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Role of Preksha Meditation in Promoting Mental Health of Elderly People

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Abstract

In old age, people generally face the problems of poor health (mentally and physically) and on other hand different types of Yog and Meditation practices claim to reduce these problems. This study is an attempt to evaluate the role of Preksha Meditation in promoting the Mental Health of elderly people. In this study a 'pre -and post experimental research design with control group' is adopted. A sample of 40 elderly males (20 for experimental and 20 for control group) was drawn from old aged population of Jodhpur city. Prior to commencement of their respective treatments the Mental Health Checklist of P. Kumar was administered on the subjects of both the groups. The subjects of experimental group practiced Preksha Meditation daily for four month, while the subjects of control group were indulged in their daily routine activities. The Checklist re-administered on the subjects of both the groups after two and four month practice of their respective treatments. Statistical 't' and Sandler's 'A' tests were used to analyze the obtained data for inter- and intra- group comparison respectively. Obtained results reveal that the subjects of experimental group improved significantly on all the eleven areas of mental health viz. anxiety, restlessness , nervousness, loneliness, despair , anger, headache, fatigue, sleeplessness, constipation and acidity after two and four month of P.M. practice. The results corroborate the proposed hypotheses and reveal that the regular practice of Preksha Meditation plays an important role in promoting the mental health of elderly people.

Key words: Elderly people, Mental health, Preksha Meditation, Transcendental Meditation

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Preksha meditation in promoting mental health of seniors

Introduction:

The life of human being is normally divided into five main stages namely infancy, childhood, adolescence, adulthood and old age. The chronological age of 60+ years is considered as an old age. Most developed countries have accepted the 65 years for 'elderly' or older person or senior citizen. This is the last developmental stage of human being life. In each of afore said stages an individual faces different problems in different situations and in different fields of his life. In the old age the problems became more acute than the other stages of life. In elder stage deterioration of physical strength, diminishing of mental stability; reduced money power and negligence from the younger generation lead to many problems.

Mental Health is a positive state of well being and not just a lack of disease. It influences not only daily activity but also the personality of an individual. It is also an important aspect of personality and total health. It is a positive sense of well being, and springs the emotional and spiritual resilience, which is important for personal fulfillment, and which enables us to survive in pain, dissatisfaction, disappointment and sadness. World Health Organization (WHO) added mental health as one important contained in defining health as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," here mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. Mental health has also been defined as a state of well-being. Kumar (1991) considers Mental Health as an index, which shows the extent to which the person has been able to meet his environmental demands i.e., social, emotional or physical. However, when he finds himself trapped in a situation he does not have matching coping strategies to deal with effectively, he gets him-self mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others. If the person feels it for too long and too extensively, these symptoms may take a definite form (or get syndromes), representing an illness. Mental Health, therefore, should not be confused with mental illness; it is a study of pre-illness mental condition of the person.

Schneiders (1964) considered mental health as a psychic condition, which is characterized by mental peace, harmony and content. It is identified by the absence of disabling and debilitating, both mental and somatic in the person.

Structural and social factors, such as the quality of accommodation, the availability of financial support and relationships with families, friends and wider social groups, have a major impact on mental well being. The other important factor of mental well being is the individual's own emotional resilience, which varies from one person to another and for every individual at different times, depending on external and internal factors.

Mental Health promotion may be enhanced by strengthening the individual's emotional resilience; strengthening the community so that everyone feels included, and by reducing the structural barriers that inhibit the promotion of the mental health. Yog practice is considered as panacea for human being problems and has been practicing by human being since ancient period. Meditation technique is one of components of Yog.

Concept of Preksha Meditation:

The word 'Preksha' means to see or to perceive the self to go beyond the thoughts carefully and profoundly. As to perceive is the fundamental principle of this meditation, hence it has been termed as 'Preksha Meditation' (P.M.). Acharya Mahaprajna, the Jain Monk, systematically presented the concept of Preksha Meditation in 1978 as a remedy for the mankind suffering from stress, tension, frustration, depression and ill

health. The original and powerful basis of the system of Preksha Meditation is found in Jain canonical texts like; 'Acharang','Sthanang' and 'Uttaradhyana' etc. (Acharya Tulsi, 1994 p. 12).

