

Successful Ageing and Vipassana Training: A Qualitative Study

Nimisha Tripathi

Deen Dayal Upadhyay Gorakhpur University, Gorakhpur.

Seema Tripathi

Buddha P G college Kushinagar.

Asheesh Mishra

Veer Bahadur Singh Purvanchal University, Juanpur.

The major goal of the present study was to investigate the effect of Vipassana practices on older persons' perspectives and experiences of effective ageing. We conducted in-depth interviews with 15 participants aged [45 to 55 years] who had engaged in Vipassana activities. The interviews were transcribed and analyzed using thematic analysis to uncover common themes and insights. The findings show that Vipassana is linked to better emotional health, better stress management, and a more optimistic attitude on ageing. Participants felt that Vipassana activities improve their sense of purpose and life pleasure, emphasizing their potential significance in good ageing. These findings indicate that incorporating Vipassana into daily activities may promote healthy ageing processes. These findings imply that incorporating Vipassana into everyday routines may enhance healthy ageing processes and provide useful strategies for promoting successful ageing in older populations.

Keywords: Successful Ageing, Vipassana.

Human refers to new changes in his body from birth to death, sometimes something is added, sometimes some work is done. It is divided into several stages on the basis of similarity in its characteristics and agreement in change. Old age is also a stage in the stages of human development that every person has to reach. It defines the changes that occur with increasing age in which changes occur in the body and the immune system becomes weak (Elic Metchnikeff) Changes are seen in the gradual regeneration of cells. Ageing can be seen in two main types:

Primary Ageing

It refers to a process of ageing which is reversible and which is also natural.

Secondary Ageing:

It is the process of ageing in which we ourselves are more responsible. In this, our lifestyle, diseases and other environmental factors play their role.

It is clear that many declines are found in ageing, but reducing these declines and keeping the old age content and happy is called successful ageing (Valerie, 2016). Three essential elements are highlighted in this multifaceted concept of effective aging: good cognitive and physical performance, active engagement with life, and a low likelihood of disease and disability associated to it. By emphasizing the value of social interaction, independence, and general well-being, their paradigm moved the emphasis from lifespan to quality of life in later years.

This viewpoint acknowledges that maintaining good health as one ages requires consideration of mental, emotional, and social aspects in addition to physical health. Because it promotes a proactive and comprehensive approach to aging, the idea has had a considerable impact on gerontology (Rawe & Khan, 1987; see figure 1.1).



Figure. 1: Rawe & Khan, 1987, Successful Ageing Factors

It is from Vanaprast Ashram (Jabal Upnishad) that the path to successful old age has been paved, which is linked to achieving physical, mental and spiritual health to take life towards salvation. Health plays an important role in ageing. More than how we grow physically, how we age depends greatly on our psychological and sensory health (Steptoe et al., 2015). Even an 85 years old person successfully completes all his tasks and a 35 years old person starts thinking of

himself as helpless and incapable. Therefore, psychological and emotional health plays an important role in old age (Geiger et al., 2016).

Psychological health

A level of health in which a person knows his abilities, his capabilities, can balance the stresses of his life, utilize his energies, contribute to the productivity and contribute to the betterment of himself and his society (WHO, 2023). Good psychological health plays a role in successful ageing, (Alam M, Karan A., 2006) it determines how a person thinks about ageing, how he copes, how he deals with events in his life (Davis Tchiki, Rekhi Sukhman, 2022). Experiences completeness and strength in old age and fulfils his meaningful role (Allen J, Balfour R., Bell R and Marmot M, 2014).

Emotional health

Emotional health refers to the emotional state in which a person is emotionally healthy. He maintains a balance between his emotions, thoughts and functional systems (Ertel Ashley and Cirbus Amy, 2021). Emotional health is a key element in successful ageing; it helps us deal with the negative emotions that come with ageing, cope with the challenges that come with it wisely, or lead to a positive outlook on life (Samaritans, 2020). Only helps a person to reduce depression, stress, achieve a state of high self-esteem but also helps one to achieve a full, successful and energetic old age (Ames Dustin et al., 2024).

Different between Psychological and Emotional Health

S N	Different area	Psychological health Emotional health
2	Focus Area	Its main focus is on the mind, thought process and behavioural processes (WHO,2004). Its focus is primarily on emotions and emotional processes and their regulation
3	Component	Cognitive functions Behaviours Patterns Mental health issues are the key components (Lester, 1973, p. 33; Takasaki, 1987). Emotional health and awareness Its key components are emotional management, emotional expression, and religion (Definitive, Health care, 2023).

