

EFFECTIVENESS OF SHAVASANA ON DEPRESSION AMONG UNIVERSITY STUDENTS

S. S. Khumar¹, Paramjit Kaur² & Ms. Sarbjit Kaur³

ABSTRACT

Present study was undertaken to examine the effectiveness of 'Shavasana' as a therapeutic technique to alleviate depression. Fifty female university students were identified as cases of severe depression with the help of two diagnostic tools (1) Amritsar Depressive Inventory, (2) Zung-Depression Scale. They were subjected to 30 sessions of 'Shavasana'. A control group design with pre, mid and post-assessments was used. Results revealed that (1) Shavasana was a useful technique even when it was used independently from other yogasanas, kiryas and pranayama, (2) continuation of the treatment for a longer period resulted in a significantly increased positive change in the patients.

Modern age is the age of stresses and strains. Due to the technological development the spiritual values have gone behind the value matrix and the material values have come to the fore. There is a change in the life styles making the people to run beyond their capacities, with the result that the diseases of life styles such as hypertension, liver cirrhosis, ulcers of stomach and heart attacks have become as common in developing and third world countries as in the west.

Depression is an affective disorder which is used to describe a wide variety of clinical states varying from mild sadness of mood to psychotic depressive illness. It is also viewed as the total reaction of human being in the face of a traumatic psychological experience with or without some biological predisposition. Sadness is only one outward manifestation of wide underlying change in the individual's psychophysiological process (Singh et. al.,

1974). Costello (1970) has reported that women are more prone to depression than men. The number of depressed women has been found to be almost double than men in urban areas.

Though drugs are effective in reducing or removing depression temporarily in most of the patients yet these should be replaced by non-drug therapeutic techniques as they are not advisable for patients with mild depression. These may have their side effects on some individuals due to their anticholinergic properties, such as, dry mouth, constipation, reduced gastric motility and secretions, cardiovascular side effects including tachycardia, hypotension, blurred vision and frequent tremors (Davis, 1980). Non-drug therapeutic techniques are, therefore, suggested for the treatment of depression. Some of these are transcendental meditation, biofeedback training, nada yoga (music) and yogasanas.

Yoga is a way of life which offers a

1, 2 3. Department of Psychology, Punjabi University, Patiala-147 001

released outlook on life. It provides mental and physical steadiness, good health and feeling of lightness. The release of muscle tension plays a significant role in the physiological responsiveness to stress by altering the level of general arousal (Grossman, 1973). As the asana is performed and maintained there is no increase in fatigue resulting from exercise (Kuvalyananda and Vinekar, 1968). There is an improved muscular fitness i. e. enhanced strength, tone, flexibility and work output (Moorthy, 1982-83; Gharote 1971a, 1973 and 1976b and Nayar et. al., 1975). Besides the benefits of yogasanas to the physical process the cognitive and affective functioning is also influenced positively by such practices.

Shavasana is a very important and highly powerful asana for curing anxiety and depression besides many other physical diseases. It removes mental tension, stress, physical fatigue, heart ailments, insomnia and many other nervous disorders. The practitioner lies on his back on the floor and is taught to have slow rhythmic diaphragmatic breathing with a long pause (two seconds) after each inspiration and a shorter pause (one second) at the end of each expiration. This procedure keeps the patient alert yet relaxed and also keeps his thoughts concentrated. The practitioner is required to relax all his body muscles and nerves and to leave himself as a dead man. This yogasana is performed for 30 minutes once or twice a day.

It has been observed that 25 to 30% of college undergraduates suffer from depression in America (Rosenhan and Sehginan, 1984). The situation in educational institutions in India is still worse. Therefore, finding out ways for its management has become very important. This is

particularly true of the girls of very sensitive age group studying in the universities. Since depression creates problems in studies and the normal development of students, it becomes all the more essential to take up studies of this kind.

The main objectives of the present study were to see whether 'Shavasana' had curative value for cases of severe depression and whether duration of the treatment had any relationship with therapeutic gains.

METHOD

Subjects

The sample consisted of 50 cases of severe depression identified with the help of two diagnostic tests: Amritsar Depressive Inventory (1974) and Zung Depression Self Rating Scale (1965), and personal interviews. These subjects were drawn out from unmarried postgraduate girl students living in the hostels of Punjabi University, Patiala. Their age ranged from 20-25 years. The cases diagnosed were without any organic ailment. The duration of depression was two to three months. It was ascertained that no subject was taking therapy from elsewhere in the form of drugs, counselling or group lectures.

Material Used

1. Amritsar Depressive Inventory (Singh et. al., 1974).
2. Zung Depression Self-Rating Scale (Zung, 1965).
3. Personal Interview Schedule.

