



A STUDY OF MINDFULNESS MEDITATION AND MENTAL HEALTH

Palkin Sharma, Research Scholar, Dr. Rubina Fakhr, Assistant Professor,

Department of Psychology, Lovely Professional University,

Phagwara, Punjab

ABSTRACT

The objective of this paper is to analyse whether or not there is a relation between meditating and one's emotional and social well-being. Meditation may aid in regulating emotions, which may, in turn, lead to enhanced improved social relationships and positive social interactions, as research has indicated that mindfulness meditation may be a mediator behind this link. The hypothesis of this study was that those who practised mindfulness meditation would have higher emotional and social norms, as well as a strong sense of safety, tranquillity, and hope. It is also postulated that someone who regularly practises mindfulness meditation might self-soothe their self-perception about the environment, which, in turn, can lead to improved family and societal dynamics. The practise of meditation results in increased self-love and, as a result, improved social conduct. Dr. Arun Kumar Singh, Dr. Alpana Sengupta, and Dr. Praveen Kumar Jha used the mental health battery (MHB) and the perceived loneliness scale (PLS) to measure the subjects in both experimental and controlled group before and after they participated in the meditation exercise.

Keywords: environment, connection, emotional, meditation

1. INTRODUCTION

According to what is said in a quotation attributed to Arianna Huffington, the purpose of meditation is to become aware of one's own feelings and to learn how to validate and accept one's own beliefs. Understanding one's own sentiments is essential to achieving emotional equilibrium and validating one's own self-acceptance. The book "Motivation and Personality" that Abraham Maslow wrote in 1954 is where the phrase "positive psychology" was first used. In addition, humanistic psychologists such as Maslow and Rogers stressed the significance of researching human potential and self-actualization during the 1960s and 1970s. Martin Seligman, then the president of the Psychological Association of America, made a plea for a resurgence of these humanistic methods in conjunction with more stringent research procedures in the year 1998.



Academic Context

In this dissertation, cross-references are made to a number of contemporary research studies that analyse the efficacy of mindfulness meditation. This dissertation looked at and incorporated studies that relate practising mindfulness meditation with a lower risk of suffering from anxiety, sadness, stress, and high blood pressure. The research findings from the MHB Test and the PLS Test are included in the review of the relevant literature. These tests demonstrate how mindfulness meditation improved psychological wellbeing.

2. Consciousness and Psychological Health

The practise of mindfulness is an excellent method for both controlling and monitoring one's emotions. It is a technique for totally immersing oneself in the here-and-now, for being fully present in the current moment, and for living every second of the present moment to the fullest. The practise of mindfulness meditation fosters a more optimistic outlook on one's own talents and potential. This well-honed intellect is able to cope brilliantly with the emotional repercussions. People who suffer from anxiety, stress, or depression may want to consider mindfulness-based psychological therapies as a kind of treatment. There is an increasing interest in this field (Ainsworth et al., 2015). Awareness is similar to mindfulness, which is similar to awareness that does not pass judgement. There are many different things, such as aromatherapy, music with a low frequency, dark lighting, and a calming setting, that may be utilised to increase one's level of awareness. Aromatherapy has been used with mindfulness meditation, which has been shown to boost both mindfulness and its capacity to alleviate stress and anxiety (Redstone, 2015).

Both Mindfulness and Treatment

A phrase originating in Buddhist psychology, which may be translated as either "awareness" or "bare attention," is better known by its English name, "mindfulness." It is commonly used to describe a mode of paying attention that is open-minded, non-judgmental, and unaffected by any thoughts that may be occupying one's mind at the time (published online by Cambridge University Press, 2018). The therapeutic practise of mindfulness involves the cultivation of present-moment awareness. It tackles the fundamental causes of pain and is a key component in the majority of effective psychotherapies. Because there is such a strong connection between the many



characteristics of mindfulness, it has been hypothesised that the first alone might be used as a measure of its breadth (Reference). The names Brown and Ryan Brown & Ryan's 2003 study).

