

PHONIX
INTERNATIONAL
JOURNAL FOR
PSYCHOLOGY AND
SOCIAL SCIENCES

Issue No. 2020
Impact Factor = 3.489 (SJIF)



2020

Roama Bansal Mehta

Editor in Chief

Dr. Bharat H Mimroth (Ph. D.)

PUBLISHED BY PHONIX INTERVENTION CENTRE, DELHI

CHIEF EDITOR

Dr. Bharat H Mimroth

Editor-in-Chief, PIJPS

Phonix Intervention Centre, Rohini, Delhi 110 085, India

Phone : +91 9665644832

Email : drbharat@nkspt.in

EDITORIAL REVIEW BOARD

<p><u>Ms. Monica Sharma</u> Founder of Phonix Intervention Centre Rohini, Delhi 110 085, India Phone : +91 8130014427 Email : phonixjournals@gmail.com</p>	<p><u>Dr. Faridah Binti Nazir, Ph.D,</u> Lecturer in Department of Malay Language Raja Melewar, Teacher's Training Institute, Seremban. Negeri Sembilan. Malaysia Phone : +017-6712095 Email : fidafn@gmail.com</p>
<p><u>Ms. Nikita. S. Variyani,</u> M.Phil. (Clinical Psy) Clinical Psychologist Civil Hospital, Ahmedabad CRR No: A46846 Mobile: - +91-9662633268 E-Mail:- nikitavariyani@gmail.com</p>	<p><u>Dr. Jean Cirillo,</u> Ph.D. Clinical Psychologist, Advanced Counseling Concepts, 27 Fairview Street Huntington, New York 11743 Phone : (855) 847-8184 Email : Jeancirillo@aol.com</p>

Reema Bansal Mehta

S. NO.	ORIGINAL ARTICLES	PAGE NO.
1	Adjustment among Male and Female High School Students by Ms. Richa Ojha and Dr Sachin Kr Dwivedi	5 – 23
2	A Study of anxiety, depression and stress on Faculty, Gender among College students by Datta Vishwanath Londhe	24 – 49
3	Effect of Social Media on Emotional Intelligence and Anxiety among College Students by Dr. Jadhav Sunil Eknath	50 – 57
4	Eating Disorders: Types, Diagnosis and Epidemiology in Indian urban Population by Kirti and Dr. Santosh Vishvakarma	58 – 66
5	A comparative Study of Job Satisfaction on School Teacher by Dr. Ramesh D. Waghmare	67 – 76
6	A Study of Occupational stress among Teachers by Sachin Vasant Sutar	77 – 98
7	Impact of problematic internet use on Indian youth by Rajeev Kumar Gupta	99 – 109
8	Resilience and Self-Efficacy among Destitute and Non destitute Women: A comparative study by Dr. Nivedita Das	110 – 127
9	Response to Meditation in a Haryana district by Reema B. Mehta and Divay Mangla	128 – 137
10	A study of mental health among Urban and Rural College Students by Sunanda Rameshwar Korde	138 – 144
11	Manuscript Preparation	145 – 146
12	Little About The Publisher	147 - 148

Reema Bansal Mehta

Response to Meditation in a Haryana district

Reema B. Mehta* and Divay Mangla**

ABSTRACT

Aim of the present study was to find out the ratings and compliance rates for a guided meditation technique propounded by a psychiatrist. The sample of 50 patients was from the ones that visited this psychiatric clinic and were suggested the new meditation technique. Results show that despite giving a positive rating to the technique after doing it practically once, the patients show poor compliance rates. This highlights that meditation, despite its multiple benefits, hasn't found the deserved place in the routines of people or even treatment. It needs to be introduced with more thrust in the lives of people – both with and without psychiatric ailments.

Keywords: Meditation, compliance.

*Rajiv Gandhi Government College, Saha (Ambala), Email: reemaban@gmail.com

**Mangla Neuropsychiatric Centre, Jagadhri (Haryana)

Reema Bansal Mehta

INTRODUCTION

The word meditation stems from *meditatum*, a Latin term that means 'to ponder.' Through the practice of meditation, we can seek to find a better connection with our body (and mind) in the everyday moments that we often let pass us by, and create stronger awareness for how our emotions influence our behavior (West, 2016). (positivepsychology.com)

Origins of meditation: Meditation was first developed in India, a very long time ago. The oldest *documented* evidence of the practice of meditation are wall arts in the Indian subcontinent from approximately 5,000 to 3,500 BCE, showing people seated in meditative postures with half-closed eyes. Written evidence of any form of meditation was first seen in the Vedas around 1500 BCE. In India, the tradition of Guru and Shishya (teacher and disciple) has been around for ages, where students were sent to Gurukuls (schools) mostly in the forests to live and learn under a learned teacher. During this time and for centuries before, all learning and knowledge was passed on by word of mouth. Almost all the Hindu religious books talk of meditation in some form or the other. So we can safely assume that meditation was also an integral part of the knowledge that the Gurus were teaching their students, and all this was done via the oral tradition. And because it was oral, it is not documented and hence gets very difficult to tell how old meditation really is. (Wikipedia)

