

The Effectiveness of Mindfulness-Based Stress Reduction Programme (MBSRP) and Sufi Meditation(SM) in the Treatment of Neurotic Anxiety among Females

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The present study is designed to compare two different types of meditations i.e Mindfulness meditation (MBSRP) and Sufi meditation(SM) in the treatment of neurotic anxiety among the female population, comprised of 200 participants upon whom Hamilton Anxiety Scale was administered. Based on their scores on HAS two groups of subjects each comprising of 50 subjects with high anxiety and 50 with low anxiety scores (N=100) were retained in the final study. Each group was further bifurcated resulting into four subgroups wherein, 25 (n=25) subjects derived from the high anxiety group (n=50) were randomly assigned to SM while remaining 25(n=25) subjects having high anxiety randomly assigned to MM group. The same procedure was adopted with low anxiety group. After completing the prescribed meditation Pre and Posttest measures on HAS for both groups were analyzed statistically through SPSS. The results show that MM group has higher mean on HAS as compared to SM group. The mean difference is 18.88 which is statistically significant at $p < .001$. Results accordingly depict SM as more effective in lowering anxiety, apparently because it matches the belief system of the Muslim population, providing a new avenue for future research.

Keywords: mindfulness, sufi meditation, *muraqaba*, neurotic anxiety.

Humans have always been involved in a quest to know themselves, the world around them, and the very reason for their existence. Despite the progress made in understanding the very nature of the self, many questions still remain unresolved. Some aspects of this problem may be resolved through spirituality. Spirituality whether or not associated with a particular religion has been practiced since ages thus offering answers to the "unsolved questions" (Dostoyevsky, 2004). Spirituality can be derived from various techniques one of which is meditation.

Research studies report that spiritual well-being and high levels of spirituality were associated with mental health, lower levels of anxiety and positive personality characteristics (Tloczynski, et al., 1997).

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Contribution of Authors

1. Lubna Gul conceived the idea and the unique concept of amalgamation of two different types of meditation belonging to different religions and administered the related instrument/s to measure the outcomes of intervention. She wrote the manuscript with support from the second author being expert in the field of transpersonal psychology. She also carried out the experiment and critical analysis of the results.
2. Dr.Farhana Jahangir verified and supervised the overall methodology. She provided critical feedback and helped shape the research, analysis and manuscript.

The treatment of mental disorders includes various forms of psychotherapy, psychiatric medication, and other practices. One of these forms of treatment approaches is called "Meditation" (National Institute of Mental Health, 2006).

Meditation, regardless of type, is helpful in reducing depression, anxiety, and perceived stress. Meditation also enhances mental well-being hence causing positive effects on the psychological and physiological health of an individual.

Throughout the world meditation exists in almost every mystical side of religions, which is a clear proof of how useful meditation has been in strengthening spirituality from centuries and as a result enhancing mental well-being in addition.

Deatherage has suggested in his variety of studies regarded meditation as a self-treatment. It can help in understanding one's own mental processes and can also be helpful in molding and controlling them in the desired direction (Deatherage, 1975).

Carpenter has suggested that meditation can offer much to the western psychotherapy because it involves a combination of relaxing, cognitive, attention restructuring, and self-observational insight (Carpenter, 1977).

Gulen and Unal (2011) have reported several research studies stating that meditators have been found to be significantly less anxious. They have fewer psychosomatic disorders having more positive moods thus showing less neurosis on scales which were used for measuring neurotic disorders.

The current study explores how useful two major meditation techniques can be in treating neurotic anxiety of female population in Pakistan.

Definition of Terms

Some of the concepts and variables in this study are too abstract to be fully defined in operational terms since Sufi meditation technique is rarely researched in scientific terms; however, an attempt has been made by the researcher to define some of the abstract terms generally while others precisely in operational terms. The major terms and variables used in the research are defined as below.

Anxiety: Operational Definition of Anxiety by the majority of the researchers is defined in light of the well-known state-trait theory of anxiety (Spielberger et al., 1970). The state-anxiety is often explained as a changeable emotional state, the main features of which include feelings of tension, worry and apprehension and a high level of autonomic nervous activity. (Spielberger, 1972)

Meditation: The term meditation can be defined as "a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way and an attempt not to dwell on discursive, ruminating thoughts" (Biegel, Brown, Shapiro, & Schubert, 2009).

Mindfulness: Mindfulness is defined as a process of bringing a certain degree of attention to the present moment experienced by man (Kabat-Zinn, 1990). The origin of Mindfulness is traced back to the Buddhist spiritual practices. The state of Mindfulness is developed by various meditation techniques (Hanh, 1976).

