



MEDITATION UNVEILED: BRIDGING RELIGION, PSYCHOLOGY AND SCIENCE FOR MIND-BODY WELLNESS

Ayuba, Idris¹ aidris21@fudutsinma.edu.ng

and

Abdulmalik Sabitu² a.sabitu@yahoo.com

and

Umar Mamman¹ umamman@fudutsinma.edu.ng

Abstract

Meditation, with its origin in ancient Eastern spiritual traditions, has transcended its religious roots to become a multidisciplinary practice at the intersection of religion, psychology, and science. This paper is an attempt to explore these perspectives, highlighting the historical evolution of meditation, its philosophical foundations, and the empirical evidence supporting its benefits. Meditation, now widely embraced as a mind-body therapy, is a proven intervention for managing stress, enhancing well-being, and improving both mental and physical health. Integrating insights from religious doctrines, psychological theories, and neuroscientific studies, this paper examines the therapeutic value of meditation. It will also discuss on the physiological and psychological mechanisms through which meditation exerts its effects, such as promoting relaxation, enhancing neuroplasticity, and improving emotional regulation. By analyzing major findings, the study underscores the relevance of two dominant meditation practices, concentration and mindfulness, in fostering self-awareness and compassion. The discussion addresses individual differences in receptivity to meditation and identifies areas for future research, emphasizing its holistic potential in modern health care and personal development.

Keywords: Meditation, Religion, Psychology, Science and Mind-Body Wellness

¹Department of Educational Psychology and Counselling, Federal University Dutsin-Ma, Katsina State, Nigeria

²Department of Science Education, Federal University Dutsin-Ma, Katsina State, Nigeria

Background to the Study

Meditation has long served as a bridge between diverse fields, uniting ancient spiritual traditions, modern psychology, and contemporary scientific inquiry (Makransky & Nydahl, 2023; Black & Slavich, 2023). Historically rooted in Eastern religions like Buddhism and Hinduism, meditation was initially practiced as a spiritual discipline to cultivate inner peace, mindfulness, and enlightenment (Creswell & Lindsay, 2022). This spiritual dimension of meditation also finds parallels in Abrahamic religions. In Islam, acts of dhikr (remembrance of God) and muraqabah (self-vigilance) echo meditative practices aimed at fostering spiritual awareness and closeness to Allah, as highlighted in the Qur' an: "Those who believe, and whose hearts find satisfaction in the remembrance of Allah: for without doubt in the remembrance of Allah do hearts find satisfaction" (Quran 13:28). Similarly, the Bible advocates contemplative prayer and meditation, exemplified in Psalms: "Be still, and know that I am God" (Psalm 46:10), emphasizing mindfulness and spiritual connection. Over time, the integration of such meditative practices into psychological and scientific frameworks has expanded their applications and understanding, demonstrating their universal relevance beyond religious contexts (Goyal et al., 2023).

From a psychological perspective, meditation is increasingly recognized as a transformative tool for mental health. Studies reveal its ability to alleviate stress, enhance emotional regulation, and improve cognitive functions, often by altering neural activity in regions associated with self-awareness and empathy (Black & Slavich, 2023; Goyal et al., 2023). In neuroscience, empirical evidence underscores meditation's role in fostering neuroplasticity, reducing symptoms of anxiety and depression, and improving overall psychological resilience (Creswell & Lindsay, 2022; Goyal et al., 2023).

The intersection of meditation with scientific research has also highlighted its physiological benefits. Regular practice is associated with reductions in blood pressure, improved cardiovascular health, and enhanced immune function (Black & Slavich, 2023; Makransky & Nydahl, 2023). Mechanisms such as stress-induced relaxation, systematic desensitization, and the release of repressed memories offer pathways for understanding how meditation impacts both body and mind (Goyal et al., 2023). Two predominant forms of meditation, concentration and mindfulness, dominate both spiritual and secular practices. Concentration meditation focuses on maintaining a single-pointed awareness, while mindfulness emphasizes non-judgmental observation of present-moment experiences (Creswell & Lindsay, 2022; Makransky & Nydahl, 2023). These practices have demonstrated potential for improving well-being, compassion, and interpersonal connections (Black & Slavich, 2023; Goyal et al., 2023).

