


Meditation: A Therapeutic view**Bhardwaj R.^{1*}**DOI: <https://doi.org/10.55968/ijems.v12i03.400>^{1*} Rekha Bhardwaj, D.P.E, , Ch. B. R. G. Govt. Girls College, SriGanganagar, Rajasthan, India.

Meditation is an ancient technique that has recently been extracted from its spiritual framework, and applied to therapy for the enhancement of personal well-being. Although we have limited ourselves to reviewing studies that refer only to meditation as a technique, there is abundant literature that relates meditation to a religious-philosophical framework. It could be argued that in extracting the technique from its theoretical and belief context, the meaning and effect of meditation is deprived of its essence--just as an interpretation, cognitive challenge, or a paradoxical injunction would not have the same impact/outcome when removed from its therapeutic context. There are different types of meditation, but all seem to be fundamentally based on the concept of self-observation of the subject's psychic activity in the here and now, with an acceptance of process rather than content. The practice of meditation has positive short- and long-term rewards, the main ones being a calm self-control, called 'the relaxation response'. These effects include a wakeful hypo metabolic physiological state and a balance of the parasympathetic or trophotropic and sympathetic or ergotropic functions. The evidence of meditative physical effects is consistent with increasing evidence of the biological impact of psychological interventions. It refutes convincingly the stereotypical criticism that talking therapies 'do nothing' or are 'just' placebo. Meditation is not free from side-effects, even for long-term mediators or experienced teachers. Nor is it free of contraindications. The common element with psychotherapy is the emphasis and goal of self-awareness, and the freeing of the individual from habitual patterns of thinking and feelings, paving the way for change. It differs from psychotherapy in that meditation is a completely private and silent exercise.

Keywords: Meditation, Therapy, Psychotherapy

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Introduction

The idea of meditation seems simple to us as, "Sit still, focus on breath, and reflect". But the practice of meditating is rooted deep in cultural history that has been seen as practice to grow from a religious idea to something that is now seem to be more stylish than spiritual.

Even today most of the people still meditate for religious purpose, these days, the practice has considered yoga as a secular and chic trend, as meditation studios has opened in many cities. Even Equinox, a fitness company with gyms across has launched a class called Head Strong which will combine high intensity interval training with meditation. The trend has also caught up with technology, with apps like Headpsace and OMG. I Can Meditate!

In the field of sports also meditation has found its place in training sessions especially in the games like shooting archery chess and many more.

History of Meditation

Meditation is an ancient practice that is believed to have originated in India several thousand years ago. Throughout early history, the practice was adopted by neighboring countries quickly and formed a part of many religions throughout the world.

The terminology used today to "meditate" was not introduced until the 12th century AD, it came from the Latin word *meditatum*. Which means, "To ponder?"

The *Yoga Sutras of Patanjali*, focusing on the eight limbs of yoga, was compiled between 400-100 BCE. During this period only, the *Bhagavad Gita* was written, which discusses the philosophy of yoga, meditation, and the practice of living a spiritual life. Ancient history: The earliest documented which records meditation was Vedas, around 1500 BCE. However it is believed that meditation was practiced before this time, as early as 3000 BCE.

Between 600-500 BCE, the development of other meditation forms was recorded in Taoist China and Buddhist India, although the exact origins of these practices, particularly Buddhist meditation, is not specifically illustrated anywhere.

The formula to the salvation

Of morality, contemplative concentration, knowledge, and liberation were believed to involve meditation as a central component. Early history: Japanese monk, Dosho, discovered Zen on a visit to China in 653 and introduced the practice of meditation to Japan upon his return to the country he opened the first hall for meditation. The practice grew significantly in Japan from the 8th century AD onward, bringing the practice of meditation with it. Middle Ages and modern history: During the middle Ages, the practice of meditation grew and developed almost into all religious traditions as a form of prayer, such as Jewish meditation.

In the 18th century, the ancient teachings of meditation began to become more popular among the population of Western cultures.

In 1927, the book "Tibetan Book of the Dead" was published, which attracted significant attention from Westerners and excited interest about the practice.

This was followed by the *Vipassana* movement, or insight meditation, which began in Burma in the 1950s. "The Dharma Bums" was published in 1958, attracting more attention to meditation at this time.

In 1979, the Mindfulness-Based Stress Reduction (MBSR) program was founded in the United States, which used meditative techniques in the treatment plans for patients with chronic diseases.

Since this time, meditation has become increasingly more common..

Definition of Meditation

Webster's dictionary defines meditation as an 'act of spiritual contemplation'.

According to Kokoszka it is: self-experience, self-realization and, in some religious traditions, a specific practice to achieve the discovery of the ultimate truth.

