

Effects of Mindfulness and Sufi Meditation on Anxiety and Mental Health of Females

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The present study is designed to compare two different types of meditations, Mindfulness Based Stress Reduction Programme (MBSRP; Zinn, 2003) and Sufi Meditation (SM) in the treatment of neurotic anxiety and enhancement of mental health in female population. The study is comprised of a total of 200 participants upon whom Hamilton Anxiety Scale (HAS; Hamilton, 1959) was administered and two groups of subjects each comprising of 50 ($n = 50$) subjects with high anxiety and 50 ($n = 50$) with low anxiety scores ($n = 100$) derived, further bifurcated into four subgroups wherein 25 ($n = 25$) subjects with low anxiety randomly assigned to both groups and remaining 25 ($n = 25$) with high anxiety assigned randomly to each groups. Pre- and post-test measures on HAS and Psychological Well-Being Scale (Ryff, 1989) for both groups was obtained and analyzed. The overall results of study showed that Mindfulness meditation group showed significantly higher score on HAS as compared to Sufi meditation group. According to the results, Sufi meditation was more effective in lowering anxiety and enhancing mental health, since it matches the belief system of the population. Hence results provide a base for future research to combine both types of meditations developing a new healing dimension.

Keywords. Mindfulness, sufi meditation, *muraqaba*, neurotic anxiety, mental health

Humans have always been involved in a quest to know themselves, the world around them, and the very reason for their existence

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(Emmons, 2013). Despite the progress made in understanding the very nature of the self, many questions still remain unresolved. Some aspects of this problem may be resolved through spirituality. Spirituality whether or not associated with a particular religion has been practiced since ages thus offering answers to the unsolved questions of life (Dostoevsky, 2004). Spirituality can be derived from various techniques one of which is meditation. Research studies report that spiritual well-being and high levels of spirituality were associated with mental health, lower levels of anxiety and positive personality characteristics (Tloczynski, Knoll, & Fitch, 1997).

The treatment of mental disorders includes various forms of psychotherapy, psychiatric medication, and other practices. One of these forms of treatment approaches is called Meditation (National Institute of Mental Health, 2006). Meditation, regardless of type, is helpful in reducing depression, anxiety and perceived stress. Meditation also enhances mental well-being hence causing positive effects on the psychological and physiological health of an individual. Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2001).

According to Gulen and Unal (2011) several research studies have summed up that meditators have been found to be significantly less anxious. They have fewer psychosomatic disorders, having more positive moods thus showing less neurosis on scales which were used for measuring neurotic disorders.

The current study however is designed to explore how useful two major meditation techniques can be in treating neurotic anxiety of female population in Pakistan.

According to Sabry and Vohra (2013) Sufi meditation means concentrating on any one idea or object and not paying attention to any other ideas or objects. Sufi meditation treats neurotic anxiety by eliciting a soothing response. The term neurotic anxiety is described as anxious symptoms, associated behavior, including a range of mental illnesses which fall outside the psychotic disorders such as, anxiety neurosis, depressive neurosis, obsessive-compulsive neurosis, somatization, posttraumatic stress disorder etc. (Fenichel, 1945).

The relaxation response produced in the state of Sufi meditation helps in decreasing heart rate, respiratory rate, oxygen consumption, and muscle tension in body. Sufi meditation develops a mindful state by retraining of attention in a specific field of consciousness including

inhalation or exhalation of breath, movements of body i.e. rise and fall of abdomen, sounds, thoughts and perception of objects (Sallum, 2006). Studies have explored Sufi meditation as having a strong hypnotic power by suggesting strongly that the connection with divine being is bringing calmness inside the heart resulting in a mental state of deep relaxation (Haryadi, 2000). Sufi meditation not only improves mental concentration and memory but also helps in the treatment of depression and anxiety. It plays an important role in lowering high blood pressure (hypertension) and also psychosomatic illnesses (Azeemi, 2005). A study by Purwanto and Zulekha (2007) showed improvement in patients of insomnia who practiced Sufi *Ziker* (remembrance of God through short devotional phrases) and meditation. The study reports that Sufi meditation practiced for even a few minutes daily gives inner peace and serenity and helps explore the mind in its full range both inwardly and outwardly. Sufi meditation has a soothing effect on the mind and body of a person. A study by Zohar and Marshall (2001) found that the coherent brain waves of the person practicing Sufi meditation usually increase to a frequency of 40 Hz. This leads to calmness of the brain waves and this change in the brain waves is shown by a state of quietness. The meditating person experiences slower rate of breathing with the relaxation of body muscles.

