

Satisfaction with Life and General Health of Tree Talk Bathers and Non-Tree Talk Bathers: A Comparative Study

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Abstract—This study aimed to compare life satisfaction and general health (Somantic symptoms, anxiety/insomnia, Social dysfunction, severe depression) of tree- talk bathers and non-tree talk bathers. Primary data has been used to collect the data from two groups including 37 tree talk bathers and 37 non - tree talk bathers. The results of this study revealed that significant difference between the tree talk bathers and non-tree talk bathers in terms of life satisfaction and general health. Tree talk bathers have more satisfaction with life than non-tree talk bathers. On the other side non- tree-talk bathers have more somatic symptoms, anxiety /insomnia, social dysfunction, severe depression than tree talk bathers. Further, the limitation of this study is that it is cross-sectional in nature due to time constraint. Keeping these figures in mind, we need to focus on those factors which help to recover and awareness to the extent of this problem among people, inspite of exposure to chronic adversity.

Keywords: Life Satisfaction, General Health, Tree Talk Bathers and Non-Tree Talk Bathers.

INTRODUCTION

Since human society becomes increasingly urbanized, various physiological and psychological diseases are caused by stress, thus affecting humans' general- health, well being and life satisfaction. Rapid urbanization brings not only economy and social developments but also regional changes of population, traffic, temperature and environment pollution (Pronczuka & Surdub 2008). Urban experience contributes to tension-anxiety of citizens in nearly all ages from 10 to 60 years old (Dekker et al. 2008, McKenzie et al. 2013, Bruzzese & Klein 2016) through shaping the socioeconomic pressure, physical environment and social interactions (Galea 2011). In 2018, World Health Organization(WHO) report revealed that “ India Is The Most Depressed Country In The World”. This study conducted for the NCMH (National Care Of Medical Health), depicted that at least 6.5 per cent of the Indian population suffers from some form of the serious mental disorder, with no discernible rural-urban differences. As reported latest in 2014, it was as low as “1 in 100,000 people”.The average suicide rate in India is 10.9 for every lakh people and the majority of people who commit suicide are below 44 years of age. Trees

and other natural environments are recognized as fundamental health resources and may play a role in disease prevention , with one population survey reporting that the average person spends almost 90% of their life indoors.

Tree -Talk Bathing

The term ‘**Tree Talk Bathing**’ means the staying around the trees. It gives five-senses experience from walking in woods, view and breathe in a woods. ‘Tree talk bathing’ involves walking through a beautiful, serene natural area and absorbing the peaceful surroundings. It can also be expressed as walking meditation. TREE -talk bathing means to immersing oneself in nature and experiencing a wood’s atmosphere to improve mental and physical health. Tree -Talk bathing helps to strengthen the immune system, lower blood pressure, and decrease stress, anxiety, and depression. It is the most excellent “*Stress Management Technique*”.

This technique “Tree Talk Bathing” facilitates to reduce stress, and promote a sense of safety, wellbeing and interaction among residents. Tree talk bathing helps to reduce the extreme heat and reduce air pollution and noise pollution has also been linked to decreases in violent behavior. Trees have also been linked to faster recovery from illness.

Tree -Talk Bathing in Jammu & Kashmir

In Jammu and Kashmir TREE –TALK Campaign has run by Sh O. P. Sharma Vidyarthi, IFS, who is the founder of Tree Talk Programme. This programme is launched on 19th Dec 2010 on the eve of UN declared International Year of Forests - 2011 and International Biodiversity Decade 2011-2020.

TREE-Taking Responsibility for the Earth and Environment

TALK - Telling All Linking Knowledge

Trees talk is an interactive, science-based program for people. This campaign is presented by experienced facilitators and silently offered tree –talk bathing to the people of the Jammu and Kashmir. This campaign main focus:

To encourage awareness and appreciation for the value of trees and cure the problem of “**Tree Blindness**”.

To enlighten and spread awareness about the micro-macro level of Biodiversity, plant animal relations, folk taxonomy, origin of vernacular names and scientific names, traditional and modern usages, scientific technologies and green innovations to conserve age-old eco-friendly practices, use of wild fruits, vegetables, medicines, teas, colours and art and craft to boost sustainable use of bio-resources, conservation of biodiversity in critical habitats and generate livelihoods for local communities under Ecotourism initiatives.

- ✓ Tree talk bathing aims to bring healing through connection to nature and trees.
- ✓ A walk amongst the trees is rejuvenating, nourishing and healing, yet a forest is so much more than an amazing collection of trees.
 - More positive mental states
 - Relaxing and restoring the mind.
 - Greater feelings of revitalization and positive engagement
 - Decreases in tension and provides life satisfaction along with general health.

