

Article

The Impact of Meditation on Aggression and Suicidal Ideation among the Adolescents Boys of Kashmir

Irfan Fayaz¹ & Dr. Manju Agarwal²

¹Amity Institute of Behavioural and Allied Science Amity University Lucknow

²Dean Student Welfare, Amity University Uttar Pradesh Lucknow (INDIA)

*Author to whom correspondence should be addressed; Irfan.fayaz7@gmail.com

Article history: Received 22 January 2019, Revised 2 March 2019, Accepted 2 March 2019, Published 25 March 2019.

Abstract: The present study analyzed the impact of meditation on aggression and suicidal ideation among adolescent boys of Kashmir. Method is pre and post intervention design for 36 adolescents boys (n = 36) from two different schools of Kashmir selected by using convenient sampling. Two questionnaires including Aggression questionnaire by Buss, A.H & Perry, Multi attitude Suicidal Scale (MAST) by Isreal Orbach et al., was used for pre and post evaluation purpose. The results showed significant difference on pre and post test scores on three dimensions of aggression i.e. physical aggression (t = 3.17, p<0.01), anger (t = 2.344, p<0.05) and hostility (2.897, p<0.01), while verbal aggression shows no significant difference on pre and post intervention scores. The study also revealed significant difference on pre and post intervention scores on one dimension of suicidal ideation i.e. attraction to death (t = 2.275, p<0.05), while other three dimensions of suicidal ideation i.e. attraction to life, repulsion by life and repulsion by death shows no significant difference on pre and post test scores. The overall study showed that meditation can be an effective way of managing aggression and suicidal ideation among adolescent boys. Overall the study showed that even in regions ridden with armed conflict, practice of meditation by adolescents can reduce their levels of aggression effectively. It also increased their attraction to life and reduces their suicidal ideation. The study has wide implications for making the life of adolescents simpler and comfortable across all regions of the world using well planned sessions of meditation and making it a part of their curriculum.

Keywords: Adolescents, Aggression, Anger, Attraction to life, Hostility, Meditation and Suicidal Ideation.

1. Introduction

1.1. Aggression

The main aim of human aggression is to cause injury to other person and the aggressor must believe that his/her behaviour will cause injury to other and the victim is encouraged to avoid the behaviour (Bushman & Anderson 2001, Baron & Richardson 1994, Berkowitz 1993, Green 2001). Aggressive behaviour can be both appropriate (e.g., self-protective) or, alternatively, it can also be used as destruction to self and others, occasionally it may lead to self-damaging act like suicide (Ferris, C.F. & Grisso, T 1996).

The state of Jammu and Kashmir has been witnessing armed conflict since last two decades. Armed conflict is mostly centered in Kashmir valley, while Jammu is relatively less affected. One of the authors has personally experienced and observed the impact of conflict and this observation itself has been the driving force for this study. Armed conflict has negative impact on psychological well being and behaviour outcomes of children and adolescents. Exposure to such armed conflict has lead to increase in defiance, hostility and violent behavior, risk taking behaviour and other externalizing behaviour problems (Baker, 1990).

During the armed struggle, stone pelting by the adolescents and youths has become a way to express the frustration anger (Karanavar, 2017) the armed conflict has also increased the number of orphans. The research conducted by (Shabnum Ara, 2015) on aggression in adolescent orphans of Kashmir reported that 79.55% Of the sample have moderate level of aggression. A study on aggression of Kashmir adolescents acquire significantly in the context of high level of aggression found among adolescents in general.

Karriker (2009) found that during the age group of 11 to 18 years the aggression curve grows but after 18 years it declines. Both adolescent boys and girls are involved in social aggression at all ages. Kumar et al (2016) found aggression to be high in adolescents in general in his review of the literature of the last 10 years. The study also showed that physical aggression was more predominant in an adolescent who ranges from 17.7% to 66.5%; Kumar et al (2016) also found that boys are physically more aggressive than girls who are more verbally aggressive.

