

THE IMPACT OF VIPASANA MEDITATION ON MENTAL HEALTH AND LIFE STRESS

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ABSTRACT

The existential position of vipasana, namely, the inevitability of suffering (Dukkha), and its exhortation to work ardently so as to eventually reach the ultimate goal of full liberation (nibbana). Makes it a perfect tool for self-actualization, a positive mental health measure indeed. Accordingly, the primary focus of research in the health area, is a studying and evaluating the psychological benefits of vipasana, in terms of transformation in one's personality and attitude; one's coping patterns in the face of life stressors, one's performance and adjustment at home, study and work; in short, the quality of life. The research made an attempt to argue that, Vipasana meditation definitely brings positive changes in life and helps the group's members / considerably to reduce stress. It is noticed that there is a radical difference in life stress of men and women on the one hand and non-meditators, beginners of vipasana meditation and regular vipasanameditators on the other hand.

INTRODUCTION

Meditation is commonly described as a training of mental attention that awakens us beyond the conditioned mind and habitual thinking, and reveals the nature of reality. In this research, the process and the fruit of meditation practice is understood as Natural presence. Presence is a mindful, clear recognition of what is happening – here, now-and the open, allowing space that includes all experience. There are many supportive strategies (called 'skillful means') that create a conducive atmosphere for the Deeping of presence. The art of practice is employing these strategies with curiosity, Kindness and a light touch. The wisdom of practice is remembering that natural presence is always and already here. It is the loving awareness that is our essence.

Widely used meditation object is a seed thought. These are often drawn from writings one finds inspiring. Indian tradition has picked out from the Upanishads "great sayings" (Mahavakyas), four of which are used as the seed thoughts in the four orders of renunciants founded in the four corners of India by the great Vedanta teacher Shankaracharya. These are: prajnanam brahma, "Brahman (the absolute) is consciousness"; ahambrahmasmi, "I am Brahman"; tat transasi, "you are that (atman, the self)"; ayamatma brahma, "This self is Brahman". This

Indian renunciants meditation the same seed thought throughout their lives, because of the depth of meaning found in them.

Rene Descartes (1596-1650) according to him the meditation is generally considered the starting point of modern western philosophy, and with good reason. Descartes turns many Aristotelian doctrines upside down and frames many of the questions that are still being debated in philosophy today. Among other things, Descartes breaks down the Aristotelian notion that all knowledge comes resemble what they are about. In so doing, he develops an entirely new conception of mind, matter, ideas and a great deal else besides. *Swami Vivekananda* (19th century) describes “meditation has been kind stress upon by all religious. The meditative state of mind is declared by the yogis to be the highest state in which the mind exists. When the mind is studying the external object, it gets identified with it, loses itself.

To use the simile of the old Indian philosopher; the soul of man is like a piece of crystal, but it takes the color of whatever is near it. Whatever is near it. Whatever the soul touches it has to take its color. That is the difficulty. That constitutes the bondage, regarding meditation Walsh and Shapiro (2006) explained about meditation refers to a family of self regulation practices that focus on training attention and awareness in order to bring mental process under greater voluntary control and thereby foster general mental well-being and developing and specific capacities such as calm, clarity, and concentration.

Cahn & Polich (2006) meditation is used to describe practices that self regulate the body and mind, thereby affecting mental events by engaging a specific intentional set regulation of attention is the central commonality across the many divergent methods.

Jevning et al. (1992) they define meditation as a stylized mental technique, repetitively practiced for the purpose of attaining a subjective experience that is frequently described as very restful, silent and of heightened alertness, often characterized as blissful.

Goleman (1988) he defined meditation “the need for the meditator to retrain his attention, whether through concentration or mind fullness, is the single incardinating radiant in every meditation system.

