

Meditation: A Correlational Study between Subjective Well-being and Quality of Sleep among Rajyoga Meditators

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ABSTRACT

Abstract: The present research work aimed to find out the relationship between Subjective Well-being and Quality of Sleep among Rajyoga meditation practitioners. **Context:** It explores whether Rajyoga practitioners have good quality of sleep and have good subjective well-being emphasising on the role of Rajyoga Meditation in day-to-day life. **Aims:** To find out the relationship between Subjective Well-being and Quality of Sleep among participants who practice Rajyoga meditation regularly. **Settings and Design:** Correlational Design **Methods and Material:** Forty-three participants were selected from the Brahma Kumaris Headquarters (Mt Abu, Rajasthan) from the people who came there for the meditation program. The sample includes 18 males and 25 females with an age range between 20 and 65 years. Friedman Well-being Scale and Pittsburg Sleep Quality Index were administered for data collection. **Statistical analysis used:** Obtained data were analyzed by applying Descriptive Statistics and the Pearson Product Moment Method Correlation. **Results:** Sociability was found to be significantly negatively correlated with the use of sleeping medication and daytime dysfunction while Self-esteem, Jovial, Emotional stability and happiness are found to be negatively associated with subjective sleep quality and daytime dysfunction. **Conclusion:** The people who practice Rajyoga Meditation for at least 45-60 minutes regularly for the past three years or more are found to be on the higher side of well-being and had good sleep quality. Hence, overall findings show that if a person is high on subjective well-being, they tend to be high on quality of sleep and vice-versa.

Keywords: *Rajyoga Meditation, Subjective Well-being, Quality of Sleep.*

Nowadays, people are aware of their physical health and know the importance of being healthy. Various ways are suggested for improving one's physical well-being but being psychologically stable is far often downplayed. Life has become a very complicated affair, and where man's daily dealings with the man often cause him mental tension, nervous strain, emotional disturbances, sleeplessness, and peaceless; more and more people feel inclined to practice the yoga-the path of peace and enlightenment. Meditation practice has a lasting effect on one's mind, it heals the person from within. There are different types of meditation techniques practiced over the globe, one of them is Rajyoga. Raj means

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the highest form, and yoga means to connect (Raj and Tiwari, 2019). Rajyoga Meditation is an effective mental training and spiritual therapy which digs out the person's capabilities to deal with day-to-day problems effectively. Regular practice of Rajyoga Meditation brings transformation in overall wellbeing of a person. It is performed without any rituals or mantras, which can be practiced by anyone, anywhere, and at any time.

Yoga is considered one of the orthodox Indian classical philosophies. Sage Patanjali is the originator of yoga philosophy. Yoga is also considered as therapy, which leads to a healthy lifestyle and ensures mental peace (Bijlani, 2012). Patanjali's Yoga Sutras emphasizes eight steps or limbs of yoga; therefore, it is also called Ashtanga Yoga (Prabhavananda and Isherwood, 1948; Taneja, 2014). Eight steps are explained as follows (a) **Yama: includes** five social disciplines, which are considered as code of restraint and self-regulation and also related to the outer world. (b) **Niyama: also includes** five personal disciplines, which are related to the inner world and focuses on Self-training for body and mind. (c) **Asana: in** Sanskrit, asana means a posture. Here asana is related to meditation posture, which makes the body fit for long sitting. Any posture may be used for meditation, which is stable and comfortable. (d) **Pranayama:** suggests breathing exercises with awareness. There are four different ways to practice pranayama, pause after breathing inside and outside, focusing during the inhalation, and exhalation. (e) **Pratyahara:** focuses on detachment of senses from the outer world, their images, and impressions in the mind. (f) **Dharana:** is the concentration or focusing of the mind on one fixed object. (g) **Dhyana:** is much more than meditation; it is sustained and continuous attention. (h) **Samadhi: means freedom from all kinds of suffering, it is the highest state of meditation.**

Self-realization is the primary goal of yoga. Where there is a union of self-consciousness with supreme consciousness (Taneja, 2014). There are no fixed rituals to be followed or no set of mantras to be practiced, it is a simple form of concentrative meditation which can be practiced by anyone, anywhere, and at any time. Rajyoga Meditation is practiced in tailored form even in different schools of meditation like, it is taught by Brahma Kumaris World Spiritual University. There are four steps to practice this meditation i.e., Initiation, Contemplation, Concentration, and Realization (Shubow, 1981). **Initiation** is the first step where the person has to sit in a comfortable posture, take a deep breath to relax the body. **Contemplation** is the next step, which is considered to be the most active stage. Here the practitioner connects the series of pure and positive thoughts which fuel up the inner journey. Churning of spiritual knowledge and making one's self-aware about its true nature and tuning with the qualities and attributes of the supreme power. **Concentration** is the stage where worldly thoughts are ceased and the presence of supreme power becomes evident. It is the stage where the speed of thoughts slows down and is concentrated on one aspect. **Realization** is the last stage where the thoughts channel into a positive direction and the mind sinks deep into peace, love, and bliss, which awakens the inner self. There is a connection with supreme power which enlightens and empowers the person (Arora, 2019). The meditators go through these steps to attain the meditative state, it provides peace of mind and happiness, helps in developing emotional maturity, provides a deeper understanding of self, and brings mind and body in harmony (Hassija, 1965).

