

Study of Effect of *Vipassana* on Anxiety and Depression

Kishor Adhikari

Christ University, Bangalore, India

Abstract This study employed pretest- posttest experimental group design to study the impact of *vipassana* at Nepal *Vipassana* center(NVC) on anxiety and depression of students taking the course for the first time. Thirty one subjects (students) were studied. *Vipassana* is found to be effective to reduce the severity of depressive symptoms significantly ($p=0.001$). *Vipassana* could be the option for treating depression along or coupled with other methods.

Keywords Meditation, Depression and Meditation, Anxiety and Meditation

1. Introduction

Vipassana is a form of meditation, which was discovered twenty-five centuries ago by Gautam Buddha. *Vipassana* means “insight” in the ancient pali language of India, the language that Buddha spoke. It teaches to see things as they are. Although *Vipassana* contains the core of what later has been called Buddhism, it is not an organized religion, requires no conversion, and is open to students of any faith, nationality, color or background[1]. It is the ethical and social path that derives from an exploration of nature within the framework of one’s own mind and body. *Vipassana*’s goals are liberation from suffering, and spiritual transcendence[2]. According to Hart, healing-not disease cure, but the essential healing of human suffering-is the purpose of *Vipassana*.

Among the various types of meditation in the world today, the *Vipassana* method taught by S. N. Goenka is unique. This technique is simple, logical way to achieve real peace of mind and to lead a happy, useful life[2]. Mr. Goenka learned the technique of *vipassana* from a master *vipassana* teacher called Sayagyi U Ba Khim from Burma (now called Myanmar). Through the work of Mr. Goenka and his assistant teachers in the past decade, *vipassana* has spread worldwide.

Vipassana is taught as ten -day residential courses that require students (practionars are called students) to live in silence and full time meditation. Each course is taught in an ambiance that duplicates and facilitates the goals of the practice. No conversation, reading, writing, radios, telephone calls, or other distractions are permitted. Students begin their course with vows to adhere to high moral conduct i.e. sila for the ten days. These are; to refrain from taking any life, to refrain from any intoxicants or sexual activities, to avoid

lying or stealing[3]. The students then progress for three and half days through a preliminary, concentrative meditation which focuses on breath. It is called “*anapana*” (i.e. awareness of respiration). This involves continuous observation of the natural flow of incoming and outgoing breath. Gradually mind gets concentrated on this natural activity and the person can exercise greater control over the mind[4]. From that they proceed to *vipassana* proper, the third step which involves insight into the nature of entire mind and body phenomenon. This step is called development of “*pana*” (i.e. wisdom). Complete salience is observed for the first nine days. On the tenth day, students resume speaking, making the transition back to a more extroverted way of life[5]. The course closes on the morning of eleventh day with the practice of *mitta-vhavana* (i.e. good will towards other).

The ethical, restrained atmosphere and the concentrative background make six and half days of silent practice of *vipassana* in noble silence and intense, profound, often life-transforming experience[1]. *Vipassana* focuses on absolute interconnection between mind and body. During a ten-day meditation course, the unbroken atmosphere of hard work coupled to a supportive ambiance enables a flood of personal memories, hopes, and reveries to enter the students’ consciousness for the first time. A long with awareness of this liberated flood of mental life, *vipassana* also raise into consciousness awareness of an equally compelling stream of bodily sensations that constitute the physical level of life *Vipassana* is particularly related to either somatically or physically oriented healers[5]. The practice of *vipassana* has corrective influence of psychic disturbances[4].

Vipassana has been taught in Nepal by Nepal *Vipassana* Centre (NVC) at Dharmashringa, Budhanilakantha , Kathmandu. To participate the course one has to register the name at NVC . No fees are charged for participation.

