

GLOBAL WELL BEING IN RELATION TO YOGA PRACTICE

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ABSTRACT

Health is a multidimensional concept encompassing not only physical and psychological, but also social and spiritual resources. In this study, an assessment of health is carried out incorporating all the above dimensions. Understanding the overall health status in relation to Yoga practice is relevant to know the impact of Yoga as health maintaining and health promotive technique. Sample of Yoga practitioners (N=58) and non-practitioners (N=82) were assessed using GHQ, Psychological Well Being, Social Support and Spiritual Well Being Scales and corresponding visual analogue scales to identify the level of well being as perceived by subjects. The results revealed a significant relationship (positive) between self-perceived satisfaction with health and objective dimensions of global health assessment. The Yoga practitioners had significantly better general health status than non-practitioners. On all other dimensions, such as psychological well-being, social and spirituality status, the two groups were identical. The findings demonstrate the immediate physiological or somatic impact of Yoga practice.

INTRODUCTION

Health is a multi dimensional concept involving the state of your body and mind and also a person's relationship with others. The physical components of health consist of functional ability of the body, stamina and energy. The mental component involves ability to think clearly, express feelings, making responsible decisions and also to handle the stress efficiently. The social health is ability to adjust and adapt to various situations in the family, work place and community. Apart from the above three dimensions, the spiritual health is another positive resource which contributes to the well

being of the person. The concept of global well-being encompasses the highest level of health that a person can reach involving all the above mentioned dimensions of existence. Health research has been widening its scope by acknowledging the interrelationship between these components in the overall health status and quality of life.

The holistic model of health proposed by many oriental traditions has multiple life skills to enhance the global well-being. One such model is Yoga, which involves many health promotive techniques which are not merely mind - body oriented, but also caters to the harmony in relationship and enhancement of spirituality. The concept of Yoga, even though refers to the state of mind, it encompasses varied techniques to address the concerns at body, mind, social and spiritual level. Without getting into the details of the techniques that are presented by the Yoga proponents, it is possible for us to understand the impact of Yoga at all these levels, when we go through the review of scientific literature of Yoga and its impact.

Scientific support for Yoga as a healing and health management technique has been accumulating for past five decades. Considered as a form of "alternative" and "complimentary" therapy, it has proved to be efficacious in reducing blood pressure, blood sugar, enhance autonomic balance, respiratory efficiency and host of other physiological and biomedical benefits (Arpita, 1990). Researches carried out on the effect of Yoga practices on health and well-being are extensive. Majority of them showing the impact at the physiological level. Yoga has so far been proved to have a significant impact on various diseases such as Asthma (Nagendra et. al. 1986; Jain & Talukdar, 1993; Ayesha et. al. 1996), Cardio Vascular diseases (Luskin et. al.

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1998; Manchanda et. al. 1998; Pandya et. al. 1999; Sengupta, 2000), Myocardial Infarction (Tulpule & Tulpule, 1980), Cancer (Coker, 1999), Epilepsy (Ramaratnam & Sridharan, 2000). Yoga has also been studied to enhance the metabolic activity and hormonal balance within (Telles & Desiraju, 1993; Telles et. al. 1994). Only recently, studies have been conducted focusing on the psychological status such as the reduction of stress level (Bera et. al. 1998), anxiety level (Malathi and Damoodharan et. al. 1999). Empirical Evidence proves Yoga practice reduces the stress levels as well as enhances motor and cognitive skills in performance (Raghuraj & Telles, 1997; Manjunath & Telles, 1999, Dash & Telles, 2000). Telles and others (1994) have found that a particular Pranayama practice has a relaxing effect on the sympathetic nervous system that is responsible for causing stress. Sparse research efforts focus on the management of psychological and psychiatric disorders with Yoga. One such study by Khalsa and Beckett (1996) suggest yogic techniques on the treatment of obsessive-compulsive disorders. Yoga based relaxation techniques have also been studied widely and applied on therapeutic lines (Balodhi, 1991; Poulet, 1996; Janakframaiah et. al. 2000) amongst psychiatric patients. This is further substantiated by Malathi and others (1999) who report that practice of Yoga reduces the excessive stress and maintain an optimal level of balance when compared to other forms of exercises. Studies have also indicated that combined yogic practices cause reduction in body weight an increased state of calmness of mind (Satyanarayana et. al. 1992; Alan Kristal, 2005). Yoga has also been studied pertaining to rehabilitation of physically and mentally handicapped as well as the socially disadvantaged (Telles and Naveen, 1997). Malathi and others (2000) have found that regular practice of yoga enhances subjective well-being of people and that subjectivity included transcendence and social support as one among its major components.