Stress and meditation: Stress is an inherent and inescapable part of modern day life. However, excessive levels of the same call for management measures lest the stress culminates into psychological and psychiatric ailments. Meditation is one such promising management measure that can involve many things like mindfulness, concentrating on an object, guided imagery/ visualization, chanting etc. In a study, significant beneficial effects of Guided Imagery and Music were found in well-being, mood disturbance, and physical

distress, and in cortisol concentrations. A comparison between early and late intervention as related to the onset of sick leave showed faster job return and significantly improved perceived stress, well-being, mood disturbance, depression, anxiety, and physical distress symptoms in favor of early intervention. (Beck et al, 2015)

Meditation brings the brainwave pattern into an alpha state that promotes healing. The mind becomes fresh, delicate and beautiful. It cleanses and nourishes you from within and calms you, whenever you feel overwhelmed, unstable, or emotionally shut down. With regular practice of meditation, anxiety decreases, emotional stability improves and creativity increases. (artofliving.org)

With all these benefits, it is obvious that general public would be eager to learn the methodology of meditation. However, its actual benefits can't be reaped with irregular practice, thus, making motivation imperative, so that the application and practical parts sustain themselves. The cumulative effect of meditation can be beneficial only with regularity. But, while many of the patients begin the practice, few stick to it.

Natural Stress Relief (NSR) Meditation, a mental technique practiced for 15 minutes twice a day, reduces stress and anxiety by inducing a physiological state of deep rest. Regular practice of this technique appears to reduce trait anxiety and to develop qualities associated with self-actualization, such as inner peace, satisfaction, and creativity. (Coppola & Spector, 2009)

AIM & OBJECTIVE

- While many studies have looked into the benefits of meditation, there don't seem to be any studies undertaken about the compliance rates for meditation. Our present

study aims to bridge that gap. Objective of the present study was to find out patients' compliance rates once they are taught and advised an easy-to-follow technique of meditation.

RESEARCH METHODOLOGY

METHODS AND MATERIALS

The study was done in a renowned psychiatric clinic in Yamuna Nagar district, which is run and managed by a qualified psychiatrist. Following questions are addressed in the study: How do patients rate the meditation? How good is the compliance rate? Data from 50 consecutive patients (M=25, F = 25) was collected and analyzed. This sample was from the population that visited this psychiatric clinic from February 2016 to June 2016. The psychiatrist would diagnose the patients and recommend meditation to those who required relaxation exercises as a part of their treatment. Researcher trained these patients in a new technique of meditation propounded by the psychiatrist involving music, PMRT and guided imagery, and noted their age, gender, mobile number, location (rural/urban), and education prior to the training. After the meditation was practically taught to them, they were advised to do it daily for 25-30 minutes at their home. Also, after the first session of meditation at the hospital, they were asked to rate the technique on a scale from 1 to 10. Three categories were made for analysis of the ratings: 0-3 (poor), 4-6 (average) and 7-10 (good).

Two weeks after the trainings, telephonic enquiries / follow ups were made about compliance with meditation. Two categories were made for analysis based on patients' responses. Those who were doing it 0-3 times per week, were categorized under 'poor compliance' and those who were doing it 4-7 times per week, were categorized under 'good compliance'.

RESULTS AND INTERPRETATION

One of us (DM) had come up with a new meditation technique that borrowed from Jacobson's PMRT and combined guided imagery and music with it. This is an easy to follow and execute technique. The demographic trends of the population that visited this psychiatrist and whom the psychiatrist suggested this meditation, are given in the tables below.

Table 1 (Rating of meditation)

Rating	No.	%
0-3 (Poor)	0	0
4-6 (Average)	10	20
7-10 (Good)	40	80
	50	100

Table 2 (Compliance by the patient)

Compliance	No.	%
0-3 Times weekly (poor)	30	60
4-7 Times weekly (good)	20	40
	50	100

Table 3 (Age of the patients)

Age (in years)	No.	%
10 to 20	4	8
21 to 30	15	30
31 to 40	20	40
41 to 50	9	18
51 to 60	2	4
	50	100

Table 4 (Location of the patient)

Location	No.	%
Rural	15	30
Urban	35	70
	50	100

Table 5 (Education of the patient)

Education	No.	%
Nil	1	2
1 to 10	15	30
11 to 12, or graduation	25	50
Post Graduation	9	18
	50	100

As shown in table 1, 80% of the sample rated the meditation as good, and 20% of the sample rated it as average immediately after practical training of the technique. It must be noted that the rating of poor was given by none. Yet, as per table 2, compliance rates were good only for 40% of the sample, while 60% were hardly doing the meditation. Table 3 shows that the highest percentage (40%) of sample was the in age group of 31 to 40 years which can easily be thought of as a career active age group. Next was the age group of 21 to 30 years (30%).