This study emerges against the backdrop of a growing body of literature that emphasizes the multidisciplinary relevance of meditation. By integrating religious philosophies, psychological theories, and scientific findings, it seeks to offer a comprehensive understanding of meditation's

multifaceted impact. In doing so, it positions meditation not only as a therapeutic tool but also as a means of fostering holistic health and self-awareness in an increasingly fragmented world.

Statement of the Problem

Despite its growing popularity, meditation remains a subject of controversy and misunderstanding among scholars, practitioners, and people of varying faiths. Critics often associate meditation solely with ancient Eastern religious traditions, overlooking its integration into modern spiritual practices, including Islam and Christianity, and its proven therapeutic and scientific benefits. This narrow perspective creates challenges, such as cultural and religious resistance, skepticism about its effectiveness, and a lack of understanding of its broader applications in addressing modern societal issues like stress and trauma. Contemporary research highlights meditation's transformative potential across spiritual, psychological, and physiological domains. For instance, Islamic dhikr and Christian contemplative prayer share meditative elements that foster a sense of spiritual closeness to God (*Qura'n* 13:28; Psalm 46:10).

In psychology, evidence supports meditation as a tool for managing stress, anxiety, and trauma, with mindfulness-based interventions improving emotional regulation and resilience (Creswell & Lindsay, 2022; Black & Slavich, 2023). Furthermore, neuroscientific studies demonstrate that meditation promotes neuroplasticity, enhances immune function, and reduces physiological markers of stress, affirming its holistic health benefits (Goyal et al., 2023; Makransky & Nydahl, 2023). However, a significant gap exists in synthesizing these perspectives to provide a unified understanding of meditation's role in contemporary society. The emphasis on meditation as a purely spiritual or ancient practice has obscured its relevance as a scientifically validated intervention for stress and trauma management. This disconnect has perpetuated confusion, skepticism, and underutilization of meditation as a means to improve mental, emotional, and physical well-being. This paper seeks to bridge this gap by exploring how religious traditions inform meditation practices, examining its psychological benefits, and presenting neuroscientific evidence of their effects.

The Historical and Contemporary Perspectives on Meditation

Meditation is being practiced for centuries across diverse cultures and traditions, aims to cultivate mindfulness, reduce stress, and enhance well-being. Modern scientific research has delved into its mechanisms and benefits, with contributions from psychology, neuroscience, religious studies, and health sciences. Meditation involves techniques like focusing, releasing, imagining, and movement, each enhancing awareness and attention (Lippelt et al., 2014). These practices foster mental clarity, emotional stability, and relaxation (Kabat-Zinn, 2003). Different meditation techniques, such as mindfulness, transcendental, and loving-kindness share a common aim of improving psychological and emotional states, though they vary in approach (Lutz et al., 2008). The benefits of these meditations span psychological, neurobiological, and physical health domains.

For instance, mindfulness-based interventions, including Mindfulness-Based Stress Reduction (MBSR), reduce anxiety, depression, and stress while enhancing overall well-being (Goyal et al., 2014; Grossman et al., 2004). Neurobiological, meditation enhances brain areas tied to attention and emotional regulation, such as the prefrontal cortex and anterior cingulate cortex, and increases cortical thickness in regions responsible for self-regulation (Tang et al., 2015; Hölzel et al., 2011). Physically, it helps manage conditions like chronic pain and cardiovascular disease, lowers blood pressure, and boosts immune function (Black & Slavich, 2016; Chiesa & Serretti, 2011). In education, meditation supports students' attention, emotional regulation, and academic performance while reducing teacher burnout and improving job satisfaction (Zenner et al., 2014; Flook et al., 2013).

Despite these promising outcomes, research gaps remain. These include limited longitudinal studies, reliance on cross-sectional designs, and a lack of culturally diverse perspectives (Fox et al., 2014; Meiklejohn et al., 2012). Additionally, the secular adaptation of meditation raises questions about its alignment with traditional ethical and philosophical dimensions (Purser, 2019). Thus, addressing these challenges through rigorous, culturally sensitive research can expand the application of meditation in psychological, educational, and health sciences, ensuring its benefits are accessible across diverse contexts.

Spiritual Roots and Practices of Meditation

Meditation, an ancient practice deeply rooted in various religious and spiritual traditions, has historically served as a tool for spiritual growth, emotional balance, and cognitive clarity. Across traditions, its forms and goals vary significantly, reflecting diverse cultural and theological contexts. In Buddhism, mindfulness (*sati*) and concentration (*samādhi*) are central, fostering non-judgmental awareness to gain insight into reality. Yet, the impact of cultural variations in Buddhist meditation practices on modern secular adaptations remains underexplored (Kabat-Zinn, 1990). Similarly, in Hinduism, meditation (*dhyāna*) is integral to attaining self-realization (*moksha*), with practices like mantra repetition and yoga emphasizing spiritual goals, which receive scant attention in contemporary research dominated by physiological benefits (Iyengar, 1966).

