

EFFECT OF MENTAL HEALTH OF YOGIC AND NON- YOGIC ADOLESCENTS

Usha K. Makvana

Assistant Lecturer, Stree Adhyapen Mandir, Anera, Saberkhatha District, Gujarat

Anxiety, stress, and mental health problems in young generation are a result of cut-throat competitions. These problems are affecting the present generation at a very high speed. Time to time educationists, psychologists and mental health professionals are called by the government for finding out the remedy. At the present juncture, it looks that one has to confine oneself to pressing problems of students. Pressure of competitive life, insufficient knowledge of the academic courses, wrong choices and parental pressure, male/female relationship in school crises situations like new schools, new medium of instruction and failure in examination have their cascading effect. The teacher, his problems, the qualities of the teacher, the staff-students relationship, causes of student indiscipline, changing pattern of the society and its impact on parent/child relationship, influence of mass media of communication and the aspect of cultural shock add to the already troubled child (Quaker Oatmeal, 2001).

Yoga is recognized as one of the most important and valuable heritage of India. Today, whole world is looking towards yoga for answering various problems. In spite of this, no field is so grossly misunderstood as yoga, even in India. If one take a cross section of the society and take a general survey of the public opinion about yoga, one shall find that there are many misbelieve. However, yoga is respected by the Indian schools of philosophy and other philosophers because of its practical aspect containing various psycho-physiological practices rather than its philosophy:

Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana and Samadhi are the eight limbs (Ashtang) of the systematic discipline of yoga as presented here by Patanjali. The practice of Yama and Niyama promotes social health, the practice of Asana promotes bodily health, the practice of Pranayama promotes social health, the practice of Pratyahara promotes healthy mind and practice of Dharana and Dhyana promotes health in knowledge (dispositional) part of the mind.

The science of yoga also takes full cognizance of these factors because it looks at life in its totality. It emphasizes the organic unity between man and his environment, and between discipline and well-being. It seeks to restore the sense of balance and poise that a thousand little things in the environment seek to disturb or destroy. Yoga is for everybody, every place, and every age-group. The message of yoga is loud and simple "Take good care of yourself and all else is taken care of".

According to Patanjali, „Yoga“ means the experience of oneness of unity with one's inner being. „Asana“ means the state or posture in which one can remain steady, calm, quiet, and comfortable, both physically and mentally.

According to Ramaswami (1989), "Yoga practices promote physical and mental health, through the maximization of joy and the complete unfolding of the human potential". The basic premise on which the science of yoga has been developed is that our body is composed of three parts. These are:

(a) The physical body which consists of muscles, bones, blood vessels, cells, etc.

(b) The vital body consisting of energy that manifests in the form of emotions.

(c) The mind which is responsible for the thought process.

Vijayalaxmi and Aminabhavi (1996) conducted a study to know about the impact of yoga on attitudes and mental health of adults. The results revealed that subjects developed significantly positive attitudes towards yoga and significant improvement in mental health after attending yoga.

During the period of later Upanishads and Yoga-Samhitas, it was duly emphasized that the practice of yogic postures and yogic breathing were able to alleviate physical, mental and ethical disorders (Yoga Chudamani Upanishad, Hath Pradeepika and Yoga Vashistha).

Sharma and Singh (1989) studied effects of Yogāsana on learning. It was an experiment on primary students. The objective of the study was to study the effect of Yogāsana on learning. The study was delimited to area, class, and subject consent and Yogāsana point of view. 2 x 2 factorial designs were followed. The study was conducted on a sample of 120 primary pupils. Results revealed that Yogāsanas can be used for effective learning.

Sahu and Bhole (1983) studied effect of three weeks yogic training Programme on psychomotor performance. The study was conducted on 10 male subjects of teacher training certificate course from Lonawala (Pune). The findings of the study revealed that yogic training programme was found to increase performances involving speed and accuracy.

Srinivasan (1983) studied on "Yoga and biofeedback: A comparison". Alpha enhancements in EEC, skin temperature control of visceral functions have been reported through instrumental learning procedure. Yogic practices such as Shavasana and meditation reduced sympathetic tone through precise control over the autonomic activity.

Norton and Johnson (1983); DeLuca and Holborn (1984) have demonstrated the comparative efficacy of different types of muscle relaxation therapies (taped instructions or applied relaxations) in different types of anxiety of both cognitive and somatic type such as snake phobia, nail biting, hair pulling, panic attacks as well as general anxiety.

