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# **Can Meditation Control the Suicidal Thought? - A Spiritual Insight**

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### Abstract

Suicide is a social phenomenon and is mainly caused by mental disorder which may be attributed to by genetic, neurotic, and environmental constructs. A total of 5,124 people had committed suicide in the fiscal year 2016/17. The number rose to 5,317 in 2017/18 and to 5,785 in 2018/19. Various social and biological factors have significant roles to create the suicidal thought in depressed people. So it is necessary to explore the coping mechanism of suicidal thought. The main objective of this study is to explore the knowledge and practice for meditation, its process, therefore its effects on human mind and body to control the negative thought leading to suicide. The study is based on the review of literatures concerning a subject. The study has collected the various related literatures and thoroughly reviewed it. The result shows that there is significant effect of meditation on improving the psychological personalities just by reducing the stress level and controlling the suicidal feeling in mind. Many experimental studies have found the significant difference in pre and post thoughts of suicidal indicators after an intervention in a meditation program. In a modern society, people have no time to think for themselves, no time to connect with own inner qualities. The physical facilities are dominant on the daily life activities which has created problem in the work-life balance also so there is

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need to beware the people especially for many productive age groups to spend some time in doing regular meditation to improve the psychological personalities.

Keywords: Human body, Meditation, Mind, Stress, Suicidal thought

### Introduction

This is the age of technology which has created the social distance among the people. Technology has made work easy, besides that it has been controlling the feeling and thought of people too. The technological dependency has made the people mechanical; s/he thinks as the guiding principles of technology. Emotional attachment with own life and with other has been decreasing. People are feeding on a lot of unnecessary information in their mind which has been creating the stress level. People are creating their own planet on the bunch of thought so that we are detaching from the nature and spending the stressful life which has been driving the people in suicidal thought although famous psycho-sociologist Emile Durkheim who wrote suicide theory had committed suicide lastly and Sigmond Freud himself a founder of psychology was subjected to psychiatric disorder like depressive mania at the chronic level that leads to self-killing for someone. Suicide is actually said to be psycho-social phenomenon which is mainly attributed to by mental disorders of human beings because of a case of frustration. In the Nepalese context, more and more suicidal deaths being are reported across the country every year. A total of 5,124 people had committed suicide in the fiscal year 2016/17. The number rose to 5,317 in 2017/18 and to 5,785 in 2018/19. The average daily suicide cases reported to the police department across the country stand at 14. Since the lockdown was enforced on March 24, Nepal Police is still recording twelve-odd suicidal cases daily. Out of 702 criminal cases as reported with the police across the country in the first two weeks of the lockdown, 198 concerned with suicidal deaths (Dhungana, August 13, 2020). So, considering this critical situation, meditation is important to release the stress and control the unnecessary thought and feeling toward such a type of violence.

People have been practicing meditation for millennia. This ancient practice is as pertinent to nowadays as it was centuries ago. Meditation helps us calm down our minds, connect with our inner qualities and foster wisdom and awareness. Among the many meditation methods that are commonly practiced, mindfulness and awareness are especially precious given for today's stressful, hectic lifestyles (Mindworks Inc, 2020). Meditation originated in India, a very long period ago. The oldest *documented* evidence of the practice of meditation are wall arts in the Indian subcontinent from approximately 5,000 to 3,500 BCE, showing people seated in meditative postures with half-closed eyes. The oldest written mentions of meditation is from 1,500 BCE found in the Vedas. In the sixth century BCE, Siddhartha Gautama abandoned his royal life as a prince and set out to attain Enlightenment. He achieved the Enlightenment he sought and became the title as Buddha. He then spent the next decades of his life teaching meditation and spiritual awakening to thousands of people. Over the next several centuries, Buddhism spread all over Asia, and many different lineages were formed. Nowadays, the

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Buddhist styles of meditation (Vipassana, Samatha, Loving-Kindness and Walking Meditation) are perhaps the most widely practiced forms of meditation in the West (Giovanni, 2020).