A comparative study was conducted in the Jammu region with 60 participants and it was found that Rajyoga Meditators were having higher well-being than Non-Meditators (Chouhan and Singh, 2021). Rajyoga Meditation also helps in reducing various psychological problems like depression, anxiety, stress, tension, and fear (Patel, 1996). In Some studies, it was found that

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either short-term or long-term meditation practices both alter gray matter volume of the orbitofrontal cortex and right hippocampus, which controls and regulates emotional responses (Dodich et al., 2019). Whereas, Nair et al., (2018) concluded that it's not the duration of meditation practices that enhance the wellbeing, it is the proficiency of meditation practice that matters the most. It was also stated that even short-term meditation practices enhance well-being and also improve psychological and physical wellbeing. Shaha (2013) concluded that there is a positive effect of Rajyoga Meditation on patients with hypertension, diabetes, and coronary artery disease. It was also seen that by practicing Rajyoga Meditation there was a significant improvement in physiological cardio-respiratory functions and which contributes to the psychological well-being of the patients (Neelam, 2012).

Review of literature reveals the importance of Rajyoga Meditation on physiological, psychological and behavioral measures. Literature also suggests the scarcity regarding researches on Rajyoga Meditators regarding Subjective Well-being and Quality of Sleep. Therefore, the present study aims to gather preliminary information about the Subjective Well-being and Quality of Sleep of Rajyoga Meditation Practitioners. It is also to explore is relationship exists between Subjective Well-being and Quality of Sleep of Rajyoga Meditation Practitioners?

Objective

To examine the relation between Well-Being and Quality of Sleep among Rajyoga Meditators.

Hypothesis

H₀₁ - There will be significant negative relationship between Well-Being and Quality of Sleep (low scores on quality of sleep means better sleep quality) among Rajyoga Meditators.

SUBJECTS AND METHODS

Participants

Forty-three participants were drawn from the Brahma Kumaris Headquarters (Mt Abu, Rajasthan) the people who came there for a one-week meditation program from 14th August to 21st August 2021. The sample includes 18 males and 25 females from different regions like Rajasthan, Uttar Pradesh, Jammu and Kashmir, and Odisha with an age range between 20 to 65 years. All participants were those who have been practicing Rajyoga Meditation for at least 45-60 minutes regularly for the past three years or more. Only volunteer participants participated in the study.

Measures: Following measures were used:

Friedman Well-being Scale (Friedman, 1992): Friedman Well-being Scale was developed by Philip Friedman, which consists of 20 bipolar adjectives, the items scale is divided into five dimensions: Emotional Stability, Self-esteem/Self-confidence, Joviality, Sociability, and Happiness. Five separate scores for each dimension can be obtained and adding the scores of all dimensions one composite score can be acquired. A high score indicates a high level of well-being and vice-versa. Where the Cronbach alpha reliability coefficient is 0.94 and test-retest reliabilities are 0.73 to 0.85. The convergent validity has been reported at 0.62.

Pittsburgh Sleep Quality Index (Buysse, 1988): The Pittsburgh Sleep Quality Index (PSQI) was developed by Buysse to assess sleep quality. It includes a total of 19 individual items, with seven components which also give one global score. The seven components are Subjective Sleep Quality, Use of Sleeping Medication, Habitual Sleep Efficiency, Sleep

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Duration, Sleep Disturbances, Sleep Latency, and Daytime Dysfunction. This questionnaire has been used in different settings, including research and clinical activities. It has a good psychometric property.

Administration and Procedure

The researcher personally contacted all participants and acquainted them with the objective of the study. Both the measures were administered following the ethics of psychological testing. A total of 12 scores (Seven for the Pittsburgh Sleep Quality Index and five for the Friedman Well-being Scale) were obtained considering the prescribed norms in respective manuals. Obtained data were analyzed using required statistical techniques with the help of Statistical Packages for Social Sciences (SPSS) Version 20.

RESULTS

Table-1 Descriptive Statistics

Variables	Mean	SD	SK	Kurtoses
SOC	87.325	12.407	-1.154	1.002
SES	84.790	14.056	-.578	-.902
JOV	82.255	14.830	-.973	.760
ES	80.790	13.635	-.427	-1.074
HAPP	88.046	12.884	-.813	-.468
SSQ	.465	.549	.594	-.779
SL	.697	.860	1.113	.583
SD	1.604	.820	-.488	-.176
HSE	.302	.513	1.434	1.191
SDIS	.907	.609	.704	2.639
USM	.046	.305	.655	.430
DD	.186	.393	1.672	.834

Table- 1 Depicts the Mean scores and Standard deviations of the dimensions of the Subjective Well-being Scale and the dimensions of the Pittsburgh Sleep Quality Index. The mean scores of the dimensions of the Friedman Well-being Scale of the sample data are on the higher side i.e., Sociability (M=87.325, SD=12.407), Self-esteem (M=84.790, SD=14.056), Joviality (M=82.255, SD=14.830), Emotional Stability (M=80.790, SD=13.635), and Happiness (M=88.046, SD=12.884).

