

Transcendental Meditation as a Treatment Modality for Psycho-somatic Problems

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Abstract

The aim of this study was to evaluate the impact of Transcendental Meditation on the Psycho-somatic problems of the working women serving different sectors of society. A sample of 50 women (subjects) was drawn from the population of such type of women who were having the symptoms of Psycho-somatic problems. The sample was divided in to two groups each of 25 women. One of these was taken as experimental group while second one as control. The age of subjects ranges between 35-40 years. All were having the education of graduate level. and the symptoms of Psycho-somatic problems (mental health), viz, Anxiety, Restlessness, Nervousness, Loneliness, Despair, Anger, Headache, Fatigue Sleep disorder Indigestion and Acidity (Kumar 1992).

A control group research design was used in this investigation. Before commencing the desired treatment each subject of both the groups was administered the Mental Health Check List of Pramod Kumar, this stage of experiment may be called as pre-experimental stage. After one month of the period of treatment the subjects of both the groups were re-administered on the same test. This stage may be called as post-experimental stage. Instructions in T.M. were given by an experienced T.M. instructor (initiator). It is also observed that as compare to their pre-experimental stage the subjects of experimental group improved significantly on all the factors of psycho-somatic problems after practice of 30 days T.M. technique. But the subjects of control group could not improve on any of the factors of their psycho-somatic problems.

In this study it may be concluded the regular practice of Transcendental Meditation can correct the psycho-somatic problems of working women and can be use as treatment modality for these problems.

Key words: Physical-Mental Health, Transcendental Meditation.

Introduction:

The Transcendental Meditation (T.M.) technique was enunciated by H.H. Maharishi Mahesh Yogi (disciple of Bhagawan Shankracharya of Jyotirmath Peeth Uttarakhand, Himalaya India) in 1958. The source of T.M. technique lies in the ancient Sanskrit texts like Vedas and Nigamas. The universal acceptance that T.M. has received is due to its repeatedly tested usefulness in promoting personal mental health, being easy

to learn and practice unlike other Yoga techniques, that it can be practiced by any one in respect of sex, education any kind of life a person might be following for himself; that the T.M. technique does not ask for accepting any philosophical system not it adhere to any religion, that T.M. technique can be objectively demonstrated and can be subjected to any kind of scientific study.

According to its proponents the T.M. is the fourth state of consciousness, which gives deep rest to practitioners and enables them to have a state of ‘ Rest of Alertness’ which is maintained throughout and not noted in other states of consciousness. By practicing T.M. one can expand the dimensions of consciousness by which one can maintain good physical and mental health which in turn takes the person in the direction of growth. It is observed that regular practice of T.M. creates peace and harmony with in and around the individual.

The scientific studies on T.M. mostly in the areas of Physiology, Medicine, Psychology, Psychiatry and Sociology are full of evidence that practice of T.M. regulates the metabolic system, keeps electro-physiological changes at normal levels; maintains normal autonomic functions keeps general health in good condition, alleviates general psychiatric problems like insomnia, lack of attention-concentration, anxiety, fear and many problems related to maladaptive personality. T.M. has also been found to improve intelligence, learning ability and academic performance and has been responsible for developing the personality. T.M. has also contributed its positive role in correcting habits of criminals and drug addicts.

Bhardwaj, Upadhyaya and Gaur (1977) found significant reduction in anxiety; frustration and neuroticism in the meditators practicing T.M. Pathak and Gaur (1984) noticed a significant positive effect of T.M. on the ability of paired associated learning. Gaur, Rudola, Shaikh and Pathak (1985) found positive effect of Transcendental Meditation (T.M.) practice on mental health of prisoners. Pathak, Gaur and Rudola (1985) also observed a positive impact of Transcendental Meditation (T.M.) practice on personality variables of prisoners.

Joshi, Gaur and Mathur (1987) concluded that the students practicing Transcendental Meditation have slowed down their CNS and ANS functions which are indication of deep

rest to the physiological functions and students also have increased their moral values significantly. Joshi, Gaur and Gupta (1987) also found similar results in another study and they concluded significant reduction in mental stress of T.M. practicing students.

Further Gaur (1994) concluded a significant marked reduction in CNS (production of alpha waves in frontal and occipital lobes of brain) and ANS (significant reduction in heartbeat and respiratory rate) functions of prisoners who subjected to the T.M. practice regularly for two months. Gaur (1994) also attested significant changes in terms of increment in ego and super-ego strength, self-concept formation capacity, self-realization and decrement in ergic-tension of prisoners practicing T.M. He also observed significantly better reactions to frustration of prisoners due to practice of T.M. Gaur and Ramesh (2012) concluded a positive impact of Transcendental Meditation on Academic Anxiety and Academic achievement of Metro city schools students.

