ABSTRACT

The problem selected by the researcher for study is “Impact of Meditation and Cognitive Intervention in Alleviating Problems of Individuals High on Neuroticism.” Neuroticism refers to individual differences in emotional stability. Persons high on neuroticism are prone to experience anxiety as well as other negative emotions such as, anger, disgust, and sadness, and also prone to hold unrealistic ideas. They respond emotionally to events and interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. This predisposes such people to various pathologies. Therefore, if individuals with such predispositions are exposed to appropriate interventions which enable them to understand and manage negative emotions and to deal with life situations realistically potential distress which such people experience because of their wrong interpretations of situations can be prevented.

Cognitive intervention and meditation are two approaches that have potential to be of benefit in such situations. Studies such as those conducted by Dahlen and Deffenbacher (2000), Sagula and Rice (2004), Sinha and Jalan (2001), Bryant, Molds, Gutherie et al (2003), Grey, Young and Holmes (2002) have shown that relief was achieved by those having anxiety, depression, social phobia and post traumatic stress disorder (PTSD) through these interventions. Cognitive intervention
includes many techniques and cognitive restructuring is one of the most popular. It includes activities such as positive self statements, writing Daily Record Sheets, Weekly Activity Schedule, identification of cognitive distortions, counseling etc. Cognitive Restructuring is a useful tool for understanding and turning around negative thinking. If stress or any other factor is causing significant or persistent unhappiness, then the individual with the help of cognitive restructuring techniques can understand negative thought processes that are causing problems and restructure them in fair and balanced ways. Similarly meditation, besides its spiritual usefulness has also been found to affect individual’s life in certain practical ways. Meditative practices involves sitting and chanting mantra, focusing on breathing, being passively aware of thought process which in turn induces a host of biochemical and physical changes in the body collectively referred to as “the relaxation response.” The relaxation response includes changes in metabolism, heart rate, respiration, blood pressure and brain chemistry.

The researcher conducted the study to see the effectiveness of each intervention, that is cognitive intervention and meditation and also the combination of both interventions in solving the problems of individuals high on neuroticism.

The following hypothesis were framed by the researcher.
1. Neuroticism scores of subjects undergoing cognitive intervention will be reduced after intervention.

2. Problems perceived by the subjects undergoing cognitive intervention will be reduced after intervention.

3. Neuroticism scores of subjects undergoing meditation will be reduced after meditation.

4. Problems perceived by subjects undergoing meditation will be reduced after meditation.

5. There will be greater reduction in neuroticism scores of subjects undergoing both cognitive intervention and meditation than group undergoing only cognitive intervention.

6. There will be greater reduction in problems perceived by the subjects undergoing both cognitive intervention and meditation group than group undergoing only cognitive intervention.

7. There will be greater reduction in neuroticism scores of subjects undergoing both cognitive intervention and meditation in than group undergoing only meditation.

8. There will be greater reduction in problems perceived by the subjects undergoing both cognitive intervention and meditation than groups undergoing only meditation.

9. There will be no difference in the initial neuroticism scores and scores obtained after three months amongst control group.
10. There will be no difference in perceiving the problems initially and after three months amongst control group.

In the present study, sample consisted of 51 subjects (19 males and 32 females), age range being 18-38 years. All subjects were high on neuroticism. This was determined by scores obtained on Eysenck’s “Maudsley Personality Inventory” (Hindi version adapted by Jalota, 1964). The Hindi version of MPI was administered on 400 individuals, out of which 72 subjects high on neuroticism were selected. (It may be pointed out hat due to the time period involved in the procedure as well as the demands placed on the subjects, dropout rate towards middle and end was very high, reducing the actual sample).

The subjects were divided into four groups in the following manner.

1) First group of subjects was administered cognitive intervention only.

2) Second group of subjects was administered meditation only.

3) Third group of subjects was administered both cognitive intervention and meditation.

4) Fourth group of subject was not administered any intervention.

Fourth group constituted the control group which is important to ascertain to see whether the improvements in other three groups were in
reality due to intervention and not the outcome of time. Each intervention program was conducted for 12 weeks.

The following steps were involved in Cognitive Restructuring

1) The intervention was performed individually on each subject.

2) Intervention comprised of 30 counseling sessions with each subject for 30 minutes.

3) In initial sessions a proper problem list, with the help of Socratic questioning method, is made.

4) Then one problem from the list is selected and some steps to deal with the problem were mutually decided by the researcher and the subject.

5) Some home assignments were given to practise. One regular homework was to write daily record sheet.

6) Some other home assignments were given such as weekly activity schedule, some coping statements or some activities to check the validity of subject's thought. These were planned according to the need of subject.

7) Same procedure is followed for the next problem.

Intervention was complete when all the listed problems were solved and subject feels that he/she has learned how to deal with the problems of life. Their post intervention scores were recorded. Pre-
intervention scores of all subjects had already been obtained at the time of initial screening.

Meditation involved the following steps.

1) Subject was asked to report their problems during the initial sessions.
2) Subject has to sit in a comfortable position with back straight and eyes closed.
3) Subject has to concentrate on the flow of breath
4) Subject has to keep his/her minds free from thoughts
5) Subject has to meditate daily for 20 minutes
6) After three months, post inter-neuroticism scores are recorded.

For group undergoing both cognitive restructuring and meditation, post intervention score on neuroticism was obtained by re-administering the MPI. The neuroticism scores of control group were also obtained after 12 weeks lapse (the period involved intervention in the other three groups).

Results were obtained by analyzing pre and post intervention scores on neuroticism and status of problems as perceived initially and as perceived after 12 weeks.

The results of the present study clearly demonstrate that both the interventions viz cognitive intervention and meditation benefited the subjects high on neuroticism at two levels. Firstly reduction in
neuroticism scores form pre-intervention to post-intervention is highly significant at 0.01 level, in all the three groups that is cognitive intervention group, meditation group and combined group. Secondly subjects of these three groups were able to overcome their listed problems. Another important observation was that the reduction in neuroticism scores of those undergoing both cognitive restructuring and mediation was greater than only meditation group or only cognitive restructuring group. These improvement can be attributed to the intervention program administered on these groups because subjects in control group did not show any reduction in neuroticism scores between initial testing and score obtained after three months. Their problems also continued to persist after three months.

Fifteen case studies have been detailed by the researcher. Types of problems, nature of cognitive distortions etc. become clear from these case studies. It was found that out of 31 subjects who underwent intervention, 30 subjects showed marked improvement. This is strong evidence for the efficacy of cognitive restructuring and meditation in alleviation of problems of subjects high on neuroticism. Researcher has suggested that in view of the usefulness of these techniques, counselors in schools and colleges should be encouraged to impart training in these intervention to help adolescents who face innumerable problems during this period of storm and stress. Researches in evolving shorter but
effective versions of Cognitive Restructuring should also be conducted and knowledge of these useful intervention should form an integral part of Teacher Training Programmes.