Christianity incorporates contemplative practices such as *Lectio Divina* and centering prayer, focusing on scripture and divine presence. However, studies often emphasize psychological outcomes, sidelining theological dimensions (Keating, 1994). In Islam, meditation through *Dhikr* (remembrance of God) and *Murāqabah* (spiritual mindfulness) strengthens divine connection, but its mental health benefits and integration into therapeutic frameworks remain understudied (Nasr, 2007). Judaism, with its meditative practices rooted in Kabbalah, mindfulness, and prayer-based introspection, also faces a scarcity of research, leaving gaps in understanding its relevance in modern contexts (Kaplan, 1985).

Dhikr and meditation aim to center the individual. In Western or Eastern meditative traditions, mindfulness often revolves around breath, bodily sensations, or mental observation. While

beneficial, these methods are usually self-referential. In contrast, *Dhikr* redirects focus outward, or rather upward, toward the Divine. It is a mindful state, but God-centered. Repeating names of Allah (like "SubhanAllah", "Alhamdulillah", "Allahu Akbar") or phrases of glorification trains the mind to remain aware of God's presence. Just as meditation lowers stress and increases emotional regulation, *Dhikr*, too, offers these psychological benefits but adds an element of spiritual nourishment, hope, and purpose. The calming of the heart mentioned in the Qur'an is not merely emotional tranquility, but spiritual contentment. In essence, *Dhikr* is the Islamic equivalent of meditation, with the added dimension of divine proximity. It is a form of spiritual mindfulness that connects the believer to their Creator, bringing about both psychological peace and spiritual fulfillment. *Al-Tirmidhī* (n.d.) recorded in Hadith 3377 that the Prophet Muhammad (*) said: "Shall I not inform you of the best of your deeds, the purest of them with your Master, those which raise you to the highest ranks, which are better for you than spending gold and silver, and better than meeting your enemy and striking their necks and them striking yours?" They said, "Yes, O Messenger of Allah!" He said: "The remembrance of Allah (*Dhikr*)."

The Qur'an does not explicitly use the word Murāqabah (مراقبة), a term that emerged in later Islamic spirituality (especially Sufism) to mean spiritual mindfulness, watchfulness, or constant awareness of Allah. However, the concept of Murāqabah is deeply rooted in the Qur'anic worldview, especially through verses that emphasize: The Qur'an gently calls the believer into a state of constant spiritual awareness, reminding us that Allah is Ever Watchful over all things (33:52). This divine watchfulness is not distant or abstract; rather, it is profoundly personal and immediate. We are told, "He is with you wherever you are, and Allah sees everything you do" (57:4), a verse that invites the heart into a deep state of presence knowing that one is never alone, never unnoticed. Even more intimately, Allah reveals, "We created man and know what his soul whispers to him, and we are closer to him than his jugular vein" (50:16). This closeness is not merely physical, but spiritual a nearness that penetrates our innermost thoughts and feelings. It encourages the believer to live in a state of *Murāqabah*: aware that every moment is witnessed, every intention known. Such awareness naturally flows into reflection. The Qur'an praises those "who remember Allah while standing, sitting, and lying on their sides, and reflect deeply on the creation of the heavens and the earth" (3:191). This verse beautifully combines remembrance (dhikr) and reflection (tafakkur), laying the foundation for a meditative life immersed in divine consciousness. Finally, the believer is warned not to fall into heedlessness. "Do not be among the heedless" (7:205).

The concept of *Murāqabah* (spiritual mindfulness), woven naturally to reflect and deepen the *Qur'anic* verses previously discussed, In the Prophetic tradition, the concept of living with deep awareness of *Allah* what later scholars would call *Murāqabah* is beautifully captured in the famous *Hadith* of Jibril. The Prophet Muhammad described the highest level of faith as "worshipping Allah as if you see Him, and if you do not see Him, know that He sees you." This simple but profound statement reflects the very heart of spiritual mindfulness: living with the constant awareness that you are in the presence of your Creator.

