

Exploring the Effect of Integrated Amrita Meditation (IAM) on Physical and Mental Health of Female School Teachers

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Abstract

Teaching is a very challenging job, which can be deleterious to the physical and mental health of teachers in all levels of educational sector. Hence there are attempts underway to develop practices and initiatives that may improve the effectiveness of school teachers. Mindfulness-based interventions are at the forefront of the present global scenario educational system. This paper presents a report on an alternative approach, the Integrated Amrita Meditation (IAM), on healthful nurture of the mind, promotion of compassion blended with stress reduction among teachers. The aim of the present study was to evaluate the effect of IAM by examining its main outcome such as stress reduction, mindfulness and compassion. The study also explored teacher's perception of the impact of IAM practice regarding their physical health. The study had two arms, a cross sectional as well as a follow up analysis. In the cross-sectional study, out of 129 teachers, 53 teachers who are practising IAM on a regular basis were selected to IAM group and 76 to control group. In the follow up study, 20 teachers were randomly assigned to IAM/control conditions and tested before and after intervention. Test results of study showed that IAM has a positive effect on lowering stress and enhancing mindfulness and compassion level of teachers. In addition, Paired t test among IAM group showed that IAM had a significant and positive effect ($P < 0.001$) on the physical health of teachers. The findings from this investigation underscore the potential role of IAM practices among school teacher population for the improvement in their physical as well as mental health.

Keywords: Integrated Amrita Meditation, Teacher Stress, Compassion, Mindfulness, Mental Health, Physical Health

Introduction

According to UNESCO (2019) teachers in primary and secondary education are one of the most influential and powerful forces for quality in education and key to sustainable global development. In addition to the paramount responsibility of educationalists and teachers in nurturing student's academic learning and emotional well-being, they also encounter

various degrees of stress in the classroom which remains a pertinent matter in educational sector [Flook et al., 2013]. Klassen, R.M (2010) states that on-the-job stresses from workload and student behavior were higher for female teachers than for male teachers. Control of teacher stress is inevitable for sustenance of efficient and healthy classroom settings [Dollard et al., 2003]. To alleviate the psychological distress and burnout in teachers, meditation may present

a resourceful remedy [Elder et al., 2014]. Meditation is conscious regulation of one's attention for the purpose of relaxation, and personal growth [Esch, T., 2014]. When meditation is introduced into an academic setting it can have positive long-term effects on both the personal and professional lives of educators, which in-turn will help them become calmer and more established in their life and work [Miller et al., 2002].

Mindful teaching which is focused on awareness and compassion can be integrated into teacher education as a way of looking upon and navigate the stress inherent in teaching [Schussler, D. L. 2020]. Mindfulness, as an intentional cultivation of moment-by-moment, non-judgmental focused attention and awareness, has spread along many disciplines including education [Meiklejohn et al., 2012] as a simple way of relating to an individual's cognition of heightened positive personal transformation [Siegel et al., 2009]. The attitude of accept and let go, by practice of non-judgmental awareness, through mindfulness, forms the basis of non-attachment, which fosters attainment of peace of mind [Leung et al., 2009].

Teaching demands a great deal of compassion towards the students by developing and maintaining supportive relationship with them. [Hargreaves, A., 1998]. Compassion training emphasizes the importance of examining the feelings of others and behaving compassionately towards them [Lim et al., 2015]. While meditative practices have aroused a great deal of attention, which call for relaxation of the mind and focused attention, much less is known about meditation practices that nourish compassion [Pace et al., 2009].

