This review will summarize the existing literature on dispositional forgiveness and Preksha meditation relevant to the current study. Relations of dispositional forgiveness with anger, ego and well-being, will then be presented. An extended discussion of positive relation of dispositional forgiveness with well-being and negative relation with anger & ego will be included. A brief discussion on role of meditation in reduction of anger and upgrading in well-being will be included. The literature review will then encompass Preksha meditation, which is the focus of the current study.

3.1 Empirical Research on Dispositional Forgiveness

3.1.1 Dispositional Forgiveness

The concept of dispositional forgiveness has been explored in a variety of ways (Kaminer, Stein, Mbanga, & Zungu-Dirwayi, 2001) and because it is derived from many different fields (e.g. theology, psychology, philosophy, political science, sociology, etc.), it is considered a multidimensional construct (Cosgrove & Konstam, 2008). Dispositional forgiveness has been conceptualized as a person’s development, moving from a position of hatred, resentment and bitterness to one of diminishment of anger and desire for revenge toward the perceived wrongdoer. (Cosgrove & Konstam, 2008); (McCullough, Bellah, & Kilpatrick., 2001); (Wade, 2010). Forgiving has also been conceptualized to include benevolence (Legaree, Jean, & Susan, 2007), that it goes beyond the cessation of negative affect, judgment and behaviour toward and the presence of positive affect, judgment and behaviour toward the wrongdoer such as compassion, mercy, empathy and perhaps love (Benson, 1992), (Wu, Gassin, & Enright., 1992), (Everett., McCullough, & Worthington, 1995). According to (Legaree, Jean, & Susan, 2007), this happens because of the differences in the client population served (individual clients vs. couples/families) as well as their underlying values and ideological positions. The majority of research view dispositional forgiveness in a positive light – that dispositional forgiveness is very important and beneficial, and possibly even crucial for the resolution of injury and betrayal, the reparation of relationships and ultimately, personal healing. In addition, the literature also highlighted the applicability and healing
potential of dispositional forgiveness in diverse counselling settings with a variety of clients and across a range of issues (Ferch, 1998); (Legaree, Jean, & Susan, 2007).

3.1.2 Advantages of Dispositional Forgiveness

Dispositional forgiveness doesn't mean that one denies the other person's responsibility for hurting him, and it doesn't minimize or justify the wrong. One can forgive the person without excusing the act. Dispositional forgiveness brings a kind of peace that helps one to go on with life. The benefit of dispositional forgiveness is specifically ours. There is really no one else, nor any other thing to consider. Dispositional forgiveness is one’s gift to oneself from oneself. Increment in dispositional forgiveness is often correlated with less negative affect, such as anxiety and depression (Al-Mabuk, Enright, & Cardis, 1995) (Coyle & Enright, 1997) (Enright & Freedman, 1996) (Hebl & Enright, 1993).

Hence one should practice dispositional forgiveness for his own sake, not to be locked in anger, fear, and resentment. Resentment, whether cold anger, hardens one’s emotions, narrows one’s options in responding to life, clouds one’s judgment, locks one from experiencing the flow of life, shifts one’s attention from those who matter to him to those whom he neglect, and reduces one’s spirit. Buddha once said, “Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned.” Most of us equate this “burn” to psychological distress; after all, holding a grudge causes him more mental pain than the person who did wrong to him. But did anyone know that holding a grudge can cause physical pain too? If one wants to relieve physical and mental pain he must adopt path of dispositional forgiveness. Lawler (Lawler, et al., 2003) found that recalled experiences of betrayal that were less forgiven were associated with greater cardiovascular reactivity, indexed by diastolic blood pressure, mean arterial pressure and rate-pressure product. Dispositional forgiveness is not just a formality, but a state of mind. And that loving, accepting state of mind can lift one from a lot of burdens mentally and physically. It is defined as a cognitive, emotional, and behavioural response to interpersonal conflict has been linked to both mental and physical indices of health (Bono & McCullough, 2004) (McCullough M., 2000) (McCullough & Witvliet, 2002) (Thoresen, Luskin, & Harris, 1998). In order to forgive one must let go of his anger and negative thoughts and forgive the person. One can even do this without a true apology, even if the offender doesn’t feel he is wrong or has too much pride. Dispositional forgiveness fosters many benefits. An individual
whenever forgives someone, their satisfaction with the relationship and willingness to sacrifice their interests to maintain this relationship improve (Fincham, Paleari, & Regalia, 2002) (Karremans & Van Lange, 2004) (Maio, Thomas, Fincham, & Carnelley, 2008). Their social interactions with other individuals, and the person they forgave, also improves & they become more supportive and altruistic in general (Karremans., Van Lange, & Holland, 2005). Both psychological and even physical well-being are also enhanced (Karremans, Van Lange, Ouwerkerk, & Kluwer, 2003). Dispositional forgiveness is positively related to mental health. It is inversely associated with depression (Burnette, Davis, Green, Worthington, & Bradfield, 2009). Individuals when forgive someone, feel a greater sense of connection with other people as well & they become more cooperative and supportive (Karremans., Van Lange, & Holland, 2005).