Meditation, as described in the ancient *Vedic* texts, is an exercise of consciousness that results in the expansion of consciousness beyond the day-to-day experience of duality. It is an experience of unity, which reduces stress and brings increased creativity and efficiency to the functioning of the inner faculty. This is an exercise that occurs without the mind directing the process (Sharma H. , 2015 ).Meditation comes originally from cultural and philosophical traditions, as a method to improve psychological personalities. After years practicing, meditation can improve body self-regulation, mental control as well as consciousness state (Tassi & Muzet, 2001). Restful and heightened alertness are improved subjectively during meditation (Jevning, Wallace, & Beidebach, 1992; Cahn & Polich, 2006).

Numerous studies have proven the benefits of regular meditation. The mental health oriented benefits of meditation include better focus and concentration, improved self-awareness and self-esteem, lower levels of stress and anxiety, and fostering kindness (Heger, 2020). In this ground, the study aims to review the related literature to identify the theoretical definition of meditation, process of meditation, effect in mind and body, and its power to control the suicidal thought.

### Materials & Method

The study report is based on the literature review. It is a descriptive and explorative research because it has described the theoretical definition of meditation and process of meditation. Similarly, it has also explored the effect of meditation on mind and body. Main focus is given on the understanding of meditation and effect of same to control the negative and suicidal thought processes.

#### Result & Discussion What is Meditation?

The practice of meditation originated in the ancient *Vedic* times of India and is described in the ancient *Vedic* texts (Aurobindo, 1972; Gambhirananda, 1972; Saraswati, 1993; Wadhwa & Wadhwa, 2013). Meditation is one of the modalities used in Ayurveda (Science of Life), the comprehensive, natural health care system that originated in the ancient *Vedic* times of India (Sharma & Clark, 2012). The term "meditation" is now loosely used to refer to a large number of diverse techniques. These include contemplation, concentration, use of nature sounds such as the ocean, guided meditation, meditative movement exercises such as Yoga and tai chi, qigong, breathing exercises, and *Mantra*. These techniques are easy to learn and practice, while others are more difficult and can result in participants giving up the practice rather quickly. According to *Vedic* science, the true purpose of meditation is to connect oneself to one's deep

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inner Self. Techniques which achieve that goal serve the true purpose of meditation (Sharma, 2015).

According to *Krishnamurti* (1984), Meditation is the freedom from thought and a movement in the ecstasy of truth. Meditation is the unfolding of the new. The new is beyond and above the repetitious past—and meditation is the ending of this repetition. The death that meditation brings about is the immortality of the new. The new is not within the area of thought, and meditation is the silence of thought.

In the Buddhist tradition, mediation is used to defuse the source of all the trouble, the illusion of self and other. In Ch'an (or Zen), the aim is to overcome thought and defilement. Having done this, and with thoughts no longer stirring, the real substance of mind becomes evident. Without thoughts and without the illusion of self and other, greed, anger and hatred have no place to arise; and the energy that was tied up by those illusions becomes available, helping to provide an overall improvement in health. That is why, mediation is called 'The Fundamental Practice' (Chen, 1999).

The main objective of meditation is to create the self-consciousness. According to *Vedic* science, the deep inner Self activates the inner faculty (working consciousness), which in turn activates the physical systems. A feedback loop is provided by meditation, in which a conscious connection is made with the deep inner Self (Sharma H. , 2015). Human beings routinely experience three states of consciousness:

- 1. Waking
- 2. Dreaming
- 3. Deep sleep.

When the inner faculty is in the waking state of consciousness, it is aware of the physical body and is involved with the outside objective world. In the dreaming state of consciousness, it is aware of the inner dream world, but is not aware of the physical body. In the deep sleep state of consciousness, the inner faculty is not functioning at all and is not aware of anything. In this state, dualities such as pleasure and pain, good and bad, etc., are not experienced. There is no experience of stress, anxiety, guilt, greed, envy, jealousy, anger, etc. The only experience in this state of unity is peace and bliss. This is why deep sleep or a good night's sleep feels so good (Sharma, 2015).