Above we saw several definitions of meditation that have been used by influential modern reviews of research on meditation across multiple traditions. Within a specific context, more precise meanings are not uncommonly given the word “meditation”. For examples, meditation is sometimes the translation of meditation in Latin, which is the third of four steps of *Lectio Divina*, an ancient form, Christian prayer. “Meditation also refers to the second of the three steps of yoga in Patanjali’s yoga sutras, a step called *dhyana* in Sanskrit. Meditation may refer to a mental or spiritual state that may be attained by such practices, and may also refer to the practice of that state.

This is mainly focuses on meditation in the broad sense of a type of discipline, found in various forms in many cultures, by which the practitioner attempts to get beyond the reflexive, “thinking” mind into a deeper, more devout, or more relaxed state. The terms “meditative practice” and ‘meditation’ are mostly used here in this broad sense. However, usage may vary somewhat by context readers should be aware that in discussion of particular traditions like Hinduism and Jainism, Buddhism these are more specialized meanings of meditation.

VIPASANA MEDITATION

Vipasana is one of India's most ancient meditation techniques. Long lost to humanity, it was rediscovered by Lord Gautama the Buddha more than 2500 years ago. Vipasanamans seeing things as they really are. It is the process of self purification by self – observation. One begins by observing the natural breath to concentrate the mind. With a sharpened awareness one proceeds to observe the changing nature of body and mind, and experiences the universal truths of impermanence, suffering and egolessness. This truth realization by direct experience is the process of purification. The entire path (Dhamma) is a universal remedy for universal problems, and has nothing to do with any organized religion or sectarianism. For this reason, it can be practiced freely by everyone, at any time, in any place, without conflict due to trace, community or religion, and it will prove equally beneficial to one and all.

VIPASANA AND MENTAL HEALTH

Vipasana meditation is a scientific technique of self – observation, within the framework of one's own mind and body; a healing by observation of and participation in the universal laws of nature (Dhamma), that operate upon one's thoughts, feelings, judgments and sensations. It aims at the total eradication of mental negativities and conditions to achieve real peace of mind and lead a happy and healthy life. Vipasana is open to people of any faith, nationality, color background; even those afflicted with sickness can participated the meditation.

A wealth of data exists about the beneficial effects of vipasan in a variety of health disorders, both physical and mental. Such health benefits are considered to be just its by products and it is advised that one should not pursue them as the objective lost such efforts turn counterproductive heal thing not disease cure. But the essential healing of human suffering (dukkha) is the purpose of vipasana with joy and equanimity; one's approach to life is totally transformed, enabling one to face all the vicissitudes including disease, and even death, with serenity and fortitude.

The practice of medicine is a confluence of the twin streams of science and art. A healer needs not only the learned skills of diagnosis and treatment but human understanding too, with love and compassion for the suffering. Besides, the constant exposure to human suffering. Besides, the constant exposure to human suffering may lead to professional burn out unless the healer needs not only the learned skills of diagnosis and treatment but human understanding too, with love and compassion for the suffering. Besides. The constant exposure to human suffering may lead to professional burn out unless the healer consistently endeavors to develop one's own autonomy and self knowledge, augmenting one's ability to be a professional anchor to others in the tumult of their lives. As the saying goes, 'physician, heal they self" vipasana shows a way. Vipasana is acceptable and relevant to healers of diverse discipline as it touches the common ground of healing. With its practice, healers grow in their personal as well as professional lives; empathetic sensitivity and diagnostic accuracy are enhanced and therapeutic effectiveness is facilities. Many meditates healers tech their patients 'Anapana' a preparatory step in the training of vipasana, in addition to administering the regular medical treatment. The patients are thus encouraged to take personal responsibility for their own health and well-being. Vipasana is truly the path of all healing, including self – healing and other healing.

The existential position of vipasana, namely, the inevitability of suffering (Dukkha), and its exhortation to work ardeutely so as to eventually reach the ultimate goal of full liberation (nibbana). Makes it a perfect tool for self actualization, a positive mental health measure indeed. Accordingly, the primary focus of research in the health area, is an studying and evaluating the psychological benefits of vipasana, in terms of transformation in one's personality and attitude; one's coping patterns in the face of life stressors, one's performance and adjustment at home, study and work; in short, the quality of life.