An Overview of Mindfulness Meditation's History

The practise of mindfulness has its roots in eastern philosophies, particularly Buddhist thought, and stretches back around 2500 years. It is possible to credit Jon Kabat-Zinn and his fellow researchers with playing a significant role in its spread across the western world. When Kabat-Zinn first became exposed to mindfulness, he was practising meditation with Zen Buddhist masters Kapleau- Philip and Sahn Haengwon- Seung, both of whom were based in the United States. He received more intensive training from instructors from a wide variety of Buddhist traditions, such as the Rinzai Zen and Soto traditions, Trungpa's- Chogyam "Meditation in Action," Hanh's (Thich Nhat) "The Miracle of Mindfulness," and the yogic customs. According to Zinn (Kabat) (1994), mindfulness may be defined as the psychological awareness of paying concern to the current moment in a fruitful way that is not judgemental.

3. LITERATURE REVIEW

A fundamental notion in the field of rehabilitation, autonomy refers to a person's capacity to carry out without assistance the myriad of activities necessary for everyday living. It is the feeling that one is in charge of one's own actions rather than being influenced by factors from the outside. It is an essential requirement for one's mental health. The idea of acceptable working autonomy is a radical break from psycho-analysis, which holds that all impulses are rooted in either primal biological urges or sexual desires that emerge throughout childhood (Allport 1937). His most recent significant contribution was a book titled *Pattern and Growth in Personality* (1961).

The desire that people have to make their own decisions and work towards their own objectives gives them a sense of pride and accomplishment when they realise that the decision they made was accurate or successful. As per self-determination theory of (Ryan & Deci 2000), a comprehensive explanation of human personality & motivation, autonomy is among one of three basic fundamental psychological requirements that are must for optimum growth and well-being. This theory was developed by Ryan and Deci (2000).



4. Objectives

The following are some goals that this study aims to accomplish:

1. To screen 18 years to 22 years students for mental health.
2. To evaluate if there is any significant difference in mean scores of emotional stability, adjustment, stability-instability, intelligence, autonomy, self-concept and loneliness between control and experimental groups before and after the intervention programme.

5. METHOD

Individuals and Design

The study effort that was conducted by my own company, Virrahi Wellness, had both male and female volunteers who gave their time. There will be six participants in the experimental group (a group that will be assigned mindfulness meditation to practise each day for the next 21 days), and there will be six participants in the controlled group (a group in which each will be assigned a certain activity to get involved in for the next 21 days, such as running, art, dancing, listening to music, watching ted talks or a movie). Participants were required to be at least 18 years old (and might be up to 22 years old) and be citizens of India. I did a random assignment to determine which of the two experimental conditions (mindfulness meditation or no meditation) each participant would experience).

Procedure

The experiment was carried out by the participants in groups of no more than six people each. Participants were met by me as soon as they arrived at the centre, and I informed them that they would be taking part in an investigation on the positive benefits of meditation on mental health. I gave participants the specific instruction that they would be randomly applied to either a meditation condition or a controlled condition for the course of the experiment. The participants were instructed to meditate on a daily basis for a period of 21 days, each session lasting twenty minutes. Before beginning the experiment, each participant was given a questionnaire that was tied to a mental health battery test (MHB). There are a total of 130 parts to it. The second exam students need to take is called the PLS, which stands for the Perceived Loneliness Scale and comprises 36



items. After a period of 21 days, the same evaluations are required to be carried out. Participants in the second group, which serves as the controlled group, are each given a set of tasks to do for one hour over the course of the following 21 days. They, too, are required to adhere to pre and post MHB tests as well as PLS tests.

Evaluation Protocol

Both before and after the meditation session (for the experimental group) (both before and after 21 days for the control group)

- Take the time to read the directions thoroughly. The instructions for each component are presented separately.
- There is no predetermined amount of time allotted for any of the five components.
- The fourth section is a test of speed. The allotment of time is ten minutes.

Meditative procedure

In the case of the participants who were assigned to the mindfulness meditation condition, I gave them the following instructions that were tailored particularly to mindfulness meditation and told them to participate in mindfulness meditation for a period of twenty minutes. Sitting meditation with mindfulness entails bringing one's attention to the present moment. During the course of the meditation, experiencing each moment as it comes, without seeking or rejecting any one sensation in particular. Always keep in mind the importance of experiencing and observing.