Satisfaction with Life(SWL)

Life satisfaction is the evaluation of one’s life as a whole, not simply one’s current level of happiness. It is an overall assessment of feelings and attitudes about one’s life at a particular point in time ranging from negative to positive” (Buetell, 2006). “Life satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as a whole. In other words, how much the person likes the life he/she leads” (Ruut veenhoven,1996)

GENERAL Health (GHQ)

General health, as defined by the World Health Organization 2014 (WHO), is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

OBJECTIVES OF THE STUDY:

- I. To find out the satisfaction with life between tree talk bathers and non- tree talk bathers.
- II. To assess the perception between tree talk bathers and non- tree talk bathers regarding somatic symptoms.
- III. To analysis the perception between tree talk bathers and non- tree talk bathers in relation to anxiety and insomnia
- IV. To study the perception of tree talk bathers and non- tree talk bathers regarding social dysfunction.
- V. To study the perception of tree talk bathers and non- tree talk bathers regarding severe depression.

- VI. To study the perception of tree talk bathers and non- tree talk bathers about integrated variables of general health.

HYPOTHESES OF THE STUDY:

- I. There is a significant difference between the tree talk bathers and non- tree talk bathers regarding satisfaction with life.
- II. There is a significant difference between the tree talk bathers and non- tree talk bathers regarding somatic symptoms.
- III. There is a significant difference between the tree talk bathers and non- tree talk bathers about anxiety and insomnia.
- IV. There is a significant difference between the tree talk bathers and non- tree talk bathers regarding social dysfunction.
- V. There is a significant difference between the tree talk bathers and non- tree talk bathers regarding severe depression.
- VI. There is a significant difference between the tree talk bathers and non- tree talk bathers about integrated variables of general health.

METHODOLOGY

Sample

A sample consists of 74 adults i.e. 34 from tree –talk bathers and 34 of non -tree –talk bathers. All the participants were in the age range of 40 to 50 years.

Description of Tools The brief description of the scales used for the assessment of Satisfaction with Life and general health is given below:

- I. **Satisfaction with Life Scale (SWL):** It was developed by Pavot, W., & Diener, E.. (1985) is a 5-item self-report measure of global life satisfaction. Respondents are required to respond to each item (e.g., “I am satisfied with my life”) using a 7-point Likert scale (Strongly Disagree to Strongly Agree). Scoring consists of summing the items for a total score that ranges from 5 to 35; higher scores are representative of higher global life satisfaction. The SWLS has been demonstrated to have strong internal reliability ($r = 0.87$) and moderate temporal stability ($r = 0.82$, two-month test–retest reliability) (Diener et al. 1985). The SWLS has been shown to correlate with appropriate criterion measures (see Diener et al. 1985; Pavot et al. 1991). Further, the SWLS has been demonstrated to correlate meaningfully and in hypothesized directions with other related measures and constructs (see Neto 1993). Construct validity has been provided among young adults through differentiation between life satisfaction and health status (see Arrindell et

al. 1999). The SWLS is appropriate for use with both adolescents and adults and is beneficial in that scores can be interpreted in terms of absolute and relative life satisfaction (see Proctor et al. 2009 for a review; Pavot and Diener 2008, 1993). Overall, research supports the SWLS as a psychometrically sound brief measure of life satisfaction

II. General Health Questionnaire (GHQ-28): It was developed by Goldberg and Hillier (1979) used to measure the psychological aspect of quality of life. The GHQ-28 incorporates four sub-scales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. In this scale, the likert scoring procedure is applied and the total scale score range from 28 to 112. The correlation coefficients between the subscales and the GHQ-28 total scale, ranging from 0.75 (severe depression) to 0.89 (anxiety and insomnia), indicate the unidimensionality of the scale. The GHQ-28 was an internally consistent measure. Cronbach's alpha, split-half coefficients and test-retest reliability were 0.9, 0.89 and 0.58 respectively and Construct validity also.

RESULTS AND DISCUSSION

Following table 1 shows the factor wise t-test analysis of satisfaction with life among tree -talk bathers and non-tree talk bathers

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Satisfaction With Life	Tree-Talk Bathers	26.9189	3.01274	2.170	72	0.023*
	Non- Tree Talk Bathers	25.7297	3.00600			

** Significant at P<0.01 level, * Significant at P<0.05 level

The results of t-test analysis revealed that tree talk bathers and non –tree talk bathers differ on the measure of satisfaction with life where tree -talk bathers have scored significantly higher than non-tree talk bathers. It means tree talk bathers have more satisfaction with life than non-tree talk bathers.

