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Sophrology in social work education: exploring an innovative mind-body method to support student wellbeing and resilience.

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Title of the manuscript: Sophrology in Social Work Education: Exploring an Innovative Mind-Body Method to Support Student Wellbeing and Resilience.

Authors: Author 1, Author 2, Author 3 and Author 4.

Keywords:

Sophrology, Social Work Education, Resilience, Wellbeing, Embodiment.

1 **Abstract**

2

3 The social work profession experiences elevated stress and burnout rates, yet self-
4 care and resilience building remain underdeveloped areas in professional training
5 (Collins, 2023; Lamb & Peterson Dealey, 2024). This paper explores the integration
6 of Sophrology, a structured mind-body practice, into social work education to
7 promote students' self-awareness, emotion regulation and wellbeing. Drawing from
8 two of the authors' lived experiences and a small pilot project, the paper reports on
9 three workshops delivered to social work students in England. The findings suggest
10 improvements in participants' perceived ability to manage wellbeing, emotions and
11 readiness for practice post-workshop. Qualitative feedback highlighted the
12 accessibility and practicality of the techniques, their ease of use in daily life and their
13 relevance to professional practice. While limited in scale, these findings suggest
14 Sophrology's potential as an innovative, cost-effective approach to enhance
15 wellbeing and resilience among social work students. The authors recommend
16 further research to evaluate its effectiveness on a larger scale.

1 **Introduction**

2

3 Research indicates that social workers experience high levels of stress and burnout
4 (Derr & Bougerie, 2024; Maddock, 2024). This is a critical issue for employers, who
5 face significant levels of sickness and staff turnover, which negatively impact upon
6 service quality and outcomes for service users (Ratcliff, 2024).

7

8 Professional bodies and accreditation organisations increasingly recognise the
9 importance of self-care and wellbeing, including the need for stress management
10 and resilience building for social workers (Social Work England, 2024; British
11 Association of Social Workers, 2018). However, self-care training remains lacking in
12 social work education and within the profession (Collins, 2023; Lamb & Peterson
13 Dealey, 2024).

14

15 The evidence for the potential benefits of interventions such as mindfulness-based
16 and yoga programmes to enhance stress coping and reduce burnout in social
17 workers is well documented (Derr & Bougerie, 2024; Maddock et al., 2023; Ratcliff,
18 2024). In 2022, the National Institute of Health and Care Excellence (NICE) carried
19 out a review of the effectiveness of individual-level interventions and published
20 guidelines on Mental Wellbeing at Work, recommending that employees should be
21 offered interventions such as mindfulness, yoga and meditation on an ongoing basis
22 (NICE, 2022).

23

24 This article examines a particular mind-body practice, Sophrology, which
25 incorporates elements of these three modalities. The authors propose that
26 Sophrology is uniquely suited to address the pressures of social work training and
27 practice due to its highly accessible and adaptable techniques. The paper examines
28 the innovative integration of Sophrology into social work training, drawing on two of
29 the authors' lived experiences and the outcomes of Sophrology workshops delivered
30 to students to evaluate its potential for enhancing wellbeing, resilience, and
31 professional development.

32

33 ***The Sophrology Method***

34

35 Created in the 1960s by Spanish neuropsychiatrist Alfonso Caycedo, Sophrology is
36 a structured discipline designed to enhance psychological wellbeing and quality of
37 life (Antiglio, 2018). Influenced by clinical hypnosis, relaxation, phenomenology,
38 yoga, Buddhist meditation and Japanese Zen, Sophrology offers psychosomatic
39 exercises combining breathing, gentle movement, and mental imagery to cultivate
40 awareness, vitality, embodiment and the release of physical, emotional and
41 psychological tensions (Antiglio, 2018; Parot, 2019).

