TRANSFORMATIVE INSIGHTS: EXPLORING THE INFLUENCE OF VIPASSANA

MEDITATION ON MENTAL WELL-BEING AND STRESS RESILIENCE

\*Dr.Chandrakanth Jamadar

Associate Professor of Psychology, Government College (Autonomous), Kalaburagi-05

**ABSTRACT** 

Vipassana meditation, deeply rooted in Buddhist traditions, has garnered contemporary attention

for its potential to alleviate stress and enhance mental well-being. While outcomes may differ

individually, both anecdotal evidence and scientific studies suggest that engaging in Vipassana

meditation can yield positive effects on life stress and mental health. Objectives of the study is to

find out the impact of "Vipasana Meditation on Mental Health and Life Stress Vipasana and non-

Vipasana meditators". The outcome of the study is Vipassana meditation induces positive life

changes and significantly reduces stress among its participants. Notably, a profound distinction in

life stress emerges between genders and across the spectrum of non-meditators, Vipassana

beginners, and regular practitioners.

Key words: Vipasana meditation, life stress, mental health and emotion regulation.

\* Associate Professor of Psychology, Government College (Autonomous), Kalaburagi-05

INTRODUCTION

Vipassana places a strong emphasis on cultivating mindfulness and present-moment awareness.

This heightened state of awareness empowers individuals to observe their thoughts and emotions

objectively, diminishing the impact of stressors. Many practitioners note an increased ability to

respond to stress with calmness and clarity.

Regular practice fosters resilience to stress by reducing reactivity to challenging situations. By

observing sensations and emotions with equanimity, practitioners can disrupt automatic response

patterns associated with stress.

Vipassana encourages non-judgmental observation of sensations and emotions, contributing to

improved emotional regulation. This approach can lead to a reduction in symptoms associated with

anxiety and depression.

The profound self-observation involved in Vipassana enhances self-awareness, allowing

individuals to recognize negative thought patterns and behaviors. This heightened awareness

facilitates a deeper understanding of the root causes of mental distress.

Enhanced Concentration and Focus: The concentration and focus training inherent in Vipassana

positively influences cognitive function. Improved attention to the present moment often results in

enhanced concentration, memory, and overall cognitive performance.

Reduction in Cortisol Levels: Some studies suggest that regular meditation, including Vipassana,

may lead to a decrease in cortisol levels, indicating a physiological response to reduced stress.

Neuroimaging studies indicate that Vipassana and other meditation practices can induce structural

changes in the brain associated with improved mood regulation, emotional processing, and

increased gray matter density in areas linked to self-awareness and introspection.

While Vipassana meditation's impact can be profound, individual experiences may vary, and

benefits are often cumulative over time. Prospective practitioners are encouraged to approach

Vipassana with an open mind, commit to regular practice, and seek guidance from experienced

instructors. Combining meditation with other healthy lifestyle choices and professional support

can contribute to a comprehensive strategy for stress reduction and mental health improvement.

**METHODOLOGY** 

Statement of the problem

To find out the impact of "Vipasana Meditation on Mental Health and Life Stress Vipasana

and non-Vipasana meditators".

**Objective of the present study:** 

1. To know the impact of Vipasana Meditation on mental health and life stress in non-

meditators beginners of Vipasana meditators and regular Vipasana meditators.

2. To know the gender differences of Vipasana and non- vipasana meditators and regular

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 meditators, beginners and regular Vipasana Meditators.

2. There is a significant gender difference in Vipasana meditators, beginners and regular

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. They are from rural

and urban, government and private employees, joint and nuclear family, different income group

and they are working in different part of India. The following tables provide demographic

information about sample.

**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.

# **Description of the tools**

- 1. The Mental health Inventory developed by Jagdish. A.K. Srivastava (1983).
- **2.** *Life stress Inventory by Holems and Rahe* (1967).

# **Procedure of the study**

The researcher had collected data 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 6 months to collect data. The data collection began in the year 2022 January itself, and finished in the month of July 2022. The data Analysis and discussion finished in august 2022.

