MEDITATION FROM A MENTAL HEALTH PROSPECTIVE

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SUMMARY

The term "Meditation" is defined and the aims of meditation-practice are outlined. The physiological and psychological correlates of meditation, as found in different studies, are described. The need for an integrated approach to the study of consciousness is emphasized. The clinical applications of meditation practice are spelt out. Areas of further research are indicated.

Definition, Process and the Aims:

The word 'Meditation' means different things to different people. In the Christian tradition, for example, meditation is most often understood as a dwelling upon certain ideas or engaging in a directed, intellectual course of activity, while the Eastern methods of meditation understand the term to mean dwelling on anything but ideas and with the goal of attaining an a-conceptual state of mind that excludes intellectual activity, normally associated with the waking state. For our purposes, meditation may be defined as a group of practices that train attention to enhance awareness, through mental discipline, with the ultimate aim of development of insight into the nature of mental processes, consciousness, identity, reality and spiritual values.

Though the practice of meditation can be traced back to 3000 years, there has been an upsurge in interest in meditation in the recent past. In the U.S.A. and Canada alone, there are no less than 300 meditation centres, and Transcendental meditation or T. M. today, has a world-wide following. Along with the increased interest in meditation by the laity, psychologists and psychiatrists have also shown a greater interest in the scientific study of the subject and its possible clinical applications. A spate of books have also appeared on the subject. While there may be a number of factors responsible for the recent increase in interest in meditation, some of the major ones would appear to be: increasing disenchantment with the materialistic approach to the attainment of happiness, increasing alienation from oneself and one's environment, a quest for increased knowledge about one's true nature and one's relationship to the universe and the intrinsic urge to transcend oneself.

In terms of the psychology of consciousness, there are two general varieties of meditation (Ornstein, 1972); those exercises which involve restriction of awareness, focussing of attention on the object of meditation or on the repetition of a word or "mantra" (concentrative meditation) and those which involve a deliberate attempt to "open up awareness of the external environment". Many models are a blend of the two.

The ultimate aim of meditation is to realise, through personal experience, the True Self or Transpersonal self but in addition to this ultimate aim, there are several intermediate aims like achieving a

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sense of well-being, harmony with nature, creativity, and promoting spiritual growth, by spiritual, we mean possessing values higher than average in the ethical, aesthetic, humanitarian and the artistic fields.

The transpersonal experience or realisation of the True Self has been well documented by Bucke (1923), Underhill (1911). These experiences, described by people in different periods and different cultures have some fundamental aspects in common like amazement, lightness, knowledge, unity, universality and social relevance.

The experience has an intrinsic existence of its own and is not a product of one’s imagination. The ‘Peak-experiences’ described by Maslow (1962), belong to the same category. We have all had experiences, which may be considered rudimentary transpersonal experiences, where we have lost ourselves, may be, when we sat on a river-bank and the sound of the river flowed through us. At such moments, we are the experience itself, the flow, the moment in all its fulness. There is peace, harmony tranquility, the joy of transcending our individual selves and being part of the process. These moments bring a sense of perfection, of being one with the universe, of clarity, of being free of the tension, self-conscious thinking. These may be euphenemal moments, but they constitute the essence of meditation, and give us a glimpse of the transpersonal world. If we don’t have access to these moments of awareness, more often, it is because the road is blocked by a traffic-jam of discursive thoughts. Still, the experience occurs more frequently than we imagine, in the general population (Wuthnow, 1978 and Hay, 1982). It has been claimed that those who meditate regularly have a greater number of transpersonal experiences than non-meditators.

