A Pre-Experimental Study to Evaluate the Effectiveness of Mindfulness Meditation Technique on the Promotion of Subjective Well-Being among Elderly in Bhai Ghanayia Charitable trust District Patiala, Punjab

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Abstract

Introduction: Mindfulness Meditation means that a person pays attention to thoughts and feelings without judging them and without believing on them. It can be the key to deal with stress, emotional issues and even health problems. Objectives: To evaluate the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly. Pre-test evaluation of subjective well being was done by using subjective well being inventory (SUBI) before demonstrating mindfulness meditation technique. Methodology: The study was conducted on 30 elderly. Mindfulness meditation technique was demonstrated for one month for 20 minutes daily. Results: It revealed that the pre test mean score was 61.63 with SD 10.82 and post test mean score was 86.76 with SD 6.56. Mean difference between pre test and post test subjective well being score was 25.13. Conclusion: The pre-test revealed that there was low well being score among elderly. After demonstration of mindfulness meditation technique there was a highly significant increase in the well being score among elderly. Mindfulness meditation technique was more effective in increasing well being score.

Keywords – “Mindfulness Meditation Technique”, Subjective Well-Being.

Introduction

Well-being is not only a potential parameter of overall health a social goal and objective pursued by advanced countries is to maintain the existing high level of wellbeing developing countries wish to attain a higher level of well-being. Abele (1991) maintains that happiness and well-being for the largest possible number of people is the leading idea of social and political actions. Well-being may be a precondition of growth motives it may support one’s activities and motivation, improve sociability and open-mindedness, increase one’s problem-solving capacity, support a positive view

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of the world, have a positive impact on health and health perception.1

Ageing is a natural process. According to Seneca, old age is an incurable disease, but more recently, old age should be regarded as a normal, inevitable biological phenomenon. The study of the physical and psychological changes which are incident to old age is called gerontology. The care of the gerontology is social gerontology or geriatrics. There is ample scope for research into the degenerative and other disease of old age; their treatment in hospital and general practice and finally into preventive geriatrics and the epidemiology of conditions affecting the aged. Our knowledge about the aging process is incomplete. The physical and psychological changes takes place during old age are senile cataract, glaucoma, nerve deafness, osteoporosis affecting mobility, failure of special senses and changes in mental outlook.
Psychological changes are common in old age but frequently remain undetected and untreated. Mental disorders induce functional disability, disturb rehabilitation, burden the health system and impair life-quality of old patients and their relatives. Geriatric patients suffer from multiple diseases, at risk of somatic disorders, for instance to lose functional autonomy. Old patients have a great need for both rehabilitation and for psychosocial services. Moreover, treatment of mental disorders is also decisive for prognosis of other somatic diseases.2

Psychiatric care of elderly people can be more interesting than that of younger patients. Successful treatment of elderly patients requires a demanding psychological, medical, social, political, and managerial skills—an epitome of modern medicine. According to WHO Report 2001, about 450 million people alive today suffer from mental problems. One person in every four will be affected by a mental disorder at some stage of his or her life.3

Mental health is vital for individuals, families and communities. Mental health is defined by the World Health Organization (WHO) as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community’.4

Mindfulness meditation fixes the mind on a single object such as the breath or a mantra and attempts to exclude all other thoughts from awareness.5 This kind of meditation is prescribed in the Yoga Sutras and Buddhism, and has been popularized in the form of “Transcendental Meditation” (TM). Concentration practices suppress ordinary mental functioning, restrict attention to one point, and induce states of absorption characterized by tranquillity and bliss.6 The term meditation refers to a broad variety of practices that includes techniques designed to promote relaxation, build internal energy or life force (qi, ki, prana, etc.) and develop compassion,7 love, patience, generosity and forgiveness.8

Meditation often involves an internal effort to self-regulate the mind in some way.9 Meditation is often used to clear the mind and ease many health problems, such as high blood pressure,10 depression, and anxiety. It may be done in a passive or an active way—for instance, Buddhist monks involve awareness in their day-to-day activities as a form of mind-training. Prayer beads or other ritual objects are commonly used during meditation in order to keep track of or remind the practitioner about some aspect of that training.

