SOME OBSERVATIONS ON THE USES OF THE TRANSCENDENTAL MEDITATION PROGRAM IN PSYCHIATRY

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The Transcendental Meditation program was shown to be a valuable aid in the treatment of patients with various mental disorders. — EDITORS

A series of case studies is presented in which the Transcendental Meditation program has been used as part of the treatment for various mental disorders at the Institute of Psychophysiological Medicine, San Diego, California. The Transcendental Meditation program proved to be a useful therapy for anxiety neurosis, obsessive-compulsive neurosis, depression, drug abuse, and psychosomatic disease. In general, patients practicing the Transcendental Meditation technique were found to improve at an unusually fast rate and to benefit more from each of their therapy sessions. A review of the use of the Transcendental Meditation program with in-patients of a psychiatric hospital indicates that this program was a successful adjunct to therapy in this setting also. Finally, the value of the Transcendental Meditation program for therapists and for the mental health field is discussed.

INTRODUCTION

Psychiatry is that branch of medicine which concentrates on the treatment and cure of mental disorders. The word psychiatry comes from two roots: psyche, meaning the spirit, the soul, or in more modern times the mind, and iatros, meaning to heal—when combined, mind-healing. Mind-healing is an ancient art; undoubtedly it has been practiced since the dawn of man.

How does the Transcendental Meditation (TM) technique qualify as a fundamental technique of psyche-iatry, or mind-healing? There is an ancient Latin adage medicus curat natura sanat, "the physician treats but nature heals." Natural healing processes cure most physical and mental illnesses. Injured tissues regenerate themselves, white blood cells repel infection, and many emotionally disturbed people experience spontaneous remissions or find ways to cope with their distress. Every physician knows what the ancient shaman undoubtedly must have learned by trial and error, that as long as he is careful to "above all do no harm," nature will frequently do the healing. Perhaps the most valuable aspect of the TM technique is that it produces physiological conditions that maximize self-healing processes through a unique state of deep rest (56, 57, 58) that allows the release of psychophysiological stresses.

Every physician knows the importance of rest, a doctor's most fundamental prescription. Because TM can produce within just a minute or two a state of rest deeper than that of sleep (57), we can very quickly see its potential usefulness. The Transcendental Meditation technique not only provides a marked state of ease, but also an ordering of neurophysiological functioning, as shown by EEG studies demonstrating brain wave synchrony (1, 2). The ease and orderliness produced by TM helps to prevent and counterbalance "dis-ease" and "dis-order." Because it acts on such a fundamental level to alleviate disease and disorder, TM deserves major consideration as a psychiatric technique.

Growth, too, is a natural process. There seems to be a basic urge in living things to move toward the fullest expression of their abilities and potentialities. However, while children express the joy derived from the discovery of new knowledge and skills, many adults seem satisfied to spend most of their energy in routine, repetitious, or defensive activities. The stress of life and the responsibility of living often dull people to the point of fearing change and resisting growth. The effect of the TM technique is to minimize defensive living patterns by unfolding within the individual a basically positive inner nature, which supports growth toward a healthy, fruitful, and happy life. TM systematically eliminates the various sources of stress and anxiety that impede the natural unfoldment of full human potential.

During TM the mind experiences the field of pure creative intelligence, the energy reservoir of the psyche. The physiological effects of this experience include decreased stress, decreased anxiety (15, 16, 29, 35, 46), and...
decreased dependence on external stimuli such as drugs and excitement for self-mobilization (4, 16, 49, 51). Further results include increased happiness, stability, performance, optimism, energy, and good health (16, 19, 49). The practice of TM apparently brings increased well-being on physical, psychological, and interpersonal levels. For example, Shafii reports that 92 percent of 126 meditators surveyed felt more relaxed after beginning TM, and 75 percent reported an improvement in their ability to concentrate and a decrease in tension, anxiety, and nervousness (50). Can TM also be helpful to those individuals who are so seriously disturbed that they require psychiatric care? The evidence is mounting that the TM program can contribute significantly to the treatment of the mentally ill (7, 8, 9, 12, 27, 50, 61).

An increasing number of psychiatrists and psychologists have sought to apply the TM program as an adjunct to psychotherapy. As a post-doctoral fellow in social and community psychiatry at the Yale University School of Medicine and now as clinical director of psychiatry at the Institute of Psychophysiological Medicine, I have had 102 of my patients start TM to date. The results have been most encouraging. It appears that a wide range of psychiatric patients can be helped by TM. This technique is easy to learn and involves no change in lifestyle other than fitting in a 20-minute meditation period morning and evening. A few patients refuse to learn TM because of unwillingness to help themselves, disbelief in meditation, fears of introspection, or fear of being taken over by hostile forces.

Most of my patients have been pleased with TM, however, and continue the practice regularly. Meditating patients improve at an uncommonly fast rate. They need fewer therapy hours, and the sessions become more meaningful and useful. With several patients this improvement has been dramatic; some have been relieved of symptoms that were not affected by previous therapy. As judged by previous experience, progress occurs at about twice the usual rate and sometimes even faster. If a patient is not moving at a satisfactory pace, often he has stopped meditating. When he begins again progress continues. TM can frequently become the principal therapy. Fewer therapy sessions are needed. The primary focus of such sessions is understanding the normalization process and the growth that is taking place. The role of the psychotherapist becomes that of a wise teacher who provides knowledge and support while TM does the healing (9).

Anxiety is the common denominator of almost all mental disorders (13). Neurosis is characterized by excessive anxiety, which arises when there is no manifest danger, continues long after danger has passed, and interferes with the individual’s pursuit of a normal life. Chronic anxiety may precede major depressive episodes. The anxiety that portends schizophrenic reactions is extreme and incessant, leading to marked disturbances of sleep, cognition, and social functioning. Hypochondriasis is often a response to anxiety as well. Alcoholism and drug abuse are destructive habits that attempt to relieve anxiety. Since anxiety is so basic to mental illness and since TM has been repeatedly shown to relieve anxiety, there has been increasing interest by the psychiatric community as to whether the TM technique might be useful in treating severe psychic distress.

Below are a series of case studies, chiefly derived from my practice, that illustrate how the TM technique can lead to improvement across a wide range of diagnostic categories. Following each case there is some discussion of the mechanism of change that TM appears to be catalyzing.

ANXIETY NEUROSIS

Joan was a 25-year-old graduate student who came with the chief complaint of “anxiety attacks”: “I’m afraid I’m going crazy.” She had been suffering from anxiety attacks since about age 17, and these had increased in severity over the last six months. These were characterized by feelings of tenseness, apprehension, hyperventilation, irritability, chest pain, heart palpitations, dizziness, trembling, faintness, and easy tiring. Joan would frequently experience intense fear of impending doom or going insane, without any apparent external cause. Numerous medical work-ups for various bodily complaints revealed no organic disease.

Joan reported that as a result of “the constant pressure, pressure, pressure,” she felt chronically tense and spent a good deal of time crying. She had tried tranquilizers and relaxation exercises, which offered minimal relief. As the pressure of school increased, Joan could not even get out of bed some days and felt chronically fatigued.

Joan has now been meditating for over a year. Since her instruction she reports gradually feeling better than she has ever felt before and feels that she has received more relaxation and energy than from two previous years of therapy, pills, and exercises. She reports that now she “knows what deep relaxation is all about.” Joan no longer has chronic insomnia, gets up every morning, and looks forward to the day’s activities. She still reports some tension during a particularly busy day or before a paper is due, but she feels better able to cope with such things. She states:

TM has opened up new horizons in my life. Prior to beginning TM I felt like I was on a treadmill. The strain was becoming unbearable and I was on the verge of a nervous breakdown. Since meditating, I have gradually learned to be more at ease with myself and with the situations in my life. It’s not so much that my life situation has changed but my view of these situations. I attribute a lot of these changes to the deep calm that I’ve obtained from meditation.
Joan's improvement is shown in fig. 1, which summarizes her scores on the Minnesota Multiphasic Personality Inventory (MMPI) at the time of her initial presentation and after one year of practicing TM. The high scores on Hysteria and Hypochondria indicate that Joan was quite neurotic before TM. Chronic anxiety probably contributed to her high Depression score as well. The decrease of the Hysteria, Depression, and Hypochondria scale scores into the normal range parallels Joan's clinical improvement. She no longer complains of bodily aches or attacks of fear and feels much more autonomous and stable.