1.1.1. Suicidal ideation

Aggressive behaviour can be both suitable (e.g., self-protective) or, otherwise, it can also be used as destruction to self and others. Occasionally it may also lead to self-damaging acts like suicide (Ferris, C.F. & Grisso, T 1996). The definition of suicide has been a subject of controversy among researchers and scholars alike. One of the least ambiguous definitions of suicide is that the result of suicide is death. In like manner a wide range of behaviors can be called suicidal or life –threatening with no assumptions about the intention or outcome (Lönqvist, 1977). Lack of a clear cut definition of concepts has been a source of inconsistent results in studies dealing with suicidal behavior. According to Farmer (1988), three principal stages are involved in suicide: the death must be accepted as unnatural, the committer must be the deceased himself/herself, and the motive of self-destruction must be established, while Stengel(1973) defined suicide as the deadly act of self-harm undertaken with more or less conscious self-destructive intent, however acute or ambiguous”. “Completed suicide can be defined as those deaths officially recorded as suicidal deaths” (Beskow, 1979).

Suicide is the act of a human being purposely causing his or her own death. One of the studies on suicide conducted by Shoib et al. 2012 on Kashmir, results showed an increase of over 250% suicide attempts between the years 1994 and 2012. (Khushresta, 2016) conducted a research on incidences of suicidal attempts and occurrence of suicide in Kashmir. The study showed that one person in the valley commits suicide every day. The study also found that in the last 17 years 24,000 men and women, mostly young, have attempted suicide in Kashmir. Out of 24,000 and considerable amount of young people (3,000) between the age group of 16 and 21 have been successful in committing suicide. It also showed that Kashmir has a higher suicide rate than other Indian states like Uttar Pradesh and Bihar, Since (Shah, 2018) Conducted a research on prevalence of suicidal ideation and attempts among the youths in Srinagar of Jammu and Kashmir. The results showed that 28.3% have suicidal ideation and 7.7% of the respondents have attempted suicide.

Badrinarayana (1977) reported that young people between the age group of 10 to 30 were more vulnerable to commit suicide. Suicide is the third leading cause of death among the age range between 15 to 25 years old (Anderson & Smith, 2002) and it was found to be second major cause of death in college students (Schwartz, 2006).

1.1.2. Meditation

The aim of the paper is to examine the impact of meditation on aggression and suicidal ideation among adolescent boys of Kashmir. Meditations are the set of techniques that are anticipated to encourage a strengthened state of awareness and focused attention. Meditation has proved to be significant means that helps in reducing stress to a great extent (C. Hassed 1996). In western nations like USA, the practice of meditation has become popular. Researchers have shown that meditation has various health benefits and these research findings have sparked attention in the field of medicine

(Fortney, Horwitz, & Arias, 2006). The practice of meditation was originated during ancient Vedic times in India and has been described in Vedic texts as well (Aurobindo, Gambhirananda & Wadhwa, 2013). Meditation is one of the modalities used in Ayurveda (Science of Life), the complete, natural health care system that originated in the ancient times of *Vedas* in India (Sharma H, 2012). One of the case studies has revealed a significant, constructive behavioral modification of the human being that practice meditation, thus reducing the number of visits to the physicians by a large extent and the individual is found to save \$200 on the clinician's visit with effective practicing of meditation (J. Achterberg, 1992).