### Some Necessary Steps and Processes of Meditation

The first step of meditation is to practice bringing our attention to our breath, and then back to the breath again. For the beginners of meditation, it is very difficult to control the attention and unnecessary thought raised in the mind. We can easily notice that our attention is wandering. Some Meditators have shared their knowledge and experiences of meditation and its steps. Here now Mindful Staff (2019) has suggested the following steps of meditation:

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- 1. Get comfortable and prepare to sit still for a few minutes. After you stop reading this, you're going to simply focus on your own natural inhaling and exhaling of breath.
- 2. **Focus on your breath.** Where do you feel your breath most? In your belly? In your nose? Try to keep your attention on your inhale and exhale.
- 3. **Follow your breath for two minutes**. Take a deep inhale, expanding your belly, and then exhale slowly, elongating the out-breath as your belly contracts.

### The Ways Meditation Effects on Human Mind and Body

Many previous studies have shown the positive effect of meditation on human mind and body. Mindfulness meditation shows an effect to regulate attention, increase body awareness, regulate emotion and change perspective on oneself (Chiesa & Serretti, 2010). Some previous research have suggested that long-term meditation practice can induce structural changes in brain regions activated during meditation, such as changes in grey and white matter concentration, increased cortical thickness, and increased functional connectivity (Brefczynski-Lewis, Lutz, Schaefer, Levinson, & Davidson, 2007; Lutz, Slagter, Dunne, & Davidson, 2008; Jang, et al., 2011).

Evidence suggests that meditation activates certain neural networks (Hasenkamp & Barsalou, 2012) which may lead to alterations in brain structure (Fox, et al., 2014) and function (Kang, et al., 2012). During the process of meditation, accumulated stresses are removed, energy is increased, and health is positively affected overall (Saraswati, 1993). Research has confirmed a myriad of health benefits associated with the practice of meditation. These include stress reduction, (Arias, Steinberg, Banga, & Trestman, 2006; Horowitz, 2010; Burns, Lee, & Brown, 2011; Elder, Nidich, Moriarty, & Nidich, 2014), decreased anxiety (Chen, et al., 2012; Orme-Johnson & Barnes, 2014), decreased depression (Lavretsky, et al., 2013; Kasala, Bodduluru, Maneti, & Thipparaboina, 2014), reduction in pain (both physical and psychological) (Grant, Courtemanche, Duerden, Duncan, & Rainville, 2010), improved memory (Khalsa, 2015), and increased efficiency (Deepeshwar, Vinchurkar, Visweswaraiah, & Nagendra, 2015). Physiological benefits include reduced blood pressure (Brook, et al., 2013), heart rate (Telles, et al., 2013), lactate (Solberg, et al., 2000), cortisol (Lau, Leung, Chan, Wong, & Lee, 2015), and epinephrine (Infante, et al., 2001); decreased metabolism (Jevning, Wallace, & Beidebach, 1992), breathing pattern (Travis, 2014), oxygen utilization, and carbon dioxide elimination (Jevning, Wallace, & Beidebach, 1992); and increased melatonin (Harinath, et al., 2004), skin resistance (Telles, et al., 2013), and relative blood flow to the brain.

#### **Mediation Helps to Control Suicidal Thoughts**

Suicide results from a complex interaction of biological, psychological, social, and situational factors. Many socio-demographic factors characterize those who commit suicide; for example, suicide is more common in males, and mostly persons who are unmarried, separated, divorced, or widowed (Buda & Tsuang, 1990). In today's community, scolding is also one of the main reasons of suicide (Ara, Uddin, & Kabir, 2016).

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Suicidal tendency is not associated with only a narrow set of syndromes or diagnoses, but rather occurs at an increased frequency across a large range of psychiatric diagnoses, as well as among those without any diagnosable conditions (Chiles & Strosahl, 2005; Williams, Duggan, Crane, & Fennell, 2005). One of the biggest challenges in developing effective clinical intervention strategies is the number of pathways that can lead to suicidal behavior (Bertolote, Fleischmann, De Leo, & Wasserman, 2004), including substance abuse (Mean, Righini, Narring, Jeannin, & Michaud, 2005), affective disorders (Moscicki, 2001), anxiety disorders (Sareen, Houlahan, Cox, & Asmundson, 2005), thought disorders (Siris, 2001), problems in social relationships (Helliwell, 2007), and physical health problems (Tang & Crane, 2006).

