Effects of the *Maha Mantra* on Some Mental Health Indicators

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This study examined effects of the *maha mantra*. The dependent variables included some mental health indicators, namely, verbal aggressiveness, spirituality, life satisfaction, stress, depression, well-being, *sattva*, *rajas*, and *tamas*. Five subjects were measured during a one-week baseline and a four-week intervention chanting phase. Results were in the direction predicted by Vedic theory. These findings suggest potential for the use of the *maha mantra* in social work practice in areas such as stress reduction and treatment for depression.

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INTRODUCTION

Canda (1988) emphasises the importance for social workers to consider the spiritual needs of clients so that the fullness of the clients' human dignity and potential is recognised and respected in all helping situations. He asserts that spirituality is a basic aspect of human experience and that should be explored through social work practice and research. He appeals to social workers to consider spiritual issues when dealing with clients. Claiming that spirituality is common to all people, he asserts that it is relevant to all areas of social work practice, and calls for a spiritually aware social work profession. Canda also suggests that social work research, education and practice need to explore the spiritual dimension more fully. After an overview of Christian, Jewish, Shamanist, and Zen perspectives on social work, Canda concludes that professional help can be enhanced significantly by the introduction of meditative techniques.

Bullis writes, 'Traditionally, social work literature has reluctantly addressed religion's or spirituality's impact on clinical practice'
He attributes this to the historic rift between the religious and psychoanalytic movements, the alleged atheistic orientation of social workers, and economic, political, and professional competition between religious professionals and secular social workers. Bullis continues, 'For the most part, spirituality in social work literature is conspicuous only by its absence' (1996:6).

Keefe (1996) considers Eastern-style meditative techniques as potentially important in social work practice and treatment, and describes specific applications in treating depression, substance abuse, excessive anxiety, and development of social work skills in professional training. Many social workers have adopted a bio-psycho-social model in their practice, and Keefe's article provides a framework for progression to a bio-psycho-social-spiritual model, as is being developed in nursing and medicine (McKee and Chappel, 1992). Keefe asserts that the potential of meditation in social work treatment and psychotherapy has already been recognised by some researchers and practitioners, and the meditative methods are natural adjuncts to social work intervention. He concludes that meditation 'has the potential to be valuable in work with clients from diverse cultures' (1996: 451).

There has been considerable research on many meditative techniques including Buddhist approaches (Kutz, Leserman, Dorrington, Morrison, Borysendo, and Benson, 1985; Sweet and Johnson, 1990); mindfulness meditation (Miller, Fletcher, and Kabat-Zinn, 1995; Urbanowski and Miller, 1996); and mantra meditation (Janowiak and Mackman, 1994; Kaye, 1985), with encouraging results on outcome variables such as stress (Keefe, 1996; Janowiak and Hackman, 1994), anxiety (Delmonte and Kenny, 1995; Smith, Compton and West, 1995), trauma recovery (Urbanowski and Miller), and empathy development (Sweet and Johnson, 1990). Since the study under discussion involves mantra meditation, a brief summary of the research on mantras is provided below.

Janowiak and Hackman (1994) conducted a three-group pre-test post-test experimental design with random assignment, with one group being a mantra-chanting group. This group showed a significant ($p<.01$) increase in self-actualisation and a significant reduction ($p<.01$) in stress. For stress, Janowiak and Hackman obtained an effect size of 2.38, which indicates the magnitude of difference between pre-test and post-test mean scores for the mantra-chanting group, divided by the pre-test standard deviation. Further, $r^2$ for the correlation
between stress reduction and chanting compliance was 0.42. These effect sizes are larger than the effect sizes obtained for the group that practised a yoga relaxation technique. Rosenthal (1997) reports that a mean difference of 2.38 and an $r^2$ of 0.42 reflect very large effect sizes.

