
CHAPTER 3

MEDITATION WITH SPECIAL REFERENCE TO CLINICALLY STANDARDIZED MEDITATION AS A STRATEGY FOR STRESS MANAGEMENT AND THE PROMOTION OF WELLNESS

3.1 INTRODUCTION

Although the terms *health*, *well-being* and *wellness* are often used interchangeably or synonymously, it does seem as if different connotations and denotations can be found in literature. Due to the centrality of the concept of wellness in this study, the meaning and the use of wellness should be understood – especially as it relates to its use in this study. If meditation is to be used as a strategy for stress management and to promote wellness, then one should clarify what that should mean.

In order to understand Clinically Standardized Meditation (CSM) specifically, it is important to understand meditation as a phenomenon generally. Also, to understand CSM as a strategy for stress management and for the promotion of wellness specifically, it is important to understand meditation as a phenomenon, as a strategy for stress management and the promotion of wellness generally. Meditation as a phenomenon will therefore be described and defined, the origins, practises and main forms of meditation as well as the uniqueness of meditation (as opposed to prayer, self-hypnosis, autogenic training, et cetera) will be explained. The clinical applications and potential effects of meditation, as well as the limitations of, cautions in and contra-indications of the use of meditation for stress management and promotion of wellness will be provided. The theoretical underpinnings of the practice of meditation for stress management and the promotion of wellness will be discussed lastly.

3.2 STRESS MANAGEMENT AND THE PROMOTION OF WELLNESS

3.2.1 Stress management

Stress management interventions are defined as any procedure designed to enhance the ability of people to cope with stressors or with the negative emotions elicited by them (Auerbach & Grambling 1998:124). However, because this is such a broad definition which can include a broad range of therapies designed to help people adjust better to life stressors and dysphoric emotions, it needs to be clarified further. In addition to the major requirement of enhancing coping ability, there are other distinctive features that set stress management strategies apart from other psychological interventions designed to make people feel better. According to Cotton (1990:4-5) and Auerbach and Grambling (1998:124) these features are the following:

- Stress management techniques are designed for the generally adequately adjusted person confronted with difficult circumstances. These techniques are designed to teach coping skills rather than producing basic changes in personality traits like traditional psychotherapy or dealing with long-standing behavioural problems that are serious enough to be diagnosed.
- Most stress management techniques are behaviourally orientated. The techniques are derived or can be understood in terms of classical or operant conditioning or the more recently developed cognitive behavioural approaches.
- They are oriented toward producing change as quickly and as efficiently as possible.
- Emphasis is on self-administration, self-monitoring and learning to establish one's own goals and develop one's own treatment programme with minimal ongoing guidance from professionals after initial guidance and instruction have been provided by a professional.
- A common misconception is, however, that the goal of stress management is to minimize or eliminate stress. Although it might be appropriate in some instances, a more general concern is that of achieving the proper balance of stress between personal resources and demands made upon the person.
- The major goal of managing stress is, however, to enable the individual to function at his/her optimal level, in a healthy and positive manner.

It is important to take cognisance of the above misconceptions of stress management and the fact that popular perceptions of stress management might mean that stress management is only about experiencing little or no stress, or a symptomatic relief strategy, or reaching a 'neutral' status as far as experiencing stress is concerned. Such an erroneous viewpoint would mean losing sight of the greater opportunities that stress management might offer in terms of enhanced functioning and ultimately the promotion of wellness. The enhancement of a person's coping ability, as well as the above features of stress management, especially the major goal of stress management, makes it very compatible with the promotion of wellness as will be evident from the following discussion.

3.2.2 Connotations and denotations of health, well-being and wellness

According to Wissing (2000:5), health and wellness have the same connotations and denotations and can be used as synonyms, but due to historical reasons, they also seem to differ. The same can be said for well-being, health and wellness, at least as it pertains to psychology (Van Eeden, 1996:9; Wissing, 2000:8-9).

