

Efficacy of Gibberish Meditation Technique in Alleviating Behavioral Problems Among Adolescents: A Pre-Post Intervention Study

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ABSTRACT:

This study investigates the efficacy of Gibberish Meditation Technique in alleviating behavioral problems among adolescents. The research utilized a pre and post-design based on a survey method involving 185 participants aged 13 to 18 years from various schools in Aligarh district, India. Behavioral Problem Questionnaires were administered to identify high levels of behavioral problems among the participants, and Gibberish Meditation Technique was applied to those identified. Descriptive statistics revealed higher mean scores for attention and externalizing behavior problems compared to internalizing behavior problems. Paired-sample t-tests were conducted to analyze the effectiveness of the intervention. Results indicated significant reductions in attention, internalizing, and externalizing behavioral problems following Gibberish Meditation Technique intervention. These findings align with previous research suggesting the efficacy of meditation techniques in reducing stress and improving behavior among adolescents. Overall, the study underscores the potential of Gibberish Meditation Technique as an intervention for alleviating behavioral problems in adolescent populations.

KEYWORDS: Behavioral Problem, Attention, Internalizing and Externalizing Behavioral Problem, Gibberish Meditation

INTRODUCTION:

A number of evidences have revealed that young people tend to get involved in offending, substance abuse, and truanting, which signify that they are at risk of developing a constant pattern of problem behavior. Research indicates that adolescence is a critical period for the development of such behaviors, often influenced by various risk factors including peer pressure, family environment, and socioeconomic status (Moffitt, 1993). Studies show that early initiation of substance use and delinquency is linked to more severe and persistent criminal behavior in adulthood (Farrington, 2003). Additionally, truancy has been identified as a significant predictor of later offending and substance abuse, emphasizing the interconnected nature of these problem behaviors (Henry & Huizinga, 2007).

BEHAVIORAL PROBLEMS:

According to the World Health Organization (WHO) classification, behavioral disorders encompass a broad range, with some of the more common ones being attention deficit hyperactivity disorder, eating disorders, impulsive disorder, and conduct disorders.

Early contact with the juvenile justice system is one of the strongest predictors of life-course persistent

criminality and other adolescent adjustment difficulties. Six percent of males experience their first arrest before adolescence. This may be the best predictor of long-term criminal conduct (Moffitt, et al., 2002).

Externalizing Adolescents Problem Behavior

Adolescence has been viewed as a developmental stage during which an increase in the prevalence of both internalizing as well as externalizing problem behaviors is generally demonstrated (Moffitt, 1993). Aggressiveness and juvenile delinquency are the typical examples of externalizing problem behavior. Internalizing behavior problems include social withdrawal, depression, anxiety, and somatic complaints (Achenbach, 1966; 1991).

Forms of Externalizing Behavior

Aggression

The aggressive behavior, such as fighting or hitting out also includes various aspects of aggressive personality such as hot temper, arguing and bragging. “Aggression is one component of conduct disorder which consists of physical or verbal behaviour that harms or threatens others, including children, adults and animals” (APA, 1994, p-90). Childhood aggression has been found to be a strong predictor of adult crime and violence by various studies (Kalb ton, 2001; Moffitt, 1993).

Delinquency

The delinquent behavior syndrome includes behaviors such as lying and stealing. From the literature on delinquency, violence, and crime, three main findings have emerged consistently:

- Early onset of delinquency tends to predict offending.
- It seems that there exists continuity in criminal behaviour in that juvenile offenders are more likely to become adult offenders.
- A small number of chronic juvenile offenders tend to commit a significant portion of all crimes.

Internalizing Adolescents Problem Behavior

Adolescents may also develop internalizing behavioral problems, which are the internal psychological, emotional and affective cognitions and behaviors of an individual. Problems such as inhibition, depression, withdrawal, anxiety, and fearfulness, rather than affecting the external world tend to more centrally affect the child’s internal psychological environment.

Forms of Internalizing Behavior

Anxiety

Children diagnosed with Generalized Anxiety Disorder often have a consistent pattern (i.e., lasting six months or more) of uncontrollable and excessive anxiety/worry, with concerns covering a broad range of events or activities. In addition to worry, symptoms may also include fatigue, irritability, restlessness, sleep disturbances, difficulty in concentrating, and muscle tension (American Psychiatric Association, 2013).

