The Impact of Cyclic Meditation on Psychological Well-Being in Special Educators of Individual with Special Needs.

INTRODUCTION
Special educators face unprecedented work conditions and expectations for assuring the well-being and educational success of the individual with special needs.[1] Special educators are chronically faced with the relentless task of teaching challenging individuals in the context of demanding working environments. This is especially true for special educators of individual with emotional or behaviour disorders.[2] Findings from the earlier studies suggest that the task of educating children with special needs poses significant professional and emotional concerns for special educators.[3] Special educators are under the fears of physical and verbal abuse.[4] and they also face challenges in teaching individuals with multiple disabilities, educators considered their job stressful because of the special needs of children, such as their progress, safety and social development.[5] and student misbehaviour is a major stressor.[6] Stress also affects the psychological, social, and physiological health of educators.[7] Frequent and prolonged stress contributes to burnout and undermines educator's commitment to remain in the profession.[2] evidence suggests that Special educators generally have higher rates of occupational stress, job-related distress, and attrition than educators who are in a regular education.[5] Findings suggests that constant exposure to stressors that may accompany educating an individual with special needs lead to elevated rates of burnout, anxiety and depressive symptoms and reduced psychological wellbeing in educators. Cyclic Meditation [CM] is a technique of 'moving meditation', which combines the practice of yoga postures with guided meditation.[8] the practice of yoga postures with guided meditation was given for a period of 8 weeks. The subjects were assessed on day 1 pre and post intervention on day 30 on perceived stress scale (PSS), Six letter cancellation test (SLCT) and Digit letter substitution test (DLST). Results: After 8 weeks of CM practice showed significantly better performance in the SLCT test compared to baseline by Wilcoxon Signed Ranks Test (P < 0.0001), DLST scores (P < 0.0001) and significant reduction in perceived stress levels (P < 0.0001).

Conclusions: The results of this study suggest that even a short-term CM intervention that can enhance psychological wellbeing of the special educators.

KEYWORDS
CM: cyclic meditation, SLCT, DLST, PSS, Special educators.

Outcome measures
Perceived Stress Scale (PSS)
The Cohen PSS is 10 item scale, each item is rated on a five-point scale ranging from never (0) to almost always (4). For measuring the perception of stress PSS is a widely used psychological instrument. The Cohen PSS is 10 item scale, each item is rated on a five-point scale ranging from never (0) to almost always (4). Positively worded items are reverse scored, and the ratings are summed, with higher scores ranging from 0 to 40 representing low, moderately low, moderately high, high, and very high levels of stress.

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indicating more perceived stress. Scores around 13 are considered mild stress.

5% change

Table 1: Variables recorded at the beginning (Initial) and final (Final) of the 8 weeks Yoga intervention are provided. Values (mean group ±S.D.) for the psychological variables.

<table>
<thead>
<tr>
<th>Yoga intervention</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Perceived stress scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before yoga</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After yoga</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>17.4</td>
<td>9.4</td>
<td>13.8</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>16.88</td>
<td>4.16</td>
<td>3.03</td>
</tr>
<tr>
<td>Standard error</td>
<td>3.08</td>
<td>1.86</td>
<td>1.36</td>
</tr>
<tr>
<td>% change</td>
<td>46%</td>
<td>63.70%</td>
<td>49%</td>
</tr>
<tr>
<td>p-value</td>
<td>***0.006</td>
<td>***0.000</td>
<td>*0.000</td>
</tr>
</tbody>
</table>

*significant at P<0.05, ** significant at P<0.01, ***significant at P<0.00 (Wilcoxon Signed Ranks Test)

DISCUSSION

The descriptive of perceived stress, depression and anxiety showed 46%, 63.70% and 49% reduction, respectively, after CM. Since the special educator's job is highly demanding in nature, they tend to be stressed, anxious and depressed. The beneficial effect of the CM in uncbling the distress and reducing anxiety, depression levels in special educators that too within a short period of time may be considered as an important contribution of this study. Stress reduction and anxioalytic effect of CM are supported by the previous evidences that guided relaxation practice shows positive changes in heart rate variability by reducing the low frequency(LF) spectrum and increasing the high frequency(HF) component,[10] another study showed that Isometric relaxation technique practice showed a rapid modulations in the physiological signs of anxiety and stress.[11] another study showed parasympathetic dominance after the practice of CM this effect would be due to the reduced cortical activity, which in turn may modify the activity at the level of the hypothalamus. [18] Similar study found that a short-term CM program decreased occupational stress levels and baseline autonomic arousal,[9] suggesting the decrease in occupational stress levels may be related to decreased autonomic arousal (sympathetic activation) as well as psychological factors, increased proprioceptive input (during the practice of asanas) to the Reticular Activating System (RAS), which in turn keeps cortical areas receptive and active.[12] this may also have helped in reducing depressive symptoms. Functional studies have shown an increased neurogenesis or reactivation of limbic regions in depression. [19] Evidence suggests that Om sound significantly impacts deactivation of limbic system and anterior cingulate.[13] this supports antidepressant effect caused by OM chanting in our study, also the practice of CM shows improve the quality of sleep by increasing the percentage of slow wave sleep in the night,[20] this pilot enhances psychological wellbeing. This pilot study is the first of its kind to conclude that CM can act as an essential feasible, cost effective therapy for psychological wellbeing in special educators. A major constraint of the study is the small sample size and lack of an active control group. It would have been valuable to include psychophysiological variables to throw light on the mechanisms. Despite of the limitations, significant results were manifested in a short time suggesting CM could be a safe, non-pharmacological and low-cost intervention for the management of stress, anxiety and depression levels in special educators. In addition, the findings of this study may also provide an evidence supporting the incorporation of CM into standardized caregiver's wellness programs as a practical adjunct to improve the overall quality of life.

CONCLUSION

In conclusion, the findings of this study provide preliminary evidence for the benefits of CM practice in reducing stress, depression and anxiety in special educators of individuals with unique emotional, cognitive and behavioural needs. This study is the first pilot study to show that CM with this population is feasible and efficacious over time. Our findings lay the groundwork for future research to replicate and extend these findings with measures. Positive outcomes from this line of research would have significant implications for a new generation of integrated wellness programs to enhance the wellbeing of parents and educators of special needs individuals.

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Conflicts of interest: None.

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REFERENCE