THE TRANSCENDENTAL MEDITATION TECHNIQUE AND THE PREVENTION OF PSYCHIATRIC ILLNESS

JAAN SUURKULA
Vasa Hospital, University of Gothenburg, Sweden


This paper reviews data gathered in a detailed epidemiological survey and concludes that the Transcendental Meditation programme has a powerful effect on the prevention of psychiatric illness.—EDITORS
The following is a summary, prepared by a Swedish physician, of the findings on Transcendental Meditation of an epidemiological study conducted by the Swedish National Health Board (Socialstyrelsen).

During the spring of 1975 the Swedish National Health Board organized an inquiry about certain activities which were considered to have potentially profound influences on the psychology of the individual, including the Transcendental Meditation technique (2). A questionnaire was sent to all the 182 psychiatric care units in Sweden, including 133 hospitals and 49 policlincs. The questions were as follows:

1. How many patients during the last three years (1972–1974) has your unit received and treated policlinically or at hospital, whose illness you consider to have clear, probable or possible causal relationship with any of the above mentioned activities?

2. How many of these cases could be hospitalized without restriction of freedom and how many had to be deprived of their freedom according to the Swedish law for closed psychiatric care?

Answers were received from 154 units out of which 115 were hospitals and 39 policlincs, giving a response rate of 85%. One hundred and ten cases were reported in total in answer to the first question. In 82 of these cases hospitalization was considered necessary. This figure should be compared with the total number of psychiatric hospital admissions which was 335,000 for the three-year period in question. Thus the impact of these activities was, on the whole, very small.

In answer to the second question the causality in the cases needing only policlinical care was too unclear to deserve further notice, while 53 of the 82 cases needing hospital care were found to have clear or probable causal relationship between the activity and the need for treatment. Thirty of these 53 had been engaged in different forms of group oriented training. Other activities were considered causative of the remaining 23 cases. Out of these 23 cases only 8 had learnt TM, needing between them 10 admissions during the three-year time period.

The total incidence of psychiatric hospital care during this time period for the whole population of Sweden was 1:20. For the subpopulation of 35,000 TM meditators in Sweden at that time, the incidence was 1:3,500. Thus admissions for psychiatric hospital care were 150–200 times less common among the TM meditators than for the population as a whole. (This calculation was made by Professor Jan-Otto Ottoson, Scientific counsellor of the National Health Board) (1).

Professor Ottoson has also scrutinized the hospital journals of the eight meditators needing hospital care. He found that it was not clear whether all of them really had practised the TM technique. Two had not practised the technique as prescribed. In all cases the causal relationship was unclear. His conclusion was that neither the general inquiry nor a close scrutiny indicates that TM is a pathogenic factor of any importance in psychiatric disease (1).

The remarkably small incidence of psychiatric illness among the population of individuals who had learnt the Transcendental Meditation technique compared to the general population indicates that the TM technique is not only safe but also has considerable value in the prevention of psychiatric illness.

REFERENCES