Anxiety disorders in children are most possible to fall into the DSM-IV diagnostic categories of generalized anxiety disorder, obsessive compulsive disorder, simple phobia, separation anxiety disorder or posttraumatic stress disorder. Simple phobia is mainly focused on a specific situation or object. While in separation anxiety children often display extreme fear and anxiety about getting parted from their primary affectionate figures, and further this anxiety exhibited as school denial or school phobia,

obsessive compulsive disorder composed of particular obsessions (i.e., abnormal thoughts, images or impulses), or compulsions.

Depression (Mood Disorders)

Depression is a common behavioral problem which generally appears at a very young age in people. The DSM-IV includes the depression diagnosis of major depression and dysthymia. In major depression cases, children experience depressed mood, irritability, loss of interest in their daily activities and sleep or appetite disturbance, loss of energy, or trouble in concentration are the other symptoms which can be found in major depression. Children who have specific thinking pattern of thinking, such as blaming themselves, credit for positive outcomes, may be more prone to depression than others. Weak interpersonal relationship is another cause of depression in adolescents.

Psychosomatic Complaints

Stress is common in the lives of adolescents and may impact on their health and well-being. Pediatricians and other professionals who offer health care for adolescents often encounter patients whose symptoms cannot be sufficiently explained by an identifiable organic cause. The symptoms of psychosomatic disorders typically begin during adolescence or early childhood and are characterized by many vague physical complaints. Any part of the body may be affected, although the symptoms and their frequencies can vary. Common symptoms among adolescents are abdominal pain, headaches, nausea and vomiting, diarrhoea or constipation, fainting, fatigue, dizziness, sleeping problems, and nervousness. The most frequently seen symptoms among adolescents should necessarily be differentiated from psychosomatic disorders seen amongst adults (Brill, Patel, & McDonald, 2001).

Substance Abuse

Apart from the above-mentioned ones, adolescents tend to get engage in a number of problem behaviors, including drug use, alcohol use, reckless driving, antisocial and criminal behavior and risky sexual behavior. The occurrence of these problems behavior during adolescence is quite high. In the United States about 17% of adolescents meet up the diagnostic criteria for mental, emotional, and behavioral disorders. Annually six million young people receive treatment services for mental, emotional, or behavioral problems. These problems affect one in five families and cost nearly \$247 million every year (National Research Council and Institute of Medicine, 2009).

Attention Behavior Problems

Attention behavior problems among adolescents are a significant concern as they can impact various aspects of their lives, including academic performance, social relationships, and overall well-being. Research in this area often focuses on understanding the prevalence, causes, risk factors, and interventions for attention behavior problems in adolescents (Feldman, 2007).

Effectiveness of Gibberish Meditation is still relatively unexplored, the present study give rise to the research objective question the efficacy/influence of Gibberish Meditation Technique in alleviating behavioral problem (External, Internal, and Attention) among adolescents. As we know that adolescent is a crucial period for everyone life and it's often associated with behavioral problems.

Objective of the Present Study

To assess the efficacy/influence of Gibberish Meditation Technique in alleviating behavioral problems among adolescents.

Hypothesis

Gibberish Meditation Technique does not significantly alleviate behavioral problems among adolescents.