Several remedial practices for cultivation of mindfulness and compassion as well as reduced stress have focused on mindful technique, developed through traditional Buddhist Mindfulness Meditation techniques. The present study, an alternative approach, was to assess the changes in stress, mindfulness and compassion and general health conditions in those teachers who are long-term practitioners of Integrated Amrita Meditation (IAM) compared with teachers who are neither practicing any type of meditation nor any relaxation technique. IAM is a recently introduced meditation practice, which is developed by Sri Mata Amritanandamayi Devi

(Amma) who is a world-renowned humanitarian. IAM is a synthesis of traditional, time-tested methods, in which relaxing yogic stretches, breathing exercises, and conscious awareness of breath are integrated. The IAM technique is constituted yogic postures, relaxation of body and mind, and meditation which culminate in tranquil silence. In this practice, the participants are inspired to be mindful of the subtleties of movements of the human body, breathing and incessant flow of thoughts. Participants are encouraged to attend to, or focus on thoughts and sensations from the body. With prolonged practice of one-pointed, focused gaze, irrelevant, interruptive sensory feedback can be phased out from consciousness, leading to the sense of a state of meditation. A study conducted on the impact of IAM, on adrenaline and cortisol levels in healthy volunteers, displayed significant decreases in levels of adrenaline and cortisol, which signify immediate and long-term effects of IAM in reduction of stress hormones. [Vandana, B et al., 2011]. The Present study was the first study to explore the effects of IAM in female school teachers. We hypothesized that IAM training would result in reductions in stress, enhance mindfulness, compassion and physical health of the teachers inducted in the present study.

Materials and Methods

The present study was approved by the Institutional Ethics Committee of Amrita Vishwa Vidyapeetham University. The research was designed as a two arm study which consisted of a cross sectional analysis (case-control) and a follow-up study with intervention.

Cross sectional study:

Subjects Settings

An e-mail with information about the study was sent to the principals of Schools across Kerala, India, with a request to forward the e-questionnaire to teachers in their respective schools. Among the teachers who responded to the e-questionnaire, 13 teachers were omitted from the study since they were engaged in other meditation or relaxation practice. Accordingly, a total of 129 school teachers were selected for the study with N=54 for IAM group (case) and N= 76 for control group with mean age 44.4 ± 6.769 years and

41.5±7.651 years respectively. The teachers for the IAM group were purposefully selected from the population of school teachers with the criteria of IAM practice for a period of more than two years. The control group consisted of teachers who were not undergoing IAM or any other meditation practice.

Instrumentations

The study compared the main outcome of IAM i.e.; stress reduction, mindfulness and compassion in the quality of life of teachers using standardized questionnaire via an online survey (Google Form). The study also assessed the perspective of female school teachers who are practicing IAM meditation regarding their physical health benefits due to IAM. An instrument was designed considering three domains (Table1) and the response of teachers was assessed using a five-point Likert scale. The content validity of the instrument was measured by subject experts and the scale reliability was assessed through Cronbach's alpha values.

Table 1 here

Statistical Analysis

Data were analyzed using SPSS for reliability, group statistics, and t-test and ANOVA analysis. Group statistics were evaluated using means (standard deviations) and frequencies (percentages) depending on the distribution of various socio demographic variables and psychological variables such as stress reduction, mindfulness and compassion.

A Chi-square test was used to compare between groups for socio demographic variables such as marital status, number of kids and educational qualification. We also performed a Levene's Test for Equality of Variances for examining the homogeneity of variance regarding age, teaching experience and average hours of teaching per week of respondents of both groups. In order to evaluate the difference between the group effects of stress, mindfulness, and compassion, an independent t test for equality of means was performed in the current cross-sectional study. $P < 0.05$ was considered statistically significant in all the tests.

Result and Discussion of cross section study

The scale's reliability of the cross-sectional study was assessed using Cronbach's Alpha. Table 2 shows the reliability statistics of the variables used in the instrument for the current study. Each variable's reliability coefficient greater than 90 percent coefficient value, which is considered very high when compared to the 70 percent guideline based on standardized items suggesting the scale that was built, is highly reliable.

