THE TRANSCENDENTAL MEDITATION TECHNIQUE AND DRUG ABUSE COUNSELORS

DAVID W. ORME-JOHNSON, PH.D.; GARY K. ARTHUR, M.D.; LAVELLE FRANKLIN, B.A.; and JAMES O'CONNELL, B.A.

Department of Research and Evaluation, Drug and Alcohol Abuse Control and Prevention Program, Fort Bliss, Texas

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Mental health improved in people practicing the Transcendental Meditation technique. — EDITORS

Six staff members of a U.S. Army drug abuse program were tested on the Minnesota Multiphasic Personality Inventory (MMPI) and other tests before they were instructed in the Transcendental Meditation technique and again ten weeks later. The controls were a comparable group of five nonmeditating staff members tested at the same times. After ten weeks, the experimental group (meditators) showed a significantly greater decrease on the Manifest Anxiety (Taylor) \( p < .05 \), Hypochondria \( p < .05 \), and Schizophrenia \( p < .025 \) scales than the controls. Meditators also showed a greater overall reduction on MMPI scales \( p < .01 \) than nonmeditators. Differences in change on other tests (Maslow's Security-Insecurity Inventory, the Purpose in Life Test, and Mooney's Problem Check List) did not reach significance. These results indicate that subjects practicing the Transcendental Meditation technique showed a measurable reduction in the psychological symptoms of anxiety, as well as more maturity and more organized thought and behavior.

All meditating counselors reported that they benefited personally from the Transcendental Meditation program by gaining more energy and relaxation, and all recommended that it be used as a drug abuse treatment modality.

INTRODUCTION

The drug abuse counselor is frequently faced with highly stressful interpersonal situations that demand creativity and balanced judgment in order for him to maintain his mental equilibrium and to restore that of his counselee. The effectiveness of a therapist depends upon the stability and resourcefulness of his own personality. Obviously, the greater the mental health of the therapist, the greater will be his ability to develop a meaningful rapport with his patients and co-workers.

Seeman, Nidich, and Banta (5) reported that college students practicing the Transcendental Meditation (TM) technique developed significantly more than control subjects in inner-directedness, acceptance of self, spontaneity, self-regard, acceptance of feelings of aggression, and capacity for intimate contact as measured by Shostrom's Personal Orientation Inventory. These personality changes appear to be based on real and beneficial physiological effects of TM: a marked reduction in oxygen consumption and cardiovascular functions and general sympathetic quiescence (6), reduced spontaneous fluctuations of the skin resistance response (3), and increased orderliness of EEG signals (1).

On the basis of these data, we decided to offer the Transcendental Meditation program to our counselors and evaluate its subjective effects.

METHOD

SUBJECTS—The 11 subjects were staff members of the halfway house of the Fort Bliss, Texas, Drug and Alcohol Abuse Control and Prevention Program and included a psychiatrist, seven counselors, two military administrators, and one family member.

The six meditators (one female and five males) ranged in age from 23 to 48 years, and the five comparison subjects (two females and three males) ranged in age from 26 to 37 years. All subjects worked under similar daily routines in the halfway house.

Subjects were invited to participate in the experiment on a volunteer basis, and all took Form R of the Minnesota Multiphasic Personality Inventory (MMPI) (2), Maslow's Security-Insecurity Inventory, the Purpose in Life Test, and the Mooney Problem Check List. They then heard an introductory lecture on TM and six began the practice. Ten weeks later all subjects were tested again, and the
meditators, including four additional meditators on the staff who had begun TM either before or after the experimental group, filled out a questionnaire on TM.

RESULTS

MMPI—Data from males and females were converted to T-scores according to normative tables (2), and then male and female T-scores were combined for analysis. The MMPI validity scales (L, F, and K) were within the normal range on both testings for all subjects, indicating valid test results. The K-scores did not significantly differ between groups or between test and retest. The data analysis of the clinical subscales is for uncorrected K values.

