



## **Effect of Vipassana Meditation on Mental Health of Adolescents**

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### **Abstract**

The main purpose of this study was to examine the effect of Vipassana meditation on mental health of adolescents. The purposive sample ( $N = 60$ ) was employed. The age range of the participants was between 16 to 19 years. Sample consists of both Male and female adolescents (30 male and 30 female). A reliable and valid mental health checklist developed and standardized by Pramod Kumar was used in collecting data. Pretest-Posttest design was employed. F-ratio was utilized to analyze data. F-ratio ( $F = 5.03$ ) showed that 4-months Vipassana training to the participants significantly enhance their mental health. Also, significant gender differences ( $F = 4.52$ ) was also found in mental health, males having better mental health than females.

**Keywords: Mental Health, Vipassana Meditation, Adolescents**

### **Introduction:**

Adolescence is a cross road during the process of development. It is regarded as a turbulent period between playful childhood and responsible adulthood. Perhaps no period of lifespan is more important to the development of self than adolescence. Most of the adolescents live with their parents but spend increasing amount of time with peers and friends. During this phase of

intimate relationships, advices are given, interests are raised, goals are negotiated, solutions are compared and outcomes are evaluated.

Vipassana Meditation means “Insight” i.e. observation of reality within oneself. The technique of Vipassana meditation involves the systematic and dispassionate observation of sensation within oneself. This observation unfolds the entire reality of mind and the body. Sensations occur at all times throughout the body. Every contact mental or physical, produces a sensation. In Vipassana meditation, the meditator simply observes bodily sensations. The meditator moves attention systematically throughout the body: from head to feet and feet to head” from the extremities to the other, but while doing so he/she does not search for a particular type of sensation, nor tries to avoid sensations of another type, the efforts are only to observe sensations objectively throughout the body.

The sensation may be any type: heat, cold, heaviness, lightness, pleasure, pain, etc. the meditator tries to observe ordinary physical sensations as they naturally occur. Whether the sensations are pleasant or unpleasant, intense or subtle is irrelevant in Vipassana meditation. The task of the mediators is to observe them objectively. This awareness of sensations and equanimity bring many positive changes in the personality of the mediator. The term mental health, according to Microsoft Encarta (2004) refers to one’s capability to love and relate to others and the willingness to behave in a way that brings personal satisfaction without encroaching upon the rights of the others. In other words, it is the capacity to be well adapted and emotionally well adjusted. Mental health is an index which shows the extent to which the person has been able to meet his/her environmental demands - social, emotional or physical. Mental health represents a psychic condition which is characterized by mental peace, harmony and satisfaction. It is identified by the absence of disabling and debilitating symptoms both mental and somatic in the person. Criteria of a mentally healthy person are: Adaptability, emotional satisfaction, insight into own conduct, resilient mind, good habits, and positive philosophy of life.

## **Objectives**

- 1) To study the impact of Vipassana meditation on Adolescent’s mental health.

2) To examine the gender differences in mental health of the adolescents.

### **Hypotheses**

1. Vipassana meditation enhances mental health in the subjects.
2. Poor mental health would be observed among male subjects as compared to female subjects.

### **Method**

**Sample:** A purposive sample consists of adolescents from Nagpur and Kamptee meditation centers. Age range of the subjects is from 16 to 19 years. The sample consists of both male and female adolescents (30 male and 30 female).

### **Tool employed**

Mental health checklist developed and standardized by Pramod Kumar. It consists of 11 items - 6 mental and 5 somatic, preened in a 4-point rating format. The checklist is reliable and valid. A numerical value of 1, 2, 3 and 4 is assigned to the four respond categories, i.e.: 'Rarely', 'At times' 'Often' and 'Always'. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health. Higher score indicates poor mental health and vice versa.

**Design -** One group Pretest, Posttest research design was employed. The intervening variable is 4 -weeks Vipassana meditation training.

### **Results and Discussion**

Table No. 1: Descriptive statistics for mental health

| Gender | N  | Pre - Test |      | Post - Test |      | Average Means | SDs  |
|--------|----|------------|------|-------------|------|---------------|------|
|        |    | Means      | SDs  | Means       | SDs  |               |      |
| Male   | 30 | 25.30      | 4.81 | 15.91       | 2.74 | 20.61         | 3.78 |
| Female | 30 | 31.34      | 4.97 | 24.45       | 2.97 | 27.9          | 3.97 |

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|              |  |       |      |       |      |  |  |
|--------------|--|-------|------|-------|------|--|--|
| Average Mean |  | 28.32 | 4.89 | 20.18 | 2.82 |  |  |
|--------------|--|-------|------|-------|------|--|--|

Table no. 1 reveals Mean scores and SD scores of participants for mental health in Pre - test and Post - test conditions. The mean values in pre - test and post test conditions are 28.32 and 20.18 respectively.

The mean value in pretest condition is higher than post test condition. As per mental health scale norms, the higher the score, poor is the mental health and vice-versa. Thus, mental health of participants is found better in post test condition (after Vipassana meditation training) as compare to pre - test condition.

Table No. 2: Showing F - Ratio in Pre and Post test condition

| F- ratio | Significance Level |
|----------|--------------------|
| 5.03     | 0.05 level         |

Above table no. 2 reveals F - Ratio (5.03) for mental health in pretest and post test condition. It is significant at 0.05 levels. Thus, Vipassana meditation plays an important role in enhancing mental health of the participants. Results support hypothesis No. 1 stating that “Vipassana meditation enhances mental health of the subjects.” Hence the hypothesis is accepted.

When meditators practice Vipassana meditation, they improve their self - awareness, self - concept, physical and mental health. Vipassana meditation trains the mind of practitioners which enable them to alleviate anxiety, stress, depression and other mental symptoms and enhance mental health. Masicamso and Baumeister (2007) have suggested that meditation practice may lead to beneficial changes due to its inherent extensive practice in self regulation. They propose that because meditation practice involves altering and controlling responses in some way or continuously regulating attention in a particular way. The primary mechanism by which meditation practice operates is through enhanced abilities in self-control, which in turn

may cause increase in mindfulness. The technique used is systematic and dispassionate observation of sensation within oneself. The observation unfolds the entire reality of mind and body showing significant improvement in mental health by reducing stress, anxiety and depression.

Table No. 3: Showing F- ratio for Gender in mental health

| F-ratio | Significance Level |
|---------|--------------------|
| 4.52    | 0.05 level         |

Above table reveals that the main effect of gender on mental health is significant ( $F = 4.52$ ). As per Table No. 1, the mean scores of males and females on mental health are 20.61 and 27.90 respectively, male subjects having better mental health than female subjects, as low score indicates good mental health. Results do not support hypothesis No. 2 stating that “poor mental health would be observed amongst male subjects as compared to female subjects.” Hence the hypothesis is rejected.

Weisman and Klerman (1977) argue that women are more likely to be depressed than men. Australian Institute of Family Studies (2002) explains three important things about gender and the risk of mental disorders.

First, women are more prone than men to mood and anxiety disorders while men are more prone to alcohol and drug disorders. Second, for each disorder the gender difference is statistically significant. Third, men and women are equally at risk of having a disorder.

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**Effect of Vipassana Meditation on Mental Health of Adolescents**

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