

## Management of the Libidinal Impulses in Adolescents to Improve their Quality of Life

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### Abstract

Aim of the present study was to examine the effect of yogic practices in managing libidinal impulses among adolescents and improving their quality of life. Experimental and control group design was used. Eighty samples were collected through accidental sampling (40 in experimental group and 40 in control group) from Mother Teresa Public School, Delhi. The students those who had high levels of libidinal impulses were selected. The age of the subjects ranged from 14-19 years. The students in the experimental group were made to do yogic practices regularly for 40 days. *Libidinal Impulses Scale* and *PGI General Wellbeing Scale* were used. The obtained values of t-test for Libidinal Impulses and General Wellbeing are significant at 0.01 level of confidence. The result of the study shows that yogic practices are significantly effective in reducing the levels of libidinal impulses and improve the level of quality of life of adolescents.

*Key words:* Libidinal impulses, Adolescents and Yogic practices

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Adolescence is invaluable; it is the best period of one's life. Just as the best season to sow seeds is immediately before the onset of rains, so is the adolescence the best period to bring about great changes in life (Atmashradhananda, 2010). Shri Ramakrishna Parmhansa likened youth to unbaked bricks; one could put any impression on a clay brick before burning it. But after it has been burnt it can't be changed. Such indeed is the adolescence (Ramkrishna Math, 2010). Today TV, Internet and other mass media are provoking innocent youths to lead a life of indulgence. Erotic material of all kinds is freely available to anyone with access to the internet. At any given time of the day or night, one can find more than 8000 chat rooms devoted to cyber-sex or the discussion of sexual topics in operation on internet relay chat (McKenna *et al.*, 2001). A Survey reported a stunning number of 17.5 million World Wide Web surferers visiting pornographic websites by January 2000, a 40% increase in online pornography viewing within a four-month period (Brown, 2003). Among industrialized nations, the United States has the highest rates of teen

pregnancy, childbearing, abortion and sexually transmitted infections (STIs, Alan Guttmacher Institute, 2002). Few published studies from Latin America and the Caribbean have reported similar results (McBride *et al.*, 2005; Springer *et al.*, 2006). Bailey *et al.* (2008) suggested that the late teens and early 20s are peak times of risk for acquiring human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) in sexually active adolescents.

Researches shows that the sexual activities have become normative for adolescents in United States (Terry-Humen, Manlove & Cottingham, 2006) as well as in other countries few as northern Thailand (Whitehead *et al.*, 2008), South Africa (Palen *et al.*, 2008), Tehran (Mohammad *et al.*, 2007) and India (Aggarwal, Sharma & Chhabra, 2000) with more than half of adolescents engaging in sexual activities before age 19 years and carries the substantial health and psychosocial risks (Franzetta, Ikramullah & Manlove, 2006). Of Brazil's 118,520 reported cases of AIDS, 37% are in adolescents and young adults 13-24 years old and in South Africa it is 8-10% for 15-24 year olds

(Shisana *et al.*, 2005; Pettifor *et al.*, 2004). Over 3 million American adolescents become infected with one or more sexually transmitted infection each year, and more than half of all HIV infections were acquired between the ages of 15 and 24 years (Houston *et al.*, 2006). Adolescents are also more likely than adults to have multiple sexual partners, to engage in unprotected intercourse and to have partners who are at high risk for STIs (Centers for Disease Control and Prevention, 2002).

When the imaginations are left undisciplined, the uncontrolled passions will force the minds to discover hideous artificial means for sexual gratification. In which masturbation is most acceptable and more common sexual activity among adolescents. In western psychology masturbatory activities are safer and healthier activities than other sexual activities, however high energy as well as time is consumed in it, both are the priceless for development of the adolescents as healthy, happy, excellent and successful future.

Adolescents will inherit the future. Future of oneself, future of family, future of the society, future of the nation, all belongs to the adolescents. So, for global development, a focus on adolescents' involvement in sexuality and their personality is important. What one eat, see, hear, speak, read, think, and associate with which people, each one of these has an impact on one's personality. Swami Vivekananda told that if one wishes to develop an all-round personality in which all the virtues have blossomed, practice of *Brahmacharya* is inevitable. *Brahmacharya* (continence) means retention, purification and sublimation of vital energy. It is the period of discipline of senses, mind and energy. Level of energy is high among these 25 years of life. Energy neither created nor destroyed, it can only be transformed ( $E=mc^2$ ). There are two ways to flow one's energy; either continues to devote all attention to fumbling around in the outside world or start develop a new direction with disciplined

use of energy. *Brahmacharya* is the conservation of the sexual energy. When a man succeeds in the conservation of his sexual energy, he is able to accomplish everything by utilizing that energy. But our youngsters are blissfully ignorant of this capacity. Overall upliftment of a person happens by the proper channelizing of this energy. Only a powerful and controlled current of water can do hydraulic mining. It can be done by Yoga only (Ramkrishna Math, 2010).