A study by Yoo, Lee et al., (2015) on the effect of mindful subtraction meditation on depression, social anxiety aggression and salivary cortisol in elementary school going children in south Korea showed the reduction of depression, social anxiety, aggression and salivary cortisol in the school going children. This has also showed that subtraction mindful meditation could be an effective way in improving the mental health of the school going children. Kenneth (2008) studied the role of transcendental meditation on neuroendocrine abnormalities associated with aggression and crime. The study reviews the evidences that the transcendental meditation program reduces aggression and crime by removing stress induced abnormalities. The transcendental program helps to remove both the physical and psychological disturbances that arise from stress and helps to strengthen the individuals coping mechanism and restoring the sense of well being. The study concluded that the transcendental meditation programmes are expected to increase the resilience and it help to develop the ability to fulfill desires in a socially accepted way. Singh et al. (2012) assess the effectiveness of mindful based treatment to control both physical and verbal aggression in mild intellectual disability. The study showed that significant decrease of both verbal and physical aggression with mindful based training. The study also showed the effectiveness of mindfulness intervention for helping individual with mild intellectual disability to manage their verbal and physical aggression. In one of the study by Chesin et al (2015), the authors found that adjunct mindfulness based cognitive therapy helped in reducing the suicidal ideation and depression but not hopelessness. Kim (2018) studied the effectiveness of mindfulness meditation on suicidal ideation, depression and subjective wellbeing in high school students with suicidal tendencies. The study showed the noted difference in the suicidal ideation and depression. The results of the study suggest that mindfulness meditation is an effective way of reducing the suicidal ideation and depression among the high school students.

Objectives:

- The objective of the study is to examine the impact of meditation on aggression and suicidal ideation among the adolescent boys of Kashmir.

Hypothesis

- After intervention there will be significant difference on pre and post test scores on dimensions of aggression.
- After intervention there will be significant difference on pre and post test score on dimensions of suicidal ideation.

2. Materials and Method

The study aims to understand the impact of meditation on the aggression and suicidal ideation among the adolescent boys of Kashmir on pre and post intervention design for 36 individuals with high level of aggression and suicidal ideation.

2.1. Participants

A sample of 100 boys between the age group of 16-18 years was taken from two different schools of Kashmir valley. Using convenient sampling technique, the students were taken from 10th, 11th and 12th grades. Out of 100 subjects, 36 subjects were selected for intervention as those 36 subjects scored high on both aggression and suicidal ideation questionnaires. Those 36 subjects were divided into 2 groups, 18 in each. 4 sessions to each group was planned in 3 weeks.

2.2. Tools Used

2.2.1. Aggression questionnaire

The questionnaire of aggression by (Buss & Perry, 1992) was used to assess the four personality trait of aggression including: Physical aggression, Verbal aggression, Anger and Hostility. The test-retest reliability (9-weeks) for the sub scales and total score ranges from $\alpha=.72$ to $\alpha=.80$

2.2.2. Suicidal ideation questionnaire

The Multi Attitude Suicidal Tendency (MAST) scale was used for the study. The MAST was developed in 1981 by Orbach et al, in (1981). MAST is a self-report, Likert type scale. The MAST evaluates four different attitudes about Life and Death: Attraction to Life (AL), Repulsion by Life (RL), Attraction to Death (AD) and Repulsion by Death (RD). The Multi Attitude Suicidal (MAST) is high on internal consistency, with alpha range from .76 (RL and AD) to .83 (AL and RD).

2.3. Intervention Plan

SESSION PLAN DAY 1:

- I started with Deep breathing with guided imagery. The reason for deep breathing was to help the subjects to relax.
 - Then the students were asked to imagine the situation, place or person, with whom they are angry with. Students were given paper sheets in their hands, and they were asked if they want to release their aggression on the paper.
 - Introduction of concept of forgiveness. After releasing of aggression the students were asked to forgive the person with whom they show their aggression.

Circle of Compassion

- Relax by gentle taping on head and each part getting relaxed.
- Let the white light pass through entire body
- White light expands and make a bubble
- Remind of someone who reminds you of compassion. Let this white light expands to room, neighborhood, city, country, planet earth.
- Repeat it every time “let all pain and miser go and I care and love you all and let happiness spread among all ”

Gratitude

Gratitude Day 1: let's be grateful to our BODY. Be thankful and grateful to the breath we take, all the organs, cells that functions perfectly fine.

Tomorrow in your journal write down 10 pointers or more what you are grateful about your body.

- I am fair
- Beautiful
- I have all organs working
- I have made it flexible
- I can use all my lungs properly
- At this age people give me compliments
- I am attractive
- I am physically fit.