Anxiety neurosis, such as that from which Joan suffered, is a chronic disorder that affects a significant portion of the United States's population. It has been estimated that between ten and 30 percent of the patients of most general practitioners and internists have ailments stemming from anxiety neurosis. TM serves as an anxiety modality by changing the response of the individual to environmental circumstances and by allowing a more adaptive response to 20th-century living conditions. During TM oxygen consumption sharply decreases, heart rate and cardiac output decrease, muscles relax, blood lactate levels diminish, skin resistance increases markedly, the brain achieves greater synchrony, and the meditator experiences a refreshing state of restful alertness. The comprehensive and integrated physiological state produced by TM appears to be the opposite of a maladaptive anxiety attack. A number of studies have demonstrated that the longer one practices TM, the greater the reduction in measurable anxiety (16, 28, 46).

More important, preliminary scientific evidence (47) and the personal experience of meditators indicate that the regular practice of TM leads to a permanent state of resistance and resilience to environmental threats and pressures through the achievement of greater autonomic stability. The result is an altered style of functioning of the nervous system in which energy is no longer consumed by inappropriate anxiety and worry, but instead is utilized for greater personal satisfaction and more dynamic activity.

In current practice, psychotherapy is the principal treatment for anxiety neurosis, either alone or combined with tranquilizers. But therapy usually requires long years of professional attention and produces results that are at best inconsistent. Psychotherapy is effective for only certain individuals, and only a select few in our society can afford the luxury of long-term psychiatric treatment. We suggest that the practice of TM offers an alternative, not necessarily to replace the interpersonal encounter that is the core of psychotherapy, but as a significant means of reducing tension, broadening awareness, and making life more meaningful and pleasurable, thereby fulfilling the goals of all forms of therapy. Furthermore, since psychotherapy also aims at removing limitations upon the mind's full range of capabilities, this process can benefit from any technique that strengthens the individual.

Psychotherapy focuses on aiding the individual in coming to grips with the psychological sources of conflict. However, gaining knowledge of the source of the stress is not as important as finding ways to eliminate stress and go beyond it. Indeed, knowledge of the sources of psychic stress may be demoralizing. As many people have found after years of fruitless searching, excessive analysis of previous negative experiences can lead to a loss of self-esteem rather than its enhancement. The key to successful therapy lies instead in creating psychological and physiological conditions that optimize the natural tendency of the nervous system to stabilize itself. TM appears to offer a systematic method to achieve this goal in a relatively short period of time.

Psychotherapists Carrington and Ephron (12) point out that some patient-meditators may have difficulty practicing TM correctly because their habitual defense patterns appear during meditation as efforts to resist thoughts. Understanding and approval from the therapist can help a patient relax during the practice of TM, especially during the first few months. Also, sometimes patients refuse to continue practicing TM because they feel themselves changing too quickly. For example, a patient of ours wanted to stop meditating because the pleasure she derived from TM made her feel guilty. In this case, supportive reinforcement from the therapist and frequent verification of the practice* by a teacher of TM

*This is a procedure for verifying that the Transcendental Meditation technique is being practiced properly and for correcting any difficulties.
enabled the patient to continue meditating comfortably. Frequent verification of experience, as well as support from the therapist, is also very important for the occasional patient who complains about the intrusion of severely disturbing thoughts. Verification of experience helps the patient learn not to resist this intrusion, but rather to continue to meditate easily until these thoughts lose their frightening emotional intensity. Regular verification of experience is included in all TM instruction programs for rehabilitation settings. These specially designed programs in combination with psychiatric support can have a powerful therapeutic effect.

The TM technique has many advantages over minor tranquilizers in the treatment of anxiety neurosis. Such drugs as Valium and Librium are all too frequently prescribed in the treatment of daily stresses and strain. Drugs may help the patient to feel less anxious, but they may make him feel listless and groggy and may become addicting. TM has no such adverse side effects and can promote what pills cannot—natural psychological growth. Instead of making the patient dependent on a chemical agent, TM fosters self-reliance and greater autonomy. Tranquilizers do not get at the underlying causes of anxiety. In contrast, the long-term practice of TM appears to release even deep-rooted stresses. The net result is not just a cumulative decline in anxiety, but greater stability, adaptability, integration, and growth.

OBSESSIVE-COMPULSIVE NEUROSIS

George was 28, single, and had suffered from obsessive-compulsive symptoms since early adolescence. He became tense when around people, especially in public places. In these situations he had to perform various rituals such as straightening his clothes several times and mentally doing multiplication tables over and over again. Nonsensical thoughts constantly came into his mind, confusing him or arresting his attention. George had a very authoritarian personality, was hypercritical, and suffered from poor interpersonal relationships.

George has now been meditating for 14 months and reports a marked decrease in his anxiety. He feels "more alert and more alive." Whereas before he felt as though his mind "couldn’t be turned off," he now has periods for the first time in his life in which he is not thinking frantically and strenuously. George reports learning "what it means to just be" and accepts life in a more relaxed and less controlling fashion. He has been progressively less troubled by obsessional thoughts. He is now able to "let the thoughts go." In public places and with others he is less tense, and he feels a greater identification with others than ever before. He has learned that he is "not the only one trying to make a go of it in life" and feels much closer to people. He states:

I am very happy to be a meditator. It allows me to gain control over my mind rather than my mind gaining control over me as it has in the past. I also like the fact that it is such an effortless technique. Before I felt that everything in life that I get could only be obtained by trying so very hard, and that’s why I frequently felt hassled and strained. It’s wonderful to find a technique where, by not trying, good things happen.

TM’s potency as an anti-anxiety modality also leads to a reduction in obsessive-compulsive symptoms. Obsessive-compulsive behavior is an extreme case of being locked in boundaries. The regular experience of unbounded awareness through the TM technique reduces rigidity and gives the person who practices TM a greater sense of personal freedom. Obsessions are a disorder of thinking; by increasing the orderliness of the mind, TM spontaneously eliminates this weakness. In his twice-daily meditations, the individual learns to just "take it as it comes" in a pleasurable way, neither anticipating nor resisting change. Gradually he loses his need to manipulate and control either himself or others. As a result the authoritarian individual becomes more open and more at ease in his relationships. Life becomes more effortless, more natural.

DEPRESSION

Mary was a 26-year-old married teacher who was first seen when she was brought to the emergency room after having taken an overdose of aspirin in a suicidal gesture. The patient stated that she had been dealing with feelings of depression her entire life and that things had been getting progressively more severe the last few months. Family and school pressures had become "unbearable." Mary made her suicide attempt because she "didn’t want to fight it any more . . . life is too full of pain and cruelty." There was no significant history of sleep disorder or vegetative symptoms. Mary stated that she found it very hard to relax because when she relaxed she became quite depressed: "I haven’t been at peace with myself for as long as I remember." This patient had been in intensive psychotherapy on two previous occasions with reportedly little or no benefit and had made a number of other suicide attempts.

Mary was admitted to our psychiatric unit for four days of crisis intervention after which she was followed as an outpatient. The patient was told about TM while in the hospital and began the course of instruction on her last day on the unit. Over the next six months Mary not only recovered, but reported, "I feel better than I have ever felt; TM has given me a new lease on life." Mary felt much more effective as a teacher and was handling her students with less stress and strain. Her husband began TM as well, after seeing the beneficial changes in Mary. Family life qualitatively improved—even relations with the in-laws. Whereas before Mary had felt inadequate,
now she felt "like a real woman, . . . much closer to my husband." Mary states that she likes TM because it "is something I can do for myself. It calms me down and yet gives me more energy."

Figure 2 summarizes Mary's improvement as measured by the MMPI. When she was initially tested on our psychiatric unit, she appeared to be an angry, sullen person who blamed others for her difficulties. Mary's interpersonal relationships were impaired; she was likely to be argumentative, tactless, and unpleasant. This patient showed marked depression, irritability, suspiciousness, and judgment defects, and we were concerned about the possibility of a psychotic or pre-psychotic condition. Despite her obvious distress, this patient was considered likely to show a minimal response to psychotherapy and to have a poor prognosis. Therefore, the improvement that Mary demonstrated after just six months of TM was quite unexpected.

The way in which TM alleviates a depression such as this one can be seen from a number of vantage points. The deep rest of TM not only allows the release of daily stresses and strain, but also the gradual resolution of older and deeper psychic conflicts. It releases pent-up anger and resentment and counteracts the chronic anxiety that frequently precedes major depressive episodes. As stress and fatigue are eliminated, the body is more energized, and the mind experiences more baseline pleasure. The individual is better able to enjoy autonomous pleasures and no longer remains so dependent on others for a sense of happiness. Studies have demonstrated that the longer one has been meditating, the less depression is reported (16, 27).