Kaye (1985) included chanting of the mantra 'Om' in an intervention package with elderly clients. In this qualitative study, Kaye reports that response to the chanting was very enthusiastic, and that the clients were enlivened by and looked forward to the chanting sessions. Delmonte (1983) conducted a literature review on meditative and mantra interventions. He concluded that the supposed 'mantra-person fit' advocated by some proponents of mantra meditation is not supported by empirical evidence. That is, the literature suggested that any sort of mental device, or mock-mantra, was as effective as the so-called genuine mantras. Outcome measures in his literature review included physiological indicators such as heart rate and blood pressure, as well as measures of anxiety.

Canda (1988) states that there are many potentially effective meditative practices that have not been applied in social work. In the Vedic literatures (Prabhupada, 1976), which are the source of many meditative techniques for enhancement of mental health, the maha mantra is postulated to be an especially effective technique of mantra meditation. No formal research has yet been conducted on the maha mantra, though some practitioners, including this author, have used it.

This article describes a single-system study on the effect of the maha mantra. The hypotheses of this study were that chanting the maha mantra, which is the independent variable, would reduce the dependent variables of stress, depression, and verbal aggressiveness, and would increase the dependent variables of spirituality, satisfaction with life, and a sense of well-being.

Other dependent variables in this study included the Vedic-based constructs of sattva, or goodness; rajas, or passion; and tamas, or darkness. According to Vedic psychology, these three qualities, or modes of nature, comprise the psychological make-up of individuals. Sattva is characterised by qualities such as cleanliness, truthfulness, gravity, dutifulness, detachment, discipline, mental equilibrium, respect for superiors, sharp intelligence, sense control, and staunch determination. Attributes of rajas include intense activity, desire for sense gratification, little interest in spiritual elevation, dissatisfaction with one's position, envy of others and a materialistic mentality. Qualities
associated with *tamas* include mental imbalance, anger, arrogance, depression, laziness, procrastination, and a feeling of helplessness (Dasgupta, 1961). *Sattva*, *rajas* and *tamas* were measured in this experiment by the Vedic Personality Inventory (Wolf, 1999), which will be described in the sub-section on Outcome Measures. Hypotheses of this study related to these modes of nature and derived from Vedic theory (Prabhupada, 1976), were that chanting the *maha mantra* will increase *sattva* and decrease *rajas* and *tamas*.

**METHODOLOGY**

**Sampling**

The researcher placed advertisements in a student newspaper in a mid-sized town in the Southeastern section of the United States. These ads announced that a study is being conducted on an Eastern-style intervention for relieving stress and depression, and that participants would be reimbursed monetarily. Twelve persons responded to the ads, out of which five did not respond to the researcher's attempts to contact them, after the initial discussion about their participation in the study. Another respondent explained that he was already chanting the *maha mantra*. As it would have been unethical to ask him to discontinue the chanting in order to obtain baseline data, this respondent did not participate in the experiment. Of the six remaining respondents, one filled out the packet of pre-test surveys, but did not respond to any further attempts at contact, leaving five participants in the study. All respondents read and signed a 'Consent Form for Participating in Research'.

**Design Procedures**

This was an A-B-A withdrawal design, with the baseline and follow-up periods, each one week in length, and the intervention period lasting for four weeks. Subjects completed survey packages on Day 1, and at weekly intervals after that, for a total of seven data points during a six-week period. The second survey package was completed at the beginning of Week 2, just before the subject was instructed in the chanting intervention. One outcome measure, the Self-Rated Well-Being Scale, was a self-anchored scale, and was completed on every day of the study, from the beginning of baseline through the end of follow-up. Each participant received half the monetary payment at the beginning of the study, and half after the follow-up session.
The intervention is described as follows. The subject was given a string of 109 beads, known as japa beads, with one bead markedly larger than the others. The researcher instructed the client to chant mantras while counting the number of mantras chanted on the set of beads. Specifically, this method entails holding the bead on either side of the large bead with the thumb and middle finger of the right hand. While holding the bead, one should chant the maha mantra, which is composed of the following 32 syllables: hare krishna, hare krishna, krishna krishna, hare hare, hare rama, hare rama, rama rama, hare hare (pronounced 'ha re'). After the mantra is completed, one should move one bead through the fingers so that the second bead from the large bead is now being held. Again one should chant the maha mantra. In this way, one mantra per bead should be chanted. This constitutes one 'round' of japa. Japa can be performed in any circumstance. For instance, one may be sitting or walking. The essential factor is that one is fully attentive to the chanting. After teaching the subjects to chant, the researcher instructed them to chant three rounds of japa every day for the duration of the intervention period.