The present study:

The present study was planned to investigate the effect of T.M. on the persons suffering from Psycho-somatic problems. In order to investigate the problem as mentioned above the Mental Health check list was used.

Methods:

Sample: The sample of 50 subjects was drawn from the population suffering from Psycho-somatic problems, viz, Anxiety, Restlessness, Nervousness, Loneliness, Despair, Anger, Headache, Fatigue Sleep disorder Indigestion and Acidity. It consisted of only females in age range of 35 to 40 years with mean age of 37.5 years. All were having the educational qualification of graduate level with homogeneous economic status. The subjects were divided in to two groups each of 25 subjects. One of these was taken as experimental group while second one as control.

Procedure:

The control group design was considered better for this investigation hence the same was used. The Mental Health Check-list of Professor Pramod Kumar(1992) was taken as research tool to measure the psycho-somatic problems of the women. The subjects of both the groups were administered on the afore said Check-list before assigning them their respective treatments, this stage of experiment may be called as pre-experimental stage. After this stage the subjects of the experimental group were initiated to the practice of Transcendental Meditation and subjected to practice it regularly for a period of one month (30 days). But the subjects of control groups were not allowed to learn any practice of meditation or yoga rather they were asked to do their activities as per their routine.

After one month of the period of treatment the subjects of both the groups were re-administered on the same test. This stage may be called as post-experimental stage. The data collected on the tool were analyzed in two manners, viz, inter-group comparison and intra- group comparison. Instructions in T.M.

were given by an experienced T.M. instructor (initiator).

Result and Discussion

The data collected on the tool were analyzed in order to see the significant changes which might take place between the groups (inter - group comparison) and significant difference with in the groups (intra – group) comparison as a result of T.M. practice and normal activities. For inter-group comparison student ‘t’ test with significant criterion of $p < \alpha = .05$ level of confidence was used while for the intra- groups comparison Sandler’s ‘A’ test with same criterion was used.

Inter-group comparison:

The table 1 presents the Mean; S.D. and ‘t’ values derived from the scores obtained on Mental Health Checklist. Results indicate that the subjects of both the groups are found homogeneous at pre-experimental stage as their level of psycho-somatic health is found similar. There no significant difference is observed on any of the areas of their psycho-somatic health. The result corroborates the proposed first hypothesis.

Table - 1

Mean, S.D. and ‘t’ values for the Experimental and Control groups at Pre-experimental stage for different areas of Psycho-somatic Health (N=25 for each)

Areas	Experimental		Control-I		‘t’	p<
	M	SD	M	SD		
Anxiety	3.00	1.26	3.06	1.28	0.198	N.S.
Restlessness	2.10	1.22	2.20	1.26	0.323	N.S.
Nervousness	2.65	1.19	2.62	1.18	0.123	N.S.
Loneliness	2.15	1.23	2.29	1.20	0.056	N.S.
Despair	2.77	1.17	2.62	1.19	0.617	N.S.
Anger	2.87	1.21	2.81	1.17	0.245	N.S.
Headache	2.25	1.20	2.18	1.22	0.284	N.S.
Fatigue	1.32	1.15	1.37	1.25	0.204	N.S.
Sleep disorder	2.25	1.21	2.27	1.25	0.081	N.S.
Indigestion	2.15	1.23	2.17	1.24	0.080	N.S.
Acidity	2.07	1.19	2.10	1.22	0.122	N.S.

But after one month of their respective treatments (post-experimental stage) the subjects of experimental group have differed significantly from those of control group on

all the psycho-somatic areas. They improved positively and significantly on Anxiety ($p < .01$), Restlessness ($p < .01$), Nervousness ($p < .01$), Loneliness ($p < .05$), Despair ($p < .01$),

Anger ($p < .05$), Headache ($p < .005$), Fatigue ($p < .005$), Sleep disorder ($p < .001$), Indigestion ($p < .01$) and Acidity ($p < .05$) as depicted in

table - 2. Here the proposed second hypothesis is supported by the result.