And mean scores of the dimensions of quality of sleep scale are on the lower side, low scores on the dimensions of PSQI scale indicate good quality of sleep. Mean scores of the rajyoga meditators are as follows, Subjective Sleep Quality (M= 0.465, SD=.549), Sleep Latency (M= 0.697, SD=.860), Sleep Duration (M=1.604, SD=.820), Habitual Sleep Efficiency (M=0.302, SD=.513), Sleep Disturbances (M=0.907, SD=.609), Use of Sleeping Medication (M=0.046, SD=.305), Daytime Dysfunction (M=0.186, SD=.393).

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Table-2 Correlation Matrix

	SOC	SES	JOV	ES	HAPP	SSQ	SL	SD	HSE	HDIS	USM	DD
SOC	XX	.565**	.262	.498**	.456**	-.222	.014	.076	-.244	-.288	-.306*	-.315*
SES		XX	.488**	.624**	.559**	-.372*	.001	.040	.019	-.272	-.131	-.406**
JOV			XX	.746**	.486**	-.316*	-.108	.145	.180	-.118	.155	-.485**
ES				XX	.590**	-.365*	-.044	.231	.145	-.080	.048	-.534**
HAPP					XX	-.440**	.040	.173	.027	-.266	-.098	-.349*
SSQ						XX	.304*	.206	-.173	.203	.436**	.251
SL							XX	-.241	.050	.127	.236	.240
SD								XX	.234	-.075	.075	-.062
HSE									XX	.016	.212	-.167
SDIS										XX	.024	.272
USM											XX	-.074
DD												XX

**Correlation is significant at the 0.01 level; *Correlation is significant at the 0.05 level (2-tailed).

Table- 2 shows the intercorrelations between measures of well-being and quality of sleep. Results revealed that sociability was significantly negatively correlated with the use of sleeping medication ($r=-.306p<0.05$) and daytime dysfunction ($r=-.315p<0.05$). Self-esteem yielded negative correlation with subjective sleep quality ($r=-.372p<0.05$) and daytime dysfunction ($r=-.406p<0.01$). Jovial has marked significant negative association with subjective sleep quality ($r=-.316p<0.05$) and daytime dysfunction ($r=-.485p<0.01$). Emotional stability negatively associated with subjective sleep quality ($r=-.365p<0.05$) and daytime dysfunction ($r=-.534p<0.01$). Happiness has marked negative relationship with subjective sleep quality ($r=-.440p<0.01$) and daytime dysfunction ($r=-.349p<0.05$). Overall findings depicted that if the persons are high on subjective well-being, they tend to be high on quality of sleep and vice-versa.

DISCUSSION

In this study, results revealed that people who scored high on subjective well-being tend to have better sleep quality. It was also found that people who score higher on sociability, which means people who are social, outgoing, and neighborly tend to use fewer sleeping medications and it was seen that they have fewer daytime dysfunctions, which implies during the past month there was less trouble in staying awake while eating a meal, driving, etc. The present finding is inclined with a study that claims that an Individual's social life can also influence the quality of sleep (Moturu et al., 2011). It was revealed that people who score high on self-esteem, which indicates people who are assertive, self-assured, and self-confident tend to have better subjective sleep quality and less daytime dysfunction, there was less trouble in being enthusiastic to get the things done, and even in engaging in different social activities. The results also indicate that the more the people are happier, the higher is the subjective sleep

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quality and less daytime dysfunction, and similarly more the people are jovial, which implies, that the more the people are humorous and enthusiastic, the better is the subjective quality of sleep and fewer daytime dysfunctions exist. One study determined that low Subjective Happiness was strongly associated with sleeping problems like insomnia and poor sleep quality in Japanese adolescents (Otsuka et al., 2020). It was also figured out that when the emotional stability is higher, when the person is calm, relaxed, contented, stable, unemotional, and guilt-free the person tends to be high on subjective sleep quality, and fewer daytime dysfunctions are noticed. This study provides consistent evidence with another study which was conducted on young adults in the Chinese population, it was determined that sleep health and emotional stability are associated with each other (Lau et.al., 2021). Overall, it was concluded that if a person scores high on Subjective Well-being, that person will have a good quality of sleep.

The present study revealed that the person who practices Rajyoga Meditation has good quality of sleep and has good subjective well-being. These results are found to be consistent with previous studies on different types of meditation, as it was seen that even a short 11 minutes of Yog Nidra Meditation can show a positive influence on sleep quality and well-being and reduce stress (Moszeik, et al., 2020). Mindful Meditation, even Mindfulness-based Intervention shows a positive effect on sleep. (Hulsheger et al. 2015). It may be opined that meditation practices show a significant positive effect on sleep and well-being.

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Conflict of Interest

The author declared no conflict of interests.

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