Experiential avoidance is not merely a predictor of psychological problems related to suicidal act; suicide can be thought of as its most extreme expression (Chiles & Strosahl, 2005). When all other coping strategies fail, those who suffer may look for the ultimate escape from seemingly intolerable pain. A number of sources of theorizing and evidence lead to the conclusion that suicidal behavior serves as an attempt to escape or avoid intolerable psychological experiences, including psychological pain ("psychache") (Shneidman, 1993), awareness of aversive self-evaluations (Baumeister, 1990), and a psychological perspective wherein the current situation appears hopeless and solutions to problems appear to be remote or absent (Beck, Brown, Berchick, Stewart, & Steer, 1990; Williams M., 2001).

Mindfulness-based interventions have also been shown to result in large reductions in depression (Hofmann, Sawyer, Witt, & Oh, 2010), a common context for suicidal ideation and behavior (Beautrais, et al., 1996). More specifically, MBCT has been shown to reduce depressive relapse for people with recurrent depression (Teasdale, et al., 2000) and reduce residual depressive symptoms in individuals in recovery following an episode of suicidal depression (Crane, et al., 2008).

An article published in the Harvard Gazette called "When science meets mindfulness" looks more specifically at how mindfulness affects depression. Studies have shown benefits against an array of conditions both physical and mental, including irritable bowel syndrome, fibromyalgia, psoriasis, anxiety, depression, and post-traumatic stress disorder (Powell, 2018). Similarly, a previous study analyzed the impact of meditation on aggression and suicidal ideation among adolescent boys of Kashmir. The overall study showed that meditation can be an effective way of managing aggression and suicidal ideation among adolescent boys. Overall the study showed that even in regions ridden with armed conflict, practice of meditation by adolescents can reduce their levels of aggression effectively. It also increased their attraction to life and reduces their suicidal ideation (Fayaz & Agarwal, 2019).

### Conclusion

The importance of meditation is increasing the day by day due to complexity of life in modern society. People are being driven by technology with high pressure and busy schedule which

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has been increasing the mental stress and physical pain. Meditation helps us calm and quiet our minds, connect with our inner qualities and foster wisdom by virtue of awareness. Meditation reduces stress and brings increased creativity and efficiency to the functioning of the inner faculty. Meditation comes originally from cultural and philosophical traditions, as a method to improve psychological personalities. In the modern society, people have no time to think for themselves, no time to connect with own inner qualities. The physical facilities are dominant on the daily life activities which have created problems in the work-life balance also so that there is a need to beware the people especially for the productive age groups to spend some time in regular meditation to improve the psychological personalities.

#### References

- Ara, M. J., Uddin, M. F., & Kabir, M. H. (2016, March ). The causes of suicide and Impact of society in Bangladesh. *International Research Journal of Social Sciences*, 5(3), 25-35.
- Arias, A., Steinberg, K., Banga, A., & Trestman, R. (2006). Systematic review of the efficacy of meditation techniques as treatments for medical illness. *Journal of Alternative Complement Medicine*, *;12:*, 817–32.
- Aurobindo, S. (1972). *The Upanishads: Texts, Translations and Commentaries*. Pondicherry, India: Sri Aurobindo Ashram;.
- Baumeister, R. (1990). Suicide as escape from self. Psychological Review, 97:90-113.
- Beautrais, A., Joyce, P., Mulder, R., Fergusson, D., Deavoll, B., & Nightingale, S. (1996).
  Prevalence and comorbidity of mental disorders in persons making serious suicide attempts: A case control study. *The American Journal of Psychiatry*, 153, 1009–1014.
- Beck, A., Brown, G., Berchick, R., Stewart, B., & Steer. (1990). Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. *The American Journal of Psychiatry*, 147, 190–195.
- Bertolote, J., Fleischmann, A., De Leo, D., & Wasserman, D. (2004). Psychiatric diagnoses and suicide: Revisiting the evidence. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 25, 147–155.
- Brefczynski-Lewis, J. A., Lutz, A., Schaefer, H. S., Levinson, D. B., & Davidson, R. J. (2007). Neural correlates of attentional expertise in long-term meditation practitioners. *Proceedings of the national Academy of Sciences*, 104(27), 11483-11488. doi: doi: 10.1016/j.neulet.2010.10.056
- Brook, R., Appel, L., Rubenfire, M., Ogedegbe, G., Bisognano, J., Elliott, W., & al., e. (2013). Beyond medications and diet: Alternative approaches to lowering blood pressure: A scientific statement from the American Heart Association. *Hypertension*, 61, 1360–83.
- Buda, M., & Tsuang, M. T. (1990). The epidemiology of suicide: implications for clinical practice. In S. J. Kupfer, *In Suicide Over the Life Cycle: Rick Factors, Assessment,*