Table 2 here

Socio demographic characteristics of the teachers who participated in the study are presented in Table 3. The sample of teachers selected was all female school teachers from primary, upper primary, high school section and senior secondary school. In the present analysis, a total of 129 teachers were selected to examine the effect of IAM, of whom all the respondents were female. Out of 129, 40 (31 %) teachers were from primary section. From the upper primary and the high school section, the teachers selected were 23(17.8%) and 41(31.8%) respectively. From the higher secondary division 25(19.4%) teachers were selected. It is evident from the table (3) that 75.2% of the respondent were selected from the Southern Region and 20.9% and 3.9% of the respondents were selected from the Central Region and Northern Region respectively. From the graduate education, 38.8% of the respondents were selected. 60.4% of the respondent shaven the post-graduate degree and 0.8% having doctoral degree. In the present study, the respondents of married teachers accounted to 127 (98.4%) and the percentage of unmarried respondents was only 1.6%. 7% of the respondents were selected from the teachers who were having no kids. 33.3% and 58.9% of the respondents were having one kid and two kids respectively. There was only a single respondent who were having three kids (0.8%). Frequency distributions according to their subject of teaching were as follows; out of the selected teachers, those who were teaching language, 42.6% of the respondents were selected. 7.8% and 7% of the respondents were selected from commerce and science stream respectively. The number of respondents who are teaching computer science and humanities were accounted to 4 (3.1%) and 51(39.5%) respectively.

Table 3 here

The association between the category of teachers and the respondent's group was examined (Figure 1) and it is clear from the table, 15 (28.3%), 25 (32.9%) primary school teachers, 9 (17.0%), 14 (18.4%) upper primary teachers, 21(39.6%), 20(26.3%) high school teachers, and 8(15.1%), 17(22.4%) higher secondary school teachers were selected to IAM and Control Group respectively. As per the Pearson Chi-Square test, since the p value was 0.417, it is evident that there was no association between category and group of respondents.

Figure 1 here

Crosstab analysis of data was also done for checking the association between educational qualification and group of respondents (Figure 2). Out of 50 subjects with Graduation, 24(45.3%) were selected in IAM and 26(34.2%) were in Control. The respective count of post graduate teachers was 29 (54.7%) and 49 (64.5%) and for doctoral degree holders, the count was 0(0.00%) and 1(1.3%) respectively. Since the P value as per Pearson Chi-Square was 0.337(>5 %), there was no disparities found between the two groups regarding respondent's educational qualification.

Figure 2 here

Test for homogeneity of variances was conducted on socio demographic variables such as age, teaching experience and average hours of teaching using Levene Statistic and the P value found was greater than 5% for all variables (Table 4).

Table 4 here

Independent Sample t-test was conducted for examining the difference in stress reduction due to IAM practice. On analysis, it was observed that there was a highly significant reduction in stress ($p < 0.001$) among the respondents in the IAM group compared to control. The difference in the mean value of mindfulness between the two groups using t-test also showed a highly significant enhancement in mindfulness in the IAM group ($P < 0.001$). However, regarding compassion, there was only a slight increase (The mean difference of 0.895), when compared between groups, but this increase was not found statistically significant (Table 5).

Table 5 here

Further, an analysis of the mean score within the IAM group by paired t-test showed a statistical increase in the health benefits due to IAM practice. The mean scores reported by respondents in the IAM group regarding their health implications due to IAM, such as, before and after IAM practice, were examined and based on the IAM respondent's response, an increase in the mean score sustained in all the items under the health benefits with a P value < 0.001 (Table 6).

Table 6 here Follow up Study

Materials and Methods

Subjects Setting

A group of 20 female teachers, from a sub-urban upper secondary school was marshalled to participate in the follow up study. Sample of teachers were taken from the primary, upper primary, high school, and secondary school levels. The sample was all female ($n = 20$) ranged in age between 31 and 50 years. The informed consent form regarding procedures was collected from all the teachers who were willing to volunteer for the study. The subjects were randomly assigned to two groups, each having a sample size of 10. Group 1, for which IAM training was to be given had been named as IAM group and group 2 served as Control group and they were not given any specific training.

