Path Model of Chakra Meditative Motivation on Mental Health: Mediating Effect of Health State Perception

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Abstract

This study explored the correlation between the Chakra meditation experience motivation and mental health of the people of Chakra Meditation Program Operation Agency in Seoul, Korea to confirm the mediation model and path of physical, emotional, social, and subjective state of health perceptions. A set of measures, consisting of the Chakra Meditation Experience Motivation Scale, the Symptom Checklist (SCL-90-R), and the Korean Health Status Measure, was administered to 223 adults. To verify Means and SDs of variables and the mediation model of Chakra meditation experience motivation to mental health through physical, emotional, social health state, and subjective health state perception, bootstrapping methods were used. Cronbach's alpha was calculated as .936 for the meditation motivation scale and .929 for the Korean Health Status Measure, respectively. The SCL-90-Ris standardized metrics that Cronbach's alpha was not calculated differently. Descriptive statistics were presented for each variable and a correlation analysis was conducted between escapism and mental health(depression) (B=1.306, CI:[0.357~2.627]),and Selbstfindung and mental health(depression) through emotional health state(B =0.886, CI:[0.159~1.857]).The path model on the relationship between Chakra meditation experience motivation(selbstfindung), emotional health state perception, and mental health(depression) was verified and suggested.

Keywords: --- *Chakra meditation experience motivation, mental health, state of health, mediation effect*

1. INTRODUCTION

The Chakra meditation experience motivation was conceptualized by Lee[1]. Chakra meditation is self-acceptance in a healthy form. This variable is important because Chakra meditation experience motivation could provide emotional well-being, physical health and less mental stress for human life, by helping individuals live positively without a negative attitude[2]. Therefore, it has a positive effect on an evaluation of the quality of meditation motivation with the Chakra[3]. Heath state perception leads to mental health[4]. In addition, the factor structure of meditation motivation is validated, and health state perception and mental health state of Chakra meditation experienced people are being studied[5].

In this regard, it has been reported in many studies that compassion, escapism, selbstfindung, self-love, and emotional stability of Chakra meditation experienced people with a positive attitude of mental health is relatively higher than that of Chakra meditation experienced people with a positive health state(physical and emotional and social and subjective health state perception[2], [5], [6]. Furthermore, previous studies[2], [7], [8] report the effects of Chakra meditation experience motivation on health state by explaining the mental health of women and men [9]-[10]. In the present study, we studied the path model of Chakra meditation experience motivation to mental health. To verify average and standard deviation of variables and the mediation model of Chakra meditation experience motivation to mental health

through physical, emotional, and social health state perception, bootstrapping methods were used.

2. MATERIALS AND METHODS

2.1. DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTSAND DATA COLLECTION

This study was conducted from August 2018 to September 2010, for those who attended the Chakra Meditation Program Operation Agency in Seoul, Korea. The data of 223 adults were used in the final analysis.

2.1.1. AGE OF PARTICIPANTS: As shown in Table 1,theages of participants were in the following range: 23(10.31%) were over the age of 40, 77(34.53%) were over the age of 50, 87(39.01%) were over the age of 60, 29(13.00%) were over the age of 70. The missing value was 7(3.14%).

Table 1. The General Characteristics of Participants

Age	Participants	
	Frequency	%
over the age of 40	23	10.31
over the age of 50	77	34.53
over the age of 60	87	39.01
over the age of 70	29	13.00
missing value	7	3.14
Total	223	100.00

2.1.2. GENDER OF PARTICIPANTS: As shown in Table 2, participants comprised 47(21.08 %) males and 174(78.03%)females. Female participants were significantly more than male participants. The missing value was 2(0.90%).

Table 2.Gender of Participants

		Frequency	%
	Males	47	21.08
Gender	females	174	78.03
	missing value	2	0.90
Total		223	100.00

2.1.3. OCCUPATION OF PARTICIPANTS: Of the total participants, 107(47.98 %) were unemployed,1(0.45%)were production workers, 4(1.97%)in sales positions,16(7.17%)were office employees, 6(2.67%)were public officials, 25(11.21%)were professionals,12(5.38%)were self-employed, and 50(22.42%)were categorized as others. The missing value was 2(0.90%).Participants who were categorized as others and numbered50(22.42%)were significantly higher than those categorized as unemployed and numbered 107(47.98% (See Table 3)