SESSION PLAN DAY 2:

- I started with Deep breathing with guided imagery. The reason for deep breathing was to help the subjects to relax.

- Then the students were asked to imagine the situation, place or person, with whom they are angry with. Students were given paper sheets in their hands, and they were asked if they want to release their aggression on the paper.
- Introduction of concept of forgiveness. After releasing of aggression the students were are asked to forgive the person with whom they show their aggression.

Circle of Compassion

- Relax by gentle taping on head and each part getting relaxed.
- Let the white light pass through entire body
- White light expands and make a bubble
- Remind of someone who reminds you of compassion. Let this white light expands to room, neighborhood, city, country, planet earth.
- Repeat it every time “let all pain and miser go and I care and love you all and let happiness spread among all ”

Gratitude Day 2: let's be grateful to our family members. Be thankful and grateful to them, their love and care towards us, their guidance, their teaching, everything.

Today in your journal write down 10 pointers or more what you are grateful about your family.

- I am grateful to my mother who has given such etiquettes to me.
- Father who empowered us with exposure and love
- Brother who is caring
- Sister who is too good and who are my lifeline.

SESSION PLAN DAY 3:

- I. I started with Deep breathing with guided imagery. The reason for deep breathing was to help the subjects to relax.
 - Then the students were asked to imagine the situation, place or person, with whom they are angry with. Students were given paper sheets in their hands, and they were asked if they want to release their aggression on the paper.
 - Introduction of concept of forgiveness. After releasing of aggression the students were are asked to forgive the person with whom they show their aggression.

Circle of Compassion

- Relax by gentle taping on head and each part getting relaxed.
- Let the white light pass through entire body
- White light expands and make a bubble
- Remind of someone who reminds you of compassion. Let this white light expands to room, neighborhood, city, country, planet earth.
- Repeat it every time “let all pain and miser go and I care and love you all and let happiness spread among all ”

Gratitude Day 3: let's be grateful to money. Be thankful and grateful to the money you have earned in your life, the things which you got without paying money may be your education, gifts you received, discounts, offers, food etc, respect money in all the ways, welcome money in all the ways however in good intentions.

Today in your journal write down 10 pointers or more why and what you are grateful for money

- adequate to fulfill my needs
- my future is also secure
- enough savings
- want to donate and spend on social service
- Thankful to God for always fulfilling my basic needs.
- I have a good social status
- can keep a driver and good no of servants
- can take care of my mother in law,
- give good gifts to all

SESSSION PLAN DAY 4:

- I started with Deep breathing with guided imagery. The reason for deep breathing was to help the subjects to relax.
 - Then the students were asked to imagine the situation, place or person, with whom they are angry with. Students were given paper sheets in their hands, and they were asked if they want to release their aggression on the paper.
 - Introduction of concept of forgiveness. After releasing of aggression the students were are asked to forgive the person with whom they show their aggression.

Circle of Compassion

- Relax by gentle taping on head and each part getting relaxed.
- Let the white light pass through entire body

- White light expands and make a bubble
- Remind of someone who reminds you of compassion. Let this white light expands to room, neighborhood, city, country, planet earth.
- Repeat it every time “let all pain and miser go and I care and love you all and let happiness spread among all ”

Gratitude Day 4: let's be grateful to our Home.

- Be thankful and grateful to your home.
- Everybody has got their own one favorite corner or stairs which makes you feel comfortable. Thank that corner.
- The floor which is perfect to keep your feet on.
- The bedroom which makes you feel "you" bathroom which helps you refreshing up shower and takes away all your wastes.
- Bless the kitchen which stores and makes fresh food.
- Bless your drawing room where you can sit by yourself or meet people, guests had fun time with family, watching TV.
- Home - the place which welcomes you with arms wide open when you come back from outside.
- Bless every corner.
- Thank that architecture the workers who were involved in making your house beautiful and strong base.
- Thank universe you have a roof on your head

Let us all be thankful for everything we have in life and let us show our gratitude to everyone around us let us say **Thank you.**

2.3. Statistical Analysis

The data was analyzed by using statistical package for social science (SPSS) version 16.0. T-test was used to know the significant difference on pre and post test on aggression and suicidal ideation among adolescent boys of Kashmir.