Instrumentations

Perceived stress was assessed using the Perceived Stress Scale (PSS). [Cohen et al., 1994.], which is a widely used psychological instrument for assessment of stress. The PSS scale incorporates ten direct queries about current levels of stress which ask subjects how they reviewed their experience over the previous month as stressful, intolerable (e.g. "In the last month, how often have you found that you could not cope with all the things that you had to do?"), and ungovernable (e.g. "In the past month, how often have you felt unable to control the important things in your life?").

Mindfulness was appraised via the Five-Facet Mindfulness Questionnaire (FFMQ), a 39-item self-report scale [Baer et al., 2008.]. FFMQ assesses five facets of mindfulness that

individuals may possess or learn through mindfulness training. The facets include (1) observing, (2) describing, (3) acting with awareness, (4) non-judging, and (5) non-reactivity. Items are rated on a 5-point Likert-type scale ranging from 1 (never or very rarely true) to 5 (very often or always true).

Compassion was measured using the 21-item Compassionate Love for Humanity Scale [Sprecher et al., 2005], which is designed to gather a large representation of compassion (e.g. "I feel happy when I see that others are happy", I feel considerable compassionate love for people from everywhere"). The respondents answer each item on a 7-point Likert-type scale, ranging from 1 (not at all true of me) to 7 (very true of me) with higher score pointing to greater compassion.

Intervention

All baseline (pre intervention) testing rendered prior to randomization. IAM group was trained to practice Standardized IAM meditation. The IAM trainer authorized by Mata Amritandamayi Math rendered individual instructions in the technique to each participant. The participants were trained with a single class of IAM meditation. They were advised to practice the technique once in a day for a continuous period of three months. Refresher course in IAM was also delivered twice in a month. Participants in the control group were not given any kind of practice and were not instructed in IAM until after the three-month intervention study was concluded. A self-reported diary assessed compliance in IAM group. The participants were followed up by a supervisor authorized by the first author for their daily practice. Adherence to the instruction protocol was achieved through regular communication among the participants and the IAM teacher. All the subjects were re-tested after one and three months of the IAM intervention. The post-intervention data after three months was analyzed with the sample size, N as 18, since two subjects were on long leave during data collection.

Results and Discussion of follow up study

The study was constituted of a controlled design, with teachers assigned, at random, to the IAM group or the Control group.

The only demographic variables collected during the study were age and teaching experience of the subjects. The average age and experience of subjects selected in IAM group were 37.6 ± 6.3 years and 9.3 ± 3.9 years respectively where as in control groups, these values were and 43.3 ± 7.2 years and 13.2 ± 7.2 years respectively. Independent t-test showed that the groups were comparable regarding their age and experience ($p > 0.05$). Independent t tests of samples were also performed to examine the difference between the IAM and control group on pre-intervention scores of samples regarding all the three measures such as PSS, FFMQ and Compassionate Love for Humanity Scale and found not significantly different (Table 7).

Table 7 here

On analysis of post intervention score for the individual PSS scales, there was a significant drop (13.4) in perceived stress in the IAM group when compared with control group (18.5) after one month of intervention (Table 7). The PSS post intervention score after three months also revealed a notable drop (9.7) compared to the pre-intervention score (18.7). Independent t-test ($p < 0.01$) showed that perceived stress of IAM practitioners was statistically significant at 0.01 level. When FFMQ score on mindfulness of the two groups was analyzed after one-month and three months of intervention, the respective mean score was found to be 3.6 and 3.7 in IAM group whereas the pre-intervention score was 2.9. The mean score was found to be 3.1 in Control group for all the time intervals. The post intervention FFMQ score after one month and three months between the two groups revealed a statistically significant increase in mindfulness with respect to the Pre-Intervention score ($p < 0.01$). On the Compassionate Love for Humanity Scale, The P values of compassion scores, after one-month and three months of intervention were 0.030 in both cases, while it was 0.937 before IAM intervention. This shows that IAM does have potential effects in enhancement of feelings of compassion of school teachers.

