

To Compare the Effect of Structured and Non-Structured Training Programme on Psychosomatic Symptoms between Males and Females

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Abstract

The study was to compare the effect of structured and non-structured training programme on psychosomatic symptoms between males and females. 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 (18 males and 12 females) 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 No.1 indicates the descriptive statistics of male and female, which shows that the mean of male and female is 25.33 and 19.83 in physical distress, 9.06 and 7.83 in psychological distress and 34.39 and 27.67 in total distress respectively while as the S.D of male and female is 20.01 and 11.27 in physical distress, 7.60 and 4.60 in psychological distress and 26.52 and 14.09 in total distress respectively & Table no. 2 depicting that the mean value for physical distress in male and female is 25.33 and 19.83 respectively, for psychological distress the mean value is 9.06 and 7.83 respectively and for total distress the mean value is 34.39 and 27.67 for male and female respectively. This indicates favorable effect of structured and non-structured training programme on psychosomatic between males and females. In the light of the findings, it is concluded that there is a significant difference between the male and the female in selected psychosomatic symptoms.

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.

To any sportsperson the debilitating effects of high anxiety are only too familiar, and can range in severity from butterflies in the stomach to a full blown panic attack. Over the years many hypotheses, theories and explanations have been advanced to try to describe and understand the relationship between stress, anxiety and performance in sport.

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.

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.

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 a technique which gives a unique quality of rest to mind and body. It allows stress and tiredness to be released in a natural way, resulting in greater energy, clarity and enjoyment of life.

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 compare the effect of structured and non-structured training programme on psychosomatic symptoms between males and females.

METHODOLOGY

Selection of Subjects

For that 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 (18 males and 12 females) 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, DwarkaPershad&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 structured group was given a mantra meditation exercises, in this technique subjects were instructed to concentrate their attention on OM by repeatedly chanting OM. On the other hand, 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. Descriptive Statistics for Male & Female on Selected Psychosomatic Symptoms

GENDER	N	MEAN	S.D.
Physical distress male	18	25.33	20.02
Physical distress female	12	19.83	11.27
Psychological distress male	18	9.06	7.60
Psychological distress female	12	7.83	4.60
Total distress male	18	34.39	26.52
Total distress female	12	27.67	14.09

Table No.1 indicates the descriptive statistics of male and female, which shows that the mean of male and female is 25.33 and 19.83 in physical distress, 9.06 and 7.83 in psychological distress and 34.39 and 27.67 in total distress respectively while as the S.D of male and female is 20.01 and 11.27 in physical distress, 7.60 and 4.60 in psychological distress and 26.52 and 14.09 in total distress respectively.

2. Comparison Between Male & Female on Selected Variables of Psychosomatic Symptoms

Variable	MEAN	MEAN DIFFERENCE	Std. ERROR DIFFERENCE	t	df	Sig. (2-tailed)
Physical distress male	25.33	5.500	6.382	.862	28	.396
Physical distress female	19.83	5.500	5.732	.960	27.427	.346
Psychological distress male	9.06	1.222	2.457	.498	28	.623
Psychological distress female	7.83	1.222	2.232	.548	27.835	.588
Total distress male	34.39	6.722	8.378	.802	28	.429
Total distress female	27.67	6.722	7.461	.901	26.974	.376

Table no. 2 depicting that there was significant difference between the physical, psychological and total distress between male and female. The mean value for physical distress in male and female is 25.33 and 19.83 respectively, for psychological distress the mean value is 9.06 and 7.83 respectively and for total distress the mean value is 34.39 and 27.67 for male and female respectively. Hence, it is concluded that there is a significant difference between the male and the female in selected psychosomatic symptoms.

Discussion and Findings

The present study was undertaken to compare the effect of structure and non-structure meditation exercise program on psychosomatic symptoms. Initially the study was conducted on 150 subjects, but for the final analysis 30 subjects(18 males and 12 females) were shortlisted. The data was analyzed by using parametric statistics. On the basis of findings following conclusion were drawn:

The result revealed after taking structured 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 is concluded that there is a significant difference between the male and the female in selected psychosomatic symptoms.

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