In the context of this study a general overlap of the connotations and denotations of health, well-being and wellness are also acknowledged, as well as subtle, but important differences. These subtleties can be elaborated on as follows:

3.2.2.1 Health

Until recently, literature dealing with health care focused almost exclusively on sickness, illness and disease. Health and illness are used as the extremes on a continuum: either one's absence indicates the other's presence. Using such a medical model a person is deemed healthy and medical care is no longer needed when the focus on treatment disappears. It is consequently assumed that a disease-free population is a healthy population (Edelman & Mandle, 1994:8-9; Parmer & Rogers, 1997:1). It also seems that in traditional everyday use, and because of the longstanding emphasis in human health is on illness and also because science has until now relegated health to the biological sciences, the state of the art conceptualisation of health is that it is primarily concerned with the body (Ryff & Singer, 1998:1).

Wissing (2000:5) argues convincingly that despite the definition of the World Health Organisation (WHO, 1999) of health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*", the Ottawa Charter on health promotion, the Jakarta Declaration on health priorities, or the South African national objectives for health promotion, very little discernible progress has been made in implementing these ideals in science or practice. It therefore seems as if the associated popular, scientific and practical connotations and denotations of health as a construct has been 'contaminated' to some extent because of the emphasis on factors pointed out by Ryff & Singer (1998:1) above. The narrower focus of health is also evident in the totalising use of "*health and wellness*" such as by Green and Shellenberger (1991:15, 18-19) to indicate their holistic orientation.

3.2.2.2 Well-being

Although, as previously indicated, the synonomous use of well-being and wellness is common, it does seem as if the connotations and denotations in the use of the concepts of well-being and wellness differ. Well-being as a concept is often used to refer to specific aspects or domains, such as "*physical, psychological and social well-being*" (Grzywacz, 1999:1,5; Hermon & Hazler, 1999:1; Wissing, 2000:8-9).

It therefore seems as if well-being is more often being used in a more narrow sense referring to specific domains as opposed to wellness that is used in a more holistic sense. Although these domains are sometimes also associated with wellness, the concept 'holistic' and holistic models are more often associated with wellness than is the case with well-being (Parmer & Rogers, 1997:1; Hermon & Hazler, 1999:2,4; Wissing, 2000:9, 13). This conceptualisation translates into this study in the use of the contexts of human existence as domains for the promotion of well-being and therefore ultimately, wellness. This means that the effects of CSM are investigated as far as the promotion of biological (physical), intra-psychic (psychological), ecological (social) and metaphysical (spiritual) well-being is concerned.

Apart from the social domain, relative little attention in the literature is given to the larger ecological (environmental) domain which, as has been pointed out in 2.3 and 2.5.3, is of enormous importance in stress dynamics. Jensen and Allen (1994:5) remark that "*one's body merges with the environment. In one sense, the environment acts on us; in the other sense, we condition ourselves to react or to survive*".

In the spirit of post-modern and cross-cultural perspectives, old paradigms and traditions are increasingly recognized as limiting, but with new possibilities presenting themselves (Fahlberg & Fahlberg, 1997:2). As such, Garrett (1999:4) provides an elaborate description of wellness in Native American terms that can be used to inform and expand traditional 'Western' views about the domains of well-being as part of a larger conceptual synthesis of well-being and ultimately wellness. Apart from the mind, body and spirit, the natural environment is of equal importance in wellness, which is an expression of the proper harmony and balance with all their relations (Garrett, 1999:4), the domains of well-being. Similar life and world views are to be found in literature referring to the African perspective (Uys, 1992:150,155,157).

3.2.2.3 Wellness and the promotion of wellness

Although the term 'wellness' has been in the health-related lexicon for roughly two decades, the understanding and elucidation of the meaning of the term have been limited. As the idea of wellness has captured the social imagination, it appears as if the term has been co-opted in the sense that it has, for example, become a selling point in titles of popular literature as an overflow from the generous humanistic vision, titles of textbooks and programmes (Fahlberg & Fahlberg, 1997:1; Seligman & Csikszentmihalyi, 2000:7). A search on the Internet yields a similar conclusion.