Table 8 here

Pair-wise multiple comparisons were used to compare the mean of study variables at different time intervals, taken two at a time (pair wise), to gauge whether a significant mean

difference existed over a period of time in IAM group (Table 9). The One-Way Repeated Measures ANOVA ($F= 28.08$, $p<0.01$) showed that the variations in perceived stress, at various time intervals, was statistically significant at 0.01 level. The mean difference of scores, between pre- intervention and one-month-after-intervention, was 4.89; the pair-wise comparison with Bonferroni correction (Armstrong, R.A., 2014), showed that the difference was statistically significant at 0.05 level. The mean difference in perceived stress, when compared between one-month and 3-month was 3.78. While comparing the pre intervention score with the score at 3-month, the mean difference was 8.67, significant at 0.01 level. It means that the reduction in perceived stress, from baseline to 3-month of intervention, was statistically significant. To sum up, the practice of IAM for a long period of time is effective in reduction of the perceived stress of teachers, to a significant extent. Thus, this study proffers that the teachers unexposed to blended mental disciplines such as meditation are prone to encounter increased levels of stress (Anderson et al., 1999).

Similarly, the analysis of the average FEMQ score with the IAM group at various stages of interventions, such as pre-intervention, at 1 month and 3 months were examined and found 2.9, 3.6 and 3.7 respectively. The One-Way Repeated Measures ANOVA ($F= 32.91$, $p<0.01$) showed that the variation in mindfulness, at various time intervals, was statistically significant at 0.01 level. Pair-wise multiple comparisons were used to compare the mean mindfulness, at different time intervals, taken two at a time (pair wise), to assess where a significant mean difference existed. The mean difference between pre-intervention and one-month-after-intervention was 0.72; the pair wise comparison with Bonferroni correction showed that the difference was statistically significant at 0.01 level. There was a mean difference of 0.12 in mindfulness when compared between one-month and 3rd month, but this increase was not statistically significant (0.910) at 0.05 level. The difference between pre intervention score with the score at 3rd month is 0.84 and showed a significant linear trend. It means that the increase in mindfulness from baseline to 3rd month of intervention is statistically significant ($p<0.01$). Several practices are beneficial for cultivation of mindfulness, but published

literature has focused on mindfulness technique that was developed through traditional Buddhist meditation (Gold et al., 2010). This study accounted meditation for mindfulness as a variable, and appraised its influence on school teachers, modulated by the practice of IAM routines. Although the pre-intervention levels of mindfulness, among the IAM and Control groups of school teachers were nearly convergent, the post-intervention results, after one-month and three months of IAM practices, showed a significantly high score.

The average score regarding compassion of teachers in IAM group at various stages of interventions such as pre-intervention, at 1 month and 3 months were 4.7, 5.2 and 5.4 respectively. The One-Way Repeated Measures ANOVA ($F= 6.37$, $p<0.01$) showed that the variations in compassion, at various time intervals, were statistically significant at 0.01 level. The mean difference between pre-intervention and one-month after intervention was 0.52, the pair-wise comparison with Bonferroni correction showed that the difference was not statistically significant. However, there was a slight increase (The mean difference of 0.17) in compassion, when compared between one-month and 3rd month values, but this increase was not statistically significant at 0.05 level. The difference between pre-intervention score and the score at 3rd month is 0.68 ($p<0.05$), showed the increase in compassion, from pre-intervention to 3rd month of intervention, was statistically significant. The results of this study are consistent with the findings reported in literature, which revealed enhanced compassion among teachers by promotion of meaningful psychological and behavioural changes in elementary school teachers (Taylor et al., 2016). The result indicates that the measure of compassion showed a small difference in the mean values for IAM and control group. However, no significant effect for compassion was noticed in the cross-sectional study. This may be because of the lesser number of items in the domain of compassion in comparisons with the number of items in other domains in the instruments used. The high score of sustainability of the effectiveness of IAM, by the use of pair-wise comparisons with Bonferroni correction; project the beneficial effects of implementation of IAM among schoolteachers.

