

COMPARING INDIVIDUAL PREFERENCES FOR FOUR MEDITATION TECHNIQUES: ZEN, VIPASSANA (MINDFULNESS), QIGONG, AND MANTRA

Adam Burke, PhD, MPH, LAc^{1#}

Context: A significant number of studies have been published examining the mind-body effects of meditation and its clinical efficacy. There are very few studies, however, which directly compare different meditation methods with each other to explore potentially distinct mechanisms and effects, and no studies comparing individual preferences for different methods. As preference is seen as an important factor in consumer healthcare decision making, greater understanding of this aspect is needed as meditation becomes a more widely used therapeutic modality.

Objectives: For this reason a pilot study was conducted to compare four meditation techniques for personal preference.

Design: A within-subjects comparison design was employed.

Participants: A convenience sample of 247 undergraduate university students participated in the study.

Intervention: Participants learned two open observing meditation techniques—Vipassana (Mindfulness) and Zen, and two focused attention techniques—Mantra and Qigong Visualization,

practicing one method per week. At the end of a six-week training period participants ranked the four meditation methods in order of personal preference.

Outcome Measures: Ranking of subjective preference of meditations practiced.

Results: A within subjects comparison revealed that significantly more participants chose Vipassana or Mantra meditation as their preferred techniques compared with Qigong Visualization and Zen.

Conclusion: This study provides information on differences in preference for type of meditation. As the benefits of meditation accrue over time, selecting a method that motivates sustained practice is a critical objective if therapeutic effects are to be achieved.

Key words: Meditation, comparative study, individual differences, Zen, mindfulness, qigong, mantra

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INTRODUCTION

Meditation in the United States

Meditation, as a self-regulatory mind-body practice, has been used throughout the Far East for millennia. In the United States the exploration of Eastern thought and meditation began to emerge as a more prominent aspect of American culture following the end of World War II. During the 1950s and 1960s Zen was being popularized through important American literary works, such as the Beat Generation author Jack Kerouac's *Dharma Bums*. Alan Watts and D. T. Suzuki were actively writing and lecturing on Zen, and Shunryu Suzuki-roshi, founder of the San Francisco Zen Center, arrived in the United States. In 1959, Maharishi Mahesh Yogi landed in San Francisco as part of his first world tour teaching Transcendental Meditation mantra techniques. In 1968, a publication of research findings by Joe Kamiya popularized alpha neurofeedback. In 1971, Ram Dass wrote *Be Here Now*, and the first study on Transcendental Meditation was published in the *American Journal of Physiology*. In

1975, the Insight Meditation Society, a nonprofit Buddhist organization rooted in the Theravada tradition, was founded by Joseph Goldstein and colleagues in Barre, MA. The 14th Dalai Lama made his first visit to the United States in 1979. During the ensuing decades interest in meditation and its diverse traditions continued to grow. Two recent national surveys on complementary and alternative medicine have shown meditation to be one of the top 10 most commonly used CAM therapies. A 2002 National Health Interview Survey (NHIS) reported that 7.6% of the adult population was found to have practiced meditation during the previous year.¹ A subsequent 2007 NHIS study reported 9.4% use.²

Trends in Meditation Research

During this period a significant body of scientific literature has also been generated on the subject of meditation. One indication of its growing importance to the scientific community was the introduction of the term 'Meditation' to the National Library of Medicine medical subject heading Database in 1996. The term "meditation" in the PubMed database produces more than 2000 citations, and the term "meditation" in titles produces more than 900 citations. Searching these titles by specific meditation traditions shows trends in research over time that follow the popular cultural interests in those traditions, from Zen in the 1950s, to Transcendental Meditation in the 1960s, and Mindfulness/Vipassana (also known Insight meditation) in the 1970s. A

¹ Institute for Holistic Health Studies, Department of Health Education, San Francisco State University, San Francisco, CA

[#] Corresponding Author. Address:

Institute for Holistic Health Studies, Department of Health Education, San Francisco State University, San Francisco, CA
e-mail: aburke@sfsu.edu

search for studies with 'Zen Meditation' in the title results in 21 articles, published between 1965 and 2011; 'Transcendental Meditation' produces 206 articles, published between 1970 and 2011; and 'Mindfulness/Vipassana Meditation' produces 89 articles published between 1982 and 2011. Many of these studies, across diverse traditions, provide evidence of the beneficial effects of meditation on physical and mental health.³ In a review of 400 meditation clinical trials conducted between 1956 and 2005, however, authors found the methodology of such trails to be poor, but improving, and noted the need for continued rigor in their design and execution.⁴