3.1.3 Disadvantages of Dispositional Forgiveness
Dispositional forgiveness may permit others to continue to offend. Skinner (Skinner, 1969) suggested that forgiven others may continue to reoffend because dispositional forgiveness removes unwanted consequences of their transgressions that would otherwise motivate them to refrain from repeating their offenses. Recent researches indicate that negative behaviours, such as anger and criticism, motivate partners to change (McNulty & Russell, 2010) (Overall, Fletcher, Simpson, & Sibley, 2009). Likewise, (Enright & Group, 1991) defined dispositional forgiveness as abandoning one’s right to negative emotions and behavioural responses directed at the transgressor. In support of such definitions, numerous studies indicate dispositional forgiveness is negatively associated with unwanted consequences for transgressors, such as anger (Lawler K., et al., 2005) (Lin, Mack, Enright, Krahn, & Baskin, 2004) and isolation (Tsang, McCullough, & Fincham, 2006). (Luchies, Finkel, McNulty, & Kumashiro, 2010) reported that more forgiving spouses experienced decreases in self-respect and increases in the severity of their marital problems over time to the extent that they were married to partners who demonstrated relatively high levels of negative verbal behaviour.

3.1.4 Dispositional Forgiveness, Anger and Ego
How do forgiveness and anger relate to one another? After all, the two concepts are essentially polar opposites. However, research has unsurprisingly shown that both trait (dispositional) and state (situational) forgiveness are negatively correlated with outward expressions of anger (Lawler-Row, Karremans, Scott, Edlis-Matityahu, & Edwards,
It is a tendency towards unforgiving thoughts and actual motivation to seek revenge (Berry, Worthington, O’Connor, Parrott, & Wade, 2005). Participants in forgiveness intervention programs often see a decrease in trait anger and ego levels (Harris, Tobias, Jeffreys, Waldegrave, Karlsen, & Nazroo, 2006). This inverse relationship between the two, while somewhat intuitive, has been widely researched and the relationship is consistent across studies, individuals, and groups (Gisi & D'Amato, 2000). This negative correlation, then, suggests that while forgiveness may obstruct feelings of anger, anger may also obstruct forgiveness. Anger and ego have, in fact, been identified as one of the greatest barriers to forgiveness (Maltby, Day, & Barber, 2005).

One intriguing facet of this powerful emotion, called rumination, involves continually and angrily dwelling on an offense after it has already been committed, and plays a significant role in the development of a desire for revenge on the part of the victim. In a study of college students, (Maltby, Day, & Barber, 2005) found that those who tended to engage in angry and egoistic rumination also tended to engage in revenge fantasies long after an offense has been committed against them. Maltby, 2005 concluded, predictably, that anger, revenge, and anger rumination all play a large role in unwillingness to forgive, and as such the two concepts are nearly inseparable from each other. Thus, it would seem that an effective way to be forgiven by someone is to attempt to dissipate his or her anger.

Studies have shown that apologies often help alleviate a victim’s aggressive behaviour towards an offender, while another study reported that when the victim wanted an apology but did not receive it, his or her anger was intensified (Obuchi, Agarie, & Kameda, 1989). Interestingly, women are much more willing to dissipate their anger than men are. Women do not seem to like feeling angry and seek ways to relieve such feelings, while men seek stimuli that will allow them to nurture their anger (Knobloch-Westerwick & Alter, 2006). This finding may at least partially explain why men are more likely commit acts of violence, aggression, and/or crime than are women.