The technique of Preksha Meditation is a process of awakening one's own reasoning mind (vivek) that aims at attitudinal change and behavioral modification through integrated development of personality (Acharya Mahaprajna, 1994). There are eight components of Preksha Meditation-

1. Kayotsarg (Relaxation)
2. Anteryatra (Internal Trip)
3. Swas Preksha (Perception of Breathing)
4. Shareer Preksha (Perception of Body)
5. Chaitanya Kendra Preksha (Perception of Psychic Centers)
6. Lesya Dhyana (Perception of Psychic Colors)
7. Anupreksha (Contemplation)
8. Bhavana (Positive Feelings).

Review of literature:

Scientific researches, conducted on different meditation techniques have demonstrated a wide range of psychological and physical benefits. Some of related studies are reviewed here.

Winquist (1969), Wallace et.al (1972), Lazer, Farwell and Farrow (1972) found reduction in anxiety, frustrations, drug abuse and alcoholic consumption in the subjects due to Transcendental Meditation (T.M.) practice. Orme-Johnson, Keilbauch, Moore and Bristol (1972) found significant changes in personality variables of prisoners. Bhardwaj, Upadhyaya and Gaur (1977), recorded a significant reduction in anxiety and neuroticism in people who practiced Transcendental Meditation regularly for two months. Gaur, Rudola, Sheikh and Pathak (1985) found positive effect of T.M. on mental health and personality variables of prisoners. Gaur (1994) attested increase in ego, super-ego, self-concept formation capacity, self-realization and reduction in ergic-tension in prisoners who practiced T.M. He also observed significantly better reactions to frustration and better CNS and ANS functions of the prisoners who practiced T.M. Joshi, Gaur, and Singh, (1984) found better self-realization in the practitioners of T.M. Joshi, Gaur, Gupta and Mathur (1987) found the positive effect of T.M. on Mental Stress and C.N.S. and A.N.S. function reaction to frustration and values of the subjects practiced T.M.

Gaur and Saini (2003) concluded reduction in anxiety and hassles of prisoners who practiced Preksha Meditation. Gaur and Sharma (2003) observed better mental health and increase in ego, super-ego strength, self-concept formation capacity, self-realization and reduction in ergic tension of the prisoners, who practiced Preksha Meditation (P.M.). Gaur and Saini (2003) found reduction in stress due to practice of Preksha Meditation (P.M.). Gaur and Srivastava (2005) concluded positive effect of Preksha Meditation on Anxiety, frustration, stress and mental health of female prisoners. Gaur and Dharini (2006) attested on better mental health in the married college going women due to regular practice of P.M. Gaur and Mudita (2013) explored the effect of Transcendental Meditation on eight emotional states of graduate girls and found positive and significant changes in all eight emotional states viz., Anxiety, Depression, Regressive, Fatigue, Guilt, Arousal and Extroversion. Gusain and Gaur (2016) observed a reduction in occupational stress an increase in mental health of management personnel by the practice of Preksha Meditation.

Significance of the study

A large number of studies attest the benefits of meditation practice in different areas of human being but no study are found directly related to old age people. Hence the investigators undertook this study and want to evaluate the role of P.M. in promoting the mental health for betterment of elders or citizen.

Objectives:

(i). to examine the role of P.M. practice in promoting mental health of elders.

Hypotheses:
Keeping in mind the various precautions and criteria necessary for formulating hypotheses as suggested by Kerlinger (1983) and McGuigan (1969) the following hypotheses are formulated:

1. Since the subjects of experimental and control group belong to the same population of the elders (old aged), therefore, it is hypothesized that there will be no significant difference in mental health among the subjects of both groups at the Pre-experimental stage.

2. In comparison to the subjects of control group the subjects of experimental group will be found significantly better in their mental health at the end of two month and this betterment will be carried over further at high level of significance after four month P.M. practice.

3. As compared to their pre-experimental stage the subjects of experimental group will be found significantly mentally healthier after two month of Preksha Meditation (P.M.) practice. This improvement will further be enhanced more significantly at the end of four months of Preksha Meditation practice.

These hypotheses are declarative and directional hence one tailed criteria of significance at p< or = .05 level of confidence is adopted.

Research design and procedure:
Design:
"A pre- and post- experimental design with control group" is adopted for this invention.

Tests used:
'Mental Health Checklist' of P. Kumar (1991) is used in this investigation.

Sample:
A sample of 40 male elders (senior citizens) was drawn from Jodhpur city (Raj.) and split into two groups, each of 20. One served as experimental group while another as control.

