CHAPTER II

REVIEW OF LITERATURE

This chapter presents review of literature related to this study. Literature was explored to broaden the understanding and gain an insight into the selected problem. The literature is gathered from various sources such as scientific journals, text books, electronic data bases, conference papers, presentations and the like. Since the topic is based on experimental study, we have considered all available reviews from 2000 onwards. This chapter is divided into five subchapters under the following headings.

1. Studies related to Vipassana meditation and life satisfaction.
2. Studies related to Vipassana meditation and quality of life.
3. Studies related to Vipassana meditational Interventions for physical and psychological problems.
4. Studies related to Vipassana meditation for life satisfaction, quality of life among college students.

1. Studies related to Vipassana meditation and life satisfaction.

In a study Jackman and Nirbhay (2015) reported that for mindful engagement, staff received training in Samatha and Vipassana meditation, and are required to develop a personal meditation practice, for about 20 minutes a day. In addition, they received two full days of training in mindful engagement which focuses on general guidelines for care giving and includes mindful listening, mindful communication, mindful pause, mindful pace, mindful handling, mindful eating, compassion and attitude, among others. In advanced courses, they received training in the four immeasurable (i.e., Brahmavihars: loving-kindness, compassion, joy, and equanimity) and other meditations to deepen the practice of the caregivers for personal transformation. The trainers utilized various skilful
means to present the general standards of practice for the model, which includes videos of caregivers with clients, anecdotes and stories to supplement didactic teaching, instructional games, and activities that are enjoyable to staff, illustrate concepts and encourage engagement. Staff trained with a personal practice of meditation and training in mindful engagement developed present moment awareness, cultivated ‘upaya’ (skilful means) so that they could use intuitive awareness to support the individuals they served in the best and most appropriate way. Staff are mindfully engaged with an individual when they are fully aware of what is happening in the present moment, bring to mind past experiences that bear on what is happening in the present moment, and discriminate between skilful and unskilful actions necessary to enhance the quality of life of that individual. With disciplined personal meditation practice, staff can embody right mindfulness and create opportunities for the individual to engage in meaningful activities and experience an improved quality of life and life satisfaction.

Qazinezam, Momtazi and Yaghubi (2014) study the effects of Vipassana meditation on psychological well-being. 200 persons were taken for the study, out of which the experimental group received 10 days Vipassana course. The experimental group trained in Vipassana and taught them to practice the technique in every life. Both group received pre-test and post-test after training, further both groups tested again after three months in order to check any predictable changes in experimental group. The results showed that the experimental group showed substantial change in 6 aspects of psychological well-being, which includes autonomy, purposefulness in life, personal growth, environmental mastery, positive relationships with others and self-acceptance.

Lykins and Baer (2009) observed the limitations of current knowledge about effects of mindfulness meditation on psychological benefits. According to them vipassana meditation viewed as a lifelong practice but existing literature focus only on short term
practitioners. In their study, they compared long-term meditators and demographically similar non-meditators. The participants of the two groups answered to self-reports related to constructs under study namely the practice of mindfulness meditation. The level of meditation experience was correlated with many other variables. Their results indicated significant mean differences between meditators and non-meditators. They concluded that practicing meditation is associated with increased mindfulness in daily life which is related to decreased rumination, fear of emotion, and increased behavioral self-regulation. Overall, the study suggests that the long-term mindfulness meditation practice may cultivate or promote adaptive functioning, resulting in psychological adjustment.

However this study focuses on positive effects of mindfulness meditation and duration of the meditation practice only among adult population.

In prevention of crisis of student population, along with intervention program and services from social workers to reduce the student group venerable to school dropout, the researchers Wisner (2009) tried mindfulness meditation method to explore its benefits. They used this method as a cognitive strategy; it focuses on to enhance social and behavioral functioning of students. In this study he used 35 children, 10th to 12th graders, from Compensatory alternative high school. They used both qualitative and quantitative data where they applied mixed method approach developed by Trochim, it permits quantitative data analysis of qualitative data. Here researchers analyzed qualitative information such as teacher ratings and narratives, in addition to these, they used concept-mapping method in which the perceptual responses of students shows there is positive change from the mindfulness meditation in eight domains; Improved Stress Management, Enhanced Self-Awareness, Enhanced Emotional Coping, Enhanced Ability to Pay Attention, Improved State of Mind, More Time Spent Being Calm, Improved School Climate and Enhanced Student Engagement. The quantitative analysis result showed
there was a significant increase in student’s behavioral and emotional strengths it also supported by teachers ratings on these aspects and Teacher Rating Scale. The qualitative analysis shows mindfulness meditation is an effective cognitive-behavioral intervention to enhance cognitive, behavioral and psychosocial domains of at-risk students. However the study squared only alternative school population where remediation and other services are provided.