# Statistical methods applied

Following statistical methods were applied in the present analysis

- 1. Descriptive statistics. 2. Multi- variate analysis of variance
- 3. Scheffe's post hoc test. 4. Regression stepwise multiple

All the statistical operations were done through SPSS (statistical package for social scientists) for windows version 17 (SPSS Ink 2010, Newyork).

#### RESULTS AND DISCUSSIONS

1. 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	(A)	(B)	(C)	(A)	(B)	(C)
Group	NM	BVM	RM	NM	BVM	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	Mental health-AB=0.0001 (HS):: BC =	=0 0001 (HS)··· AC=00001 (HS)			
level	Wiental Health 71D 0.0001 (115) De 0.0001 (115) 71C 00001 (115).				
	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 meditatators. 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 meditatators. Hence, the formulated hypothesis is accepted.

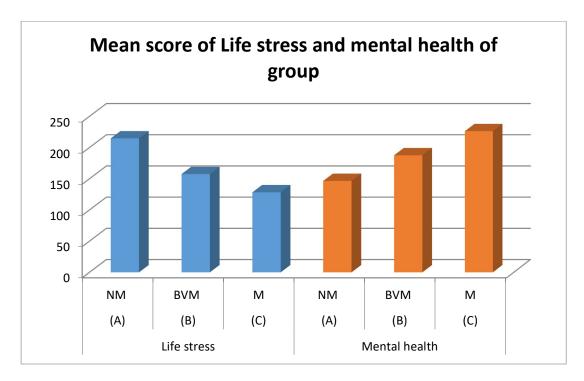


Table No.2 Mean, SD and 't'-value of mental health of men and women non-meditators, beginner of vipasana meditation and regular vipasana meditators. (N=600).

Gender Group	Mental health of Men			Mental health of Women		
	(A)	(B)	(C)	(A)	(B)	(C)
	NM	BVM	RM	NM	BVM	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	Men-0.0001(HS), 0.0001(HS), 0.0001(HS).				
level	Women-0.0001 (HS), 0.0001 (HS), 0.0	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 mediation 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 vipasana meditators. 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 vipasana meditators. Therefore, the formulated hypothesis is accepted.

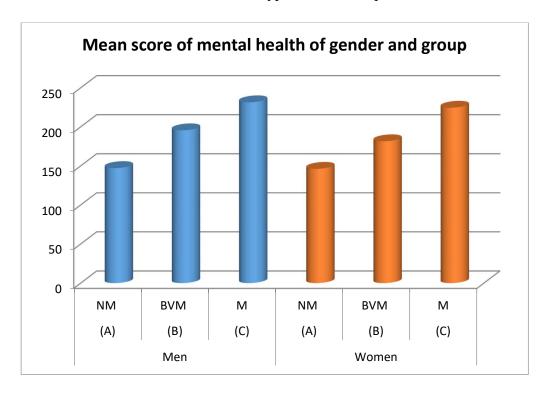


Table No. 9 Mean SD and 't'-value of life stress of men and women non-meditators, beginner of vipasana meditation and regular vipasana meditators. (N=600).

Gender	Life stress of Men			Life stress of Women		
Group	(A)	(B)	(C)	(A)	(B)	(C)

	NM	BVM	RM	NM	BVM	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. 9 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.

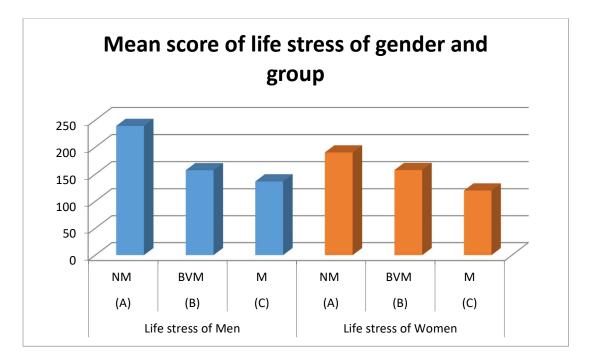
Therefore, the formulated hypothesis is that there are significant difference between life stress of men non-vipasana meditators and beginners of vipasana meditation and regular vipasana meditators. Hence, the formulated hypothesis is accepted.