Table 3. Occupation of Participants

		Frequency	%
	unemployed	107	47.98
	production worker	1	0.45
	sales positions	4	1.79
	office employees	16	7.17
Occupation	public officials	6	2.69
	professionals	25	11.21
	self employed	12	5.38
	others	50	22.42
	missing value	2	0.90
Total		223	100.00

2.1.4. LEVEL OF PARTICIPANTS'EDUCATION: Participants' level of education were as follows: 2(0.90%) had an elementary school education, 7(3.14%)had a middle school education, 62(27.80%)had a high school education,18(8.07 %)had attended community college, 106(47.53%)had attended University, and 24(10.76%)had a postgraduate education. The number of University graduates at106(47.53%)was significantly higher than High school graduates at62(27.80 %). The missing value was 4(1.79%) (Table 4).

Table 4. Participants' Level of Education

		Frequency	%
Level of education	elementaryschool	2	0.90
	middle school	7	3.14
	high school	62	27.80
	community college	18	8.07
	university	106	47.53
	postgraduate	24	10.76
	missing value	4	1.79
Total		223	100.00

2.1.5. RELIGIONOF PARTICIPANTS: As shown in Table 5,participants practiced a variety of religions: 184(82.51%) practiced Buddhism,8(3.59%)were Catholics, 5(2.24%) were Christians, 21(47.98 %) practiced no religion, and 2(0.90%)were categorized as others .The number of participants who practiced Buddhism 184(82.51%) was significantly higher than the number who stated they practiced no religion 21(47.98%). The missing value was 3(1.35%).

Table 5. Religion of Participants

		Frequency	%
Religion	Buddhism	184	82.51
	Catholic	8	3.59
	Christian	5	2.24
	no religion	21	9.42
	Others	2	0.90
	missing value	3	1.35
Total		223	100.00

2.1.6. WEEKLY STATISTICS OF PARTICIPANTS' CHAKRA MEDITATION EXPERIENCE: In order to examine the meditation methods of participants who experienced Chakra meditation, the frequency of weekly Chakra meditation experience was examined. Weekly Chakra meditation experience of participants was88(39.46%)for1 day in 2 weeks, 65(29.15%)for

1, 2, or 3 days a week, 39(17.49%) for 4 or 5 days a week,10 (4.48%) for6 or 7 days a week. The missing value was 21(9.42%) (Table 6).

Table 6. Weekly Statistics of Participants 'Chakra Meditation Experience

		Frequency	%
ChakraMeditationExperience	1 day in 2 weeks	88	39.46
	1, 2, or 3 days a week	65	29.15
	4 or 5 days a week	39	17.49
	6 or 7 days a week	10	4.48
	missing value	21	9.42
Total		223	100.00

2.1.7. DURATION OF PARTICIPANTS' CHAKRA MEDITATION EXPERIENCE: In order to examine the meditation methods of participants who experienced Chakra meditation, the duration of participants' Chakra meditation was examined. The duration of participants' Chakra meditation were 100(44.84%) for meditation below three months, 29(13.00%) for meditation in a range below three months and above six months, 26(11.66%) for meditation in a range above six months and below a year, 29(13.00%)for meditation in a range above a year and below three years,22 (9.87%)for meditation in a range above three years and below six years. The missing value was 17(7.62 %) (Table 7).

Table 7.Duration of Participants' Chakra Meditation Experience

		Frequency	%
ChakraMeditation Experience	below three months	100	44.84
	below three months - above six months	29	13.00
	above six months - below a year	26	11.66

above a year - below three years	29	13.00
above three years -below six years	22	9.87
missing value	17	7.62
Total	223	100.00

2.2. MEASURES

2.2.1. CHAKRA MEDITATION EXPERIENCE SCALE:

The questionnaire on meditation methods of participants who experienced Chakra meditation included a meditation motivation scale developed by Ha[12] and modified by Kim[11],and items composed of 4 sub-factors. The sub-factors consist of compassion, escapism, selbstfindung, self-love, and emotional stability. The higher the total scoreof the sub-factors, the higher the motivation for meditation. In this study, the sum of Cronbach's α was .936.

2.2.2. SYMPTOM CHECKLIST-90-R(SCL-90-R)SCALE:

To measure mental health, we used the Korean standardized version of Symptom Checklist-90-Revision (SCL-90-R)[13] developed by Derrogatis, Lipman,andCovi [14]. In this study, the sum of Cronbach's α was .856.