A myriad of books and programmes currently available profess to have a 'wellness' approach, but they simply deal with symptomatic relief strategies, such as hypertension screening, weight reduction, and so on, their primary goal being early detection and treatment of disease with the goal of achieving an 'average' state of health (Pelletier, 1988:9). This erroneous view is, however, also sporadically reflected in academic literature, especially those with a medical focus: "*They (wellness programmes) represent adjunctive treatment to conventional interventions (medical). Wellness programmes are usually aimed at patients with chronic illnesses*" (Watt, Verma & Flynn, 1998:2). Views like this reflect a smug, Newtonian and mechanistic view entrapped in a modernistic paradigm.

Fahlberg & Fahlberg (1997:1-2) eloquently point out that although there may be nothing inherently problematic about using the term 'wellness' in place of, for example, the term 'personal health', this co-option does, in effect, close down much of the discussion around issues such as optimal well-being and what Maslow refers to as the "*farther reaches of human nature*". When this co-option is complete, the concept of wellness is

reduced to only personal health, typically characterised by prevention of chronic and degenerative disease, in addition to acute and communicable diseases. With this reduction, the full implications of wellness, along with the corollary possibilities of optimal well-being and human potential, will continue to be elusive.

After a survey of relevant literature Hermon and Hazler (1999:1-2) state, quite rightly so, that wellness is more than a physical issue, and that a holistic view of a person's wellness should be taken. In this sense some of the writers include at least three 'components' namely physical, psychological and spiritual and/or social that should function in an integrated manner (Hermon & Hazler, 1999:2; Fahlberg & Fahlberg, 1997:2; Watt *et al.*, 1998:2; Adams & Bezner, 2000:2). Other writers expand on the list of 'components' and add 'occupational and environmental' components to the list (Eisenrath, Hettler & Leafgren, 1988:1; Light, 1995:2; Schafer, 1996:37).

These 'components' are, however, similar to the aspects or domains of well-being referred to in 3.2.2 and can also be translated into the contexts of human existence. The domains of well-being such as physical, psychological, social, environmental, and so on can be seen as the building blocks of wellness – as Hofford and Spelman (1996:3) have pointed out: "*Collectively, these dimensions (or domains/components) ... have been referred to as wellness*". The only difference between well-being and wellness, therefore, is that the former is focused on the specific differentiable contexts of human existence, whereas the latter focuses on the total of, or collective in a holistic system as embodied in the meta-approach.

This is in accordance with Angyal's characterisation (*in* Seeman, 1989:1102) of a (holistic) system as 'unitas complex', that the transactional characteristics of the subsystem (contexts of human existence) connections involve continuous and complex exchanges so that the subsystem performance can best be understood in the context of total organismic functioning. In other words, wellness serves as an umbrella-construct for its components or domains of well-being.

Wellness is also more than simply only an umbrella-construct. Central to this unitas complex is that there should be harmony and balance (Garrett, 1999:4), interrelatedness and integration (Parmer & Rogers, 1997:1) between the domains of well-being which is in accordance to what has been discussed in Chapter 2 and in 2.3 specifically. Wellness is

also more than an umbrella-construct of harmonious and interrelated domains of well-being in the sense that it also connotes and denotes the following:

- wellness is not a state that is attained but is an ongoing, dynamic, fluid process through time. Although fluctuations will occur, wellness is characterised by relatively continuous high-level living over the long run – a continuing challenge rather than something attained and then forgotten (Schafer, 1996:33; Greenberg & Dintiman, 1997:2-3);
- wellness means functioning on the highest possible level in all aspects of life (Schafer, 1996:33; Greenberg & Dintiman, 1997:2-3; Myers *et al.*, 2000:252);
- these aspects focus on the whole person and therefore refer to more than the physical body. They include amongst other things the mind, spirit, emotions, meaning and behaviour, social relationship, and that the whole person is inherently interconnected with the environment (Schafer, 1996:33; Greenberg & Dintiman, 1997:2-3);
- wellness is a positive state, not merely the absence of disease (Anderson, 1987:6). It might even mean living well – mentally, spiritually, and physically, with illness or disease, whether temporary or chronic with such diseases as diabetes, cancer *et cetera* (Schafer, 1996:37), or stress as in the case of this study;
- wellness means taking personal responsibility and fostering a co-operative relationship among all those involved (Anderson, 1987:6);
- high-level wellness includes promoting the wellness of others as well as of the self. This means attending to the effects of one's moods and behaviour on those in the immediate micro-environment – family, intimate partners, friends, neighbours, co-workers and such. It also means getting involved in improving social conditions in the macro-environment (Schafer, 1996:33; Greenberg & Dintiman, 1997:2-3);
- wellness presupposes a holistic orientation and the embrace of interdisciplinary and multidisciplinary insights and approaches (Kirsten, 1994:210; Westgate, 1996:1; Wissing, 2000:9; Myers *et al.*, 2000:252).

