

EFFECT OF SELECTED YOGA TRAINING PROGRAMME ON THE SELF - ESTEEM AND DEPRESSIVE SYMPTOMS OF ELDERLY MEN

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Introduction

“Lack of activity destroys the good conditions of every human being, while movement and methodological physical exercise save it and preserve it”

Plato

Ageing process represents universal changes with age within a species or population that are independent of disease or environmental influence. People age in different ways. Some reach old age with prestige, affluence and comfort; others face age wrought with hardships and difficult circumstances. The more unfortunate faces poor health, declining mental function, inadequate financial resources and loss of loved ones. Later adulthood or the period of old age begins at the age of sixty. During this stage most individuals lose their jobs because they retire from active service. They begin to fear about their physical and psychological health. In our society, the elderly are typically perceived as not so active, deteriorating intellectually, becoming narrow-minded and attaching more and more significance to religion. Many people at the age of sixty or above remain very healthy and active in life. The life style including exercise, diet and regular health checkup helps people to enjoy meaningful and active life. Health is a strong predictor of well-being in late adulthood. Physical health and activity

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are inextricably inter-woven with emotional function. The aspects of emotional function that have been studied most with regard to physical activity are certain factors of mood states, ability to cope with psychological stress, anxiety, depression and personality. Ageing presents challenges to emotional control that are beyond those normally seen in younger adults. Exercise is frequently recommended as a part of a comprehensive programme of prevention, treatment or rehabilitation of chronic degenerative diseases. Considering the social costs of an ageing society, it is important to encourage the elderly to maintain an active life style. The benefits of physical activity and physical fitness have long been suspected, but documented only recently. It now appears that regular participation over the course of a lifetime in moderate physical activity is protective against all cause of physical and mental disorders. One form of such activity could be yogic practices. Research in India on yogic practices and geriatric population were limited. Hence to have a better understanding of yogic practices and its contribution towards to geriatric population, an attempt is made to determine the effect of twelve weeks of selected Yoga Training Programme on the self-esteem and depressive symptoms of elderly men.

METHODS:

Selection of Subjects

Sixty elderly men from Thiruvananthapuram district in Kerala were selected as subjects for the study. The age of the subjects ranged from 60 to 65 years. Individuals who were undergoing any sort of training programmes were not included in the study. The medical screening of the subjects was carried out to ensure that the subjects were medically fit to undergo the type of training programme they were subjected to. The subjects were randomly assigned to an experimental group (N=30) and a control group (N=30).

Tools:

Rosenberg Self-Esteem Scale

Purpose: To measure the self-esteem of the subject. The questionnaire was administered to all the subjects under the study by the investigator himself. The objective of the study was explained to the subjects. Doubts, if any, were clarified by the investigator. The data was collected through the administration of a ten-item questionnaire with fair choice for each item ranging from 1 to 4. Scoring for statements 3, 5, 8, 9 & 10 were reversed in calculating the total score. On the basis of this scale, a high numerical score indicated low self-esteem while a low numerical score indicated high self-esteem. A score of 10 was the minimum representing the



highest possible self-esteem while the maximum score was 40, representing the lowest possible self-esteem.

Geriatric Depression Scale (GDS)

Purpose

To measure the presence of depression. The questionnaire was administered to all the subjects by the investigator himself. The objective of the study was explained to the subjects and they were asked to respond to each question honestly and truthfully. As soon as they completed the test, the response sheets were collected by the investigator. The data was collected through the administration of a questionnaire that had 30 yes/no type questions, which described how the subjects had been feeling during the week. The GDS was scored by computing the answers in 'bold' and one point was given to each of these answers. A score of 0-9 represented normal; a score of 10-19 represented mild depressives and a score of 20-30 represented severe depressives.

Procedure

Random group design has been used in this study. The subjects numbering sixty elderly men were divided into an experimental group (N=30) and a control group (N=30). The subjects were selected at random by drawing lots and the assignment of treatment was also at random. The experimental group was given the selected yoga training programme for a period of 12 weeks. Sixteen selected yogic asanas, three breathing practices and complete relaxation in shavasana were included in the training programme and the training programme was same throughout, the only difference was in the increase of the holding time at the final position of each yogic asana after every two weeks. In the case of breathing practices, the number of strokes was increased after every two weeks. Considering the age and physical capacities of the subjects, the modified versions of yogic asanas were practiced at the initial stages of the training period. The modified versions of yogic asanas were performed with supportive equipment. For example an armchair was used for practising Sarvangasana and Halasana. In standing postures and twists, the wall gave support and a sense of direction. Supportive equipment was used in yoga practice, when the body could not achieve a posture or make a particular effort to achieve a required result on its own accord. This principle is important in yoga therapy, but is also useful when practising generally. (Iyengar B.K.S., 2004)



Selection of Yoga Training Programme

After reviewing the literature pertaining to yoga and its contribution to the development of various systems in the body, the research scholar selected sixteen yogic asanas and breathing practices like Kapalabhati, Anuloma Viloma and Ujjayi.