The Need for Comparative Research

Despite decades of research on meditation, there are very few studies in which the authors compare specific styles with each other in terms of unique psychological and neurological characteristics or clinical benefits. One of the rare early examples is a study with Zen, Yoga, and Transcendental Meditation practitioners, comparing responses to an auditory stimuli.⁵ As evidence of increasing interest in this issue, in several more recent studies researchers compared meditation practices. In separate studies participants practiced 2 methods to explore differential effects on perceived pain intensity⁶ and cerebral blood flow.⁷ Differences between the meditation methods were observed in both studies. In a third study investigators compared a convenience sample of meditators who were practicing Mindfulness meditation or Transcendental Meditation. The authors examined self-reported differences in mindfulness and psychological well being. No between-group differences were observed, and the best predictors of mindfulness and psychological well being were frequency and duration of practice.⁸ Finally, there is very limited work comparing types of meditation for clinical effectiveness with various symptoms or behaviors. The problem with this lack of comparative research is that single method studies do not provide adequate information on potentially unique benefits for specific clinical issues or with specific populations. For example, in a systematic review of the literature on mindfulness meditation-based interventions for the treatment of substance use disorders, the authors found preliminary evidence for efficacy and safety, but no information on who specifically would benefit from such an intervention.⁹ As meditation becomes increasingly accepted as an adjunctive therapy in clinical settings information of this type becomes more important.^{10,11}

In addition to the limited number of studies in which methods are compared, there are no studies in which authors compare individual preferences for different types of meditation. Research on consumer healthcare decision making suggests that individual preference is a key element in consumer choice and satisfaction.¹²⁻¹⁴ Knowledge of individual preference for type of meditation could potentially lead to a better match between individual and method and an improved compliance with practice over extended periods of time. Given the reported benefit associated with regular and sustained practice this issue of adherence is important when considering meditation as a therapeutic intervention.¹⁵⁻¹⁷ To explore this topic a pilot study was conducted to compare 4 basic meditation techniques with a sample of novice practitioners to determine whether hypothesized individual preferences for specific methods would be observed.

METHODS

Design and Participants

A within-subjects design was used with a sample of 247 participants who learned 4 meditation techniques during a 6-week period. Participants were a convenience sample of self-selected undergraduate students enrolled in a semester-length university course on meditation and imagery. They were juniors or seniors, an average age of 28.0 (range 20-56, SD = 7.8, mode 21), and 73% female. The majority (88%) had no significant previous meditation experience (defined as meditation practice using a specific method for 1 or more years). Of those who were currently practicing meditation, the majority cited mindfulness meditation as their practice method. Because of class size limits of 26 students per semester, 11 groups were recruited, with groups ranging from 15 to 26 students. Recruiting multiple groups also allowed for the rotation of the order of presentation of the meditation techniques, reducing the chances of an order effect. The order was varied in all but 1 of the 11 rotations. Although randomization of techniques was not completely possible, because of the scheduling needs of the meditation centers that participant groups visited during their training, the chances of an open awareness or focused attention method being first, second, third or fourth were comparable. The study was carried out during a period of several years (2003 to 2009).

Meditation Practices

In the first class session the research project was explained and consent obtained. Given the fact that all students had intentionally registered to take a for-credit university course on meditation, and that the research involved practicing meditation, participation was universal. The day-long meditation class met once a week for 6 weeks for 48-hours total. In the first class students were introduced to the concepts of meditation, its reported benefits, and were provided with general information on practice, such as correct posture and length of practice. During the second through fifth class sessions, the participants learned a new meditation technique each week. The course instructor (author) would provide information on the technique for the week, lead participants through the meditation, answer questions, and offer guidance on correct practice. Additional resources were integrated into sessions to augment live instruction, including select readings on each method and support materials such as audiovisual presentations by practitioners from the various traditions, and site visits to related meditation centers when possible. Participants were asked to practice the new technique every day for 15 to 20 minutes. At the end of the week they came back to class and practiced the week's method again as a group. The method was reviewed and any questions were answered. After a break, the instructions for the next meditation method were given.

Participants learned 4 seated meditation methods—2 open observing and 2 focused attention. The open observing methods were a traditional Soto Zen meditation practice and a Theravada Vipassana practice. These methods involved generalized awareness of, or attention to, momentary phenomenal experience. The Pali term used in early Buddhist literature describes this as 'yatha bhuta' or observing reality 'as it is.' The Zen practice included sitting with generalized awareness and using the traditional zazen meditation posture as a reference point for checking presence of mind. The

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