Most definitions of and descriptions of what wellness is, contain one or more of these connotations or denotations listed. However, two of the most complete and inclusive definitions as far as the connotations and denotations of wellness are concerned, read as follows:

- a state of well-being in which an individuals' body, mind, emotions and spirit are in harmony with and guided by an awareness of society, nature and the universe (The American Holistic Medical Association *in* Anderson, 1987:6), and
- a way of life orientated toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community (Myers *et al.*, 2000:252).

The writers of the latter definition have by way of scientific evolution and research developed and proposed a comprehensive model of wellness and prevention over the life span and in doing so summarised a broad array of literature from multiple disciplines supporting elements of the programme (Myers *et al.*, 2000:251).

Because wellness and the promotion of wellness are not about an obtained state of being, but rather a continuous and dynamic process, it is important to never lose track of the wellness – illness continuum. It is often because some person experiences some form of disability, disease or has not yet sufficiently taken responsibility for his own and other's wellness, that illness, or unwellness exists and that wellness has to be promoted. In this sense disease is a biomedical term, whereas illness is a state of being. Illness has social, psychologic as well as biomedical components, because a person can have a disease without feeling ill, such as asymptomatic hypertension (Edelman & Mandle, 1994:14; Jensen & Allen, 1994:6). The reason why this point is made, is because wellness can be promoted regardless of the particular point on the wellness-illness continuum that a particular person might find him or herself in, in other words not only preaching to the converted, but also, or especially, promoting wellness amongst persons with distress, disability, disease, illness or unwellness. The promotion of wellness is also directed to more than the attainment of a neutral or symptomless (biomedical) state, such as the use of meditation for stress management alone. It should be emphasised that in the context of this study, the use of meditation should reach beyond mere stress management towards the highest possible level of functioning in all aspects (or domains/components) of life, or, in the context of this study, contexts of human existence.

This can be graphically indicated by the use of an adapted wellness-illness continuum from Ryan and Travis (*in* Edelman & Mandle, 1994:14) and Kirsten (1994:131):