Outcome Measures
Subjects daily completed a Self-Rated Well-Being Scale, with 'Worst I've Ever Felt' and 'Best I've Ever Felt' at the extremes of an 11-point continuum. In addition to the self-anchored scale, subjects completed a set of six surveys at weekly intervals. These surveys included the Vedic Personality Inventory (VPI) (Wolf, 1999); the Spiritual Involvement and Beliefs Scale (SIBS) (Hatch, Hellmich, Naberhaus, and Berg, 1995); the Generalised Contentment Scale (GCS) (Hudson, and Proctor, 1977); the Index of Clinical Stress (ICS) (Abell, 1991); the Verbal Aggressiveness Scale (VAS) (Infante and Wigley, 1986), and the Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, and Griffin, 1985).

The Spiritual Involvement and Beliefs Scale (SIBS)
This instrument was designed to create an assessment of spiritual status across religious traditions, and to assess actions as well as beliefs. The formulation of items involved input from persons of varied spiritual and cultural traditions. Designers of the scale sought an instrument that could integrate spiritual assessment into client care and research. The scale contains 26 items in a 5-point Likert format (Hatch and others, 1995).
Cronbach's alpha for the SIBS is 0.92, and 7-9 month test-retest reliability is 0.92. Also, the SIBS achieved a correlation score of 0.80 with the Spiritual Weil-Being Scale (Ellison and Smith, 1991), a widely utilised tool in the field of spirituality research.

The Vedic Personality Inventory
The VPI is an attempt to measure the three gunas, or modes of material nature, as described in the Vedic literature. According to the Vedas, all facets of material existence, including our mental processes, sound vibration, foods, disposition, and vocational choice, are permeated by the three gunas — sattva, rajas and tamas. Though there have been other attempts at guna inventories (such as Das, 1991; Uma, Lakshmi and Parameswaran, 1971), the VPI is the most extensively tested among the guna scales, incorporating larger sample sizes and more elaborate statistical analyses (Wolf, 1998 and 1999).

This instrument contains 56 items, with the sattva sub-scale containing 15, the rajas sub-scale containing 19, and the tamas sub-scale, 22 items. There are seven Likert-type response choices for each item. The VPI has been tested on 494 subjects, most of whom were medical professionals or university students. For the sattva sub-scale internal consistency alpha is 0.93, for the rajas sub-scale alpha is 0.94, and for the tamas sub-scale alpha is 0.94. Research revealed evidence for construct validity in the form of correlations between verbal aggressiveness and rajas, hours of sleep per day and tamas, and life satisfaction and sattva. These correlations were substantially stronger than correlations of any mode with the discriminant validity variables of gender, height, and number of siblings. With regard to factor analysis, all items correlate positively and significantly with their intended sub-scale.

The Generalised Contentment Scale (GCS)
The GCS (Hudson and Proctor, 1977) measures the magnitude of non-psychotic depression, and consists of 25 items. It is a summated category partition scale that is scored on a range from 0-100. Positively and negatively worded items are used to counter response bias. Psychometric testing of the GCS was done on a sample of persons from diverse occupations. Test-retest and split-half reliability scores for the GCS ranged from 0.887 to 0.963, with a mean of 0.930. The instrument also helped to differentiate between groups who described themselves as depressed and not depressed.
According to Hudson (1982), the GCS not only possesses strong reliability and validity, it is also suited for repeated measures with the same client. Specifically, the GCS is short, easy to complete and score, and does not suffer from response decay when used repeatedly over time. For these reasons, the GCS has been chosen as a measure for this single-system design.

