

Preksha dhyana: A psychotherapeutic intervention

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This research was conducted to investigate the clinical effects of a 10 days Preksha meditation samples consisted of 20 male and female between 20-50 years (16 females, 4 males, mean age = 38.29 years) qualified for the study and completed the baseline measurements. Participants meditated daily for 10 days. Psychological instruments were completed at baseline. A pre and post design was used for the study. Results of a mixed-effects model with Pair-Wise comparisons indicated significant decreases in several psychopathological variables such as anxiety, depression, aggression and enhancement in optimism. Thus this study showed that Preksha meditation can be used as psychotherapeutic intervention for a multitude of clinical issues.

Keywords: preksha meditation, anxiety, depression, optimism, aggression

The modern man, of eastern or western origin has changed so much that he again needs old traditional methods, chaotic methods are required because the modern mind is chaotic. "This chaos, this rebelliousness in modern man is, in fact, a rebellion of other things: Of the body against the mind and against its suppression". This is fulfilled by Preksha meditation.

According to Jainism Infinite happiness is reside in our soul but soul is covered by veil of karma. Body contains the soul, therefore, one must pierce the wall of container to reach the content. Preksha meditation is the system of meditation engaging one's mind fully in the perception subtle internal and innate phenomenon of consciousness (chitta) thus it is a concentration of perception not a thought, i.e., perceive and realize the deepest and highest levels of your consciousness by your conscious mind. Seeing yourself through yourself, i.e., according to which participants engage in meditation for forty five minutes, observe their thoughts and the physical sensations of the body, he aware of the present moment without forming. Judgements or interpretations and accept the mental chaos of the mind.

Preksha meditation is a very ancient discipline. It has been considered as a spiritual discipline and recognized as such throughout the ages by all the systems of Indian Philosophy. The aim of meditation has always remained as the spiritual upliftment of man, i.e., look upon man as a whole consisting of body, mind and spirit.

Goenkaji constructs the Ayaranga sentence as follows:

आयतचक्खू लोगविपस्सी एस वीरेपससित्ते

He comments on this sentence as follows: The word loga is derived from lug - to destroy, Body, a collection of atoms, is destroyed at each and every moment. And one, who discerns his body acquires, clear insight, such a person is indeed, a hero and therefore, the praise worthy one. Perception is strictly concerned with the phenomenon of the present, it is neither a memory of past nor imagination of future. Perez de Albeniz and Holmes (2000) have reflected that meditation may be described as relaxation, concentration, altered state of awareness, suspension of logical thought, Harvard Mental Health Letter (2005) states that meditation is "the systematic method of regulating attention" (P.1)

From the Eastern world Buddhas meditation, Zazen, Chinese qi gong, and yoga have long been practised as a way of focusing the mind, deepening personal insights and gaining greater awareness of the present moment (LaTorre, 2002); while meditation in the western world traditionally has had religious connotations and associations, mind body techniques such as relaxation response (Bensen & Corlin, 2004); mindfulness meditation (Kalh, 2004); and paced respiration (Ferrari, Kagan, Kessel, & Benson, 2004); Mindfulness meditation, defined by Shapiro, Schwartz, and Bonner (1998).

Preksha meditation is a technique of meditation for attitudinal change, behavioral modification and integrated development of personality. It is a practice of purifying our emotions and our conscious (Chitta) and realizing our own self.

Method

Participants

The participants are from Mahatma Gandhi Medical College who had voluntarily agree not undergoing medical treatment suffering from moderate level of anxiety and depression not being pregnant, being able to participate for 10 consecutive days, each day from 7:00 to 8:00 a.m., and the ability to read and write English and completed the baseline measurement age level is between 20-50 years, 20 adults (16 female & 4 males)

Instruments

BDI (Beck depression inventory): It is a self reporting scale for quantification of depression .A Hindi adaptation was used in the present study. It contains 21 items, scores are given form 0-3. Out of the 21 items, 15 items deal with psychological symptoms and only 6 are concerned with somatic ones (Beck et al., 1961; Beck et al., 1974; Beck & Rush et al., 1979; Beck & Stur,1984; Richter et al., 1998).