To sum up, the above studies indicating that the researchers emphasized the negative variables, which are clinical in nature, such as stress management, anxiety, mood disorders and emotional coping. Most of the studies focus on adult population whereas only one studies reporting the potential benefits of mindfulness meditation among the students community.

2. Studies related to Vipassana meditation and quality of life.

Greeson et al. (2011) expressed that spirituality may partly explain Mindfulness-Based Stress Reduction outcomes on the basis that MBSR is a secular behavioral medicine program that has roots in meditative spiritual practices. He used online survey in collecting data, in which participants (N = 279; M (SD) age = 45 (12); 75% women) had to completed the survey after an 8-week Mindfulness-Based Stress Reduction program. To test the hypothesis they used structural equation modeling, following MBSR. The author says that the association between enhanced mindfulness and improved health-related quality of life is intervened by increased daily spiritual experiences. Modification in both spirituality and mindfulness were appreciably linked in improvement on mental health. In explaining the association between increased daily spiritual experiences and enhanced quality of life based on mental health, an alternated model suggested that enhanced mindfulness partially mediated the above association, where the initial mediation hypothesis was not supported the above association. Outcomes suggesting that
innovative mechanism by which enhanced every day spiritual experiences following MBSR as a function of greater mindfulness in improving mental health.

In a study Ernst, et al. (2008) reveals that the aging process and associated stress diminishes their quality of life. Mindfulness-based stress reduction (MBSR) has been claimed to reduce stress and alleviate suffering. To examine feasibility and potential effects of MBSR on nursing home residents in Germany, a non-randomized feasibility study was conducted including 22 participants; fifteen of them participated in an 8-week MBSR course, seven served as control group. Health-related quality of life, depressive symptoms, cognitive impairment, activities of daily living, satisfaction with life, physical pain and major complaints were assessed pre and post intervention. Nine out of Fifteen course participants completed the course (60%). They showed a significant increase in the physical health score. Depressive symptoms declined within the meditation group and as compared to the control group. In the control group, a significant decrease in major complaints and an increase in the mental health score were found. The meditation group yielded positive changes in the mental health score, in satisfaction with life and in pain intensity. In view of the setting, the completion rate of 60% appears to be acceptable. Significant results suggest that MBSR may help improve health-related quality of life and reduce symptoms of depression. Yet, as participants did not meet the requirement to practice independently, feasibility of conducting MBSR with elderly who live in a nursing home has to be questioned.

Murphy (2002) studies included data from the first eight Vipassana courses held at involving 75 prison inmates who completed the course. The study consisted of a two-year criminal history pre-program review and a two-year recidivism post-program review. It revealed that 56% (54% women and 57% men) of inmates completing just one Vipassana course recidivated compared to a recidivism rate of 75% in General Population Study of
437 inmates. This represents a 25% reduction in recidivism in the two years following just one Vipassana course. In the words of Murphy these results are truly extraordinary given such a brief, albeit intense, intervention. Moreover, the Vipassana Meditation Program changed the very fabric of the facility literally from within, for inmates and staff alike.

Khurana and Dhar (2002) of the Indian Institute of Technology in Delhi conducted a study on inmates of Tihar Prison. Their study entitled “The Effect of Vipassana Meditation on Quality of Life, Subjective Well-Being and Criminal Propensity among Inmates of Tihar Jail Delhi”. The total sample comprised 262 inmates. Researcher conducted five studies using pre-post experimental methods with control group. The results of this study showed that Vipassana meditation resulted in: a significant reduction in hostility and anger; increased positive behavior; increased cooperation with prison staff; a reduction in psychopathological symptoms, and reduced recidivism.