3. Results and Discussion

The t value between scores on physical aggression before and after intervention is significantly different at both levels of significance ($t = 3.17, p < 0.01$). It indicates the efficacy of intervention of meditation (table 1).

Table 1: Showing Mean, S.D and t value of pre and post test of physical aggression

Test	N	Mean	Std. Deviation	T	P value
Physical Aggression Pretest	36	25.9444	7.68652	3.17**	Significant
Posttest	36	21.0556	5.12107		

** Significant at p<0.01

* Significant at p<0.05

Pre test and post test scores on verbal aggression was not influenced by intervention. There was no difference found on scores before and after intervention of meditation. The t value was found insignificant on both levels of significance (table 2).

Table 2: Showing Mean, S.D and t value of pre and post test of verbal aggression

Test	N	Mean	Std. Deviation	T	P value
Verbal Aggression Pretest	36	16.417	4.4425	1.395	Insignificant
Posttest	36	15.111	3.4374		

** Significant at p<0.01

* Significant at p<0.05

The t value between scores on Anger before and after intervention is significantly different at point 0.05 level of significance (t = 2.344, p<0.05). It indicates the efficacy of intervention of meditation (table 3).

Table 3: Showing Mean, S.D and t value of pre and post test of Anger

Test	N	Mean	Std. Deviation	T	P value
Anger Pretest	36	22.9444	6.45841	2.344*	Significant
Posttest	36	19.7778	4.89963		

** Significant at p<0.01

* Significant at p<0.05

The t value between scores on verbal aggression before and after intervention is significantly different at both levels of significance ($t = 2.897, p < 0.01$). It indicates the efficacy of intervention of meditation (table 4).

Table 4: Showing Mean, S.D and t value of pre and post test of Hostility

Test	N	Mean	Std. Deviation	T	P value
Hostility	36	28.2778	6.37231	2.897**	Significant
	36	24.1944	5.55913		

** Significant at $p < 0.01$

* Significant at $p < 0.05$

Pre test and post test scores of Attraction to life (dimension of Suicidal ideation) was not influenced by the intervention. There was no significant difference found on pre and post test scores attraction to life (table 5).

Table (5) Showing Mean, S.D and t value of pre and post test of attraction to life

Test	N	Mean	Std. Deviation	T	P value
Attraction to life	36	3.2833	.78867	-.741	Insignificant
	36	3.4056	.59807		

** Significant at $p < 0.01$

* Significant at $p < 0.05$

Pre test and post test scores on repulsion by life (dimension of Suicidal ideation) was not influenced by intervention. There was no significant difference on pre and post test scores on repulsion of life.

Table 6: Showing Mean, S.D and t value of pre and post test of repulsion by life

Test	N	Mean	Std. Deviation	T	P value
Repulsion by Life	36	3.1472	.82479	1.611	Insignificant
	36	2.8639	.65777		

** Significant at p<0.01

* Significant at p<0.05

The t value between the scores on Attraction to death (dimension of suicidal ideation) before and after intervention is significantly different at point 0.05 level of significance (t = 2.275, p<0.05). It indicates the efficacy of intervention of meditation on attraction to life (table 7).

Table 7: Showing Mean, S.D and t value of pre and post test of attraction to death

Test	N	Mean	Std. Deviation	T	P value
Attraction to Death	36	3.4306	.75813	2.275*	Significant
	36	3.0528	.64652		

** Significant at p<0.01

* Significant at p<0.05

Pre test and post test scores on repulsion by death (dimension of suicidal ideation) was not influenced by intervention. There was no significant difference found on scores on repulsion by life.