Unlike medication and psychotherapy, TM is exclusively under the control of the patient. If he or she feels better, this improvement is due not to a pill or the relationship with a therapist, but to a natural process triggered by the individual’s own efforts. Hospitals and various forms of psychiatric treatment have been criticized for not reinforcing a patient's autonomy, but instead reinforcing negative aspects of the self through exclusive concentration on the pathological. The struggle against total dependency, characteristic of so many emotionally disturbed individuals, can find a meaningful resolution in the liberating effects of the self-administered practice of TM. Like psychotherapy, TM encourages the resolution of emotional conflicts and allows unacceptable aspects of the self to become integrated into the personality. The creative intelligence that is liberated not only increases the sense of well-being, but also contributes to improved interpersonal relationships and better job performance (as was seen in Mary's case), which serve to eliminate depression and raise self-esteem.

The following is a particularly dramatic account by a woman who found immediate relief from a long-standing depression and found that the benefits of TM increased regularly over the year she meditated.

All my life I was plagued by a wide variety of psychosomatic complaints and later by depression. When I was four, I used to pick at my cuticles until they bled. A rash developed on my arms which lasted five years. When I was older I read constantly as an escape from the anxiety and loneliness I felt. I could not communicate with anyone. My parents were an affliction to suffer from and "friendship" was a charade. If I spoke at all, I was guarded. When I was 14, I attempted suicide. I began drinking occasionally to relieve my tension and soon developed an ulcer. I saw a psychiatrist a few times, and when I was 17, I began a year of group therapy. It helped me understand the sources of my problems, but I still felt lonely and afraid and angry. In college I was in many sensitivity training groups and relied heavily on friends and hallucinogenic drugs to help me analyze the sources of my anxiety.

The anxiety continued, and I began having migraine headaches and taking tranquilizers and codeine to calm down. I was chronically depressed and considered suicide a real option. When I heard of meditation I was extremely skeptical, but after some investigation I decided it was worth a try. I was amazed. In my first meditation I felt a great optimism and release. I smiled so much I thought I would burst. I was euphoric; I no longer procrastinated, papers got written, books read, and exams studied for without the mental paralysis that had previously plagued me. I felt productive and happy. I wasn't afraid to talk to anybody. All my physical symptoms have left, and I have not felt depressed or suicidal since I began meditating.
Reports of dramatic personal change as a result of TM among psychiatric patients who were unresponsive to individual psychotherapy are becoming common. In some individuals such as this one, TM can apparently effect a rapid and profound psychological transformation. The spontaneous feeling of opening up to oneself, to others, and to one’s environment allows an immediate surge of energy and progress. One may feel that one has suddenly come in contact with life.

Despite the general tendency for people to seek positive reasons for justifying whatever they happen to be doing, there are several reasons for confidence in these personal testimonials. First, the claims are often based upon specific objective changes, such as better relationships, higher grades, more efficient performance, or decreased drug use. Second, the accounts converge on several common areas of increased well-being, which might be expected from the physiological changes produced by TM. Third, we do not see these kinds of consistent and cumulative changes in patients who take up some practice other than TM. It is true that anything new and promising can have a placebo effect, but the wide range of benefits that result from the TM technique persists and cannot be accounted for by simple enthusiasm.

DRUG ABUSE

Many of our patients have ceased or reduced their use of illicit as well as licit drugs. One 19-year-old girl reported:

I began smoking marijuana daily and taking speed, acid, and cocaine every weekend in an attempt to free myself from all the confusion of the world. Instead I discovered even greater frustration and felt even more spiritually empty. TM was the only thing that seemed to make sense to me. Since starting to meditate my life has come together. It was easy to give up drugs. I’ve enrolled in school again and have raised my average to a 3.6. My life keeps taking increasing shape and direction. TM is the greatest!

Another case study documenting TM’s ability to halt drug abuse and catalyze psychological integration is reported in the International Journal of Psychoanalytic Psychotherapy by Dr. M. Shafii (50). Hank was a college student who was referred to treatment after being found by police in a disoriented state after taking LSD. He was a bored, anxious, irresponsible, heavy drug user who felt aimless in his life and unable to establish meaningful relationships or involvement in activity. After six months of aimless, frustrating therapy, he announced that he had taken up TM.

After a few weeks, he experienced brief moments with no thoughts, or pure awareness, during meditation. This experience, in Hank’s words, was “very real and not similar to any other experiences” in his life. Dr. Shafii reports that concomitantly the patient developed an unprecedented feeling of “complete trust and openness.”

Hank began to take his life and therapy more seriously. He came on time, seemed less defensive and resistive in the sessions, and appeared more committed to therapy. He slept better, stopped using psychedelic drugs, and cut down on marijuana. He felt less tense and more self-confident. Dr. Shafii notes that since Hank showed no progress at all during the first six months of their work together, he attributes these positive changes to TM. Hank’s feeling of inner strength and trust in himself and others blossomed dramatically, bettering his relationships with, and spontaneous feelings toward, his therapist, girl friend, and others in his life. For the first time, he liked doing things and had the energy and the motivation to complete tasks. After several years he has happily gone on to graduate school. Hank no longer requires psychotherapy, but continues meditating regularly.

Dr. Shafii notes several general areas of improvement that have been characteristic of other accounts of therapeutic change through TM. Hank learned to observe himself and became more in touch with his inner feelings. He developed empathy for others and a solid core of inner trust. His confidence increased and his performance improved. As he became more spontaneous and relaxed, his compulsive drug abuse decreased. He began to do what he wanted to do rather than struggling against the rigid demands of fixed ideas about what he should do. Shafii notes that patients like Hank are ordinarily very hard to treat and usually have a very frustrating course of therapy because they are so highly defensive and counterdependent. TM seems to have pierced this shell gently, leading gradually to a decreased reliance on neurotic defenses without causing panic. Hank apparently was contacting an energizing, positive core within himself, which provided resources for autonomous growth.

TM is especially useful for the identity crisis of adolescence. The turmoil of the teens all too frequently leads to experimentation with drugs, which produces even more fragmentation and anomy. TM becomes a natural alternative, especially for those adolescents who are actively seeking greater wholeness. Law enforcement, education, psychotherapy, and a variety of programs involving all three approaches have proven universally ineffective in aiding young people in stopping drug abuse. Published drug surveys by Benson and Wallace (4) and Shafii, Lavelly, and Jaffe (52) note an opposite trend among those who practice TM: a decline in drug abuse of all sorts with increased length of time meditating. Andrew Weil (59) has concluded that people abuse drugs to meet a genuine need. Including TM courses in our education system might meet this need in a positive, life-supporting way and avert drug abuse before it starts.
The craving for not only illegal drugs, but also legal ones is reduced with TM. A 46-year-old female patient began TM as a last resort after a stormy 24-year history of alcoholism, including three broken marriages. Peggy had tried individual psychotherapy, group psychotherapy, marital counseling, Synanon, Alcoholics Anonymous, and Antabuse, with little or no success. She began TM after voluntarily being admitted to the hospital for alcoholic detoxification. Peggy enjoyed TM from the start and abstained from alcohol for the first six weeks. When she finally took a drink she found to her amazement that she did not enjoy it. "It tasted bad and gave me a headache!" Over the next four months she would intermittently meditate regularly and stay sober and then become irregular and "binge." During this period she required much support from her psychiatrist and, at times, daily attention from her TM instructor. Over the last eight months, however, she has completely abstained from alcohol. Peggy is taking creative writing and yoga classes. Her fourth marriage, which had been on the verge of dissolution, is taking a "slow turn for the better." Her husband has begun TM as well, and they both attend regular weekly meetings at the TM center, which they both like because these "are so inspiring." They are in couples' therapy together, and, in addition, Peggy is in individual psychotherapy and attends Alcoholics Anonymous meetings regularly. For the first time in her life Peggy is truly making use of these other modalities of therapy.

Patients like Peggy, who have a long history of severe drug dependency, require a very broad, eclectic approach to therapy, but TM appears to make a vital difference. TM instruction and follow-up require a specially designed program with frequent verification of the practice and advanced meetings.* Such programs appear to be well worth adopting and researching in prevention programs as well as in treatment settings. Because considerable evidence suggests that the TM program improves self-regard, decreases anxiety, and improves self-reliance, several researchers have hypothesized what drug surveys are confirming—that TM reduces drug abuse (4, 11, 35, 52).