The present study was designed to study the impact of *vipassana* on negative thoughts, anxiety, and depression on students taking *vipassana* for the first time at NVC. It simply measured the change in severity of anxiety and depression

* Corresponding author:

kishor.adhikari@christuniversity.in (Kishor Adhikari)

Published online at <http://journal.sapub.org/ijpbs>

Copyright © 2012 Scientific & Academic Publishing. All Rights Reserved

according to some well established scales. Such symptoms are present in general population at various degrees irrespective of the presence of mental disorders. Study has shown *vipassana* to be effective in reducing feelings of hostility and helplessness of prisoners[4]. Also, *vipassana* was found to reduce the symptoms of anxiety, and depression of respectively diagnosed inmates in the same study. Studying the impact of *vipassana* on students from general population who came for the course for the first time was the interest of present design. Reduction in severity of anxiety and depression as impact of *vipassana* course on the students was expected.

2. Methods

The present study implied pretest- posttest experimental group design taking 40 consecutive students registered at NVC for July 10th session, 2005 after their consent. Two instruments were used to measure the severity of anxiety and depression .Nepali adaptation of Beck Anxiety Inventory (BAI) and Beck Depression Inventory-II (BDI-II) by Kohrt et al[6] were used to measure anxiety and depression respectively. The instruments were applied to the subjects at first one day before they start learning *vipassana* .Post test was taken from the students on the day of completion of 10 days *vipassana* course. Among 40, only 31 students filled the scales completely on posttest. So result of total (N) 31 subjects is fed into SPSS and data were analyzed accordingly.

3. Result

There were total (N) 31 subjects, among which 17 were females and 14 were males. F-test gave no significant ($p=0.05$) difference in the frequency of female and male subjects. Ages of the subjects were in between 18-51 years old. Mean age of the sample was 23 years old. Mean age of female subjects was 23.5 years old where as mean age of male subjects was 22.5 years old. T-test of equality of age of male and female subjects gave no significant difference ($p<0.0005$). All subjects, except six, had completed their university graduation. Out of six, four had completed intermediate university degree and remaining two were junior high school passed. Table 1 below has summarized the result.

Table 1. Result of Student T-Test of Equality of Mean Scores

| Scale | Test | N | Mean score | t-test of equality of means |
|--------|----------|----|------------|-----------------------------|
| BDI-II | Pretest | 31 | 11.03±5.69 | 3.650($p=0.001$) |
| | Posttest | 31 | 6.294±4.6 | |
| BAI | Pretest | 31 | 8.39±4.84 | 0.779($p=0.439$) |
| | Posttest | 31 | 7.32±5.87 | |

Table 1 shows that mean posttest score in BDI-II is significantly smaller than mean pretest score ($p=0.001$) in the same. Whereas, there is no significant different ($p=0.439$) in pretest and posttest mean score of BAI scale. The different in mean scores can be seen from figure 1.