Table 8: Showing Mean, S.D and t value of pre and post test of repulsion by death

Test	N	Mean	Std. Deviation	T	P value
Repulsion by Death	36	2.6694	.88602	-1.657	Insignificant
	36	2.9750	.66219		

** Significant at p<0.01

* Significant at p<0.05

The present research tries to explore the impact of intervention on aggression and suicidal ideation through general meditation for peace, forgiveness and gratitude. There was a positive trend observed, showing that meditation actually influenced all the variable scores. The result showed significant difference in three dimensions of aggression i.e. physical aggression, anger and hostility before and after intervention through meditation. The result was supported by (Sharma, 2016) whose study showed that Mindfulness-based program has shown changes in the expression of aggression and it can be implied for the management of aggression among youth. The result shows the effectiveness of meditation on the dimensions of aggression. Yoo, Lee et.al (2015) study showed that subtraction meditation can be helpful in reduction of depression, social anxiety, aggression among the school going children. The transcendental meditation programme are expected to increase the resilience and it help to develop the ability to fulfill desires in a socially accepted way and also help to reduce the aggression and crime by removing stress inducing abnormalities Kenneth (2008). (Gupta, 2015) reviews the mindfulness meditation and its effects on adolescents aggression, the study concludes that Mindfulness meditation has proven effective in reducing psychological stress, negativity, anger and aggression; it is a tool for awakening and developing ones conscious and thereby modifying ones thoughts. This review examines the significance of guided mindfulness meditation in mediating aggression both external and internal aggressive behavior by developing one's conscious and thereby modifying one's thoughts. This review examines the significance of guided mindfulness meditation in mediating aggression, both external and internal aggressive behavior, and youth suicide

The research also showed the change in one dimension of suicidal ideation i.e. attraction to death. The difference on pre and post test scores on attraction to death was significant. It also shows the effectiveness of intervention through meditation on attraction to death. Meditation intervention has helped the subjects to reduce one important dimension of suicidal ideation i.e. attraction to death. Other dimensions of suicidal ideation i.e. attraction to life, repulsion by life and repulsion by death showed insignificant difference on pre and post test scores. Adjunct mindfulness based cognitive therapy helped in reducing the suicidal ideation and depression but not hopelessness Chesin et. al (2015). The mindfulness meditation is an effective way to reduce the suicidal ideation and depression among the high school students Kim (2018).

The application of meditation produced significant changes in the aggressive and suicidal subjects. The overall functioning shows significant gain. The subjects had significant improvement in their suicidal behaviour.

There is a small, however growing body of speculation and statistics on the nature of suicidality, as well as pragmatic evidence on the influence of mindfulness-based interventions on

suicidality, converge to suggest that mindfulness may be an effective way to lessen the factors contributing to suicidal behavior. Two treatments that include a strong focus on mindfulness, namely DBT Dialect behaviour therapy and Mindfulness-Based Cognitive Therapy (MBCT), (Segal, Williams & Teasdale, 2002), have shown efficacy across multiple studies in relation to suicidal behavior. Dialect behaviour therapy (DBT) has been shown to reduce number of suicide attempts (Linehan, 1991, 2002). Mindfulness-based interventions have also been shown to result in large reductions in depression (Hoffman, Witt & Oh, 2010) a common background for suicidal ideation and behavior (Beautrais et al., 1996). More specifically, MBCT has been shown to reduce depressive relapse for people with recurrent depression (Teasdale et al., 2000) and reduce residual depressive symptoms in individuals in recovery following an episode of suicidal depression (Crane et al., 2008).

The intervention of meditation proved positive as four dimensions out of eight shows significant improvement. At the same time the scores of other dimension changed in desirable direction. If such significant change is possible in only four sessions of meditation, it will be very interesting to know how much it will affect the other dimension if the session will be given for months. The overall results showed that Meditation is an effective way of dealing with aggression and suicidal ideation in adolescents.