DOI: https://doi.org/10.3126/njmr.v3i2.33023

and Treatment of Suicidal Patients (pp. 17-38). Washington, DC: American Psychiatric Press.

- Burns, J., Lee, R., & Brown, L. (2011). The effect of meditation on self-reported measures of stress, anxiety, depression, and perfectionism in a college population. J College Stud Psychother, 25, 132–44.
- Cahn, B. R., & Polich, J. (2006). Meditation states and traits: EEG, ERP, and neuroimaging studies. *Psychological Bulletin*, 132(2), 180-211.
- Chen, K., Berger, C., Manheimer, E., Forde, D., Magidson, J., Dachman, L., & al., e. (2012). Meditative therapies for reducing anxiety: A systematic review and meta-analysis of randomized controlled trials. *Depress Anxiety*, 29, 545–62.
- Chiesa, A., & Serretti, A. (2010). A systematic review of neurobiological and clinical features of mindfulness meditations. *Psychological Medicine*, 40(8), 1239-1252.
- Chiles, J., & Strosahl, K. (2005). *Clinical manual for assessment and treatment of suicidal patients*. Arlington, VA: American Psychiatric Publishing.
- Crane, C., Barnhofer, T., Duggan, D., Hepburn, S., Fennell, M., & Williams, J. (2008). Mindfulness-based cognitive therapy and self-discrepancy in recovered depressed patients with a history of depression and suicidality. *Cognitive Therapy and Research*, 32, 775–787.
- Deepeshwar, S., Vinchurkar, S., Visweswaraiah, N., & Nagendra, H. (2015). Hemodynamic responses on prefrontal cortex related to meditation and attentional task . *Front Syst Neurosci.*, 8, 252. doi:doi: 10.3389/fnsys.2014.00252
- Dhungana, S. (August 13, 2020). *Suicide cases remain a challenge for law enforcement agency even duirng lockdown*. Kathmandu: The Kathmandu Post. Retrieved August 13, 2020, from https://kathmandupost.com/national/2020/04/16/suicide-cases-remain-a-challenge-for-law-enforcement-agency-even-duirng-lockdown
- Elder, C., Nidich, S., Moriarty, F., & Nidich, R. (2014). Effect of Transcendental Meditation on employee stress, depression, and burnout: A randomized controlled study. *Perm J.*, 18, 19–23.
- Fayaz, I., & Agarwal, D. M. (2019). The Impact of Meditation on Aggression and Suicidal Ideation among the Adolescents Boys of Kashmir. *International Journal of Modern Social Sciences*, 8(1), 12-28. Retrieved September 6, 2020, from www.ModernScientificPress.com/Journals/IJMSS.aspx
- Fox, K. C., Nijeboer, S., Dixon, M. L., Floman, J. L., Ellamil, M., Rumak, S. P., & Christoff, K. (2014). Is meditation associated with altered brain structure? A systematic review and meta-analysis of morphometric neuroimaging in meditation practitioners. *Neuroscience & Biobehavioral Reviews*, 43, 48-73. doi:doi: 10.1016/j.neubiorev.2014.03.016