On initial testing there were no significant differences (as measured by one-tailed t-tests) between meditators and comparison subjects, indicating that the two groups were approximately equivalent, although subjects who were to begin TM did show a trend toward higher subscale elevations, especially on scales 1, 2, and 3 (figs. 1 and 2). This was largely due to the contribution of three individuals who exhibited clinically significant elevations.

After ten weeks of practicing TM meditators showed significantly greater reductions than comparison subjects on scale 3, Hypochondria (p < .05), scale 8, Schizophrenia (p < .025), and Manifest Anxiety (Taylor) (p < .05) (figs. 1, 2, and 3). Reductions on scale 1, Hysteria, and scale 6, Paranoia, approached statistical significance (as measured by one-tailed t-tests).

The three meditating subjects with the highest initial subscale elevations showed decreases of one standard deviation or more on Neuroticism (scales 1, 2, 3) and showed similar large decreases on Paranoia (scale 6), Psychasthenia (scale 7), and Schizophrenia (scale 8).

The other three meditators, whose MMPI scores were less elevated initially, showed smaller reductions on the subscales. As an overall index of mental health, a total score for the MMPI was derived by summing the T-scores for scales 1, 2, 3, 4, 6, 7, 8, and 9 for each individual on pretest and posttest. Meditators showed a significantly greater overall reduction on this total score after ten weeks than did the comparison subjects (p < .01). Five out of six scale changes for meditators were in the direction of reduced symptoms, whereas the proportion of changes for comparison subjects was much closer to chance.

QUESTIONNAIRE—All meditating staff members and counselors (N = 10) were also given a questionnaire on TM after ten weeks of meditation. On it, subjects reported that they benefited personally from TM, and all recommended that it be tried as a drug abuse treatment modality.

The following are answers to the question How has TM affected your work day?

I generally feel more energetic and seem to be able to do more with less energy. Counseling and group therapy now seem less frustrating on my part. (Male, 24)

I feel more relaxed. My wife and other counselors say I'm easier to get along with. (Male, 23)

Has cut down on ruminating nonproductive thoughts accompanying activities, and as a result I do things quicker
and more efficiently. I no longer feel so tired at the end of the day. Has reduced tendency to have headaches. Feel more "light and airy and bouncy," like I did when a child. Sometimes feel "high." (Female, 29)

TM enables me to confront the day positively and with good feelings toward others. (Male, 21)

I feel more alive and am able to work better when I meditate. (Male, 34)

Since TM I feel much more energetic in the morning and more relaxed in the evening. My relationship with others, especially on an individual basis, appears to be more relaxed. In groups, not necessarily counseling, I feel much more alert as to what is happening. (Female, 23)

FIG. 3. MMPI SCORES FOR ONE INDIVIDUAL. The figure shows an example of a reduction on most scales after ten weeks of Transcendental Meditation, in this case especially a reduction of neurotic tendencies (the first three scales) for an individual suffering from neurosis. This result indicates a marked reduction in this individual's numerous complaints of diffuse and specific aches and pains.

OTHER TESTS—None of the initial levels or changes on the Security-Insecurity Inventory, the Purpose in Life Test, or Mooney's Problem Check List reached significance.

DISCUSSION

The reduction of neurotic tendencies through the TM program can be interpreted as growth towards more maturity (scale 3) and towards fewer physical complaints (scale 1) (4). The reduction for meditators on Schizophrenia (scale 8) indicates a reduction in internal conflicts and confusion, while scores on scale 6, Paranoia, suggest changes in the direction of greater trust in other people. The general picture from the MMPI scores is that TM produces measurable improvements in mental health, especially increased clarity of mind, relaxation, energy level, and sensitivity to others. Based on this experience and the recommendations of the counselors, we feel confident to recommend the Transcendental Meditation program as a primary therapy both as a means for strengthening counselors and as a therapy for patients.

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REFERENCES