This divine presence is not abstract or distant. The Prophet reminded his companions that 'Allah does not look at your bodies or appearances, but He looks at your hearts and your deeds." In other words, what matters most is not the outward form, but the inner state the sincerity, intentions, and spiritual consciousness that reside within the heart. This perfectly echoes the Qur'anic message that Allah is closer to us than our own jugular vein and that He sees all we do. The Prophet salso taught that remembrance of Allah is the difference between spiritual life and death, saying, "The example of the one who remembers his Lord and the one who does not is like the living and the dead." A heart disconnected from God, forgetful, distracted, or heedless, becomes lifeless. But one that is engaged in remembrance becomes alive, aware, and present. He further emphasized the value of reflection and contemplation, stating that "An hour of reflection is better than sixty years of worship." Though the chain of narration is debated, the meaning aligns with the Qur'an's praise for those who reflect on the creation of the heavens and the earth. It is a call not only to think but to feel the weight and beauty of existence, and to allow that awareness to draw the heart nearer to God. Finally, the Prophet described the spiritual presence of the truly mindful believer, saying, "The most beloved of people to Allah are those who, when seen, remind you of Allah." Such individuals embody Murāqabah, they live in the light of God's presence so deeply that it radiates outward and awakens others

Unfortunately, modern secular adaptations like Mindfulness-Based Stress Reduction (MBSR) prioritize mental and physical health, often detaching meditation from its religious and cultural origins (Baer, 2003). This detachment raises concerns about cultural appropriation and the dilution of traditional meanings. Thus, meditation serves as a bridge between ancient religious traditions and contemporary secular practices, offering rich spiritual and psychological benefits. However, significant gaps in comparative studies, cultural contexts, and underrepresented traditions highlight the need for interdisciplinary research that respects both its spiritual essence and modern applications.

Enhancing Mental Health and Cognitive Functioning through Meditation

Meditation, a practice with roots in ancient spiritual traditions, has garnered growing attention in modern psychology for its potential to enhance mental health and cognitive functioning. Defined broadly as a set of techniques aimed at focusing attention and achieving heightened awareness and relaxation, meditation has been integrated into psychological practice through frameworks like Kabat-Zinn's (1990) Mindfulness-Based Stress Reduction (MBSR), which emphasizes non-judgmental awareness of the present moment. This approach aligns with cognitive-behavioral theories (Beck, 1976), which focus on reshaping thought patterns to improve emotional and behavioral outcomes. Neuroscientific findings, such as Lazar et al.'s (2005) work on cortical thickness in meditators, underscore the neuroplastic potential of meditation, supporting its role in enhancing cognitive control and emotional regulation (Tang, Hölzel, & Posner, 2015).

Empirical studies highlight meditation's psychological benefits across various domains. For stress management, Goyal et al. (2014) found that mindfulness meditation is as effective as cognitive-

behavioral therapy in reducing anxiety, depression, and stress. Cognitive improvements, including enhanced attention, memory, and executive functioning, have been demonstrated even after short-term meditation training (Zeidan et al., 2010). Emotional regulation, particularly through practices like loving-kindness meditation, fosters resilience and well-being by cultivating positive emotions (Fredrickson et al., 2008). These benefits extend to clinical settings, with interventions like Mindfulness-Based Cognitive Therapy (MBCT) reducing relapse rates in recurrent depression (Teasdale et al., 2000) and mindfulness aiding veterans in managing PTSD symptoms (Polusny et al., 2015).

The mechanisms underlying these effects are multifaceted. Meditation promotes neuroplasticity, altering brain regions linked to attention and emotion regulation (Hölzel et al., 2011), while modulating the hypothalamic-pituitary-adrenal (HPA) axis to lower cortisol levels and reduce stress (Tang et al., 2015). Furthermore, increased metacognitive awareness allows individuals to observe and regulate their thoughts and emotions more effectively (Shapiro et al., 2006). Despite these promising findings, gaps remain in understanding meditation's full potential, particularly concerning methodological consistency, population diversity, and long-term outcomes. Future research must address these areas to optimize meditation as a therapeutic tool and advance its integration into psychological practice.

