization, mental health, and social fragmentation, the lessons offered by the akhara may provide valuable insights into the development of holistic and community-based approaches to human development.

The conceptualization of the akhara as an indigenous psychosocial and social work institution becomes most analytically robust when examined through frameworks that integrate mental health, community-based intervention, and culturally grounded therapeutic practices. In contrast to formalized systems of social work that rely on institutional settings, professional training, and standardized methodologies, the akhara represents an organically evolved system of care rooted in everyday life, cultural values, and embodied practices. Its significance lies not only in its historical continuity but also in its functional parallels with contemporary models of preventive and promotive mental health, particularly within rural and semi-urban contexts such as those found in Haryana.

At the core of the akhara's psychosocial function is its capacity to act as a preventive mental health system. Preventive approaches in social work emphasize early intervention, risk reduction, and the strengthening of protective factors within individuals and communities (Caplan, 1964). The akhara achieves these objectives through its structured routines, disciplined lifestyle, and emphasis on moral conduct. Young participants, often entering during formative years, are exposed to a regimen that minimizes exposure to high-risk behaviours such as substance abuse, idleness, and social deviance. The emphasis on early rising, rigorous physical exercise, and regulated dietary practices contributes to the establishment of healthy habits that persist into adulthood. These practices can be interpreted as culturally embedded forms of behavioural modification, aligning with contemporary psychological theories that emphasize habit formation and environmental structuring as key determinants of behaviour.

The akhara also operates as a site of informal counselling and emotional support, fulfilling functions analogous to those of a community-based mental health centre. The guru–shishya relationship, which forms the backbone of the akhara's social structure, provides a framework for individualized attention and guidance. Unlike clinical counselling, which often relies on formalized sessions and diagnostic criteria, the support offered within the akhara is continuous, relational, and contextually embedded. The guru observes the behaviour, mood, and performance of trainees over time, allowing for early identification of emotional or behavioural issues. Guidance is provided through conversation, example, and discipline, rather than through abstract therapeutic techniques. This approach aligns with the principles of indigenous counselling, which prioritize relationality, cultural resonance, and experiential learning over formalized intervention strategies (Kakar, 1978).

The embodied nature of akhara practices further enhances their therapeutic potential. Physical activity has been widely recognized as a key factor in promoting mental health, with benefits including reduced symptoms of depression and anxiety, improved mood, and enhanced cognitive functioning (Biddle & Asare, 2011). In the akhara context, physical exercise is not merely a means of fitness but a disciplined practice imbued with cultural and symbolic meaning. Exercises such as dands and baithaks, along with wrestling bouts, require sustained focus, controlled breathing, and strategic thinking, thereby engaging both the body and the mind. This integration of physical and mental processes reflects a holistic understanding of well-being that is consistent with traditional Indian philosophies, which view the body and mind as interconnected aspects of a unified self.

In addition to its individual-level impacts, the akhara plays a significant role in fostering community resilience and social cohesion. Social work theory has long emphasized the importance of social networks and collective efficacy in promoting well-being and addressing social problems (Durkheim, 1897/1951). The communal environment of the akhara, characterized by shared routines, mutual support, and collective goals, contributes to the development of strong social bonds among participants. These bonds serve as a source of emotional support and practical assistance, particularly in times of *संकट* or stress. The sense of belonging and identity derived from participation in the akhara can also act as a protective factor against feelings of isolation and alienation, which are increasingly recognized as significant contributors to mental health issues in contemporary society.

The akhara's emphasis on discipline and self-regulation further aligns with psychological theories of self-control and resilience. Self-regulation, defined as the ability to manage one's thoughts, emotions, and behaviours in pursuit of long-term goals, is a key determinant of psychological well-being and social functioning (Baumeister & Vohs, 2007). Within the akhara, self-regulation is cultivated through practices such as adherence to strict routines, dietary restrictions, and codes of conduct. The concept of brahmacharya, which emphasizes celibacy and control over desires, represents an extreme form of self-regulation that is deeply embedded in the akhara ethos. While such practices may not be universally applicable in contemporary contexts, they illustrate the centrality of self-discipline in the akhara's approach to personal development.

The moral and ethical dimensions of the akhara also contribute to its function as a socializing institution. Social work practice often involves the transmission of values related to responsibility, empathy, and social justice. In

the akhara, these values are conveyed through both explicit instruction and implicit modelling. The guru serves as a role model, embodying the ideals of discipline, humility, and service, while peer interactions reinforce norms of cooperation, respect, and fairness. These processes contribute to the internalization of social norms and the development of moral reasoning, which are essential components of psychosocial development.