Meditation may involve generating an emotional state for the purpose of analyzing that state such as anger, hatred, etc. or cultivating a particular mental response to various phenomena such as compassion. The term “meditation” can refer to the state itself, as well as to practices or techniques employed to cultivate the India.11 Meditation may also involve repeating a mantra and closing the eyes.12 The mantra is chosen based on its suitability to the individual mediator. Meditation has a calming effect and directs awareness inward until pure awareness is achieved, described as “being awake inside without being aware of anything except awareness itself.”13 In brief, there are dozens of specific styles of meditation practice and many different types of activity commonly referred to as meditative practices.14

To practice mindfulness meditation, relax comfortably and observe surrounds without forming judgments or thinking about anything. For transcendental meditation, people need to close eyes and try to empty the mind. This might need practice if people are not used to doing it as they will find that thoughts rush in, but after a while, people should find that they can clear their mind of thoughts and induce a comfortable and relaxed state. Meditation therapy is widely practiced and can relieve nervous system complaints such as headaches, depression, stroke, epilepsy and multiple sclerosis. If a person suffers from digestive system concerns, meditation therapy could help to treat such ailments as irritable bowel syndrome, ulcers.15

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increase one’s problem-solving capacity, support a positive view of the world, have a positive impact on health and health perception.16

Traditional Western health care views are changing embracing new ideas and accepting treatments such as meditation as beneficial and healthy practices. Many health care professionals promote the use of meditation as being helpful in treating a variety of stress-related illnesses. Nowadays, many people do not realize how much pressure they are under with their high stress careers and fast-moving modern way of life. Meditation is a great way to relax, eliminate phobias and irrational fears and encourage body to heal itself. People can meditate with or without gemstones. Different gemstones work on different body parts or symptoms and some people find it makes the meditation therapy experience a stronger and better one. Incense or music can also be used if a person find that they help but are not essential. Meditation has no negative effects, only good ones. So if people are suffering from an illness, whether mental or physical, it is worth trying meditation therapy as a means of relief or cure. Even if it does not completely cure ailment, meditation does relieve stress, improve health in general and encourage beneficial deep breathing.17

Need of the Study

Ageing merely stands for growing old but no one knows when old age begins. The biological age of a person is not identical with the chronological age. Years wrinkle the skin, but worry, doubt, fear, anxiety and self distrust wrinkle the soul. In this age of modern science and technology we are losing our axis of balance and harmony at all levels i.e. physical, mental, emotional especially for the old age that are institutionalised. With the passage of time certain changes takes place in old age. The important one the old age people facing in their life is the psychological problem in addition to physical problems. The main psychological problems are mental changes, emotional disturbances, irritability, social maladjustment depression and even suicidal thoughts. so we need some measures to overcome this problem.18

Mindfulness meditation provides a systemic approach to understand the root causes of our psycho-physiological problems such as fickleness of mind, hatred, greed, anger, depression, tremor, breathing disturbances etc are well documented and provides healing and purifying techniques for such conditions in old age. Meditation provides a permanent solution and the deep underlying roots of the inner disturbances of man are managed using meditation techniques.19

The first report (1991) of the inquiry Promoting Mental Health and Well-Being in Later Life, focused on older people and the ways in which mental health in older age can be sustained or improved. This second report (1995) focuses on those older people who do experience mental health problems and on the adequacy of the support and services that are available to them.20

According to WHO, the prevalence of old age mental health problems among people over 65 is (15%) in the general community (25%) is general practice patients, and (>30%) in residential homes21 published in article of a review of mind/body therapies in the treatment of musculoskeletal disorders with implications for the elderly.

A study was conducted to know the clinical of transformative practices for integrating body- mind – spirit and well-being. This includes meditation prayer and the purpose is to know the long term spiritual transformation with the mental and physical aspects of life currently there are number of study that attest to the mental health enhancing and surfing reducing benefits from transformative practices like prayer, meditation etc., trails of transformative practices are needed to help all levels of the health care systems focus their attention on the manifestations and effect of the care delivered.22

The need for conducting the study arose during the investigator’s clinical posting at National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore as the elderly patients performed mindfulness meditation every morning and remain fresh and cheerful whole day. Hence, the investigator has tried a humble attempt at evaluating the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly in selected old age home.

Research Problem: A Pre-Experimental study to evaluate the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly in Bhai Ghanayia Charitable trust District Patiala, Punjab.
Objectives of the study

- To assess the pre-test subjective well-being score among elderly.
- To provide and evaluate the effectiveness of mindfulness meditation technique on the promotion of subjective well-being among elderly.

Hypothesis

Hypothesis was tested at 0.05 level of significance by using appropriate inferential statistics. \( H_0 \) - There is no significant difference between mean pre-test and post test subjective wellbeing score.

\( H_1 \) - There is significant difference between mean pre-test and post test subjective wellbeing score.

Methodology

**Research Approach:** A Quantitative research approach was adopted for the present study.

**Research Design:** A pre-experimental, one group pre test – post test design \( (O_1 \times O_2) \) was adopted for the present study.

**Research setting:** The present study was conducted in old age home.

**Target population:** The target population for present study was the elderly (above 60 years).

**Sampling Technique and Sample Size:** Consecutive sampling technique was used to select sample. The sample size of present study comprised of 30 elderly.

**Inclusion criteria:**
- All elderly who were residing in selected old age home of north India

**Exclusion criteria:**
- The elderly who were having physical disabilities like hearing loss, loss of vision and mental disabilities.