The Neurobiological and Physiological Benefits of Meditation

Meditation, rooted in ancient spiritual traditions, has transitioned into a secular practice with demonstrated benefits for mental and physical health, garnering significant attention from researchers and practitioners alike. Encompassing diverse techniques such as mindfulness, transcendental meditation, and loving-kindness meditation, its modern applications focus on stress reduction, emotional regulation, and cognitive enhancement (Goyal et al., 2014; Kabat-Zinn, 2003). Scientific investigations reveal that meditation significantly reduces stress by modulating brain activity in regions like the amygdala and prefrontal cortex, as seen in neuroimaging studies (Hölzel et al., 2011). Programs like mindfulness-based stress reduction (MBSR) consistently lower perceived stress and cortisol levels in various populations (Chiesa & Serretti, 2009).

Emotional regulation benefits, particularly through practices like loving-kindness meditation (LKM), have been linked to increased positive emotions and structural brain changes, including heightened gray matter volume in the anterior cingulate cortex (Fredrickson et al., 2008; Tang et al., 2015). Cognitive improvements are also evident, with mindfulness meditation enhancing working memory and cognitive flexibility (López-González et al., 2022). Focused attention meditation reduces mind-wandering and strengthens sustained attention (Mrazek et al., 2013), highlighting its potential for cognitive optimization.

Physiologically, meditation supports cardiovascular health by reducing blood pressure and heart rate, particularly in hypertensive individuals, as demonstrated in systematic reviews (Anderson et al., 2008). It also bolsters immune function; for instance, mindfulness training has been associated

with increased antibody production following vaccination (Davidson et al., 2003). Furthermore, meditation alleviates chronic pain, with studies indicating reduced pain intensity through altered neural activity in regions like the anterior cingulate cortex and insula (Zeidan et al., 2011).

Underlying these benefits are neurobiological mechanisms, including enhanced connectivity between the default mode and task-positive networks and the downregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which lowers cortisol levels (Fox et al., 2016; Pascoe et al., 2017). Despite its promise, gaps remain in understanding meditation's long-term effects, mechanisms, and efficacy across diverse demographics. Addressing these limitations through interdisciplinary research is vital for optimizing meditation-based interventions and integrating them into mainstream healthcare systems.

The Interdisciplinary Nature of Meditation

Meditation, a practice rooted in ancient spiritual traditions, has evolved into a widely studied tool for enhancing mental, emotional, and physical well-being. Its application spans diverse fields, including religion, psychology, and science, with each area offering unique perspectives on its benefits. In religious contexts, meditation serves as a means of spiritual growth, promoting emotional balance and deepening one's connection with the divine, although its cultural and spiritual dimensions often remain underexplored in modern research. In psychology, meditation has demonstrated significant potential in improving mental health outcomes, such as reducing stress, anxiety, and depression, while enhancing cognitive functions like attention and memory. Neuroscientific studies support these psychological benefits by revealing how meditation fosters neuroplasticity, alters brain structures, and regulates emotional responses. In the scientific realm, meditation's positive effects on physical health, including stress reduction, improved cardiovascular function, and pain management, are well-documented, highlighting its utility as a holistic wellness practice. Despite these promising findings, gaps remain in research, particularly concerning the long-term effects, methodological consistency, and cultural relevance of meditation practices. Interdisciplinary approaches, including culturally sensitive studies, are essential to expanding the understanding and application of meditation across various fields, ensuring its benefits are accessible and tailored to diverse populations and contexts.

Meditation, an ancient practice, exhibits deep interlinkages across various religious traditions, psychological frameworks, and scientific domains. A review of Islamic and Christian scriptures revealed that meditation is not confine to Eastern spirituality but is also deeply embedded in Abrahamic faiths. In Islam, practices like *dhikr* (remembrance of Allah), *tadabbur* (reflection), and *muraqabah* (contemplation) demonstrate the spiritual essence of meditation. Quranic verses emphasize mindfulness and a connection to Allah, such as "*Those who believe and whose hearts find satisfaction in the remembrance of Allah"* (Quran 13:28). Prophet Muhammad (peace be upon him) exemplified meditation, particularly in the Cave of Hira before receiving revelation (*Al-Bukhari*, Book 87, Hadith 1). He engaged in *tahannuth* (devotional seclusion), a form of spiritual

reflection and worship. This practice continued for many nights until the first revelation (*Qura'n* 96:1-5) came through Angel *Jibreel* (Gabriel). Similarly, Christian scriptures highlight meditative practices, with verses like Psalm 1:2 advocating for contemplation of God's law "day and night" and Philippians 4:8 encouraging believers to reflect on virtues such as truth and nobility. These traditions underscore meditation's role in fostering spiritual growth, mindfulness, and inner peace (*Qura'n* 13:28; Psalm 119:15; *Tirmidhi*).