Method

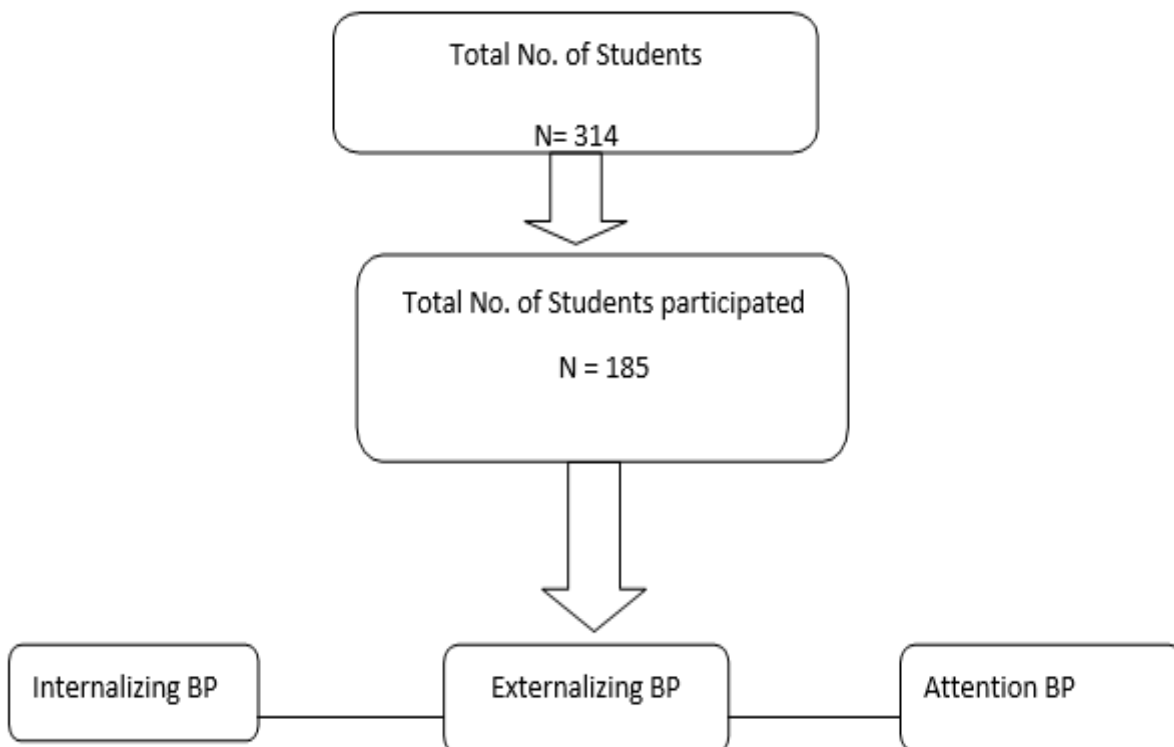
Research Design

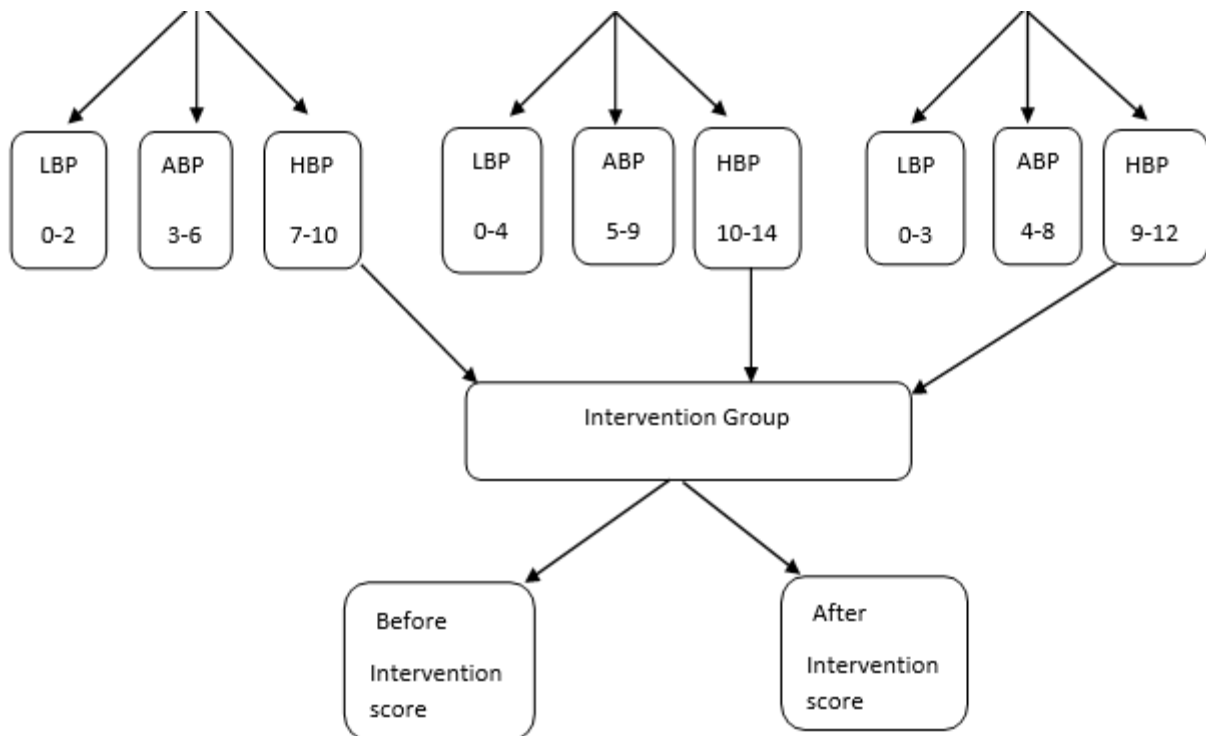
Pre and post quasi-experimental design were used for the present study based on survey method. The present study employed a pre-and-post quasi-experimental design based on the survey method to evaluate the effectiveness of the Gibberish Meditation Technique in alleviating behavioral problems among adolescents. Behavioral problems were assessed using a standardized survey administered both before (pre-test) and after (post-test) the intervention. This design allowed for the measurement of changes in behavioral problems over time, providing insights into the impact of the meditation technique.

