

Impact Of Brahma Kumari's Raja Yoga Meditation On Quality Of Life Of Patients With Alcohol Use Disorder : A Quasi Experimental Study

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ABSTRACT

Alcohol addiction is a chronic, recurring condition characterized by compulsive alcohol abuse. The problem of alcohol addiction is spreading more in Dehradun, Uttarakhand. In this perspective the Brahma Kumaris Raja Yoga meditation has been identified as an effective Intervention for alcohol use disorder. The aim of the study is to assess the impact of Brahma Kumaris Raja Yoga meditation on quality of life of patients with alcohol use disorder admitted in the Deaddiction centre of Dehradun. A Pre-and-Post test Quasi experimental research design with purposive sampling technique was adopted for the study. The 40 samples were selected as per the inclusion criteria from Shri Mahant Indresh Hospital, Dehradun & Jagrati Foundation Rehabilitation centre, Dehradun. The data was collected by Socio-Demographic variables Performa and Alcohol Use Disorders Identification Test (AUDIT). The Brahma Kumari's Rajayoga Meditation was used as an intervention for experimental group. The effectiveness of the intervention was assessed by WHO-Quality of Life scale Brief version (WHOQOL-BREF). The result of the study showed that in the Control group the WHOQOL –BREF Pre and Post test (raw and transformed) scores of D1 (Physical), D2 (Psychological) & D3 (social relationships) are insignificant, while D4 (Environment) scores are statistically significant at 0.05 levels. In the experimental group Pre and Post test (raw and transformed) scores of D1, D2 & D4 are statistically significant at 0.05 levels while D3 scores are found statistically insignificant. In the comparison between the WHOQOL domains of the control and experimental group, the experimental group was found more statistically significant. The study concluded that Brahma Kumaris Rajyoga Meditation was effective in improving Quality of life of the patients' with Alcohol Use Disorder.

Keywords: Brahma Kumaris Rajayoga Meditation; Spiritual Meditation; Quality of life; Alcohol use disorder.

INTRODUCTION

Spiritual health is very essential. Lack of spiritual energy is the reason for just every problem we have in the world today, individually and collectively: depression, conflict, stress,

isolation, boredom, irritation and drug dependency. Alcohol addiction is a chronic, recurring condition characterised by compulsive alcohol abuse that influences the individual's Quality of life despite its negative repercussions. Spiritual healings and Meditation have been used

in the rehabilitation centres . It is helping the patients with mental illness particularly in depression and anxiety. Studies showed that Rajayoga Meditation deepens the understanding in the self towards the life , coping with any situation and in maintaining healthy relationships (Dr. Bhupendra Singh & Dr. Smita Pandey, 2015).

Brahma Kumaris Rajayoga Meditation is the relationship of the human soul with the supreme soul. It is the conscious choice for a connection with our spirit (original self). A Rajayoga Practitioner consciously chooses with whom or with what to connect the mind. Rajayogi controls the mind. Raja means king, the master of the self. A Rajayoga practitioner purposefully achieves a serene mind and have a happy attitude in all situations; he has clarity of thought, builds positive connections, and has a purpose in this world (Siddappa Naragatti , 2018). A Rajayogi learns to connect his intellect with his original virtues of peace, love, purity, joy, power and to connect with the supreme being (Anjali Singh et.al, 2019). The problem of addiction is spreading more in Dehradun, Uttarakhand. In this perspective the Brahma Kumaris Raja Yoga meditation has been identified as an effective intervention for alcohol use disorder. So, the purpose of the present study is to assess the effectiveness of Brahma Kumaris Raja Yoga meditation on quality of life of patients with alcohol use disorder admitted in the Deaddiction centre of Dehradun.

RESEARCH METHODOLOGY

A Pre-and-Post test Quasi experimental research design with purposive sampling technique was adopted for the study. The 40 male samples were selected, age range between 18 to 40 years from Shri Mahant Indresh Hospital, Dehradun & Jagrati Foundation Rehabilitation centre, Dehradun. The data was collected by Socio-Demographic variables performa and WHO-Alcohol Use Disorders Identification Test

(AUDIT). WHO-AUDIT (1989) was used as a screening tool; it consists of ten questions that assess the risk of alcohol use. All these questions have four points Likert scale answers with the scoring 0–4. The Brahma Kumaris Rajayoga Meditation was used as an intervention and 15 sessions were given to the patients of experimental group. The effectiveness of the intervention was assessed by WHO Quality of Life scale Brief version (WHOQOL-BREF). The samples' Quality of Life was assessed using the questionnaire WHOQOL-BREF (1995). There are 26 questions in the WHOQOL-BREF questionnaire. The first and second questions examine health satisfaction and quality of life. Other questions (3–26) cover four domains: physical, psychological, social relationships, and the environment. Each response option has a five-point scale. A higher score indicates a higher quality of life in each of the domains.