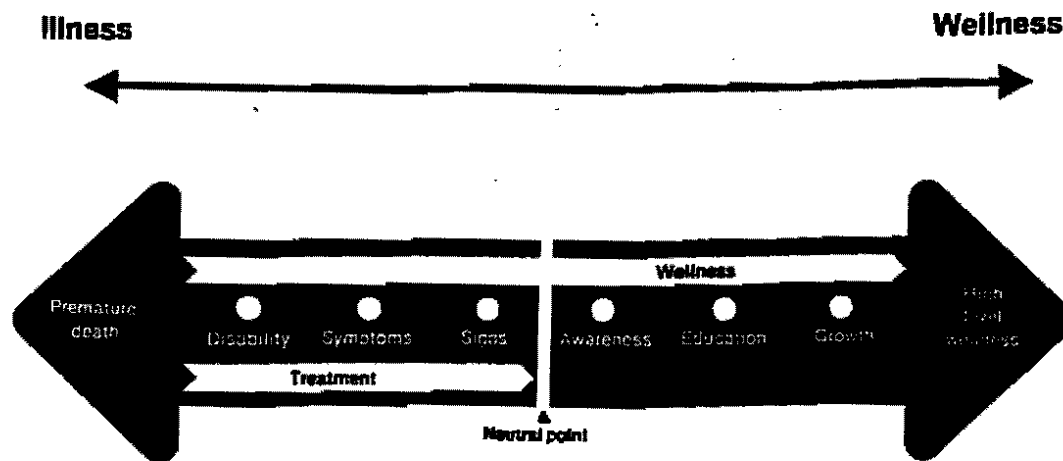


Figure 3.1: Wellness-Illness Continuum

3.2.3 The relationship between stress management and the promotion of wellness

In terms of what has been said about stress management, health, well-being and wellness and the promotion thereof in the context of this study, means that teachers who are experiencing the effects of stress in terms of signs, symptoms and even disabilities reflected in all the contexts of human existence due to a wide array of potential sources of stress in all the contexts of human existence, are given the opportunity to learn CSM as a strategy with a view to stress management and the promotion of wellness. This means that this study is not only concerned with the use of meditation as a strategy for stress management *per se*, and as such only a symptomatic relief strategy as has been pointed out in the beginning of 3.2.2.3. If this had been the case, this study would have been concerned only with attaining the neutral point on the Wellness-Illness Continuum. The learning and practise of CSM would hopefully, in addition to being a strategy for stress management, also help to empower teachers to achieve a higher level of functioning in the domains of well-being translated to the contexts of human existence. This will be evaluated with a set of predetermined research methods and tools. If lower levels of perceived stress are experienced, and if higher levels of functioning occur in the domains of well-being contexts of human existence, it can be interpreted as meditation being an effective strategy for both stress management and the promotion of wellness. Despite the research findings reported on later in Chapter 3 on the effectiveness of meditation with regard to stress management and the promotion of wellness, most of these findings were made by using an array of types and forms of meditation and diverse populations. This study investigates the effectiveness of Clinically Standardized Meditation in teachers specifically, as it pertains to stress management and the

promotion of wellness. This might hypothetically mean that Clinically Standardized Meditation might be an effective strategy for stress management and not for the promotion of wellness in teachers, or vice versa. Clinically Standardized Meditation might not even be an effective strategy for stress management and the promotion of wellness in teachers, or hopefully might be effective for both. The contribution of this study lies in the investigation of these uncertainties. Before this investigative process can be undertaken, meditation as a phenomenon and intervention should firstly be discussed.

3.3 WHAT IS MEDITATION?

3.3.1 Describing and defining meditation

Meditation is simple, yet it is complicated. Meditation has been confused with many other techniques, and may in fact be defined in a variety of ways. In the simplest of terms, meditation is paying attention to here and now, focusing the conscious attention on what is happening at the present moment (Kelly, 1996:50). The existing meditative traditions teach that the human mind is programmed to keep up its constant inner chatter (or self-talk of the mind (Benson & Stuart, 1993:52)), even in its unoccupied moments, jumping from one thought to the next, often without much clear sense of direction. Persons tend to spend much of their conscious effort in various judging capacities, dealing with memory, desire, or anticipation of future events. Rarely, and then just for seconds at a time, do they focus their awareness fully on the present, being acutely in tune with the experience of being alive at the moment and not judging that experience (Kelly, 1996:50). Rightly Girdano *et al.* (1997:249) point out that the purpose of meditation is to enhance the experience of life, not to be a vehicle for withdrawing from life. Meditative tranquillity trains the mind to allow active participation in active life without unnecessary stress. Meditation is not a substitute for living. Although meditation has sometimes been considered a form of escapism, in reality it is just the opposite: a full confrontation with what is happening in a person's life right now (Kelly, 1996:50). The wide range of meditational techniques available all have a common a central theme which lies at the heart of meditation and is responsible for the benefits of meditation, namely awareness (Fontana, 1994:89), and its cultivation. Meditative disciplines aim to help the practitioner to reach a special level of mind (or awareness), by clearing from it all conscious thoughts. This produces a pleasant calm and goes a long way towards relieving and preventing illness caused by tension (Dunham, 1992:133).