Now, choose a comfortable place and close your eyes as quickly as you can. Bring your focus slowly to the area surrounding your nose. Become aware of the air's incoming and outgoing movement. Become aware of the air entering your nose and travelling throughout your body. Taking a breath in, and then letting it out. (There will be a 10 second pause.) When guiding your client through this meditation, it is important to remember to talk gently.



6. RESULTS

Table 1: Be Mindful of the Children's Capacity for Emotional Stability, N= 15

S. No.	Level of Emotional Stability	PRE-TEST		POST-TEST		MEAN VALUE
		F	%	F	%	
1	Yes	11	84.99	14	93.33	7.5
3	No	4	15	1	6.66	
	Total	15	99.99	15	99.99	

Note-F-frequency, %-Percentage

Table 1 reveals that in the emotional stability pretest, 84.99 percent of respondents replied in a positive attitude in level of emotional stability, whereas 15% of respondents answered in a negative attitude in level of emotional stability. At the end of the exam, 93.33 percent of respondents said that they had a good attitude towards their degree of emotional stability, whereas 6.66 percent of respondents indicated that they had a negative attitude regarding their level. The average is 7.5. The children who have a good attitude are better able to maintain their emotional stability than the children who have a negative degree of attitude.

Table 2: One Way ANOVA Loneliness Test among Experimental Group of Students

Source of Variance	Sum of Squares	df	Mean of Squares	'F' Value	Result at 0.05 level
Between	1.43	1	2.632	0.210	*Not Significant
Within	522.36	118	4.274		

* at 0.05 interval level of confidence

(3.88 is the table value that must be achieved in order to achieve a level of significance of 0.05 when using df 1 and 118).

The data shown in the table 2 above suggested that the acquired 'F' ratio for the loneliness test was 0.210, which was lower in comparing tabular value 3.88 for significant level at the 0.05 level of assurance for df 1 and 118. As a result, it was deduced that the 'F' ratio for the loneliness test did



not meet the criteria for significance. The analysis indicated that there is no significant difference among pre- and post-testing outcomes of control group on the loneliness scale.

T-TEST

Table 3: Difference in Means of DASS Scores

Variables	Mean DASS Scores	Mean DASS Scores	P-Value (* $-P>0.05$) is
	Before MM	After MM	
Depression	14.8±6.8	11.6±5.9	0.00*
Anxiety	9.2±4.4	7.2±3.9	0.00*
Stress	18.2±4.8	15.6±4.4	0.00*
Overall score	42.8±15.3	34.4±13.5	0.00*

* $-P<0.05$ is statistically significant; P-value obtained from Paired t-test. MM-Mindfulness meditation

It was discovered that the Mean Difference of overall scores for DASS-21 was increasing, which had a beneficial effect on the health of the people who took part in the study, and it was statistically significant (p less than 0.05). In a similar vein, it was discovered that the Mean difference for individual components such as Depression, Anxiety, and Stress had a favourable influence on the health of the people who participated in the study, and this finding was statistically significant in table 3.

Table 4: Difference in Means of DASS scores by Severity of Mental Health States

Variables (N=25)	Mean DASS Scores	Mean DASS Scores	P-Value
	Before MM	After MM	
Depression-Absent			
Depression-Mild	4.40±3.05	3.2±2.16	0.07
Depression-Moderate	11.33±1.52	9±0	0.11
Depression-Severe	16.62±1.9	12.46±1.7	0.00*
	24.75±2.6	21.5±3	0.04*
Anxiety-			



Absent	4.25±2.12	2.88±1.4	0.00*
Anxiety-Mild	8.67±0.51	7±0.89	0.01*
Anxiety- Moderate	12.4±1.174	9.60±1.5	0.00*
Anxiety-Severe	17.5±0.7	15.5±0.7	0.29
Stress-Absent	9.67±1.52	7±2.64	0.05
Stress-Mild	16.5±1.3	14.5±1.8	0.00*
Stress- Moderate	22.9±2.6	19.4±2.27	0.00*

*-P<0.05 is statistically significant; P-value obtained from Paired t-test. MM-Mindfulness meditation

It was shown in table 4 that there is a statistically huge significant change in mean scores for moderate and severe depression before and after the intervention. The intervention was successful in lowering the levels of depression experienced by the people who took part in the trial. Similar to how there were substantial variations between the mean scores of mild and moderate anxiety, there were also significant differences between the mean scores of light and moderate stress. The practise of mindfulness meditation was found to be helpful in reducing both moderate and mild levels of stress and anxiety.