Procedure:
The Mental Health Checklist administered on the subjects of both the groups prior to assigning their respective treatments. The subjects of experimental group practiced Preksha Meditation (P.M.) technique one hour per day regularly for four month, while the subjects of control group were not assigned any special task rather they were engaged in their daily routine activities. The 'Mental Health Checklist' was re-administered on the subjects of both the groups at the end of two month and four of their respective treatments. The instructions for practice of P.M. technique were given by the trained instructor of P.M.

Result and discussion:
Here an intra-group and inter-group analysis strategy is adopted for analysis and interpretation of collected data.

Inter-group comparison:
In inter-group comparison the subjects of both the groups compared face to face at pre-stage, post stage-I and post stage-II of the experiment. Here statistical 't' test with confidence level of p< or $\alpha = 0.05$ IS used.

(i) Pre-experimental stage:
Mean, S.D. and t values of the subjects of both groups are presented in table-1.

Table- 1: Mean, SD and 't' values of Mental Health of Experimental and Control Group at Pre-Experimental Stage (N=20 for each)

	EXPERIMENTAL GROUP		CONTROL GROUP		
Areas	Mean	SD	Mean	SD	't'
Anxiety	3.08	0.89	3.12	0.81	0.21*
Restlessness	2.72	1.04	2.76	0.73	0.21*
Nervousness	2.48	1.02	2.40	0.93	0.40*
Loneliness	2.72	1.02	2.68	0.96	0.20*
Despair	2.66	1.01	2.56	1.07	0.04*
Anger	2.54	1.02	2.60	0.97	0.30*
Headache	2.58	0.94	2.62	0.86	0.20*
Fatigue	2.60	1.01	2.72	0.89	0.60*
Sleeplessness	2.40	1.05	2.46	0.85	0.60*
Constipation	2.58	1.11	2.60	1.01	0.09*
Acidity	2.34	1.06	2.36	0.91	0.10*

***Not Significant**

The result reveals that at the pre-experimental stage the subjects of both the groups were not found to be significantly differently, of any of 11areas of mental health. It means the subjects of both the groups are homogeneous on all the 11 areas of their mental health at this stage. The result confirms the proposed first hypothesis.

(ii) Post- experimental stage- I:

Table 2 shows that after two month of experimental treatment the subjects of experimental group differed from those of control group on eight areas of mental health. Their mean scores decreased significantly on the areas of mental health viz. anxiety ($p<0.025$), restlessness ($p<0.005$), anger ($p<0.05$), headache ($p<0.05$) fatigue ($p<0.025$), sleeplessness ($p<0.025$), constipation ($p<0.025$) and acidity ($p<0.01$). No significant difference was observed in nervousness, loneliness and despair areas of mental health. This indicates that the subjects practicing P.M. regularly for two month now promoted their mental health by reducing their anxiety, restlessness, sleeplessness, fatigue, constipation and acidity. The obtained result corroborates the hypothesis second proposed early.

Table- 2: Mean, SD and 't' values of Mental Health of Experimental and Control Group at Post-I Experimental Stage (N=20 for each)

	EXPERIMENTAL GROUP		CONTROL GROUP		
Areas	Mean	SD	Mean	SD	't'
Anxiety	2.78	0.83	3.16	0.92	2.03**
Restlessness	2.30	0.83	2.82	0.93	2.78***
Nervousness	2.24	0.90	2.38	1.03	0.70
Loneliness	2.36	0.81	2.60	1.03	0.70
Despair	2.36	0.74	2.68	1.19	1.63
Anger	2.22	0.80	2.54	1.02	0 .78
Headache	2.36	0.76	2.70	0.85	1.89*
Fatigue	2.28	0.72	2.68	0.92	2.20**
Sleeplessness	2.14	0.84	2.56	1.04	2.17**
Constipation	2.30	0.84	2.72	0.93	2.23**
Acidity	2.02	0.90	2.48	0.96	2.39**

***p< 0.05, **p<0.025, ***p<0.005**

(iii) Post experimental stage-II:

Table 3 displays mean S.D. and 't' values of both groups. Significant difference occurred among the subjects of experimental and control group after four months Preksha Meditation practice and normal activities. The subjects of experimental group differed significantly from those of control group on all the eleven areas of mental health. They found to be mentally more healthy as their level of mental health increased highly significantly (p<. 0005) on all the 11 areas of mental health. After four month of P.M. practice subjects of experimental group reduced their anxiety, restlessness, nervousness, loneliness, despair, anger, headache, fatigue, sleeplessness, constipation and acidity at highly significant level (p<0.0005) as compared to the subjects of control group. The results confirm the proposed second hypothesis.