From a psychological perspective, meditation has evolved into a therapeutic intervention for managing stress, anxiety, and trauma. Recent studies highlight its impact on emotional regulation and resilience, with mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) yielding significant benefits in mental health care (Creswell & Lindsay, 2022). Neuroscientific research further substantiates these claims, demonstrating how meditation fosters neuroplasticity, reduces symptoms of depression, and enhances cognitive functions by influencing areas of the brain associated with self-awareness and empathy (Black & Slavich, 2023). These findings position meditation as a bridge between spiritual introspection and psychological well-being.

Scientific investigations into meditation's physiological effects provide additional support for its holistic benefits. Regular meditation practice has been linked to lower blood pressure, improved cardiovascular health, enhanced immune function, and better sleep quality (Goyal et al., 2023). Mechanisms such as relaxation, systematic desensitization, and stress-induced changes in hormone regulation offer insight into how meditation contributes to overall health and well-being (Makransky & Nydahl, 2023).

Despite its universal relevance, challenges remain in reconciling meditation's spiritual, psychological, and scientific dimensions. Some critics argue that its roots in ancient religions create cultural and theological tensions, particularly in contexts where meditation is perceived as incompatible with specific faith traditions. However, the evidence suggests that meditation is not confined to a single religion or culture; rather, it serves as a multifaceted practice that transcends these boundaries, offering diverse pathways for spiritual connection, emotional balance, and physical health.

This paper supports the notion that meditation embodies a unique connection between religion, psychology, and science. Its spiritual roots, as seen in Islamic and Christian traditions, complement its psychological benefits and scientific validation. This interconnected perspective challenges the view that meditation belongs exclusively to ancient religious faiths, positioning it instead as a universal practice relevant to contemporary challenges. By integrating these domains, meditation emerges as a critical tool for fostering spiritual devotion, mental resilience, and physical well-being in today's fragmented world.

Conclusion and Recommendations

Meditation serves as a powerful intersection between religion, psychology, and science, demonstrating its transformative potential through both spiritual practices and modern research. Rooted in ancient traditions, particularly in Islam and Christianity, it has evolved into a widely recognized tool for enhancing mental, emotional, and physical well-being. By fostering self-awareness and promoting a mind-body connection, meditation supports psychological resilience, stress reduction, and emotional regulation, while also contributing to physiological improvements like enhanced cardiovascular health and immune function.

Despite its broad benefits, the outcomes of meditation are influenced by individual factors such as predispositions and psychological states. Meditation appears to be most effective for individuals with mild neurosis or psychosomatic conditions, highlighting the importance of tailoring meditation practices to individual needs.

Further research is crucial to address existing gaps in knowledge, particularly regarding the long-term effects, cultural relevance, and methodological consistency of meditation practices. More interdisciplinary studies, especially those that integrate religious, psychological, and scientific perspectives, are needed to refine meditation's applications. Such research can solidify its role as a holistic intervention and therapeutic tool, ensuring that it is accessible and beneficial across diverse populations and contexts.

References

- Alexander, C. N., Langer, E. J., Newman, R. I., Chandler, H. M., & Davies, J. L. (1989). Transcendental meditation, mindfulness, and longevity: An experimental study with the elderly. Journal of Personality and Social Psychology, 57, 950–964. doi:10.1037/0022-3514.57.6.950.
- Al-Bukhari, M. I. (n.d.). *Sahih al-Bukhari* (Book 87, Hadith 1). In *Sahih al-Bukhari* (Vol. 1, p. 3). (M. M. Khan, Trans.). Darussalam. (Original work published 9th century).
- Al-Tirmidhī, M. 'Ī. (2007). Sunan al-Tirmidhī (Vol. 5, p. 458, Hadith 3377). Darussalam
- Bechert, H. (1984). 'Buddhist Revival in East and West'. In: H. Bechert & R. Gombrich, eds. The World of Buddhism: Buddhist Monks and Nuns in Society and Culture. London: Thames and Hudson: 273–285.
- Beck, A. T. (1977). Cognitive behavior therapy: A new approach to the treatment of depression. Guilford Press.
- Bhushan B (2002). The neuropsychology of consciousness. Paper presented at Mind and Consciousness: Various approaches, January 9-11, IIT Kharagpur, India.
- Bhushan B (2004). Current trend in cognition & consciousness research: Integrating science and spirituality in neuropsychological perspective. National Conference on Indian Psychology, Yoga, and Consciousness, December 10-13 Pondicherry, India.