The techniques of selected yogic asanas were modified according to the level of physical fitness and health standards of the subjects under study. The modified forms of yogic asanas developed by Rosalind Widdowson and Louise Wiggins were also included. The selected yogic asanas were: Shavasana (The Corpse Pose), Makarasana (The Crocodile Pose), Sarvangasana (The Shoulder Stand Pose), Matsyasana (The Fish Pose), Halasana (The Plough Pose), Bhujangasana (The Cobra Pose), Salabhasana (The Locust Pose), Ardha-Matsyendrasana (The Half Spinal Twist Pose), Vajrasana (The Diamond Pose), Simhasana (The Lion Pose), Paschimothanasana (The Forward Bend Pose), Supta-Vajrasana (The Supine Diamond Pose), Trikonasana (The Triangle Pose), Talasana (The Palm Tree Pose), Vrikshasana (The Tree Pose) & Utkatasana (The Hunkering Pose).

The selected Breathing Practices were: Kapalabhati (Quick & Forceful exhalations), Anuloma Viloma (Inhalation & Exhalation through alternate nostrils) & Ujjayi (Inhale through nose with frictional sound produced from partial contraction of the glottis and exhale slowly).

Administration of the Training Programme

The Yogic Asana programme was prepared by the investigator with the help of experts. The training programme was carried out by the subjects under the supervision of the investigator with the assistance of other experts in the specialized field. The experimental group performed the yogic asanas prescribed to them; six days in a week; from Monday to Saturday for a period of twelve weeks. The training session included prayer, Kapalabhati, Suryanamaskar, Yogic Asanas, Pranayama and complete relaxation for a total duration of sixty minutes. The adaptation period of two weeks followed the training period. The training load was increased gradually, step by step after a definite time interval. The intensity of the training programme was increased in terms of the duration of the holding time at the final position of each asana.

Statistical Analysis of Data

To determine the effect of twelve weeks of selected Yoga Training Programme on the self-esteem and depressive symptoms, 't' test was applied by using SPSS version 17. The level of significance was set at 0.05 level of confidence.



Results

The data pertaining to self-esteem and depressive symptoms of the experimental group and control group were analyzed by 't' test with the help of SPSS version 17. The level of significance chosen was 0.05.

Findings pertaining to each of the selected variables of experimental group and control group are presented in the Table1. The mean difference of experimental group and control group for the selected variables are presented in figures1 &2.

Table 1

Difference in the Means of the Experimental Group and the Control Group with respect to Self-Esteem and Depressive Symptoms

Variables	Group	No	Initial Mean	F i n a l Mean	SD	Mean Difference	S.E	't' Value
Self- Esteem	EXP	30	18.23	15.63	0.968	2.600	0.177	14.704*
	CON	30	24.33	24.43	0.481	0.100	0.088	1.140
Depressive Symptoms	EXP	30	10.37	8.47	0.662	1.900	0.121	15.726*
	CON	30	14.00	14.10	0.3051	0.100	0.056	1.795

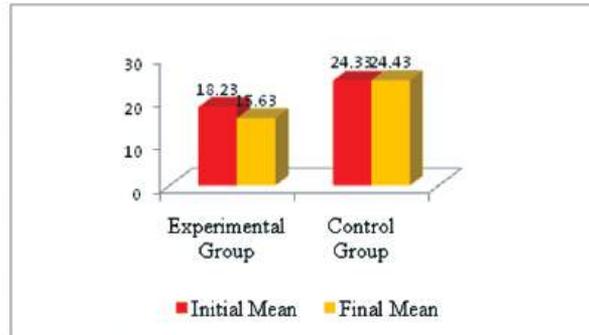
* Significant at the 0.05 level. 't' value with 29df =2.045

From the Table 1 it is obvious that in the case of experimental group, significant changes were noticed in all the selected variables following 12 weeks of selected yoga training programme. The obtained 't' values for the self-esteem was 14.704; depressive symptoms was 15.726. The obtained 't' values were higher than the required table value.