Butler (1986) practiced yoga with teenagers in Westside high school, USA. His finding revealed that in addition to the

emotional stresses of school work, family conflict or dating troubles, high school students also must cope with the physical stress of sitting for most of the day, which can strain the back and abdominal muscles.

Vicente (1987) studied the role of “Yoga Therapy on Anxiety, Neurosis and Depression” on 284 patients. Yogic therapy was carried out for 2-2 hour every week for one year. As a result revealed that 42% patients showed very good improvement, 52% showed good response and it was found that Shavasana is very useful for anxiety and depression.

Vishal, Singh and Madhu (1987) studied the effect of yogic practices on certain psychological parameters revealed that yoga contributed positive and significant change for the short term memory and also observed a mark decrease in anxiety and feeling of insecurity among 20 male participants.

I. OBJECTIVES

Objective of the present research was as under,

To asses various components of mental health such as positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes, environment mastery and over all mental health of yogic and non-yogic adolescents.

Hypothesis:

1. There will be no significant difference between yogic and non-yogic adolescents with regards to various components of mental health such as positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes, environment mastery and over all mental health.

Sample:

For the present research total 60 adolescents were selected randomly from Ahmedabad city. Total sample was categorized such as 30 yogic, 30 non –yogic adolescents.

Variables:

In present research yogic and non- yogic adolescents were considered as independent variable and scores of various components of mental health such as positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes, environment mastery were taken as dependent variable.

Tools:

Following tool was used for data collection in present research.

Mental Health Inventory (M.H.I) by Dr. jagdish and Dr. A.K shrivastava

Reliability:

The reliability of the inventory was determined by split-half method using odd-even procedure. The Table gives the reliability coefficients of different dimensions mental health and over all.

Table showing reliability coefficients:

No.	Dimensions of Mental health	Reliability index
1.	Positive self evaluation	.75
2.	Perception of reality	.71
3.	Integration of personality	.72
4.	Autonomy	.72
5.	Group oriented attitude	.74
6.	Environmental competence	.71
7.	Over all Mental Health	.73

Validity:

Construct validity of the inventory is determined by finding coefficient of correlation between scores on mental health inventory and general health questionnaire (Gold berg, 1978). It was found to be .54. It is note worthy here that high score on the general health questionnaire indicates poor mental health.

Statistical Analysis:

To analyze the data, t-test was used.

II. RESULTS AND DISCUSSION

Table: 1

Mean, SD and t value of mental health component A (Positive self evaluation) of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	140.87	22.01	2.11	.05
Non-yogic adolescents	30	129.30	20.44		

The mean of mental health component A (Positive self evaluation) of yogic and non-yogic adolescents were 140.87and 129.30 with SD 22.01, and 20.44. The obtained t value is 2.11 which is significant at .05 level. Hence it is concluded that yogic adolescents and non-yogic adolescents have significant difference on mental health component A (Positive self evaluation). The above table also show that yogic adolescents have better mental health component A (Positive self evaluation) than non-yogic adolescents.

Table: 2

Mean SD and t value of mental health component B (Perception of reality) of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	136.03	19.85	2.39	.05
Non-yogic adolescents	30	124.57	17.21		

The mean of mental health component B (Perception of reality) of yogic and non-yogic adolescents were 136.03 and 124.57 with SD 19.85, and 17.21. The obtained t value is 2.39 which is significant at .05 level. Hence it is concluded that yogic adolescents and non-yogic adolescents have significant difference on mental health component B (Perception of reality). The above table also shows that yogic adolescents have better mental health component B (Perception of reality) than non-yogic adolescents.

Table: 3

Mean SD and t value of Mental Health component C (Integration of personality) of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	144.77	24.93	2.02	.05
Non-yogic adolescents	30	132.00	24.04		

The mean of mental health component C (Integration of personality) of yogic and non-yogic adolescents were 144.77 and 132.00 with SD 24.93, and 24.04. The obtained t value is 2.02 which is significant at .05 level. Hence it is concluded that yogic adolescents and non-yogic adolescents have significant difference on mental health component B (Perception of reality). The above table also shows that yogic

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	868.57	52.87	6.19	.01
Non-yogic adolescents	30	793.80	39.68		

adolescents have better mental health component C (Integration of personality) than non-yogic adolescents.

Table: 4

Mean SD and t value of Mental Health component D (Autonomy) of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	141.57	20.89	1.23	NS
Non-yogic adolescents	30	135.30	18.61		

The mean of mental health component D (Autonomy) of yogic and non-yogic adolescents were 141.57 and 135.30 with SD 20.89, and 18.61. The obtained t value is 1.23 which is not significant. It is concluded that yogic adolescents and non-yogic adolescents have no significant difference on mental health component D (Autonomy).

