

SHIRLEY TELLES, PhD, NAVEEN K.V., PhD, NILIMA KUMAR,
MA, AND ACHARYA BALKRISHNA, ACHARYA

Abstract: *Neuroticism, or negative affectivity, can influence a person's approach to life. This study examined levels of neuroticism in 249 patients with illnesses known to be related to the mental state. All of them were given a six-day intensive yoga program. Patients showed a decrease in neuroticism measured by the PGI Health Questionnaire. The reduction was maximum for (a) those with ages between 36 and 51 years, (b) females, (c) patients with at least 17 years of education, and (d) those who were self-employed. The results show the importance of socio-demographic factors in neuroticism levels and in programs intended to reduce neuroticism. Hence, yoga is a useful intervention to reduce traits of neuroticism, with variations in the degree of change based on social factors.*

Key Words: *Neuroticism, Socio-demographic Factors, Yoga, Indian Population*

THE EFFECT OF YOGA ON NEUROTICISM IN AN INDIAN POPULATION VARIES WITH SOCIO-DEMOGRAPHIC FACTORS

In India, the prevalence of neuroticism and its' correlation with various socio-demographic factors and presenting complaints was studied in 142 patients attending a family practice outpatient clinic (Sood, Mehta, & Kumar, 1996).

Neuroticism, or negative affectivity, is one of a set of traits that reflect one's general approach to life and summarize the tendencies of individuals (Denolet, 1993). The personality dimension of neuroticism reflects the tendency to experience emotional distress and the inability to cope effectively with stress. Highly neurotic people are extremely tense, anxious, insecure, suspecting, jealous, emotionally unstable, hostile and vulnerable (Maddi, 1980). In the clinic, a higher incidence of neuroticism was observed in the following categories of patients: middle aged persons, females, housewives, unskilled workers, patients who

had fewer years of education, and those belonging to small and nuclear families. While we have no evidence to support this, these observations may be specific to an Indian population. The sample studied included people from urban and rural areas, as well as with different levels of education, and varied economic status. Hence, they were representative of Indian people from different backgrounds. It was also interesting that a significant number of such patients had presented with vague symptoms, were visiting clinics frequently, and had chronic diseases. The results suggested that patients visiting family practice clinics frequently with somatic complaints and no definite organic basis should undergo an in-depth psychiatric evaluation.

However, a relationship between neuroticism and physical symptoms was not found in another study which used an event-sampling design to overcome methodological limitations of previous research in the area (Brown & Moskowitz, 1997). The findings suggested that when individuals were asked to report their subjective experience of physical illness, without time to recollect how they felt over significant periods of time, an unpleasant affective state was more strongly related to experiencing physical symptoms, than neuroticism. In contrast to this, a more recent study on a stratified sample of 7076 adults (with ages between 18 and 65 years) used path analysis to examine whether

Shirley Telles, PhD, MBBS, is Director of the Patanjali Research Foundation in Haridwar, India and Head, Indian Council of Medical Research, Center for Advanced Research in Yoga and Neurophysiology. All correspondence regarding this article should be addressed to Shirley Telles, PhD, MBBS, Patanjali Yogpeeth, Maharishi Dayanand Gram, Near Bahadarabad, Haridwar 249402, Uttarakhand, India. Telephone: +91-1334-24008. E-mail: shirleytelles@gmail.com