In an apparent attempt to cope with the symptoms of stress, our society has developed one of the most characteristic neuroses of our age—the reliance on drugs of all kinds. Drug abuse extends throughout all levels of society. Drugs to relieve tension have become common and even socially acceptable. Americans annually consume billions of tranquilizers, amphetamines, and barbiturates, in addition to hundreds of billions of cigarettes and millions of gallons of alcohol. The tremendous

and growing demand for all these drugs may be the clearest indicator of how deeply stress is affecting our society.

To what needs is the use of drugs addressed? The tired and depressed person may take an amphetamine; the insomniac may turn to barbiturates; a bored young person may experiment with psychedelic drugs; a tense individual may slowly become addicted to alcohol or tranquilizers. In each of these cases, the use of drugs expresses an underlying need to counterbalance an uncomfortable condition, a need to restore homeostasis. Despite all the specific effects for which people take drugs, the basic motivation for drug abuse is the restoration of physiological equilibrium and a feeling of well-being. Because the TM technique restores equilibrium by reducing stress and maximizing the enjoyment of life, it may well offer a plausible solution to all forms of drug abuse.

PSYCHOSOMATIC DISEASE

At the Institute of Psychophysiological Medicine we are involved in the practice of family medicine in addition to psychiatry. We see a large number of individuals with psychosomatic complaints. (It has been estimated that 70–80 percent of the patients seen in general practitioners' offices are suffering from psychosomatic complaints.) Of these, essential hypertension commands the most attention. In addition to providing standard medical treatment for this disorder, we frequently prescribed TM as a therapeutic adjunct. Our hypertensive patients enjoy this addition because many have already recognized a need for greater relaxation.

Mr. D., a 43-year-old business executive, reported the following to us:

It looks like TM has helped bring down my blood pressure, and that's great. But it's done more than that. After six months of meditation I find that I am also more patient with the wife and kids. We're all doing TM, and it's brought more warmth and understanding into our family life. Also, I don't feel so much strain at work anymore. I'm not trying as hard, but I'm accomplishing a lot more. I've got greater self-confidence. I'm happier!

Essential hypertension is a chronic condition in which psychic stressors, as well as dietary, genetic, and constitutional factors, play an important role. It is the most common of all circulatory diseases. Approximately 23 million Americans, including one-third of the adult male population, suffer from hypertension and its serious complications (44). Researchers have discovered that liability of the autonomic nervous system is a precursor to hypertension (23). Further, this disease seems to be associated with a general increase in the tone of the sympathetic nervous system. People suffering from high blood

*The Institute for Social Rehabilitation of Maharishi International University now has such special programs designed for incorporation into ongoing mental health and rehabilitation settings.
pressure tend to be defensive and to view their environment as hostile. Psychopharmacological agents used to restore sympathetic-parasympathetic reciprocity have played an important role in the therapy of essential hypertension.

Some preliminary research has been done on whether TM might be valuable as an adjunct to the treatment of hypertension. Wallace, Benson, and Wilson found that people who practiced TM had low resting levels of blood pressure: the average systolic pressure was 106 mm Hg, and diastolic pressure was 57 mm Hg (58). On the basis of these findings, Benson and Wallace decided to research whether TM might help lower blood pressure in hypertensive patients (3). They measured blood pressure 1,119 times in 22 hypertensive subjects before and 4–63 weeks after the subjects began the regular practice of TM. Resting control blood pressures before subjects learned Transcendental Meditation were 150 ± 17 mm Hg systolic and 94 ± 9 mm Hg diastolic. After subjects began the daily practice of TM, resting blood pressures outside the meditation period were 141 ± 11 mm Hg systolic and 88 ± 7 mm Hg diastolic. Although this decrease in blood pressure may appear to be slight, it was statistically significant. Furthermore this finding is independent of whether or not the subjects were taking anti-hypertensive medications. Further decreases may be expected as hypertensive patients practice TM longer. TM’s value in the treatment of hypertension is apparently due to its ability to reduce sympathetic hyperarousal.

Stress makes a significant contribution to the pathogenesis of not only hypertension, but also hypertension’s most serious complication, cardiac disease. Until this century heart disease was not a major medical problem; now over half of all deaths are due to cardiovascular disease—a death toll of more than 1,000,000 annually. One-fourth of these deaths are in individuals under age 65; many are men in the midst of vigorous careers. The stress and strain of modern living may be major contributors to the high incidence of hypertension and heart disease (44).

Researchers are learning more about how the pathophysiology of stress plays a role in the evolution of cardiovascular disease (20, 21). The biochemical changes of the alarm, or fight-or-flight, response include the release from the body’s fat deposits of free fatty acids to be used as fuel for the body’s coming energy expenditure. High concentration of fatty acids in the blood is associated with hypertension, myocardial infarction, and cerebrovascular accidents. Psychic stress can further aggravate these conditions by causing constriction of blood vessels and increased oxygen consumption by the heart. Under chronic tension, the hypothalamus overdrives the sympathetic nervous system, releases hormones that discharge cholesterol, increases clotting elements in the blood, and even produces a prediabetic state—all of which further contribute to the development of heart disease (20, 21).

TM elicits a psychophysiological response that is apparently the exact opposite of the fight-or-flight response. TM’s restoration of ease and orderliness may serve to increase cardiovascular efficiency and thus prevent excessive wear and tear upon the heart.

In relation to the rising incidence of heart disease, cardiologists Friedman and Rosenman have begun researching personality and work-regulated factors (20, 21). They have demonstrated that individuals with the so-called Type A personality, individuals with a competitive, aggressive, ambitious, stressful lifestyle, have a very high incidence of heart disease. Their studies show that career men, climbing up the organizational ladder at a furious pace, have a higher level of fatty acids in their blood and greater excretion of stress hormones. Moreover, such men are three times more likely to acquire coronary heart disease than people with Type B personalities, who have a quieter, easier, and more relaxed way of living. This remarkable finding came out of a carefully matched study of 3,500 corporate men, who were classified as either Type A or Type B and were followed for ten years (21).

How are competitive and aggressive corporate men to develop a healthier personality? Drs. Friedman and Rosenman devote one third of Type A Behavior and Your Heart (21) to practical guidelines for lifestyle changes. They include such suggestions as the following: remind yourself daily that ‘being’ is more important than having; learn to hold opinions loosely; become more intimate with your friends; stop and really start to take in the wonders of the universe; slow down, stop interrupting, and start listening. As physicians and psychotherapists know all too well, such self-improvement guidelines are platitudeous and a bit sophomoric, and they often fall on deaf ears. It is much like telling your patient that he must relax. He already knows that; the question is how to relax?

Our clinical observations are suggesting to us that the regular practice of the TM technique gradually and spontaneously converts the Type A individual into a happier, more relaxed, and more effective Type B. The psychological research on TM also suggests this transition as shown by increased self-actualization (15, 16, 45, 49). Meditators spontaneously and naturally grow in the lifestyle values suggested by Friedman and Rosenman; they also show a decreased tendency to dominate, reduced nervousness and irritability, increased self-assuredness and emotional stability, greater acceptance of self, and more capacity for intimate contact. Meditating businessmen decrease in climb orientation, a Type A characteristic, but actually increase in job performance as well as job satisfaction (19). Also, TM might contribute to a reduced incidence of heart disease in another way. Studies
have shown that cigarette smoking decreases with length of time meditating (3, 51), and smoking significantly contributes to cardiovascular disease.

The TM technique appears to be a very useful adjunct for the treatment of a wide variety of psychosomatic complaints, as illustrated by the following case vignettes:

1. A 23-year-old secretary had been having trouble with insomnia for years. She had begun taking hypnotics fairly regularly, and at the time of her initial visit to my office I was concerned about possible addiction. After three months of the regular practice of TM, she no longer required any sleeping medication. She now sleeps soundly and has experienced many additional benefits from TM in her activities.

2. A 28-year-old corporate accountant had severe dermatitis, which had been treated by dermatologists with very little benefit. The condition resembled neurodermatitis and involved primarily the upper extremities, back, and face. He also had been taking Valium (5–10 mg) three times daily and yet was still very apprehensive and anxious, especially on the job. After the first six months of TM anxiety markedly decreased, and his dermatitis showed much improvement. During periods of marked stress the neurodermatitis would temporarily flare up. After one year of TM, however, the patient was completely asymptomatic and reported a steady increase in job performance and satisfaction.