Yoga training has also been evaluated to a narrower extent in reducing psychological distress such as anxiety, depression (Woolery,

Myers, Sternlieb et al 2004) and its role in personality development (Ray and others, 2001, Shrimathy, 2002, Priyadarshini, 2003) is also assessed. Currently Yoga has been recommended as coping mechanism to deal with critical conditions like AIDS and HIV conditions (Bonadies, 2000). Throughout the studies, the improvement in mental alertness, subjective well-being is repeatedly emphasized (Malathi, 2000). The theoretical orientation underlying all the research work on Yoga has been its impact as a "relaxation" or "mentally calming effect." The enhancement of autonomic balance, organ efficiency, symptom reduction, and self-awareness mechanism is linked to overall well-being and health.

One of the major focuses of Yoga, an Indian philosophical tradition is the spirituality. Though people have understood the spiritual value and focus in the Yoga practice, there is a dearth of empirical evidence to prove this dimension. Mind - body medicine has dominated all the research focus in Yoga. There is a need to investigate the next deeper dimension of human existence and its relevance in healing and promoting health.

Studies are warranted which indicate the enhancement of Quality of life in terms of social and spiritual well-being. There is a dearth of studies focusing on global impact of Yoga. Therefore, the present project is taken up as an explorative effort to analyse the relative effect of practice of Yoga and its non-practice on the various dimensions of health.

Objectives

1. To study the physio psycho social and spiritual profile of practitioners of Yoga and Non - practitioners of Yoga.
2. To study the interrelationship between these dimensions of health and their contributions to global well being.
3. To evaluate the relationship between objective measures of dimensions of health and subjective index among practitioners and non-practitioners of Yoga.

Based on the scientific evidence on Yoga and health research following hypotheses were formulated for investigation.

Main Hypotheses :

1. There will be significant difference in the components of Global Well Being status among practitioners and non-practitioners of Yoga.
2. There will be significant relationship between objective and subjective measures of Global Well Being.
3. There will be no significant difference in the Global Well Being of practitioners and non-practitioners of Yoga in relation to Gender status.

Research design:

The research plan aimed to investigate the attributes of practice and non-practice of Yoga using descriptive method. Thus, a case - control design was used to realize the objectives.

METHOD

The sample for the study were collected from Chennai. Those who had been practicing actively constituted the case group and those who had not been practicing Yoga or neither initiated to Yoga constituted the control group. A convenient sample was recruited into the groups with 58 subjects in Yoga group and 82 non-practitioners.

Tools of the study:

Four different scales were used all of which are self-report questionnaires. The General Health Questionnaire - 28 (GHQ-28), developed by Goldberg (1978) measures the physiological

dimension of health. Its test-retest reliability coefficient is 0.73, the split half reliability being 0.83 and the validity coefficient being 0.77. A revised version of Sense of Support Scale developed by Dolbier and Steinhardt (2000) was used to measure the sense of social support. A high level of social support is linked to positive health outcome. Its internal consistency was 0.59 when administered with the Indian sample of practitioners of Yoga. Psychological Well Being developed by Bhogle and Jai Prakash (1995) measures the psychological well-being. It consists of 15 items. There are no negative items in the scale. Higher the scores indicate more positive psychological well-being of the individuals. Internal Consistency coefficient of the scale is 0.84 and its Split-half reliability coefficient is 0.91. Spirituality And Well - Being Scale developed by Latha (2005) consists of two components, spiritual orientation and spiritual behavior with a total of 17 items: The components of the scale has high internal consistency ranging from 0.74 to 0.82 and the stability of scores over a period of two weeks was also established. The scale has positive concurrent validity with Inner Well Being Scale.

The average time taken by the subjects to fill in the questionnaire was 8 - 10 minutes. Subsequent feedback about the questionnaire and the method of collection were also asked to the subjects.

RESULTS

The data collected on 140 subjects were analyzed using descriptive and inferential statistics. The following table gives the characteristics of the sample that emerged from the data.

Table 1 showing the mean age of the sample

Groups	N	Gender (%)		Mean Age
		M	F	
1	58	39.3	60	39.14 ± 11.04
2	82	46.4	52.6	36.14 ± 8.19

Table 2 showing Inter-correlation between subcomponents of Global Well Being.

Variables	Correlation Coefficient
GHQ & SS	-0.21*
GHQ & PWB	-0.42**
GHQ & SWB	-0.51**
SS & PWB	0.24**
SS & SWB	0.24**
PWB & SWB	0.48**

* - Correlation is significant at 0.05 level (2 - tailed).

** - Correlation is significant at 0.01 level (2 - tailed).

The mean age of the two groups varies by two years with the practitioners group being slightly older than the non-practitioners group. But this difference is not statistically significant and thus the groups are comparable. The gender representation is also identical in both the groups.