Table - 3
Man, SD and 't' values of Mental Health of Experimental and Control Group at Post-II Experimental Stage (N=20 for each)

	EXPERIMENTAL GROUP		CONTROL GROUP		
Areas	Mean	SD	Mean	SD	't'
Anxiety	1.88	0.81	3.10	0.87	6.60*
Restlessness	1.74	0.71	2.86	0.93	6.18*
Nervousness	1.88	0.84	2.48	1.08	3.07*
Loneliness	1.62	0.66	2.72	0.98	6.07*
Despair	1.66	0.54	2.64	0.99	5.53*
Anger	1.59	0.57	2.50	1.04	5.52*
Headache	1.56	0.49	2.58	0.98	5.96*
Fatigue	1.70	0.64	2.60	1.11	4.81*
Sleeplessness	1.48	0.56	2.52	1.06	5.77*
Constipation	1.46	0.53	2.66	1.06	6.74*
Acidity	1.74	0.81	2.46	1.15	3.65*

***p<0.0005**

Intra-group comparison (within the group)

In intra- group comparison strategy the subjects of each group compared within the group between pre- and post stage-I and between pre- and post stage-II to see the effect of their respective intervention or test sensitivity, if any, after two and four month of investigation. For this comparison the Sandler's 'A' test with p< or = 0.05 level of confidence is deployed.

Influence of two month P. M. Practice (between pre- and post–I)

Table 4 presents the mean scores of experimental group for pre- and post-I experimental stage and their Sandler's 'A' values. It is observed from the table that as compared to their pre experimental stage the subjects of experimental group, who practiced the P.M. for two months showed significant changes in all the 11areas of their mental health. The subjects of this group improved their mental health significantly by reducing their anxiety at p<0.25, restlessness at p<0.0005, nervousness at p<0.0.025, loneliness at p<0.0005, despair p<0.0005, anger p<0.005, headache at p<0.01, fatigue at p<0.01, sleeplessness at p<0.25, constipation at p<0.01 and acidity at p<0.25 level of significance.

Table-4
Mean and Sandler's 'A' values for experimental group at Pre- and -post-I experimental stage (N-20)

Areas	Mean (pre)	Mean (post-I)	'A'
Anxiety	3.08	2.78	0.23*
Restlessness	2.72	2.30	0.08****
Nervousness	2.48	2.24	0.22*
Loneliness	2.72	2.36	0.07****
Despair	2.66	2.36	0.09****
Anger	2.54	2.22	0.10***
Headache	2.58	2.36	0.11**
Fatigue	2.60	2.28	0.10***
Sleeplessness	2.40	2.14	0.21*
Constipation	2.58	2.30	0.17**
Acidity	2.34	2.02	0.26*

***p<0.25, ** p<0.01, ***p<0.005, ****p<0.0005**

Influence of four months P.M. practice (between pre- and post– stage-II)

The mean scores of experimental group obtained at pre-and post- experimental stage- II and Sandler's 'A' values are presented in table 5. It is very clear from the table that the subjects of this group improved their mental health at highly significant level (p<0.0005). They reduced their anxiety, restlessness, nervousness, loneliness, despair, anger, headache, fatigue, sleeplessness, constipation and acidity at p<0.0005 level of significance. The findings accept the proposed third hypothesis completely.

Table-5
Mean and Sandlers' 'A' values for experimental group at Pre- and -post- experimental stage- II (N-20)

Areas	Mean (pre)	Mean (post-II)	'A'
Anxiety	3.08	1.88	0.03*
Restlessness	2.72	1.74	0.03*
Nervousness	2.48	1.88	0.07*
Loneliness	2.72	1.62	0.04*
Despair	2.66	1.66	0.04*
Anger	2.54	1.59	0.04*
Headache	2.58	1.56	0.03*
Fatigue	2.60	1.70	0.04*
Sleeplessness	2.40	1.48	0.05*
Constipation	2.58	1.46	0.04*
Acidity	2.34	1.74	0.07*

***p<0.0005**

Influence of normal activity (after two and four month):

Table 6 and 7 display the mean scores and Sandler's 'A' values of the subjects of control group (normal activity) at pre- and post-stage –I; and pre- and post-stage-II of the investigation. The subjects of control group (normal activity) did not show any significant difference on any of the 11 areas at the post-I, and post-II stage of experiment as compared to their pre-experimental stage. This revels that normal activity could not bring about any changes in mental health of subjects of control group. It is also observed that there is no effect of test sensitivity (repetition of testing) on these subjects.