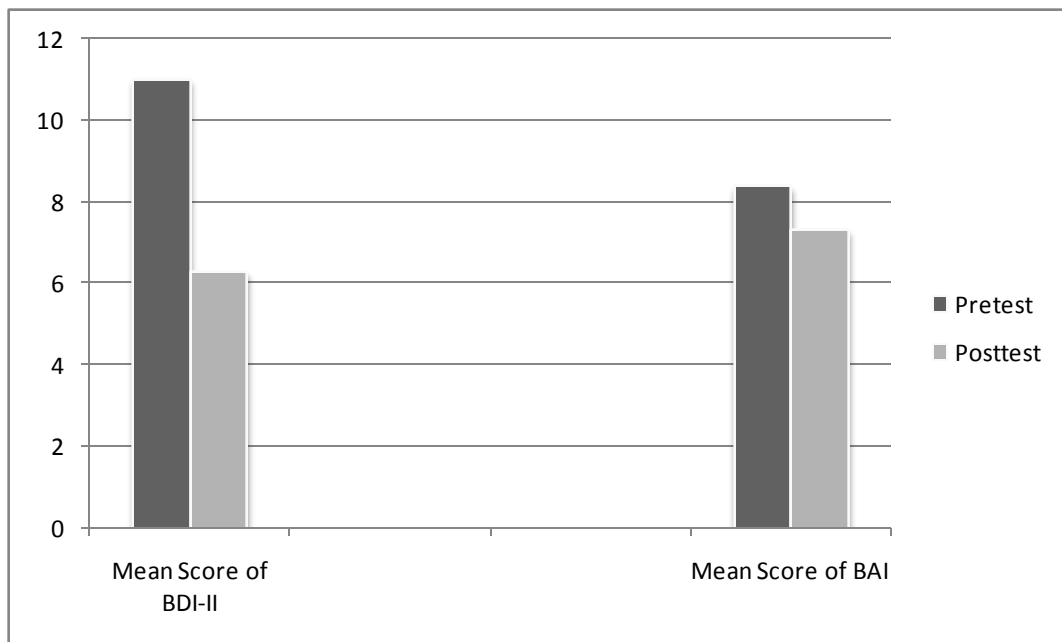


Figure 1. Mean scores of BDI-II and BAI

4. Discussion and Conclusions

Most of the previous *vipassana* researches were carried in prisons[4]. Those researchers lacked control over the social environment and non-meditators were found discouraging the subjects from maintaining the continuity of practice. Also, observation about compliance non-compliance with instructions during the course was not made. Since this study was carried on subjects from general population in general setting at NVC, greater control over social environment was attempted. All individuals inside the centre were either students taking the course, volunteers to help the students, or teacher who conducted the course.

Practice/non-practice of *vipassana* was also observed. Five among 40 initial subjects were found not following the instructions as reported by the teacher, so they were excluded from the study. Result of the study has shown *vipassana* to be effective in reducing the severity of depressive symptoms significantly ($p=0.001$). The result is consistent with previous studies on depressed jail inmates. This also accepts our assumption made in this study regarding depression. Though mean score in anxiety scale is reduced at posttest in comparison to pretest, but the difference is not significant ($p=0.343$). It cannot be concluded that *vipassana* course at NVC is effective in reducing severity of symptoms of anxiety on subjects. This rejects our assumption regarding the effectiveness of *vipassana* at NVC on anxiety. Subjects were taking the course for the first time sitting in new social and physical environment, which may be the reason to maintain the anxiety. Some subjects reported being more anxious than they used to be before they took the course. Differences in the result on anxiety from previous studies are may also be due to the differences in efficiency of teachers to conduct *vipassana* at NVC and in previous studies. The value system fostered by *vipassana* has therapeutic ingredients. According to Chandiramani[4], understanding

every experience as impermanent can serve as a powerful antidote to all the negativities of mind (i.e. anxiety, depression, fear etc).

The abstention from killing any sentient being, stealing, sexual misconduct, lying and taking any intoxicants could be one of the best possible approaches to mental hygiene. The practice of anapana for greater control over mind is helpful in handling harmful impulses and wishes. From the study it can be concluded that *Vipassana* reduces the severity of depressive symptoms of the individuals practicing even for first time. It could be used for therapeutic use in treating depression.

In this study, only experimental group design was applied which is the limitation of the present study paradigm. Further study with control group on both general and clinically diagnosed depressive patients is recommended.

REFERENCES

- [1] Fleishman, P.R. (1999). *Vipassana* Meditation: Healing the Healers. India: *Vipassana* Research Institute.
- [2] Hart, W. (2000). *The Art of Living*. Mumbai, India: Vipassana Research Institute.
- [3] Ambedkar, B. R. (1997). *The Buddha and His Dhamma*. Nagpur, India: Buddha Bhoomi Publication.
- [4] Chandiramani, K., Verma, S. K., Dhar, P. L., & Agrawal, N. (1995). *Psychological Effects of Vipassana on Tihar Jail Inmates*. Mumbai, India: Vipassana Research Institute.
- [5] Goenka, S. N. (1990). *Why Vedana and What Is Vedana*. Mumbai, India: Vipassana Research Institute.
- [6] Kohrt, B. A., et al. (2001). Validation of the Nepali Version of BDI. *Nepalese Journal of Psychiatry*, 2(4), 123-130.