The Index of Clinical Stress (ICS)
This measure was designed to assess the subjective aspect of stress in a generalised, unidimensional form (Abell, 1991). The 25 items of the instrument were designed to reflect the range of perceptions involved with subjective stress. This approach to measuring stress is differentiated from stress measurement as a result of external life situation and life events. An internal approach to assessment of stress level is appropriate for mantra intervention, since chanting is hypothesised (Prabhupada, 1976) to alter one's consciousness or internal state.

Each ICS item has a five-point response range, with some items negatively worded to avoid response bias. Psychometrics of the instrument were assessed using a sample of 265 persons, whose mean age was 33 years. Cronbach's alpha for the sample was 0.963. The ICS has also shown strong factorial validity, convergent construct validity, and discriminant construct validity. Based on these results, Abell (1991) suggests that the ICS can be used with confidence by social work practitioners and researchers when single or repeated measures of subjective stress are required.

The Verbal Aggressiveness Scale (VAS)
Infante and Wigley (1986) describe verbal aggressiveness as a personality trait that inclines persons to attack the self-concept of other people. They developed a scale of 20 items, which was worked positively and half-negatively, to assess the construct of verbal aggressiveness. The rating format is a five-point linear scale with 'almost never true' and 'almost always true' as endpoints.

Reliability and factorial validity for the scale were tested on a sample of 636 students enrolled in introductory communication courses at a large Midwestern state university. Alpha for the scale was 0.81, and test-retest reliability was 0.82. To test construct validity, the VAS was administered, along with seven other trait measures to 104 students. Results for all scales, compared with the VAS, were in the direction predicted by theory. Scales included the Social Desirability Scale, the
Hostility-Guilt Inventory, and the Feelings of Inadequacy Sub-scale (Infante and Wigley, 1986).

The Satisfaction With Life Scale
This scale, which consists of five items and a linear response range with 'strongly disagree' and 'strongly agree' as the endpoints, measures global life satisfaction. Factorial validity and reliability for the SWLS were assessed on a sample of 176 undergraduates at a large Midwestern university. Two months after testing, 76 of the students were re-administered the scale. Test-retest reliability was 0.82, and coefficient alpha was 0.87. Eleven measures were administered to a sample of 339 undergraduates to test the construct validity of the scale. All results were in the direction predicted by theory, suggesting strong construct validity (Diener and others, 1985).

Compliance Log
Subjects filled out a Chanting Compliance Log, and noted the number of rounds that they chanted each day. Though they were instructed to chant three rounds per day, the log indicated the actual frequency of chanting.

RESULTS AND ANALYSIS
For the five subjects who completed the study, Table 1 shows their mean scores for each outcome measure, as well as the Compliance Log score, which indicates the average number of rounds chanted per day. Average scores for each measure are listed for baseline, treatment, and follow-up phases.

To restate the research hypotheses, it was predicted that japa intervention will increase sattva, satisfaction with life, spirituality, and well-being, and will decrease rajas, tamas, verbal aggressiveness, stress, and depression. Effects of japa were hypothesised to carry over to the follow-up period, though some loss of effects were predicted. Therefore, follow-up scores were hypothesised to reverse direction. For instance, japa intervention would predict an increase in sattva from baseline to intervention, and then a decrease from intervention to follow-up, although the final score at the end of follow-up would not be expected to be as low as the mean baseline score. Follow-up scores were not analysed in instances where baseline to treatment scores did
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**Note:**
- **VAS** - Verbal Aggressiveness Scale
- **ICS** - Index of Clinical Stress
- **SIBS** - The Spiritual Involvement and Beliefs Scale
- **CL** - Compliance Log
- **SWLS** - Satisfaction with Life Scale
- **GCS** - Generalised Contentment Scale
- **SWBS** - Self-Rated Well-Being Scale
not change according to the hypotheses (for an analysis of results, refer to Table 1).