(Jeffery, 2015) found forgiveness conceived as the overcoming of negative moral emotions such as resentment and anger. (Carson J., et al., 2005) examined the relationship of forgiveness to anger in patients with chronic pain. Correlational analyses showed that patients who had higher scores on forgiveness-related variables reported lower levels of anger. (Taysi, Curun, & Orcan, 2015) observed the mediating effects of anger in the associations between forgiveness and social behaviour, in fourth grade students in Turkey. Forgiveness was related to anger and ego directly. (Zhang, Toomey,
Oetzel, & Zhang, 2015) studied the dynamic interplays between emotions (i.e., anger and compassion), face threat, forgiveness, and reconciliation in relational transgressions in U.S. and Chinese cultures. Anger had a negative association, but compassion had a positive association, with forgiveness and reconciliation in both cultures. (Karairmak & Glolu, 2014) inspected the mediating role of anger and negative affect on the relationship between forgiveness and both PTSD (Posttraumatic stress disorders) and depression co-morbid to PTSD among Turkish veterans.

(May, SanchezGonzalez, Hawkins, Batchelor, & Fincham, 2014) demonstrated divergent cardiovascular effects of anger and forgiveness, such that anger is associated with a more cardio toxic autonomic and hemodynamic profile, whereas TF is associated with a more cardio protective profile. Findings suggest that interventions aimed at decreasing anger while increasing forgiveness may be clinically relevant. (Enright, Rhody, Litts, & Klatt, 2014) evaluated the effectiveness of perspective-taking approaches in promoting forgiveness and reducing anger among eighth graders in an urban Midwestern city.

All the models of the process of forgiveness postulate anger as the overwhelming emotional response in situations where the need for forgiveness arises (Enright, 1996; McCullough, Fincham, & Tsang, 2003). The psychometric studies on forgiveness report that anger is associated with forgiveness (Barber, Maltby, & Macaskill, 2005; Baumeister, Exline, & Sommer, 1998; Enright & Coyle, 1998; Malcolm & Greenberg, 2000; Worthington, 1998). Anger is thought to maintain unforgiveness and an association between anger proneness and unforgivingness has been established (Barber et al., 2005; Mauger et al., 1992) although the causal link has still to be explored. This anger is thought to be maintained intra-psychically by ruminating on the event and interpersonally by actively holding a grudge and/or plotting for revenge (Baumeister et al., 1998). Research focuses almost exclusively on interpersonal forgiveness with an implicit assumption that the processes of self- and other-forgiveness are similar just with a different target (Worthington, 1998). Thus low trait anger and ego will be associated with higher levels of forgiveness.

3.1.5 Dispositional Forgiveness and Well-being

Current research gives emphasis on specially two kinds of well-being, i.e. Physical and Psychological well-being. (Kumar & Dixit, 2014) indicated a positive correlation between dispositional forgiveness and well-being. It enhances physical and psychological
health can help restore more benevolent and cooperative goals to relationships, social support, it influences person's propensity to forgive. According to (Freedman & Chang, 2010), dispositional forgiveness leads to actual increases in psychological well-being. The researcher in the present study theorized that the decision to forgive would reduce the amount of negative feelings and, thereby, reduce the anger response and increase wellbeing. Dispositional forgiveness is positively associated with psychological well-being because it helps people to maintain and restore close relationships (Brown, Nesse, Vinokur, & Smith, 2003); (Karremans, Lange, Ouwerkerk, & Kluwer, 2003).

(Davis, et al., 2015) noticed self-forgiveness has been conceptualized as a coping self-forgiveness, this meta-analysis examines the correlates of self-forgiveness associated with physical and mental health. For physical health, across 18 samples and 5,653 participants, the correlation was .32. For psychological well-being, across 65 samples and 17,939 participants, the correlation was .45. To enlarge this primary focus on physical and mental health correlates, they estimated the relationships between self-forgiveness and specific mental health constructs and relationship outcomes. Dispositional forgiveness is assumed to be theoretically linked with important implications for psychological well-being. Investigators examined the emotional and behavioural dispositional profile of Cape Verdeans and Portuguese by combining together for the first time trait forgiveness. The sample comprised 327 participants, of whom 119 were Cape Verdean and 208 were Portuguese. The results showed that trait willingness to forgive is significantly linked with psychological well-being (Wilks, Neto, & Mavroveli, 2015). (Mok & Cremer, 2015) found interpersonal offences occur routinely in the workplace and are often not forgiven. Unforgiveness has negative consequences, including reduced mental and physical well-being.