Given the inextricable link between sexual health, well-being, and physical health (Laumann *et al.*, 2005; Lindau *et al.*, 2007), it is reasonable that yoga might also be associated with improvements in sexual health (Brotto, Mahak and Kit, 2009). For example, yoga moderates attention and breathing (Gupta *et al.*, 2006; Telles *et al.*, 2008), decreases anxiety and stress (McCaffrey *et al.*, 2005; Smith *et al.*, 2007), induces a state of relaxation (Krishnamurthy & Telles, 2007; McCaffrey *et al.*, 2005), and modulates cardiac parasympathetic nervous activity (Khattab *et al.*, 2007). The combinations of yogic tools help us to prevent sexual problems and maintain overall sexual health (Saraswati, 1996; Iyengar, 2001). Such techniques may assist in lessening symptoms of HIV or herpes, aiding/preventing erectile dysfunction, dealing with spermatorrhea, reducing symptoms of menstruation and menopause, recovery from miscarriage, and general toning of reproductive organs (Brotto, Mehak & kit, 2009); control erection and desire (Alter, 1997).

Yoga theory suggests that physical and psychological illness result of an imbalanced or blocked *chakra* system (Bhushan, 1998). Many have attempted to correlate the *chakra* system to Western physiology in order to gain an understanding of the underlying mechanisms of the mind-body-spirit connection (Roney-Dougal, 1990). It is believed that the *chakra* system directly and indirectly affects the endocrine system and nervous system through energy, known as life force (*prana*) (Kaur, 1996). Iyengar (2001)

explains that, “Yoga is the method by which the restless mind is calmed and the energy is directed into constructive channels”. Thus, *pranic* energy is directed through the body via yogic breath and posture, to either maintain or rebalance the *chakra* system, and therefore heal and sustain the health of the body and mind (Brotto, Mehak & kit, 2009).

There is compelling empirical data showing the benefits of yoga on psychological well-being and mood (Elavsky & McAuley, 2007; Hadi & Hadi, 2007; Oken *et al.*, 2004). The beneficial effects of yoga on mood have been shown both in seniors (Oken *et al.*, 2006) as well as in young adults (Woolery *et al.*, 2004). Neuroendocrine data show that the improvements in mood and affect are associated with a decline in cortisol levels (West *et al.*, 2004). Dhikav *et al.*, (2007) successfully treated Indian men with premature ejaculation with yoga. Premature ejaculation traditionally falls into the medical domain and is most often treated with serotonergic anti-depressants (Waldinger, 2008).

**METHODS**

**Sample, Sampling & Study design**

The researchers carried out a new intervention to managing libidinal impulses and improving quality of life of adolescents. Eighty participants with high level of libidinal impulses were selected through *Accidental Sampling* from Mother Teresa Public school, Delhi. The age of subject ranged from 14-19 years. Thirty two students were in grade 9, twenty two in grade 10 and rest twenty six were in grade11. The sample was divided into

experimental group (n=40) and control group (n=40). The intervention program of Yogic practices was given to the *experimental group* while *control group* was not given any such treatment. Experimental group underwent yogic practices for 60 days. *Experimental and Control Group Design* was used in which level of Libidinal Impulses and General Wellbeing were measured in the both groups before and after the study.

**Inclusive and exclusion criteria**

Participants were recruited from Mother Teresa Public School in Delhi from April 2011 to May 2011. Participants were included those adolescents who had high level of libidinal impulses for at least three months. Exclusion criteria include adolescents with moderate and low libidinal impulses and other psychological problems.

**Intervention Schedule**

Eighty adolescents were selected through accidental sampling and this sample was divided into control and experimental groups. Level of Libidinal impulses and General Wellbeing were measured before and after the study. The intervention program of Yogic practices was given to the *experimental group* while *control group* was not given any such treatment. Participants assigned to the experimental group underwent the selected yogic intervention and each day they performed yoga practices early in the morning for 25 minutes for 40 days.