42 Like mindfulness, Sophrology cultivates non-judgemental awareness of present-
43 moment experience. However, in Sophrology this is grounded in embodied

1 consciousness, using attention to bodily sensations and the development of
2 interoceptive and proprioceptive awareness. Through the principle of 'positive
3 action', Sophrology adds to mindfulness's acceptance, by using techniques to
4 change present-moment internal state to counter stress and restore
5 psychophysiological balance. Beyond the focus on present-moment awareness,
6 Sophrology also incorporates guided imagery for mental rehearsal, positive future
7 projection, and the mobilisation of past positive experiences. Finally, an emphasis on
8 fostering a conscious connection with personal values through Sophrology exercises
9 supports values-driven action for increased meaning in daily life. As such,
10 Sophrology is a more integrative and action-oriented method, suited to individuals
11 seeking a holistic yet accessible approach to conscious living (Antiglio, 2018; Carr-
12 Gomm, 2019; Parot, 2019). Regular practice supports emotion regulation, resilience,
13 and wellbeing, while encouraging positive attitudes, optimisation of personal
14 capacities, and alignment with core values (Rangelrooij et al., 2020).

15 Research on Sophrology's effectiveness has grown recently, notably on reducing
16 levels of anxiety and depression (Rangelrooij et al., 2020), and symptoms of
17 insomnia (Caycedo Desprez et al., 2020). Rooted in mental health, Sophrology's
18 application has expanded into education, sport, and corporate sectors, especially in
19 France, Spain, and Switzerland. Its effectiveness is recognised in some countries
20 through health insurance reimbursement (Parot, 2019). In France, Continuous
21 Professional Development for health and social care professionals includes training
22 to manage stress and burnout with Sophrology (Carpentier, 2024).

23
24 In the UK, awareness of Sophrology is growing through initiatives such as *Out in the*
25 *Field*, which has delivered wellbeing retreats for more than 1,500 frontline staff in
26 health and social care with Sophrology as a core practice in the retreat programme
27 (Out in the Field, n.d.). An impact evaluation confirmed benefits to wellbeing
28 (including creating sustainable habits) and work culture (Hall, 2023).

29
30 The present study explores the potential benefits of Sophrology to social work
31 education, training and practice.

32 33 34 **Methods**

35 A small mixed-method pilot study was conducted to explore this.

36 37 ***Participants***

38 Participants were students enrolled on a MSc Social work at a University in England.
39 They were recruited by the course leader as part of a Theories and Methods module.
40 It was made clear, however, that they did not have to take part and that their non-
41 participation would not penalise them.

42 43 ***Procedure***

1 Three Sophrology workshops were held between February and May 2025, co-
2 delivered by the first two authors. The aims were: 1) to help students gain an
3 awareness of the mind-body connection for stress management and resilience; 2) to
4 gain practical experience of the Sophrology techniques and how and when to use
5 them; 3) to provide a toolkit of Sophrology techniques to maintain wellbeing in daily
6 life and professional practice.

7
8 The workshops provided some theoretical context about emotion regulation, by
9 introducing the nervous system's functioning and the concept of the 'window of
10 tolerance', described by Siegel (1999) as the optimal zone where individuals function
11 effectively, manage emotions and stress without feeling overwhelmed or shutdown.
12 Students were then introduced to Sophrology and invited to reflect on their individual
13 stress responses. A 20-minute guided Sophrology session followed, combining
14 simple movements, breathing and mental imagery techniques. Finally, students
15 learnt how to apply these tools in daily life and practice. They also received a
16 "Sophrology Toolkit" (written guide and audio recordings), imparting brief techniques
17 for embodied reflection to incorporate in their work (e.g. before/after visits).

18 Workshop 1 consisted of a 90-minute face-to-face session with students in their first
19 year of study, just before starting their first social work placement. Of the 26 students
20 enrolled on the course, seven attended. Workshop 2 was a 90-minute follow-up
21 session, delivered online 14 weeks later, during students' practice placement.
22 Workshop 2's aim was to consolidate the learnings acquired during Workshop 1 or
23 provide a learning opportunity to students who had not attended Workshop 1. 15
24 students attended Workshop 2. Workshop 3 was a 60-minute session delivered
25 online at the British Association of Social Workers (BASW) student conference in
26 March 2025. A shorter session was required to fit the slot allocated; thus less time
27 was dedicated to talking about Sophrology applications in daily life to prioritise social
28 work practice; the guided session was also shortened. 24 students participated.