VIPASANA PRACTICE AND STRESS

Stress has an impact on absenteeism rates and job performance, effectiveness and satisfaction (Burnard et al. 2000). Given the prevalence of these stress – related their costs to the nation's health care system and the loss of quality of life for individuals, it is no surprises that publications increasingly concerned over the effects of stress. Vipusana meditation is a conscious mental process that induces a set of integrated physiological changes termed the relaxation response.

METHODS

Statement of the problem

To find out the impact of “*Vipasana Meditation on Mental Health and Life in meditators and non-meditators*”.

Objective of the present study

1. To know the impact of Vipasana Meditation on mental health and life stress.
2. To know the gender differences of Vipasana meditators and non-meditators.
3. To know the mental health and life stress of Vipasana meditators and non-meditators.
4. To known the relationship between Vipasana meditation, mental health and life stress of Vipasana and non-Vipasana meditators.

The Variables

- Independent variable - Vipasana meditation, gender and age
- Dependent variable - Mental health, Life stress.

HYPOTHESIS

Following are the major hypothesis have been formulated for the present study. There are;

1. There is significant impact of Vipasana mediation on mental health and life stress of Vipasana and non-Vipasana meditators.

2. There is a significant gender difference in Vipasana and non-Vipasana meditators.
3. There are significant differences between mental health of Vipasana and non-Vipasana meditators.

Sample

Participants in this study included a total of 600. This sample including 300 male and 300 female respondents. In this sample 200 general group (those are un aware of vipasana meditation), 200 newly joined in vipasan meditation and another 200 they are more than two years experience in vipasana meditation. Participants ranged in age from 20-40 and 41 & above.

Tools used for study

Every possible care was taken to have the best possible tools with as much objectivity, reliability and validity as possible among other qualities for measuring selected variables. **The Mental health Inventory developed by .Jagdish.A.K.Srivastava (1983).** and **Life stress Inventory by Holems and Rahe (1967).**

Main study

The researcher had collected various vipasana meditation centers in India and collected representative samples.

The study was conducted in various vipasana meditation centers of India. Using tools of mental health, life stress. The researcher randomly selected vipasana meditators and common people. 8-10 each and appraised them regarding the nature and need of the study. Informed consent to participate in the study was obtained from all the meditators and general people. The data collection was done in three sessions of one hour duration. These sessions were conducted taking into consideration the time frame in which these meditators were not involved in their regular practicing of vipasana.

Session- I First day of vipasana : Socio-demographic data sheet, mental health inventory life stress questioner.

Socio – demographic data sheet given to the meditators and non-meditators and asked them to fill up with brief introduction given to them.

Mental health, life stress questioner given to them with instructions.

Session –II After 10 days of vipasana, given to all scale and inventory for meditators with clear instruction and finally collected the data.

Session-III Data collection from common population in same procedure.

Duration of the study

Since there was a big sample involved (as much as 600). It took almost 2 years to collect data. The data collection began in the year 2018 itself, and finished 2020. The data Analysis and discussion finished in august 2021.

Statistical methods applied

Following statistical methods were applied in the present analysis; Descriptive statistics, Multi- variate analysis of variance, Scheffe's post hoc test and Regression stepwise multiple.

RESULTS AND DISCUSSIONS

Vipasana meditation have been shown promise in effectively treating life stress, anxiety and depression through teaching clients or mediators to become more aware of thoughts and feelings and to change their relationship to them. Mindfulness practices are used to create a viewpoint on thoughts and feelings so that they are recognized as mental events rather than as accurate reflection of the self or reality in times of stress, the individual will be able to step back from thoughts and feelings, instead of engaging in ruminative thinking patterns that can escalate anxiety and depression. This research has been developed at a time when the changing demographic profile of people has lead to increased need for services. It has been suggested that the skills taught during the meditation affect global life style changes and new patterns of perceiving that is readily applicable to most of life situations. The objective of present research is "To know the impact of Vipasana meditation on life stress and mental health.