Max Hamilton anxiety rating scale: It is an observer rated anxiety scale, first of all described in 1959 by Max Hamilton. It is a comprehensive scale, to measure the degree of person's anxiety and pathological condition. It consists of 14 items which are related to anxiousness, tension, fears, insomnia, intellectual (cognitive), depressed mood, somatic (muscular), somatic (sensory) cardiovascular, respiratory, gastrointestinal, genitourinary and

autonomic symptoms. Each item is rated as 0 to 4 with 1, 2, 3, and 4 depicting none, mild, moderate, severe and grossly disability severity respectively. Then scores of all items are summed up to give total scores of anxiety.

Optimism: Optimism was measured by using the LOT (Scheir & Carver, 1985) the LOT is an eight item self report measure (Plus four filler items) assessing generalized expectancies for positive versus negative outcomes. Respondents were asked to indicate their degree of agreement with statements such as "In uncertain times, I usually expect the best," and "I hardly ever expect things to go my way," using a 5 point response scale ranging from 0 (strongly disagree) to 4 (strongly agree) of the 8 scored items, 4 are worded in a positive direction and 4 are worded in a negative direction after reversing the scoring for the negatively worded items, item scores were totalled to yield an overall optimum score with high scores representing greater optimism.

Aggression Scale: The Buss-Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992) represents a revision of the Buss Durkee Hostility inventory (BDHI), it consists of 29 items, 5 point scale from 1 (extremely uncharacteristic of me) to 5 (extremely characteristic of me). Internal consistency for the four subscales and total score range from .72 (Verbal Aggression) to .89 (Total BPAQ Score). Retest reliability for the BPAQ over nine weeks is also satisfactory (correlation range from .72 for anger to .80 for Physical Aggression & for the total score; Buss & Perry, 1992).

Design and procedure

All the volunteer are to be present in an office space that is comfortable, spacious daily for 10 days from 6:00 - 7:00 a.m. in a group setting. They are provided with instructions for the meditation each evening along with a demonstration of each stage of the Preksha meditation. Participants would be encouraged to ask any question or comments.

Two days prior (baseline) to the study participants would complete a consent form and all the clinical scales. Subsequent clinical scales are to be completed on first day before participating and the last day of 10 day meditation protocol. The order of all the scales for all time points is counterbalanced. In addition to the formalized measurements after completing the meditation each day, participants would complete an informal "daily form" which consists of items, surveying level of energy, relaxation, aggression, sadness and anxiety.

Statistical procedure

A mixed effects model would be utilized to test for statistically significant changes over time for each of the variables. This model adjusts for the correlation between repeated observations on the same participants and allows for the inclusion of participants with missing data. Pair wise comparisons are to be conducted to investigate differences between baseline and Day 10.

A statistical differences between baseline and day 10 would be referred to as "Dhyana effect". A statistical difference between baseline and Day 15 referred to as a "lasting effect". Daily form: All the participants would complete 3 items for the assessment of their relaxation, anger, sadness.

Pre test and post test means, Standard deviations, 't' value on measures of Depression, Anxiety, Aggression and Optimism.

Table : 1

Sr. No.			Mean	SD	Rate	P
1.	Depression	Pre test	13.95	8.0	6.09	.01
		Post test	7.37	4.48		
2.	Anxiety	Pre test	15.7	8.20	6.77	.01
		Post test	8.15	4.71		
3.	Aggression	Pre test	18.30	9.12	7.02	.01
		Post test	9.94	4.41		
4.	Optimism	Pre test	13.07	4.96	7.60	.01
		Post test	21.20	7.60		

Results and discussion

Comparisons of the scores of pre-test, before the intervention, and after intervention indicated that there was a significant difference between the groups regarding degree of depression, anxiety, aggression and optimism. The results suggested that the participants had decreased level of depression anxiety, and aggression as well as increased degree of experienced optimism.