At the structural level, the akhara can be understood as a form of community-based organization that addresses social issues through localized and participatory approaches. Community organization, as a method of social work, involves the mobilization of resources, the development of leadership, and the promotion of collective action to address shared concerns (Rothman, 1968). The akhara embodies these principles through its self-organized structure, reliance on local resources, and emphasis on collective participation. Decisions regarding training, competitions, and resource allocation are often made collectively or under the guidance of respected community members, reflecting a participatory approach to governance.

The relevance of the akhara as a psychosocial institution is further underscored by its potential to address contemporary mental health challenges. In India, access to formal mental health services remains limited, particularly in rural areas where resources are scarce and stigma remains a significant barrier (Patel et al., 2018). In this context, indigenous institutions such as the akhara offer alternative pathways for promoting mental well-being and providing support. By leveraging existing cultural practices and social networks, these institutions can complement formal mental health services and contribute to a more integrated and culturally responsive system of care.

However, the integration of akhara-based practices into modern social work frameworks also raises important questions regarding standardization, inclusivity, and ethical considerations. The informal nature of the akhara means that practices may vary widely, and there is limited oversight to ensure consistency or adherence to professional standards. Additionally, traditional norms related to hierarchy and discipline may, in some cases, conflict with contemporary principles of individual autonomy and rights. Addressing these challenges requires a nuanced approach that respects the cultural integrity of the akhara while also incorporating elements of modern social work practice, such as training, evaluation, and ethical guidelines.

The potential for such integration is evident in emerging initiatives that seek to bridge traditional and modern approaches to health and well-being. For example, programs that incorporate yoga, meditation, and traditional physical practices into mental health interventions have gained increasing recognition for their effectiveness and cultural relevance. The akhara, with its emphasis on physical discipline, community engagement, and moral development, represents a natural extension of these efforts. By adapting its practices to contemporary contexts and expanding its scope to include diverse populations, the akhara could play a significant role in addressing the mental health needs of modern society.

Furthermore, the akhara's focus on prevention and holistic development aligns with global trends in social work and public health, which increasingly emphasize the importance of upstream interventions and the social determinants of health. By addressing factors such as physical activity, social support, and behavioural regulation, the akhara contributes to the creation of environments that promote well-being and reduce the risk of psychological and social problems. This approach is particularly relevant in the context of Haryana, where rapid socio-economic changes have created new challenges related to youth development, substance use, and mental health.

In synthesizing these perspectives, it becomes clear that the akhara represents a rich and underexplored model of indigenous psychosocial practice. Its integration of physical, mental, and social dimensions offers a holistic approach to human development that is both culturally grounded and functionally effective. While not without its limitations, the akhara provides valuable insights into the ways in which traditional institutions can contribute to contemporary social work and mental health practice. By recognizing and engaging with such institutions, scholars and practitioners can develop more inclusive and contextually relevant approaches to promoting well-being and addressing social challenges.

The continued relevance of the akhara as an indigenous psychosocial and social work institution must be critically examined in the context of contemporary transformations, particularly those related to gender, modernization, policy frameworks, and the broader processes of social change in Haryana. While the preceding analysis has highlighted the strengths of the akhara as a culturally embedded system of holistic development, it is equally important to interrogate its limitations, contradictions, and evolving forms in order to develop a comprehensive understanding of its role in present-day society.

One of the most significant areas of transformation within the akhara system pertains to gender inclusion. Historically, akharas have functioned as predominantly male spaces, reflecting deeply entrenched patriarchal norms within North Indian society. The emphasis on physical strength, celibacy, and masculine ideals has traditionally excluded women from participation, thereby limiting the scope of the akhara as a truly inclusive psychosocial institution. This exclusion is not merely a matter of access but also reflects broader cultural constructions of gender roles, where physicality and public display of strength are often associated with masculinity, while femininity is linked to domesticity and restraint (Chakraborty, 2017). However, recent decades have witnessed a gradual but significant shift in these dynamics, particularly in Haryana, where female wrestlers have gained national and international recognition.