Participants

Three hundred fourteen students including boys (N=182) and girls (N=132) were drawn from different schools of Aligarh district. The sample was collected with the help of Convenience sampling procedure. Students who were willing to participate in the present study was used as the participants. Students of class X and XII were excluded because they were not available for intervention program. Therefore 185 students were retained in the final sample. Convenience sampling procedure was used for the present study and those who provided consent were included. Students from classes X and XII were excluded because they were not available for the intervention program due to their involvement in board exam preparations, which would conflict with their participation.

The following flow chart represents distribution of the sample.





BP = Behavioral problem

LBP =Low Behavioral problems

BP =Average Behavioral problems

HBP =High Behavioral problems

Tools And Technique

Behavioral Problem Questionnaire

ASEBA Brief Problem Monitor developed by Achenbach, et al., (2011), is a shortest version of Child behavioral checklist based on 19 items and additional items was used to identify behavioral problem among adolescents. ASEBA Brief Problem Monitor (BPM) includes items for rating Internalizing, Externalizing, and Attention problems over user-selected rating periods (e.g., 5, 7, 14, 30, 45 days). The items are drawn from the Child Behavior Checklist for Ages 6-18 (CBCL/6-18), Teacher's Report Form (TRF), and Youth Self-Report (YSR) (Achenbach & Rescorla, 2001). Each item is rated 0 = not true, 1 = somewhat true, or 2 = very true. Users can add problems and/or strengths not already on the BPM, such as those that are especially targeted for change. The items, scales, and norms are based on decades of research and practical experience, as summarized in the ASEBA BPM Manual (Achenbach, McConaughy, Ivanova, & Rescorla, 2017). The authors report test-retest reliabilities of 0.73-0.94, internal consistency reliabilities (alphas) of 0.63-0.97, and inter-rater reliabilities of 0.57-0.88. The Cronbach alpha based on the present sample was found 0.949.

Gibberish Meditation Technique

This is one of the most scientific ways to clean your mind and break the habit of continual inner verbalization, Osho says. This meditation is designed to help individuals throw out all the accumulated rubbish in their heads and bring them to a place of deep, inner silence. "Gibberish is to get rid of the active mind, silence to get rid of the inactive mind and let-go is to enter into the transcendental"(OSHO, 1992, p-287).

“The very word ‘gibberish’ comes from the name of a Sufi mystic, Jabbar. He used to talk nonsense. You would ask about the moon, and he would talk about the sun; he never answered the question he was asked. He would make up his own words. It is because of his name, Jabbar that the word gibberish came into being; it is the language of Jabbar. He is one of the enlightened Sufi masters. He used gibberish for others; otherwise he was silent. For days, if nobody came, he would be silent. If anybody came and said anything to him, then that person triggered him. Then he would say anything—sentences without meaning, words without meaning. You could not make any sense out of what he was saying.

“Jabbar was asked again and again by his disciples, ‘Why do you do such things?—otherwise you are so silent. Not only do people laugh at you, we all feel embarrassed that we are your disciples. And they think that we are idiots: what can we learn with this man.’ Only to his disciples would he say, ‘You know that these people are unnecessarily coming with questions. They don’t intend to understand or to change, and my gibberish stops them from coming so I can work in silence with you. And it is good for my mind too, because most of the time I am silent. It is good, just as an exercise for the mind: if it is needed, I can use it. So just to check that it is still working, I use all this gibberish.’”

Before Meditation

This meditation can be done alone but it is better to do it together with a group of friends. Find a place where you can make a lot of noise and where you will not be disturbed. Have someone to time it and use a drum to indicate the beginning of each stage. Each segment will begin with the sound of a drumbeat...

First Stage: Gibberish

While sitting, close your eyes and begin to say nonsense sounds – any sounds or words, so long as they make no sense. Just speak any language that you don’t know! Allow yourself to express whatever needs to be expressed within you. Throw everything out. The mind thinks, always, in terms of words. Gibberish helps to break up this pattern of continual verbalization.