The aim of this study was to develop a protocol that can investigate whether Preksha meditation can be of interest in connection with increased well-ness in adult participants. As variables for well-ness, a number of parameters were tested, such a degree of depression, anxiety, aggression and optimism.

The results suggested that the current protocol can be adopted for a full scale trial and that the aspect of well-ness measured in our study increased after Preksha meditation.

The participants in the program had decreased level of depression and anxiety and aggression as well as increased degree of experienced optimism.

Before Prekshadhyan the mean value of depression was 13.95 (SD = 8.0) after dhyana. It get decrease to 7.37 (SD = 4.48) T test = 6.09 which is significant at .01 level. Again strong decrease in anxiety level before program. Mean was 15.7 (SD = 8.20) after program mean become 8.15 (SD = 4.71) and t ratio = 6.77 which is significant at .01 level.

Same way decrease in the level of aggression before dhyana mean was 18.30 (9.12) and after Dhyana mean become 9.94 (SD = 4.45) t = 7.02 significant at .01 level.

Heightened optimism is another important aspect of the wellness experience. Before Dhyana mean was 13.07 (SD = 4.96) and after increased mean to 21.20 (SD = 7.60) t Ratio = 7.60 significant at .01 level.

The verbal descriptions from the participants also complement the quantitative data. The experienced that the program decreased tensions, unpleasant sensations, block and locked up feelings: In regard to reduced anxiety and depression and more optimistic outlook for life. In addition group sense that they had more energy and that the life force flowed through their body during the practice feeling of peace and balance, calming down, living in the present moment, and experience of a new outlook on life.

Several other studies shows that Benson and his co-workers have shown from a number of controlled studies lowering effect of Transcendental meditation on Hypertension (Benson et al., 1973-1974; Benson, 1977). In 1969 Datey et al. after investigating the effects of meditational therapy for six months on the hypertensive patients reports decrease in blood pressure and decreased need for medication while the third group who had already normal blood pressure level because of medication decrease their need of

medication significantly from 33% to 100%. The patients also reported emotional stability which governs mental health is an important aspect of personality. Various studies reported by Kocher and Pratap (1971-1972); Kocher (1972 a, b); Palsane and Kocher (1973) showed favourable results of short term dhyana training on mental health through the influence of autonomic nervous system and endocrine system. The study of gharote (1971) on school children evaluating the psychophysiological effects of short term Dhayana training on the working of autonomic nervous system using a sophisticated and elaborate battery of wenger's Autonomic Balance, brought evidence about the utility of Dhyana training towards improved emotional stability.

Overcoming usual symptoms of headache, giddiness, irritability, sadness of mood, aggression, anxiety, insomnia, and decreased chest pain and breathlessness on exertion. (Datey et al., 1969). Another investigator who dealt with meditation therapy on hypertensive is Chandra Patel. She conducted series of investigations and got amazing results (Patel, 1975). Stone and de Leo (1976) used a technique involving breath awareness and examined the effects not only on lowering of blood pressure but also suggested biochemical aspects responsible for the enhanced blood pressure in the form of increase in dopamine beta hydroxylase and that breath awareness reduces the quantity of dopamine beta hydroxylase in the blood which accompanied lowering the blood pressure.

Present study also line with Khosla (1990) reported marked benefits of vipassana meditation on measures of anxiety and depression Nathawat and Puri (1995) have found this type of meditation converts criminals value emotional stability. Thus, this study showed that Preksha meditation can be used as a psychotherapeutic intervention for psychiatric patients. Further research clearly needs to be a true experiment with a control group and / or a placebo in order to establish the reliability of results.

Conclusion

With regular practice of Preksha meditation, one experiences flow of positive emotions, replacing aggression, anxiety, depression, it helps discovering hidden layers of delusion, lift the veil covering our soul and help us realize the power and wonders inside us helps us to be more creative, fearless, compassionate and Loving. Through determination, diligence and sincere pursuit of spiritual practice, we can overcome negative and harmful emotions and experience the positivism, inside bliss inside us.

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