Sufi Meditation: Sufi meditation is defined precisely as "a way of imposing a state of sleeping without going to sleep" (Azeemi, 2005). This kind of deep sleepy state is achieved by visualizing

images of the names of Allah and repeating the name in the heart silently. The situation nearly resembles a nap without actually falling asleep (Purwanto & Zulekha, 2007). The word Allah is the personal name used in Islam for God i.e., the creator of all creation. (Vidyarthi, Ahmed, & Aziz, 2005)

Neurosis: The term neurosis is described as a list of anxious symptoms, associated behavior, including a range of mental illnesses which fall outside the psychotic disorders such as, anxiety neurosis, depressive neurosis, obsessive-compulsive neurosis, somatization, and posttraumatic stress disorder etc. (Fenichel, 1945).

According to Sabry and Vohra (2013), Sufi meditation means concentrating on any one idea or object and not paying attention to any other ideas or objects. Sufi meditation treats neurotic anxiety by eliciting a soothing response. The relaxation response produced in the state of Sufi meditation helps in decreasing heart rate, respiratory rate, oxygen consumption, and muscle tension in the body.

Sufi meditation develops a mindful state by retraining of attention in a specific field of consciousness including inhalation or exhalation of breath, movements of body i.e. rise and fall of the abdomen, sounds, thoughts and perception of objects (Sallum, 2006).

Studies have explored Sufi meditation as having a strong hypnotic power by suggesting strongly that the connection with a divine being is bringing calmness inside the heart resulting in a mental state of deep relaxation (Haryadi, 2000).

The effectiveness of Islamic spirituality through connecting an individual to the divine being by broadening his awareness and nourishing enlightenment on treatment of anxiety and other mental illnesses has been explored in a study wherein three atheist patients showed a remarkable recovery in a therapeutic intervention of six months wherein the spiritual awareness and connection with God was enhanced through a new healing dimension termed as third force therapy (Jahangir, 1995).

Sufi meditation not only improves mental concentration and memory but also helps in the treatment of depression and anxiety. It plays an important role in lowering high blood pressure (hypertension) and also psychosomatic illnesses (Azeemi, 2005).

A study by Purwanto and Zulekha (2007) showed improvement in patients of insomnia who practiced Sufi *Ziker* and meditation. The study reports that Sufi meditation practiced for even a few minutes daily gives inner peace and serenity and helps explore the mind in its full range both inwardly and outwardly.

Sufi meditation has a soothing effect on the mind and body of a person. A study by Zohar (2000) found that the coherent brain waves of the person practicing Sufi meditation usually increase to a frequency of 40 Hz. This leads to the calmness of the brain waves and this change in the brain waves is shown by a state of quietness. The meditating person experiences a slower rate of breathing with the relaxation of body muscles.

A scientific research study revealed Sufi meditation of blue lights as having a great healing power and positive influence on the attitude and behavior. This study was conducted by Rasool and Nasir (2012) in which a total of 30 employees were randomly assigned to either the experimental or control group. The experimental group practiced Sufi meditation of visualization of blue lights before

starting their office work in a group for 15 minutes daily till four weeks after which their responses were measured. After measurement of responses, it was empirically verified that Sufi meditation was a successful intervention in dealing with the work-family conflict and improving the capacity of the employees to reduce the likelihood of their work influencing their family life resulting in family conflicts.

Sufism and Buddhism both have a large following as a rapidly growing form of spirituality that needs to be understood in terms of its impact on the mental well-being of its followers.

Buddhism which is also a spiritual practice begins with the philosophy that mind is the primary source of human joy and misery. It also serves as a means to understand the natural world as a whole. Buddhist contemplatives have formulated complex theories about the origins and nature of consciousness and have developed rigorous first-hand techniques for examining and probing the mind. One of them is called Mindfulness meditation (Wallace, 1970).

Mindfulness is defined as a process of bringing a certain degree of attention to the present moment experienced by man (Kabat-Zinn, 1990). The origin of Mindfulness is traced back to the Buddhist spiritual practices. The state of Mindfulness is developed by various meditation techniques (Hanh, 1976).

Mindfulness practices have been clearly linked to reducing symptoms of neurotic anxiety (Biegel, 2009). Mindfulness is also positively associated with a variety of indicators of psychological health, such as higher levels of positive affect, life satisfaction, vitality, and adaptive emotional regulation (Keng, Smoski, & Robins, 2011).