(Park, Lim, Newlon, Suresh, & Bliss, 2014) analysed relationship between dispositional forgiveness and three dimensions of well-being (physical, mental, and existential) in a sample of 111 patients with advanced chronic heart failure. Participants completed questionnaires at baseline and 3 months later. Results showed that daily dispositional forgiveness experiences were linked with higher existential well-being. However, (Szablowinski, 2012) found a failure to forgive oneself is detrimental to one's moral and psychological well-being (James & Frank, 2012). (Martin, Vosvick, & Riggs, 2012) aimed to help HIV + individuals improve and maintain a healthy quality of life, while managing a chronic illness. Using Lazarus and Folkman's model of stress and coping, they examined the main and interactive effects of dispositional forgiveness on physical
health quality of life of HIV + adults. Participants (n=288, 49% women) were recruited in Dallas/Fort Worth and self-identified as African-American (52%), European-American (32%), Latino(a) (12%), and other (4%), with an average age of 41.7 (SD=8.6). The average number of years participants reported being HIV + was 7.6 (SD=5.4). Participants completed medical and demographic information, measures assessing forgiveness of self and others. Significant correlations revealed that forgiveness of self was associated with greater quality of life.

Dispositional forgiveness of others improves interpersonal adjustment and psychological well-being and may protect against negative interpersonal experiences and perceptions relating to depression (Tse & Yip, 2009). Cross-sectional and prospective multilevel analyses demonstrated that increases in dispositional forgiveness were related to within-persons increases in psychological well-being. Moreover, dispositional forgiveness was more strongly linked to well-being for people who reported being closer and more committed to their partners before the transgression and for people who reported that their partners apologized and made amends for the transgression (Bono, McCullough, & Root, 2008). Partial correlations indicated that all mediators played a role in the dispositional forgiveness – health relationships; however, dispositional forgiveness also made an independent contribution to psychological well-being (Piferi & LawlerRow, 2006).

(Worthington, Witvliet, Pietrini, & Miller, 2007) noticed the extant data linking dispositional forgiveness to health and well-being point to the role of emotional forgiveness, particularly when it becomes a pattern in dispositional forgivingness. Dispositional forgiveness was associated with several potential mediators of health: healthy behaviours, social support, and spiritual well-being. (Fincham, Hall, & Beach, 2006) perceived interest in dispositional forgiveness has exploded in recent years as researchers and clinicians have begun to recognize its value for maintaining emotional well-being, physical health, and healthy intimate relationships. Research in the West has indicated that dispositional forgiveness is associated with increases in physical health and well-being, and that rumination may mediate the relationship between dispositional forgiveness and health (Suchday, Friedberg, & Almeida, 2006). Forgiving others tends to enhance psychological well-being (Krause & Ellison, 2003). Forgiving behaviour has consequences as promoting emotional well-being (Wuthnow, 2000). The concept of dispositional forgiveness possibly linked to some measures of human health and well-being (McCullough & Worthington, 1999).
Relative to individuals who harbour grudges, individuals who forgive transgressions tend to experience enhanced psychological and physical well-being (Witvliet, Ludwig, & Laan, 2001); (Scherer & L Worthington, 2004); (Witvliet C., Worthington, Pietrini, & Miller, 2007) especially in close, committed relationships (Kluwer, Karremans, Lange, & Ouwerkerk, 2003). Dispositional forgiveness, particularly in close relationships, leads to reduced psychological tension; this reduction in psychological tension promotes physical well-being. It has been linked to both mental and physical indices of health. Over the past 5 years, a number of reviews have examined this association, e.g., (Witvliet & McCullough, 2002); (Witvliet, Ludwig, & Laan, 2001). All of them concluded that dispositional forgiveness is positively associated with health.