Physiological and Psychological correlates of Meditation:

There seems to be general agreement that meditation does, in fact, induce a state of relaxation (Benson et al., 1974). During the act of meditation itself, certain physiological changes have been reported consistently, like reduced heart-rate (Wallace et al., 1971; Anand et al., 1961 and Wegner and Bagchi, 1961), decreased oxygen consumption (Wallace et al., 1971, Wegner and Bagchi, 1961), decreased Blood Pressure (Wallace et al., 1971; Wegner and Bagchi, 1961), increased skin resistance (Wallace et al., 1971; Wegner and Bagchi, 1961) and increased regularity and amplitude of alpha activity (Wallace et al., 1971; Wallace, 1970 and Anand et al., 1961). It has been hypothesised that these physiological changes during meditation produce a “hypometabolic state” (Wallace et al., 1971). Goleman and Schartz (1976) feel that mindful meditation helps in deconditioning of habitual response-patterns and altering the ergotropic-trophotropic ratio in the trophotropic direction. This diminution of sympathetic reactivity is believed to constitute the relaxation-response. The dehabitation effect of meditation seems to be confirmed by EEG studies on seasoned meditators. Kasamatsu and Hirat (1966) studies the habituation of the orienting response to a repeated click, both in ordinary people and zen masters. The subjects, in this experiment, sat in a sound-proof-room and listened to a click repeated each 15 seconds, while EEG was being taken. The non-meditating subjects showed the customary phenomenon of habituation. The response of the brain’s electrical activity to the clicks began to decrease after the 3rd or
4th click; the click had been tuned out of awareness. When the zen masters were meditating and were exposed to the same repetitive click over a period of 5 minutes, they did not show the customary habituation; they responded to the last click just as strongly as they did to the first. Meditation has the primary after-effect of "de automatisation", an opening up of awareness, a reduction of the normal selectivity of input. Deikman's (1966) experimental subjects, who gazed at a blue vase for half-an-hour at a time, for several sessions reported that the vase appeared "more vivid" and "more luminous". That meditation is an altered state of consciousness is supported by the finding that seasoned meditators can influence the EEG wave-pattern associated with meditation-practice and it would seem that the evolution of higher states of consciousness, brings about a state of diminished brain-arousal, as suggested by the progressive appearance of beta, alpha and theta waves, and in some cases, even delta waves, as the depth of meditative state increases.

Several studies have looked at behavioural indices of attitude and perceptual change. Davidson et al. (1976) and Pirot (1975) have noted that meditators seemed to have greater auditory receptivity and perceptual discrimination that controls, as well as improved reaction-times and increased capacity to attend. There is reason to believe that meditation enhances intuitive cognition, associated as it is with a greater frequency of occurrence of Transpersonal experiences, as compared to the nonmeditative state. Studies have also been directed to documenting perceptual and/or behavioural changes that occur at times other than during meditation, using Shostrom's personal orientation Inventory (Seeman et al., 1974; Venkatash et al., 1989), Otis Descriptive Personality list and Otis Physical and Behavioural Inventory (Oliis, 1974). All these studies report that meditators change more and "self-actualisation". These changes include such things as self-perceived increase in the capacity for intimacy, increased spontaneity, increased self-regard, increased acceptance of aggression; and increased inner-directedness. Goleman and Schartz (1976) postulates that meditation's effectiveness in reduction of anxiety is due to "global desensitization". The individual, who learns to relax in meditation, and learns to witness in this relaxed state, the random flow of thought including anxiety-producing ones, learn to reciprocally inhibit the anxiety normally elicited by such thoughts.

Back at home, Desiraju (1987) and his team at the National Institute of Mental Health and Neuro Sciences, Bangalore, have been working diligently for the past ten years on the biochemical, neurophysiological and psychological correlates of different types of meditation. There observations were:

1. The changes observed in a given subject differed among different sessions, even though the meditational practice was of the same kind.
2. Different individuals practising a given type of meditation, showed differences in the pattern of effect.
3. These observations applied to all the parameters studied. Their impression was "that" a given meditative procedure probably helps not by producing a certain fixed type of change in a certain area like increase of alpha activity or decrease in sympathetic activity, but produces a pattern of changes, resulting out of optimising the balance of the homeostatic physiological controls, which would be to the best advantage of the particular individual".
The need for integrating the Western and the Esoteric Psychologies in understanding consciousness and reality