Table No. 1. Mean, SD and 't'-value of mental health and life stress of non-meditators, beginner of vipasana meditation and regular vipasana meditators. (N=600).

Factors	Mental health			Life stress		
Vipasana Group	(A) NM	(B) BVM	(C) RM	(A) NM	(B) BVM	(C) RM
Mean	146.55	187.57	226.31	214.71	157.52	128.28
SD	15.31	10.24	11.59	51.58	13.19	16.89
t- value	AB=31.49::BC=35.42::AC=58.74			AB=15.19::BC=19.29::AC=22.52		
Significance level	Mental health-AB=0.0001 (HS):: BC =0.0001 (HS):: AC=00001 (HS). Life stress-AB=0. 0001 (HS):: BC=0.0001(HS) ::AC=0.0001(HS).					

NM= Non-meditators, BVM = Beginner of Vipasana meditation, RM = Regular meditators

Table No. 1: The Mean and SD of mental health of non-meditators is 146.55 and 15.31 is lesser than the beginner of vipasana meditation i.e. 187.57 and 10.24 respectively. The calculated 't'-value 31.49 is significant at 0.01 level of significance. The Mean and SD of mental health of beginner of vipasana meditation i.e. 187.57 and 10.24 are lower than the regular meditators i.e. 226.31 and 11.59 respectively. The calculated 't'-value 35.42 is significant at 0.01 level of significance.

The Mean and SD of mental health of non-meditators i.e. 146.55 and 15.31 is very lower than the regular meditators i.e. 226.31 and 11.59 respectively. The calculated 't'-value 58.74 is significant at 0.01 level of significance.

Therefore, the formulated hypothesis is that there are significant impact of vipasana meditation on mental health of non-meditators, beginner of vipasana meditation and regular vipasana meditators. Therefore, the formulated hypothesis is strongly accepted.

The Mean and SD of life stress of non-meditators is 214.17 and 51.58 is higher than the beginner of vipasana meditation i.e. 157.52 and 13.19 respectively. The calculated 't'-value 15.19 is significant at 0.01 level of significance.

The Mean and SD of life stress of beginner of vipasana meditation i.e. 157.52 and 13.19 is higher than the regular meditators i.e. 128 and 16.89 respectively. The calculated 't'-value 19.29 is significant at 0.01 level of significance.

The Mean and SD of life stress of non-meditators is 214.71 and 51.68 is higher than the regular meditators i.e. 128.28 and 16.89 respectively. The calculated 't'-value 22.52 is significant at 0.01 level of significance.

Therefore, the formulated hypothesis is that there are significant impact of vipasana meditation on life stress of non-meditators, beginner of vipasana meditation and regular vipasana meditators. Hence, the formulated hypothesis is accepted.

Table No.2 Mean , SD and 't'-value of mental health of men and women non-meditators, beginner of vipasana meditation and regular vipasana meditators. (N=600).

Gender	Mental health of Men			Mental health of Women		
Group	(A) NM	(B) BVM	(C) RM	(A) NM	(B) BVM	(C) RM
Mean	147.18	195.54	231.42	146.22	181.49	224.48
SD	15.542	14.071	10.495	14.853	7.167	5.811
t- value	AB=23.06::BC=20.43::AC=44.91			AB=21.38::BC=46.59:: AC=49.06		
Significance level	Men-0.0001(HS), 0.0001(HS), 0.0001(HS). Women-0.0001 (HS), 0.0001 (HS), 0.0001 (HS).					