A scientific research study revealed Sufi meditation of blue lights as having a great healing power and positive influence on the attitude and behavior. This study was conducted by Rasool and Nasir (2012) in which a total of 30 employees were randomly assigned to either experimental or control group. The experimental group practiced Sufi meditation of visualization of blue lights before starting their office work in a group for 15 minutes daily till four weeks after which their responses were measured. After measurement of responses it was empirically verified that Sufi meditation was a successful intervention in dealing with the work, family conflict and improving the capacity of the employees to reduce the likelihood of their work influencing their family life resulting in family conflicts.

Sufism and Buddhism both have a large following as a rapidly growing form of spirituality that needs to be understood in terms of its impact on the mental well-being of its followers. Buddhism which is also a spiritual practice begins with the philosophy that mind is the primary source of human joy and misery. It also serves as a means to understand the natural world as a whole. Buddhist contemplatives have formulated complex theories about the origins and nature of consciousness and have developed rigorous first hand techniques for

examining and probing the mind. One of them is called Mindfulness meditation (Wallace, 1970).

Mindfulness is defined as a process of bringing certain degree of attention to the present moment experienced by man (Kabat-Zinn, 1990). The origin of Mindfulness is traced back to the Buddhist spiritual practices. The state of Mindfulness is developed by various meditation techniques (Hanh, 1976). Mindfulness practices have been clearly linked to reduce symptoms of neurotic anxiety (Biegel, Brown, Shapiro, & Schubert, 2009). Mindfulness is positively associated with a variety of indicators of psychological health, such as higher levels of positive effect, life satisfaction, vitality, and adaptive emotion regulation (Keng, Smoski, & Robins, 2011).

Kabat-Zinn (1984) has explored reduction of about 33% of physical pains in the mean total of a pain rating index by the practice of Mindfulness meditation (Kabat-Zinn, 1984). A sample comprising 51 chronic pain patients practiced a 10-week Mindfulness meditation program. Mindfulness meditation has been used for anger management and also for prevention of anger related emotions (Barbieri, 1997).

A comparative study revealed high performance on sustained attention scale by an experimental group of 19 subjects practicing Mindfulness meditation when compared with the controlled group of those participants who practiced concentrative meditation (Valentine & Sweet, 1999).

A study reported a 10-week Mindfulness meditation intervention on 77 patients with fibromyalgia which revealed that improvement on measures of global well-being reduced feelings of pain and fatigue. On the other hand, a general improvement on medical symptom checklist, psychiatric symptoms (SCL-90 Revised) was witnessed (Kaplan, Goldenberg, & Galvin-Nadeau, 1993). The side effects of Mindfulness meditation are that, it sometimes retrieves the memory of the forgotten trauma and increases emotional disturbance of few participants during the session (Miller, 1993).

Although psychoanalytic school of thought as well as Jungians has criticized meditation stating that this practice may develop dissociation but most of the studies suggest that meditation is helpful in bringing about positive effects on mental health (Bogart, 1991).

This research study is aimed to serve as an impetus to incorporate the Spiritual/Sufi beliefs and practices (such as meditation) into the therapeutic process which will possibly increase the utilization of mental health services by the spiritually oriented population.

Hypotheses

Following hypotheses were formulated:

1. Sufi Meditation and Mindfulness have significant difference in combating anxiety.
2. Sufi Meditation and Mindfulness have significant difference in enhancing mental health.

Method

Research Design

A 2 x 2 factorial design was used in the Study. This study was intervention based. The 2 x 2 factorial designs can be understood as is a trial design for efficient testing of two interventions (Mindfulness and Sufi meditation) in a sample.

Sample

Convenient sampling strategy was utilized by visiting government colleges and public sector universities students and staff members contacted randomly. Those who showed interest in the study were distributed with consent form and contacts number received along with permission of their parents and families to participate in study.

A total of 200 individuals were recruited for the study. Hamilton Anxiety Scale was administered on 200 ($N = 200$) subjects. The list of anxiety scores obtained were arranged in ascending order from high anxiety to low anxiety. Finally, the top 50 ($n = 50$) with high scores and the bottom 50 ($n = 50$) having low scores were retained in the study. The extreme scorers having high and low anxiety on the scale were sorted out in light of the score range on Hamilton Anxiety Scale, which is indicated as a total score falling between 0–56, where <17 points to mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.