Another research conducted by Khurana and Dhar in 1994 at Tihar Prison. The study (n = 48, mostly murderers) shows a 92% improvement in somatic complaints; an 83% improvement in sleep disturbance; and a 90% improvement in behavior patterns. More than 90% of these inmates reported mental peace and positive social attitude after undertaking a Vipassana course. They further suggested that the Vipassana Meditation has similar effects on Criminal Inclination and Psychological Well-Being of participants regardless of their gender. They also observed that the Vipassana meditation could not effect on Life Satisfaction because of difficulty of life satisfaction questionnaire.
3. Studies related to Vipassana meditational Interventions for physical and psychological problems.

Black, Reilly, Olmstead and Breen (2015) reported that the use of a community-accessible, mindfulness meditation program resulted in improvements in sleep quality at immediate post-intervention, which was superior to a highly structured sleep hygiene education program. Formalized mindfulness-based interventions have clinical importance by possibly serving to remediate sleep problems in older adults in the short-term, and this effect appears to carry over into reducing sleep-related daytime impairments that have implications for quality of life.

Cour and Petersen (2015) says that the randomized controlled clinical trial investigated the effects of mindfulness meditation on chronic pain. A total of 109 patients with nonspecific chronic pain were randomized to either a standardized mindfulness meditation program (mindfulness based stress reduction [MBSR]) or to a wait list control. Pain, physical function, mental function, pain acceptance, and health-related quality of life were measured. The vitality scale was chosen as the primary outcome measure; the primary end point was after completing the MBSR course. Within a 2.5-year period, 43 of the 109 randomized patients completed the mindfulness program, while 47 remained in the control group. Data were compared at three time points: at baseline, after completion of the course/waiting period, and at the 6-month follow-up. Significant effect was found on the primary outcome measure, the vitality scale. On the secondary variables, significant medium to large size effects were found for lower general anxiety and depression, better mental quality of life (psychological well-being), feeling in control of the pain, and higher pain acceptance. Small (no significant) effect sizes were found for pain measures. There were no significant differences in the measures just after the interventions after the 6-month follow-up. A standardized mindfulness program (MBSR)
contributes positively to pain management and can exert clinically relevant effects on several important dimensions in patients with long-lasting chronic pain.

According to Hatchard et al. (2014) Chronic pain disorders impact the physical, psychological, social, and financial well-being of between 10 to 30 percent of Canadians. The primary aims of psychological interventions targeting chronic pain disorders are to reduce patients’ pain-related disability and to improve their quality of life. Cognitive behavioral therapy (CBT) is the prevailing treatment for chronic pain, however mindfulness-based stress reduction (MBSR) has played promise as an alternative treatment option. The objective of this systematic review and meta-analysis is to compare MBSR to CBT in their relative ability to reduce pain-related disability and intensity, to alleviate emotional distress, and to improve global functioning in chronic pain patients. Overall findings indicate that the MBSR played a significant role in reduction of emotional distress and improved global functioning in chronic pain.

Omidi and Zargar (2014) studied that programs to improve the pain and health status in illnesses with pain such as headache are still in their infancy. Mindfulness-based stress reduction (MBSR) is a new psychotherapy that appears to be effective in treating chronic pain. This study evaluated efficacy of MBSR in improving pain severity and mindful awareness in patients with tension headache. This study was a randomized controlled clinical trial that was conducted in 2012 in Shahid Beheshti Hospital of Kashan City. Sixty patients who were diagnosed with tension-type headache according to the International Headache Classification Subcommittee were randomly assigned to treatment as usual (TAU) or MBSR groups. The MBSR group received eight weekly treatments. Any session lasted 120 minutes. The sessions were based on MBSR protocol. Diary scale for measuring headache and Mindful Attention Awareness Scale (MAAS) were administered at pretreatment, and post treatment, and three-month follow-up in both
groups. The data was analyzed using repeated measures analysis of variance. The mean of mindful awareness before intervention was 34.9 ± 10.5 and changed to 53.8 ± 15.5 and 40.7 ± 10.9 after the intervention and follow-up sessions. They concluded MBSR could reduce pain and improve mindfulness skills in patients with tension headache. It appears that MBSR is an effective psychotherapy for treatment of patients with tension headache.