Kabat-Zinn has explored a reduction of about 33 % of physical pains in the mean total of a pain rating index by the practice of Mindfulness meditation (Kabat-Zinn, 1984) on a sample comprising 51 patients with chronic pain who practiced a 10-week Mindfulness meditation program. Mindfulness meditation has also been used for anger management and also for prevention of anger related emotions (Barbieri, 1997).

A comparative study revealed high performance on sustained attention scale by an experimental group of 19 subjects practicing Mindfulness meditation when compared with the controlled group of those participants who practiced concentrative meditation (Valentine & Sweet, 1999).

Mindfulness meditation is also reported to be a useful method for the treatment of eating disorders. In a study of 18 obese women, diagnosed with Binge Eating Disorder (BED), Binges decreased in frequency, as indicated by scores on the Binge Eating Scale (BES), after they were made to practice the eating-specific Mindfulness meditation exercise in a meditation-based group intervention for a period of 6 months (Kristeller & Hallett, 1999).

Similarly, one study reported a 10-week Mindfulness meditation intervention on 77 patients with fibromyalgia which revealed that improvement on measures of global well-being reduced feelings of pain and fatigue. On the other hand, a general improvement on medical symptom checklist, psychiatric symptoms (SCL-90 Revised) was witnessed. (Kaplan, Goldenberg, & Galvin-Nadeau, 1993)

The side effects of Mindfulness meditation are that it sometimes retrieves the memory of the forgotten trauma and increases the emotional disturbance of few participants during the session (Miller, 1993).

Although Freud and Jung criticized meditation saying that this practice may develop dissociation but most of the studies suggest that meditation is helpful in bringing about positive effects on mental health (Bogart, 1991).

This research study is aimed to serve as an impetus to incorporate the Spiritual/Sufi beliefs and practices (such as meditation) into the therapeutic process which will possibly increase the utilization of mental health services by the spiritually oriented population.

Rational

No previous study has been conducted to study the comparison of two different types of meditations on neurotic anxiety. Moreover, in this context, previous studies are non-existent. For this purpose, the current study uses scientific design to test the effect of meditation of two different religions in treating neurosis. This research study is aimed to serve as an impetus to incorporate the Eastern Spiritual practices (such as meditation) into the therapeutic process, which will possibly increase the utilization of mental health services, by the spiritually oriented population. The purpose of comparing two different eastern healing techniques which also belongs to the mystical dimension of two different religions is not to promote biases proving one better than the other. The purpose, however, is only to research how useful both techniques could be in lower levels of anxiety. The following are the objectives and hypothesis of the research.

Objectives

The main objective of the study is as follows;

1. To study if there is a difference between Sufi Meditation vs. Mindfulness Meditation in the treatment of anxiety.

Hypothesis

The main hypothesis of the study is stated below.

1. There will be a significant difference between Sufi Meditation vs. Mindfulness Meditation in terms of combating anxiety.

Method

Research Design

A 2x2 factorial design was used in the Study. This study was intervention based. The 2 x 2 factorial designs can be understood as is a trial *design* for efficient testing of two interventions in a sample.

Sample

The sample comprised of 100 ($N=100$) participants selected from the initial pool of 200 ($N=200$) participants upon whom Hamilton Anxiety Scale was administered. The age range of the participants was 15 to 60 years. Convenient sampling strategy was utilized. Approximately 56% of participants were unmarried and only 33% were married. Furthermore 27% of the participants was qualified below bachelor whereas 40% of respondents were having qualification of masters and MBBS, while 3% were having qualification of PhD. Moreover 26% of participants belonged to elite

class whereas only 6% belonged to lower socio economic status and majority i-e 41% belonged to middle class. Majority of the participants who participated in the study were either University/college students or faculty members whereas only few house wives also participated in the study.

Instruments

Following instruments were used to achieve the objectives of study.

Demographic information sheet. The demographic sheet for the study comprised of different demographic variables including age, marital status, education as well as socio-economic class etc.

The Hamilton Anxiety Scale (Hamilton, 1959). The Hamilton Anxiety scale consists of 14 items, each item is rated on a 5-point scale, ranging from 0 (not present) to 4 (severe). This instrument screens neurotic anxiety. Internal scale consistency (coefficient alpha) is 0.92 and the mean item total scale correlation is 0.65. The test-retest reliability of the scale on the other hand is 0.96.