**Selection & development of tools:**

Part A Socio Demographic Performa

Part B SUBI- Subjective Well being Inventory

**Method of Data Collection Method of Data Collection**

The study was conducted in selected old age home in the month of January, 2017. Permission was taken from the head of that institution. Consecutive sampling technique was used to select the Sample. Interview schedule method was used to collect data. Pre test evaluation of subjective well being among elderly was done by using subjective well being inventory (SUBI) before demonstrating mindfulness meditation technique. Mindfulness meditation technique was demonstrated for a period of one month for 20 minutes daily. Then after a period of one month, evaluation was done by using Subjective well being inventory (SUBI) again.

**Ethical Consideration**

- Approval of institutional ethical committee was taken.
- Permission was taken from old age home.
- Consent was taken from elderly.
- Elderly were ensured that information provided was kept confidential.

**Plan of Data Analysis:**

The data was analyzed to evaluate by means of descriptive and inferential statistics. Descriptive statistics include Range, Mean, Standard deviation and inferential statistic includes paired ‘t’ test.

**Analysis and Interpretation of Data**

**Table 1:** Range, Mean and Standard deviation of subjective well being among elderly

<table>
<thead>
<tr>
<th>Variable</th>
<th>Range</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>subjective</td>
<td>46-84</td>
<td>61.63</td>
<td>10.82</td>
</tr>
</tbody>
</table>
Table 1 reveals the range, mean, and SD of subjective well being among elderly. It was found that mean subjective well being score was $61.63 \pm 10.82$.

**Table 2: Frequency and percentage distribution of well being score among elderly**

N = 30

<table>
<thead>
<tr>
<th>Levels of subjective Well being Score</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (40-60)</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>Moderate (61-80)</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>High (81-120)</td>
<td>2</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Maximum Score- 120
Minimum Score- 40

Table 2 depicts that (50%) of elderly had low subjective well being score, (43.3%) had moderate and only (6.6%) had high subjective well being score.

**Table 3: Mean, standard deviation and mean difference of pre test and post test of well being score**

N=30

<table>
<thead>
<tr>
<th>Subjective Well being</th>
<th>Mean</th>
<th>SD</th>
<th>Mean difference</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>61.63</td>
<td>10.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>86.76</td>
<td>6.56</td>
<td>25.13</td>
<td>29</td>
</tr>
</tbody>
</table>

Table 3 shows mean, SD and mean difference of subjective well being score among elderly regarding the mindfulness meditation technique. It revealed that the pre test mean score was 61.63 with SD 10.82 and post test mean score was 86.76 with SD 6.56. Mean difference between pre test and post test subjective well being score was 25.13. Hence it was concluded that post test subjective well being score was higher than pre test subjective well being score.

**Table 4: Mean, standard deviation, mean difference and t test value of pre test and post test of subjective well being scores**

N=30

<table>
<thead>
<tr>
<th>Subjective Well being</th>
<th>Range</th>
<th>Mean±SD</th>
<th>t- value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>46-84</td>
<td>$61.63 \pm 10.82$</td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>73-101</td>
<td>$86.76 \pm 6.56$</td>
<td>13.84</td>
</tr>
</tbody>
</table>
*Significant at p<0.05

Table 4 on applying paired t test, it was found that calculated Value \((t=13.84)\) was greater than tabulated value \((2.045, df=29)\). It was found significant at \(p<0.05\). So Null hypothesis was rejected and \(H_1\) was accepted.

Therefore it was concluded that there was significant increase in the subjective well being among elderly after demonstrating mindfulness meditation technique.

**Conclusion**

After analyses of the socio demographic Performa, it was seen that maximum elderly were from age group of 60-65 years and others were above 65 years. Most of the elderly belongs to Sikh religion. Males were double in number as females. Maximum elderly were educated up to elementary and very few were graduate or above. Almost half of the elderly belongs to rural. Majority of elderly were married and have spouse living were 33.3%. more than half of the elderly watch T.V in their leisure time.

As an intervention, it showed that post test mean score \((86.76\%)\) was significantly more than the pre test mean score \((61.63\%)\). Paired t- test showed a significant difference \((p<0.05)\) in the mean pre test and post test scores. Also Mindfulness meditation technique had greatly improved wellbeing among elderly. In the present study effectiveness of mindfulness meditation technique was evaluated and following conclusions were drawn: The pretest revealed that there was low well being score among elderly. After demonstration of mindfulness meditation technique there was a highly significant increase in the well being score among elderly. Mindfulness meditation technique was more effective in increasing well being score.

**Conflict of Interest:** Nil

**Source of Funding:** Self

**Ethical Clearance:** The Ethical Committee of the College and Concerned Authority Of The Elderly Home.

**References**