Sarenmalm et al. (2013) reported that the stress of a breast cancer diagnosis and its treatment can produce a variety of psychosocial sequel including impaired immune responses. Mindfulness Based Stress Reduction (MBSR) is a structured complementary program that incorporates meditation, yoga and mind-body exercises. Despite promising empirical evidence for the efficacy of MBSR, there is a need for randomized controlled trials (RCT). There is also a need for RCTs investigating the efficacy of psychosocial interventions on mood disorder and immune response in women with breast cancer. Therefore, the overall aim is to determine the efficacy of a Mindfulness Based Stress Reduction (MBSR) intervention on well-being and immune response in women with breast cancer. Methods and design: In this RCT, patients diagnosed with breast cancer, will consecutively be recruited to participate. Participants will be randomized into one of three groups: MBSR Intervention I (weekly group sessions + self-instructing program), MBSR Intervention II (self-instructing program), and Controls (non-MBSR). Data will be collected before start of intervention, and 3, 6, and 12 months and thereafter yearly up to 5 years. This study may contribute to evidence-based knowledge concerning the efficacy of MBSR to support patient empowerment to regain health in breast cancer disease. They further points out that the present study may contribute to evidence-based knowledge concerning the efficacy of mindfulness training to support patient empowerment to regain health in a breast cancer disease. If MBSR is effective for symptom relief and quality of
life, the method will have significant clinical relevance that may generate standard of care for patients with breast cancer.

Rosenzweig, Greeson, Reibel, Green, Jasser and Beasley (2010) revealed that Mindfulness-based stress reduction for chronic pain conditions: variation in treatment outcomes and role of home meditation practice. The outcomes of bodily pain, Health-related quality of life, and psychological symptoms. There was marked variation in magnitude and significance of changes in outcomes across different chronic pain conditions. Patients with arthritis back/neck pain or two or more co morbid pain conditions exhibited significant improvements in pain intensity and functional limitations after MBSR. Patients with arthritis showed the greatest treatment effects for psychological distress and quality of life. The smallest improvement in pain and quality of life was seen in patients with chronic headache/migraine, with the smallest improvement in psychological distress observed in patients with fibromyalgia. An association was also established for the amount of home meditation undertaken and psychological distress, somatization symptoms and self-rated health. They concluded that MBSR’s effect on pain quality of life and psychological well-being varies with chronic pain pathology and compliance with home meditation.

Goldin, Philippe; Ramel, Wiveka; Gross, James (2009) took patients with social anxiety disorder (SAD) to study the effect of mindfulness-based stress reduction (MBSR) on their brain-behavior mechanisms of self-referential processing. Before MBSR program, magnetic resonance imaging was done to 16 SAD patients while they encoding self-referential, valence and orthographic features of social trait adjectives. After MBSR program, neuroimaging was done to 14 patients. The results were compared to before MBSR data profile. Those who underwent through MBSR program showed increased self-esteem and decreased anxiety, increased positive and decreased negative self-
endorsement, increased activity in a brain network related to attention regulation, and reduced activity in brain systems concerned in conceptual-linguistic self-view. The study showed the beneficial effect of MBSR program for SAD; however the sample is from clinical population.

Kevin (2009) studied Buddhist mindfulness meditation retreats for intensive four-week sessions. In this study he studied the effect meditation on mental health, cultivation of mindfulness and reperceiving of participants. After one month of intensive meditation manipulated group showed significant increase in mindfulness and reperceiving. Further researcher also reports the at one month follow up, there is an increase in the aspects of mental health. He has seen these changes in those groups which undergone mindfulness retreats. Further he has observed positive changes in all measured psychological symptoms because of positive relative effect of mindfulness and reperceiving. The very low depression and anxiety scores, which are compared to clinical standard, were observed in the population. The researcher opined in summarizing that regular meditation is a very significant solution to mental illness and the amount of beneficial changes on all processes of mental health correlated with year of experience in meditation experience and practice. Researcher observed that increasing interest in applying meditation experience in clinical setting to reduce psychological symptoms showed positive effect on patients. The mindfulness practices as in traditional Buddhist aims, not only clinical objectives but it spreads on to total elimination of personal sufferings by developing positive psychological capacities. Although effects are promising in clinical setup, it is necessary to focus on studies on mindfulness in its original context of intensive meditation practice, which includes broader perspective of mental health.
Mindfulness meditation used to alleviate physical and mental sufferings, with reference to Christine, Tony, Jonathan, Linda and Jing (2009) mentioned about a wide range of physical and mental health conditions were relieved by effective application of mindfulness-based interventions. They also mentioned one of the key aspects to obtain therapeutic benefits of mindfulness-based programs is to have regular between-session practice of meditation. Researchers have reviewed literature on the mindfulness intervention, to investigate home practice and mindfulness program outcomes. Out of 98 studies nearly one quarter (N=24) examined the association between home practice and measures of clinical functioning, out of which more than half (N=13) revealing as a minimum support for the benefits of practice. Further the findings from review reflect there is no agreement about the benefits of mindfulness practice between what is supported clinically and what is known empirically.