Following table 2 shows the factor wise t-test analysis of somatic symptoms among tree talk bathers and non-tree talk bathers

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Somatic Symptoms	Tree Talk Bathers	4.2162	3.70536	2.403	72	0.019*
	Non- Tree Talk Bathers	6.2703	3.64881			

** Significant at P<0.01 level, * Significant at P<0.05 level

The results of t-test analysis revealed that tree talk bathers and non –tree talk bathers differ on the measure of somatic symptoms where non-tree -talk bathers have scored significantly higher than tree talk bathers. It means non- tree talk bathers have more somatic symptoms than tree talk bathers.

Following table 3 shows the factor wise t-test analysis of anxiety and insomnia among tree talk bathers and non-tree talk bathers

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Anxiety and insomnia	Tree Talk Bathers	4.2973	3.38185	3.746	72	.000**
	Non-Tree Talk Bathers	5.8919	4.40822			

** Significant at P<0.01 level, * Significant at P<0.05 level

The results of t-test analysis revealed that tree talk bathers and non –tree talk bathers differ on the measure of anxiety and insomnia where non-tree -talk bathers have scored significantly higher than tree talk bathers. It means non- tree talk bathers have more anxiety and insomnia than tree talk bathers.

Following table 4 shows the factor wise t-test analysis of social dysfunction among tree talk bathers and non-tree talk bathers

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Social Dysfunction	Tree Talk Bathers	3.8649	3.14609	4.367	72	.000**
	Non-Tree Talk Bathers	7.2162	3.44912			

** Significant at P<0.01 level, * Significant at P<0.05 level

The results of t-test analysis revealed that tree talk bathers and non –tree talk bathers differ on the measure of social dysfunction where non-tree -talk bathers have scored significantly higher than tree talk bathers. It means non- tree talk bathers have more social dysfunction than tree talk bathers.

Following Table 5 Shows the Factor Wise T-test Analysis Of Severe depression among Tree Talk Bathers and Non-Tree Talk Bathers

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Severe Depression	Tree Talk Bathers	3.5946	2.6818	-3.210	72	.002*
	Non-Tree Talk Bathers	5.9459	3.5586			

**** Significant at P<0.01 level, * Significant at P<0.05 level**

The results of t-test analysis revealed that tree talk bathers and non –tree talk bathers differ on the measure of Severe depression where non-tree -talk bathers have scored significantly higher than tree talk bathers. It means non- tree talk bathers have more severe depression than tree talk bathers.

Following Table 6 Shows The Factor Wise T-test Analysis Of integrated variables of general health Among Tree Talk Bathers And Non-Tree Talk Bathers

Variable	Sample	Mean	SD	t-ratio	df	Sig. (2-tailed)
Total GHQ	Tree Talk Bathers	15.9730	8.45408	4.153	72	.000**
	Non-Tree Talk Bathers	25.3243	10.77563			

**** Significant at P<0.01 level, * Significant at P<0.05 level**

The results of t-test analysis revealed that tree talk bathers and non –tree talk bathers differ on the measure of total general health where non-tree -talk bathers have scored significantly higher than tree talk bathers. It means non- tree talk bathers have more total general health problems than tree talk bathers.

RECOMMENDATIONS AND IMPLICATIONS OF THE STUDY

In the light of finding of the present study, the investigator suggest that following steps should be taken for implementing the finding of the present study in the field of education for making the system of education more effective and useful for the schools, colleges as well as for the society/ community as whole.

The present study is helpful to educate planners, administrators, and principals of schools to improve the process of teaching and learning in order to get fruitful results.

- Tree –talk bathing exercises can be great healing process for adults and children alike and useful in teaching concentration and mindfulness.
- It also providing an excellent opportunity to learn from each other.
- Schools should be organize tree –talk bathing programs through parent-teacher groups and other school-community organizations.
- School and college administrators may perhaps add information services to the “student guidebook” instead of just placing rules and regulations.
- Researchers, practitioners, and policy- makers need to collaborate to develop and channelize the energy of youth towards right direction
- Healthcare professionals and educators may turn to the tree talk bathing to each and every individual. This technique is affordable and enjoyable complementary interventions to reduce stress, anxiety, and depression symptoms and enhance joy, relaxation, overall sense of well-being and balance in life.
- In the schools training programs designed to inculcate tree –talk bathing may be introduced for the students in adolescence period. Special interventions for the adolescents in senior classes to reduce their stress level should be designed to enhance their well being and general health.

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