If we have not been able to contribute more substantially to the body of knowledge in the fields of consciousness and meditation, it is probably because of our scientific conservatism, a tendency to adhere rigidly to our paradigms, and our reluctance to permit new inputs. We have not, for example, explored the possibility of integrating some parts of the esoteric psychologies of the East into our knowledge-base. There is evidence to suggest that of the main functions in two major modes of consciousness; one is analytic and the other intuitive or holistic and is complimentary to the other, but we tend to de-emphasize the a-rational, intuitive, non-verbal mode of consciousness. Again, we are easily led by our assumptions about reality, rather than consider that there might be alternative ways of conceptualising reality and several levels of consciousness. Instead of believing what we see, we are disposed to see what we believe. This has been well-illustrated by Bruner and Postman (1949) and his associates with their tachistoscopic experiments. One of our shared social assumptions concerns the suit of playing cards. Through years of observation, we have learned that spades and clubs are black, while hearts and diamonds are red. Bruner asked his subjects to look at some cards through a tachistoscope, a device which allows visual materials to be flashed on a screen for an exact short time. Intermixed with the ordinary cards were several anomalous ones—a red ace of spades and a black four of hearts, for instance. Many of the experimental subjects did not “see” the visual cards, as they really were. Rather, they corrected the anomaly, based on their assumptions and reported seeing a black spade of six and a red four of hearts! What applied to perception, applies also to our beliefs. Our traditional psychological models post a limited number of states of consciousness, and our usual waking state is believed to be optimal. No consideration is given to the possibility that states of consciousness may exist, that are more optimal than our waking one. On the other hand, meditation theories view our usual waking state as sub-optimal. The mind is seen as largely outside voluntary control, and as continuously creating a largely unrecognised stream of thoughts, emotions, images, fantasies and associations. These are held to distort our awareness, perceptual processes and our sense of identity to an unrecognised degree.

It is however, encouraging to note that psychologists of late, like modern physicists, are increasingly feeling that, to understand psychological phenomena, we have to give up our sectarian approach and adopt a general systems or bootstrap approach, according to which, there may not be any one theory capable of explaining the entire spectrum of psychological phenomena. We may have to be content with a network of interlocking models, using different languages to describe different aspects and levels of reality. One of the most comprehensive systems to integrate different psychological schools is the Spectrum Psychology of Wilber (1977). It unifies numerous approaches, both Eastern and Western, into a spectrum of psychological models and theories, that reflects the spectrum of human consciousness. Each of the levels or bands of the spectrum is characterised by a different sense of identity, ranging from the supreme identity of cosmic consciousness to the drastically narrowed identity of the personal self or ego.
Clinical application of meditation:

At the therapeutic level, there has been a greater degree of interest and enthusiasm to explore the potential of meditation as a therapeutic tool or as an adjuvant to the established modalities of psychiatric treatment like psychotherapy. The attitude today is radically different from what it was in the psychoanalytic circle earlier. Freud (1962), for example, dismissed the oceanic experience in meditation as a reaction formation of omnipotence and infantile helplessness. Jung, despite his sympathetic interest in eastern philosophies, did not see a therapeutic role for meditation. Alexander (1931) interpreted meditation as self-induced catatonia. The task force on Meditation, of the American Psychiatric Association (1977) felt that meditation can be considered as a method of inducing relaxation, and that it may be useful in psychotherapy and in reducing the need for psychotropic medication.

Many studies have reported that meditation reduces anxiety both in Generalised Anxiety Disorder (Girodo, 1974; Shapiro, 1970; Vahia et al., 1972) and specific phobias, such as of enclosed spaces, examinations, being alone or heart attack (Bondre, 1972; French and Tupin, 1974). Studies have also indicated that drug and alcohol abuse may be reduced (Shaft et al., 1975; Shapiro and Ziffcrblaff, 1976; Benson and Wallace, 1972).