Sangram (2009) reveals that Chronic Low Back Pain (CLBP) is challenging to treat with its significant psychological and cognitive behavioral element involved. Mindfulness meditation helps alter the behavioral response in chronic pain situations. Significant body of research in the field of mindfulness meditation comes from the work of Dr. Kabat-Zinn. The current evidence in the field, though not grade one, shows that there is a place for mindfulness meditation in managing chronic pain conditions including CLBP.

Kluck (2008) examined the meditation practice with spiritual focus express higher pain tolerance and quicker pain awareness, increased implicit compassion (lexical decision task), and reduced state anxiety levels (State Anxiety inventory) compare to control states. In this study sixty one subjects participated, all subjects went through initial training in meditation, later randomly put in one of the group conditions; spiritual, religious, attachment security, or neutral meditation condition. Participants were tested
after 2 weeks, provided 20 minutes of meditation every day. The results show, there is no differences were found for the pain tolerance and anxiety measures. Those who are under spiritual meditation condition showed higher pain awareness and increased implicit compassion levels reported by both spiritual and religious meditation groups when compare to controls.

Nyklicek & Karlijn (2008) compared the effects of MBSR to a waiting-list control condition in a randomized controlled trial while examining potentially mediating effects of mindfulness. Forty women and 20 men from the community with symptoms of distress were randomized into a group receiving MBSR or a waiting-list control group. Before and after the intervention period, questionnaires were completed on psychological well-being, quality of life, and mindfulness. Repeated measures multiple analysis of variance (MANCOVA) showed that, compared with the control group, the intervention resulted in significantly stronger reductions of perceived stress and vital exhaustion and stronger elevations of positive affect, quality of life, as well as mindfulness. When mindfulness was included as a covariate in the MANCOVA, the group effects on perceived stress and quality of life were reduced to non-significance. They concluded that increased mindfulness may, at least partially, mediate the positive effects of mindfulness-based stress reduction intervention.

Shapiro, Shauna, Thoresen, Carl, Thomas (2008) examined effectiveness of different meditation-based stress-management tools on stress, rumination, forgiveness and hope. Researchers selected college undergraduate students for this training program. They undergone eight week, 90 minutes per week training program. After pretest, the researcher randomly allocated college students to two training model group. The first group underwent Mindfulness-based stress reduction (MBSR) program and Second group underwent Easwaran’s Eight-Point Program (EPP) program. Later pretest, posttest and 8
week follow up data on self-report measures were taken for analysis. The results shows there is no post treatment differences found between above mentioned measures. It was observed that no post-treatment differences between MBSR and EPP or between posttest and 8-week follow-up. However, treated participants demonstrated significant benefits for stress and marginal benefits for rumination when compared with controls. The evidence suggests that meditation-based stress-management practices reduce stress and enhance forgiveness among college undergraduates. Further the authors rightly argue that such it is necessary to study the excellence of programs as potential health promotion tools focused on college students.

Brantley (2005) emphasized in his study that proper use of meditation in daily life will be effective treatment for headaches, mental stress, symptoms of pre-menstrual syndrome and menopause as well as many other diseases, and blood circulation. Further it increases stamina, strength and flexibility to fight every kind of illness, diseases, physical and mental problem.