Subject A
Analysing mean scores, with regards to research hypotheses, from baseline to treatment phases, subject A moved in the predicted direction on measures of tamas, satisfaction with life, stress, and well-being, and in a direction contrary to the research hypotheses for measures of sattva, rajas, verbal aggressiveness, depression, and spirituality. For those measures that behaved in a way in accord with Vedic theory, follow-up measures also behaved in the predicted manner for three of four scales, with the exception being the Self-rated Well-being Scale. Subject A was a middle-aged female undergoing intensive treatments for an illness. She expressed an interest in meditation during her first discussion with us on the phone.

Subject B
From baseline to treatment, subject B’s scores moved in the direction predicted by Vedic theory for measures of sattva, rajas, tamas, verbal aggressiveness, satisfaction with life, stress, and well-being, and in a direction contrary to research hypotheses for measures of depression and spirituality. For baseline to treatment measures that were in agreement with theory, the only follow-up mean score that was in the direction opposite to that predicted by theory was the measure for stress. Subject B was a female undergraduate university student in her early twenties. During our first conversation on the telephone, she mentioned that she had been experiencing a great amount of stress, and was interested in participating in the study in the hope that it would relieve her stress.

Subject C
From baseline to intervention, subject C showed change in the direction predicted by the research hypotheses for all measures except rajas, which did not change. Follow-up scores were also in the direction predicted by theory. Subject C was a female university graduate student in her mid-twenties.

Subject D
From baseline to intervention, subject D showed change in the predicted direction for measures of sattva, rajas, tamas, verbal
aggressiveness, satisfaction with life, depression, spirituality, and well-being. Follow-up scores showed change in the predicted direction for sattva, and well-being, but not for rajas, tamas, verbal aggressiveness, satisfaction with life, depression and spirituality. The average follow-up score for well-being was below the baseline score, and, thus, the drop in mean score was greater than that predicted by theory. Subject D was a female university graduate student in her mid-twenties.

**Subject E**

Scores for subject E, from baseline to treatment, went in the predicted direction for all measures. Follow-up scores did not move in the predicted direction for any of the measures. Subject E was a female university undergraduate in her early twenties. During our initial phone discussion, she reported that she meditated silently.

**Analyses of Results in Relation to Measures**

**Sattva**

The sattva scale behaved in accord with theory for four of the five subjects, from baseline to intervention. Of these, three subjects showed sattva follow-up scores that concurred with predictions.

**Rajas**

Rajas scores, from baseline to intervention, behaved according to theory for three of five subjects, with one subject showing no change. Only in one subject did the follow-up scores move in the direction predicted by theory.

**Tamas**

Tamas scores moved in accord with research predictions for every subject from baseline to intervention, and with three of five subjects from intervention to follow-up.

**Verbal Aggressiveness**

The measure for verbal aggressiveness moved in the predicted direction for four of five subjects from baseline to intervention, and for two subjects from intervention to follow-up.
Satisfaction with Life
Satisfaction with Life changed in the predicted direction for all five subjects from baseline to intervention, and for two subjects from intervention to follow-up.

Stress
Stress scores changed in the predicted direction for four out of five subjects from baseline to intervention, and for two subjects from intervention to follow-up.

Depression
Measures for depression behaved according to theory in three of five cases from baseline to intervention, and in one case from intervention to follow-up.

Spirituality
Spirituality scores moved in the predicted direction in three cases from baseline to intervention, and in one case from intervention to follow-up.

Well-Being
Self-rated well-being scores moved in the predicted direction for all subjects from baseline to intervention, and for three subjects from intervention to follow-up, though one of these follow-up scores moved too far in the predicted direction, with regards to the research hypothesis.

Altogether, from the baseline phase to the intervention phase, 36 out of 45 measures (80 per cent) moved in the direction predicted by theory. Of the 36 scores that behaved in accordance with Vedic predictions from baseline to intervention, 19 (52.7 per cent) responded according to the research hypotheses from the intervention period to the follow-up period.

DISCUSSION
With 80 per cent of the measures responding according to the research hypotheses from baseline to intervention phases, this study provides some preliminary evidence for the efficacy of chanting the maha mantra on japa beads. Measures of well-being, satisfaction with life, and tamas responded particularly well to the intervention, though all
measures behaved according to theoretical predictions in at least three of five cases.