*Protocol of the selected Yoga practice program*

| S.No. | Category             | Category Detail | Name of practices  | Duration   |
|-------|----------------------|-----------------|--|------------|
| 1     | Yogasanas (Postures) | Surya Namaskara | Pranamasana, Hasta Utthanasana, Padahastanasana, Ashwa Sanchalanasana, Parvatasana, Ashtanga Namaskara, Bhujangasana, Parvathasan, Ashwa-sanchalan-asana, Pada Hastasana, Hasta Uttanasana, and Pranamasana. | 15 minutes |
| 2     | Breathing Practices  | Pranayama       | Sheetkari Pranayama and Shitali Pranayama  | 10 minutes |

**Procedure**

This study was conducted at Mother Teresa Public School, Delhi. Eighty adolescents were selected through accidental sampling and sample was divided into experimental group (n=40) and control group (n=40) and their age range was 14 to 19 years. All members of experimental group followed their prescribed yogic practices during the course of study. The yogic intervention was given to the *experimental group* while *control group* was not given any such treatment. The outcome measures were assessed in both groups before and after the study.

**Tools**

Two psychological tests were used for the assessment of level of Libidinal impulses and General Wellbeing. Libidinal impulses scale developed by researcher and PGI General Wellbeing scale developed by Verma & Verma (2000) were used.

**Statistical analysis**

Obtained data were tabulated and analyzed. The initial values on 0<sup>th</sup> day of each parameter were compared with the final values obtained on 40<sup>th</sup> day's measurement. Paired t-test was used for the statistical analysis.

**RESULTS:**

*Table (1): Comparison between experimental and control groups on the level of Libidinal Impulses of adolescents before and after the study.*

| Group              | Test | N  | M     | SD   | r    | SE <sub>D</sub> | df | t-value | level of significance |
|--------------------|------|----|-------|------|------|-----------------|----|---------|-----------------------|
| Experimental group | Pre  | 40 | 81.87 | 6.11 | 0.67 | 0.80            | 39 | 5.33    | p<0.01                |
|                    | Post | 40 | 77.60 | 6.28 |      |                 |    |         |                       |
| Control group      | Pre  | 40 | 81.37 | 5.15 | 0.83 | 0.48            | 39 | 0.67    | p>0.05                |
|                    | Post | 40 | 81.05 | 5.45 |      |                 |    |         |                       |

The mean and standard error of mean (M±SD) of pre-test and post-test on level of Libidinal Impulses of the control group were consecutively found to be 81.37±5.15 and 81.05±5.45. The correlation (r) is 0.83 and standard error of deviation (SE<sub>D</sub>) is 0.67 and obtained t-value is 0.67 which is statistically not significant at 0.05 significance level of confidence.

The mean and standard error of mean (M±SD) of stress level for asthmatic patients of

the experimental group before and after the yogic practices were consecutively found to be 81.87 ±6.11 and 77.60±6.28. The correlation (r) is 0.67 and standard error of deviation (SE<sub>D</sub>) is 0.8 and obtained t-value is 5.33 which is statistically significant at 0.01 significance level of confidence. On the basis of obtained result it can concluded that yogic intervention significantly reduces the level of Libidinal Impulses of experimental group.