4	Scope	Psychological health encompasses a wide range of topics, including thought and behaviour patterns. Emotional health refers to a specific field that covers processes relating to emotions.
5	Root cause	In psychological health, the root causes mainly include genetics, brain chemistry and structure, trauma, and elements that influence thoughts and behaviours. Experience relationship stress and emotional Processes are its main roots.
6	Issues	Psychological problems are influenced by psychological health; mental illnesses including schizophrenia, anxiety, and depression can be impacted by its decline. The capacity to control emotions is impacted by emotional health; as it declines, a variety of emotional issues arise, including emotional instability and trouble handling stress.
7	Intervention	To deal with mental illnesses and thinking patterns, psychological health methods include cognitive restructuring, medication, and therapy. Self-regulation techniques like Vipassana and counselling, stress management, and emotional awareness are each instance of emotional health therapies.
8	Impact	Psychological health impacts our overall mental structure and functioning. Emotional health primarily affects how we understand and experience emotions,
9	Development	Psychological health develops through cognitive development, problem-solving, and behavioural adjustment influenced by education, experiences, and society. Emotional health develops through emotional awareness, self-regulation, and resilience shaped by relationships, life events, and stress management skills.
10	Resilience	Maintaining cognitive skills, problem-solving abilities, and mental stability in the face of stress and adversity are all part of resilience's function in psychological health. In emotional health, resilience helps with self-awareness, emotional control, and regaining emotional equilibrium following obstacles or failures.

Thus, mental processes, thinking and behaviour are important in psychological health, whereas emotional health deals with the understanding, management and balance of emotions (Carol DerSarkissian, 2024). Notwithstanding their distinctions, psychological and emotional well-being work in tandem to support mental equilibrium, stress reduction, emotional equilibrium, and the capacity to handle life's obstacles.

Psychological and emotional health in old age plays an important role in making the person successful and overall ageing. Vipassana practice contributes to achieving this goal.

Vipassana

"Seen things as they are" is the meaning of the ancient Indian meditation methods

known as Vipassana (Takasaki, 1987). Lord Buddha used this technique to achieve enlightenment. which he then imparted to his followers and gained widespread acceptance (Goenka, S. N.; 2002). Purification of the mind, introspection, and comprehension of life's realities are the primary objectives of Vipassana. A person engages in this sadhana by paying close attention to his body's feelings without responding or passing judgment (Lester, 1973, p. 33; Takasaki, 1987). The practitioner begins with "Anapana" (breath observation) and then impartially studies the subtle sensations that arise in various body areas. This technique regulates the action-reaction tendency and maintains mental stability in the here and now. Vipassana is neither associated with any religion, caste or sect,

nor is it a worship or faith-based system. It is a scientific and practical method, which helps in improving the mental and emotional health of a person. With its regular practice, negative emotions like anger, greed, jealousy are reduced and qualities like peace, sympathy and compassion are developed.

Even today, Vipassana camps are organized all over the world, where people practice meditation by observing silence for ten days. This sadhana is a powerful tool towards self-development, which helps in understanding life deeply (Hart, W.; 1987).

Vipassana Training

Vipassana meditation develops the awareness and understanding of *Aniccha* (impermanence of things), *Dukha* (craving) and *Anatma* (absence of self-consciousness) (Confalonieri, 2014). Through its practice, a person is taught to be aware of his breath and physical sensations. Through practice, one learns to be conscious of his breath and body sensations, which leads to a progressive consciousness, comprehension, and conscious modulation of mental and emotional processes (Kumar, S., 2016).

It shows a positive relationship with psychological and emotional health. It helps to improve psychological and emotional health, which in turn leads to reduced stress, self-esteem, contribution to society, and an improved quality of life, allowing a person to lead a successful, overall healthy, and satisfying life.

Through Vipassana, changes in the degree of mindfulness can be seen (Baer, R. A; 2003). Mindfulness is a technique that allows one to accept one's thoughts and feelings without judgment or perspective and develops one's ability to live life in the present moment with full awareness (John Kibet - Zinn, 1991). By freeing himself from the shadow of the events of his past life and from the chains of apprehension about what is

going to happen in the future, he inspires himself to contribute and work with full productivity in the present. It encourages positive acceptance of challenges in life. Mental health promotes self-awareness and self-control in a person, it helps in improving physical and mental health. Due to which a person can see various changes occurring in old age positively (Bear, R A, 2003). If we look at Vipassana, it can be divided into two parts, the first part is the part when we concentrate on the present with our full consciousness, the second part is the part in which we accept the experience as it is. Do not impose any judgment or your previous experience on him. As a result of all this, practicing Vipassana helps in reducing emotional exchange and various psychological problems (Bishop, et al., 2004).