Procedure

First of all, the participants were instructed about the research study. After taking their informed consent, Hamilton Anxiety Scale was administered on them after giving the instructions of how to fill it. Onwards the Scale was collected with a vote of thanks. In the process of administration of scale confidentiality was ensured. This was the first phase of the research. The HAS was scored for these 200 participants in which 50 participants were having high anxiety scores and 50 participants had low anxiety scores. Moreover, 25 participants of high anxiety group were assigned to Sufi meditation for treatment and other 25 high anxiety participants were assigned to Mindfulness meditation group. On the other hand, out of 50 participants of low anxiety on HAS, 25 were assigned to Sufi meditation and other 25 were assigned to Mindfulness meditation. Standard procedures were followed. Participants were exposed to meditation of two different types for the same amount of time and duration. i-e 15 minutes daily for 06 weeks. Participants of both group were instructed to sit in a distraction free place in an aligned posture for 15 minutes daily for 06 weeks. Sufi meditation group was directed to visualize name of Allah (personal name of God) on a standard colored card as prescribed in *Silsila-e-Sarwari Qadriya* for 5 minutes with rare blinking of eyes, then close both eyes and write the name on heart with index figure in imagination with white or golden glittered colors repeatedly till ten minutes (total 15 minutes) whereas subjects practicing Mindfulness meditation were instructed to focus attention on each breath coming in and out and also to focus on the pushes in and out of belly as well as on rising and falling of their chests, focusing entirely on the present moment even if attention dwells to outside environment as the breathing proceeds. Controlled variables were monitored up to the mark. Both the participants practicing Sufi meditation and Mindfulness were instructed to strictly avoid tranquilizers, aerobics, swimming, exercise, jogging, relaxant herbal teas and body massage. Pre and post measures on the scale gave the comparisons.

Data Analysis

The pre-test and post-test performances before and after implementing intervention were analyzed by applying Cohen's *d*, which is an appropriate effect size used to indicate the standardized difference between means of two groups. The statistical analysis was conducted by using the software SPSS.

Results

For computing the results and testing the hypotheses, varying analysis were performed.

Table 1

	<i>F</i>	<i>%</i>
Marital Status		
Unmarried	111	56
Married	66	33
Missing	22	11
Education		
Matric	22	11
Intermediate	32	16
Bachelors	48	24
Master	53	27
MBBS	26	13
PhD	5	3
Missing	14	7
Socio-economic Status		
High	52	26
Middle	82	41
Low	11	6
Missing	53	27

Table 1 illustrates the demographic description of the sample participated in the present study. Results revealed that 56% of respondents were unmarried and only 33% were married. Furthermore, 27% of the participants were qualified below bachelor whereas 40% of respondents were having the qualification of masters and MBBS, while 3% were having the qualification of Ph.D. Moreover, 26% of participants belonged to elite class whereas only 6% belonged to lower socioeconomic status and majority i-e 41% belonged to the middle class.

Table 2

Descriptive Analysis of Study Variable in Total Sample (N = 200)

Variable	M	S.D.	Skewness	Kurtosis	Range	
					Actual	Potential
Anxiety	15.20	9.91	.59	.19	0-48	0-56

Above table shows the descriptive statistics of the study variable. Figures show that Hamilton anxiety scale is not only normally distributed but also having skewness and kurtosis within the range. Moreover, the actual score of scale is also within the range.

Table 3

Mean, Standard deviation, and t-values on the score of anxiety Scale between Sufi and Mindfulness meditation (N =100)

Scale	Sufi (n =50)		Mindfulness (n =50)		t(98)	P	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Anxiety	7.88	4.83	26.76	6.22	-16.94	.00	-21.09	-16.66	-3.43

Table 3 shows that mean the difference between Sufi and Mindfulness meditation groups on scores of anxiety scale. Figures show that Mindfulness meditation group has higher mean on anxiety scale as compared to Sufi meditation group. The mean difference is 18.88 which are statistically significant at $p < .001$.

Discussion

In this modern world of materialistic pursuits where individuals are running to obtain luxurious life, psychological disorders have increased to a greater extent. Among the ever-increasing psychological disorders, the most prominent of all is neurotic disorders. Although the term neurosis is hardly used in the modern day psychology the term, however, has been gradually replaced by the word anxiety disorders.

The overall struggle on behalf of human beings to gain more and more of the material pursuits today has led to a drastic decrease in the field of spirituality. Whereas spirituality has been researched to be the most effective remedy, cure and having therapeutic effects in curing neurotic disorders.

The intention of using the term neurosis that can now be considered as extinct from modern psychology, but in the current study, it has been given a broader space to examine anxiety disorders including all aspects of disorders having some link with anxiety.

The current study is an experimental study wherein meditation was administered as an intervention. Meditation in this study was administered to two groups. On one group Mindfulness meditation was administered whereas on the second group Sufi meditation was administered. The pre and post scores of both groups were analyzed accordingly.