Without suppressing your thoughts, you can throw them out. Let your body likewise be expressive. Everything is allowed: sing, cry, shout, mumble, talk, whisper. But do not let empty spaces happen. If you cannot find sounds to gibber with, just say ‘lalalala’, but do not remain there doing nothing. Likewise you can let your body do what it wants: jump, lie down, sit, and kick and so on.

Second Stage: Moving In

After some minutes of Gibberish, there is a drumbeat, at which point the Gibberish stops. Osho’s voice then guides the listener into a space of deep silence, stillness and relaxation, saying, for and deeper, just like an arrow. Penetrate all the layers and hit the center of your existence.”

Example, “Be silent, close your eyes...no movement of the body –feel frozen. Go inwards, deeper and deeper, just like an arrow. Penetrate all the layers and hit the center of your existence.”

Third Stage: Let-Go

Another drumbeat and, without arranging yourself, just allow yourself to fall down “like a bag of rice,” so you are lying, utterly still and relaxed, on your back as you are guided even more deeply into a silent stillness. Relax your body and let it fall without any effort, without your mind controlling. Just fall like a bag of rice. Let your body likewise be expressive. Then, for fifteen minutes, lie down on your stomach and feel as if you were merging with mother earth. With each exhalation, feel yourself merging into the ground beneath you.

Source: www.oshoworld.com/newsletter/august08/pdf/15_throwing_out_all_rubbish.pdf

Procedure

Present research was conducted in two phases:

Phase I

The investigator took permission from Principals of the School in Aligarh, rapport was established with the participants. Behavioral Problem Questionnaire was administered to them either individually or in a small group of students and proper instructions were given to the subjects.

Phase II

On the basis of participants’ score obtained on Behavioral Problem Questionnaire, behavioral problem were identified and those having high behavioral problem, the Gibberish Meditation Technique was given to the participants individually or in a small group of subjects. There were 20 students who were facing high behavioral problem 8boys and 12girls. Gibberish Meditation Technique was used on 20 students who were facing high level of behavioral problem on all three types of behavioral problem (i.e. Internalizing Behavioral Problem (IBP) Externalizing Behavioral Problem (EBP) and Attention Behavioral Problem (ABP) for a period of 3 months in 5 sessions. Behavioral Problem Questionnaire was re-administered on these 20 students after intervention was applied over 3 months.

Table 1: Showing descriptive statistics of Behavioral problems

Variable	Dimensions	N	Mean	SD
Behavioral Problems	Attention Behavioral Problem	185	2.79	2.33
	Internalizing Behavioral Problem	185	1.73	1.72
	Externalizing Behavioral Problem	185	2.01	2.11

The descriptive analysis mentioned in table 3.1 showed adolescents mean score were relatively high on attention behavior problems 2.79 (SD=2.33) and externalizing behavior problems 2.01 (SD=2.11) than internalizing behavior problem 1.73 (SD=1.720).

Mean, SD and t.

The paired t-test, also referred to as the paired-samples t-test or dependent t-test, is used to determine whether the mean of a dependent variable (e.g., weight, anxiety level, salary, reaction time, etc.) is the same in two related groups (e.g., two groups of participants that are measured at two different "time points" or who undergo two different "conditions"). The primary purpose of the paired t-test is to determine whether there is a statistically significant difference between the means of a dependent variable measured in two related groups. These related groups could be the same participants measured at two different time points (e.g., before and after an intervention) or participants undergoing two different conditions (e.g., treatment and control). The paired t-test is specifically designed to handle paired data, where each participant or observation in one group has a corresponding participant or observation in the other group. This pairing is essential because the test takes into account the dependency between the pairs, which reduces the variability and increases the precision of the results. By comparing each participant to themselves (or to a matched pair), the paired t-test controls for individual differences that could otherwise confound the results. This reduction in variability leads to a more powerful test, allowing for the detection of smaller differences between the groups.

In the present study, behavioral problems were identified and those having high behavioral problem, Gibberish Meditation Technique was given to the participants individually or in a small group of

subjects. Gibberish Meditation Technique was used on 20 students who were facing high level of behavioral problem on all three types of behavioral problem (i.e. Internalizing Behavioral Problems (IBP) Externalizing Behavioral Problem (EBP) and Attention Behavioral Problem (ABP) for a period of 3 months in 5 sessions. Behavioral Problem Questionnaire was re-administered on these 20 students after intervention was applied over 3 months.