According to patanjali: Dhyana is a term used for the seventh anga (limb or level) in the eight-step Yoga practice of Sage Patanjali. This state is penultimate to Samadhi or "absorption." Unfortunately, the word dhyana is usually translated as meditation, implying a state of abiding calm. From a psycho physiological perspective, meditation is the intentional self-regulation of attention, in the service of self-inquiry, in the here and as it include the following components: (1) relaxation, (2) concentration, (3) altered state of awareness,

(4) suspension of logical thought processes, and (5) maintenance of self-observing attitude.

There are many different techniques of meditation, which can be classified according to Shapiro as: those which focus on the field or background perception and experience, called 'mindfulness meditation'; those which focus on a preselected specific object or 'concentrative' meditation', and those which shift between the field and the object.

No thought, image or sensation is considered an intrusion. The mediator, with a 'no effort' attitude, is asked to remain in the here and now. Using the focus as an 'anchor' (Teasdale et al., 1995) brings the subject constantly back to the present, avoiding cognitive analysis or fantasy regarding the contents of awareness, and increasing tolerance and relaxation of secondary thought processes.

Meditation can also be practiced walking or doing some simple exercises, where it aims to break down habitual automatic mental categories, thus regaining the primary nature of perceptions and events, focusing attention on the process while disregarding its purpose or final outcome.

If based in visualization such as the chakra meditation the subject concentrates on certain 'energy' (kundalini) in his body, starting in his lower abdomen and then, through visualization, circulating through various parts of the body, until the energy is eventually 'dispersed'. This is combined with repetitive, positive, reinforcing suggestions from the instructor and the subject himself, resulting in a strong belief in the subject that s/he can manipulate this 'energy' at will.

Meditation is a generic word stretching from sitting quietly to deep inward focus as practiced in many traditions. The official site of National Center for Complimentary and Alternative Medicine (NCCAM), USA, proclaims thus: "Meditation techniques include specific postures, focused attention, or an open attitude toward distractions. People use them to increase calmness and relaxation, improve psychological balance, cope with illness, or enhance overall health and well-being".

Thus, the definition of meditation is based on a mental process to calm and reduce psycho-physiologic load on a person due to reasons cited above. The consequence of such a practice is lowered metabolism that goes by the well-known phrase, relaxation response.

A recent paper has tried to provide taxonomy for the term meditation. Three categories of meditation are suggested based on distinct EEG profiles they seem to project. These categories are: i) focused attention (FA) (on any object), ii) open monitoring (OM), and iii) "automatic self-transcending" (ST).

Meditation is related but distinguishable from daydreaming, hypnosis (Fromm, 1975), praying, cardiovascular and neurovascular feedback, autogenic training and relaxation techniques (Kokoszka, 1994).

Meditation differs from these other techniques or practices in its emphasis on maintaining alertness, and its philosophical/cognitive background aims at expanding self-awareness and an increased sense of integration and cohesiveness (Snaith, 1998).

The term meditation refers to a variety of techniques or practices intended to focus or control attention. Most of them are rooted in Eastern religious or spiritual traditions. These techniques have been used by many different cultures throughout the world for thousands of years.

Today, many people use meditation outside of its traditional religious or cultural settings as a form of mind-body medicine. Many claims have been made about its value in promoting or improving health and wellness.

Need of Meditation

It plays a central role in many religious traditions and rituals, in addition to helping individuals to manage stress and improve overall well.

- Neural mechanisms underlying the effects of mindfulness on anxiety in anorexia nervosa.
- Mindful meditation intervention benefits adolescent with traumatic experiences.
- New research draws attention to the effects of deep meditation on gut health
- Long-term deep meditation may help to regulate the gut micro biome for better health.
- Review and meta-analysis suggest breath work is effective for improving stress and mental health.
- Group practice of transcendental meditation reduces stress.
- Cancer patient with sickle

- cell disease report reduction in pain and anxiety in response to music therapy.
- New research helps understand how breathing shapes our brain.
- Sleep quality impact mood and work ambitions.
- Mind body practice can effectively reduce blood sugar level in type 2 diabetes.

Meditation Spirituality and Religion

Throughout history, meditation has played a large role in spiritual and religious practices

Some archaeologists date meditation back to as early as 5,000 BCE, it has religious ties in ancient Egypt and China, as well as Judaism, Hinduism, Jainism, Sikhism and, of course, Buddhism.

Meditation's global spread began along the Silk Road around about five or six centuries BCE, as the practice moved throughout Asia.

As it arrived in a new spot, it slowly transform to fit each new culture.

But it wasn't until the 20th century that it began to move beyond the realm of specific religions,

As TIME reported in a 2003 meditation began to be seriously studied for its medical benefits in the 1960s, when a researcher in India named B.K. Anand "found that yogis could meditate themselves into trances so deep that they didn't react when hot test tubes were pressed against their arms."

