EFFECT OF VIPASSANA MEDITATION UPON SUICIDAL IDEATION OF NO-COLLAR WORKERS.

ABSTRACT
Suicidal Ideation is a medical term for thoughts about or an unusual preoccupation with suicide. Suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions. The study has tried to explore suicidal tendencies among No-Collar Workers and also tried to explore the effectiveness of Vipassana Meditation on controlling suicidal thoughts among No Collar Workers. It made use of purpose sampling in selecting 100 No-Collar Workers equally divided into males and females. The sample responded to the valid and reliable instrument. The Modified Scale of Suicidal Ideation Construct by Miller WJ, et al (1986) was used to measure Suicidal Ideation of No Collar Workers. The design which was used to conceptualize the study and analyze the data was 2x2 factorial design with two independent variables: one being Before and after conditions of Vipassana therapy and another being gender of the respondents. The results of the present study have revealed that the Vipassana Meditation has significantly reduced suicidal tendencies among No-Collar Workers. Hence it is recommended that Vipassana Meditation should be taught to everyone and should be introduced in all the organization both public and private schools and organizations.

KEYWORDS
Vipassana Meditation, Suicidal Ideation And No-collars workers.

Suicidal Ideation is a medical term for thoughts about or an unusual preoccupation with suicide. Suicide (Latin Suicidium, from sui caedere, “to kill oneself) is the act of intentionally causing one’s own death. The word “Suicide” was first coined by Brown (1657). The term has been explained in many ways, as follows :- “Suicide is the human act of Self-Inflicted, Self- Intentioned cessation” (Encyclopedia Britannia, 1973). Death caused by self-directed injurious behavior with intent to die as a result of the behavior. (Center of disease control and prevention, 2015) Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder (such as depression, personality disorder, alcohol dependence, or schizophrenia), and some physical illnesses, such as neurological disorders, cancer, and HIV infection (WHO, 2015).

Suicide is a leading cause of death in the United States. A suicide attempt is when people harm themselves with the intent to end their lives, but they do not die as a result of their actions. Many more people survive suicide attempts than die, but they often have serious injuries. However, a suicide attempt does not always result in a physical injury. According to the sociologist Hamerlin and Enverstvedt (1988), Suicide is an activity which involves acts with the aim and result of one’s own biological death on the basis of social specific historical motives. Every 40 seconds a person dies by suicide somewhere in the world.

According to WHO Report on Suicide,( 2015): Over 800 000 people die due to suicide every year, for every suicide there are many more people who attempt suicide every year. A prior suicide attempt is the single most important risk factor for suicide in the general population, Suicide is the second leading cause of death among 15-29-year-olds, 75% of global suicides occur in low- and middle-income countries, ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally.

Every year more than 800 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the second leading cause of death among 15-29-year-olds globally in 2012.

Suicide does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, 75% of global suicides occurred in low- and middle-income countries in 2012.

Suicide is a serious public health problem; however, suicides are preventable with timely. So the present study has tried to explore the effect of Vipassana meditation on No-Collar workers.
SAMPLE
A sample of 100 No-Collar Workers (50 Males & 50 Females) were chosen from Dehradun city. Only those respondents were selected for the study who were highly qualified such as some respondents were PhD holders while some were Engineers, Software designers, Accountants etc but were unemployed. Another precaution was made while selecting the candidates for the study ie only those respondents were selected for the study who were found to report high level of suicidal ideation and candidates ranging from 26 years to 36 years were taken for the study.

RESEARCH DESIGN
The design which is used to conceptualize the study and analyzed the data was 2x2 factorial design with two independent variables: one being Before and after conditions of Vipassana therapy and another being gender of the respondents.

TOOL USED
1. THE MODIFIED SCALE FOR SUICIDAL IDEATION BY MILLER, NORMAN, BISHOP, & DOW, 1986.
   The Modified Scale for Suicide Ideation (MSSI; Miller, Norman, Bishop, & Dow, 1986) is a revised version of the Scale for Suicide Ideation. The MSSI is an 18 item scale that contains 13 items from theSSI and 5 additional items. These new items are related to intensity of ideation, courage and competence to attempt, and talk and writing about death. The MSSI was designed to be a semi-structured interview that could be administered by both professionals and paraprofessionals. The MSSI assesses suicide symptoms over the past year. The first 4 items have been designated as screening items to identify those individuals whose suicide ideation is severe enough to warrant the administration of the entire scale. Each item is rated on a 0-3 point scale and the ratings are summed to yield a total score ranging from 0 to 54. The MSSI takes approximately 10 minutes to administer.

2. VIPASSANA MEDITATION:
   Vipassana is a form of mental training that will teach you to experience the world in an entirely new way. You will learn for the first time what is truly happening to you, around you and within you. It is a process of self-discovery, a participatory investigation in which you observe your experience in the practice, helps an individual to realize his/her actual awareness of the deep consciousness, through practice of choiceless observation ie maintaining a state of equanimity through the practice of psychoabnormalities like irritability and short temperedness. Vipassana Meditation may help mitigate psychological and psychosomaticdistress. All the respondents of Vipassana meditation pronounced improvement in anxiety and depression (Hussaini,2001). Since Vipassana meditation is mind-body awareness, it may be used to produce general physical well-being. It can relieve minor psychological abnormalities like irritability and short temperedness. Vipassana Meditation was found to reduce Suicidal ideation might be attributed to the fact that since Vipassana is to create awareness and this awareness of the deep consciousness, through practice of choiceless observation ie maintaining a state of equanimity through the experience in the practice, helps an individual to realize his/her actual potential that helps them to get rid of depression and reducing their suicidal ideation.