29 30 **Evaluation**

31 Workshops were evaluated using pre- and post-workshop questionnaires. Pre-
32 workshop, students rated on a 1-5 scale (1 = strongly disagree, 5 = strongly agree),
33 their ability to look after their wellbeing, cope with stress and regulate their emotions,
34 and whether they felt equipped to manage the demands of social work training and
35 placement. Post-workshop, students rated the same questions again. They were
36 asked about their intended use of the techniques and likelihood to recommend the
37 workshop to peers. Given the exploratory nature and small scale of the study, no
38 data on students' demographic background were collected.

39
40 Qualitative feedback on the workshops was obtained through an open-ended
41 question in the post-workshop questionnaire, oral feedback during and/or after the
42 workshops, and observations from the workshop facilitators.

1 **Analysis**

2 Data were analysed through descriptive and inferential statistics. We hypothesised
3 that scores would increase following the workshops. Given the small sample size,
4 non-parametric Wilcoxon signed-rank tests were used to compare scores pre-post
5 workshop. Thematic analysis (Braun & Clarke, 2006) was used to analyse the
6 qualitative data.

7
8 **Ethics**

9 The University advised that ethics approval was not required as this was an
10 evaluation of an educational programme. Nonetheless, participants received an
11 information sheet outlining the workshops' content and use of anonymised data. This
12 was reiterated verbally and attendance confirmed as being voluntary.

13
14 **Workshop facilitators' positionality**

15 **Author 1**

16 *“Experiencing low mood, anxiety, and low self-esteem as a teenager led me to seek*
17 *support from a Sophrology practitioner, where I learned to manage stress, regulate*
18 *my emotions, and develop self-compassion. This practice became especially*
19 *valuable during my social work training as a mature student, helping me recognise*
20 *early signs of overwhelm, manage self-doubt, and maintain emotional balance*
21 *despite academic, placement, and parenting pressures. Sophrology continues to*
22 *shape my social work practice by supporting self-awareness, emotion regulation,*
23 *and self-care, enabling me to remain present, empathetic, and calm with service*
24 *users. Regular brief practices during the workday have had a cumulative positive*
25 *impact on my wellbeing, confidence, interpersonal relationships, and ability to create*
26 *a supportive environment that encourages positive engagement and outcomes.”*

27 **Author 2**

28
29 *“After a long career in social work, ending in a senior management role within a local*
30 *authority, I became seriously unwell at the age of 60, requiring surgery and realising*
31 *that I was experiencing burnout. This led me to retrain as a Sophrologist. Practising*
32 *these mind–body techniques supported my recovery and brought about a profound*
33 *personal transformation over the two-year training period. I developed a strong*
34 *sense of wholeness and connection between mind, body and soul, alongside greater*
35 *self-awareness, emotional resilience and clarity about my inner strengths and*
36 *values. Learning to ground, reset and deeply relax helped me recognise the*
37 *importance of self-compassion and self-care. I now live more mindfully and*
38 *intentionally, using Sophrology tools to manage stress, energy and focus, and*
39 *experience more authentic relationships.”*

40

1 **Findings**

2

3 ***Quantitative findings***

4

5 Only the findings from Workshop 1 are reported, as this was the sole session in
6 which all attendees (n = 7) completed both pre- and post-workshop questionnaires.
7 Pre-workshop responses indicated moderate levels of perceived ability to manage
8 wellbeing, stress levels and regulate emotions, indicating uncertainty about coping
9 abilities. Post-workshop, students reported statistically significant improvements in
10 their ability to manage wellbeing, regulate emotions and in feeling better equipped to
11 meet the demands of social work training and placement (See Table 1). The
12 increase in perceived ability to manage stress was borderline significant. Post-
13 workshop ratings showed a clear shift towards greater confidence. Most students
14 reported at least a small positive change, and some demonstrated more substantial
15 improvements, particularly in emotion regulation and feeling equipped for training/
16 placement, suggesting a beneficial impact of the intervention.

17

18 **Table 1: Pre-post workshop mean scores**

19

	Mean scores Pre- workshop	Mean scores Post-workshop	Mean Difference	Wilcoxon signed-rank test
Ability to look after my wellbeing	3.4	4.3	+0.9	$p = 0.034$
Ability to manage my stress levels	3	3.9	+0.9	$p = 0.59$
Ability to manage my emotions	2.6	3.9	+1.3	$p = 0.02$
Feeling equipped to deal with the pressures/demands of social work	3	4.1	+1.1	$p = 0.019$

20

21 Regarding intention to use the techniques in future, five out of seven participants
22 stated that they would definitely or probably use them, and only one was unsure.