Psychological Effects

Traditionally meditation has been practiced within a religious context.

Only in modern times have the techniques of meditation been extracted from their spiritual and philosophical context and applied to the promotion of individual well-being.

Most literature in scientific journals and research about meditation has been based on this personal health-enhancing aspect (Epstein, 1990; Globus, 1980; Leuschitz & Harlman, 1996; Russell, 1986; Shapiro, 1994; Tyler, 1977; West, 1987).

- It develops patience.
- To be aware of the problem before attempting to solve it.
- It promotes a non-judgmental attitude,

- It helps the patient to come to terms with 'what is', rather than to fight hopelessly for 'what might be', or 'might have been'.
- It helps people to be comfortable with ambiguity, ignorance and uncertainty. Mediators learn to recognize and trust their inner nature and wisdom.
- Meditation fosters the recognition of personal responsibility.
- The mediator's feelings during and about meditation itself cannot be displaced or disowned.

Physiological Effects

Meditation is claimed to produce an integrated response with peripheral circulatory and metabolic changes sub serving central nervous activity. Jevning et al. (1992) called it an 'a wakeful hypo metabolic integrated response'.

The physiological effects include:

- Increased cardiac output,
- Slow heart rate (Dillbeck & Orme-Johnson, 1987),
- Muscle relaxation (Narayu et al., 1990),
- Apparent cessation of CO₂ generation by muscle,
- Decreased renal and hepatic blood flow,
- Increased cerebral flow,
- Decreased respiratory frequency (Kesterson & Clinch, 1989),
- Significantly decreased sensitivity to ambient CO₂, less O₂ consumption (Wilson et al., 1987),
- Increased skin galvanic resistance,
- Decreased spontaneous electro dermal response,
- EEG synchrony with increased intensity of slow alpha in central and frontal regions, and increased theta waves in frontal areas of the brain (Telles & Desraju, 1993), Enhancement of brain stem auditory evoked response (Liu et al., 1990),
- Increased alpha and beta coherence (Sim & Tsol, 1992), and
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- Shift in hemisphere dominance with greater activation of the centers in the right hemisphere (to which non-verbal, intuitive, spatial, holistic, non-sequential qualities are attributed; Telles et al., 1994).
Metabolically effects include:
 - Increased blood pH during meditation but decreased arterial pH afterwards,
 - Resulting in a mild metabolic acidosis;
 - Decreased plasma lactate (probably due to changes in erythrocyte metabolism); changes of glucose metabolism pattern (Herzog et al., 1990);
 - Decreased adrenalcortical activity just after 30 minutes of meditation and long-term decreased cortical secretion (Sudsang et al, 1991);
 - Decreased TSH;
 - Increased concentration of argininesvasopressin (which is said to play an important part in learning and memory);
 - Increased levels of phenylalanine concentration (in 3-5 year mediators);
 - Increased 5 hydroxyindole-3 acetic acid urinary metabolite of serotonin after 30 minutes of meditation (Travis & Orme-John, 1989); and
 - Increased levels of melatonin (urinary 6 sulphatoxymelatonin) which is produced in the pineal gland (Masion et al., 1995).
 - Through melatonin, there is an increased inhibitory effect of GABA, which has a benzodiazepine-like effect (analgesia, anti stress, anti-insomnia; Elias & Wilson 1995; Harte et al., 1995)
- Boredom;
- Pain;
- Impaired reality testing;
- Confusion and disorientation;
- Feeling 'spaced out';
- Depression; increased negativity;
- Being more judgmental; and,
- Ironically, feeling addicted to meditation.
- uncomfortable kinesthetic sensations,
- Mild dissociation,
- Feelings of guilt and,
- Via anxiety-provoking phenomena, psychosis-like symptoms, grandiosity, elation, destructive behavior and suicidal feelings.
- Unpleasant affective experiences, such as fear, anger, apprehension and despair.
- Sobbing and hidden memories and themes from the past, such as incest, rejection, and abandonment appeared in intense, vivid forms and challenged the subject's previously constructed image of their past and themselves.

On the other hand, it is not uncommon to encounter a mediator who claims that has found 'the answers' when in fact he has been actively engaged in a subtle man oeuvre of avoiding his basic questions.

Meditation and Psychotherapy

Increased self-awareness is a common theme in most psychotherapy. It is often proposed as an initial step in freeing oneself from distressing symptoms, and forms the basis of behavioral monitoring and feedback, cognitive diaries and psychoanalytical analysis of transference, dreams and free association.

From a personal construct perspective (Kelly, 1955), meditative concentration techniques can be viewed as deliberately experimenting with 'constriction'. In constriction the perceptual field is shrunk to a few elements in an attempt to reorganize and make manageable the construct system. Mindfulness techniques can be seen as 'dilation', whereby the person broadens his/her perceptual field to include more elements, with the aim of a more comprehensive organization

Side-effects

Not all effects of the practice of meditation are beneficial. Shapiro (1992) found that 62.9% of the subjects reported adverse effects during and after meditation and 7.4% experienced profoundly adverse effects.