Inclusion Criteria- Age range: 18 to 40 years, Profile: Alcohol use disorder according to DSM-V criteria, Patients currently in controlled environment (admitted (IPD) in the rehabilitation centre) with standard treatment with minimum duration of substance use 6 months, Male patients Literate or upto 8th standard from any religion with their Consent.

Exclusion Criteria- Female patients were excluded, Patients abusing other substances except alcohol were excluded ,OPD patients were not taken, Patients with debilitating medical or neurological disorder were excluded, Patients with severe psychiatric disorders who were unable to co-operate /participate in the intervention were also excluded.

STATISTICAL ANALYSIS:

The Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 15.0. WHOQOL-BREF scores were analyzed in each domain (physical, psychological, social relationship, and environmental). The Paired t-test was used to compare the QoL scores among

Control and Experimental group with the level of Significance.05.

RESULTS:

Table 1 - Paired t- test Results showing Comparisons within and between groups WHOQOL GROUP-A (Control)

Outcome Measures		GROUP-A (Control Group)				Result
		Pre (Mean ±SD)	Post (Mean ±SD)	t- Value	Sign .level	
D1	Raw Score	26.75+3.59	25.70+3.96	.920	.369	Insignificant
	Transformed Scores 4-20	15.30+2.02	14.65+2.20	1.013	.324	Insignificant
	Transformed Scores 0- 100	70.75+12.80	67.05+13.51	.917	.370	Insignificant
D2	Raw Score	19.05+3.95	17.60+4.28	1.531	.142	Insignificant
	Transformed Scores 4-20	12.65+2.51	11.70+2.75	1.538	.140	Insignificant
	Transformed Scores 0- 100	54.05+15.82	46.70+18.67	1.736	.099	Insignificant
D3	Raw Score	9.20+2.91	8.35+3.78	1.741	.098	Insignificant
	Transformed Scores 4-20	12.25+3.87	11.85+4.29	.801	.433	Insignificant
	Transformed Scores 0- 100	51.55+24.24	49.45+27.04	.664	.515	Insignificant
D4	Raw Score	28.35+3.66	23.75+3.52	4.55	0.000	Significant
	Transformed Scores 4-20	14.60+2.06	12.1+1.71	4.291	0.000	Significant
	Transformed Scores 0- 100	65.65+11.67	53.20+14.25	3.762	0.001	Significant

*** Significant at the level of .05 of confidence.**

In the present study after the analysis of data the following results were found–

There was no significant difference found between control Pre-test & Post-test WHOQOL- Raw scores, Transformed scores (4-20) and Transformed scores (0-100) of the three domains D1, D2 & D3 while significant difference found between Pre-test & Post-test scores of Domain D4.

In D1(physical) domain insignificant difference found between Raw scores Pre-test mean ± S.D 26.75+3.59 & Post-test mean ± S.D 25.70+3.96, Transformed scores (4-20) Pre-test mean ± S.D 15.30+2.02 & Post-test mean ± S.D 14.65+2.20 and Transformed scores (0-100) Pre-test mean ± S.D 70.75+12.80 & Post-test mean ± S.D 67.05+13.51. The Domain D2 (psychological) also showed insignificant difference between Raw scores Pre-test mean ± S.D 19.05+3.95 & Post-test mean ± S.D 17.60+4.28, Transformed

scores (4-20) Pre-test mean \pm S.D 12.65+2.51 & Post-test mean \pm S.D 11.70+2.75 and Transformed scores (0-100) Pre-test mean \pm S.D 54.05+15.82 & Post-test mean \pm S.D 46.70+18.67. In D3 (social) Domain insignificant difference is found between Raw score Pre-test mean \pm S.D 9.20+2.91 & Post-test mean \pm S.D 8.35+3.78, Transformed scores (4-20) Pre-test mean \pm S.D 12.25+3.87 & Post-test mean \pm S.D 11.85+4.29 and Transformed scores

(0-100) Pre-test mean \pm S.D 51.55+24.24 & Post-test mean \pm S.D 49.45+27.04. The Domain D4 (environmental) showed significant difference between Raw scores Pre-test mean \pm S.D 28.35+3.66 & Post-test mean \pm S.D 23.75+3.52, Transformed scores (4-20) Pre-test mean \pm S.D 14.60+2.06 & Post-test mean \pm S.D 12.1+1.71 and Transformed scores (0-100) Pre-test mean \pm S.D 65.65+11.67 & Post-test mean \pm S.D 53.20+14.25.