The age range of the participants in the final sample was 15 to 60 years ($M = 32$, $SD = 9.73$). Approximately 56% of participants were unmarried and only 33% were married. Furthermore 27% of the participants were qualified below bachelor whereas 40% of respondents were having qualification of masters and MBBS, while 3% were having qualification of PhD. Moreover 26% of participants belonged to elite class whereas only 6% belonged to lower socio

economic status and majority i.e., 41% belonged to middle class. Majority of the participants who participated in the study were either University/college students or faculty members whereas only few house wives also participated in the study.

Instruments

The Hamilton Anxiety Scale (Hamilton, 1959). The Hamilton Anxiety scale consists of 14 items, each item is rated on a 5-point scale, ranging from 0 (not present) to 4 (severe). This instrument screens neurotic anxiety. Internal scale consistency (coefficient alpha) is .92 and the mean item total scale correlation is .65. The test-retest reliability of the scale on the other hand is .96.

Ryff's Multidimensional Model of Psychological Well-Being Scale (Ryff, 1989). A 54-item scale developed by Ryff in 1989 was used to measure six dimensions of mental well-being: (a) Self-Acceptance, (b) Environmental Mastery, (c) Positive Relationships, (d) Personal Growth, (e) Autonomy and (f) Life Purpose. Ryff's validated the scale and found good internal consistency (Cranach's alpha ranging between .83 and .91) and strong test-retest reliability with coefficients ranging from .81 to .85 for each of the six factors. Items were rated on the usual 7-point scale. The 54-item Urdu version of the Ryff's scale has been validated on Pakistani Population (Sadia, 2010).

Procedure

As elaborated in the literature review meditation regardless of type is not reported to have negative effects on practitioners other than those having a history of psychosis. Since meditation can possibly enhance the psychotic symptoms therefore the participants were asked to indicate in the consent form that they are never diagnosed with psychotic symptoms or received treatment for the same. For ensuring the ethical consideration, meditation instructors ensured by having detailed discussion with participants at the end of each session that the meditation experience is not retrieving traumatic and painful experiences of the past. In this way well-being ensured on spiritual, physical and emotional level. Moreover, it was ensured in the consent form that no other therapy and psychiatric medication treatment is ongoing for some serious physical and psychological problem which the meditation program can affect negatively. The consent form clearly indicated that no symptoms of epilepsy exist in the

participants. After assurance of ethical consideration participants were guided in detail.

First of all, the participants were instructed about the research study. After taking their informed consent, Hamilton Anxiety Scale (Hamilton, 1959) was administered on them after giving the instructions of how to fill it. Onwards the Scale was collected with a vote of thanks. In the process of administration of scale confidentiality was ensured. This was the first phase of the research. The HAS was scored for these 200 participants in which 50 participants were having high anxiety scores and 50 participants had low anxiety scores. Moreover, 25 participants of high anxiety group were assigned to Sufi meditation for treatment and other 25 high anxiety participants were assigned to Mindfulness meditation group. On the other hand, out of 50 participants of low anxiety on HAS, 25 were assigned to Sufi meditation and other 25 were assigned to Mindfulness meditation. Standard procedures were followed. Participants were exposed to meditation of two different types for the same amount of time and duration, i.e. 15 minutes daily for 6 weeks. Participants of both groups were instructed to sit in a distraction free place in an aligned posture for 15 minutes daily for 06 weeks. Sufi meditation group was directed to visualize name of Allah (personal name of God) on a standard colored card (printed in Red and Green) as prescribed in *Silsila-e-Sarwari Qadriya* (Bahu, 2015) for 5 minutes with rare blinking of eyes, then close both eyes and write the name on heart with index figure in imagination with white or golden glittered colors repeatedly till ten minutes (total 15 minutes). Subjects practicing Mindfulness meditation were instructed to focus attention on each breath coming in and out and also to focus on the pushes in and out of belly as well as on rising and falling of their chests, focusing entirely on the present moment even if attention dwells to outside environment as the breathing proceeds. Controlled variables were monitored up to the mark by repeated instructions issued in each session of meditation by both instructors. For this purpose participants were strictly instructed by instructors to avoid tranquilizers, aerobics, swimming, exercise, jogging, relaxant herbal teas and body massage since these variables could bring about relaxation, an element closely related to the experience of mediation. Pre and post measures on the scale gave the comparisons.