It shows a positive relationship with psychological and emotional health. It helps to improve psychological and emotional health, which in turn leads to reduced stress, self-esteem, contribution to society, and an improved quality of life, allowing a person to lead a successful, overall healthy, and satisfying life.

Vipassana and Psychological Health: Vipassana plays a moderating role in anxiety disorder, it has been found to be negatively correlated with anxiety (Miller et al., 1995). Improved effect of Vipassana on psychosomatics disorder was also observed (Paul Grassman et al., 2004; Chris Mace Routledge, 2007; S Corando – Monlaya, 2016). Vipassana can help people feel calmer and more fully alive (Alexpander W Lavi's et al., 2016). The studies in Indian context also showed that Vipassana practice has a significance effect on mental health (Sachit Prasun Mandal, Yogesh Kumar Arya and Rakesh Pandey, 2012).

Vipassana and Emotional Health: Prior research has demonstrated that Vipassana

affects emotional health. The study shows that concentrating on the here and now without passing judgment is a crucial component of Vipassana, which promotes self-control and emotional Health (Brown and Ryan, 2003). Vipassana interventions reduce anxiety and depression (Chiesa and Serreti, 2009). Stress reduction, emotional instability reduction, emotional stability enhancement, and emotional distress reduction are all significant effects of Vipassana (Keng, Smoski and Robins, 2011; Gu et al., 2015; Lindsay and Creswell, 2017). According to reviews, Vipassana has a good role in promoting and preserving emotional health (Khoury et al. 2017; Goldberg et. al., 2022).

Rational of the study:

Ageing is a deuteration as a determination in physical psychological, emotional and social process. The most crucial point is that psychological and emotional deterioration and struggle have a greater impact on ageing than physical decline. To overcome these obstacles and issues, one must be in good psychological and emotional health. Vipassana training is innervation technique which can help in solving down thus deuterations process. As a result, the process of ageing can be transformed into successful ageing.

Objectives

- To the explore the relationship Vipassana and successful ageing.
- The study the effect of Vipassana training on psychological and emotional health of elderly

Method

Sample:

A total of 15 participants. Purposive sampling method was used to select the sample. Only those wares selected who fulfilled the following requirements:

- Age ranged between 45 and 55 years.
- Completed Vipassana Training.
- Given their consent for at least 45–60 minutes interview.

In the qualitative method of data selection, the interview was terminated after reaching the saturation point. This is sufficient to develop a thorough comprehension of subjective experience.

Data collection

Interview method: Semi structure, just after the Vipassana training, interviews were conducted face-to-face. Whereas before and three months after the training, as per the convenience of the participant, some were interviewed face to face and some were interviewed through video call.

Duration of interview: The interviews at all three levels were completed with a duration of approximately 45-60 minutes.

Interview Guide: There was a semi-protected interview. It developed questions that were obviously relevant to psychology and emotional health. He was able to effectively convey his experiences and knowledge since the questions were designed to be open-ended. For example -

- Aap ko apne life me major chunautiya kya kya lgti hai?
- Kya aap stress lete/ leti hai leti hai to kyu?
- Aap ke rishte jaise partner ya family ke kisi any amber ke sath aap ko problem ka samna krna padha hai?
- Aap apne emotional roop me khud ko kis tarah se dekhte/ dekhti hai?

Probing questions: To gain a deeper understanding of the answers given by the participants, probing questions were asked to further strengthen their answers.

Ethical Consideration:

Informed Consent and Voluntary Participation: Prior to the commencement of the study, the subject was told about the study's purpose and procedure, and his agreement was acquired. He was informed that he was free to leave the research at any time. They are under no duty to remain.

Confidentiality and Anonymity: The data and personal information obtained from all the participants were kept confidential and a pseudonym was used in place of their name so that their identity remains protected.

Emotional Support: The participants were given a completely safe and free environment. They were supported and protected from any kind of physical and emotional harm and provided emotional support.

Data analysis: The data collected through interviewing was analyzed using Thematic Analysis Braun & Clark's (2006) approach. This approach entails comprehending, recognizing, summarizing, and giving the collected data a theme.