2.2.3. STATE OF HEALTH PERCEPTION:

In order to measure physical, emotional, social, and subjective health state perception, the State of Health Inventory (K-SHI), developed by Shin[15] developed by Kim[16] and the State of Subjective Health Inventory (K-SSHI), developed by Speak, Cowart and Pellet[17],which was developed by Hwang[18] were used. Reference was made to the questionnaire, which combined items and factor analyses appropriate for Korean Chakra meditation experience individuals. In the present study, the Cronbach's αfor the health state for was .929 while that of subjective health state was .926.

2.3. DATA ANALYSIS

Data collected for this study were analyzed using the SPSS 22.0 version (IBM Corp., Armonk, NY, USA).

3. RESULTS

3.1. CORRELATION ANALYSIS BETWEEN VARIABLES

3.1.1. SUB-FACTORS OFCHAKRA MEDITATION EXPERIENCE MOTIVATION AND SUB-FACTORS OF HEALTH STATUS PERCEPTION:

The results of Pearson's correlation analysis were analyzed to discover the relationship between sub-factors of Chakra meditation experience motivation and sub-factors of health status perception. There was no significant correlation between compassion and physical, emotional, social, and subjective state of health perceptions. However, there were significant correlations between escapism and physical (r=-.161, p<.05), emotional (r=-.332, p<.01), social (r=-.218, p<.01), and subjective health state perceptions (r=-.149, p<.05). Also, there was a significant correlation between selbstfindung and emotional health state(r=-.147, p<.05). A significant correlation existed between self-love and subjective health state perception (r=.152, p<.05). There was a significant correlation between emotional stability(r=.182, p<.01).A significant correlation existed between subjective health state perception and physical (r=.459, p<.01), emotional, (r=.402, p<.01), and social health state perceptions (r=.392, p<.01). A significant correlation also existed between compassion and somatization(r=.157, p<.05), obsessive-compulsion(r=.234, p<.01), interpersonal sensitivity(r=.208, p<.01), depression(r=.250, p<.01),anxiety(r=.180, p<.05),paranoid ideation(r=.168 p<.05), psychoticism(r=.211, p<.01), additional items.

Clinicians assessed other aspects of participants' symptoms (r=.175, p<.05).A significant correlation was found between escapism and somatization (r=.340, p<.01), obsessive-compulsion(r=.255, p<.01), interpersonal sensitivity (r=.304, p<.01), depression (r=.397, p<.01), anxiety (r=.323, p<.01), hostility (r=.327, p<.01), phobic anxiety (r=.230, p<.01), paranoid ideation (r=.277, p<.01), psychoticism (r=.302, p<.01), additional items(r=.306, p<.01).There were no significant correlations between selbstfindung and somatization(r=.166, p<.05), obsessive-compulsion (r=.287, p<.01), interpersonal sensitivity(r=.238, p<.01), depression(r=.219, p<.01), anxiety(r=.235, p<.01), hostility(r=.161, p<.05), paranoid ideation(r=.207, p<.01), and psychoticism (r=.225, p<.01), additional items(r=.179, p<.05). There was

no significant correlation between self-love, obsessive-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and additional items. There was a significant correlation between emotional stability and somatization (r=.216, p<.01), obsessive-compulsion(r=.279, p<.01),

interpersonal sensitivity (r=.273, p<.01), depression (r=.313, p<.01), anxiety(r=.314, p<.01), hostility (r=.192, p<.01), paranoid ideation(r=.229, p<.01), psychoticism (r=.248, p<.01), additional items(r=.253, p<.01)(see Table 8).

Table 8. Sub-Factors of Chakra Meditation Experience Motivation and Sub-Factors of health Status

	Compassion	Escapism	Selbstfunding	Self-love	Emotional stability	Physicalhealth statusperception	Emotional healthstatusperception	Social statusperception	Subjective health status perception
compassion	1								
escapism	.449**	1							
selbstfunding	.710**	.382**	1						
self-love	.612**	.340**	.552**	1					
emotional stability	.670**	.593**	.691**	.416**	1				
physical health status perception	.033	-.161*	-.056	.137	-.122	1			
emotional health status perception	-.092	-.332**	-.147*	.067	-.227**	.702**	1		
social health status perception	-.085	-.218**	-.080	.081	-.117	.683**	.690**	1	
subjective health status perception	.042	-.149*	.030	.152*	-.101	.495**	.402**	.392**	1

* p<.05 **p<.01 ***p<.05

3.1.3.SUB-FACTORS OFCHAKRA MEDITATION EXPERIENCE MOTIVATION,SUB-FACTORS OF HEALTH STATUS PERCEPTION AND SUB-FACTORS OF SCL-90-R:

The results of Pearson's correlation analysis were analyzed to discover the relationship between sub-factors of health state perception and sub-factors of SCL-90-R.A significant correlation was found between physical health state perception and somatization(r=-.358, p<.01), obsessive-compulsion(r=-.358, p<.01), interpersonal sensitivity (r=-.293, p<.01), depression (r=-.393, p<.01), anxiety (r=-.386, p<.01), hostility(r=-.253, p<.01), phobic anxiety (r=-.239, p<.01), paranoid ideation (r=-.257, p<.01), psychoticism (r=-.295, p<.01), and additional items (r=-.337, p<.01).A significant correlation was found between emotional state of health perception and somatization (r=-.383, p<.01), obsessive-compulsion (r=-.454, p<.01), interpersonal sensitivity (r=-.417, p<.01), depression(r=-.479, p<.01), anxiety(r=-.457, p<.01), hostility(r=-.371, p<.01), phobic anxiety (r=-.215, p<.01), paranoid ideation(r=-.313, p<.01), and psychoticism (r=-.393,

p<.01), and additional items(r=-.413, p<.01).There was a significant correlation between social health state perception and somatization(r=-.303, p<.01), obsessive-compulsion(r=-.311, p<.01), interpersonal sensitivity(r=-.256, p<.01), depression(r=-.322, p<.01), anxiety(r=-.295, p<.01), hostility(r=-.231, p<.01), phobic anxiety(r=-.190, p<.01), paranoid ideation(r=-.279, p<.01), psychoticism(r=-.293, p<.01), and additional

items(r=-.254, p<.01).There were significant correlations between and somatization(r=-.396, p<.01), obsessive-compulsion(r=-.237,p<.01),interpersonal sensitivity(r=-.165, p<.05), depression(r=-.299, p<.01), anxiety(r=-.308, p<.01), hostility (r=-.184, p<.01), and additional items (r=-.242, p<.01) (see Table 9).

Table 9. Sub-Factors of Chakra Meditation Experience Motivation, Sub-Factors of Health Status Perception and Sub-Factors of SCL90-R

	Com Passion	Es capism	Selbs funding	Self- love	Emotional stability	Physical health state perception	Emotionalhealth State perception	Social health state perception	Subjective health state perception
somatization	.157*	.340**	.166*	-.066	.216**	-.358**	-.383**	-.303**	-.396**
obsessive-compulsive	.234**	.255**	.287**	.050	.279**	-.358**	-.454**	-.311**	-.237**
interpersonal sensitivity	.208**	.304**	.238**	.087	.273**	-.293**	-.417**	-.265**	-.165*
depression	.250**	.397**	.219**	-.014	.313**	-.393**	-.479**	-.322**	-.299**
anxiety	.180*	.323**	.235**	.020	.314**	-.386**	-.457**	-.295**	-.308**
hostility	.082	.327**	.161*	-.024	.192**	-.253**	-.371**	-.231**	-.184**
phobic anxiety	.112	.230**	.087	.032	.084	-.239**	-.215**	-.190**	-.106
paranoid ideation	.168*	.277**	.207**	.081	.229**	-.257**	-.313**	-.279**	-.085
psychoticism	.211**	.302**	.225**	.052	.248**	-.295**	-.393**	-.293**	-.131
additional items	.175*	.306**	.179*	-.030	.253**	-.337**	-.413**	-.254**	-.242**

* *p<.05 **p<.01 ***p<.05*

3.1.3. CORRELATION ANALYSIS BETWEEN MAIN VARIABLES: The results of Pearson's correlation analysis were analyzed to discover how the main variables are related. There were significant correlations between compassion and physical health state perception (r=-.161, p<.05), emotional health state perception (r=-.332, p<.01), social health state perception(r=-.218, p<.01), and depression(r=.397, p<.01).Significant correlations were found between selbstfindung, emotional health state perception (r=-.147, p<.05),and depression(r=.219, p<.05). A significant correlation existed between physical health state perception and(r=-.393, p<.01). A significant correlation was found between emotional health state perception and depression (r=-.479, p<.01). A significant correlation was found between social health state perception and depression(r=-.322, p<.01).