Data Analysis

The pre-test and post-test intervention scores were analyzed through *t*-test. Cohen's *d* an effect size was used to indicate the

standardized difference between means of two groups. It can be used, for example, to accompany reporting of *t*-test. The statistical analysis was conducted by using the software SPSS (version 16).

Results

For computing the results and testing the hypotheses, varying analysis were performed.

Table 1

Demographic Characteristics of the Sample (N = 200)

	<i>f</i>	%
Marital Status		
Unmarried	112	56
Married	66	33
Missing	22	11
Education		
Metric	22	11
Intermediate	32	16
Bachelors	48	24
Master	53	26.5
MBBS	26	13
PhD	5	2.5
Missing	14	7
Age		
15–20	10	5
21–25	69	34.5
26–30	30	15
31–35	49	24.5
36–40	20	10
41–45	10	5
46–50	0	0
51–55	1	0.5
56–60	1	0.5
Missing	10	5
Socio-economic Status		
High	52	26
Middle	82	41
Low	12	6
Missing	54	27

The Table 1 illustrates demographic description of the sample participated in the present study. Results revealed that 56% respondents were unmarried and only 33% were married. Furthermore 27% of the participants were qualified below bachelor, 40% were

having qualification of masters and MBBS and only 3% were having qualification of PhD. Moreover 26% of participants belonged to elite class whereas only 6% belonged to lower socio economic status and majority i-e., 41% belonged to middle class.

Table 2

Descriptive Analysis of Study Variables in Total Sample (N = 100)

Variables	M	SD	Skewness	Kurtosis	Range	
					Actual	Potential
Anxiety	15.20	9.91	.59	.19	0-48	0-56
Well-being	182.19	14.33	-.39	1.39	134-22	54-324

Table 2 shows the descriptive statistics of study variables. Figures show that both scales are normally distributed, skewness and kurtosis are within the range and actual scores of each scale are also within the range.

Table 3

Mean, Standard deviation, and t-values on the score of anxiety Scale between Sufi and Mindfulness meditation (N=100)

Scale	Sufi (n = 50)		Mindfulness (n = 50)		t(98)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Anxiety	7.88	4.83	26.76	6.22	-16.94	.00	-21.09	-16.66	-3.43

Table 3 shows that mean difference between Sufi and Mindfulness meditation groups on scores of anxiety scale. Results show that Mindfulness meditation group has significantly higher mean on anxiety scale as compared to Sufi meditation group.

Table 4

Mean, Standard deviation, and t-values on the score of psychological well-being Scale between Sufi and Mindfulness meditation (N =100)

Scale	Sufi (n = 50)		Mindfulness (n = 50)		t (98)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Well-being	183.30	21.97	178.56	17.16	1.202	.23	-3.08	12.56	0.24

Table 4 shows the mean difference between Sufi and Mindfulness meditation groups on scores of psychological well-being scale. Figures show that Sufi meditation group has higher mean on

psychological well-being as compared to Mindfulness meditation group. The mean differences are non significant. However, trends show that there is improvement in psychological well-being as a result of practicing Sufi meditation as compared to Mindfulness.

Discussion

The data presented indicate that participants did benefit from this relatively short intervention. The participants who received the intervention of meditation demonstrated significantly greater improvement in treatment of anxiety and enhancement of mental health. Previous studies have not used the specific comparisons of two meditative techniques drastically having different origins of two different religions. Although Mindfulness has been adapted by the western therapist more secular so that to retain its universality but the core origins from which Mindfulness has been derived cannot be denied. These findings are important because they provide mental health practitioners with a model of healing mechanism that may benefit masses dealing with mental health issues since the intervention is based on mainly self-practiced techniques. The benefits highlighted in this study lend support to results from prior studies where Mindfulness and Sufi meditation and Ziker decreased anxiety and positively affected mental health.

Moreover, in this modern world of materialistic pursuits where individuals are running to obtain luxurious life, psychological disorders such as neurotic anxiety has increased deteriorating the mental health of individuals across all cultures specially females. The increasing trends of materialistic possession and the resultant competition has also led to a drastic decrease of interest in the field of spirituality. Whereas spirituality has been researched to be the most effective remedy, cure and having therapeutic effects in treatment of neurotic disorders. The intention of using the term neurosis in the current study which can now be considered as extinct from modern psychology is to give a broader space to anxiety disorders of all types.