Table 9 here

The main aim of this study was to measure the effectiveness of IAM by exploring its outcome such as stress, mindfulness and compassion in the quality of life of school teachers. The IAM meditation group showed a significant self-reported amelioration in stress compared with the control group in female teachers suggesting the strong association between IAM practice and stress. Analysis of the data of respondents gave further evidence that the stress of teachers can be reduced by implementing IAM in educational sector. Well balanced teachers find it easier to handle students and be more organized, relaxed and refreshed. IAM practice can enhance compassion and strengthen self-awareness. The findings pointed out that IAM is a mindfulness booster, such that, the awareness in every action can be enhanced using IAM meditation. IAM is all about mindfulness on activity that improves every aspect of the quality of teacher's personal as well as professional life. The current study also gives strong support for various positive health implications in a cost-free and effective manner among teaching population. Altogether, results of the current study show the important implications for mental health such as, stress reduction, cultivation of mindfulness and compassion with an add-on benefit of physical health among teaching population.

A few limitations were observed in the present study

Results of the present exploration may have been compromised as only a few background variables were factored in as prerequisite characteristics of subjects of the study, as systematic differences of subjects across diverse background characteristics were not evaluated. Hence, follow-on research should analyze the impact of IAM, in the face of relevant additional variables such as economic status and ethnicity.

This probe was restricted to assessment of female school teachers only. The study was conducted in a single state that may be representative of the larger population of teachers in the nation. Besides, all domains of stress [biological, physiological etc.] were not considered in the study. Hence, comprehensive appraisal of the overall stress condition of

teachers could not be assessed.

Conclusion

The teachers, who were selected for the IAM group exhibited increased mindfulness, compassion and reduced stress. Findings of the current study advocate that IAM training for teachers may be efficacious in cultivating mindfulness and compassion and lowering stress which would eventually improve their physical as well as mental health. Results suggest that expanded studies of IAM inclusive of male and female school staff, and study subjects from different schools across nation, may be warranted. Since IAM is designed to bring long term effect, an elaborative longitudinal investigation using a randomized controlled trial design would facilitate credible results, with a larger sample size.

Disclosure Statement

The authors report no conflict of interests.

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Table 1
Domains assessing the Effectiveness of IAM

Items No	Domains
1	Socio Demographic Characteristics of teacher
2	Mental Health implications of IAM in the quality of life of teachers such as stress reduction, mindfulness and compassion
3	Physical Health implications of IAM

Table 2
Reliability Statistics

Variables	Cronbach's Alpha Based on Standardized Items	N of Items
Stress Reduction	0.954	9
Mindfulness	0.959	7
Compassion	0.921	6

Table 3
Demographic characteristics of the respondents

<i>Demographic characteristics</i>	Variables	Frequency	Percentage (%)
Category	Primary	40	31
	Upper Primary	23	17.8

	High School	41	31.8
	Higher Secondary	25	19.4
	Total	129	100.0
Marital Status	Married	127	98.4
	Unmarried	2	1.6
	Total		100.0
Number of Kids	0	9	7
	1	43	33.3
	2	76	58.9
	3	1	0.8
	Total	129	100.0
Educational Qualification	Graduation	50	38.8
	Post-Graduation	78	60.4
	Doctorate	1	0.8
	Total	129	100.0
Demographic characteristics			
	<i>Variables</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Region	Southern Region	97	75.2
	Central Region	27	20.9
	Northern Region	5	3.9
	Total	129	100.0
Subject of Teaching	Language	55	42.6
	Humanities	51	39.5
	Commerce	10	7.8
	Science	9	7.0