3. A 35-year-old woman had been suffering from an irritable colon for almost six months. We were concerned that she might be developing ulcerative colitis. After six weeks of TM she no longer complained of gastrointestinal symptoms. This patient has gained weight, improved her general health, and, in addition, has become more self-assertive.

4. A 24-year-old medical student had severe tension headaches for over a year, for which he required many analgesics. These headaches were especially severe during examination periods. Since taking up TM he has no longer suffered from tension headaches and has improved his academic performance.

5. A 63-year-old widow came to us complaining of anxiety, depression, difficulty in concentrating and making decisions, severe stiffness in the muscles of her neck, a very coarse tremor of her hands, and numerous aches and pains. After six months of TM this patient no longer has a tremor of her hands and is almost completely asymptomatic. She states:

   I no longer am afraid of growing old, thanks to TM. It's opened up new possibilities in my life.
   I am no longer preoccupied with my bodily complaints and spending my time running from one doctor to the next. I've taken up gardening and become more active in civic activities.

Such improvements in psychosomatic complaints are understandable in the light of the knowledge being shed on the pathophysiology of the autonomic nervous system (23). Many psychosomatic diseases involve a disturbance in the balance of the sympathetic and parasympathetic branches of the autonomic nervous system. When the body and mind suffer from chronic overstimulation of the fight-or-flight response, the physiological resources of the body are depleted by energy-using sympathetic activity without corresponding energy-restoring parasympathetic activity. In this state of chronic stress and fatigue, the weakest aspect of an individual's physiology or psychology breaks down, and a disease state ensues. Neurophysiologist Wenger has developed techniques for measuring the relative contribution of the two branches of the autonomic nervous system to an individual's autonomic balance (60). He discovered that frequent sympathetic arousal is associated with a variety of diseases, including schizophrenia, tuberculosis, battle fatigue, gastrointestinal ailments, dermatological disorders, and other psychosomatic complaints.

Because autonomic lability may be a precursor of psychosomatic and mental illness, medicine has long been searching for a means of restoring a healthy balance to the autonomic nervous system. The Transcendental Meditation technique may be the most effective method presently available for achieving autonomic stability (47). The regular practice of this technique restores balance to the autonomic nervous system by naturally reducing sympathetic hyperarousal and activating a restorative parasympathetic reflex. Our experience at the Institute of Psychophysiological Medicine concurs with that of Gelhorn and Kiely, who conclude that "Transcendental Meditation, an easily learned technique in contrast to the rigorous training involved in Zen and Yoga exercises, may be useful clinically in the treatment of psychosomatic tension states, anxiety, and phobic reactions . . . and a number of other psychosomatic disorders" (22, pp. 403–404).

It should be emphasized that TM is not a miracle cure or panacea. For example, TM should never be considered a replacement for anti-hypertensive medication or digitalis. On the basis of our clinical experience, however, regular practice of TM does appear to make a significant contribution to the treatment of illness. TM may help to alleviate various disorders that have a psychological component, such as tension headaches, essential hypertension, functional gastrointestinal complaints, bronchial asthma, and some allergic conditions. There are millions of patients with some degree of organic pathology that is probably associated with emotional disturbance. TM's ability to
establish autonomic equilibrium suggests its value for the prevention and alleviation of psychosomatic illness.

Our experience and the psychophysiological data on the effects of TM suggest that TM might be a significant aid in the treatment of psychiatric disorders and psychosomatic illness. Of course, case reports and pilot studies are only suggestive and never conclusive. Psychiatric disturbances and psychosomatic illnesses have their own spontaneous remission rates and even cures. The placebo effect of a new therapeutic technique may also account for cures, whether or not the treatment has any special value. Medical science must conduct comprehensive clinical research and systematic testing of TM's therapeutic value for various diseases. The effects of TM can easily be investigated, since physiological responses occur almost immediately and are easily measured. Because TM is easy to learn and involves no esoteric disciplines or changes in lifestyle, researchers can easily solicit control and research subjects from the general population and from among hospitalized patients. Such a large-scale investigation of the potential use of TM in psychiatric treatment is now underway and will be described below.

HOSPITAL PSYCHIATRY

In September 1972, a large psychiatric institute began a comparative investigation into the usefulness of alpha-wave biofeedback training and the TM program as treatment adjuncts for a variety of psychiatric conditions in a long-term, in-patient setting (25, 26, 27, 53). (The average length of stay is five and one-half months.) This section outlines the preliminary results concerning the psychophysiological benefits of TM on hospitalized psychiatric patients.

The project is under the direction of Bernard Glueck, M.D., and Charles Stroebel, M.D., Ph.D. To implement this research, a computerized system for EEG analysis and laboratories for studying psychophysiological functions were available. The project also makes use of the hospital's computer storage of daily hospital records, containing standardized measures of behavior and treatment progress.

In the study patients matched for age, sex, and personality profile are paired, and a member of each matched set is placed in one of two experimental groups. One group is assigned to alpha-wave biofeedback training, the other to the TM program. All patients receive the usual hospital treatment, which consists of intensive psychoanalytically-oriented psychotherapy, group therapy, psychoactive drugs, and a regular schedule of ward activities, including a high school program for younger patients. Two TM teachers are on the full-time hospital staff and spend as much time as necessary with each patient to help him or her learn to meditate correctly. The course of instruction in the TM technique is the same as that given to the general public, but includes many more sessions so that the patients can be given more personal attention. It was felt that a longer and more continuous follow-up period was needed in order for patients to learn to meditate correctly, since some psychologically disturbed individuals on occasion may experience some emotional and/or physical distress during the beginning days of meditation, usually stemming from a misunderstanding of the instructions or a misuse of the technique. The TM instructors provide daily verification of the meditation process during the first three weeks. They meet with the patients once a week as a group and individually on the other days. The immediate availability of verification of the process assures the continued correct practice of TM and is thought to contribute to the low dropout rate among meditating patients. After a period of daily verification of the practice, many patients find that they are able to meditate quite successfully on their own without supervision. At this point patients are allowed to continue on their own, but are required to attend weekly meetings.

The availability of the TM teachers also permits patients to talk informally about their progress. The treating psychiatrist and nurses on the patients' unit are in close touch with the research staff. This contact has interested many of the hospital staff in TM for themselves. Dr. Glueck estimates that perhaps 15 percent of the hospital staff now meditate.

As of October 1974, 187 in-patients had started TM, with a smaller number starting alpha-wave biofeedback training. Since the study is to be based on a sample of several hundred, and long-term follow-up data will be collected, Glueck and Stroebel are reporting now on only their preliminary findings (25, 26, 27, 53). One hundred fifty-four of the patients taught, about 85 percent, have been able to learn the practice easily and meditate regularly. Of the 33 patients who stopped meditating regularly, 21 did meditate occasionally. Only 12 patients stopped meditating entirely within the first two weeks. For at least two of these patients, careful interviewing revealed that the change they experienced during their first meditation so affected their symptoms that they became frightened that they would lose all their familiar defenses if they continued.

The study's physiological measurements of TM are consistent with the deep state of relaxation reported by the meditating patients. The most consistent finding was an increase in skin resistance, which remarkably was seen in all of the TM patients at every session in which this was monitored. A second finding was a rather consistent change in the EEG record, as determined by a power spectrum analysis. Most patients practicing TM showed an increase in the density and duration of the dominant
alpha frequency. Of even greater interest is that EEG recordings showed that during the first few minutes of TM alpha waves spread synchronously from the back to the front of the brain and spread quite rapidly from the dominant to the silent hemisphere. This same observation of hypersynchrony has been described by Banquet in his study of long-term meditators (1, 2).

The results using alpha-wave biofeedback were quite disappointing in comparison with TM (27, 53, 54). Dr. Stroebel reported:

... patients learning alpha biofeedback generally required more trials with a greater range of variability in achieving criterion levels and seldom reported relaxed, tranquil feelings during the alpha-on condition. Comparatively, the alpha-subjects experienced much greater difficulty in transferring their training to environments outside the laboratory (53).

Most subjects practicing the TM technique, on the other hand, produced an increase in the dominant alpha frequency within the very first meditation, often within the first few minutes. The meditators tended to show a synchronous spreading of alpha waves, while the biofeedback patients did not. While biofeedback subjects reported difficulty and even frustration in their efforts to produce alpha waves, meditators tended to remark on the ease with which they achieved relaxation through TM.