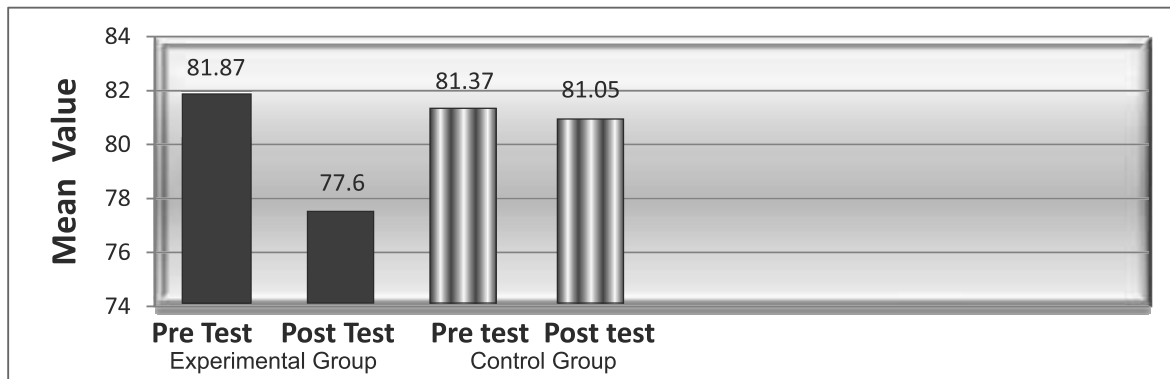


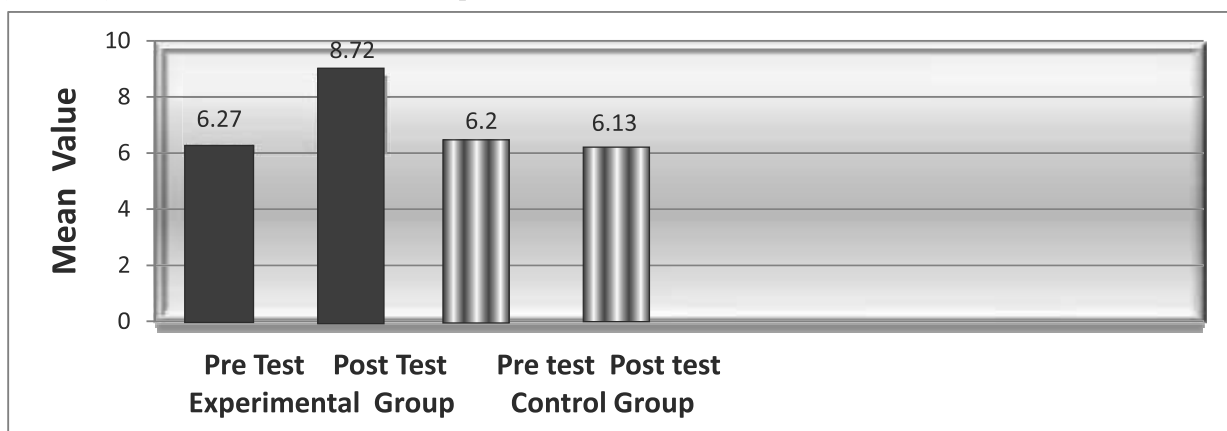
Table (2): Comparison between experimental and control groups on the level of General Wellbeing of adolescents before and after the study.

| Group              | Test | N  | M    | SD   | r   | SE <sub>D</sub> | df | t-value | level of significance |
|--------------------|------|----|------|------|-----|-----------------|----|---------|-----------------------|
| Experimental group | Pre  | 40 | 6.27 | 1.19 | .03 | 0.33            | 39 | 7.33    | p<0.01                |
|                    | Post | 40 | 8.72 | 1.60 |     |                 |    |         |                       |
| Control group      | Pre  | 40 | 6.20 | 1.09 | .01 | 0.24            | 39 | 0.31    | p>0.05                |
|                    | Post | 40 | 6.13 | 1.11 |     |                 |    |         |                       |

The mean and standard error of mean ( $M \pm SE_M$ ) of pre-test and post-test on level of Libidinal Impulses of the control group were consecutively found to be  $6.20 \pm 1.09$  and  $6.13 \pm 1.11$ . The correlation (r) is 0.24 and standard error of deviation ( $SE_D$ ) is 0.24 and obtained t-value is 0.31 which is statistically not significant at 0.05 significance level of confidence.

The mean and standard error of mean ( $M \pm SE_M$ ) of stress level for asthmatic patients of

the experimental group before and after the yogic practices were consecutively found to be  $6.27 \pm 1.19$  and  $8.72 \pm 1.6$ . The correlation (r) is 0.01 and standard error of deviation ( $SE_D$ ) is 0.33 and obtained t-value is 7.33 which is statistically significant at 0.01 significance level of confidence. On the bases of obtained result it can concluded that yogic intervention is significantly induces the level of General Wellbeing of experimental group.



## DISCUSSION

This study is an effort to examine the role of selected yogic practices on Libidinal Impulses and General Wellbeing of adolescents. Present environment is not favorable for the adolescents. TV, Internet and other media are provoking innocent youths to lead a life of indulgence. Erotic material of all kinds is freely available to anyone with access to the internet. When the imaginations are left undisciplined, the uncontrolled passions will force the minds to discover various means for sexual gratification and which lead to the wasted lot of sexual energy. Vivekananda said, *Brahmacharya* (continence) means retention, purification and sublimation of vital energy. It is the period of discipline of senses, mind and energy. Overall upliftment of a person happens by the proper channeling of this energy. Only a powerful and controlled current of water can do hydraulic mining. It can be done by Yoga only (Ramkrishna Math, 2010).

The results show that there is significant effect of Yogic practices on the level of Libidinal Impulses and General Wellbeing of adolescents. Selected yogic practices play the vital role on psychological and physiological facets of adolescents to manage their libidinal impulses and improving wellbeing. In the present study, researchers have selected the three yogic techniques i.e. *Surya Namaskar*, *Sheetkari Pranayama* and *Shitali Pranayama*.

Table one showed that in the level of Libidinal impulses as compare to pre-test and post-test values of practicing group had significant difference at 0.01 level of confidence and pre-test and post-test values of non-practicing group had no significant difference at 0.05 level of confidence. So it concluded that regular practice of *yoga* decreases the level of libidinal impulses in practicing group of adolescents.