PROCEDURE:
All the participants of the study were individually informed about the purpose of the study and were applied with Suicide-Ideation Scale. After the pre test the respondents reporting high Suicidal Ideation were provided with the sessions of Vipassana meditation thrice in a week for 2 months by the researcher, while in other days they were instructed to practice the techniques by themselves twice a day i.e. early in the morning and at bed time. The participants were provided with daily record sheets which they fill up regularly and were checked twice weekly. After 2 months post test was taken and the pre- test and post- test scores were statistically analyzed by means of ANOVA to test the significance of difference.

STATISTICAL ANALYSIS:
The obtained data were analyzed using Mean,SD and ANOVA.

RESULTS AND DISCUSSION
Following results were obtained on the basis of data analysis.

EFFECT OF VIPASSANA MEDITATION IN REDUCING SUICIDAL IDEATION:
As it is clear from the inspection of Table-2 that significant differences were obtained in before and after conditions of Vipassana Meditation. It is further clear from the observation of Table-1 that after the introduction of intervention programme (Vipassana meditation) the suicidal ideation of the respondents was reduced significantly. These results support the first hypothesis stating that Vipassana Meditation would significantly decrease the Suicidal Ideation among No-Collar workers.

Since No-Collar workers are highly qualified yet they don't possess any job or career, it leads a lot of dissatisfaction towards life and society among them. The feeling of dissatisfaction gradually produces depression among them and this depression might develop feelings of suicide among them. The present study has selected only those respondents who were having high Suicidal Ideation. But after the intervention programme their Suicidal ideation was found to reduce drastically.( M=13.24 in before condition and M=5.59 in After condition).

Vipassana Meditation may help mitigate psychological and psychosomaticdistress. All the respondents of Vipassana meditation pronounced improvement in anxiety and depression (Hussaini,2001). Since Vipassana meditation is mind-body awareness, it may be used to produce general physical well-being. It can relieve minor psychological abnormalities like irritability and short temperedness.

The reason may be attributed to our societal structure & different varying practices for males & females. In line with these findings, Ehnvall et.al. (2008) reported that feeling rejected by parents was a significant predictor of lifetime suicide attempts for women, although not for males. Briere,(2015) reported deprived of love and emotional abuse; was strongly predict suicidal ideation for females as compared to males. A longitudinal study of patients with mood disorders found that women had more suicide attempts than men. (Simon et.al., 2000). Azorin et.al. (2014) also reported that females were more associated with suicide attempts. A nine country study reported that women had consistently higher rates for suicide attempts. (Weissman, Bland & Canino,1999).

Gender-based violence is a significant predictor of suicidality in women, with more than 20% of women who have experienced violence attempting suicide. (Stark & Flitcraft,1996). Rehman et. al.
(2012) has indicated that behavioral and emotional disorders are highly prevalent among female orphans than male orphans. Anderson et.al. (2002) reported an increased rate of suicide attempts in abused women compared to men, although investigators questioned whether the findings reflected higher abuse prevalence in women rather than differential susceptibility to the abuse. However, they found that early sexual abuse predicted suicidal behavior among adolescent girls but not among boys.

In contrast to the findings of the present study, Friid et.al. (2014) demonstrated that under conditions of stress, males were found to have more suicidal ideation. Schneider (2014) also found in a recent cohort study that male sex predicted risk for suicide. Ferguson and colleagues (2015) reported that teen boys who had been sexually abused displayed more suicidal behaviors than sexually abused girls. Diefenbah (2009) & NIMH (2009) in their collaborative study found no gender differences in number of suicide attempts Peter et.al (2004) conducted a study to identify the psychosocial problems of orphans and non-orphans. Findings showed that prevalence and seriousness of psychosocial problems (negative emotion, stigma, depression and behavioral problems) was higher among orphans than non-orphans. No gender differences were found in this study.

The results of the present study have also suggested that the interaction of Therapy and Gender was found to be significant (Table-2) which has suggested that males reported less Suicidal ideation after the intervention of Vipassana Meditation.

CONCLUSION
The results of the present study have suggested that Vipassana Meditation was found to be effective in reducing Suicidal Ideation of No-Collar workers. According to Boseley(2015), Unemployment causes 45,000 suicides a year worldwide. So the present study might prove to be beneficial in the counselling and therapy of the person suffering from Suicidal-Ideation. Suicidal-Ideation may be inferred from over suicidal behaviour and communications except for overt behaviour. The suicidal ideas category includes behaviour that may be directly observed or inferred as that are concerned with or move in the direction of a possible threat to the individual life. It is more likely to be present in No-Collar workers since they might feel dissatisfied with their lives. So Vipassana meditation which is a technique of arising awareness helps the individual to make them conscious of their own abilities and try to explore meaning in their life So the present study may prove fruitful for the counselling of No-Collar workers.

REFERENCES