Table - 2

Mean, S.D. and 't' values for the Experimental and Control groups at Post-experimental stage for different areas of Psycho-somatic Health (N=25 for each)

Areas	Experimental		Control		't'	p
	M	SD	M	SD		
Anxiety	2.08	1.12	3.05	.989	2.546	.01
Restlessness	1.35	1.26	2.22	1.30	2.757	.01
Nervousness	2.02	1.18	2.61	1.20	2.608	.01
Loneliness	1.72	1.30	2.25	1.33	1.886	.05
Despair	2.00	1.15	2.69	1.23	2.508	.01
Anger	2.33	1.20	2.82	1.37	1.933	.05
Headache	1.80	1.05	2.15	1.10	2.609	.005
Fatigue	0.95	1.08	1.36	1.15	2.736	.005
Sleep disorder	1.82	1.10	2.29	1.12	2.995	.005
Indigestion	1.75	1.23	2.16	1.24	2.499	.01
Acidity	1.40	1.19	2.05	1.22	1.848	.05

Intra-group comparison: Effect of T.M. Table -3 presents the Means and Sandler's 'A' values of different areas of psycho-somatic problems of experimental group at pre- and post- experimental stages. It is very clear from the table-3 that the subjects of this group improved significantly on all the eleven areas of Psycho-somatic health after practice of T.M. for one month. The

subjects significantly reduced their psycho-somatic problems like Anxiety ($p < .05$), Restlessness ($p < .05$), Nervousness ($p < .02$), Loneliness ($p < .05$), Despair ($p < .02$), Anger ($p < .02$), Headache ($p < .02$), Fatigue ($p < .001$), Sleep disorder ($p < .001$), Indigestion ($p < .02$) and Acidity ($p < .05$). The third hypothesis is corroborated by this finding.

Table - 3

Psycho-somatic Health of the Experimental group between Pre- and Post- experimental stages (N=25)

Areas	M (Pre.)	M (Post)	'A'	p<
Anxiety	3.00	2.08	.243	.05
Restlessness	2.10	1.35	.229	.05
Nervousness	2.65	2.02	.189	.02
Loneliness	2.15	1.72	.223	.05
Despair	2.77	2.00	.190	.02
Anger	2.87	2.33	.185	.02
Headache	2.25	1.80	.179	.02
Fatigue	1.32	0.95	.160	.001
Sleep disorder	2.25	1.82	.162	.001
Indigestion	2.15	1.75	.193	.02
Acidity	2.07	1.40	.151	.01

Effect of Normal activities:

It is observed in the table -4 that there is no significant change has been occurred in any area of Psycho-somatic health of the subjects

of control group due to normal activities as no significant change in their mean scores has been taken place.

Table - 4

Psycho-somatic Health of the Control group between Pre- and Post- experimental stages (N=25)

Areas	M (Pre.)	M (Post)	‘A’	p<
Anxiety	3.06	3.05	.523	N.S.
Restlessness	2.20	2.22	.615	N.S.
Nervousness	2.62	2.61	.701	N.S.
Loneliness	2.29	2.25	.654	N.S.
Despair	2.62	2.69	.673	N.S.
Anger	2.81	2.82	.727	N.S.
Headache	2.18	2.15	.752	N.S.
Fatigue	1.37	1.36	.691	N.S.
Sleep disorder	2.27	2.29	.572	N.S.
Indigestion	2.17	2.16	.679	N.S.
Acidity	2.10	2.05	.634	N.S.

Discussion & Conclusion:

The overall picture which emerges from obtained data reveals that in comparison to their pre-experimental stage and to the subjects of control group; the subjects of experimental group practicing T.M. have significantly reduced their anxiety and became less worried about their happenings. Their problem of restlessness is also reduced and they became more active in their routine activities. Their problem of nervousness has also decreased significantly. The subjects improved in their loneliness behavior, reduced their despair tendency and become hopeful about their life. Their strong feeling to hurt others has also been dissolved significantly and they became more calm and peaceful. Their problem of headache and fatigue has also been decreased and they became more energetic than before. They regularize their sleep, having sound sleep daily and became free from sleep disorder problem. Their problems of indigestion and acidity have also been decreased significantly.

Over 650 research studies have verified that the daily practice of the TM technique

produces a wide range of positive effects on a person's mind, body and behavior. In fact the practice of T.M. gives deep rest and relaxation all the physiological systems including the Nervous system which allows the body to naturally dissolve stress and strain. It is observe that after learning the TM technique, it is common for meditators to feel less stressed and to deal more calmly with tense situations. When stress is reduced in the nervous system during meditation, benefits like better sleep and clearer thinking also develop naturally. The practice of T.M. develops the level of consciousness, insight and unfolds mental potentialities of a person to understand the situation and to solve their day to day problems in better way. And due to all these reasons the subjects of this study, practicing the T.M., have reduced their psycho-somatic problems.

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