

The Effect of Unstructured Meditation Training Programme on Psychosomatic Symptoms

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Abstract

The study was to compare the effect of unstructured meditation training programme on psychosomatic symptoms. For the study, subjects were selected in two stages, initially 150 subjects were selected randomly from Indira Gandhi Institute of Physical Education and Sports Sciences comprising of 94 males and 56 females, aged ranging from 17 to 25 years studying in different courses of study. In the second phase, out of primarily selected 150 subjects, only 30 students were short listed for final analysis, those who have scored higher on Cornell's Medical Index Health Questionnaire (CMIHQ) were selected as subjects for the study. From these 30 subjects 10 each were randomly distributed into 3 groups: ten subjects were allotted group i.e. controlled group, and two was allotted treatment group 1(structured group), and treatment group 2(unstructured group). The results presented in table 1 indicate that the calculated 't' value was obtained 3.36 which significantly is more than the tabulated 't' value of 2.262 at .05 level of significance with 9 degrees of freedom, table 2 indicates that the calculated 't' value was obtained 1.45 which significantly is less than the tabulated 't' value of 2.262 at .05 level of significance with 9 degrees of freedom and table 3 indicates that the calculated 't' value was obtained 6.77 which is more than the tabulated 't' value of 2.262 at .05 level of significance with 9 degrees of freedom, this indicates favorable effect of meditation exercises on the experimental group in reducing their physical, psychological and total distress. In the light of the findings, it was concluded that the significant difference was observed in athlete's physical, psychological and total distress.

KEYWORDS: Meditation & Psychosomatic Symptoms.

INTRODUCTION

Psychology is the scientific study of the mind and behavior. Psychology is a multifaceted discipline and includes many sub-fields of study such areas as human development, sports, health, clinical, social behavior and cognitive processes. Psychology is both an applied and academic field that studies the human mind and behavior. The scientific study of the human mind and its functions, espically those affecting behavior in a given context. Psychology is the mental characteristics or attitude of a person or group.

The term psychosomatic in common usage has come to mean "imaginary" and is associated with hypochondria, but medically this is not correct. A psychosomatic illness is one that has definite physical symptoms originating from or influenced by mental and/or emotional causes. Bipolar disorder is not a psychosomatic illness by either definition, since it has definite biological causes. A psychosomatic illness or symptom is indeed real...very real, but is brought on by mental process. In other words,

psychosomatic illness is an illness i.e. brought on by the mind and not from the virus, bacteria, injury, etc.

Psychosomatic symptoms refer to a mind (psych) and physical body (soma) relationship. Illnesses of psychosomatic nature are caused by mental processes of the sufferer rather than physiological causes. This mind-body dialogue is powerful and is instrumental in both health and diseased states. Perhaps there is a mental aspect to every physical disease, and this possibility has important implications for the way we diagnose, treat and study sickness.

The mind-body interaction demonstrated by psychosomatic illness also plays a role in healing. The placebo effect is the improvement in health not attributable to administered medication or treatment but to an “inert” substance; thus, this healing effect is attributed to psychological processes. The facts that anywhere from 35 to 75 percent of patients find relief from placebos calls into question our understanding of the mechanisms by which these drugs work. Placebo effects are often overlooked or seen as nuisances, used only to prove a drug’s efficacy. However, psychological symptoms and reported well-being from placebos are often accompanied by physiological improvements as well, linking the mind and body at a physiological level. While the brain, the immune system and other organ systems differ in their functions and organization, they are undoubtedly connected at a biochemical level.

Meditation is a practice in which an individual trains the mind and induces a mode of consciousness to realize some benefit, although it can be argued meditation is a goal in and of itself. The term meditation refers to a broad variety of practices (much like the term sports), which range from techniques designed to promote relaxation, contacting spiritual guides, building internal energy (chi, ki, prana, etc.), receiving psychic visions, getting closer to a god, seeing past lives, taking astral journeys, and so forth, to more technical exercises targeted at developing compassion, love, patience, generosity, forgiveness and more far-reaching goals such as effortless sustained single-pointed concentration, single-pointed analysis, and an indestructible sense of well-being while engaging in any and all of life's activities. Thus, it is essential to be specific about the type of meditation practice under investigation.

Meditation is not a technique but a way of life. Meditation means a cessation of the thought process. It describes a state of consciousness, when the mind is free of scattered thoughts and various patterns. The observer (one who is doing meditation) realizes that all the activity of the mind is reduced to one.

Objective of the study

The objective of the study was to find the effect of unstructured meditation training programme on psychosomatic symptoms.

METHODOLOGY

Selection of Subjects

For the study, subjects were selected in two stages, initially 150 subjects were selected randomly from Indira Gandhi Institute of Physical Education and Sports

Sciences comprising of 94 males and 56 females, aged ranging from 17 to 25 years studying in different courses of study.

In the second phase, out of primarily selected 150 subjects, only 30 students were short listed for final analysis, those who have scored higher on Cornell's Medical Index Health Questionnaire (CMIHQ) were selected as subjects for the study.

