PAPER 281

THE USE OF THE TRANSCENDENTAL MEDITATION (TM) TECHNIQUE WITH SEVERELY DISTURBED PSYCHIATRIC INPATIENTS

RANDOLPH CARTER and JO ELLEN MEYER

Institute for Social Rehabilitation, Pacific Palisades, Los Angeles, California, U.S.A.

Research completed September 1979.

As a result of practising the Transcendental Meditation technique, patients with chronic schizophrenia, manic-depression, or severe personality disorders showed considerable improvements in their conditions as rated by two different scales, and reductions in anxiety and tension. Patients commented positively on the value of the Transcendental Meditation programme.—EDITORS

The purpose of this study was to determine the value of the Transcendental Meditation (TM) technique in psychiatric programs. Out of 30 selected patients with diagnoses such as chronic schizophrenia, severe personality disorders, and manic depression, 24 were instructed in the TM technique. Of these, 14 subjects were evaluated over a period of time ranging from three weeks to nine months, using the Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impressions (CGI). All patients demonstrated improvement. In general, patients improved from a rating of moderate or marked mental illness, to mild or borderline mental illness. In addition there was a decrease in anxiety and tension reported subjectively, and as rated by the BPRS. No adverse effects were noted. The patients' comments were positive and indicated satisfaction from their practice of Transcendental Meditation. It can be concluded that the TM technique may be of use in the therapy of certain psychiatric disorders.
BACKGROUND

In California, there has been a trend over the past several years to reduce long-term psychiatric hospitalization. This has occurred for two basic reasons:

1. It was thought that psychiatric patients could be more effectively treated in their own communities and,
2. Long-term inpatient hospitalization is expensive.

As a result we have seen an increase in community-based psychiatric outpatient programs, half-way houses, day hospitals, and other community service programs. At the same time, for those patients who require hospitalization, we have seen a shift from long-term treatment to short-term and crisis hospitalization.

There is, however, a group of chronically disordered psychiatric patients that require frequent hospitalization, intensive treatment and supervision. These are patients who are generally diagnosed as chronic schizophrenics, severe personality disorders, manic depressives, or patients with chronic brain syndrome caused by some organic or chemical process.

In Sacramento County, with a population of 700,000, 90 to 120 people a month are admitted to the psychiatric ward of the Sacramento Medical Center, University of California, Davis. This 25-bed psychiatric ward is generally full at all times, and overflow patients are referred to other community hospitals. Many of the patients in this chronically disturbed group require re-hospitalization at frequent intervals. It is apparent that currently available treatment approaches and resources have been inadequate to effectively serve this chronically disabled population. It is the intention of this study to examine the benefits of the TM program as a treatment modality for these severe chronically disabled patients.

INTRODUCTION

The purpose of this study was to determine the feasibility of the Transcendental Meditation technique as a therapeutic adjunct to existing psychiatric programs. The subjects in the study were inpatients at the Sacramento Medical Center, University of California at Davis, who exhibited characteristics of severe psychiatric disorder. The project was supervised by Drs. Joe Tupin and John Hopkins of the University of California's Psychiatric Department. The Institute for Social Rehabilitation, the agency responsible for teaching the Transcendental Meditation program in mental health settings supervised and coordinated all teaching activities.

The main objectives of the nine-month study were to determine if:

a) These patients could be taught the Transcendental Meditation technique
b) These patients could practice the Transcendental Meditation technique over an extended period of time
c) Psychological growth and increased functional capacity were realized by these patients.

Participants in the study were selected on a random basis from the chronic psychiatric admissions of the Sacramento Medical Center. Selection of the subjects was based on the following intake criteria: diagnosed mental illness along with ability and willingness to participate in the study.

PROCEDURE

This program was a cooperative effort between the Institute for Social Rehabilitation (ISR) described below, and the Sacramento Medical Center, UC Davis, Department of Psychiatry. All participants were screened by the UC Davis, Department of Psychiatry. People with diagnoses such as chronic schizophrenia, severe personality disorders, and manic depression were included in the study. People with memory impairment caused by some organic or chemical process and transients in the area were excluded from the study. Those subjects who met these criteria were further screened as to their desire and ability to learn the TM program, their ability to cooperate with evaluation procedures, and their capacity to give an informed consent. Once eligible subjects were identified, they were asked to sign appropriate human subject experimentation consent forms that are standard to the University of California, School of Medicine. Reasons for exclusion of any patient from the program was recorded.