4. Conclusion

Overall the study showed that even in regions ridden with armed conflict, practice of meditation by adolescents can reduce their levels of aggression effectively. It also increased their attraction to life and reduces their suicidal ideation. The study has wide implications for making the life of adolescents simpler and comfortable across all regions of the world using well planned sessions of meditation and making it a part of their curriculum.

References

- Anderson RN, Smith BL. (2005) From the Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics System*. 53(17):1-89
- Arias AJ, Steinberg K, Banga A, Trestman RL. (2006) Systematic review of the efficacy of meditation techniques as treatments for medical illness. *J Altern Complement Med* 12:817-32.
- Aurobindo S. (1972) Sri Aurobindo Ashram;. *The Upanishads: Texts, Translations and Commentaries Pondicherry, India*.
- Badrinarayana A. (1980) Study of suicidal risk factors in depressive illness. *Indian J Psychiatry*. 22:81

- Baker, A. M. (1990). The psychological impact of the Intifada on Palestinian children in the occupied West Bank and Gaza: An exploratory study. *American Journal of Orthopsychiatry*, 60(4): 496–505
- Baron RA, Richardson DR. (1994). *Human Aggression*. New York: Plenum. 2nd ed
- Beautrais A, Joyce P, Mulder R, Fergusson D, Deavoll B, Nightingale S. (1996) Prevalence and comorbidity of mental disorders in persons making serious suicide attempts: A case control study. *The American Journal of Psychiatry*. 153:1009-1014.
- Berkowitz L. (1993). Pain and aggression: some findings and implications. *Motiv. Emot.* 17:277-93.
- Beskow, J. (1979). Suicide and mental disorder in Swedish men. *Acta Psychiatrica Scandinavica Suppl.* 277.
- Bushman BJ, Anderson CA. (2001). Is it time to pull the plug on the hostile versus instrumental aggression dichotomy? *Psychol. Rev.* 108: 273-79.
- Lönnqvist J. (1977) Suicide in Helsinki: an epidemiological and social psychiatric study of suicides in Helsinki 1960-61 and 1970-71. *Monographs of Psychiatria Fennica*, 1977:8.
- C. Hased, (1996) Meditation in general practice, *Australian Family Physician*, 25(8), 1257–1260.
- Crane C, Barnhofer T, Duggan DS, Hepburn S, Fennell MV, Williams JMG. (2008) Mindfulness-based cognitive therapy and self-discrepancy in recovered depressed patients with a history of depression and suicidality. *Cognitive Therapy and Research.* ; 32:775-787
- Farmer R.(1988) Assessing the epidemiology of suicide and Para suicide. *Br J Psychiatry*; 153:16-20.
- Ferris, C.F. & Grisso, T. (1996). Understanding aggressive behaviour in children. *Annals of the New York academy of science*; New York, p. 426-794.
- Ferris, C.F. & Grisso, T. (1996). Understanding aggressive behaviour in children. *Annals of the New York academy of science*; New York, p. 426-794.
- Fortney L, Taylor M. (2010) Meditation in medical practice: A review of the evidence and practice. *Prim Care.* 37:81-90.
- Gambhirananda S. (1972) Advaita Ashrama; Translator. *Brahma-Sutra-Bhasya of Sri Sankaracharya* Calcutta, India.
- Gupta, S. S. (2015). A Review of Mindfulness Meditation and Its Effects on Adolescents' Aggression. *Online Journal of Multidisciplinary Research (OJMR)* , 12-17).
- Hofmann SG, Sawyer AT, Witt AA, Oh D. (2010). The effect of mindfulness-based therapy on anxiety and depression: a meta-analytic review. *Journal of Consulting and Clinical Psychology.* 78:169.
- Horowitz S. (2010) Health benefits of meditation. *Altern Complement Ther.* 16: 223-8.