DOI: https://doi.org/10.3126/njmr.v3i2.33023

- Gambhirananda, S. (1972). *Translator. Brahma-Sutra-Bhasya of Sri Sankaracharya*. Calcutta, India: Advaita Ashrama.
- Giovanni. (2020). Retrieved September 6, 2020, from Live & Dare: Master your MIND and Master your LIFE: https://liveanddare.com/history-of-meditation
- Grant, J., Courtemanche, J., Duerden, E., Duncan, G., & Rainville, P. (2010). Cortical thickness and pain sensitivity in zen meditators. *Emotion*, *10*, 43–53.
- Harinath, K., Malhotra, A., Pal, K., Prasad, R., Kumar, R., & Kain, T. e. (2004). Effects of Hatha yoga and Omkar meditation on cardiorespiratory performance, psychologic profile, and melatonin secretion. J Altern Complement Med., 10, 261–8.
- Hasenkamp, W., & Barsalou, L. W. (2012). Effects of meditation experience on functional connectivity of distributed brain networks. *Frontiers in human neuroscience*, 6(38). doi:doi: 10.3389/fnhum.2012.00038
- Heger, E. (2020, May 19). *INSIDER*. Retrieved September 6, 2020, from HOME : HEALTH: https://www.insider.com/benefits-of-meditation
- Helliwell, J. (2007). Well-being and social capital: Does suicide pose a puzzle? *Social Indicators Research*, *81*, 455–496.
- Horowitz, S. (2010). Health benefits of meditation. *Alternative Complement Theraphy*, *16*, 223–8.
- Infante, J., Torres-Avisbal, M., Pinel, P., Vallejo, J., Peran, F., Gonzalez, F., & al., e. (2001). Catecholamine levels in practitioners of the Transcendental Meditation technique. *Physiol Behav.*, 72, 141–6.
- Jang, J. H., Jung, W. H., Kang, D. H., Byun, M. S., Kwon, S. J., Choi, C. H., & Kwon, J. S. (2011). Increased default mode network connectivity associated with meditation. *Neuroscience letters*, 487(3), 358-362. doi:doi: 10.1016/j.neulet.2010.10.056
- Jevning, R., Wallace, R. K., & Beidebach, M. (1992). The Physiology of Meditation-A review-A wakeful hypometabolic integrated response. *Neuroscience and Biobehavioral Reviews*, 16(3), 415-424.
- Jevning, R., Wallace, R., & Beidebach, M. (1992). The physiology of meditation: A review. A wakeful hypometabolic integrated response. *Neurosci Biobehav Rev.*, *16*, 415–24.
- Kang, D. H., Jo, H. J., Jung, W. H., Kim, S. H., Jung, Y. H., Choi, C. H., & Kwon, J. S. (2012). The effect of meditation on brain structure: cortical thickness mapping and diffusion tensor imaging. *Social cognitive and affective neuroscience*, 8(1), 27-33.
- Kasala, E., Bodduluru, L., Maneti, Y., & Thipparaboina, R. (2014). Effect of meditation on neurophysiological changes in stress mediated depression. *Complement Ther Clin Pract*, 20, 74–80.
- Khalsa, D. (2015). Stress, meditation, and Alzheimer's disease prevention: Where the evidence stands. *J Alzheimers Dis*, 48, 1–12.

DOI: https://doi.org/10.3126/njmr.v3i2.33023

Krishnamurti. (1984). *Home: Krishnamurti.* Retrieved September 7, 2020, from Krishnamurti Foundation Trust Ltd: https://kfoundation.org/meditation/?gclid=CjwKCAjwkdL6BRAREiwAkiczGSRKqJYfGPTOa7\_SFba5BjdvawLnChj58MrfkJ4q4YNPF9LCZF5\_BoCQywQ AvD BwE