Table-6
Mean and Sandlers' 'A' values for Control group at Pre- and -post- experimental stage- I (N-20)

Areas	Mean (pre-)	Mean (post-I)	'A'
Anxiety	3.12	3.16	3.03 NS
Restlessness	2.76	2.82	3.43 NS
Nervousness	2.40	2.38	2.06 NS
Loneliness	2.68	2.60	2.04 NS
Despair	2.56	2.68	3.54 NS
Anger	2.60	2.54	3.34 NS
Headache	2.62	2.70	4.03 NS
Fatigue	2.72	2.68	2.34 NS
Sleeplessness	2.46	2.56	2.05 NS
Constipation	2.60	2.72	3.04 NS
Acidity	2.36	2.48	2.07 NS

NS= Not significant

Table-7
Mean and Sandlers' 'A' values for Control group at Pre- and -post- experimental stage- II (N-20)

Areas	Mean (pre-)	Mean (post-II)	'A'
Anxiety	3.12	3.10	3.03 NS
Restlessness	2.76	2.86	3.43 NS
Nervousness	2.40	2.48	2.06 NS
Loneliness	2.68	2.72	2.04 NS
Despair	2.56	2.64	3.54 NS
Anger	2.60	2.50	3.34 NS
Headache	2.62	2.58	4.03 NS
Fatigue	2.72	2.60	2.34 NS
Sleeplessness	2.46	2.52	2.05 NS
Constipation	2.60	2.66	3.04 NS
Acidity	2.36	2.46	2.07 NS

NS= Not significant

Discussion:

The subjects of both the groups are drawn from senior citizen population of community. The subjects of experimental group practiced Preksha Meditation technique which is one of the components of Yog. Human beings have been practicing the Yog since ancient period therefore the Yog is not a new system for us but we have ignored it for last long time. A very few persons practice Yog in comparison to the total population across the world. The scientific researches attested the benefits of Yog and hence from some last decades people developed their interest in practicing the Yog. In fact spiritualism is considered as one of the basic orientates facets of personality which may influence all areas of our life.

The referred studies on T.M. and P.M. clearly reveal the beneficial effects of these techniques on people. The studies of Winquist (1969), Wallace (1972), Lazer, Farwell and Farrow (1972) attested the positive effects of T.M. on the components like anxiety, frustration of mental health. Orme-Johnson, Keilbauch, Moore and Bristol (1972) also attested benefits of T.M. regarding the mental health and personality. Bhardwaj, Upadhyaya and Gaur (1977), Gaur, Rudola, Sheikh and Pathak (1985) , Pathak, Gaur and Rudola also concluded the benefits of T.M. Gaur (1994) attested similar beneficial effects of T.M. on mental health. Gaur et.al reputed the P.M. for improving the components of mental health. All the referred studies support the results of present study.

In fact Meditation practice is an internal bath and eliminates the unwanted deep rooted tensions, stresses and thoughts that affect our mental health. But these results could be achieved only if it is practiced regularly. In present era the psychologists and psychiatrics suggest the practice of meditation for better mental health.

Conclusion

These results lead to the following conclusions in the light of the original hypotheses:-

(i) The subjects of experimental group did not differed significantly at pre-experimental stage from those of control group. It shows that the level of mental health of the subjects of both groups was homogeneous at this stage. Here the first hypothesis is confirmed.

(ii) As compared to their pre-experimental stage and the subjects of control group, the subjects of experimental group improved their level of mental health and they become more relaxed, calm, creative and enthusiastic at post stage –I and post stage-II of the investigation. The findings attested that the Preksha Meditation as a beneficial technique for promoting the mental health and corroborate the early proposed second and third hypotheses.

(iii) There is no change in the mental health of the subjects of control group at any stage indicates that there is no effect of routine activity and test sensitivity on the mental health of the subjects.

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