According to Vedic theory (Prabhupada, 1972), which is the conceptual framework for this study, all sound vibrations are permeated by various combinations of the three modes of nature — sattva, rajas and tamas. A person is affected by the types of sound vibrations to which he or she is exposed to. Thus, a person who regularly associates with sound in the mode of rajas (passion) will develop rajasic attributes, which might be characterised by qualities such as intense activity and high stress. The maha mantra, according to Vedic theory, is completely in the mode of sattva. Therefore, one who chants this mantra will exhibit sattvic symptoms, which include a decrease in rajas and tamas, as well as reduced verbal aggressiveness, stress and depression, and increased spirituality, satisfaction with life, and a sense of well-being. Thus, Vedic theory provides a possible explanation for the results of this study (Prabhupada, 1976).

Cook and Campbell (1979) delineate threats to external validity, construct validity and internal validity. There was no random sampling and, therefore, the results cannot necessarily be applied to an outside population. The sample size was very small, and this reduced the generalisation of results. Another threat to external validity that is not controlled with this design is the interaction of selection of treatment. That is, those who chose to participate in the experiment may not be representative of any particular population with regard to their response to chanting. The monetary reimbursement is another threat to generalisability of results.

Construct validity refers to the extent that the design allows the researcher to study the effects of the intervention, rather than some artifact of the procedures. In this study, the experimenter's expectancies and biases are a potential threat to construct validity of the design.

Internal validity relates to the extent to which the design allows assessment of the causal relationship between the dependent and independent variables. In this study, there were no control or alternative treatment groups, and thus there is very little comparative basis for the results of the subjects who chanted the maha mantra. It is difficult to conclude with assurance that the intervention was the cause of change. Due to lack of controls, the researcher did attempt to minimise the effects of diffusion, as each subject was dealt with individually, not in a group, and the subjects, therefore, did not know the identity of other participants.
Other shortcomings of the study include the unequal length of phases and the insufficiency of baseline points for most measures. Bloom, Fischer, and Orma (1995) recommend that phases of a single-system design should be of equal length, to allow internal factors to influence phases equally. In this study, the baseline lasted for a week, as did the follow-up phase, though the intervention period lasted for four weeks. Bloom, Fischer, and Orma (1995) emphasise that baseline data should include enough data points to indicate stability. Except for the Self-Rated Well-Being Scale, which included seven or eight data points, the other measures included only two data points.

Replication studies with various populations and in different settings could help to clarify the generalisability of the results of this study. Further, studies on the *maha mantra* that include random assignment and control groups will increase internal validity and help to assess the effects of this chanting intervention. Results of this single-system design are sufficiently encouraging to continue to explore the *maha mantra* with more sophisticated research methods. In particular, group studies on the *maha mantra* will benefit from including a placebo or alternate mantra intervention, in order to assess the validity of Delmonte's (1983) conclusion that any mental device, or mock mantra, will be as effective as a so-called genuine mantra.

Clinically, *japa* chanting of the *maha mantra* can be utilised by practitioners in a number of ways. From a behavioural perspective, the internal gratification provided by the *maha mantra* can be regarded as a consequence and maintaining condition for continuance of chanting. According to Vedic theory (Praphupada, 1972), the internal satisfaction provided by the *mantra* can serve as a replacement for behaviours producing a less satisfying type of gratification, and that also produce undesirable side effects.

In cognitive-behavioural therapy, a common process is thought stopping, wherein a person interrupts disturbing thoughts by uttering the word 'Stop!' After disrupting the distressing thought, the client is recommended to think about something that competes with the disturbing thought (Spiegler and Guevremont, 1993). Chanting the *maha mantra* can be an effective positive replacement thought in the thought stopping process.

In many areas of behaviour therapy, such as medical applications, techniques like emotive imagery and diversion of attention are included in treatment packages (Turk, Meichenbaur and Genest, 1983).
These techniques can utilise the *maha mantra* as a response to compete with anxiety and other unfavourable emotional responses. The *maha mantra*, as a competing response, might be used in treating chronic pain as well as in coping with painful medical procedures.