3.2. PATH MODEL OF SELBSFINDUNG AND DEPRESSION INTERVAL

A state of health analysis was conducted to confirm the effects of Chakra meditation experience motivation on mental health, and the results are shown in Table 10. Specifically, the selbstfindung has a significant effect on the satisfaction rate of emotional health state perception (B=-.147, t=-2.323, p<.05). In addition, physical and emotional health state perceptions were found to have significant effects on depression(B=-5.071, t=-2.299, p<.05) and (B=-6.039, t=-4.047, p<.001), and selbstfindung was found to have a significant effect on depression (B=1.905, t=2.186, p<.05).

Table 10. A Path Model Analysis of Selbstfindung and Depression Interval

	Path	B	S.E	t	
Selbstfindung	→ physical health state	-0.052	0.045	-1.161	
	→ emotional health state	-0.147	0.063	-2.323	*
	→ social health state	-0.067	0.062	-1.076	
physical health state	→	1.905	0.871	2.186	*
	→	-5.071	2.206	-2.299	*
emotional health state	→ Depression	-6.039	1.492	-4.047	***
social health state	→	0.411	1.580	0.260	

*p<.05 **p<0.1 ***p<.001

3.2.1. MEASUREMENT MODEL OF SELBSTFINDUNG AND DEPRESSION

INTERVAL: We performed bootstrapping by extracting 2000 parts of the selbstfindung of Chakra meditation experience motivation to the depression of mental health through the emotional health state perception of health state perception. As a result, the indirect effect was not significant because the path through the satisfaction of heterosexual satisfaction included 0 at -.202~ .019 in the 95% confidence interval of the indirect effect (B =0.886, CI:[0.159~1.857])(see Table 11and Figure 1).

Table 11. The Mediator Effect of Selbstfindung and Depression Interval

Path			Total effect a→c	Dire ct effe ct	Total indire ct effect	Indirect effect [bootstrap ping
Independ ent variable	Paramet erB	Dependentvari ableC	a→c a→b →c	a→c	a→b →c	CI 95%]
Selbstfind ung	physical health state	Depression	3.029	1.90 5	1.124	0.265 [- 0.211~0.8 74]
	emotion al health state					0.886 [0.159~1. 857]
	social health					-0.027 [-

state			0.335~0.2 05]

Fig. 1. Measurement model of the mediator effect of selbsfindung and depression interval

3.3. PATH MODEL OF ESCAPISM AND DEPRESSION INTERVAL

A state of health analysis was conducted to confirm the effects of Chakra meditation experience motivation on mental health, and the results are shown in Table 12. Specifically, escapism was shown to have a significant effect on the satisfaction rate of physical health state perception(B=-.095, t=2.148, p<.05).In addition, emotional (B=-.281, t=-4.690, p<.001) and social health state (B=-.178, t=-2.967, p<.01)were found to have a significant effect on depression, and physical health state(B=-5.919, t=-2.788, p<.01)and emotional health state perceptions(B=-4.655, t=-3.168, p<.01) were found to have a significant effect on depression. Specifically, escapism was found to have a significant effect on depression (B=3.825, t=4.420, p<.001) (see Table 12).
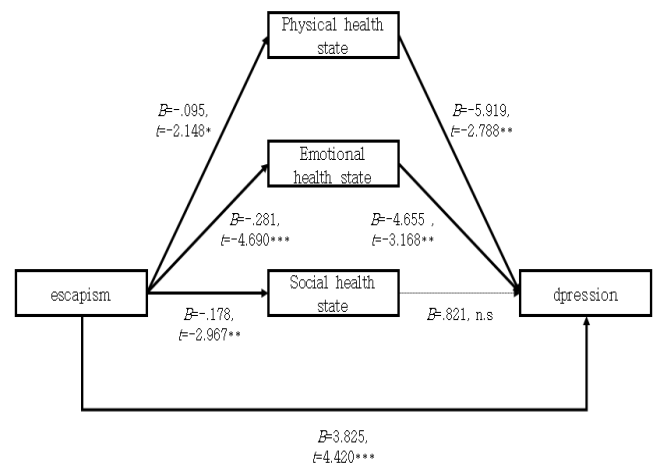
Table 12. A Path Model Analysis of Escapismand Depression Interval

Path		B	S.E	t
Escapism	→ physical health state	-0.095	0.044	-2.148 *
	→ emotional health state	-0.281	0.060	-4.690 ***
	→ social health state	-0.178	0.060	-2.967 *
	→	3.825	0.865	4.420***
physical health state	→	-5.919	2.123	-2.788 **
emotional health state	→ Depression	-4.655	1.470	-3.167 **
social health state	→	0.821	1.513	0.543

* p < .05 ** p < 0.1 *** p < .001

3.3.1. MEASUREMENT MODEL OF ESCAPISM AND DEPRESSION INTERVAL:

We performed bootstrapping by extracting 2000 parts of the escapism of chakra meditation experience motivation to the depression of mental health through the emotional health state perception of health state perception. As a result, the indirect effect was not significant because the path through the satisfaction of heterosexual satisfaction included 0 at -.202~ .019 in the 95% confidence interval of the indirect effect (B =1.306, CI:[0.357~2.627])(see

Table 13 and Figure2).