The current study is an experimental one wherein meditation was administered as an intervention to see how it effects neurotic anxiety and mental health. In this study meditation technique of two different religions i-e., Islam and Buddhism were administered on two groups. On one group Mindfulness meditation having its origin as a technique in Buddhism was administered whereas on the other group Sufi meditation having its roots as a technique in Islam was administered. The pre and post scores of both groups on HAS and

Ryff scale of mental well-being were analyzed accordingly. The purpose of the study was to see effectiveness of meditation on female population having neurotic anxiety and also to examine how the mental health enhances further by use of meditation.

The hypothesis of the research study relates to the effects of meditation either Sufi or Mindfulness on lowering levels of anxiety and enhancement of mental health. Although studies suggest positive influence of meditation on anxiety and mental health, however the researcher feels unable to state research studies specifically describing the effects of Sufi meditation on these two constructs, since no study on the topic has been conducted before. Similarly, the study is also unique since no study comparing the effects of Sufi and Mindfulness has ever been conducted. This not only explains the uniqueness of the study but also the effects of meditation in general without taking into consideration the specific type.

The first hypothesis suggested that Sufi meditation and Mindfulness has significant difference in treatment of anxiety. This assumption was supported by the findings as per table 3, which shows that the group practicing Sufi meditation showed significant improvement in their levels of anxiety compared to those participants who practiced Mindfulness meditation. One such study explains the effects of meditation on anxiety, comparing Mindfulness-Based Stress Reduction (MBSR) program with Stress management education program in treatment of Generalized Anxiety Disorder. Ninety-three subjects with Generalized Anxiety Disorder were randomly assigned either to one group or the other. Anxiety symptoms were measured with the Hamilton Anxiety Scale. Both types of interventions led to significant reduction in post-test HAM-A scores however compared to stress management program, Mindfulness based stress reduction program was more beneficial in reducing anxiety. MBSR was examined as a source of significant decrease in anxiety as measured by the CGI-S, the CGI-I, and the BAI (all P s < .05). Results for Mindfulness compared to SM on TSST stress challenge was reported as (p < .05), as well as a greater increase in positive self-statements with a value of (p = .004; Hoge et al., 2013).

Studies on Muslims that used spiritually modified cognitive therapy for anxiety and depression showed better results as compared to the therapy that is not islamically modified. Similarly, a study conducted on Muslims with bereavement showed significantly better results with cognitive-behavioral therapy that had been modified to incorporate Islamic beliefs and practices (Issa, 2000).

The results of Sufi meditation revealed to be a more useful source of reducing anxiety compared to Mindfulness. The reason however could be attributed to the fact that the participants were Muslims and that is why Sufi meditation which also matched their belief system could be more influential compared to Mindfulness. Moreover, the participants exhibited extraordinary spiritual symptoms such as true visions about upcoming future incidents and ESP (Extra sensory perception) which also was a major source of reducing anxiety as their focus of mind as per the verbal reports (documented additionally for reference in future research on spirituality) was completely shifted from their materialistic pursuits towards spiritual realm. Such kind of results opens a new avenue for researchers to probe the fact of why Sufi meditation was more effective in reducing anxiety compared to the well explored intervention of Mindfulness. In the opinion of researchers the Sufi meditation was more effective than Mindfulness since it has got a deeper level of congruence with Muslim belief and also that it establishes a new connection with the divine being bringing about meaning in life. The additional benefit of Sufi meditation being more useful also is that it disconnect a person from all worldly connections and attachments temporarily and providing a training to the thinking patterns of mind to have lesser dependence on worldly attachments which as per the Sufi philosophy is the major source of emitting anxiety (Jahangir, 1995).

The second hypothesis of the study was based on the proposition that the participants who receive Sufi Meditation will show significant improvements in terms of mental health as compared to those who undergo Mindfulness Meditation. This hypothesis is partially supported by results depicted by table 4 which elaborates that mean difference between Sufi and Mindfulness meditation groups on scores of psychological well-being scale was not significant however trends show that Sufi meditation somehow was more beneficial in enhancing mental health compared to Mindfulness meditation technique.