Table: 5

Mean SD and t value of Mental Health component E (Group oriented attitude) of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	147.67	18.05	2.14	.05
Non-yogic adolescents	30	137.17	19.91		

The mean of mental health component E (Group oriented attitude) of yogic and non-yogic adolescents were 147.67 and 137.17 with SD 18.05, and 19.91. The obtained t value is 2.14 which is significant at .05 level. Hence it is concluded that yogic and non-yogic adolescents have significant difference on mental health component E (Group oriented attitude). The above table also show that yogic adolescents have better mental health component E (Group oriented attitude) than non-yogic adolescents.

Table: 6

Mean SD and t value of Mental Health component F (Environmental competence) of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	157.67	28.75	3.82	.01
Non-yogic adolescents	30	135.47	13.71		

The mean of mental health component F (Environmental competence) of yogic and non-yogic adolescents were 157.67 and 135.47 with SD 28.75, and 13.71. The obtained t value is 3.82 which is significant at .01 level. Hence it is concluded that yogic adolescents and non-yogic adolescents have significant difference on mental health component F (Environmental competence). The above table also shows that yogic adolescents have better mental health component F (Environmental competence) compared than non-yogic adolescents.

Table: 7

Mean SD and t value of Mental Health component over all Mental Health of Yogic and non-Yogic adolescents

	N	Mean	SD	t	Level of significant
Yogic adolescents	30	868.57	52.87	6.19	.01
Non-yogic adolescents	30	793.80	39.68		

The mean of mental health component over all Mental Health of yogic and non-yogic adolescents were 868.57 and 793.80 with SD 52.87, and 39.68. The obtained t value is 6.19 which is significant at .01 level. Hence it is concluded that yogic adolescents and non-yogic adolescents have significant difference on Overall Mental Health. The above table also shows that yogic adolescents have better overall mental health than non-yogic adolescents.

Indian Journal of Clinical Psychology, 14, pp. 80-83.

III. CONCLUSIONS

Yogic adolescents have better mental health component A (Positive self evaluation), component B (Perception of reality), component C (Integration of personality), component E (Group oriented attitude), component F (Environmental competence), and overall mental health than non-yogic adolescents.

REFERENCES

- [1] Butler, D. (1986). Doing yoga with teenagers. *Yoga Biomedical Bulletin, USA*, 1(4): 85-88.
- [2] Khalsa (D.S. Shannahoff). & Beckett, L.R. (1996). The efficacy of a specific yoga breathing pattern on obsessive compulsive disorder, Research Group for Mind-Body Dynamics, University of California, San Diego, La Jolla California, *International Journal of Neuroscience*.
- [3] Norton, G.R., & Johnson, W.E. (1983). A comparison of two relaxation procedures for reducing cognitive and somatic anxiety. *Journal of Behaviour Therapy Experimental Psychiatry*, 14(3), 209-14.
- [4] Quaker, O. (2001). Teachers Best Ideas for Involving Parents. Retrieved Sept.12, 2010 from <http://www.pta.org.com>.
- [5] Ramaswami, S. (1989). *Yoga and Healing: Ancient Wisdom and Modern Psychology*. New York: John Wiley & Sons, (pp. 33-63).
- [6] Sahu, R.J., & Bhole, M.V. (1983). Effect of three weeks yogic training programme on psychomotor performance. *Yoga-Mimamsa*, 22(1-2), 59-62.
- [7] Sharma, I. & Singh, P. (1989). Treatment of neurotic illness by yogic techniques (Deptt. of Psychiatry, Institute of Medicine Sciences, B.H.U., Varanasi). *Indian Journal of Medical Sciences*, 43 (3), 76-79.
- [8] Srinivasan, T.M. (1983). Yoga and Bio-feedback: A Comparison. *Nimhans Journal*, Vol.1, (1), 65-68.
- [9] Tirath O. (1982). *Patanjali YogaPradeep* (12th Ed.). Gorakhpur, U.P (India): Gita Press.
- [10] Vicente, P.D. (1987). Role of yoga therapy in anxiety, neurosis and depression. *Yoga Mimamsa*, 26(3), 1-14.
- [11] Vijayalaxmi, A., & Aminabhavi. (1996). Effect of yogic practice on attitudes towards yoga and mental health of adults. *Praachi Journal of Psycho-Cultural Dimensions*, Vol.12(2), 117-120.
- [12] Vishal, Singh, A., & Madhu (1987). Effect of yogic practices on certain psychological parameters.