Reibel, Greeson, Brainard, and Rosenzweig (2001) gave mindfulness-based stress reduction (MBSR) training in heterogeneous patient population and on explored the effectiveness on health-related quality of life and physical and psychological symptomatology. Patients have got 8-weeks of MBSR program, practicing 20 minutes of meditation daily. The data collected from Pre- and post-intervention by using the Medical Symptom Checklist, Short-Form Health Survey, and Symptom Checklist-90 Revised. The results revealed that quality of life with respect to health increased by established by showing increased on the indices which include, vitality, bodily pain, role limitations which are caused by physical health, and social functioning. Alleviation of 28 percent reduction in physical symptoms was revealed, 38 percent reduction on the global severity index indicates decreased psychological distress, 44 percent reduction on the anxiety
subscales, and a 34 percent reduction on the depression subscale. After intervention, one-year follow-up has shown maintenance of initial improvements on several outcome parameters. Outcome of the study reveals that mindfulness meditation training program on the group can enhance functional status and well-being of the patients and in specific it reduced the physical symptoms and psychological distress in a heterogeneous patient population, further the intervention may have long-term beneficial effects.

According to Chandiramani et al. (1995) training program of Vipassana meditation on jail inmates brings reforms in the area of morality and deeper psychological analysis by emphasizing conscious life style changes, which in turns corrects the contents and the processes of the mind in fundamental way. Evidently Vipassana meditation courses for jail inmates brought out many positive changes in the behavior

4. **Studies related to Vipassana meditation for life satisfaction, quality of life among college students.**

Shields (2011) took project; it was conducted at Sr. Catherine University to study mindfulness meditation as intervention techniques to reduce the stress and promote self-care among nursing students, as a part of the Doctor of Nursing Practice program. Twenty senior post-baccalaureate nursing students participated in this study, in their final semester of study, where investigator has provided two, one hour of meditation of mindfulness interventions. Perceived Stress Scale (SCP) and Mindfulness Attention Awareness Scale were used to collect quantitative data along with qualitative data also collected. The data were analyzed using statistical hypothesis tests. There was no statistically significant were found from the results of the project. Although no conclusions were drawn from this SCP, which are based on the data and small number of participants, valuable insights were gained. Qualitative data analysis revealed that mindfulness meditation techniques helped to reduce stress and established importance in learning techniques in reducing stress.
Kany, Choi, and Ryu (2009) study conducted on eight-week stress coping program based on mindfulness. Researchers took a convenience sample contain 32 participants, and were randomly divided into experimental and control group contain 16 participants in each group, and used pre and post-test design. An eight-week mindfulness based stress coping program was done for the experimental group. The information collected using a questionnaire. The results of the study showed significant decrease in stress and anxiety in experimental group. The results of the study recommend usefulness of techniques of mindfulness meditation to reduce stress and anxiety among nursing students.

According to Witek-Janusek, Albuquerque, Chroniak, Chroniak, Durazo-Arvizu, Mathews (2008) were conducted a research study to assess the influence and possibility of mindfulness based on stress reduction program (MBSR) on immune function, coping and quality of life in women patients, who recently diagnosed with breast cancer. Researchers used experimental and control group to study the effectiveness of MBSR program, where patients with early stage of breast cancer, who had not undergone through chemotherapy, would self-enrolled into either eight week mindfulness based stress reduction program (MBSR) or into assessment group only; control group. Initial assessment was after surgery, at least ten day and prior to therapy. Further this assessment was done before MBSR program and later post assessment was done immediately after completion of MBSR. The assessment was administered both experimental and control group at the same period. The patients were given four week of MBSR program. The results of the evaluated outcomes clearly show the women patients who are recently diagnosed with early stage of cancer have beneficial effects from MBSR program on immune function, quality of life and coping. To summarize this program is feasible for breast cancer patient population in reducing above-mentioned factors.
Shapiro, et al. (2005) researchers conducted a pilot study to explore the effects of mindfulness based stress reduction (MBSR) program on short-term stress management on health care professional. This study has significance because, it is very evident from the literature that stress an inseparable element in health care, increased stress negatively influence health care professionals showing increased depression, decreased job satisfaction and psychological distress. The results suggested that eight weeks of MBSR intervention program might be effective in decreasing stress among health care professional; further the program beneficial for health care professional in increasing quality of life and self-compassion in them.