An expanding group of theorists, therapists, and health professionals has proposed that the ways people respond to interpersonal offenses can significantly affect their health (Rachal, McCullough, & Worthington, 1997). Unforgiving responses are considered health destroying, whereas forgiving responses are thought to be health enhancing. Several studies have found a positive relationship between dispositional forgiveness and mental health variables (Al-Mabuk, Enright, & Cardis, 1995), (Enright & Freedman, 1996), (Hebl & Enright, 1993). Research associates the unforgiving responses of blame, anger, and hostility with impaired health (Affleck, Tennen, Croog, & Levine, 1987); (Tennen & Affleck, 1990) particularly coronary heart disease and premature death (Miller, Smith, Turner, Guijarro, & Hallet, 1996). Further, research suggests that reductions in hostility brought about by behavioural interventions that emphasize becoming forgiving are associated with reductions in coronary problems (Kornitzer & Dramaix, 1986), (Weisbach & Kalpan, 1992) global mental health (Berry, Worthington & Everett 2001) life satisfaction (Brown & Phillips, 2005), (Ellison & Krause, 2003), (Lawler-Row, Younger, Piferi, & Jones, 2006) and existential well-being (Rye, et al., 2001) negatively correlated with psychological distress (Toussaint L. L., Williams, Musick, & Everson, 2001) negative affect (Thompson L. , et al., 2005), depression (Berry J. , Worthington, O'Connor, Parrott, & Wade, 2005), (Brown P. R., 2003), (Lawler-Row, Younger, Piferi, & Jones, 2006), (Chi, Seybold, Hill, & Neumann, 2001), anxiety (Exline, Yali, & Lobel, 1999), (Reddy, Pickett, & Orcutt, 2006), (Subkoviak, et al., 1995), and posttraumatic stress disorder (PTSD; (Witvliet, Phipps, Feldman, & Beckham, 2004) anxiety and depression (Cardis, Enright, & Al-Mabuk, 1995), (Coyle & Enright, 1997) an increased risk of disease (Harris &
Thoresen, 2005). A recent study suggests that dispositional forgiveness mediates the relationship between religiosity and health in adults.

(Seybold, Hill, Neumann, & Chi, 2001) (Lawler, Walumbwa, & John, 2003) examined general tendency to forgive others and oneself and found no differences in facial electromyography (EMG), blood pressure, heart rate or immune cell levels with differences in dispositional forgiveness. Similarly, (Worthington Jr. & Berry, 2001) examined high dispositional forgivingness and low trait anger, predicted both mental and physical health status. (Ludwig, Witvliet, & Laan, 2001) found smaller facial EMG, skin conductance, heart rate and blood pressure responses than hatred holding images. (Seybold, Hill, Neumann, & Chi, 2001) found dispositional forgiveness may have a direct effect on sympathetic reactivity. Dispositional forgiveness is associated with reduced levels of stress (Lovallo & Gerin, 2003) (Holahan & Moos, 1985).

3.2 Anger and Well-being

According to theorists, anger tends to be aroused when an individual is prevented from attaining an important goal or interfered with in the fulfilment of a need by an external agent’s improper action (Berkowitz & Harmon-Jones, 2004). Furthermore, a considerable amount of research has highlighted the relationship between anger and multiple health outcomes, such as behaviour disorders, trait anxiety, cardiovascular disorders, and general health (Alkhadher, 2004), (Begley, 2006), (Chesney & Rosenman, 1985), (Quartana, Yoon, & Burns, 2007). Anger has been identified as one of the most frequently experienced negative emotions (Averill, 1983), a contributing feature to psychological distress (Landrine & Klonoff, 1996), and negative physiological responses (Pleis & Lethbridge-Cejku, 2007).

The topic of anger within the adolescent population is important due to its negative psychological and physiological effects. It has harmful effects on general well-being and manifest psychosomatically through the expression of various symptoms, such as headaches, loss of appetite, upset stomach, difficulty getting up in the morning, and complaints of pains and ailments (Mahon, Yarcheski, & Yarcheski, 2000). Additionally, anger has been found to be associated with high-risk behaviours such as drug and alcohol usage and an increased likelihood of suicide attempts (Daniel, Goldston, Erkanli, Franklin, & Mayfield, 2009), (Nichols, Mahadeo, Bryant, & Botvin, 2008).
Figure 3.1: Impact of Dispositional Forgiveness and Anger on Well-being (Witvliet, Ludwig, & Laan, 2001); (Scherer & L Worthington, 2004); (Pietrini, Worthington, Witvliet, & Miller, 2007)