Procedure

The subjects were randomly divided into two groups of 25 each. One of these

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groups was treated with yoga exercise, namely Shavasana which is considered to be the most effective method of relaxation that helps depressive cases to get rid of their suffering. The other group did not get any treatment and acted only as a control group. Shavasana was performed by each subject for half an hour daily for a period of 30 days in the morning at 7 O'clock. Each subject was to lie down flat on the floor with legs little apart and eyes and mouth closed. She was asked to relax all body muscles and to feel that her legs, arms and hips were getting heavier. She was further instructed to take the breath inside and release it after two seconds, feeling that all the body tension was being released with breath. The control group was added in order to see if the depression of the subjects was more or less stable and whether they needed some effective treatment for becoming normal. Some people believe that the time heals depressive symptoms. The authenticity of this view was to be investigated by comparing the experimental and control groups. Both groups were evaluated three times during

30 days period: before commencement of the treatment, at the end of 15 days and after 30 days of treatment. The instructions were imparted by a trained yoga expert. The place for performance was the same for all individuals. The evaluation of the subjects after 15th and 30th day was made with Zung Depression Scale only.

RESULTS AND DISCUSSION

The Hartley test indicated that the assumption of homogeneity of variance of the data was upheld. Table 1 shows mean difference of depression scores on Zung Depression Self Rating Scale at various stages of treatment in both experimental and control groups. The differences in the mean scores between pre and mid treatment, mid and post treatment, and pre and post treatment evaluations are significant at 0.01 level ($t=6.51, 8.29$ and 3.66 respectively). This indicates a significant decrease in depression scores on each stage of treatment in the experimental group. But non-significant differences were obtained in the control group.

Table 1. Mean Difference of Depression Scores at Various Stages of Treatment (N=50)

Group	Stages of Evaluation	Mean	SD	t'	P
Experimental	Pre Treatment	80.89	3.06	6.51	0.01
	Mid Treatment	69.30	8.18		
	Mid Treatment	69.30	8.15	8.29	0.01
	Post Treatment	57.52	13.49		
Control	Pre Treatment	80.89	3.06	3.66	0.01
	Post Treatment	57.52	13.49		

(Contd.)

Control	Pre	Treatment	80.02	2.12	1.59	n. s.
	Mid	Treatment	78.70	3.47		
	Mid	Treatment	78.70	3.47	1.60	n. s.
	Post	Treatment	77.92	6.04		
	Pre	Treatment	80.02	2.12	0.55	n. s.
	Post	Treatment	77.92	6.04		

The two groups do not differ significantly in their pre-treatment scores (Table 2). But the intergroup differences found at mid treatment as well as post treatment

level are significant ($p < 0.01$) indicating decrease in depression scores in the experimental group.

Table 2. Intergroup Difference of Depression Scores at Various Stages of Treatment (N=50)

Stages of Evaluation	Group	Mean	SD	t'	P
Pre Treatment	Experimental	80.89	3.06	1.14	n. s.
	Control	80.02	2.12		
Mid Treatment	Experimental	69.30	8.15	5.19	0.01
	Control	78.70	3.47		
Post Treatment	Experimental	57.52	13.49	6.75	0.01
	Control	77.92	6.04		

Table 3 shows qualitative analysis at various stages of treatment. The first 15 days of treatment seem to be very effective; out of 25 subjects, one became normal, 2 mild, 7 moderate, and 15 were not affected at all. At the end of 30 days treatment the effect of Shavasana appears to be more

marked with 11 becoming normal, 4 mild and one moderate. The remaining 9 didn't show any improvement. The improvement in the control group was almost nil because of no treatment. Only 2 out of 25 patients became mild and none became totally free from the symptoms of depression.

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Table 3. Qualitative Analysis at Various Stages of Treatment

Stages of Treatment	No. of severely Depressive Cases		No. of Moderate Cases		No. of Mild Cases		No. of Normal Cases	
	E	C	E	C	E	C	E	C
Pre Treatment	25	25						
Mid Treatment (After 15 days)	15 (60%)	25 (100%)	7 (28%)	Zero	2 (8%)	Zero	1 (4%)	Zero
Post Treatment (After 30 days)	9 (36%)	23 (92%)	1 (4%)	2 (8%)	4 (16%)	Zero	11 (44%)	Zero

It is evident from the above results that Shavasana is an effective and useful technique for totally alleviating or reducing depression to almost normalcy level in a significantly large number of cases. Any one technique of behavioural medicine may not be equally effective on all patients due to individual differences, but some techniques are generally more effective than the others. Shavasana seems to be one like that. The results also reveal that the duration of treatment has a positive relationship with therapeutic gains; longer treatment, gives better results. But in the absence of adequate follow up studies it is not possible to ensure whether Shavasana technique remains effective even without becoming the life style of the patient. The technique seems to have immediate effects no doubt and it also makes the patient to learn how to relax in tense situations, but if the individual has to prevent the occurrence of stressful reactions he will have to make yogasanas, particularly Shavasana, a way of life.

The trend of results in the present study is in line with the results of other studies conducted in this area. Walla *et al.* (1989) in a multidisciplinary study on

the effect of yoga techniques of Kriyas, asanas and pranayama found significantly positive effect in mitigating depression among nurses of the PGI, Chandigarh. The studies conducted by Datey *et al.* (1969) on the therapeutic effect of Shavasana for improving subjects with renal essential and arteriosclerotic hypertension also showed positive results. Udapa (1972) also confirmed the usefulness of yogic practices on physiological endocrine and metabolic responses.

It is suggested that further investigations should be conducted to study the effect of Shavasana not only on depressives but also on the patients suffering from other psychological and psychophysical disorders adopting follow up designs.

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