23

24

25 ***Qualitative findings***

26

27 Several themes emerged from the analysis: ‘accessibility and ease of use’, ‘health
28 benefits’ and ‘relevance to professional practice’.

29

1 Regarding accessibility and ease of use, students described the techniques as “*short*
2 *and accessible*”, “*doable and achievable*”. They added that “*it only takes a few*
3 *minutes a day to reconnect [with the body]*”. The health benefits were experienced
4 almost immediately. Students noted that the practices helped them feel calmer,
5 “*relaxed*”, and more “*in control of their emotions*”. One student stated that it had been
6 a “*really useful workshop. I came in with the stresses of the day and now I’m going*
7 *home well within my window of tolerance*”. Another added that “*knowing how to scan*
8 *my body and bring myself to the window of tolerance*” was helpful alongside “*being*
9 *able to be more self-aware*”.

10

11 Following the 20-minute guided Sophrology practice, students were asked to
12 describe how they felt using one word. Words most frequently used were “*calm*”,
13 “*relaxed*”, “*happier*”, “*at ease*”, and “*clear headed*”, indicating a positive impact on
14 mental health and emotion regulation.

15 The relevance of Sophrology to professional practice was also noted, particularly by
16 the course leader who also attended Workshop 1:

17 “*Students who took part in the smaller face-to-face session and larger follow up*
18 *session online responded enthusiastically and provided positive verbal feedback as*
19 *to the impact of both in supporting resiliency in practice. One student provided a*
20 *great example of utilising the techniques following a difficult meeting.*”

21 During Workshop 2, a student recalled using Sophrology to remain calm during
22 challenging interactions with a service user, leading to a positive outcome for the
23 family:

24 “*I ended up using the techniques very frequently. Working in a safeguarding team is*
25 *very fast paced, very pressurising, and at times very overwhelming. Sophrology was*
26 *my go-to technique. I used it to calm down, to re-focus, but most importantly to*
27 *maintain my composure and professionalism under pressure. It made a world of*
28 *difference. I was more confident, more articulate and more at ease.*”

29 The same student described her experience of Sophrology as “*powerful*” and “*life-*
30 *transforming*”. She reported being more bodily aware following the practice, being
31 able to calm herself down and refocus, being more confident and composed, and
32 “*even slept better*”.

33 A student also praised the toolkit having accessed it ‘on the go’ after a difficult
34 meeting:

35 “*I opened the link given to us during the sessions where I could access the*
36 *techniques and exercises. Within 5-6 minutes of following through with the breathing*

1 *and calming exercises, I felt so much better. I was able to regain my composure and*
2 *returned to the office.”*

3 24 students responded to the post-workshop questionnaire across all workshops.
4 Students overwhelmingly endorsed Sophrology as beneficial, with all but one
5 recommending it to others.

6 While positive about the workshop, one student from Workshop 1, commented that it
7 was “*very relaxing but also brings out vulnerability*”. They added: “*The only struggle I*
8 *found is that I am on medication for anxiety and depression which also helps me*
9 *sleep. So I sometimes struggle with activities that we did in the workshop.*” The
10 reasons for this sense of vulnerability were not explored further, but based on the
11 authors’ experiences of facilitating Sophrology group sessions, it might be because
12 closing one’s eyes in a group setting, can heighten feelings of exposure or self-
13 consciousness, particularly in those experiencing anxiety.

14 Feedback also highlighted the importance of appropriately timing the workshop
15 delivery. The course leader suggested that the workshops may have greater impact
16 if scheduled mid-placement during the first or second year of training when
17 techniques could be directly applied in practice.

18 **Discussion**

19 These findings suggest that Sophrology has potential for supporting social work
20 students. This is, to some extent, corroborated by the workshop facilitators’
21 experience of using Sophrology, demonstrating its long-term benefits for their own
22 wellbeing and professional practice. The workshops were well-received and initial
23 results indicate that Sophrology techniques could be quickly and easily learnt,
24 offering a brief, yet effective, approach for supporting student wellbeing, enhancing
25 resilience and professional practice.