On the basis of these findings (27, 53, 54), it may be questioned whether the TM technique and the alpha state induced through biofeedback are comparable. Whereas TM produces an integrated psychophysiological response resulting in deep rest coupled with mental alertness, activity through biofeedback has not been shown to produce similarly global physiological changes. Often biofeedback subjects report a significant increase in tension, even though they sustain alpha-wave production. Further, TM differs from biofeedback in its unique pattern of alpha-wave production, which appears to involve the entire dominant hemisphere within a few minutes of the start of meditation and which spreads quite rapidly to the opposite hemisphere. This synchronous spread might be the critical change in EEG patterns corresponding to the profound benefits gained from TM.

Glueck and Stroebel also tried to investigate (27) the potential benefits of another popular relaxation technique originally described as “progressive muscular relaxation” by Jacobson (30) and “autogenic therapy” by Luthe (41) and more recently adopted by Wolpe and Lazarus (62) as part of their general relaxation training for systematic desensitization. In this procedure the patient is trained to systematically relax muscle groups throughout the body in a progressive fashion. Behavior therapists claim that such training will lead to a reduction in general levels of anxiety and tension (62).

Two groups of six patients each began the relaxation training using the Jacobson procedure. These patients demonstrated very little improvement and had a dropout rate close to 70 percent. For the first two or three weeks, the novelty of the activity held their attention. Most of them asked to stop by the fourth week because it was boring and, having seen considerably greater progress in their fellow patients who were meditating, they wanted to switch to TM.

The relaxation achieved using Jacobson’s technique depends on peripheral stimuli from the musculature, whereas TM engages the central nervous system directly. In systematic desensitization, signals from the musculature may act on the brain to relax control processes, but by the time they reach the brain they are of third or fourth order effect and are therefore very weak. TM starts in the brain, where it directly reduces mental activity. Such relaxation is achieved centrally and then extended to the peripheral musculature. Instead of resting one muscle group at a time, the whole organism relaxes spontaneously.

Psychologist Arnold A. Lazarus (36, 62), one of the founders of systematic desensitization, has conducted follow-up studies that indicate that 40 percent of the patients helped by this method experience relapses within one to three years after treatment (37). Because the therapeutic effects of this method are so short-lived, Lazarus has expanded his approach to include a more comprehensive program, dealing directly with the client’s sensations, perceptions, emotions, cognitions, behaviors, and interpersonal relations (38). Since TM appears to promote improvement in each of these areas, it ought to complement the behavior therapist’s repertoire. Behavior therapy has been criticized as superficial and applicable only to a narrow range of problems. If it were combined with TM we would anticipate deeper and more durable results. Behavior therapy deals quickly and effectively with incapacitating sources of stress, such as fear of highway driving, lack of assertiveness, or sexual dysfunction, whereas TM promotes comprehensive psychological integration.

The meditating patients whom Dr. Glueck studied represent a rather broad cross section of the hospital population, ranging in age from 15 to 55 and extending across a wide range of diagnostic categories. The researchers do not as yet have adequate enough representation in any one category to enable them to make any comments about differential responses based on diagnostic label. A rather surprising early finding is a relatively uniform positive response for most of the patients.

In addition to electroencephalographic recordings and other physiological measurements, many kinds of behavioral data are gathered on each subject during the 16 weeks of the study. At regular intervals patients take the Minnesota Multiphasic Personality Inventory (MMPI).
Also, the patients keep a detailed psychophysiological diary in which such functions as sleeping, mood, eating, and activity are recorded. The nursing staff fills out daily computerized reports of behavior on the ward, and members of the treatment unit, including treating psychiatrists, fill out standardized questionnaires on their subjective impressions of the patient. Objective indicators such as grades, length of stay, and dosage of medication are also recorded.

So far, the mean MMPI scores for the meditating patients have shown a steady improvement, indicating their perception of a decrease in their symptomatology. An illustrative case study (25) describes a middle-aged patient, whose constant anxiety was displayed for several years by tremor of the hands. On the MMPI, before learning TM, the patient scored high on Depression, Anxiety, and on Concern with Unreal Thoughts. After four months of meditation all of her MMPI scales were within the normal range, and there was an increase in ego-strength. After the first meditation the tremor was gone for about an hour but then returned. After two months the tremor disappeared completely. The patient required decreasing amounts of tranquilizers to control anxiety and after several weeks had no need for sleeping medication. The computerized nursing notes showed many ups and downs, but the general trend was a decrease in unacceptable behavior and depression, and after two months overt signs of anxiety were markedly reduced.

A major positive effect of TM seems to be the increase in self-reliance. Dr. Glueck notes that meditating patients often complain about their psychoactive medication. They know the medications are helpful in controlling their anxiety and symptomatology, but they do not like the side effects, which include a dampening of responsiveness to the environment and a vague feeling of discomfort. These side effects make it hard to convince patients to keep taking their medication. Also, many patients say that they would rather get well on their own than rely on pills. Unlike medication, TM is completely under the patient's own control and seems to have no negative physiological or psychological side effects. Indeed, while decreasing negative feelings such as anxiety and depression, it increases the patient's general responsiveness, sense of well-being, and ability to relate to others. Meditating patients feel that they themselves are the cause of their improvements, and as a result they gain self-confidence. The researchers believe that TM may be an adequate substitute for psychotropic drugs for some patients (25).

A decrease in the need for medication in the meditating patient group supports this belief. Middle-aged patients with complaints of chronic insomnia report improvement in their sleep patterns within the first two or three weeks of meditation. This improvement in their sleep tends to continue until night sedation is no longer necessary, even in cases of previously severe insomnia. After about three weeks of meditation the need for all types of psychotropic medication begins to decrease.

Further evidence of TM's value is emerging from the computerized daily nursing notes, which indicate significant trends in patients' long-term progress. The data generally suggest that with the practice of TM anxiety, depression, and unacceptable behavior decrease while acceptable behavior increases. These data are corroborated by self-reports from patients as shown by improvement in their MMPI profiles.

An experimental group of adolescent patients attending the hospital high school were given academic credit for learning TM. The class met daily for a group meditation and a videotaped lecture series on the theory underlying the Transcendental Meditation technique. Thus far Dr. Glueck has noted a significant increase in the overall academic performance of the first seven students enrolled in this course. Though the IQ's of the students in the experimental group are similar to the IQ's of the rest of the students, the experimental group's mean grades have improved considerably, compared with the grades of the other students. Much more data need to be gathered, but improvement in academic performance seems to be an important objective measure of progress through TM.

The first 54 meditating patients who were discharged from the hospital have been compared with all of the patients discharged in the previous year. The condition on discharge is rated by the treating psychiatrist, not by members of the research project. This rating is therefore an independent and, hopefully, unbiased estimate of the patient's condition at the time of leaving the hospital. Meditating patients showed a higher level of recovery than the other discharged patients. All the TM patients were rated as either "recovered," "much improved," or "improved," and none were rated "unimproved" or "worse." Another indication of TM's utility is the number of referrals the researchers are receiving from the hospital staff. Dr. Glueck reports a consistent waiting list of between 17 and 25 patients who have either been referred by their treating psychiatrists or have asked their therapists and have received approval to begin TM. The delay is due to the project's elaborate procedures for collecting data, which must be obtained before the patient begins Transcendental Meditation.

From Glueck's and Stroebel's experiences, it would appear that reservations about using the TM program as a therapeutic adjunct for a seriously disturbed patient population are unfounded. As observed in the laboratory the

*Since this paper was written, the results of this study have been published. See article by Glueck and Stroebel, "Biofeedback and Meditation in the Treatment of Psychiatric Illnesses," reprinted in this volume.—EDITORS
TM technique produces a maximum effect more rapidly and effectively than any other technique. Patients easily learn and practice TM. Indeed, Dr. Glueck reports that TM has also been used successfully with two brain-damaged patients. Carefully supervised use of TM may be helpful in calming agitated patients and in reducing the need for sedation with tranquilizers. It apparently also normalizes the sleeping pattern, improves communication, accelerates the process of psychotherapy, and decreases the debilitating anxiety that is at the core of so many psychiatric syndromes. The study seems to demonstrate that the standardized TM instruction procedure is a valuable addition to the total therapeutic process and can be adapted to existing programs with little modification. In addition, TM can easily be taught to large numbers of patients, making it ideally suitable for the large, poorly funded, understaffed state mental hospitals.