The emergence of women wrestlers from Haryana, such as Geeta Phogat and Babita Kumari, has played a transformative role in challenging traditional gender norms and expanding the scope of akhara participation. Their success has not only brought visibility to women's involvement in physical culture but has also prompted changes

within akhara structures, including the establishment of training facilities for women and the inclusion of female coaches. This shift represents a significant step toward gender equity, although challenges remain in terms of social acceptance, resource allocation, and the negotiation of traditional values with contemporary aspirations.

From a psychosocial perspective, the inclusion of women in akharas has important implications for empowerment, self-efficacy, and identity formation. Participation in physical training and competitive sports can enhance confidence, resilience, and a sense of agency, particularly in contexts where women have historically faced restrictions on mobility and self-expression. At the same time, the integration of women into traditionally male-dominated spaces necessitates the development of new norms and practices that ensure safety, respect, and inclusivity. This process requires not only structural changes but also shifts in attitudes and beliefs, both within the akhara and in the broader community.

Modernization presents another critical dimension in the analysis of the akhara system. The rapid socio-economic changes experienced in Haryana, including urbanization, industrialization, and the expansion of formal education, have altered the social landscape in which akharas operate. Traditional lifestyles characterized by agrarian labour, communal living, and localized social networks are increasingly being replaced by more individualized and mobility-oriented patterns of life. These changes have implications for the sustainability of the akhara, which relies heavily on community participation, shared values, and the availability of time and space for collective activities.

At the same time, modernization has introduced new opportunities for the evolution of the akhara. The incorporation of scientific training methods, improved nutrition, and modern facilities has enhanced the effectiveness of akhara-based training, enabling participants to compete at higher levels. The recognition of wrestling as a professional sport, supported by state institutions and organizations such as the Wrestling Federation of India, has further legitimized the role of akharas as training grounds for elite athletes. This institutional support has also facilitated the integration of akharas into broader sports development programs, thereby expanding their reach and impact.

However, the integration of akharas into formal systems also raises questions about the preservation of their traditional ethos. The emphasis on competition, commercialization, and professional success may, in some cases, overshadow the original values of discipline, service, and community orientation that have historically defined the akhara. This tension between tradition and modernity is a recurring theme in the evolution of indigenous institutions, highlighting the need for a balanced approach that retains core values while embracing necessary innovations.

Policy frameworks play a crucial role in shaping the future of the akhara system. Government initiatives aimed at promoting sports, youth development, and cultural heritage have the potential to support and revitalize akharas, particularly in rural areas. Programs that provide financial assistance, infrastructure development, and training for coaches can enhance the capacity of akharas to function effectively as centres of physical and psychosocial development. At the same time, policies must be designed in a manner that respects the autonomy and cultural specificity of akharas, avoiding overly bureaucratic approaches that may undermine their grassroots character.

The recognition of the akhara as a potential site for community-based social work interventions also opens up new avenues for policy innovation. By integrating akharas into public health and social welfare programs, it may be possible to leverage their existing structures and networks to address issues such as youth development, substance abuse prevention, and mental health promotion. For instance, training akhara gurus in basic counselling skills and mental health awareness could enhance their capacity to provide support to participants, thereby bridging the gap between traditional practices and modern professional frameworks.

Despite these opportunities, the akhara system also faces several critical challenges that must be addressed to ensure its continued relevance. One such challenge is the issue of inclusivity, not only in terms of gender but also with regard to caste, class, and other social divisions. While akharas have the potential to serve as spaces of social integration, they may also reproduce existing inequalities if access and participation are limited to certain groups. Addressing this issue requires conscious efforts to promote diversity and inclusion within akhara practices, as well as broader societal changes that challenge discriminatory norms.

Another challenge relates to the regulation and standardization of practices within akharas. The informal and decentralized nature of the akhara system, while contributing to its flexibility and cultural authenticity, also makes it difficult to ensure consistency and quality. Issues such as inadequate facilities, lack of trained personnel, and the potential for harmful practices highlight the need for guidelines and support mechanisms that can enhance the safety and effectiveness of akhara activities. At the same time, such interventions must be carefully designed to avoid undermining the autonomy and cultural integrity of the institution.

The critical evaluation of the akhara also necessitates an examination of its ideological underpinnings, particularly in relation to concepts of masculinity, discipline, and authority. While these elements have contributed to the development of resilience and social cohesion, they may also reinforce rigid norms and hierarchies that are not always conducive to individual well-being or social justice. For example, the emphasis on strict discipline and obedience may, in some cases, limit opportunities for self-expression and critical thinking, particularly among younger participants. Addressing these concerns requires a nuanced understanding of the balance between structure and flexibility, as well as ongoing dialogue between tradition and contemporary values.