Computer Science	4	3.1
Total	129	100.0

Table 4
Group Statistics of Socio Demographic Variables

Variables		Mean	Std. Deviation	P value
Age in Years	IAM(n=53)	44.40	6.769	0.321
	Control(n=76)	41.55	7.651	
Teaching Experience in Years	IAM(n=53)	16.340	5.942	0.256
	Control(n=76)	13.237	6.897	
Average hours of Teaching per week	IAM(n=53)	10.434	6.065	0.070
	Control(n=76)	14.566	7.432	

Table 5
Comparison of Outcome Variables between Groups

Variables	Group Statistics		t-test for Equality of Means					
	Sample	Mean± SD	t	df	P value (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
							Lower	Upper
Stress Reduction	IAM (n=53)	39.547±5.713	4.802	127	<0.001	5.429	3.191	7.666
	Control (n=76)	34.118±6.705	4.941	121.9		5.429	3.254	7.604
Mindfulness	IAM (n=53)	30.972±3.939	3.335	127	<0.001	2.753	1.120	4.386
	Control (n=76)	28.039±5.026	3.482	125.21		2.753	1.188	4.318
Compassion	IAM (n=53)	26.566±3.677	1.277	127	0.204	.895	-.492	2.282
	Control (n=76)	25.671±4.074	1.301	118.785		.895	-.468	2.257

Table 6
Paired Samples Test

Variables	Mean	Standard Deviation	95% Confidence Interval of the Difference	t	P value (2-tailed)
			Lower	Upper	

Pair 1	Improves immunity Power. [Before IAM practice] - Improves immunity Power. [After IAM practice]	-0.925	1.190	-1.253	-0.596	-5.654	<0.001
Pair 2	Improves digestive capacity [Before IAM Practice] - Improves digestive capacity [After IAM Practice]	-0.736	0.836	-.966	-0.506	-6.412	<0.001
Pair 3	Improves cardio and circulatory health [Before IAM practice] - Improves cardio and circulatory health [After IAM practice]	-0.528	0.912	-.780	-0.277	-4.219	<0.001
Pair 4	Regulates blood sugar level [Before IAM practice] - Regulates blood sugar level [After IAM Practice]	-0.774	0.750	-.980	-0.567	-7.505	<0.001
Pair 5	Brings the nervous system in balance [Before IAM Practice] - Brings the nervous system in balance [After IAM Practice]	-0.679	0.779	-.894	-0.465	-6.349	<0.001
		-0.717	0.744	-.922	-0.512	-7.019	<0.001

Table 7
Group Statistics of Demographic and Psychological Variables: Follow Up Study

Variable	IAM Group Mean \pm SD	Control Group Mean \pm SD	t value	p value
Age	37.6 \pm 6.3	43.3 \pm 7.2	1.89	0.076
Teaching Experience	9.3 \pm 3.9	13.2 \pm 7.5	1.47	0.160
Perceived stress	18.7 \pm 5.4	17.9 \pm 2.6	0.42	0.679
Mindfulness	2.9 \pm 0.2	3.1 \pm 0.3	1.87	0.078
Compassion	4.7 \pm 0.6	4.7 \pm 0.4	0.08	0.937

Table 8
Teachers Perceived Stress, Mindfulness and Compassion before and after Intervention

Variables	Intervention	IAM			control			t	p value
		n	mean	SD	n	mean	SD		
Perceived Stress	Baseline (Pre-Intervention) score	10	18.7	5.4	10	17.9	2.6	0.42	0.679
	Post Intervention(1 Month)	10	13.4	2.5	10	18.5	2.0	5.02	P<0.01
	Post Intervention(3 Months)	9	9.7	2.1	9	18.1	2.7	7.36	P<0.01
Mindfulness	Baseline (Pre-Intervention) score	10	2.9	0.2	10	3.1	0.3	1.87	0.078
	Post Intervention(1 Month)	10	3.6	0.2	10	3.1	0.2	5.36	P<0.01
	Post Intervention (3 Months)	9	3.7	0.4	9	3.1	0.2	4.63	P<0.01
Compassion	Baseline (Pre-Intervention) score		4.7	0.6	10	4.7	0.4	0.08	0.937
	Post Intervention(1 Month)		5.2	0.4	10	4.7	0.5	2.36	0.030
	Post Intervention(3 Months)		5.4	0.6	9	4.5	0.9	2.38	0.030