TRANSCENDENTAL MEDITATION FOR THERAPISTS

Psychotherapists interested in having their patients practice TM are strongly urged to first learn the practice themselves in order to become familiar with its principles. As mental health professionals have received scientific reports of TM’s values and have seen beneficial changes in their colleagues and patients, many have begun TM. They report increased efficiency and more satisfaction in their work. A psychiatrist practicing TM for about one year reported:

I was a fairly happy person, but unfortunately I absorbed a lot of my patients’ problems. A day’s work would leave me fatigued. I would sometimes carry the stresses from the office home with me and get into squabbles with my wife and children. I used to worry a lot about my clients and was unsuccessful in trying to unwind. Now, meditating after my work day provides a kind of psychological housecleaning. I automatically process the material from my therapy sessions in a relaxed fashion and make intuitively better therapeutic responses these days. Listening attentively is coming easily with less strain.

The effectiveness of therapy depends on the qualities of the therapist. Psychologist Terry Lesh has demonstrated that therapists who practice Zen meditation improve their empathy with clients (39). By practicing TM the therapist expands his consciousness, and thus he spontaneously has more to give to his patients. Another account by a psychologist shows the changes in professional and personal life that may be expected by a therapist who learns TM.

I decided to learn TM when I saw some remarkable changes in a client I had been treating. The results have far exceeded my expectations. During my years in training I had become an increasingly rigid person. I was always analyzing what people’s “real” motivations were. I used to fear that I was an incompetent therapist; probably I wasn’t very effective. Since practicing TM the last two years, I have become much more spontaneous and in touch with my feelings. All of my relationships have improved. My wife notes that I don’t throw any more temper tantrums and that our home life has improved. I feel more authentic, more human with my patients, but at the same time I have more respect for my work as a therapist. I laugh and smile a lot more, in the office and at home.

At the Institute of Psychophysiological Medicine all of our medical and mental health personnel have begun TM and thoroughly enjoy it. We are convinced that the practice of TM creates a much better work atmosphere, and that by improving our performance it leads directly to better patient care.

Before they are taught TM, the International Meditation Society requires all mental health professionals to sign a release form pledging not to attempt to teach the technique to their patients. This agreement is in no way a hindrance to psychiatrists and psychologists interested in learning TM. It just serves as a reminder that, just as having a neurosurgical operation does not qualify one to be a neurosurgeon, so too, learning TM is not sufficient for teaching it. One must spend a minimum of nine months in training to become a qualified teacher of the TM technique.

The teachers of the Transcendental Meditation program have sufficient training to allow them to teach the TM technique in any rehabilitation setting, hospitals, community mental health centers, nursing homes and prisons. In such cases the teachers offer checking of the technique and validation of experiences, but do not offer counselling on personal problems. Such matters are left to the professional staff of each institute who have been trained to handle such cases. Over ten thousand teachers have been trained.

TRANSCENDENTAL MEDITATION AND THE MENTAL HEALTH FIELD

The interface between TM and psychotherapy offers great promise. Clinical experience and scientific research are indicating that TM brings relief from stored-up anxiety and conflict very systematically without the individual’s needing to verbalize these sensations. Since the patient does not need to receive interpretations from a therapist, TM offers a shortcut to therapy. Whereas psychotherapy may help the individual to gain intellectual insight into the sources of his stress, all too frequently the old fears persist on a visceral level, and the patient remains discouraged. Traditional psychotherapy too often keeps the patient preoccupied with the dark side of human nature, the cauldron of aggressive and primitive impulses (18).

*An account of teaching the Transcendental Meditation program at a psychiatric institute has been given by Thomas and Gillian Candelent in “Teaching Transcendental Meditation in a Psychiatric Setting,” Hospital and Community Psychiatry, vol. 26, 1975, pp. 156–159.
Toward the end of his life Freud himself recognized the limitations of psychotherapy. He found that the very act of verbalizing unpleasant thoughts brought resistance to their interpretation (17). As a therapeutic tool psychoanalytically oriented psychotherapy has not lived up to the expectations of its proponents. As psychoanalyst Dr. Glueck states:

One of the underlying propositions of all psychotherapeutic activity has been, for some 75 years, that if we can help the individual to get rid of the memory of early painful experiences we can help him to perform in a more appropriate fashion in his present life. Unfortunately, and I say this with a good deal of chagrin, the initial promise that was perceived in the discoveries of Freud and people working with him of help for so many people has not been borne out to the extent that we would have liked. Certainly we’ve had some very successful responses to this kind of intervention. But in general, and this is looking back on 30 years of experience now in the field, my feeling has been that I can’t do enough, continuously enough, with psychotherapy for most individuals to really undo the damage that has been done. It appears to me that, and this is one of the major reasons for my interest in the technique of Transcendental Meditation, through this avenue the individual now may be taught to do for himself, in a remarkably brief space of time, the same kinds of things we’ve been trying to help him to do in our traditional psychotherapeutic approaches in the past (24).

Talking with a therapist exclusively about problems may be futile or even counterproductive. It is better that a patient move beyond concern with previous problems to enjoy growth in the present through the uplifting experience of pure awareness. Rather than “digging into the mud of a miserable past,” one’s vision should be enlarged to “the genius and brightness of man’s inner creative intelligence” (42, p. 265). TM spontaneously enlarges the vision to allow a fuller appreciation of the positive, creative, and spiritual possibilities of life.

Psychoanalysis has expanded our understanding of unconscious motivation, but as a therapeutic technique it has many failings, and as a study of the mind it is incomplete. One can analyze the darkness, but to dispel it one must bring in a second element—the light. In the words of Maharishi Mahesh Yogi, “The first few rays of sunlight are enough to signal the end of darkness and herald the dawning of a new day.” Through the practice of TM, one learns that the territory of the mind is far more extensive than Freud realized. Indeed, the therapeutic effects of psychoanalysis have not received scientific validation (5, 14, 40). More scientific evidence of positive benefits from TM has been reported in the five years since Wallace’s article appeared in Science (56) than in 75 years of psychoanalysis.

Our criticism of traditional psychotherapy should not be considered as an overall negative evaluation of psychotherapy. Psychotherapy as such does not refer to any specific way of interacting with a patient. It includes any activity between patient and therapist that aids the patient’s psychological functioning. For severely disturbed patients, empathetic understanding and such supportive measures as teaching him what he needs to know about his illness, assisting him with his life plans, and advising him about work can be essential. Major psychiatric syndromes certainly require expert professional assistance, and supportive services will continue to be necessary in times of severe emotional crisis. We are hopeful that mental health professionals will study the interface between the TM program and psychotherapy and conduct research on how these approaches together can effectively contribute to the relief of suffering and the promotion of psychological growth.

Besides the growing number of reports that suggest that TM makes an excellent adjunct to individual psychotherapy (7, 8, 9, 12, 27, 50), it should also be considered to accompany group and family therapy. TM has the same goal as all forms of psychotherapy—the release of stress and the maximizing of psychological growth and integration. Beginning group therapy with a group meditation often makes the session more spontaneous and meaningful, improves communication and interpersonal relationships, and contributes to a growing sense of universality. As many of the case reports in this paper have already suggested, family life improves when family members take up TM. Families of meditators often report feeling better through the positive influence of all the members practicing TM. This contagious contentment may account for the dramatic spread of TM throughout many communities. When one member of a family learns TM, other family members generally start the practice soon afterward. One mother of an entire family of meditators commented:

For the first time in my married life I am enjoying my role and responsibilities as a cook, wife, mother, and housewife—and mainly because of my good self-image due to my new capabilities and achievements. Our family used to argue a lot; now we don’t. We speak more softly, with more love, understanding, and patience. We enjoy each other more. The children have benefited so much, it still seems miraculous. I am less shy than before and more sure of myself and the value of my opinions and convictions.

It therefore seems logical to incorporate TM into the psychotherapeutic armamentarium and to research its many potential applications.

TM can also be helpful for the vast number of individuals in our society who are ordinarily not thought of as psychiatric patients, but who are suffering needlessly by failing to actualize themselves. Alvin Toffler has popularized the term “future shock” to describe the disastrous effect of the accelerating pace of the modern world on human life (55). The increasing rate of change and transience is producing shattering stress and disorientation in
individuals who are being pushed beyond their coping abilities. Too much change too fast weakens the physiology and causes deterioration of emotional and mental well-being. No amount of material comfort is sufficient to reverse this damage. The physiological effect of the individual's inability to cope with accelerating technological expansion is a primary cause of the lack of "satisfaction" in our society.