Harp and Feldman (1997:148) point out that meditation *"isn't something occult, esoteric, or 'outside' of normal daily life"*. Meditation is, according to these writers, simply the art of mental self-control. Claxton (1987:34), on his part, thinks the essence of meditation is simply learning to pay attention. Harvey (1988:141) describes meditation as an inner method for working with the mind. It is a method whereby persons become fully acquainted with themselves in an independent and self-reliant manner. According to Wellwood (1979:117), *"meditation is the procedure that allows one to investigate the process of one's own consciousness and experiencing, and to discover more basic, underlying qualities of one's existence as an intimate reality"*. Meditation also trains attention in order to heighten awareness and bring mental processes under greater voluntary control. However, meditation can also be used for a variety of other, or complementary, aims, such as psychotherapeutic and psychophysiological benefits (Walsh, 1983:19). Meditation in the context of this study is therefore distinct from the common meaning of meditation as a process of pondering or ruminating on some topic, and it is also not a religious practice per se, although it can be. Meditation is viewed in this study as largely a self-regulation strategy (Walsh, 1983:21; Schopen & Freeman, 1992:7).

The practise of meditation involves using some technique to focus the attention, thus training the mind in subtle ways over time to pay closer heed to what the individual is experiencing. Practitioners of meditation usually pick something to dwell on, giving the mind a new center of focus. This focus allows the mind to be quiet and cleared, facilitating more and full immediate awareness of the moment. The focus may be a repetitive inner word, sound, or phrase - sometimes called a mantra - or it may be something to be visualized, in actuality or in the mind's eye of mental imagery. It may also be some repetitive bodily function, such as breathing, or intentional movement, such as swaying back and forth (Kelly, 1996:50). It can also involve a person sitting quietly and attending to his/her breathing, while neither indulging in his/her thoughts as they appear nor suppressing them, but simply letting them arise and pass away with no identification, condemning or judging (Knight, 1990:21). What the meditator is dwelling on is not as important as the act of dwelling on itself. Persons often start meditation and soon after give up because they find that their minds almost immediately start wandering from the focus of their attention. These persons often fail to realise that constantly bringing oneself back to that focus and trying to stay with it is mainly what meditation is

all about (Kelly, 1996:50). Lastly, however, it can be said that most descriptions of meditation is expressed in behavioural terms, which include the following components:

- relaxation;
- concentration;
- altered state of awareness (or consciousness);
- suspension of logical thought processes; and
- the maintenance of a self-observing attitude (Craven *in* Perez-De-Albeniz & Holmes, 2000:1).

Thus far, the question of what meditation is, has been described in general terms. More specifically, Shapiro (1980:14) provides a well-grounded working definition of meditation:

"Meditation refers to a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way, and an attempt not to dwell on discursive, ruminating thought".

From this definition several important things can be noted, according to Shapiro (1980:14-15). Firstly, the word 'conscious' is used. Meditation involves intention: that is, as has been pointed out previously, to focus attention either on a particular object in the 'field', or, 'whatever arises'. This focusing of attention trains awareness and work to bring the mind under greater voluntary control (Walsh, 1983:19-20).

Secondly, the definition is non-cultic. It means that meditation does not depend on any religious framework or orientation to understand it. This statement does not intend to imply, however, that meditation cannot occur in such a framework. It does suggest, however, that what meditation is, and the framework within which it is practised, though interactive, are two separate issues and need to be viewed as such (this will be further explained under the heading of 'Meditation versus Centering'). Therefore, although there may be overlap in terms of concentration on a particular object, or repetition of a sound or phrase, one should not *a priori* equate meditation with prayer. This is particularly the case when the intent of the prayer has a goal directed focus outside the person (for example, asking God to forgive one's sins). Meditation can be practised within the

tradition of a major religion, but can also be done as a purely secular activity (Schafer, 1996:452).