Table 9
Comparison of Variables from Pre-Intervention to Post-Interventions within Group

Variables	Stage	Mean	SD	n	F#	p	Pair	Mean Difference	p \$	Remarks
Perceived Stress	Pre-intervention Score(A)	18.7	5.6	9	28.08	P < 0.01	A & B	4.89	0.019	# - One-Way Repeated Measures ANOVA (Sphericity Assumed) \$ - Pair wise multiple comparison with Bonferroni Correction
	After one-month (B)	13.4	2.7	9			A & C	8.67	0.001	
	After three months (C)	9.7	2.1	9			B & C	3.78	0.001	
Mindfulness	Pre-intervention Score(A)	2.9	0.2	9	32.91	P < 0.01	A & B	0.72	0.000	# - One-Way Repeated Measures ANOVA (Sphericity Assumed) \$ - Pair wise multiple comparison with Bonferroni Correction
	After one-month (B)	3.6	0.2	9			A & C	0.84	0.001	
	After three months (C)	3.7	0.4	9			B & C	0.12	0.910	
Compassion	Pre-intervention Score(A)	4.7	0.7	9	6.37	0.009	A & B	0.52	0.070	# - One-Way Repeated Measures ANOVA (Sphericity Assumed) \$ - Pair wise multiple comparison with Bonferroni Correction
	After one-month (B)	5.2	0.4	9			A & C	0.68	0.046	
	After three months (C)	5.4	0.6	9			B & C	0.17	1.000	

Figure 1
Crosstab - The association between Category and Group

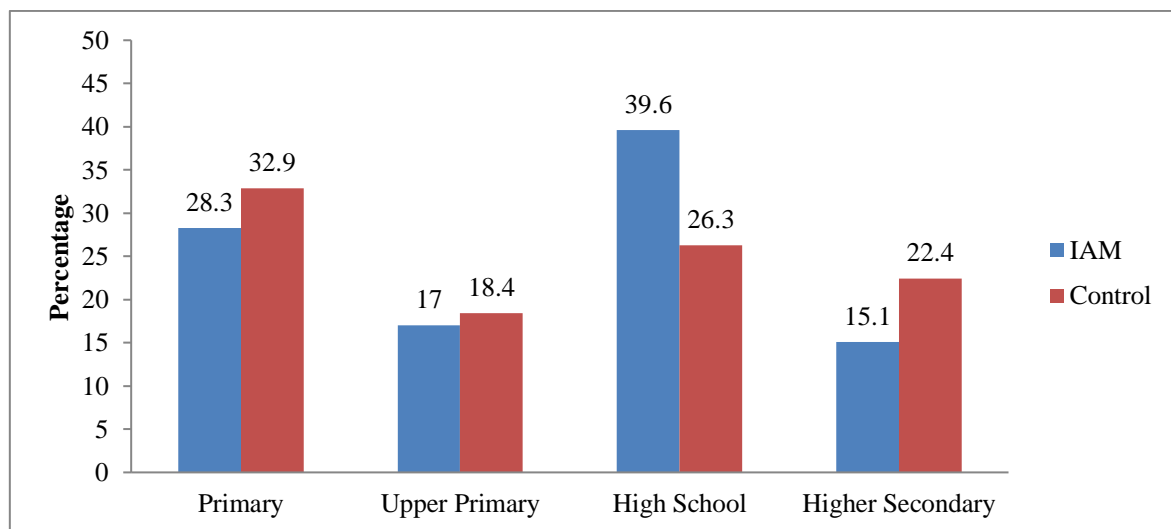


Figure 2
Crosstab - The association between Educational Qualification and Group