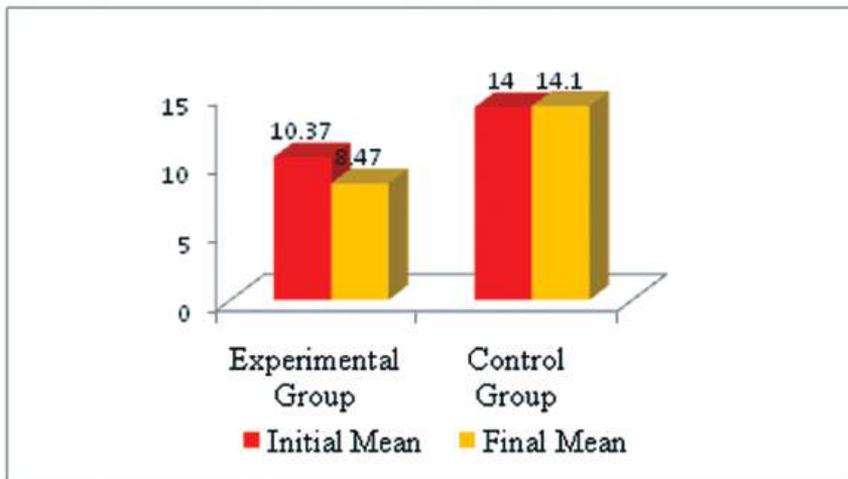
In the case of control group, there were no changes seen in the selected variables of the study. Mean difference of the experimental and control group for each variable are presented in figures 1&2.



Figure 1
Mean Difference in Self-Esteem for Experimental Group and Control Group
(Means in Numbers)



Mean Difference in Depressive Symptoms for Experimental Group and Control Group (Means in Numbers)



Discussion

The analysis of the results of the study reveal that in the case of the experimental group, all the variables such as Self-Esteem and Depressive Symptoms improved as a result of the 12weeks training of selected yoga programme. In the case of the control group, no changes were noticed in any of the selected variables during the same period.

Improvement was seen in Self-Esteem in the case of experimental group after 12weeks training of selected yoga programme. After participating in the



yoga training programme, the experimental group have experienced a tangible achievement in their goals, they feel better physically and they develop a sense of competence that in turn provides them with feelings of mastery and control. In addition, they also developed other health habits, such as better nutrition and sleep habits which in turn made them feel better about themselves and improve their self-confidence. Finally they gained new social experiences with their colleagues in the training programme. Practising in a group might have developed the feelings of personal worthiness and self-esteem among the practitioners. The process of relaxation through asanas like Shavasana and Makarasana might have given rest to the body and mind. It has been found from various researches that the practice of yogic asanas cause a positive shift in the parasympathetic functions of autonomous nervous system (ANS). It results in inward awareness, introspection, tranquillity and an inner satisfaction. Asanas are known to tone up autonomous nervous system, respiratory system, endocrine glands and visceral organs and they might have resulted in an overall physical and emotional stability among the practitioners. The asanas like Trikonasana, Talasana and Vrikshasana might help to improve the power of concentration, single mindedness and focussing ability among the practitioners. All of these factors may contribute to enhance self-esteem.

An improvement in the scores obtained in the Geriatric Depression Scale in the case of experimental group after 12 weeks of selected yoga training programme may be attributed to the fact that the yogic asanas might have had an anti-depressive effect on the participants with the depressive symptoms. Other aspects such as the social support that generally accompanies the yoga training programme and the improved feelings of personal worthiness and self-esteem may also have contributed substantially to the therapeutic outcome for some individuals. The ultimate aim of yogic asanas is to produce psycho-physiological balance in the various systems working in an individual. The yogic asanas especially Shavasana and Makarasana retrain the muscles to act in a relaxed manner and help to gain a parasympathetic dominance which reflects in one's capacity to voluntarily control the rate of heart beats, rate of breathing, maintenance of body temperature - all fostering a state of economical self-preservation and conservation of energy. With intense yoga training, it is possible to have a normal state of transcendence or mind expansion which not only is physiological and stable, and a yogic practitioner can invariably reflect in his every day behaviour, a higher state of joyous being. The longer duration of practice in the calm, peaceful and serene environment & regulation of breathing during yogic practices might help in inculcating feelings of brotherhood among the practitioners. Thus, null hypothesis was rejected, since



significant changes were seen in the self-esteem and depressive symptoms of the experimental group following 12weeks of selected yoga training programme.

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