26 The facilitators observed a limited level of awareness amongst students of the
27 nervous system and the impact of stress on their wellbeing. Pre- and post-
28 workshops data indicated improvements in the students’ perceived ability to manage
29 their wellbeing, regulate their emotions, and feeling equipped to cope with the
30 demands of training/placements. Qualitative feedback further highlighted
31 Sophrology’s accessibility, ease of use, and immediate effectiveness in managing
32 wellbeing. Importantly, students recognised its relevance to professional practice,
33 reporting that the techniques were directly applicable in practice settings, including in
34 high-pressure interactions with service users. This was corroborated by the course
35 leader.

36

37 These findings support the existing literature on resilience building interventions in
38 the social care sector and their benefits to students and professionals (Grant &

1 Kinman, 2014). In particular, they are in line with research on the value of
2 mindfulness-based programmes and other mind–body approaches in enhancing the
3 wellbeing of social work students and practitioners (Ratcliff, 2024; Maddock et al.,
4 2026). They also demonstrate the potential of an approach still relatively unknown in
5 the UK. Sophrology appears to have unique strengths. One or two 60–90-minute
6 workshops appeared sufficient to yield immediate benefits and for students to use
7 the tools independently, making it a cost-effective method to incorporate into social
8 work training. The quick and accessible nature of the techniques also means that
9 they are easy to use in practice, and students can personalise their practice to suit
10 their needs in the moment.

11
12 The workshops were successfully delivered both face-to-face and online, and the
13 provision of a practical ‘toolkit’ appeared to support self-learning beyond the
14 intervention. Timing also appeared critical, and one recommendation would be to
15 embed workshops mid-placement, as this may enhance relevance and uptake by
16 allowing students to apply techniques directly in practice.

17
18 To the authors’ knowledge, this is the first study, albeit limited in scope, on the use of
19 Sophrology among social work students in the UK. The workshops were delivered by
20 two facilitators who are both qualified social workers and sophrologists and thus,
21 able to make the practices directly relatable to the students. However, this duality of
22 roles may have also resulted in a bias in the data analysis. To mitigate this, the
23 analysis was reviewed by the other authors, who are also qualified sophrologists but
24 do not practise in the social care sector. Additionally, one author is a research
25 academic, ensuring that methodological rigour was applied throughout (i.e. attention
26 to disconfirming case).

27
28 A clear limitation of this study lies in the small sample size. As such, the findings are
29 indicative at this stage. Sophrology, as a method, remains relatively unknown within
30 the UK, and its efficacy and broader impact warrants further investigation, in
31 particular about the long-term impact on social workers’ professional development
32 and service user outcomes. Further research would also be beneficial to explore the
33 potential of Sophrology in other social work programmes and settings, and whether
34 some groups of students and practitioners may be more receptive to Sophrology
35 than others (e.g., level of experience, demographic background). Focus groups or
36 diary analysis may be useful methods to explore how embodiment practices develop
37 practitioners’ self-understanding and its impact upon their relationships with service
38 users.

39 **Conclusion**

40 The findings suggest that Sophrology may be a feasible, cost-effective and impactful
41 addition to social work education curricula. Incorporating Sophrology into training
42 programmes could provide students with concrete tools for self-regulation, resilience-

1 building, and wellbeing. Beyond student training, there is potential for wider
2 implementation across the whole social work profession, creating a culture where
3 self-care is positively encouraged and the benefits for service users recognised.

4

5 **Word count: 2996**

6

7 **Disclosure of AI Use**

8 This manuscript was edited for language clarity, grammar, and academic style using
9 ChatGPT (OpenAI, GPT-5). The tool was employed solely for language
10 improvement; no content generation, research drafting, data creation, or
11 image/figure manipulation was performed. All AI-generated suggestions
12 were carefully reviewed and revised by the authors. Final responsibility for the
13 manuscript's accuracy, originality, and integrity rests entirely with the authors.

14

15 **Summary Disclosure statement**

16 No potential conflict of interest was reported by the author(s).

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