Usually people who are forgiving are better able to manage their anger, feel less hurt and are generally more optimistic. They are able to practice dispositional forgiveness in a variety of situations; they tend to be more compassionate and self-confident. Additionally, their stress levels are low and their vitality is high. Dispositional forgiveness brings us peace of mind and frees us from “dangerous” anger. It brings well-being in life. Physical Psychological and Emotional well-being is need of every human. This can be achieved by disposition to forgive in practical life. Of course, the suggestion that dispositional forgiveness might promote mental, physical, and emotional well-being is nothing new. Indeed, the sentiment is perhaps as old as monotheism itself. What is
new, though, is that psychological theory and methods have nearly progressed to the point
where scientific examination of the links between religion, dispositional forgiveness, and
health/well-being is actually possible.

3.3 Meditation

Meditation is an ancient practice that has become a modern phenomenon (Plaza,
Demarzo, Herrera-Mercadal, & García-Campayo, 2013), (Suchday, Hagemann,
Fruchter, & Frankel, 2014). It has been in practice for more than five thousand years.
Its roots can be traced back to Jainism and forms of meditation can be found in every
major religion. While meditation styles, sources, and ideologies greatly differ, its purpose
is uniform: personal transformation (Singh & Modi, 2012). Meditation may be concisely
defined as a concentration-based individual activity involving self-regulation of attention
and awareness associated with well-being and self-actualization (Friedman, Hartelius,
& Douglas A. MacDonald, 2013). That is, one who enters a meditation practice will not
be the same after the experience. The mind calms, concentration and thinking power
increase, and tension and anxiety decrease as one becomes more able to handle life events
(Singh & Modi, 2012). Although personal transformation is the goal, its definition varies
depending on the source. Some view this transformation as a vehicle to unite with a
greater power while others might yearn for obtaining just the mental and physical benefits
of meditation, while foregoing the deeper explorations into the mind's potential. (Peck,
2015) reported on the increasing interest and practice of meditation. This included recent
scientific support of the benefits of meditation; leadership programs that make use of
meditation; meditation research in military resiliency, health, and education.

3.3.1 Meditation and Anger

Meditation and Placebo groups showed improvement in trait anger and in anger aroused
through high-anger situations (Dua & Swinden, 1992). Significant responses gained
from breath-counting meditations with the psychological test and the physical index.
Systolic Blood Pressure (SBP), respiration, State-Trait Anger decreased and Body
Temperature (BT), Total Power (TP) of Heart Rate Variability (HRV) increased on the
fifteenth day of breath-counting meditation. Breath-counting meditations have positive
responses to anger, anxiety and stress (Lee J.-H., 2014). Meditation showed linear
recession in depression, anger and fatigue (Ding, Tang, Cao, Deng, & Posner, 2014).
The common stress has affected in behaviour and feeling of tiredness, headache, weight
loss, anger etc. Women adopted meditation techniques to overcome stress. This helped in improving their performance in playing dual role as family earner and home maker.

Meditation therapy was effective and controls the emotions of anxiety, depression, and anger among Panic disorder patients (Keng, Smoski, & Robinson, 2011). Self-Growth Meditation Program improves the quality of life and mindfulness skill and has a positive responses to psychological problems-depression, anxiety, and anger. Anger reduction via a single session of meditation was observed in the experienced meditators in addition with slowed breathing and heart rate and decreased blood pressure (Fennell, Benau, & Atchley, 2016). The tendency to try to disperse and avoid the anger was increased through meditation. (HyoSang, SeoYeon, JunYoung, & SeongSik, 2014). College students of Thailand received meditation intervention and found changes on a series of self-report assessments of anger expression and violent behaviour. Meditation significantly decreases the aggression level of the participants (Joshi & Agrawal, 2016). The significance of guided meditation is noticed in mediating aggression, both external and internal aggressive behaviour, and youth suicide (Gupta, Singh, Bhatt, & Gupta, 2015). (Shourie, 2012) investigated the utility of meditation in reducing negative affect, stress, anxiety and aggression. Meditation has been explored as avenues for improving symptoms of PTSD, i.e. anger, depression, anxiety and sleep disturbances (Vujanovic, Niles, & Abrams, 2016).

