

The Effects of Two Types of Meditation Techniques on Self-Efficacy Beliefs in Persons in CDC Stages II and III of HIV Disease

Shanti Shanti Kaur Khalsa, PhD
For reprints contact healthnow@grdcenter.org

ABSTRACT

The purpose of this study was to investigate the short-term effects of two types of meditation, concentrative and mindfulness, on general, social and health behavior self-efficacy in men in CDC stages II and III of HIV disease.

The biopsychosocial model of health and illness suggests that a successful approach to address HIV disease is not through medical treatment alone, but through inclusion of the psychological resources, social interactions and health behaviors of the HIV seropositive person. Self-efficacy beliefs have been shown to affect quality of social interactions, health behavior and immune function and are a significant co-factor in living long with HIV. Self-efficacy can be enhanced and previous research suggests that the practice of meditation may be an effective method.

Participants were 78 males in either CDC Stage II or III of HIV disease, who had at least one-year previous meditation practice, had known their seropositive status for at least three months and were not taking psycho-affective drugs. They ranged in age from 21 to 52 years with a mean age of 38 years.

The study was conducted using a within-subjects design. Data were collected in single two and a half hour experimental sessions, with participants attending one session only. They were randomly assigned so that half received the mindfulness condition first and half received the concentrative condition first.

All participants completed two scales, the Self-efficacy Scale (consisting of General and Social Self-efficacy subscales) and the Health Behavior Self-efficacy Scale. Then the participants practiced the meditation they were assigned for 20 minutes. Immediately following the meditation, they took the same scales again. After a half hour break, they repeated the scales as a new baseline then practiced the second meditation for 20 minutes and took the scales once more.

The raw scores underwent analysis of variance and repeated measures of analysis of variance. Results show no significant difference in raw percentile scores by trial (baseline, concentrative meditation and mindfulness meditation) on the General Self-efficacy Subscale. There is significance in the Social Self-efficacy and Health Behavior Self-efficacy scores for each meditation method practiced.

There is a sequence effect on the Health Behavior Self-efficacy Scale with scores improved whenever concentrative meditation was practiced, even when mindfulness was practiced first, indicating concentrative meditation may have a more dynamic effect. There may be a stronger practice effect with concentrative meditation.

The study concludes that the short-term practice of either concentrative or mindfulness meditation significantly improves social and health behavior self-efficacy in men in CDC stages II and III of HIV disease, with no one method more effective than the other. Short-term practice of meditation has no significant effect on general self-efficacy. The short term practice of meditation as a therapeutic intervention to improve both social and health behavior self-efficacy in men in the early stages of HIV disease is supported.

Implications for the value of self-efficacy beliefs and the therapeutic application of meditation for persons with HIV disease are discussed.

Pauri Kriya

This concentrative meditation has been shown to be effective in research on the effects of meditation on self-efficacy beliefs.

If you are a teacher of a tradition of yoga other than Kundalini Yoga as taught by Yogi Bhajan, please be mindful of keeping each tradition distinct. As a teacher of yoga, you may instruct this meditation by itself or as part of a Kundalini Yoga class. However it is not to be instructed as a part of a yoga class that is in another tradition. As a practitioner of yoga, kindly honor the same guidelines.

Sit comfortably with your spine aligned. Rest your hands on your knees, palms facing up, with elbows straight. Close your eyes.

Inhale by dividing the breath into eight equal, separate parts, like sniffs. On the first segment of the eight parts, silently repeat the sound of SA, on the second silently repeat TA, on the third repeat NA, on the fourth repeat MA. Silently repeat SA on the fifth, TA on the sixth, NA on the seventh and MA on the eighth part of the eight-part inhalation.

While you breathe and silently repeat the sounds, move the fingers of each hand in the following sequence: On SA press the tips of the index finger and thumb firmly together, on TA press the middle finger and thumb tips, on NA press the ring finger and thumb tips and on MA press the little finger and thumb tips together.

To exhale the breath, recite aloud, SA TA NA MA, SA TA NA MA, in a monotone. Coordinate the pressing of the thumb tips to the fingers with the corresponding sounds, just as you did during the silent eight part inhalation. Continue this sequence for 3 to 11 minutes. You may build your practice up to 62 minutes.

If you notice your mind wandering, simply return your attention to the breath, sound and finger sequence of the meditation.

At the end of the meditation, inhale in one long breath, retain your breath briefly, and exhale in one long breath. Relax your posture and open your eyes.

Questions? Reach us at 505/753-4692, at www.grdcenter.org or by post at PO Box 1926, Espanola, NM 87532. © 3HO Foundation. Used by permission.