Steps

Transcription: A precise transcript of the data acquired from the interviews was compiled, encompassing detailed and paraverbal indicators (e.g., uh... Aa., prolonged breaths... pauses in speech, etc.). And additionally, the documentation of body language was established to facilitate the systematic acquisition of data.

Familiarization: To learn about the data, I actively listened and leaned to and reviewed all of the received data several times. I actively listened to each individual's interviews. The data was apprehended so that it was possible to independently monitor the participants' reactions and other actions. Upon meticulous review and comprehension of the facts, each interview was transcribed manually. After transcribing each dataset, it

was reviewed many times. This primary observation material was regarded as essential data.

Generating Initial Codes: The information gathered from the initial stage was repeatedly coded. Coding was used to emphasize it, and after a code was finished, a new one was begun. All were first coded, and those that appeared more than once were subsequently redefined. The coding procedure was thus accomplished for the whole database, which would be beneficial to theme creation.

Some possible discrepancies are being found in relation to data item two, psychological and emotional health issues. Many issues in psychological health that seemed unnecessary were repeated after some issues like feeling tired, feeling lonely, feeling numb, not having anyone of one's own, feeling lonely in view of other issues have been kept in coding. Coding was also revised on some issues. The entire database was carefully coded for all important issues.

Generating Themes: The received coding's relevance and meaning were examined. Following a thorough examination of the received coding, the meanings derived from the codes were categorized or assigned to a theme. In other words, a category offers a certain kind of issue. The categories or themes that were interfering with the study's coherence were eliminated, and those that were significant themes were chosen. At the beginning of the analysis, it was seen that some issues needed to be changed. As a result, coding was examined and separated into a number of topics.

Reviewing Potential Themes: The received coding's relevance and meaning were examined. Following a thorough examination of the received coding, the meanings derived from the codes were categorized or assigned to a theme. In other words, a category offers a certain kind of issue. The categories or themes that were

interfering with the study's coherence were eliminated, and those that were significant themes were chosen. At the beginning of the analysis, it was seen that some issues needed to be changed. As a result, coding was examined and separated into a number of topics.

Defining and Naming themes: During this thorough analytical stage, each concept and the database of these themes were analysed in light of the study questions. Dual criteria were also used to filter the data. Finally, themes were identified. Every excerpt from the topics was looked at. The data that each participant submitted was shown. A pseudonym was also assigned to them in order to maintain their confidentiality.

Creating the report: This phase began the process of presenting the themes that were obtained; the team created a narrative by providing a rational and significant connection to the themes that were obtained; each participant was informed about the fundamental conditions of mental and emotional health; the situation before the Vipassana intervention and after three months of integration were taken; the difficulties experienced in daily life in old age were reported because it is found that almost all elderly people experience daily difficulties; the degree of difficulties reported by those participants before the Vipassana intervention and after three months of integration was compared; and the themes of all the issues before and after were created and compared.

The psychological the subject of health was analysed both before and after Vipassana training. The themes pertaining to emotional health difficulties (such "nobody understands me") were then examined in the next section. Following that, each subject was discussed separately before and after three months of Vipassana training. Following a comparison examination, it was shown that

while the number of issues and themes had increased before to the Vipassana training, they had decreased after three months of training.

Result

Some key conclusions have been drawn from the analysis of the data that was offered. All of the elderly had issues linked to their emotional and psychological health. The directions of the issues were nearly identical. The example appears below.

Participants Stated

ALLN: "I couldn't sleep at night; whenever I lay down to sleep, I felt as if I was half asleep."

ANNI: "After going to bed, I do not sleep for several hours, rather all the thoughts of the day keep roaming in my mind. I wake up around 1-2:00 while I wake up early again at 4:00 in the morning"

MAN: "Whenever I sleep at night, I wake up a little late and after the initial one or two hours of sleep, I wake up and then I experience a lot of difficulty in falling asleep."

A decrease in issues has been observed following Vipassana training.

People were found to have a positive attitude towards Vipassana training.

Thematic analysis of the Participants responses from the interviews revealed that prior to the training, individuals reported more issues pertaining to their psychological and emotional Health; however, following the training and as they continued to practice, they reported less issues. This is displayed in the table that follows.