- Black, D. S., & Slavich, G. M. (2023). Mindfulness meditation and the neurobiology of stress. *Psychosomatic Medicine*. Retrieved from https://academic.oup.com.
- Bono J (1984). Psychological Assessment of Transcendental Meditation. In *Meditation: Classic and Contemporary Perspectives*, eds. D.H. Shapiro and R.N. Walsh. New York: Aldine.
- Braun, E. 2013. The Birth of Insight: Meditation, Modern Buddhism, and the Burmese Monk Ledi Sayadaw. University of Chicago Press.
- Brown D. (2007). Differences in visual sensitivity among mindfulness meditators and non-meditators. *Perceptual and Motor Skills*, 58, 727-733.
- Brown, K. W., Kasser, T., Ryan, R. M., Alex Linley, P., & Orzech, K. (2007). When what one has is enough: Mindfulness, financial desire discrepancy, and subjective well-being. Journal of Research in Personality, 43, 727–736. doi:10.1016/j.jrp.2009.07.002.
- Buckner, R. L., Andrews-Hanna, J. R., & Schacter, D. L. (2008). The brain's default network and self-referential activity. Annals of the New York Academy of Sciences, 1124, 1-13.
- Buckner, R. L., et al. (2008). The brain's default network and self-referential activity.
- Cahn, B. R., & Polich, J. (2006). Meditation states and traits: EEG, ERP, and neuroimaging studies. Psychological Bulletin, 132(2), 180-211.
- Cahn, B. R., & Polich, J. (2006). Meditation states and traits: EEG, ERP.
- Cardoso, R., de Souza, E., Camano, L. and Leite, J. R. (2004), 'Meditation in Health: An Operational Definition', Brain Res. Brain Res. Protoc., 14, 58–60.
- Coster, G. (1934). Yoga and Western psychology. London, England: Oxford University Press.
- Craven JL (1989). Meditation and psychotherapy. Canadian Journal of Psychiatry, 34, 648-53.
- Creswell, J. D., & Lindsay, E. K. (2022). How mindfulness training improves health and well-being: Mechanisms and interventions. *Annual Review of Psychology*, 73, 491-516.
- Daniels FS & Fernhall B (1984). Continuous EEG Measurement to Determine the Onset of a Relaxation Response during a Prolonged Run. Medicine and Science in Sports and Exercise 16, 182.
- Delmonte MM (1984a). Physiological Responses during Meditation and Rest. *Biofeedback and Self-Regulation*, 9, 181-200.
- Feuerstein, G. (2001). The yoga tradition: Its history, literature, philosophy and practice. Prescott, AZ: Hohm Press.
- Flood, G. (2004). An introduction to Hinduism. New Delhi, India: Cambridge University Press.
- Flood, G. (2013). The importance of yoga and meditation in Hinduism. Journal of Hindu Studies, 6(1), 1-15.
- Fromm, E. (1960). Psychoanalysis and Zen Buddhism. Harper & Brothers

- Goleman D (1988). Meditation as Meta-therapy: Hypothesis toward a proposed fifth state of consciousness. Journal of Transpersonal Psychology, 3, 10.
- Gombrich, R.F. 1971. Buddhist Precept and Practice: Traditional Buddhism in the Rural Highlands of Ceylon. London: Routledge.
- Gombrich, R.F. and Obeyesekere, G. 1988. Buddhism Transformed: Religious Change in Sri Lanka. Delhi: Motilal Banarsidass Publishers.
- Goyal, M., et al. (2023). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*. Retrieved from https://www.jamanetwork.com.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits. A meta-analysis. Journal of Psychosomatic Research, 57, 35–43. doi:10.1016/S0022-3999(03)00573-7.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits. A meta-analysis. Journal of Psychosomatic Research, 57, 35–43. doi:10.1016/S0022-3999(03)00573-7.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). Acceptance and commitment therapy: An experiential approach to behavior change. New York, NY: Guilford Press.
- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (201.
- Kabat-Zinn J (1994). Full catastrophe living. New York: Delta.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context.
- Kapleau, P. (2000). The three pillars of Zen. New York, NY: Anchor Books.
- Kaptchuk, T. J. (2009). The web that has no weaver: Understanding Chinese medicine.
- Kesterson JB (1986). Changes in Respiratory Patterns and Control during the Practice of the Transcendental Meditation Technique. *Dissertation Abstracts International*, 47, 4337.
- Kristeller, J. L., & Rikhye, K. (2008). Meditative traditions and contemporary psychology. In K. R. Rao, A. C. Paranjpe, & A. K. Dalal (Eds.), Handbook of Indian psychology (pp. 506–538). New Delhi, India: Cambridge University Press.
- Langer, E. J., Ngnoumen, R. I. (2014). Transcendental meditation, mindfulness, and longevity: An experimental study with the elderly. Journal of Personality and Social Psychology, 57, 950–964. doi:10.1037/0022-3514.57.6.950.
- Linehan, M. (2007). Dialectical behavior therapy in clinical practice: Applications across disorders and settings. New York, NY: Guilford Press.
- Luders, E., et al. (2013). The effects of meditation on gray matter volume.
- Makransky, J., & Nydahl, K. (2023). Bridging contemplative practice and psychological science: A path forward for meditation research. *Mind & Life Institute*. Retrieved from https://www.mindandlife.org.