3.3.2 Meditation and Dispositional Forgiveness
Meditation is a practice with numerous benefits. It is proven to be an effective way of enhancing quality of life. It helps one to enhance dispositional forgiveness by developing compassion, giving insight into the nature of suffering and wrong-doing. One will learn to heal old wounds, clear mind blocks, and manage traumatic issues, all keys to learning dispositional forgiveness. Forgiveness does not come easy, but, through meditation, one can cultivate endless capacity for forgiving, love and healing. Meditation will help to access and accept the past as it is, and help one to forgive oneself and others; acceptance and forgiveness are the same, one cannot have one without the other. Through meditation, one can even gain a true understanding of one's own spiritual nature and the nature of existence, creating the means for profound inner peace. Oman.et.al (Oman, Shapiro, Thoresen, Plante, & Flinders, 2008) evaluate the effects on dispositional forgiveness of two 8-week, 90-min/wk training programs for college undergraduates through meditation therapy. The authors compared with controls, treated participants (n = 29) demonstrated
significant benefits for dispositional forgiveness (p < .05). Evidence suggests that meditation practices reduce stress and enhance dispositional forgiveness among college undergraduates. Meditation has been shown to be an effective coping tool for dealing with dispositional forgiveness.

3.4 Effect of Preksha Meditation on Different Fields

The First research on PM technique carried out in 1984-85 by Professor M.C. Joshi and B.P. Gaur on Higher Secondary School students. In this research, the efficacy of PM on personality and C.N.S. & A.N.S. functions evaluated. Further Gaur (1999) found a significant and positive effect of PM on children’s personality. The results obtained in this research were enthusiastic and revealed that PM has enough potentiality for improving the personality and CNS and ANS functions of PM practicing students. The Children who Practiced PM have improved significantly on seven of the fourteen factors of personality. (Betal, 1999) reported effect of Preksha Meditation in personality factors of drug-abused students. They observed the four areas of adjustment i.e., home, health, social and emotional and found significant level in experimental group. Besides this improvement in psychological health the subjects also reduced the tendency of drug taking. (Sharma & Gaur, 2001) observed better psychological health, in the prisoners after practice of Preksha Meditation. They also noted that the prisoners who practiced PM, increased their spontaneity, while they decreased their ergic-tension and because more tranquil, calm, relaxed and un-frustrated. They also became more self-reliant, realistic and free of jealous. (Saini & Gaur, 2002) observed significant decrease in anxiety level and also decrement in their hassles, in six areas, viz. health, family, society, occupation, economy, and others of prisoners practicing PM.

(Shrivastava, 2005) noticed significant improvement in eight emotional states of female prisoners, viz. anxiety, stress, depression, regression, fatigue, guilt, extroversion, arousal of female prisoners practicing PM for four months. They also stated a positive effect on mental health of female prisoners. The areas are anxiety, restlessness, nervousness, loneliness, despair, anger, headache, fatigue, sleep disorder, indigestion and acidity. (Gupta, 2006) found that Preksha Yoga Therapy has proved to be an effective and successful healing device to manage the non-insulin dependent Diabetes Mellitus. They noticed significant reduction in the mean values of fasting blood sugar level in experimental groups. The difference between the total cholesterol levels of both the groups was also statistically significant. In case of triglyceride, the control of subjects was found to being almost at constant level during the follow up period. In contrast, there was
a regular decline in the triglyceride in experimental group of subjects’ at all follow-up periods. (Jain, 2006) discovered a significant improvement in mental health of married college going students who practiced Preksha Meditation compared to married college going students doing their daily normal activity. They detected reduction in stress level. They also found statistically significant improvement in adjustment skill and reduction in frustration emotion due to effect of Preksha Meditation.

(Shah R., 2007) studied the impact of PM technique on Delinquent behaviour and CNS and ANS functions of Juvenile Delinquents. They selected 60 juvenile delinquents as subjects between 14-18 years age group and divided them into two groups, each of thirty subjects. Experimental group practiced Preksha Meditation for four months. They found positive effect of Preksha Meditation on experimental group. While the EEG (occipital & frontal), Heart beat rate, Respiration rate, Aggression, Insecurity feeling, and Ergic tension in these delinquents decreased significantly (p<.0005) due to four month practice of P.M technique. (Prajna, 2007) noticed effect of Preksha Meditation on Personality and eight states of emotion. Significant decrement was observed in anxiety, stress, depression, regression, fatigue, guilt, feeling. Meditator found to be better in their extroversion and arousal capacity.