NM= Non-meditators, BVM = Beginner of Vipasana meditation, RM = Regular meditators

F (Groups)=231.84; P=.000 :: F (Gender)=56.32; P=.000 ::F (Interaction) = F=15.06; P=.000

Table No.2 reveals the mean and SD of mental health of non-meditators in men i.e. 147.18 and 15.542 is lower than the beginner of vipasana meditation i.e. 195.54 and 14.071 respectively. The calculated 't'-value 23.06 is significant at 0.01 level of significance.

The Mean and SD of mental health of beginner of vipasana meditation in men i.e. 195.54 and 14.071 are lower than the regular meditators i.e.231.42 and 10.495 respectively. The calculated 't'- value 20.43 is significant at 0.01 level of significance.

The Mean and SD of mental health of non-meditators in men i.e. 147.18 and 15.542 are very lower than the regular meditators i.e. 231.42 and 10.495 respectively. The calculated 't'-value 44.91 is significant at 0.01 level of significance.

Therefore, the formulated hypothesis is that there are significant difference between mental health of men non-meditators, beginner of vipasana meditation and regular vipasanameditators. Therefore, the formulated hypothesis accepted.

The Mean and SD of mental health of non-meditators in women i.e. 146.22 and 14.853 are lower than the beginner of vipasana meditation i.e. 181.49 and 7.167 respectively. The calculated 't' - value 21.38 is significant at 0.01 level of significance.

The Mean and SD of mental health of beginner of vipasana meditation in women i.e. 181.49 and 7.167 are lower than the regular meditators i.e. 224.48 and 5.811 respectively. The calculated 't' - value 46.59 is significant at 0.01 level of significance.

The Mean and SD of mental health of non-vipasana meditators in women i.e. 146.22 and 14.853 are very lower than the regular vipasana meditators i.e. 224.48 and 5.811 respectively. The calculated 't' - value 49.06 is significant at 0.01 level of significance.

Therefore, the formulated hypothesis is that there are significant differences between mental health of women non-meditators, beginner of vipasana meditation and regular vipasanameditators. Therefore, the formulated hypothesis is accepted.

Table No. 3. Mean SD and 't'-value of life stress of men and women non-meditators, beginner of vipasana meditation and regular vipasana meditators. (N=600).

Gender	Life stress of Men			Life stress of Women		
Group	(A) NM	(B) BVM	(C) RM	(A) NM	(B) BVM	(C) RM
Mean	239.20	157.38	136.69	190.22	157.65	119.86
SD	44.28	16.42	13.04	46.66	8.95	16.14
t- value	AB=17.32::BC=9.86::AC=22.20			AB=6.85::BC=20.47::AC=14.22		
Significance level	Men-AB=0.001 (HS):: BC=0.001(HS):: AC=0.001(HS). Women-AB=0.001 (HS):: BC =0.001 (HS)::AC=0.001 (HS).					

NM= Non-meditators, BVM = Beginner of Vipasana meditation, RM = Regular meditators

F (Groups) =471.69; P=.000 :: F (Gender)=87.36; P=.000 ::F (Interaction) = F=38.147; P=.000

Table No.3. Reflects that the Mean and SD of life stress of men in non-meditators i.e. 239.20 and 44.28 are higher than the beginner of vipasana meditation is 157.38 and 16.42 respectively. The calculated 't'-value 17.32 is significant at 0.01 level of significance.

The Mean and SD of life stress of men in beginner of vipasana meditation i.e. 157.38 and 16.42 is higher than the regular vipasana meditators i.e. 136.69 and 13.04 respectively. The calculated 't'-value 9.86 is significant

at 0.01 level of significance. Mean and SD of life stress of men in non-meditators i.e. 239.20 and 44.28 is higher than regular vipasana meditators i.e. 136.69 and 13.04 respectively. The calculated 't'-value 22.20 is significant at 0.01 level of significance.

Therefore, the formulated hypothesis is that there are significant difference between life stress of men non-vipasana meditators and beginners of vipasana meditation and regular vipasanameditators. Hence, the formulated hypothesis is accepted.