- J. Achterberg. (1992) Mind body interventions, meditation, in B. Berman (Ed.), *Alternative medicine, expanding medical horizons* (Washington DC: Office of Alternative Medicine, National Institute of Health).
- Karanavar, S. (2017). Why Kashmiri students are throwing stones. (S. F. Ashraf, Interviewer)
- Karriker-Jaffe, K. J., Foshee, V. A., Ennett, S. T., & Suchindran, C. (2008). The Development of Aggression during Adolescence: Sex Differences in Trajectories of Physical and Social Aggression among Youth in Rural Areas. *Journal of Abnormal Child Psychology*, 36(8): 1227-1236.
- Kenneth G. Walton & Debra K. Levitsky (2003) Effects of the Transcendental Meditation Program on Neuroendocrine Abnormalities Associated with Aggression and Crime, *Journal of Offender Rehabilitation*, 36:1-4, 67-87,
- Khushresta, N. A. (2016). Alarming suicida trends in kashmir: an analysis of coverage given by the print. *International Journal of Advanced Research* , 553-563.
- Kim, M. K. (2018). The Effects of Mindfulness Meditation on the Suicidal Ideation, Depression, and Subjective Well-being in High School Students with Suicidal Tendencies. *Korean Journal of Health Psychology* , 23: 37-55.
- Kumar M et al. (2016). Prevalence of Aggression among School Going Adolescents in India: A Review Study *Ind. J. Youth Adol. Health* 2016; 3(4)
- Linehan MM, Armstrong HE, Suarez A, Allman D, Heard HL (1991) Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry*. ; 48:1060–1064.
- Saraswati SM. (1993). Commentator. *Hatha Yoga Pradipika* Munger, India: Bihar School of Yoga.
- Schwartz AJ. (2006) College student suicide in the United States: 1990–1991 through 2003–2004. *Journal of American College Health*. ; 54(6):341–352
- Segal Z. V., Teasdale J. D., Williams J. M., & Gemar M. C. (2002). The Mindfulness-Based Cognitive Therapy Adherence Scale: Interrater reliability, adherence to protocol and treatment distinctiveness. *Clinical Psychology and Psychotherapy*, 9: 131-138.
- Shabnum Ara, R. A. (2015). Emotional Intelligence and Aggression among Adolescent Orphans of Kashmir. *Reasearch Expo international Multidisciplinary Reasearch Journal* .
- Shah, R. A. (2018). Prevalence of Suicidal Ideation and Attempts among youth of Srinagar district of J&K. *AGU International Journal Of Research In Social Science & Humanities* .
- Sharma, M., & Marimuthu, P. (2014). *Prevalence and psychosocial factors of aggression among youth*. *Indian Journal of Psychological Medicine*, 36(1): 48

- Shoib S, Maqbool D, Bashir H, Qayoom G, Arif T. (2012). Psychiatric morbidity and the socio-demographic determinants of patients attempting suicide in Kashmir Valley: A cross-sectional study. *International Journal of Health Sciences and Research*; 2(7): 45-53.
- Singh, N. N., Lancioni, G. E., Karazsia, B. T., Winton, A. S. W., Myers, R. E., Singh, A. N. A., Singh, J. (2012). *Mindfulness-Based Treatment of Aggression in Individuals with Mild Intellectual Disabilities: A Waiting List Control Study*. *Mindfulness*, 4(2): 158-167.
- Stengel E. (1973) *Suicide and attempted suicide*. 2nd edition – revised. Great Britain: Nicholls & Co,
- Teasdale J, Segal Z, Williams JMG, Ridgeway V, Soulsby J, Lau M. (2000); Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*. 68:615–623.
- Wadhwa A, Wadhwa D. (2013). *Akhand Param Dham; The Direct Realization of Brahman: Brahman Sakshatkar Haridwar, India*
- Yoo, Y.-G., Lee, D.-J., Lee, I.-S., Shin, N., Park, J.-Y., Yoon, M.-R., & Yu, B. (2016). The Effects of Mind Subtraction Meditation on Depression, Social Anxiety, Aggression, and Salivary Cortisol Levels of Elementary School Children in South Korea. *Journal of Pediatric Nursing*, 31(3): e185–e197.