Meditation has been employed successfully in rehabilitation after Myocardial Infarction (Tulpule, 1971), in the treatment of bronchial asthma and insomnia and in the reduction of blood cholesterol levels and high blood pressure (Datey et al., 1969; Benson and Wallace, 1972; Stone and Deleo, 1976).

Kutz et al. (1985) have reported that meditation can be a useful adjuvant to psychodynamic psychotherapy, on account of the effects of meditation on mental processes, viz., ideas, images and objects being experienced in greater vividness, and carrying new meanings and different perspectives, plasticity of cognition due to non-linear and multi-dimensional handling of data, loosening of defenses, and emergence of repressed material including Primary Process material. Asagioli's Psychosynthesis (1985) employs many techniques which are basic in meditation-practice.

Meditation would appear to have preventive potentials, through its relaxing effect in stress-induced psychiatric disorders and in what Frankl calls "Noogenic Neuroses" characterised by dis-satisfaction with living in spite of having all the material satisfaction, a sense of meaninglessness in living a sense of alienation from oneself and one's environment. Many cases of "Middle age crisis" probably constitute sub-clinical varieties of this clinical entity. Meditation would also appear to have potential for promoting positive mental health, especially if we include the spiritual dimension in our concept of mental health. It is likely to promote the "Being" mode of living, postulated by Fromm (1976), as contrasted with the "Having" mode.

Employing the transpersonal model of a person, a new form of Psychotherapy, termed Transpersonal Psychotherapy has emerged in recent years (Walsh and Gaughan, 1980). In this form of Psychotherapy, consciousness itself rather than its contents, is made the focus of study. It assumes that our waking consciousness is a defensively contracted state, filled as it is, with a continuous flow of largely uncontrollable thoughts and fantasies, which exert a powerful, though unappreciated influence.
on perception, cognition and behaviour. It also assumes that there are strata of consciousness, more optimal than our waking consciousness and these can be experienced in meditative practice and in transpersonal experiences. The goals of Transpersonal Psychotherapy include the traditional ones like conflict-resolution and behaviour change and also work at the transpersonal level. This may include the provision of an adequate conceptual framework for handling transpersonal experiences, information on psychological potential and the importance of assuming responsibility, not only for one's behaviour, but also one's experiences. In addition to working through psychodynamic processes, the therapist aims to assist the client in disidentifying from and transcending psychodynamic issues and employs for this purpose meditational techniques.

Adverse effects of meditation:

Some meditators report hallucinatory experiences and/or derealisation deperonalisation experiences during meditation. These are usually benign and resolve spontaneously, and do not affect the normal functioning of the individual. Stray cases of psychiatric breakdown have been reported following meditation practice, and it would appear that these persons have had a fragile ego-structure or were Border-line schizophrenics or severe schizoid personalities. Hence it would be wise to undertake meditation practice under the guidance and supervision of an experienced meditator.

There is a danger that people with psychiatric problems are unable to cope with the stresses of day-to-day living might take to meditation-practice, as a retreat from the problems of living and coping.

Those who undergo Transpersonal experiences may become victims of self-exaltation, self-glorification and develop delusional thinking or depression, when the normal waking state is resumed.

It should, however, be stated, that considering the large-scale practice of meditation the number of adverse reactions reported in infinitesmally small the advantages would seem to outweigh the infrequent adverse effects.

Further research in the area of meditation-practice should address the following issues among other:

1. Phenomenological analysis of meditation experience and transpersonal experience.
2. Determinants and significance of transpersonal experience, its frequency of occurrence in meditators and non-meditators.
3. Frequency of occurrence of disturbances of perception, orientation, and body-image during meditation, their determinants and significance; follow-up of such cases to determine what percentage go on to psychiatric breakdown and need psychiatric treatment.
4. A comparative study of creativity, spiritual growth, maturity, social adjustment and self-actualisation in meditators and matched non-meditating control groups.

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