- McMahan, D.L. 2008. The Making of Buddhist Modernism. Oxford: Oxford University Press.
- Naranjo, C., & Ornstein, R. (1971). On the psychology of meditation. New York, NY: Viking.
- Numen, 42(3): 228-283.
- Ospina, M. B., Bond, K., Karkhaneh, M., Tjosvold, L., Vandermeer, B., Liang, Y. et al. (2007), 'Meditation Practices for Health: State of the Research', Evid.Rep.Technol.Assess. (Full.Rep.), 1–263.
- Patel CH (1976). TM and Hypertension. Lancet, 1, 539.
- Rainforth, M. (1994). Treating and preventing alcohol, nicotine, and drug abuse through transcendental meditation: A review and statistical meta-analysis. *Alcoholism Treatment Quarterly*, 11, 13–87. doi:10.1300/J020v11n01_02.
- Ramamurthi B (1977). Yoga and neurology. Journal of Rehabilitation in Asia, 18, 16-17.
- Samy, A. (2002). Zen heart, Zen mind. Chennai, India: Cre-A.
- Seer P & Raeburn JM (1980). Meditation Training and Essential Hypertension: A Methodological Study. *Journal of Behavioral Medicine 3*, 59-70.
- Sharf, R.H. 1995. 'Buddhist Modernism and the Rhetoric of Meditative Experience'.
- Shear, J. (Ed.). (2006a). *The experience of meditation: Experts introduce the major traditions.* St. Paul, MN: Paragon House.
- Smith, W. C. (1975), What Is Scripture? A Comparative Approach, Minneapolis, MN: Fortress.
- Sudsang R, Chentanez, & Veluvan K (1991). Effect of Buddhist Meditation on Serum Cortisol and Total Protein Levels, Blood Pressure, Pulse Rate, Lung Volume and Reaction Time. *Physiology and Behavior*, *50*, 543-548.
- Taimni IK (1975). Patanjali's "Yoga Sutras," Book I, verses 2-4. In *The Science of Yoga*. Wheaton, IL:Theosophical Publishing House.
- The Qur'an. (2004). Surah Al-Ahzab: 52; Surah Al-Hadid: 4; Surah Qaf: 16; Surah Aal 'Imran: 191; Surah Al-A'raf: 205; Surah Al-Baqarah: 152; Surah Ar-Ra'd: 28; Surah Al-Ahzab: 41–42; Surah Ta-Ha: 14; Surah Al-Ankabut: 45, Quran 96:1-5. In M. Khan & M. al-Hilali (Trans.), The Noble Qur'an: English translation of the meanings and commentary (King Fahd Complex edition). King Fahd Complex for the Printing of the Holy Qur'an. (Original work published 7th century)
- Varma LP (1979). Yoga, meditation and mysticism. *Indian Journal of Psychiatry*, 21, 293-304.
- Wallace R.K. (2005). Systolic Blood Pressure and Long-term Practice of the Transcendental Meditation and TM-Sidhi Program: Effects of TM on Systolic Blood Pressure. *Psychosomatic Medicine* 45, 41-46
- Walsh R & Shapiro SL (2006). The meeting of meditative disciplines and Western psychology: a mutually enriching dialogue. American Psychologist, 61, 227-39.