Thirdly, the word 'attempt' is used throughout. This allows one to deal with the process of meditation. Since meditation is an effort to focus attention, it also involves how one responds when one's attention wanders; or how one responds when a thought, feeling or bodily sensation arises. Various forms of meditation deal in their own way with this issue as far as instructions of what to do are concerned. This ranges from acknowledging the thoughts and letting them go, to vigorously fighting and banishing the thought from the mind. In this sense Carrington (1998:18) refers to the many meditative systems that use varying degrees of permissiveness toward intruding thoughts.

Fourthly, there is an important 'meta-message' implicit in the definition, namely that the content of thoughts is not so important, because thoughts should be allowed to come and go. Consciousness, or awareness of the process of thoughts coming and going, is more important. The context, that is the conscious attention, is stated to be the most important variable, as has also been pointed out earlier. Although there is overlap in content with other techniques such as guided imagery, daydreaming, covert self-instructional training, hypnosis, self-hypnosis or other cognitive strategies, one should not *a priori* equate meditation with them. Meditation differs from these other techniques or practices in its emphasis on maintaining alertness, and its philosophical/cognitive background aims at expanding self-awareness and an increased sense of integration and cohesiveness (Snaith, 1998). The differences will be later elaborated on more fully.

Benson (Benson & Klipper, 1976:110-111; 159-161; *in* Lichstein, 1988:115; *in* Everly, 1989:178) has identified four key 'ingredients' or components of successful meditation that form the essence of most relaxation strategies. Taking cognizance of these components and how they impact on one another makes it easier to understand meditation as a phenomenon. These are:

- *A quiet environment.* The relaxation setting should provide little or no stimulus impingement. Distracters, either pleasant or noxious, will impede the emergence of relaxation.
- *A mental device.* Attention should be consumed by a benign stimulus. A mantra, a word or phrase, a visual subject, a tactile sensation or other device adequately

serves this purpose. The basic strategy is to preoccupy oneself with and focus attention on an emotionally neutral, repetitive, monotonous stimulus.

- *A passive attitude.* This refers to an attitude of unconcerned acceptance. The reason is, that a person cannot expedite relaxation by pressured concentration on its achievement. A hard-driving attitude is the perfect opposite of the relaxation prescription and will prevent the emergence of the intended state. This passive attitude is also emphasized in other types of therapies such as autogenic training.
- *A comfortable position.* A comfortable reclined, seated or even standing or walking position is required. An uncomfortable position will cause distraction.
- Everly (1989:179) adds a *receptive psychophysiological environment* to this list. This means a set of internal psychophysiological conditions that will allow the person to meditate, or at least a state of psychophysiological non-arousal. It would therefore mean that a person sometimes has to put him/herself in a more receptive condition to be able to meditate successfully. This is generally true of most other techniques such as hypnosis and biofeedback.

These components of meditation are used in conjunction with certain types of meditation which largely reflect the process of meditation. Fontana (1994:89) summarises the benefits of frequent and regular meditation that are vital in a stress reducing program as follows:

- it trains the attention;
- it increases control over thought processes;
- it increases the ability to handle emotions; and
- it aids physical relaxation.

3.3.2 Types of meditation

The *“family of techniques”* referred to previously in the working definition provided by Shapiro (1980:14), may be divided for the sake of convenience into three types or groupings. These types of meditation are, however, often labeled differently, depending on the origins and context of the type of meditation in question. These types of meditation are referred to as concentrative meditation/ centered focus meditation,

mindfulness meditation/ open focused meditation and a combination of the above (Shapiro, 1980:15; Smith, 1985:186-188; Lichstein, 1988:114; De Silva, 1990:6-7; Fontana, 1994:90; Girdano *et al.*, 1997:242-244; Carrington, 1998:28-30; Feldman, 1998:20-67; Perez-De-Albeniz & Holmes, 2000:1-2). The types of meditation are described by these writers as follows (3.3.2.1-3.3.2.3):