Table 2: Showing Mean and SD scores of behavioral problems (attention, internalizing & externalizing behavioral problem) before and after intervention and t- values.

		Mean	SD	N	t- value	Sig. (2- tailed)
Before and after	Attention Behavioral Problem	6.45	1.31	20		
Intervention	Attention Behavioral Problem-1	3.40	1.04	20	16.52	.000
Before and after	Internalizing Behavioral Problem	5.20	2.01	20		
Intervention	Internalizing Behavioral Problem-1	2.20	1.50	20	11.05	.000
Before and after	Externalizing Behavioral Problem					
Intervention	Externalizing Behavioral Problem-1				15.63	.000

To test the alternative hypothesis, Gibberish Meditation Technique would significantly alleviate behavioral problems of adolescents. t- test was applied to determine the mean difference of two condition i.e. before and after intervention would be statistically significant and compared the mean score of the subjects on behavioral problem belongs to three dimensions (i.e. Attention, Internalizing and externalizing behavioral problem (before and after intervention) of the study. The t-value for attention behavioral problem was highly significant at 0.01 level. The alternative hypothesis is accepted at 0.05 level of significance.

When compared the means score of the subjects on attention behavioral problem before intervention (6.45) and after intervention (3.40) the result found that the after intervention mean score was low as compared to before intervention, which indicated low attention behavioral problem which indicated that Gibberish Meditation Technique is effective to alleviate behavioral problem among adolescents.

On internalizing behavioral problem the t-value was found to be 11.05, it indicates that the alternative hypothesis is accepted at the 0.01 level of significance. When compared the means score of the subjects on internalizing behavioral problems on before intervention (4.25) and after intervention (2.00) it was found that the after intervention mean score was low as compared to before intervention strategy suggested low internalizing behavioral problem to the subjects.

However the t-value was 15.63 on externalizing behavioral problems which was highly significant at 0.01 level suggested the alternative hypothesis is accepted at 0.05 level of significance.

When evaluated the means score of the subjects on externalizing behavioral problem before intervention

(5.20) and after intervention (2.20) it was found that the after intervention mean score was low as compared to before intervention mean exhibiting once more time low externalizing behavioral problem indicating Gibberish Meditation Technique was found to be effective in alleviating behavioral problem among adolescents.

In regard with Gibberish Meditation (GM) the findings of Javed, Akhouri, and Azmi (2017) indirectly support our findings. They found that Gibberish Meditation (GM) is an effective technique in reducing aggression and stress symptoms. Paired sample t test was used to analyze the impact of GM on aggression and stress. Significant difference was found in reduction of aggression symptoms and stress symptoms. Researchers have explored efficacy of meditation in reduction of stress.

Yoga meditation was researched by Harrison, Manocha, & Rubia in 2004. they used meditation as a family treatment program for children with Attention Deficit Hyperactivity Disorder (ADHD) (Harrison, 2004). Post intervention evaluation indicated that children were more confident, their sleep pattern was improved, and they were more cooperative and less anxious. Parents of these children were happier; less stressed and were able to manage their children behavior. Another technique of meditation called transcendental meditation was used by Grosswald & Stixrud (2008) to reduce symptoms of ADHD. The study concluded that transcendental meditation has potential to reduce stress and anxiety. Various other meditation techniques like deep breathing exercise, bubble technique, Hatha Yoga (West, 2004) have led to reduction in stress symptoms.

Conclusions, Implication and Suggestions for Future Research

Gibberish Meditation technique was found to be effective in alleviating behavioral problems (e.g., attention, internalizing and externalizing behavioral problem).

Future research should focus more on longitudinal studies. More factors could be identified for what influences behavioral problems. Future researches can explore efficacy of Gibberish Meditation in dealing with other behavioral problems Disruptive, Impulse-Control, and Conduct Disorders or trauma and stress related disorders.

Gibberish Meditation Technique was used on students who were facing high level of behavioral problem on all three types of behavioral problem (i.e. Internalizing Behavioral Problem (IBP) Externalizing Behavioral Problem (EBP) and Attention Behavioral Problem (ABP) for a period of only 3 months. This period should be increase in future research.

Future researches can explore efficacy of Gibberish Meditation in specific behavioral problem for example conduct disorders, anxiety disorders and mood disorders.

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