Table 13. The Mediator Effect of Escapism and Depression Interval

Path			Total effect a→c a→b →c	Direct effect a→c	Total indirect effect a→b →c	Indirect effect [bootstrap ping CI 95%]
Independent variable A	Paramet erB	Dependentvari ableC				
escapism		depression	5.547	3.82 5	1.722	physical health state: 0.562 [-0.023~1.359]
						emotional health state: 1.306 [0.357~2.627]
						social health state: -0.146 [-0.775~0.349]

Fig. 2. Measurement model of the mediator effect of escapism and depression interval

4. DISCUSSION

The results of this study suggest that selbstfindung and escapism of Chakra meditation experience motivation has a significant effect on mental health depression through the emotional health state perception of health state perception. Meanwhile, a simple correlation analysis revealed that there was a significant correlation between selbstfindung, escapism, emotional health state perception, and depression, whereas the path search for the median model analysis was not significant. This is consistent with a previous study[2], which reported a significant correlation between selbstfindung, escapism of Chakra meditation experience motivation and mental health depression. Song[2] discovered that most causes of selbstfindung and escapism that interfere with depression after Chakra meditation, is experienced in daily life. Kim[5] found among Chakra activation yoga program experienced people that most of the causes of selbstfindung and escapism that interfere with thinking are related to stress symptoms and responses, individual emotional healthy lifestyle and experiences of depression in daily life. Choi and Seo[19] found among Chakra meditation experienced people that most of the causes of selbstfindung and escapism that interfere with an emotional healthy life and depression are related to stress responses, individual lifestyle, role, and experiences in daily life. Kabat-Zinn[20] reported that meditation is an important factor that affects depression. Naga[21] reported a significant correlation between yoga with chakra meditation and depression. Pilkington, Kirkwood, Rampes and Richardson[22], Field[23], and Narthaniels[24] reported on the close interaction between meditation and depression. Lee and Lim reported that chakra meditative motivation and emotional health state perception and mental health closely interact with each other [25]. Devi, Chasauria, and Udupa reported that Mental depression and Chakra meditation in kundalini yoga closely interact with each other [26]. Kim and Lim discovered among
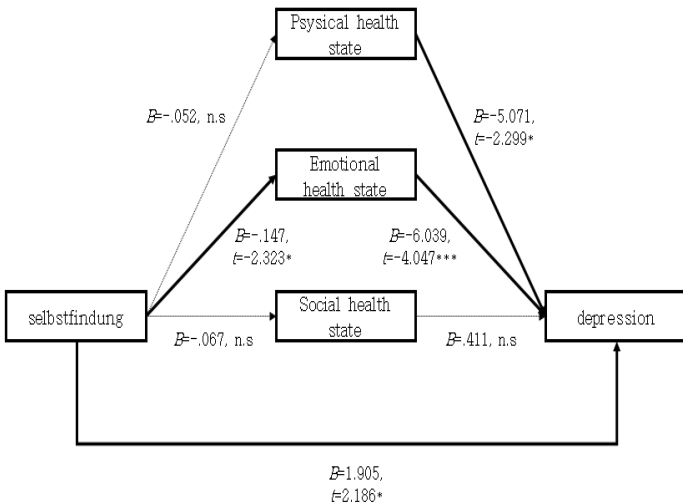
Chakra meditation experienced people that most causes of selbstfindung and escapism interfere with emotion and depression [27]. Lee reported a research evidence about Chakra meditative motivation, emotional state of health perception and mental health close interaction with each other[28]. Dohalso discovered the effectiveness of a Chakra mantra meditation program on depression reduction[29].

Therefore, subjective and objective perception of changes in these health conditions could lead to a deterioration of psychological function. In conclusion, the mediating effect of Chakra meditation experience motivation on mental health and the state of health state of Chakra meditation experienced people was solely analyzed in Korea, and significant results were obtained. Nevertheless, it is important to note that results from this study could be used in reference to mental health especially during counseling interventions and in clinical settings.

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