Beddoe and Murphy (2004) explored whether mindfulness meditation training is going to decreased stress and promoted empathy among nursing students. Researchers provided information about empathy and mindfulness for stress reduction. The study encompassed group of 23 baccalaureate nursing students voluntarily participated in an eight-week mindfulness training course which contains a body scan, sitting meditation and yoga. Convenience samples of 23 students of age between 20-39 were taken for the study. Out of which 16 were completed the study and no reason for drop noted. Pre and posttest data were extracted for the analysis, it is to note that the study did not comprise control group. The data collected using questionnaires in both pre-test and post-test data. From the study it is very evident that the intervention program effectively on reducing the anxiety. Further the data indicated that mindfulness-training techniques may reduce anxiety among nursing students. Bruce, Young, Turner, Wal and Linden (2002) reported the results from the qualitative and quantitative measure, that the nursing students informed better quality of life and substantial decrease in negative psychological symptoms after exposure to MBSR.
Young, Bruce, Turner, and Linden (2001) are teaching and practicing in Canada has expertise in the areas of nursing and psychology. They explored the effectiveness of mindfulness techniques training program on stress level among third year nursing students, aiming to evaluate effectiveness of the program in reduction of stress among the taken population. The nursing students were given background information about the Mindfulness Based Stress Reduction (MBSR) and its effect on stress in included. Authors asked third year nursing students participate in the MBSR intervention program during a verbal, in-class presentation. The proper approval taken from IRB and guidelines were taken to in assuring confidentiality. The study included convenience sample of 30 was used, in which 15 were taken for experimental and 15 were taken for control group. The data collected by using questionnaires and focus groups. The focus groups were taped and transcribed and analyzed by the researchers and students. The conclusions from the study clearly suggested that MBSR was enabling the students in managing stress.

Usha (1993) indicates that many students, who practice Vipassana, keep reporting that their concentration, memory and ability to grasp the material they read have improved tremendously. In addition, she says that apart from the purification of the mind, which is the primary goal of the technique, the meditator also experiences gains at the physical and psychological level. Illnesses are automatically cured as a by-product of the cleansing process of Vipassana. She studied physical as well as psychological variables of college students.
Summary

Psychology has so far treated meditation either as subsumed under our science (for example, as a biological or psychological means of stress reduction) or as part of religion (a portal to mystical states). The problem with taking a biological or psychological approach to meditation is that it assumes that our present version of the body or mind is the way things are the bottom line. But by doing this we insulate ourselves against learning anything fundamentally new. Interestingly, it is the same story with “mysticism”. The problem is that if we identify meditative or religious experience with special states of mind, states of mind that are essentially different from normal everyday consciousness, this marginalizes the experience. It does not challenge our image of what normal everyday consciousness itself may be (Dunne, 2007).

Life demands our psychological process to solve everyday problems, when our demands are more and our psychological processes exhausted in finding the practical way to find proper solutions, our state of mind is unstable. However often many of them know how to identify negative state of mind and find proper ways to overcome. In this direction Meditation is a method through which one can have awareness of positive and negative mental states. Through which one can apply the methods for disconnecting from the negative state and construct positive state. Once our mind reach positive state, it is easier to respond effectively for everyday situation and communicate effectively with others. Hence our actions become more constructive and effective, which create holistic positive experiences of life, create productive individual for himself and others.

However, in some conditions like borderline psychotic or psychotic patients who have stand between realistic and their own world, for such patient meditation should not be conducted without supervision of psychotherapist who are professionally trained in meditation techniques. Shapiro (2008) significantly mentions the same idea mentioning
the supervision is very important because the patients may experience dizziness, feeling of dissociation while doing meditation. Further he mentioned providing careful instruction, training and follow up observation from the therapists is must.

Most of the above research studies have demonstrated that the mindfulness meditation has great beneficial effect on mental health. Further the results of many studies reflected in the positive effect from meditation, which created unique psycho-physiological state that has further implication for health, cognition and behavior. It is evident that Vipassana Meditation or Mindfulness Meditation can be used as an intervention program in enhances psychological and physiological health of an individual.

However, many limitations were observed in the above reviewed research studies. Most of the studies are emphasized on applying mindfulness meditation on patients who have clinical history of psychological or psycho-physiological symptoms in clinical setup. Most of the time it focused on special group like, stress, anxiety and depression group. Further most the studies focused on adult population, but no studies reported on student population with positive variables. However, only few studies focused on non-clinical variable. But now a day the Positive Psychology is emerging as a new area of research in psychology in propagating positive mental health in common population to prevent possible ill effects of modern society. Thus the present study was planned to study the positive variables such as life satisfaction and quality of life among college student population.