The critical need to confront the problem of stress and lack of fulfillment in our society has become painfully evident in the breakdown of people's relations to social institutions. Work, which had once provided an opportunity for achievement, has largely degenerated into a purely economic necessity. Yet recreation, which once brought ease and joy to leisure time, has become a frantic quest for ever more thrilling pleasures. While the sense of community has atrophied in small towns, the anonymity and transience of urban existence has made life evanescent, rootless, and devalued. Confronted with the virtually impossible task of providing an intimate and secure center for human development while the larger community is breaking down around it, the family is also under strain. Nearly half of all marriages end in divorce, and one in four children has divorced parents. Teachers, students, and parents have begun criticizing schools for their failure to equip young people with the manual, emotional, and intellectual skills they need to deal with the future. The apparent intractability of these generalized effects of "future shock" has inspired growing cynicism about possible solutions. Because stress kindles antagonism and impatience among people while limiting creativity and effective thinking, it further compounds the social problems it causes.

The fast-moving pace of progress demands that people quickly reduce their levels of stress and begin to use their full resources to resolve the external crises of increasing social fragmentation. People must become flexible. They must learn to meet a wide variety of rapidly changing interpersonal, emotional, and physical demands without incurring excessive stress. They must become acutely discriminating and capable of making appropriate decisions amidst rapidly changing circumstances. They must become self-sufficient in finding lasting satisfaction within themselves rather than looking to rigid social roles for fulfillment. They must develop their full capacity for harmonizing differences in order to sustain richness of life in the midst of accelerating change. Finally, they must tap their full measure of creativity and intelligence to ensure a comprehensively life-supporting design in continued technological development.

TM is the method of achieving this growth by reducing accumulated stress, increasing the body's resistance to stress, and fostering a state of psychophysiological integration. By allowing the individual to regain the vital center of energy, intelligence, and satisfaction that lies within him ready to be tapped, TM becomes the necessary antidote to "future shock." As Fritz Perls, the father of Gestalt therapy, states:

If you are centered in yourself, then you don't adjust any more; . . . then you assimilate, you understand, you are related to whatever happens. . . . Without a center . . . there is no place from which to work . . . . Achieving a center, being grounded in oneself, is about the highest state a human being can achieve (48, pp. 30-37).

A centered individual can fully enjoy life. He is free from the continual need to adjust and modify himself to meet the demands of his activity. Instead, he experiences an inner foundation from which he can fully assimilate, understand, and work with the world. The developing stability, adaptability, and flexibility provide a basis for creative thought, successful action, and growing fulfillment.

It is ironic that in Western psychology and psychiatry we have been talking so much about achieving a center, and yet in the methods we have employed we have been looking for it somewhere "out there"—in encounter groups, T-groups, and psychotherapy (which is, after all, an interpersonal process, though it may be aimed at the individual). It seems obvious, when we stop to think about it, that if we are searching for our center, it must lie somewhere within us, in the very depths of our existence. Thus, if we want to experience this center, the first thing we have to do is close our eyes, turn inward, and take advantage of a time-proven technique for recentering, coming home to our Self.

This technique, of course, is Transcendental Meditation, the description of which can be found in the oldest records of human experience, the Vedas. This technique does not, however, have any connection with the present fashionable cultivation of Eastern philosophy or culture. In fact, the correct practice of TM does not depend on any cultural orientation, but only upon the inherent abilities of the nervous system. Furthermore, the deep state of rest achieved through TM is so natural and valuable to personal development and well-being that references to it appear in a wide variety of cultural traditions. However, as can be seen from currently available evidence (57, 58), no technique of meditation is as effective as TM in producing deep rest and neurophysiological integration.

The potential of the human mind constitutes a frontier that science has just barely explored. Brain researchers have identified the enormous capacity of the human nervous system (63), while psychologists recognized man's limited use of his mental potential as early as the beginning of the 20th century (31). It can be argued that man's failure to meet the demands of progress results from his inability to utilize his full physical, emotional, and mental potential, and that the solution to the myriad problems of
our society lies in the widespread application of the TM program to psychophysically strengthen the individual and unfold his untapped potential.

In light of our discussion, potentially the most significant contribution that TM can make to the field of mental health is in the area of primary prevention. To avoid illness altogether is the highest goal of psychiatry and all branches of medicine. As Maharishi states:

To build more hospitals to alleviate sickness and suffering for people who have already fallen ill is a laudable act of charity. But it is infinitely more important to find ways and means of preventing people from falling sick and ensuring that they will always enjoy good health. Since a way does exist of preventing people from becoming sick [TM], the introduction of it to people all over the world would be a much greater act of charity (42, p. 195).

This bold claim should not be taken lightly. Modern medicine has already demonstrated that the onset of many diseases depends not so much on pathogenic viruses or bacteria, but on the resistance of the organism. Stressed individuals are far more susceptible to all illnesses, including gastrointestinal disorders, heart disease, and depression. Autonomic lability may be a precursor of psychosomatic and mental illness. TM appears to ensure the maximum adaptability, flexibility, and integration of the nervous system and may constitute the most effective means for achieving autonomic stability.

The research evidence is suggesting that the TM technique might make an excellent universal “anti-stress vaccine.” The technique is standardized, and a large cadre of trained instructors is available all over the world; TM is simple and easily learned by anyone in four to six hours of verbal instruction over four consecutive days. Published studies have already documented benefits unprecedented in their range and profundity. The preliminary research on TM suggests that modern medicine and psychiatry may be concentrating, by analogy, on treating end-stage poliomyelitis with bigger and better iron lungs, while a polio vaccine awaits large-scale distribution. To test the validity of this analogy, of course, more research must be undertaken.

Traditional psychiatric skills will of course continue to be very important in the diagnosis and treatment of the severe mental illnesses—particularly schizophrenia, manic-depressive psychosis, unipolar depressive illness, and organic dementias. Certainly mental health professionals will have to carefully assess, manage, and supervise the incorporation of the TM program into our psychotherapeutic armamentarium. The enthusiasm expressed in this paper, though justified, must not become a substitute for good clinical judgment, psychiatric expertise, patience, and the full appreciation of all of the other psychiatric skills and tools that have already proven their effectiveness. But in adding TM to current psychiatric practice in carefully conceived, researched, and well-supervised programs, we may well find that it lives up to its potential of becoming a principal form of psychotherapy, i.e., mind-healing. This is especially true for what might be called the “average middle class neurotic,” a term that describes far too many people in contemporary society—individuals who are not mentally ill, but who, despite material affluence, are chronically unfulfilled.

The TM technique provides the missing element for a suffering person, just as turning on a light transforms a dark room. Once an individual gains access to his inner resources he sees opportunities for growth where before he had seen only tension-producing obstacles. When this transformation begins to take place, a psychiatric patient needs support and encouragement to express himself in action. If his action leads to achievement and therefore fulfillment of even a small desire, he begins to step out of the cycle of increasing stress. Fulfillment then begins to grow in his life.

Maharishi has explained that the Transcendental Meditation technique is physiologically and psychologically self-regulating in that the degree of normalization accomplished is roughly proportional to the degree of rest attained. As stress release increases, the level of rest becomes less, which has the effect of stopping the release of stress. When the stress release diminishes, deeper rest is again attained, allowing the gradual release of deep-rooted stresses to continue again. Growth through TM takes place naturally at its own rate, maximizing individual development while minimizing discomfort. By alternating the inner experience of the TM technique with the outer experience of beginning to fulfill desires through activity, an individual begins to establish a rhythm of growth. Clinical experience suggests that this rhythm leads automatically to the patient’s wanting to take more responsibility for himself. To facilitate this process, a patient may only need encouragement to meditate regularly and to engage in dynamic activity. Part of this dynamic activity may be the unlearning of maladaptive habits and the learning of new interpersonal and occupational skills through psychotherapy and educational programs. Once a patient becomes established in this growth rhythm, his need for psychiatric care will diminish sharply. Perhaps the greatest promise of TM is the prospect of individuals continuing to grow on their own, autonomously, unfolding greater happiness and dynamism in their lives.*

*Particularly for more disturbed psychiatric patients, it is very important that the TM program be viewed only as an adjunct to psychotropic medication and medical supervision. For the occasional case where meditation may lead to release of stress at a rate that is not comfortably tolerated, this situation can easily be alleviated through joint management by the supervising psychiatrist and teacher of Transcendental Meditation.
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