The purpose of the study was to see the effectiveness of meditation on female population having neurotic anxiety. The purpose was to examine and make a comparison of both types of meditation and see which one is more effective in the treatment of neurotic anxiety.

To experimentally analyze which of the two meditations i.e whether Mindfulness or Sufi meditation is more effective, a sample of 100 ($N=100$) was obtained. Among the initial pool of 200($N=200$) participants based on scores, they obtained on Hamilton Anxiety Scale (Table 2).

The hypothesis of the research study relates to the effects of meditation either Sufi or Mindfulness on lowering levels of anxiety wherein studies suggest a positive influence of meditation on anxiety. Here the researcher is unable to state research studies specifically describing the effects of Sufi meditation since no study prior to the one in hand has been done till date. Similarly, no study comparing the effects of Sufi vs. Mindfulness has ever been conducted. This not only explains the uniqueness of the study but also the effects of meditation in general without taking into consideration the specific type.

One such study explains the effects of meditation on anxiety is a randomized, controlled trial in one study comparing Mindfulness-Based Stress Reduction (MBSR) program with the Stress management education program on Generalized Anxiety Disorder. Ninety-three subjects with Generalized Anxiety Disorder were randomly assigned either to one group or the other. Anxiety symptoms were measured with the Hamilton Anxiety Scale. both types of interventions led to significant reduction in post-test HAM-A scores however compared to the stress management program Mindfulness-based stress reduction program was more beneficial in reducing anxiety. MBSR

was examined as a source of significant decrease in anxiety as measured by the CGI-S, the CGI-I, and the BAI (all $P < 0.05$). Results for Mindfulness compared to SM on TSST stress challenge was reported as ($P < 0.05$), as well as a greater increase in positive self-statements with a value of ($P = 0.004$) (Hoge et al., 2013).

The results of table 3 reveals Sufi meditation to be a more useful source of reducing anxiety compared to Mindfulness. The reason, however, could be attributed to the fact that the participants were Muslims and that is why Sufi meditation which also matched their belief system could be more influential compared to Mindfulness. Moreover, the participants exhibited extraordinary spiritual symptoms such as true visions about upcoming future incidents and ESP (Extrasensory perception) which also was a major source of reducing anxiety as their focus of mind as per the verbal reports (documented additionally for reference in future research on spirituality) was completely shifted from their materialistic pursuits towards spiritual realm.

Limitations

Although Freud and Jung criticized meditation saying that this practice may develop, dissociation and possibly some form of psychosis but most of the studies suggest that meditation is helpful in bringing about positive effects on mental health (Bogart, 1991). As far as the side effects of Mindfulness meditation are concerned, the research literature shows that it sometimes retrieves the memory of the forgotten trauma and increases emotional disturbance of few participants during the session (Miller, 1993). Sufi meditation, however, has been found to be effective in the healing of psychotic symptoms in Sufi literature, however, future research may provide a scientific base for the claim.

Delimitations

The demand for improved psychological health in the developing countries especially in Pakistan is increasing day by day. The current research will provide a blueprint for the developmental strategies of mental health and will also prove that as psychological health in Pakistan is deteriorating rapidly, therefore a focus on self-treatment methods like meditation will benefit masses which cannot afford costly therapy and psychiatric medications. The Sufi meditation technique is not only less costly but also in line with the Islamic belief. Therefore, the researcher assumes that it can help in the treatment of neurotic anxiety better as compared to other forms of meditations including Mindfulness and relaxation techniques in the Muslim patient suffering from mental disorders, especially neurotic anxiety.

Conclusion

From the above discussion, it is deduced that spirituality developed through various techniques one of which is meditation is helpful in the reduction of neurotic anxiety. Furthermore, compared to Mindfulness, Sufi meditation was discovered as more effective in reducing the anxiety levels of the participants, the reason of which could be attributed to the fact that since Sufi meditation matches the belief system of the population hence revealed better results in lowering neurotic anxiety, providing a base for future research to combine both types of meditations developing a new healing dimension used as an adjunct to modern psychotherapy.

Suggestions

- Sufi meditation technique, if practiced by mental health experts along with imparting western therapy, will strengthen their respective therapeutic mechanism and will result in more effective therapy for various disorders.
- While the practice of MBSRP has shown disappointment in treating psychosis Sufi meditation, however from centuries have been successful in the treatment of any type of mild psychosis so future

research on the usefulness of Sufi meditation on psychotic patients will prove as a new dimension in the western psychological therapeutic system.

- Incorporation of the two different meditation techniques for future research is suggested for creating a new healing system which may reduce dependency on psychiatric medication and drugs.

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