CRITERION MEASURE

With a view to assess physical and psychological distress of the subjects, the Cornell's Medical Index Health Questionnaire (CMIHQ) was used as criterion measure for the present study by N.N. Wig, Dwarka Pershad & S.K.Verma.

DESCRIPTION OF THE QUESTIONNAIRE

Cornell's Medical Index Health Questionnaire (CMIHQ) was used to collect the data. The CMIHQ has 195 statements invention. Each statement has 2 options- YES or NO. The subject has to encircle one of the options after reading the statement carefully.

The CMI is self administering questionnaire and can be given to people singly or in groups. A serious disorder is to be suspected when more than 25 items are marked as "yes". Each "yes" answered item is counted and may be considered as score.

The questionnaire measures two variables i.e.

- Physical Distress
- Psychological Distress

COLLECTION OF THE DATA

Initially the questionnaire was administered on 150 subjects. After scoring the questionnaire according to the instruction in scoring manual the subject who scored higher were selected for the second phase of the study. Initial data was taken as pre data.

Thirty subjects were given experiments and after the training for four weeks, five days in a week, again the questionnaire was administered which is taken as post score

ADMINISTRATION OF THE TRAINING PROGRAMME

Training program was prepared with the consultant of the supervisor and other experts in yoga and physical education. A 5 minutes training programme were administrated on both treatments groups i.e. treatment group 1(structured group) and treatment group 2(unstructured group) for one month, 5 days in a week.

The unstructured group was instructed to focus on anything they want to, such as their breathing or any other part of the body and the subjects were observed by the scholar while undergoing training.

STATISTICAL ANALYSIS

For the analysis of data following statistics were computed for final evaluation:

- **Descriptive analysis**
- Mean
- Standard Deviation

1. T-test :- independent t-test

The level of significance was set at .05level.

RESULT OF THE STUDY

1. Comparison of Physical Distress Between Pre Test & Post Test of Unstructured Group

Variable	PAIRED DIFFERENCES			t	df	Sig.(2-Tailed)
	MEAN	MEAN DIFFERENCE	Std. ERROR MEAN			
Pre score	21.20					
Physical distress		4.80	1.42	3.36*	9	0.008
Post score	16.40					

*P < 0.05

Table no.1 depicting that there is significant difference between the pre test and post test of treatment group 2 (focused meditation exercise), as calculated 't' value was obtained 3.36 which is more than the tabulated 't' value of 2.26 at .05 level of significance with 9 degrees of freedom. The mean value for total distress is 21.20 before treatment while 16.40 after treatment Hence, it is concluded that the athlete reduced their physical distress after taking unstructured meditation exercise programme.

2. Comparison of Psychological Distress Between Pre Test & Post Test of Unstructured Group

Variable	PAIRED DIFFERENCES			t	df	Sig.(2-Tailed)
	MEAN	MEAN DIFFERENCE	Std. ERROR MEAN			

Pre score	10.20					
Psychological distress		2.90	1.99	1.45*	9	0.17
Post score	7.30					

*P > 0.005

Table no. 2 depicting that there is insignificant difference between the pre test and post test of treatment group 2 (focused meditation exercise), as calculated 't' value was obtained 1.45 which is less than the tabulated 't' value of 2.26 at .05 level of significance with 9 degrees of freedom. The mean value for total distress is 10.20 before treatment while 7.30 after treatment Hence, it is concluded that the athlete reduced their psychological distress after taking unstructured meditation exercise programme.

3. Comparison of Total Distress Between Pre Test & Post Test of Unstructured Group

Variable	PAIRED DIFFERENCES			t	df	Sig.(2-Tailed)
	MEAN	MEAN DIFFERENCE	Std. ERROR MEAN			
Pre score	31.40					
Total distress		7.70	1.13	6.77*	9	0.00
Post score	23.70					

*P < 0.001

Table no. 3 depicting that there is significant difference between the pre test and post test of treatment group 2 (focused meditation exercise), as calculated 't' value was obtained 6.77 which is more than the tabulated 't' value of 2.26 at .05 level of significance with 9 degrees of freedom. The mean value for total distress is 31.40 before treatment while 23.70 after treatment Hence, it is concluded that the athlete reduced their psychological distress after taking unstructured meditation exercise programme.

Discussion and Findings

The present study was undertaken to find the effect of unstructured meditation exercise program on psychosomatic symptoms. Initially the study was conducted on 150 subjects, but for the final analysis 30 subjects were shortlisted. The data was analyzed by using parametric statistics. On the basis of findings following conclusion were drawn:

The result revealed after taking unstructured meditation exercise programme, reduced physical distress was observed among the athletes. The result shows that meditation is having positive effect on psycho-physical distress of athletes. There are also some additional beneficial characteristics of this practice. This method is inexpensive, allows wide application rate, is non-invasive, simple to learn and to use in a daily routine. It uses the integral approach and is useful in preventive as well as sanative sense. Besides

it helps athletes to take more actual role to the combat management and development of their psychological state and circumstances and competitions they face.

CONCLUSION

In the light of the findings, it was concluded that the significant difference was observed in athlete's physical, psychological and total distress.

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