Research studies support the preposition of meditation having a positive impact on mental health and also a multidimensional positive influence on general mental well-being. Similarly, Sufi meditation (*Muraqaba*) has been reported as a technique for having a range of positive impacts on mental health (Rajab, 2012). In this context research studies suggest that western mental health experts have changed the centuries old traditional Mindful meditation which remained a part of Buddhism into Mindfulness based stress reduction program (MBSRP) which is not only secular in nature but is aimed only to attain psychological well-being (Meditation Types, 2014).

Although results show a significant difference between both meditative techniques in enhancing mental health and a slight difference in terms of combating anxiety but also reveals that Sufi meditation has got an edge over the Mindfulness, the reason for which could be that the population on which the intervention was applied were Muslims and the Sufi mediation had congruence with their belief system. In nutshell it can be presumed that future research will provide us with the additional facts and reasons of why Sufi meditation has a drastic effects compared to Mindfulness in reducing anxiety and also that why both meditations to a good extent had similar influence in enhancing mental health.

Limitations

Although Freud and Jung criticized meditation on the basis that this practice may develop dissociation and possibly some form of psychosis but most of the studies suggest that meditation is helpful in bringing about positive effects on mental health (Bogart, 1991). As far as the side effects of Mindfulness meditation is concerned, the research literature shows that it sometimes retrieves the memory of the forgotten trauma and increases emotional disturbance of few participants during the session (Miller, 1993). Sufi meditation on the other hand is not researched prior to the present study so no limitations could be cited with reference to the previous studies however it has been deduced that while conducting such studies some issues needs serious consideration unlike the Mindfulness meditation. These includes Sufi meditation as leading towards extreme levels of spiritual experiences such as vivid and true dreams having predictions about forthcoming events like deaths of relatives, accidents, failure in exams etc., which can have developed mental concern as the participants usually are not mentally ready to adapt to extra sensory perception. Some participants in the current study reported sense of smell to have sharpened to an extent where they could smell anything from unusually long distance. The participants required to consult their Sufi instructor to cope with such extra ordinary perceptions hence no adverse effect was observed as according to the instructor the participants were facilitated while balancing their spiritual states and flow of spiritual energy. In this way the participants were left in a deeply calm state of mind which could not be recorded through any of the instrument as the same was not the objective of the study. Majority of the participants were deeply influenced with their calm state of mind and heart which led them to enroll into different Sufi orders after the study was concluded with their own free will. The issue of such

kind of a paradigm shift may be taken into consideration in future researches and participants informed of the possibility of such influences before their participation. The participants of Mindfulness also experienced some vivid dream contents but majority were influenced with reduction of stress and mental health concern for worldly objectives. This shows how Sufi meditation induces spirituality unlike Mindfulness meditation. Whereas Mindfulness creates positive symptoms of having good mood all day long, reduction of anger and frustration, increase of tolerance etc. which could not be depicted through instruments as the same were not objectives of the study. The Sufi meditation participants however expressed how worldly concerns disappeared and they felt freedom from the psychological chains of concern earlier experienced by them.

Conclusion

From the above discussion it is deduced that spirituality developed through various techniques, one of which is meditation is helpful in reduction of neurotic anxiety. Furthermore, compared to Mindfulness, Sufi meditation was discovered as more effective in reducing the anxiety levels of the participants, the reason for which could be attributed to the fact that Sufi meditation matches the belief system of the population from which sample was drawn, hence revealed better results in lowering neurotic anxiety and providing a base for future research to combine both types of meditations developing a new healing dimension used as an adjunct to modern psychotherapy.

Suggestions

1. In future research different conclusions can be drawn in addition to those derived in the current study by using larger sample compared to the one used in the study.
2. Psychotherapists can enhance the effectiveness of therapy while working with Muslim clients by administering Sufi meditation as Muslims identify their religious values with Sufi meditation as compared to a secular therapy.
3. Incorporation of the two different meditation techniques for future research is suggested for creating a new healing system which may reduce dependency on psychiatric medication. Which means that Mindfulness meditation is already researched and practiced by many of the western therapists, but Sufi meditation is still

unexplored for its therapeutic benefits and its capacity to evoke spirituality and bring about mental health. Moreover, Mindfulness lacks the spiritual aspect of connecting individual with divine being or God unlike Sufi meditation, the core base of which is connecting individual with God and developing spirituality in general. In this way after exploring the therapeutic benefits of Sufi meditation in future research, the mental health benefits of both meditations can be combined and used along with psychotherapy to treat mental illness, hence dependency on psychiatric medicines including tranquilizers used by majority in all societies for relaxation and better sleep could be reduced.

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