The program was designed and implemented by the Institute for Social Rehabilitation (ISR) which was established in 1973 as a service organization of
the World Plan Executive Council, United States, in affiliation with Maharishi International University, a non-profit educational organization which is responsible for teaching the TM program in rehabilitation settings. ISR structures programs, designs teaching materials, and provides qualified teachers of the program in the institution.

An extensive follow-up course after instruction in the TM technique has been found to be essential in psychiatric settings. This follow-up thoroughly establishes an understanding of the practice on an intellectual level, guides the patients in a regular meditation schedule, and provides continued verification of the correct practice, a procedure called "checking". In addition, the course meetings provide the opportunity for patients to discuss their experience and understand the positive changes that occur as the practice continues.

The original plan of accepting ten participants per month for three months into the study was extended to 4 1/2 months so that the original plan of 30 clients could be met. Twenty-one weeks of extensive follow-up per individual, including guidance in the correct use of the technique on a mechanical as well as intellectual level was given to those who willingly remained in the study.

The evaluation was conducted by UC Davis, School of Medicine, Department of Psychiatry, under the supervision of Drs. Joe Tupin and John Hopkins. In addition, a research assistant was employed part-time on the project to do data collection and patient evaluation. Three instruments were used in the evaluation. They are:

1. Brief Psychiatric Rating Scale (BPRS)
2. Clinical Global Impressions (CGI)
3. Research Diagnostic Criteria (RDC)

The evaluation program began with a series of pretests over a 2-3 day period to establish baseline data. During this time, the patient was observed and a diagnosis was confirmed. The BPRS measured 16 items of the personality profile in terms of the specific intensity of psychiatric disorder. The CGI measured more global traits of impairment. The RDC was used once to confirm the diagnostic evaluation. The testing schedule was as follows:

1. BPRS—daily for three days, and day seven, and weekly thereafter during inpatient status. Then monthly following discharge.
2. CGI—daily during inpatient status and monthly upon discharge. There was a final evaluation of each patient after the TM program was completed.

RESULTS

(Jo Ellen Meyer, evaluation consultant)

Subjects consisted of a group of 30 randomly selected, hospitalized patients at the University of California, Davis. There were 16 females and 14 males participating in the study project. Specific diagnosis of this group included 16 diagnosed as schizophrenic, 12 subjects were considered to have affective disorders, and there were 2 borderline personalities. Those patients who had received a diagnosis of organic brain syndrome were automatically excluded from the study procedure. Subjects who agreed to participate in the Transcendental Meditation project were given no preferential treatment during their hospitalization. All were subjected to the same regime, medication, and therapeutic milieu of the ward setting. Various medications were employed in treatment routine including Haldol and Prolixin although not all patients in the study project received any medication.

Of the original 30 study subjects, 14 were able to be evaluated on a time basis ranging from approximately three weeks to nine months. Due to the difficulty of follow-up and the reluctance of several of the study participants to maintain contact with the project coordinators, all were not able to be taken to termination. Prior to actual instruction in the Transcendental Meditation process all subjects were required to sign an informed consent. Subjects were rated at various times during the study procedure. The CGI and the BPRS were administered at various times during their study participation. The CGI is a test to rate the degree of mental illness with a one-digit number. The BPRS is a 20-item scale which interprets various aspects of psychiatric difficulty. All patients who participated in this project demonstrated some positive degree of improvement according to CGI and BPRS ratings. In general, patients' degree of change went from moderately or markedly ill to mildly or borderline mentally ill. In addition there seemed to be a decrease in the amount
of anxiety and tension which was felt subjectively and rated on the BPRS. There were no adverse effects noted in any of the 30 participants in this project. Essentially the patients' comments were positive and indicated that they received some degree of satisfaction from their instruction and subsequent practice of the TM method.

As the inpatient unit at the University Medical Center, Davis is essentially a short-stay hospitalization ranging from two to approximately eight days, we felt that the major difficulty of this study was the inability of discharge patients to follow-through with their commitments towards their involvement with the TM project. It should also be noted that several of the people moved to different areas and became inaccessible to follow-up. Also, as people returned to their normal life-styles, their degree of commitment also decreased dependent upon the amount of time required for the evaluation process and also for the difficulty they had in transportation. When attempts were made by the coordinators to provide transportation, patients would frequently state that they had other arrangements for the evening and therefore would be unable to participate in the evaluation process.

Given the possibility of replication of this study, I feel that it would be important to place the study in a setting which provided a longer term treatment plan so that follow-up would not be so difficult and it would be possible to maintain better contact with study subjects. Also, I feel that the frequency of the psychological examinations could be decreased.