Although researcher do not know an exact mechanism by which *yoga* is useful in controlling over sexual desires. Several postulations could be

made about its putative mechanisms of usefulness. Given the inextricable link between sexual health, well-being, and physical health (Laumann *et al.*, 2005; Lindau *et al.*, 2007), it is reasonable that *yoga* might also be associated with improvements in sexual health (Brotto, Mahak and Kit, 2009). A careful review of the literature revealed only one controlled study of *yoga* as a treatment for sexual dysfunction. Dhikav *et al.*, (2007) successfully treated Indian men with premature ejaculation with *yoga*. Premature ejaculation traditionally falls into the medical domain and is most often treated with serotonergic anti-depressants (Waldinger, 2008).

The 68 men who participated in the study were offered a choice between the *yoga*-based, nonpharmacological treatment and the more traditional pharmacological intervention fluoxetine (Prozac). In the *yoga* group, men were given a prescribed set of asanas and pranayams to practice for 1 hour each day. Differential relaxation techniques, as well as perineal and pubococcygeal exercises, were included in the program. Notably, there was no component of sex therapy or sex education to men receiving the *yoga* intervention. Remarkably, all 68 men participating in the *yoga* group had both subjective and statistically significant improvements in their intra ejaculatory latencies. There were no side effects or dropouts in this treatment arm (Dhikav *et al.*, 2007). These data provide an excellent example of the potential usefulness of *yoga* as a nonpharmacological treatment for sexual disorders, and in a compelling way, suggest that *yoga* can be as effective as traditional western medical approaches (Brotto, Mahak & Kit, 2009).

Table two showed that in the level of Quality of Life pre-test and post-test values of *yoga* practicing group had significant difference at 0.01 level of confidence and pre-test and post-text values of non-practicing group had no significant difference at 0.05 level of confidence. Therefore, it was concluded that regular practice of *yoga*

improve the level of Quality of Life in practicing group of adolescents.

*Yogasanas* and breathing exercises have long been considered in obtaining the optimum mental and physical health state. Yoga could perhaps be causing better anxiety control and improving the psychological well-being as well as quality of life. This assertion is supported by several studies (Khire *et al.*, 2006; Gupta *et al.*, 2006; Brown and Gerbarg, 2005; Mamtani & Mamtani, 2005; Bhushan, 1998; Batt, 2010). One of these studies included 175 patients (98 males, 77 females) between age group 19–76 years who belonged to the heterogenous group. The study evaluated anxiety scores using the State Trait Anxiety Inventory and showed that scores dipped significantly after yogic exercises. The same study showed that a measurable decline in anxiety scores could be achieved as early as within 10 days if the patients adopt healthy lifestyle interventions consisting mainly of *asanas*, *pranayama* and relaxation techniques (Gupta *et al.*, 2006). Others have reported that yoga promotes well-being, improves quality of life (Mamtani & Mamtani, 2005).

Abhedananda (1967) said, “The perfect control over the mind and the body can be reached by controlling the motion of the lungs, through the *pranayama*. There are various nerve-centers in the spinal column, from which proceed the motor and the sensory nerves all over the body. The centre, which regulates the respiration, is that which is opposite to the thorax. It is a kind of controlling power over the other centers. Therefore one should try to control this centre that regulates the breathing system, or the plexus, and the control of the other centers become easier”. Thus, the *pranayama* is not only the method or process of controlling the breath, but also the method or process of controlling the power or force; it is the process of controlling the vital forces. Through perfection of these two practices (*Sheetkari Pranayama* and *Shitali Pranayama*), one becomes

master of their desires and a state of balanced is achieved (Saraswati, 1996).

The subtle form of sex power is described as *Kama* in the Indian spiritual literature. The story of *Kamadeva's* defeat and transformation by the power of lord *Shiva* is indeed as illustration of disciplining of the element of *Kama* by the discerning intelligence. The wise, sane and self-controlled commingling of this subtle energy is instinct with sublime creativity, enthusiasm and joy, and leads to a state of unalloyed happiness (Sharma, 2006).

### Conclusion

Yoga practices affect physical and mental facets of adolescents. Yoga practices basically restore the depleted and blocked *pranic* energy which led to positive changes in individual. Integral effects selected yogic practices lead to significant reduction in the average libidinal impulses level and significant increase in the average general wellbeing of participants. Based on the finding of this study it can conclude that Yogic intervention is effective tool for the management of libidinal impulses and improving quality of life of adolescents.

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## Management of the Libidinal Impulses

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## AGRAWAL & PANDYA

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