The Mean and SD of life stress of women in non- meditators i.e. 190.22 and 46.66 higher than the beginner of vipasana meditation i.e. 157.65 and 8.95 respectively. The calculated 't'-value 6.85 is significant at 0.01 level of significance.

The Mean and SD of life stress of women in beginner of vipasana meditation i.e. 157.65 and 8.95 is higher than the regular vipasana meditators i.e. 119.86 and 16.14 respectively. The calculated 't'-value 20.47 is significant at 0.01 level of significance.

The Mean and SD of life stress of women in non-meditators i.e. 190.22 and 46.66 is severe than the regular vipasana meditators i.e. 119.86 and 16.14 respectively. The calculated 't'-value 14.22 is significant at 0.01 level of significance.

Therefore, the formulated hypothesis is that there are significant difference between life stress of women non-vipasana meditators and beginner of vipasana meditation and regular vipasanameditators. Hence, the formulated hypothesis is accepted.

SUMMARY AND CONCLUSION

- The research made an attempt to argue that, Vipasana meditation definitely brings positive changes in life and helps the group's members / considerably to reduce stress. It is noticed that there is a radical difference in life stress of men and women on the one hand and non-meditators, beginners of vipasana meditation and regular vipasanameditators on the other hand.
- Mental health as such there is noticeable differences among three selected groups. Men and women non-meditators, beginners of vipasana meditation, regular vipasanameditators. It is found that the men who regularly practices vipasana meditation have good mental health than the beginners of vipasana women meditators.
- There is a significant difference between life stress of men and women. The non-meditators have more life stress than the other two groups. In fact, the regular vipasana meditators have less life stress others.
- There is significant difference in life stress and mental health in the different group of meditators. However, there is no variation in relation to the age and domicile of meditators and non-meditators.
- The impacts of regular vipasana meditation have significant positive impact on mental health than the non-meditators. Therefore, non-vipasana meditators have high level of life stress and low level of mental health.

SUGGESTIONS

It is alarming to see the suicide rate in India, which is above the world average of the half of million people reported to have committed suicide annually, 20% are Indians. The suicide rate of the world population 17%. The last two decades have witnessed and an increased from 7.9 to 10.3 per lakh in India. There is considerable difference between the southern and northern states of India. In southern region including Karnataka has witnessed more than 20% of suicide rate whereas in northern states it is less than 5%. It a matter of concern that the national crime rates states that among the people who commit suicide in India 38% than below 30 years. 71% re below the age of 33 years. The suicide many the youth cause a huge social emotional and economic catastrophe poisoning constitutes 36% hanging 32%, self emotional 7.9% are the common method used fact commit suicide. There are certain socio-psychological mechanisms through which suicides can be brought down it is highly recommended that the Government of Karnataka can take the initiative of opening up of vipasana meditation centers in primary health center and district hospitals. It is advisable to introduce vipasana meditation center in academic institutions like School College and University. Through out reach programmes the government should utilize the programmes like vipasana meditations to reach out to the farmers and other sections of the society keeping in mind the incidents of farmers committing suicide because of drought and other life stress factors and so as it becomes the entire mode irrespective.

A healthy society depends to a great extent on the level of mental health the people experience in a society which is experiencing the materialism of globalization on the one hand and negative elements like corruption on the other hand, definitely need programmes like vipasana meditations to nurture a holistic approach among the people. This process will definitely contribute in the field of social integration and upliftment of the mental health of society by reducing social isolation.

A Vipasana meditation facilitates the optimum socio-psychological temperature of the people it is in consistent with the Buddhist views of transcendence and enlightened awareness of the true being. This process attempts to bring one's complete attention to the present experience on a moment to moment basis.

The establishment of vipasana centers at district level either by NGO's or the government will help in the rehabilitation of destitute orphan's HIV +ve patients, child labors, sex workers and make them active members of the social mainstream. The vipasana meditators programme will enable the above said victims to overcome the social stigma and psychological problems associated with them. There by, they can lead a normal life and contribute to the National development.

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