Table 2- Paired t- test Results showing Comparisons within and between groups WHOQOL Group-B (Experimental)

Outcome Measures		GROUP-B (Experimental group)			Sign .level	Result
		Pre (Mean \pm SD)	Post (Mean \pm SD)	t- Value		
D1	Raw Score	25.30+5.23	27.35+3.19	-3.492	0.002	Significant
	Transformed Scores 4-20	14.45+3.03	15.85+1.46	-3.114	0.006	Significant
	Transformed Score 0- 100	65.50+19.07	72.65+11.52	-3.290	0.004	Significant
D2	Raw Score	19.10+3.58	21.55+2.18	-3.967	0.001	Significant
	Transformed Scores 4-20	12.75+2.38	14.50+1.53	-3.972	0.001	Significant
	Transformed Score 0- 100	54.95+14.91	62.25+14.23	-2.234	0.038	Significant
D3	Raw Score	9.95+2.43	10.55+1.70	-1.121	0.276	Insignificant
	Transformed Scores 4-20	13.35+3.28	13.90+2.17	-0.830	0.417	Insignificant
	Transformed Score 0- 100	58.50+20.54	63.15+14.19	-0.996	0.332	Insignificant
D4	Raw Score	25.65+4.09	29.05+2.68	-4.460	0.000	Significant
	Transformed Scores 4-20	13.25+2.46	14.85+1.34	-3.559	0.002	Significant
	Transformed Score 0- 100	56.75+13.12	67.95+8.35	-4.383	0.000	Significant

* **Significant at the level of .05 of confidence.**

There was significant difference found between Experimental group Pre-test and Post-test scores

of WHOQOL- Domains D1, D2 & D4, while only the insignificant difference found between the experimental Pre test and Post test scores of the domain D3. In the D1 (physical) domain, the significant difference is found between Raw scores Pre-test mean \pm S.D 25.30+5.23 & Post-test mean \pm S.D 27.35+3.19, Transformed scores (4-20) Pre-test mean \pm S.D 14.45+3.03 & Post-test mean \pm S.D 15.85+1.46 and Transformed scores (0-100) Pre-test mean \pm S.D 65.50+19.07 & Post-test mean \pm S.D 72.65+11.52. The Domain D2 (psychological) also showed significant difference between Raw scores Pre-test mean \pm S.D 19.10+3.58 & Post-test mean \pm S.D 21.55+2.18, Transformed scores (4-20) Pre-test mean \pm S.D 12.75+2.38 & Post-test mean \pm S.D 14.50+1.53 and Transformed scores (0-100) Pre-test mean \pm S. D 54.95+14.91 & Post-test mean \pm S.D 62.25+14.23. In the Domain D4 (environmental) significant difference showed between Raw scores Pre-test mean \pm S.D 25.65+4.09 & Post-test mean \pm S.D 29.05+2.68, Transformed scores (4-20) Pre-test mean \pm S.D 13.25+2.46 & Post-test mean \pm S.D 14.85+1.34 and Transformed scores (0-100) Pre-test mean \pm S.D 56.75+13.12 & Post-test mean \pm S.D 67.95+8.35. The D3 (social) Domain showed insignificant difference between Raw score Pre-test mean \pm S.D 9.95+2.43 & Post-test mean \pm S.D 10.55+1.70, Transformed scores (4-20) Pre-test mean \pm S.D 13.35+3.28 & Post-test mean \pm S.D 13.90+2.17 and Transformed scores (0-100) Pre-test mean \pm S.D 58.50+20.54 & Post-test mean \pm S.D. 63.15+14.19.

DISCUSSION:

There is limited research on the impact of Brahma Kumari's Rajayoga Meditation on alcohol addicted patients. So, the present study made an effort to assess the effectiveness of Brahma Kumaris Raja Yoga meditation on quality of life of patients with alcohol use disorder admitted in the Deaddiction centre of Dehradun. The study highlights that alcohol use disorder is associated

with lower Quality of Life. In the control group, the D1- physical, D2- psychological, D3- social domain of QoL showed insignificant difference, the difference in this finding due to no intervention was provided to the control group and they kept on Treatment as usual whereas the D4- environmental domain compared to other domains of QoL showed significant difference and this difference might be due to the adaptation of the immediate environment.

In the experimental group, the D1- physical, D2- psychological, D4- environmental domain of QoL showed the significant difference between the pre test and post test scores, that indicate the effectiveness of Rajyoga meditation as an intervention for the patients of Alcohol use disorder, whereas the D3- social domain compared to other domains of QoL showed insignificant difference, this difference may be due to the duration of intervention and the limitations of study setting. The Rajyoga intervention should be accepted as a life style that will bring changes in all the facets of quality of life. According to Shokohi et al., training affects all domains of QOL, particularly social health, because it strengthens social and interpersonal relations, and because it improves sense of well-being and tolerance to adverse environmental conditions, it also leads to increased environmental health; thus, after the training, individual can interact so well with the environment and achieve optimal compatibility.

CONCLUSION:

The present study concluded that Brahma Kumaris Rajayoga Meditation was effective in improving Quality of life of experimental subjects. After implementing Rajyoga meditation, there was a significant difference in the experimental group's Quality of life before and after the intervention. As a result, Rajayoga Meditation has been found to be useful for people who have grown addicted to alcohol.

LIMITATIONS:

The present study was limited to Dehradun's De addiction centres. The amount of time available for data collection was limited. As a result, the training sessions can be extended in order to better assess Rajyoga's effectiveness.

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