

Behavioural Avoidance Before and After the Practice of Meditation: A Comparative Study

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Abstract

Objective: The study was carried out to compare the behavioural avoidance of people before and after the practice of meditation.

Methodology: The study was undertaken among a randomly selected sample of 50 meditators from Kerala State of India using a questionnaire, which contained the measure of Behavioural Avoidance, and the characteristics of the respondents, namely, sex, age, marital status, and whether experienced any psychological problems during the past six months or not. The data was analysed as scores, proportion reporting and through statistical test.

Results: Statistically significant improvement was observed in mean behavioural avoidance score after the practice of meditation, indicating less of behavioural avoidance. The range of behavioural avoidance scores after meditation practice also supports this observation. The benefits of meditation in reducing behavioural avoidance were also experienced by a very high proportion of meditators under the study. Psychological problems faced by the meditators during the past six months has resulted in more of behavioural avoidance by them. The characteristics of the meditators sex, age and marital status were not found to statistically influence their behavioural avoidance. This implies that the positive effect of meditation on behavioural avoidance is consistent, irrespective of the demographic characteristics of the practitioners, and hence, it may be useful for most of the meditators for reducing behavioural avoidance.

Conclusion: Less behavioural avoidance observed after starting meditation practice could probably enable the meditators to engage more openly with situations they might otherwise avoid. The practice of meditation could reduce hypervigilance and avoidance tendencies by enhancing present-moment awareness and reducing cognitive distortions such as unfavourable thought processes.

Keywords: COPA Syndrome, Rare Genetic Autoimmune Disorder, COPA Gene

Introduction

Behavioural avoidance implies actions taken by individuals to escape or avoid distressing thoughts, feelings, situation or stimuli. It is a common psychological coping mechanism, which may give short-term relief to people. However, it ultimately prevents problem-solving and worsens problems by reinforcing

fear and anxiety. Hence, less behavioural avoidance usually improves mental health by fostering better functioning and self-esteem. By engaging with fearful situations and feelings instead of avoiding them, individuals learn to manage them more effectively, leading to positive changes in anxiety, mood and quality of life.

Meditation is a mindfulness-based mind-body intervention capable of addressing psychological challenges. Meditators can develop greater tolerance towards discomfort, thereby reducing maladaptive avoidance tendencies and enhancing resilience. Meditation has been reported to significantly enhance the feeling of relaxation across participants, irrespective of demographic factors, thereby highlighting its universal applicability as a preventive and therapeutic practice. Under a relaxed mood, individuals could probably have less problems related to behavioural avoidance in life also [1]. Under the present day stressful socio-cultural environment, integrating practices such as meditation in schools, workplaces and community programs can be expected to significantly reduce psychosomatic health burden and promote sustainable mental health.

Published research provide important insights into the mechanisms through which meditation may influence avoidance-related behaviour. For example, it was found that experiential avoidance significantly decreased during the early stages of meditation practice [2]. Importantly, these reductions in avoidance were found to mediate improvements in emotional distress, suggesting that even short-term meditation practice can foster meaningful psychological change. Mindfulness-plus-self-compassion interventions were found to decrease experiential avoidance, acting as a critical pathway linking the practice to improvements in anxiety, depression, and overall well-being [3]. These findings emphasize the role of behavioural avoidance reduction as a mediator in the effectiveness of meditation and compassion-based practices.

Emerging technologies such as Virtual Reality (VR) and Augmented Reality (AR) are transforming the way meditation practices are delivered and experienced, offering new opportunities to address problems such as behavioural avoidance. By creat-

ing immersive or enhanced environments, these tools help individuals to engage better with meditation, reducing barriers such as distraction, low motivation or resistance to confronting discomfort. VR provides immersive environments that simulate calming natural settings or guided meditative spaces, enhancing one's ability to focus and regulate emotions. A systematic review and meta-analysis reported that VR-based mindfulness interventions significantly reduced anxiety, depression, and stress while improving sleep quality and emotion regulation, outperforming many traditional approaches [4]. These outcomes could probably reduce behavioural avoidance also by enabling individuals to face internal distress in a safe, controlled setting.

A recent systematic review has concluded that AR-assisted interventions were effective for anxiety-related avoidance, particularly in phobias, and were often perceived as less aversive than traditional in-vivo methods [5].

Materials and Methods

The study reported in this research article was carried out among a randomly selected sample of 50 meditators from Kerala State of India using a questionnaire, which contained the measure of Behavioural Avoidance and the characteristics of the respondents, namely, sex, age, marital status, and whether experienced any psychological problems during the past six months or not. The data was analysed as scores, proportion reporting and through statistical test [6].

Results

Table 1 shows the statistical significance of the difference in mean behavioural avoidance scores before and after the practice of meditation. A higher score indicates less of behavioural avoidance by the respondents.

Table 1: Statistical Significance of the Difference in Mean Behavioural Avoidance Score Before and After the Practice of Meditation

Mean behavioural avoidance score*		t value and statistical significance
Before meditation	After meditation	
46.2	64.5	- 11.9; p < 0.001

* as % of the maximum possible score under the study, which indicates the lowest level of behavioural avoidance

Table 2 shows the range of behavioural avoidance scores before and after the practice of meditation.

Table 2: Range of Behavioural Avoidance Score Before and After the Practice of Meditation

Before meditation		After meditation	
Range of behavioural avoidance score*	Respondents (%)	Range of behavioural avoidance score*	Respondents (%)
43.8 - 45.8	60	60.4 - 64.5	80
47.9	40	68.8	20
Total	100	Total	100

* as % of the maximum possible score

Table 3 gives details of statistical significance of the difference in mean behavioural avoidance scores after the practice of medi-

tation of respondents who had, and who did not have psychological problems during the past six months.