The table makes it evident that prior to undergoing Vipassana training, 12, 13, 10, 8, 13, 13, 10, 9, 12, 9, 12 people, respectively, reported psychological health issues such as self-doubt, low mood, stress, indecision, feeling unfulfilled, sleep issues,

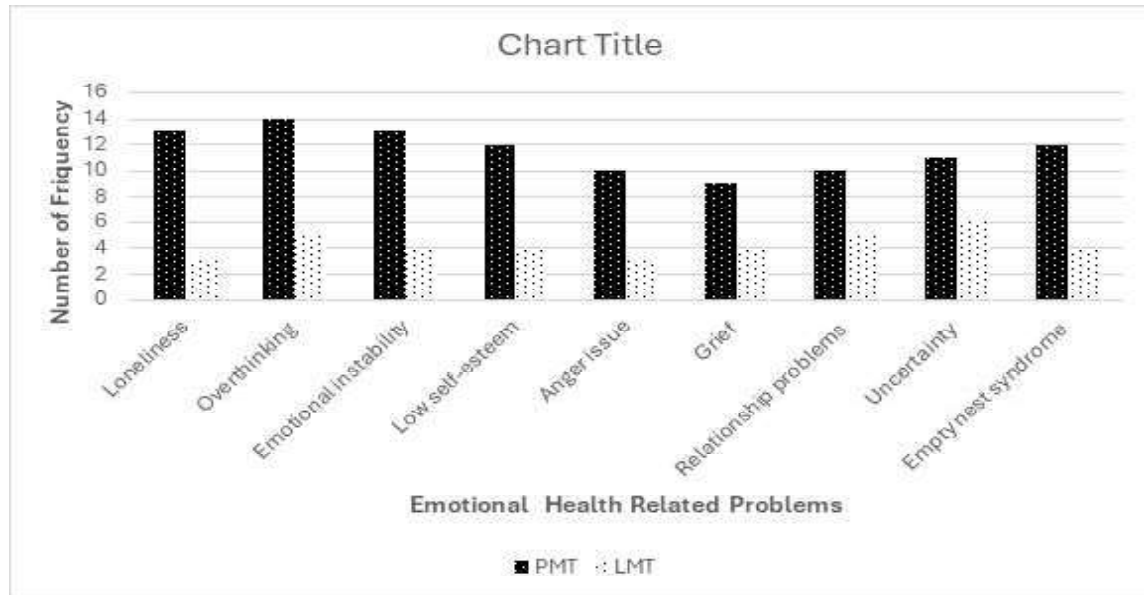
memory loss, anxiety, delirium, job conflict, and low confidence. But following Vipassana training, fewer persons reported these

issues, with just 6, 8, 4, 4, 5, 4, 5, 3, 4, 4, and 4 reporting them, respectively.

Table 1: Psychological Health related problems

Related Problem	Reported Problems (Thems)	Before Training RpFrequency	After 3 Months Training RpFrequency
Psychological	Self-Doubt	12	6
	Feeling Low	13	8
	Stress	10	4
	Indecisiveness	8	4
	Feeling Unfulfillment	13	5
	Sleep Problems	13	4
	Memory Loss Issue	10	5
	Anxiety	9	3
	Delirium	12	4
	Job Conflict	9	4
	Low Confidence	12	4

Table 2: Emotional Health related problems



Discussion

It is evident from the analysis and research of the data that many issues pertaining to psychological and emotional health begin in old age (WHO,2002; Alam and Karan, 2010). his might be due to a variety

of factors. A person begins to examine every aspect of his life. If his accomplishments are poor, he begins to doubt himself and may feel socially isolated and that he will live a lonely life (Sudha et al., 2006). In addition to this, one of the main causes may be the

diminished role they play in young's life. Their diminished participation in home tasks as a result of physical deterioration also makes them feel alone and isolated. Young people want to have plenty of friends and a job, but at this age, they also become fewer in number, and even if they are not actively involved in anything right now, they still have a lot of issues relating to their psychological and emotional health (Sharon Melin, 2021). Participants identified a few specific personal issues (Shakuntala C Shettar, 2013) that were unique to each person when questioned about their issues before to the Vipassana targeting. The number of psychological and emotional health-related issues among the participants significantly decreased after three months when compared to before and after Vipassana training (Farb et al., 2010,). People who practice Vipassana develop a nonjudgmental perspective and view life as a positive experience (Dolgova & Golyeva, 2013) which greatly reduces a variety of psychological issues like stress (Shrivastva & Hiltz, 2023; Arden, 2010) anxiety (Anton Skolzkov & Evgeniya Efreniya 2023; E A Hoge, 2018), sadness, depression (Teasdale, Sagal, & Williams, 2019; Goldfine & Heering; 2010) and sleep-related issues (Huaiyuan Zhou et al., 2023) Because Vipassana also fosters the virtues of acceptance and accountability, issues like loneliness (Natalie Kerr, 2022) and numbness were also much diminished (Chelom E. Leavitt, 2022; S L Teoh, 2021). In addition to psychological issues (Barnhofer, Crane, & Didonna, 2009). Emotional issues like boredom and sadness also decreased (Norman A S Farb et al., 2016; Zindal Segal, 2016; ED Halliwell, 2016) because Vipassana encourages us to embrace our flaws and take responsibility for them and people aware about thought and emotions (Teasdale et al, 2000). As a result, issues like overthinking and low self-esteem were found to decrease. It was also shown that Vipassana training

decreased issues like depression and rage (Sara- Mai Conway, 2024; Steven Wright et al., 2009).