The length of practice (from 16 to 105 months) did not make any difference to the quality and frequency of adverse effects.

These adverse effects were relaxation-induced anxiety and panic;

- Paradoxical increases in tension;
- Less motivation in life;

Of his/her construct system (Del Monte, 1987).

Thus meditation allows its practitioner to step out of conceptual limitations, a process which is considered to be the hallmark of insight and creativity, and the converse of neuroticism (Craven, 1989; Greguire, 1990).

The detachment from self experienced in meditation can be related to the split described by Freud (1930) between the experiencing ego and the observing ego.

This capacity to rise above the self increases motivation, tolerance of guilt, and enhancing a sense of unity and centeredness.

On the other hand, in order to reach this deeper stability, one has to become fundamentally destabilized, which may require preliminary strength and faith (Shapiro, 1992).

Looked at more positively, meditation can be seen as an undifferentiated regressive state, which, like the mother-child bond, protects from fear of separation and desolation.

It is a 'regression in the service of the ego' (Atwood & Maltin, 1991; Shaffii, 1973) where one's loneliness, even the problematic nature of one's existence, is threateningly close and all that matters is not being dead or disintegrating into non-existence.

This very early 'narcissistic' feeling of injury, experienced as a loss of the safety provided by attachments to others, is temporarily counterbalanced by the meditation-induced enhanced sense of the tangible self (Bogart, 1991).

Shaffii (1973) emphasized the importance of silence and conceptualizes meditation as a temporary and controlled regression to the preverbal level or 'somatic symbiotic phase' of the mother-child relationship. This regression may rekindle unresolved themes from the developmental phase in which the individual develops a sense of basic trust.

Relevance to Clinical Practice/Meditation and Health Studies

Meditation is widely practiced and is believed to have beneficial health effects. However, the research to understand how meditation

Work and the effects it can have are only beginning to cut the surface of the practice.

Initial studies conducted in the 1950s and 1960s were poorly controlled and the results achieved were thus not reliable. However, modern technology and experimental techniques have allowed the researchers to look further into what changes are noted when people meditate, over both the short and long term. The studies has shown its effect in following health issues

Hypertension

Several studies have noted that meditation can have an effect on blood pressure, suggesting that it may be beneficial in the management of hypertension and help to prevent cardiovascular disease.

One study of 298 university students found that the practice lowered the blood pressure of individuals at risk of developing hypertension. Additionally, meditation was noted to have a beneficial effect on psychological distress, anger management, anxiety, and depression.

In particular, transcendental meditation has significant evidence to support its use in the management of hypertension and is recommended by the American Heart Association for this indication. However, it is not clear if this technique is superior to other types of meditation.

Irritable bowel syndrome

In 2011, a clinical trial of 75 women who practiced mindfulness meditation for 8 weeks showed a reduction in the severity of symptoms of irritable bowel syndrome (IBS). A review of the subject in 2013 found that meditation helped to slightly improve pain and quality of life in IBS patients, although it did not have a noticeable effect on depression or anxiety.

Ulcerative colitis

In 2014, a pilot study of 55 adults with ulcerative colitis (UC) in remission observed the effect of mindfulness-based stress reduction (MBSR) for 8 weeks, compared with a placebo procedure. The results of the study did not find significant changes between the two groups in physiological markers for the disease, such as inflammation and symptoms.

However, patients who practiced

MBSR perceived stress during flare-ups, prompting conclusive recommendations. MSBR may therefore be beneficial for patients with moderate UC in remission.

Anxiety and depression

There is moderate evidence to support that participation in mindfulness meditation programs improves symptoms of anxiety and depression. A review of 47 trials that encompassed more than 3,000 participants reported this finding; however, there was no supporting evidence that the practice changed stress-induced behaviors, such as sleep disorders and substance abuse.

Insomnia

A small study of 54 adults with insomnia investigated the effect of MBSR on their symptoms. The results found that the meditation technique helped to reduce the severity of insomnia in comparison to the control group, although further research is needed to confirm this suggestion.

Smoking cessation

There is some evidence to support the practice of meditation to aid in the cessation of smoking, but the evidence is not abundant. One randomized controlled trial showed that mindfulness meditation helped to reduce the rate of cigarette use, both in the short term and four months after treatment. This is thought to be, in part, due to the ability of mindfulness and awareness to reduce cravings to smoke.

Research into meditation is mixed, and of poor quality. Most of the studies are methodologically flawed, with insufficient number of cases, lack of standardized diagnostic procedures and being limited to non-psychiatric populations (Atkinson et al., 1996).

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