The inter correlations among the components of Global Well Being was computed and the results reveal a significance correlation between all the components. The Physical Health status measured using GHQ is negatively related to other components. According to the scale, higher scores on GHQ represents somatic problems and the need for care. Therefore, the negative

relationship is significant indicating that physical health is directly related to the psychological well-being, social health and spiritual health. The intensity of association is strongest between physical health and spiritual health and it is weakest between psychological well-being and social support. Thus the concept of Global Well Being as measured in this study shows that Health is not only a multi dimensional concept but is highly inter related. This substantiates the holistic view of Health.

The mean score on GHQ is significantly higher for non practitioners (18.68) compared to the yoga practitioners (10.83) indicates that the general health status is superior in the latter

Table 3 showing the mean scores and standard deviation on the components of Global Well Being among practitioners and non-practitioners of Yoga.

Dimension	Practitioners		Non-Practitioners		t	Correlation Coefficient
	Mean	s	Mean	s		
General Health Status & Self-rated Physical Health	10.83	8.72	18.68	12.04	4.48**	-0.47**
Social Support & Self-rated Social Health	16.23	3.41	15.55	2.56	1.28	0.37**
Psychological Well Being & Self-rated Psychological Well Being	45.67	5.02	44.05	6.134	1.72	0.30**
Spirituality & Self-rated Spiritual Health Status	37.38	7.21	35.09	7.62	1.81	0.32**

** - Correlation is significant at 0.01 level (2 - tailed).

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Table 4 showing the significant differences in Gender among the practitioners and non-practitioners of Yoga on all the dimensions of Global Well Being.

Group		Male	Female	t
GHQ	Mean	12.44	17.86	2.92**
	Std. Dev.	9.54	12.29	
Sense of Support	Mean	15.97	15.82	.09
	Std. Dev.	2.68	3.16	
Psychological Well Being	Mean	44.62	44.76	.13
	Std. Dev.	6.26	5.35	
Spiritual Well Being	Mean	36.31	35.73	.45
	Std. Dev.	7.61	7.47	

** - Correlation is significant at 0.01 level (2 - tailed).

group and there are many practitioners who may need some form of health care support. The subjective indication of physical health status using a rating scale also reveals that yoga practitioners have perceived their own physical health to be more satisfactory than the non-practicing group. The objective indications show that Yoga practitioners considered their physical health status to be better than average or sometimes excellent while the non-practitioners considered the physical health status to be average and better than average. The correlation between objective measure of health (GHQ) and the subjective rating is also strongest and significant. This reveals that higher scores on GHQ (presence of symptoms) is negatively related to higher satisfaction with own physical health. The non-practitioners experienced more somatic symptoms in terms of lack of physical energy, inability to sleep and occasional pain and also a sense of depression characterized by inability to sleep and occasional pain and also a sense of depression characterized by inability to do things and lack of depression. These symptoms were completely absent in the practicing group. The findings here support the Yoga studies which demonstrates the health promotive and symptom management role of practice. Studies supporting the physiological and psychological improvement with Yoga is substantiated by this evidence

(Arpita, 1990; Ayesha, 1996; Ray, 2001; Woolery, 2004)

The social support is a dimension which measures the individuals' perceived support accessibility and networking. This has been taken as an important indicator of social health. Higher the score, greater the perceived support from family, friends and relatives. Social support is taken as an important moderator of stress and also an indicator of individuals' positive internal resource. The social well-being can be measured in terms of social support index. The findings in this study reveals that social support correlates significantly with other components of health. However, this dimension is not influenced by the practice of Yoga. From the table, it can be inferred that practitioners are identical in their accessibility to social support and their social well-being may not be influenced by the practice of Yoga which may be highly individualistic and self development oriented. However, a relatively more number of practitioners of yoga have considered their available social support to be excellent than the non-practitioners. There is a significant positive correlation between the objective measure of social support and well-being and subjective evaluation of social health (0.37).

Yoga practice involves both body and mind oriented techniques. It was postulated that practice of Yoga would enhance the psychological

well-being. In this correlational study, the findings reveals that psychological status is identical both practitioners and non-practitioners which may be their optimal level of psychological health.

The spiritual well being assessed using a questionnaire and self rated spiritual health report a positive and significant relationship. The practitioners and non-practitioners are identical in reporting their spiritual awareness and practices and also level of satisfaction with their own spiritual well being (average).

The results in the study reveals that the global well being is not affected by the gender status, but the physical health status as measured by GHQ reveals that women reporting significantly more symptoms. This point confirms the earlier evidences where women are more prone to report symptoms and also vulnerable for ill health.

CONCLUSIONS

The global well-being is a concept which refers to the holistic multi dimensional aspect of health. There is a significant positive relationship between physical, psychological, social and spiritual well-being. The practitioners of Yoga are found to be generally more healthier than the non-practitioners. However, they are found to be similar to non-practitioners in their psychological well-being, social support accessibility and also spiritual awareness and practices. The objective measures of these dimensions of well being correlated positively and significantly with subjective perception, indicating that well being is an individual's experience which denotes the self perceived quality of life.

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7 Pages

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