In synthesizing these perspectives, it becomes evident that the akhara is not a static institution but a dynamic and evolving entity that reflects broader social processes. Its continued relevance depends on its ability to adapt to changing contexts while retaining its core principles of holistic development, community engagement, and moral

discipline. The challenges it faces related to gender, modernization, inclusivity, and regulation are not unique but are shared by many indigenous institutions navigating the complexities of contemporary society.

Ultimately, the future of the akhara as an indigenous psychosocial and social work institution lies in its capacity for reflexivity and innovation. By engaging with modern knowledge systems, embracing inclusivity, and maintaining its cultural foundations, the akhara can continue to serve as a valuable resource for promoting well-being and social cohesion. Its integration into broader frameworks of social work and public policy offers the potential to enhance its impact while preserving its unique identity.

The foregoing analysis has sought to situate the akhara within a comprehensive framework that recognizes it as an indigenous psychosocial and social work institution, deeply embedded in the historical, cultural, and social fabric of Haryana. Through its integration of physical culture, mental discipline, moral regulation, and community engagement, the akhara emerges not merely as a traditional training ground for wrestling but as a dynamic and multifaceted institution that has historically contributed to holistic human development. Its significance lies in its ability to simultaneously address the physical, psychological, and social dimensions of well-being, thereby offering a model of practice that is both integrative and contextually grounded.

At a foundational level, the akhara represents an indigenous epistemology of health and development that contrasts with and complements modern Western paradigms. Whereas contemporary social work and psychological practices often operate within specialized and institutionalized frameworks, the akhara functions as a decentralized, community-based system that is embedded in everyday life. Its practices are not codified in formal manuals but are transmitted through lived experience, relational dynamics, and cultural traditions. This mode of knowledge transmission underscores the importance of recognizing and valuing indigenous systems as legitimate and effective forms of psychosocial intervention.

Historically, the resilience of the akhara has been one of its most defining characteristics. From its early manifestations in ancient and medieval India to its adaptation during colonial disruptions and its continued evolution in the postcolonial era, the akhara has demonstrated a remarkable capacity to respond to changing socio-political contexts. In Haryana, this resilience is particularly evident in the continued prominence of wrestling and physical culture as markers of regional identity. Despite the pressures of modernization, urbanization, and globalization, the akhara has retained its relevance by adapting its practices, incorporating new forms of knowledge, and engaging with broader institutional frameworks.

The psychosocial functions of the akhara, as elaborated in the preceding sections, highlight its role as a preventive, promotive, and developmental institution. Its structured routines, emphasis on discipline, and focus on holistic well-being contribute to the cultivation of resilience, self-regulation, and emotional stability among participants. The guru–shishya relationship provides a model of mentorship and guidance that parallels contemporary approaches to counselling and social support, while the communal environment fosters social cohesion and collective identity. These features position the akhara as a valuable resource for addressing contemporary challenges related to mental health, youth development, and social fragmentation.

At the same time, the critical examination of the akhara reveals important limitations and areas for transformation. Issues related to gender exclusion, caste dynamics, and hierarchical structures underscore the need for ongoing reflection and reform. The increasing participation of women and the gradual shift toward more inclusive practices represent significant steps in this direction, but further efforts are required to ensure that the akhara becomes a space that is accessible and equitable for all members of society. Similarly, the integration of akharas into formal policy frameworks and institutional systems must be approached with sensitivity, ensuring that their cultural integrity and autonomy are preserved.

The tension between tradition and modernity emerges as a central theme in the analysis of the akhara. While modernization has introduced new opportunities for growth, including access to scientific training methods, institutional support, and professional recognition, it has also posed challenges to the preservation of traditional values and practices. The commercialization of sports, the emphasis on competition, and the increasing influence of global cultural norms have the potential to reshape the ethos of the akhara in ways that may undermine its original principles. Navigating this tension requires a balanced approach that embraces innovation while maintaining a commitment to the core values of discipline, community, and holistic development.