- Lau, W., Leung, M., Chan, C., Wong, S., & Lee, T. (2015). Can the neural-cortisol association be moderated by experience-induced changes in awareness? . *Sci Rep.*, 5, 16620. doi:doi: 10.1038/srep16620
- Lavretsky, H., Epel, E., Siddarth, P., Nazarian, N., St Cyr, N., Khalsa, D., & al., e. (2013). A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: Effects on mental health, cognition, and telomerase activity. *Int J Geriatr Psychiatry*, 28, 57-65.
- Lutz, A., Slagter, H. A., Dunne, J. D., & Davidson, R. J. (2008). Attention regulation and monitoring in meditation. *Trends in cognitive sciences*, 12(4), 163-169. doi:doi: 10.1016/j.tics.2008.01.005
- Mean, M., Righini, N., Narring, F., Jeannin, A., & Michaud, P. (2005). Substance use and suicidal conduct: A study of adolescents hospitalized for suicide attempt and ideation. *Acta Paediatrica*, 94, 952–959.
- MINDFUL STAFF . (2019, JANUARY 31). Retrieved from FOUNDATION FOR A MINDFUL SOCIETY: https://www.mindful.org/how-to-meditate/
- Mindworks Inc. (2020). *Mindworks | Mindfulness Meditation Blog | Meditation and the Brain*. Retrieved September 6, 2020, from Mindworks: https://mindworks.org/blog/meditation-research-science-meditation/
- Moscicki, E. (2001). Epidemiology of completed and attempted suicide: toward a framework for prevention. *Clinical Neuroscience Research*, *1*, 310–323.
- Orme-Johnson, D., & Barnes, V. (2014). Effects of the Transcendental Meditation technique on trait anxiety: A meta-analysis of randomized controlled trials. *Journal of Altern Complement Medicine*, 20, 330–41.
- Powell, A. (2018, April 9). When science meets mindfulness. *HEALTH & MEDICINE*. Retrieved September 6, 2020, from https://news.harvard.edu/gazette/story/2018/04/harvard-researchers-study-howmindfulness-may-change-the-brain-in-depressed-patients/
- Saraswati, S. (1993). *Commentator. Hatha Yoga Pradipika*. Munger, India: Bihar School of Yoga.
- Saraswati, S. (1993). *Commentator. Hatha Yoga Pradipika Munger, India*. Bihar School of Yoga.

DOI: https://doi.org/10.3126/njmr.v3i2.33023

- Sareen, J., Houlahan, T., Cox, B., & Asmundson, G. (2005). Anxiety disorders associated with suicidal ideation and suicide attempts in the National Comorbidity Survey. *The Journal of Nervous and Mental Disease*, 193, 450–454.
- Sharma, H. (2015, Jul-Sep). Meditation: Process and effects. *An International Quarterly Journal of Research in Ayurveda*, *36*(3), 233–237. doi:10.4103/0974-8520.182756
- Sharma, H., & Clark, C. (2012). Ayurvedic Healing. London: Singing Dragon.
- Shneidman, E. (1993). Suicide as psychache. *The Journal of Nervous and Mental Disease*, 181, 147–149.
- Siris, S. (2001). Suicide and schizophrenia. Journal of Psychopharmacology, 15, 127–135.
- Solberg, E., Ingjer, F., Holen, A., Sundgot-Borgen, J., Nilsson, S., & Holme, I. (2000). Stress reactivity to and recovery from a standardised exercise bout: A study of 31 runners practising relaxation techniques. *Br J Sports Med.*, 34, 268–72.
- Tang, N., & Crane, C. (2006). Suicidality in chronic pain: A review of the prevalence, risk factors and psychological links. *Psychological Medicine*, *36*, 575–586.
- Tassi, P., & Muzet, A. (2001). Defining the states of consciousnes. *Neuroscience and Biobehavioral Reviews*, 25(2), 175-191.
- Teasdale, J., Segal, Z., Williams, J., Ridgeway, V., Soulsby, J., & Lau, M. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68, 615–623.
- Telles, S., Raghavendra, B., Naveen, K., Manjunath, N., Kumar, S., & Subramanya, P. (2013). Changes in autonomic variables following two meditative states described in yoga texts. *J Altern Complement Med.*, 19, 35–42.
- Travis, F. (2014). Transcendental experiences during meditation practice. *Ann N Y Acad Sci.*, 1307, 1–8.
- Wadhwa, A., & Wadhwa, D. (2013). *The Direct Realization of Brahman: Brahman Sakshatkar*. Haridwar, India: Akhand Param Dham.
- Williams, J., Duggan, D., Crane, C., & Fennell, M. (2005). Mindfulness-based cognitive therapy for prevention of recurrence of suicidal behavior. *Journal of Clinical Psychology*, 62, 201–210.
- Williams, M. (2001). *Suicide and attempted suicide: Understanding the cry of pain.* London: Penguin Books.