Limitation

With just fifteen participants, the sample size could be too small to accurately reflect the broader population, which restricts how broadly the study's conclusions can be applied. **Absence of Diversity:** A small sample size may not fully represent the range of viewpoints, backgrounds, or demographics that may be pertinent to the study's subject. **Limited Statistical Power:** It may be more difficult to identify minute patterns or links in the data due to the small sample size, which limits the capacity to do comprehensive statistical analysis.

Conclusion

The study's research makes it abundantly evident that Vipassana practice and training improved health. People reported much fewer issues following Vipassana training. Additionally, the participants had a good opinion toward Vipassana training. They found Vipassana training to be a wonderful experience. This led to a positive transformation in their lives. By practicing Vipassana, one can significantly lessen the problems associated with ageing. where issues pertaining to mental and emotional health are significant. An elderly person will also retain their vigour and passion as a result of their diminution. It will enable them to successful ageing. The simplest and most advantageous strategy for successful ageing is Vipassana. As a result, Vipassana practice and training may be considered a major component of successful ageing. People can successful ageing by engaging in Vipassana practices.

References

Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). *Social determinants of mental*

- health. *International review of psychiatry*, 26(4), 392-407.
- Alam M. (2006), *Ageing in India: Socio-economic and Health Dimensions*. New Delhi: Academic Foundation.
- Alam M, Karan A. (2006), *Elderly Health in India: Dimensions, Differentials, and Over Time Changes*. New Delhi: United Nations Population Fund; Building Knowledge Base on Ageing in India: A series of Programmatic and Research Studies.
- Foerstel, H. N. (Ed.). (1997). *Free expression and censorship in America: An encyclopedia*. Greenwood Press.
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). *Toward a new definition of mental health*. *World psychiatry*, 14(2), 231.
- Jahoda, M. (1953). The meaning of psychological health. *Social Casework*, 34, 349–354.
- Rowe, J. W., & Kahn, R. L. (1987). *Human aging: Usual and successful*. *Science*, 237 (4811), 143–149. <https://doi.org/10.1126/science.3299702>
- Schiraldi, G. R. (2001). The post-traumatic stress disorder sourcebook: *A guide to healing, recovery, and growth* [Adobe Digital Editions version].doi:10.1036/0071393722
- Sudha S, Suchindran C, Mutran EJ, Rajan SI, Sarma PS. (2006) Marital status, family ties and self-rated health among elders in South India. *Journal of Cross-Cultural Gerontology*. 21:3–4.
- Siegal, Z. V., Teasdale, J. D., & Williams, G. M. G. (2011). Vipassana-based cognitive therapy: Theoretical rationale and empirical status. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Vipassana and acceptance: Expanding the cognitive-behavioral tradition* (pp. 45-65). Guilford Publications. <https://books.google.com.au/books?id=Tr0N7aGgAS4C>
- Simon, P., & Garfunkel, A. (1965). The sounds of silence. On Wednesday Morning, 3 A.M. [Song]. Columbia.
- Yang, Q., & Harris, J. G. (2010a). Dynamic range control for audio signals using fourth-order level estimation [Paper presentation]. *129th Audio Engineering Society Convention, San Francisco, CA*.
- Zarate, K., Maggin, D. M., & Passmore, A. (2019). Meta analysis of Vipassana training on teacher well being. *Psychology in the Schools*, 56(10), 1700–1715.

Nimisha Tripathi, Research scholar, Department of psychology, Deen Dayal Upadhyay Gorakhpur University, Gorakhpur. E-mail 91nimisha27tripathi@gmail.com

Seema Tripathi, Professor, Department of Psychology, Buddha P G college Kushinagar. E-mail -seema23.shrey25@gmail.com

Asheesh Mishra, Research scholar, Department of Psychology, Veer Bahadur Singh Purvanchal University, Juanpur. Email. eccasheesh198@gmail.com