Abstract

Based on the statistics, it’s easy to imagine that we are facing a tsunami of psychological disorders. About 1 in 5 Americans experience mental illness each year and mental illness costs about $200 billion in lost earnings. Yet, it’s been shown that there is no better way to produce beneficial biological alterations than through the use of meditation (Davidson 2015). In fact meditation has been clinically shown to reduce:

- **Anxiety** (Kabat-Zinn et al 1992, Golden 2009, others)
- **Depression** (Eisendrath 2008, Segal 2010)
- **Pain** (Kabat-Zinn et al 1985, Kingston et al 2007)
- **Addiction** (Brewer 2011, Carim-Todd 2013)
- **Boost Immune System Function** (Davidson 2003, Pace 2009).

But recent studies show only about 8% of Americans meditate.

Main Arguments

When asked why people don’t meditate many people respond that they’re no good at it and that they never get it right.

This research explores how people self-assess their meditative experience, and whether the physiological benefits derived from meditation are achieved independent of their self-assessment.

Key Question

Is it necessary for a meditator to feel like they’re having a positive meditative experience for the psychological and physiological benefits from meditation to manifest – or will the benefits develop regardless of the meditators experience?

Research Objectives

1. To identify whether it’s necessary for a meditator to feel like they’re having a positive meditation experience in order for the physiological benefits to occur?
2. To educate counselors as to the impact of meditation.

Conclusion

According to Holzel et al. (2011) “The change in mindfulness scores (FFMQ) were not correlated with changes in the identified clusters.” Or in other words the physiological benefits occurred regardless of how the meditators’ self-assessed their sessions.

References