(Shah V., 2008) studied impact of Preksha Meditation and yoga in allergy and asthma. Investigator noted immediate improvement of immune therapy in case of allergic rhinitis and conjunctivitis patients practicing meditation. (Sharma A., 2008) studied effect of Preksha Meditation on mental health, reactions to frustration and personality variables of prisoners. 100 prisoners from Jodhpur jail were selected who were got lifetime imprisonment for committing murder. They noticed significant difference on all the 11 factors of prisoners’ mental health, viz. anxiety, despair, anger, headache, fatigue, sleeplessness, constipation and acidity. Further they found group who practice Preksha Meditation to be more relax, restful, enthusiastic, hopeful, calm, fresh, active having better sleep and appetite. They showed improvement in their somatic and psychological health. Increment of their total health was statistically significant (p<.0005). (Shekhawat, 2009) studied the efficacy of Preksha Meditation on cardiovascular functions and blood profile of adults. Investigator noticed significant decrement in quantitative blood glucose and blood pressure (systolic, diastolic and mean pressures), erythrocyte sedimentation rate. Quantitative serum total cholesterol, triglyceride, low density lipoprotein and very low density lipoprotein of the subjects of experimental group were found to be reduced up to significant level. They also found significantly enhanced haemoglobin level in experimental group.
(Bhardwaj, 2010) studied effect of Preksha Meditation on stress, inferiority and insecurity feeling in adolescents. They found levels of all the five areas of stress (achievement, physical, institutional, academic and family stress) showed decrement in all the level of stress. Experimental group showed significant (p<.0005) reduction in insecurity feelings and in level of inferiority feelings. (Kapoor, 2011) studied reduction in academic stress and enhancing emotional stability of adolescents. Subjects of these three groups were provided training through three different Preksha Meditation techniques i.e. Kayotsarga, Jyoti Kendra Preksha and Swas Preksha. Preksha Meditation can remove academic pressure and anxiety, eliminates conflicts, enhances emotional stability and vitalizes an individual for satisfactory performance in the area of student’s work and relationship. (Jain, Pahuja, Joshi & Jain, 2015) studied the effects of Yoga and PM practices on Aggressive Behaviour & Academic Performance of School Children. The number of aggressive students decreased sharply already after one to two months of Yoga -Preksha Dhyan (YPD) intervention. Out of 72 students in the aggressive category, only 26 remained aggressive after 11 YPD sessions in the first month, which reduced further to 22 after another month or additional 11 YPD sessions. No further significant changes were observed during the next 2 months. Interestingly, however, after another month of practice, the number of aggressive students declined again significantly. Finally, after six months of practice given in 60 YPD sessions, only 7 students were identified in the aggressive category.

3.5 Lacunae

As evident from the review of literature, over the past three decade, research on dispositional forgiveness has been sporadic. Only in the last few years has the study of dispositional forgiveness been characterized by sustained interest among researchers. But there is no systematic and empirical & scientific study demonstrating the dispositional forgiveness at the dispositional level in normal subjects after the practice of meditation, particularly Preksha Meditation.

3.6 Conclusion

This review has presented the existing literature on forgiveness and Preksha Meditation. The purpose of this study is to see the effect of Preksha meditation on dispositional forgiveness. Our overarching research question examines both positive and negative relation of forgiveness with well-being and anger & ego respectively. Forgiveness has deep spiritual roots and links to religious functioning that suggest that understanding forgiveness better would help us to understand both religion and personality better.
Furthermore the enhancement of forgiveness through Preksha Meditation might help to shed light on human health and well-being. Moreover, the study of forgiveness might open a new dimension for the scientific study of personality and the scientific study of religion.

(Newberg, d’Aquili, Newberg, & deMarici, 2000), in their neuropsychological model of forgiveness, suggest that such meditative practices help to reframe interpersonal hurts by reconciling one’s understanding of themselves and their relationship to the world. The meditator who focuses on forgiveness engages parasympathetic nervous activity including decreased heart rate, more relaxed breathing, improved immune functioning, and decreased pain perception. Thus, the salutary effects of forgiveness are likely to occur as a result of the same systems implicated in the association between meditation and health.