Though chanting the *maha mantra* does not require *japa* beads, the beads provide a means to quantify the number of times that the *mantra* is chanted. Additionally, usage of beads while chanting engages the sense of touch. According to the *Bhagavad Gita* (Prabhupada, 1972), the senses are centred around the mind, and therefore the more senses that are engaged in an activity, the easier it is for the mind to focus on that activity. Chanting the *maha mantra* involves the tongue and the sense of sound, and with *japa* beads, the sense of touch is also engaged. This facilitates focusing the mind on the *sattvic* vibration, and enhances the effect of the mantra. A practical application of this idea could help clients to stop smoking. Smoking involves the mouth and the fingers, as does the activity of chanting on *japa* beads. By engaging the same senses and organs in the process of chanting the *maha mantra*, a person may experience gratification that facilitates cessation of a less satisfying type of pleasure such as smoking.

Keefe (1996) asserts that social work and meditative interventions intersect at the common human experience of stress. He further maintains that meditation has immense potential as a clinical adjunct technique in the reduction of stress and anxiety. He postulates that these techniques can facilitate other social work skills, such as development of empathic skill.

Social work’s emphasis on diversity is compatible with the variegated origins of meditative techniques. There has been increased skepticism regarding the applicability of Western psychological constructs and approaches to Eastern-based approaches for explaining and understanding the psychology of indigenous peoples (Gergen, Gulerce, Lock and Misra, 1996). Therefore, a culturally sensitive perspective suggests research and development of techniques not derived from Western thought. Of course, an intervention such as the *maha mantra* will not be suitable for all practitioners and clients, but some practitioners may find *japa* chanting of the *maha mantra* to be a useful tool to help certain clients, and, therefore, further research of this method may be beneficial for clients and the social work profession.
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The effects of mantras largely pertain to the mental, emotional and spiritual realms of life. Mantras inspire positive and penetrating thoughts and enlighten the emotional and mental realms. Some Mantras control and command the evil spirits. Rhythmical vibrations of sound give rise to forms. Actually, it does have some side effects. One Tuesday I was offering my prayer in a Hanuman Mandir. When this young lady came and talked to the Pandit/Purohit of the temple, I was offering the puja, when she came and sat beside me, so I could hear her. Side effects of the mantra depend on the vibrations that the chanter generates during the ‘japam’. Not pronouncing it according to the laid down rules gives rise to a different set of vibrations which may not help to achieve the desired result but also may effect the chanter on account of setting up unwanted vibrations. The above stands good for the Mahamrityunjaya mantra also.

Maha Mrityunjaya Mantra is a verse from the Rig Veda and is sung for the Rudra avatar of Lord Shiva. The Hare Krishna maha-mantra could calm the mind and help anxiety and schizophrenia, according to new research. Dr. Viveck Baluja, a neurologist at Henry Ford Hospital in Detroit, has begun a study on the effects of the Hare Krishna maha-mantra on the brain that has already yielded exciting findings and impressed hospital staff. Dr. Baluja (Vinaya Gauracandra Das), was inspired to embark on the project by his guru Jayapataka Swami and siksa guru Nidra Dasi. He is also working with his wife Padmaksi Sri Devi Dasi, as well as members of Jayapataka Swami’s medical team headed by Dr. Achyutananda. The researcher concocted a mantra as the alternate mantra, though subjects in the alternate group thought it was a genuine Vedic mantra. Primary hypotheses of the study were based on Vedic theory, and stated that the maha mantra group would increase sattva, and decrease stress, depression, rajas and tamas, significantly more than the other two groups. Considering the concepts described above, we will study the effects of the maha mantra on variables such as stress, depression, and the three gunas. Prior to discussing the experiment on the maha mantra, there will be a literature review on correlations between spiritual and religious factors with indicators of mental and physical health, and on the effects of spiritual and religious interventions.