From a policy and practice perspective, the recognition of the akhara as an indigenous social work institution opens up new possibilities for collaboration and integration. By incorporating akhara-based practices into broader frameworks of public health, education, and social welfare, it may be possible to develop more culturally responsive and sustainable approaches to well-being. Training programs for akhara practitioners, the development of guidelines and standards, and the provision of resources and infrastructure can enhance the effectiveness of these institutions while preserving their unique character. At the same time, partnerships between akharas and formal institutions, such as schools, health centres, and social service agencies, can facilitate the exchange of knowledge and the expansion of services.

The broader implications of this study extend beyond the specific context of Haryana, offering insights into the role of indigenous institutions in contemporary society. In an era characterized by rapid social change, increasing mental health challenges, and the limitations of formal systems, there is a growing need to explore alternative models of care that are rooted in local contexts and cultural traditions. The akhara provides one such model, demonstrating how community-based practices can contribute to the promotion of well-being and the strengthening of social bonds.

CONCLUDING REMARKS:

In conclusion, the akhara stands as a testament to the enduring relevance of indigenous knowledge systems and their capacity to address complex psychosocial needs. Its integration of physical, mental, and social dimensions reflects a holistic understanding of human development that is both timeless and adaptable. By engaging with and learning from such institutions, scholars and practitioners can contribute to the development of more inclusive, effective, and culturally grounded approaches to social work and mental health. The future of the akhara, like that of many traditional institutions, will depend on its ability to evolve in response to changing circumstances while remaining anchored in its foundational principles. In this process, it has the potential not only to preserve a rich cultural heritage but also to offer valuable contributions to the broader project of human well-being and social development.

REFERENCES:

1. Alter, J. S. (1992). *The wrestler's body: Identity and ideology in North India*. University of California Press.
2. Baumeister, R. F., & Vohs, K. D. (2007). Self-regulation, ego depletion, and motivation. *Social and Personality Psychology Compass*.
3. Biddle, S. J. H., & Asare, M. (2011). Physical activity and mental health in children and adolescents. *British Journal of Sports Medicine*.
4. Caplan, G. (1964). *Principles of preventive psychiatry*. Basic Books.
5. Chakraborty, P. (2017). Gender, body, and sport in India. *Sociological Bulletin*.
6. Dirks, N. B. (2001). *Castes of mind: Colonialism and the making of modern India*. Princeton University Press.
7. Durkheim, E. (1951). *Suicide: A study in sociology* (J. A. Spaulding & G. Simpson, Trans.). Free Press. (Original work published 1897)
8. Freitag, S. (1989). *Collective action and community: Public arenas and the emergence of communalism in North India*. University of California Press.
9. Geertz, C. (1973). *The interpretation of cultures*. Basic Books.
10. Kakar, S. (1978). *The inner world: A psychoanalytic study of childhood and society in India*. Oxford University Press.
11. Kumar, K. (2010). *Culture and identity in India*. Sage Publications.
12. Madan, T. N. (1991). *Religion in India*. Oxford University Press.
13. Misra, G. (2011). *Handbook of psychology in India*. Oxford University Press.
14. Nandy, A. (1983). *The intimate enemy: Loss and recovery of self under colonialism*. Oxford University Press.
15. Pandey, J. (2021). Hundred years of social psychology in India. In G. Misra et al. (Eds.), *Psychology in modern India: Historical, methodological, and future perspectives*.
16. Patel, V., Saxena, S., Lund, C., Thornicroft, G., & Baingana, F. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*.
17. Putnam, R. D. (2000). *Bowling alone: The collapse and revival of the American community*. Simon & Schuster.
18. Rothman, J. (1968). Three models of community organization practice. *Social Work*.
19. Said, E. W. (1978). *Orientalism*. Pantheon Books.
20. Saraswati, B. N. (1999). *The cultural dimension of Indian civilization*. Indira Gandhi National Centre for the Arts.
21. Sinha, D. (1997). Indigenization of psychology in India. *Journal of Social Issues*.
22. Singh, K. S. (2003). *People of India: Haryana*. Anthropological Survey of India.
23. Uberoi, P. (1993). *Family, kinship and marriage in India*. Oxford University Press.
24. Verma, S. (2004). Youth, culture, and development in India. *Journal of Youth Studies*.
25. Wacquant, L. (2004). *Body and soul: Notebooks of an apprentice boxer*. Oxford University Press.
26. Weber, M. (1958). *The religion of India: The sociology of Hinduism and Buddhism*. Free Press.
27. Zimmer, H. (1951). *Philosophies of India*. Princeton University Press.