The age groups of 10 to 20 years, 41 to 50 years and 51 to 60 years respectively showed percentages of 8, 18 and 4.70% of the sample was from urban areas (Table 4) that apparently wants to address its problems without delay, and 30 % of the sample was from rural areas where there seems to be a lack of interest and awareness in context of mental ailments. 50% were graduates or at least 11th /12th pass and 18% were post graduates (Table 5). 30% formed the 1st to 10th standard educated group and 2 % were totally illiterate never having attended school.

DISCUSSION

The study was conducted in a district with a population of approximately 13 lakhs. It has five psychiatrists. The results highlight that patients' despite giving meditation a good rating, want a quick fix solution and are unwilling to put in personal efforts and time for their treatment. They find it easier to take medicine, than to regularly put in labour. Secondly, if a sample with such as the found demographic features couldn't comply with the prescribed treatment, the picture must be even more grim for the rural and uneducated population.

But, "To experience the benefits of meditation, regular practice is necessary. It takes only a few minutes every day. Once imbibed into the daily routine, meditation becomes the best part of your day!" (artofliving.org)

The last line rings true as the ratings given to meditation by the patients were almost exhaustively on the positive side. But, they lacked the self-motivation for its regular practice.

A study by J.A. Astin (1997) showed that after "participation, experimental subjects, when compared with controls, evidenced significantly greater changes in terms of: (1) reductions in overall psychological symptomatology; (2) increases in overall domain-specific sense of control and utilization of an accepting or yielding mode of control in their lives, and (3)

higher scores on a measure of spiritual experiences. Conclusions were that the techniques of mindfulness meditation, with their emphasis on developing detached observation and awareness of the contents of consciousness, may represent a powerful cognitive behavioral coping strategy for

transforming the ways in which we respond to life events. They may also have potential for relapse prevention in affective disorders”. (Astin, 1997)

Following can be the derivations from the present study:

- Despite advances in psychiatry and psychology, general population seems to be less aware and less keen on benefitting from these strides of knowledge. There is a general lethargy prevalent. As a measure, first of all the index of suspicion for psychiatric illness on the part of family members should be high. This will thwart the chances of worsening if any psychological / psychiatric problem sets in, since appropriate steps will be taken in a timely manner.
- The complete treatment of a psychiatric patient comprises of medicine, the psychological intervention and rehabilitation. Present study shows a drastically low motivation for the psychology component.
- Once the patient reaches back home after visiting psychiatrist, the illogical beliefs prevalent in society also dampen the spirit of treatment; and first of all in this process, the psychological advice takes a back seat.
- Pre-marital and career active age groups are better in seeking advice.
- As expected, urban population is more aware and forthcoming to get treatment.

- Meditation needs to be introduced to general population also, not just those with psychiatric and/or psychological problems. It should permeate the basic lifestyle itself.
- 21st June is celebrated as yoga day, which has gained much popularity. Similar momentum should be provided to 21st May, that is, the world meditation day. In the long run, it may become a major motivating factor.

The limitation of this study is that maybe the psychiatrist suggested meditation to only those who were better educated and seemed more receptive to the meditation idea. In that case our conclusions that urban and educated population seeks psychiatric services to higher degree, is not foolproof. Further, the patients might have given higher ratings due to social desirability; in that case the picture can't be truly reflective of their experience of meditation.

CONCLUSION

Meditation and psychological component of the psychiatric treatment have not found the deserved place as yet. It has to be emphasized to every patient that relapses are bound to occur unless all three components (medicinal, psychological and rehabilitation) are taken care of. Presently, medicinal treatment is followed religiously but psychology and rehabilitation are less attended. Also, to make full use of advances in psychology, the level of general education has to be raised in all communities. In the competitive world of today, this is almost urgent.

REFERENCES

- Astin, J. A. (1997). Stress reduction through mindfulness meditation. *Psychotherapy and Psychosomatics*, 66(2), 97–106. <https://doi.org/10.1159/000289116>

Beck, B. D., Hansen, Å. M., & Gold, C. (2015). Coping with work-related stress through guided imagery and music (GIM): Randomized controlled trial. *Journal of Music Therapy*, 52(3), 323–352. <https://doi.org/10.1093/jmt/thv011>

Benefits of meditation | meditation benefits. (n.d.). Art of Living (Global). Retrieved April 29, 2020, from <https://www.artofliving.org/meditation/meditation-for-you/benefits-of-meditation>

Coppola, F., & Spector, D. (2009). Natural stress relief meditation as a tool for reducing anxiety and increasing self-actualization. *Social Behavior and Personality: An International Journal*, 37(3), 307–311. <https://doi.org/10.2224/sbp.2009.37.3.307>

History of meditation. (2020). In

Wikipedia. https://en.wikipedia.org/w/index.php?title=History_of_meditation&oldid=951422662

Mangla, D. (2013). Meditation, made easy. Mangla Neuropsychiatric Center, Jagadhri

The history and origin of meditation. (2019, May 27). PositivePsychology.Com.

<https://positivepsychology.com/history-of-meditation/>