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 vipasana meditators. Hence, the formulated hypothesis is accepted.



#### SUMMARY AND CONCLUSION

• This research aims to establish that Vipassana meditation induces positive life changes and significantly reduces stress among its participants. Notably, a profound distinction in life stress

emerges between genders and across the spectrum of non-meditators, Vipassana beginners, and

regular practitioners.

• Examining mental health reveals discernible variations among the chosen groups—non-

meditators, beginners of Vipassana meditation, and regular practitioners. Men consistently

practicing Vipassana exhibit better mental health than novice women meditators.

• A noteworthy gender-based distinction emerges in life stress levels, with non-meditators

experiencing higher stress than the other two groups. Regular Vipassana meditators, in particular,

demonstrate lower life stress compared to others.

• Significant differences manifest in life stress across age groups within non-meditators, beginners

of Vipassana meditation, and regular practitioners. While beginners initially display higher life

stress due to their Vipassana inexperience, it diminishes compared to non-meditators over time.

• Despite age-related similarities between Vipassana meditators and non-meditators, the positive

impact of regular Vipassana practice on mental health is evident. Non-meditators tend to have

higher life stress and lower mental health levels.

• An important correlation emerges between mental health, life stress, and income levels. The

outcomes illustrate that Vipassana meditation positively influences high-income meditators,

resulting in lower life stress and better mental health. Conversely, low-income meditators exhibit

higher life stress and lower mental health.

### **SUGGESTIONS**

India faces an alarming suicide rate, with 20% of global suicides occurring in the country. The rate has increased from 7.9 to 10.3 per lakh in the last two decades, with significant regional variations. Southern states, including Karnataka, show over 8% (13606-NCRB) suicide rates, while northern states have less than 5%. Concerning, 38% of suicides involve individuals below 30 years, causing social, emotional, and economic catastrophes. Hanging (36%), poisoning (32%), and self-immolation (7.9%) are common methods. To address this, Vipasana meditation centers are recommended in primary health centers, district hospitals, academic institutions, and for outreach programs. The practice contributes to social integration and mental health, aligning with Buddhist principles of transcendence and enlightened awareness. Establishing Vipasana centers at the district level can aid rehabilitation, helping marginalized individuals lead normal lives and contribute to national development.

# **ACKNOWLEDGEMENT**

I gratefully acknowledge the instituted encouragement and unreserved support. I received from All Monks and Vipasana meditators and non-meditators.

#### REFERENCES

- 1. Agnivesa. (1941). \*Caraka Samhita (edited), with commentary Ayurvedadipika of Cakrapanidatta.\* Nirnaya Bagar Press, Bombay, pp. 34-36.
- 2. Hemachandra. (1977). \*Yogasabtra III parts, edited by Muni Jambuvijaya.\* Jain Sahitya Vikas, Bombay, pp. 36.

- 3. K.V. Abhyankar. (1962). \*A Paranjali, Vyakarana Mahaghasaya (edited).\* Bori, Poona, pp. 72.
- 4. Svatmarama. (1970). \*Hatha Yoga Pradipika (edited).\* Raghushastri Kokaje Publication, Lonavala.
- 5. Pandit V. Krishnamacharaya. (1964). \*Vishnusmrithi (edited).\* Adyar Library and Research Centre, Madras.
- 6. Bechardas J. Doshi. (1978). \*Viyahapannatti Sutta (edited).\* Viswa Bharati, Bengal.
- 7. Narayana Misra. (1971). \*Yoga Bhasya (edited).\* Vidya Prakasana, Varanasi.
- 8. Bureau, Andre. (1962). \*Vinayapitika.\* Oriens, Extremus, pp. 6-33.
- 9. Bureau. (1980). "The place of the Buddha Gautama in the Buddhist religion during the reign of Asoka." Walpola London, pp. 1-9.
- 10. Barnes, Michel Anthony. (1976). \*The Buddhist Way of Deliverance.\* Unpublished thesis, Oxford University, pp. 81-86.