Table 3: Statistical Significance of the Difference in Mean Behavioural Avoidance Score After the Practice of Meditation Based on Psychological Problems

Mean behavioural avoidance score of respondents after the practice of meditation *		t value and statistical significance
Had psychological problems during the past six months	Did not have psychological problems during the past six months	
60.4	65.6	4.8; $p < 0.05$

* as % of the maximum possible score

Discussion

Behavioural Avoidance Score

The results shown in Table 1 indicate significant improvement in mean behavioural avoidance score after the practice of meditation, implying less behavioural avoidance, which could enable the meditators to engage more openly with situations they might otherwise probably avoid. Psychologically, this finding suggests that meditation may reduce hypervigilance and avoidance tendencies by enhancing present-moment awareness and reducing cognitive distortions such as unfavourable thought processes. The range of behavioural avoidance scores (Table 2) further supports this observation. Prior to meditation, majority of the respondents (60%) had scores in the lower range (43.8 - 45.8% of the maximum possible score) only, indicating higher behavioural avoidance. However, after meditation, 80% of respondents have got scores in the comparatively higher range (60.4 - 64.5% of the maximum possible score) indicating reduction in behavioural avoidance. This result also highlights that the benefits of meditation in reducing behavioural avoidance were experienced by a very high proportion of meditators. This suggests that through meditation, individuals get used to facing uncomfortable situations without running away from them. Meditation practice is known to activate prefrontal regulatory regions of the brain, while calming overactive amygdala responses, which in turn, decreases avoidance behaviour commonly seen in anxiety and stress conditions.

Influence of Psychological Problems on Behavioural Avoidance Score

The results shown in Table 3 indicate that psychological problems have influenced the extent of improvement in behavioural avoidance of the meditators. Mediators without psychological problems in the past six months got higher mean scores (65.6% of the maximum possible score), when compared to those who had psychological problems (60.4% of the maximum possible score), indicating the experience of more behavioural avoidance by the latter category of meditators. The difference in scores is also statistically significant (Table 3). It is possible that existing psychological problems such as anxiety, depression etc. could moderate the effectiveness of meditation practice, since they could hinder full engagement or receptivity to it.

Statistically significant difference in the mean behavioural avoidance score after the practice of meditation was not observed based on the characteristics of the respondents, namely sex, age and marital status. This indicates that the positive effect of meditation on behavioural avoidance is consistent, irrespective of the demographic characteristics of the practitioners, and hence, it may be useful for most of the meditators for reducing the behaviour of avoidance.

Conclusion

Statistically significant improvement in mean behavioural avoidance score after the practice of meditation was observed, implying less behavioural avoidance, which could enable the meditators to engage more openly with situations they might otherwise probably avoid. The range of behavioural avoidance scores after meditation practice further supports this observation. The benefits of meditation in reducing behavioural avoidance were also experienced by a very high proportion of meditators under the study. Hence, meditation could reduce hypervigilance and avoidance tendencies by enhancing present-moment awareness and reducing cognitive distortions such as unfavourable thought processes. Psychological problems faced by the meditators during the past six months has resulted in more of behavioural avoidance by them. The characteristics of the meditators sex, age and marital status were not found to statistically influence their behavioural avoidance. This implies that the positive effect of meditation on behavioural avoidance is consistent, irrespective of the demographic characteristics of the practitioners, and hence, it may be useful for most of the meditators for reducing behavioural avoidance.

Conflict of Interest

The authors of this research article declare that there is no conflict of interest in the article now or in the future.

References

1. Madhava Chandran, K., Rinsha, K. A., Mehjabin, M., & Mohamed Prince, M. (2025). Feeling relaxed before and after the practice of meditation: A study. *Journal of Medical Images and Medical Education Research*, 2(5), 01-04. <https://doi.org/10.63620/MKJMMRR.2025>
2. Ju, W., Pakenham, K. I., Zhang, Z., & Lin, L. (2023). Experiential avoidance as a mediator of early changes in online mindfulness-based interventions: evidence from two meditation studies. *Journal of Contextual Behavioral Science*, 29, 1-10.
3. Yela, J.R., Crego, A., Buz, J., Sánchez-Zaballos, E., & Gómez-Martínez, M.Á. (2022). Reductions in experiential avoidance explain changes in anxiety, depression and well-being after a mindfulness and self-compassion (MSC) training. *Psychol Psychother.*, 95(2),402-422. doi: 10.1111/papt.12375.
4. Seabrook, E., Kelly, R., Foley, F., Theiler, S., Thomas, N., Wadley, G., & Nedeljkovic, M. (2023). Virtual reality mindfulness for mental health: A systematic review and meta-analysis. *Journal of Medical Internet Research*, 25 (7). e38040. <https://pubmed.ncbi.nlm.nih.gov/36002363/>
5. Lindner, P., Miloff, A., Fagnäs, S., Andersen, J., Furmark, T., & Carlbring, P. (2024). Augmented reality in exposure therapy for anxiety: A systematic review. *Frontiers in Psy-*

chology, 15, 8p. 1320842. <https://pubmed.ncbi.nlm.nih.gov/39996149/>

6. Kanter, J. W., Mulick, P. Busch, A. M., Berlin, K. S., & Martell, C. R. (2007). The behavioral activation for depression

scale (BADs): Psychometric properties and factor structure. *Journal of Psychopathology and Behavioral Assessment*, 29, 191-202.