Table 5: Impact of Mindfulness Meditation on Mental Health Status of Study Participants

Degree of Severity	Depression		Anxiety		Stress	
	Before MM N (%)	After MM N (%)	Before MM N (%)	After MM N (%)	Before MM N (%)	After MM N (%)
Absent	5(20)	8 (32)	8 (32)	12 (48)	3 (12)	6 (24)
Mild	3 (12)	10 (40)	6 (24)	8 (32)	12 (48)	13 (52)
Moderate	13 (52)	5 (20)	9 (36)	3 (12)	8 (32)	5 (20)



Severe	4 (16)	2(8)	2 (8)	2 (8)	1 (4)	1 (4)
P-Value	0.03*		0.25		0.44	

MM-Mindfulness Meditation

*-Significant, if p less than 0.05, value of P is obtained from chi-square test.

A Chi-square analysis is done to determine if there is a statistically huge significant shift in the participants' mental health condition during the course of the research or not. It was discovered that the change in the participants' mental health condition that occurred as a direct result of practising mindfulness meditation with regard to depression was statistically significant. Although a change in mental health status with regard to stress and anxiety was not shown to be statistically significant.

7. CONCLUSION

The aim of the current study is to add new information to part of research that has already been conducted on mindfulness meditation and the positive benefits it has had on mental health. Thankfully, my findings demonstrated significant impacts, and as a consequence, they provide new information to the pool of material already available on mindfulness meditation. It's possible that more may be discovered about mindfulness meditation and the ways in which it relates to positive psychology if the constraints of my study were addressed and some of the potential future approaches were investigated.

8. References

1. Abram, K. M., Choe, J. Y., Washburn, J. J., Teplin, L. A., et al. (2008). Suicidal ideation and behaviours among youth in juvenile detention. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(3), 291-300. doi:10.1097/CHI.0b013e318160b3ce.
2. Abramson, L.Y., Metalsky, G.I., & Alloy, L.B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, 96, 358–372.
3. Alavi, A.1., Sharifi, B.1., Ghanizadeh, A.1., & Dehbozorgi, G.1. (2013). Effectiveness of cognitive-behavioural therapy in decreasing suicidal ideation and hopelessness of the adolescents with previous suicidal attempts. *Iranian Journal of Pediatrics*, 23(4), 467-72.



-
4. Allen, A. B., & Leary, M. R. (2014). Self-compassionate responses to aging. *The Gerontologist*, 54, 190-200. doi:10.1093/geront/gns204.
 5. American College Health Association. (2011). *ACHA-National College Health Assessment II: Reference group executive summary Spring 2011*. Hanover, MD: Author.
 6. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: Author.
 7. Ananthakrishnan, G. (2011). In Kerala, suicide runs in the entire family. *TNN*, Feb 13. *The Times of India*.
 8. Anderson, H. D. (2011). Suicide ideation, depressive symptoms, and out-of-home placement among youth in the U.S. child welfare system. *Journal of Clinical Child & Adolescent Psychology*, 40(6), 790-6. doi: 10.1080/15374416.2011.614588.
 9. Apter, A. (1997). Suicide in children and adolescents. In A.J. Botsis, C.R. Soldatos & C. N. Stefanis (Eds.), *Suicide: Biopsychosocial approaches* (pp. 215-228). Amsterdam: Elsevier.
 10. Apter, A., Gothelf, D., Offer, R., Ratzoni, G., Orbach, I., Tyano, S., et al. (1997). Suicidal adolescents and ego defence mechanisms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(11), 1520–1527.
 11. Atkinson, M. (1971). Societal reactions to suicide: the role of Coroner's definitions. In: S. Cohen, (Ed.), *Images of deviance*. (pp. 165–191). Harmondsworth: Penguin.
 12. Bagge, C. L., Lamis, D. A., Nadorff, M., & Osman, A. (2014). Relations between hopelessness, depressive symptoms and suicidality: Mediation by reasons for living. *Journal of Clinical Psychology*, 70(1), 18-31. doi: 10.1002/jclp.22005.