3.3.2.1 Concentrative meditation

Concentrative meditation is also known as centred focus meditation. There is a whole range of concentrative meditation sub-types. These sub-types are typified according to the method used for focusing the mind. The specific sub-type in use is mostly also determined by its origins, context and personal preference. All these sub-types of concentrative meditations have certain elements in common. In this sense an attempt is usually made to restrict awareness by focusing attention on a single object. In doing so, other stimuli in the environment are usually ignored, and complete attention is focused on the stimulus labeled 'object of meditation'. Boorstein (2000:6-7) is of the opinion that concentration meditation can effectively block out more disturbing thoughts and feelings and thus 'splint' the mind for a while while enabling some healing to occur. During the act of meditation an attempt is made to be directly aware of the object referred to above, in a non-analytical way rather than indirectly, via thought. The 'object of meditation' can be located either in the external or internal environment as can be seen in the description of some of the concentrative meditation sub-types above. The following sub-types of concentrative meditation are well-known:

- **Concentration with visual subjects**

A candle flame, a shape, a symbolic object, a mandala (a geometrical design), a color, a blank white wall, et cetera, can all serve equally well as a focus for developing attention.

- **Concentration with sounds**

A vast variety of sounds can serve as an object of concentration upon which to focus the attention. Mantras, prayers, phrases, chants and the repetition of symbolic religious words are all sounds that are adopted as a basis for focusing attention. Some forms of meditation encourage the verbal repetition of the sounds, yet others promote a silent rendering of the sound. The objective is, however, the same, namely to turn the attention inwardly and to focus wholeheartedly upon the sound.

- **Concentration with phrases**

These phrases vary enormously. They can express particular religious qualities of heart and mind such as 'Lord Jesus Christ have mercy on me, a sinner', or particular secular qualities of heart and mind such as 'breathing in calmness'.

- **Concentration on breathing**

The practise of a person focusing upon his/her own breathing processes as a means of cultivating one-pointedness and concentration is found within a variety of forms of meditation practice. This widely used practice is often favored for a number of reasons: namely that persons are always breathing, no matter what happens, breathing is unencumbered by religious connotations and has therefore universal appeal, and lastly, the focus on a person's breathing process does not demand that he/she concentrates on anything culturally unknown or unfamiliar. Breathing is always available to a person as an anchor of attentiveness. Breathing can also be liked to counting, fixing the attention on the body, naming the breaths (for example 'rising, falling'), bare attention (sensing the entire movement of breath from beginning to end), and phrases.

- **Concentration on a specific location on the body**

Concentration can be focused on some part of the body such as the abdomen, the back of the skull, the nostrils, et cetera.

3.3.2.2 Mindfulness meditation

Mindfulness meditation, insight meditation, or awareness meditation, are alternate translations from the same Sanskrit term, *vipassana* and has its roots in Theravada Buddhism (Hafer,1997). In contrast to concentrative meditation, an attempt is made to be responsive to all stimuli in the external and internal environments, but not to dwell on any particular stimulus. Mindfulness meditation, according to Knight (1990:21) and O'Neal (1997:1), involves sitting quietly and attending to one's breathing, while neither indulging in one's thoughts as they appear, nor suppressing them, but simply letting them arise and pass on with no identification, condemning or judging. Walsh (1977:151) explains that vipassana meditation is simple nonjudgmental, noninterfering, precise awareness and an examination of whatever mental or physical phenomena enter awareness (mindfulness). Usually one object is observed at a time, the object being

selected by a process of *'choiceless awareness'* in which the attention is allowed to settle effortlessly on whatever percept is predominant. If judgments, attractions, aversions, thoughts, et cetera arise in response to the percept, then these reactions are themselves allowed to become the primary object of awareness. Boorstein (2000:7) is of the opinion that this will frequently lower psychological defences to formerly repressed material and enhance the awareness of a person's psychological patterns as they constantly manifest. This differs from the usual state in which there is no experiential recognition in the phenomenon of awareness *per se*, of the distinction between awareness and the object of awareness, and a greater number of reactions goes unnoticed.

Carrington (1998:29-30), however, indicates that mindfulness meditation is more of a life-style than a technique to be practised to achieve immediate ends. This is also evident from the descriptions of Engler (1984:32-33) and Brown and Engler (1980:143-192). Mindfulness meditation is therefore more demanding and less applicable or suitable to the general population than some of the other forms such as CSM. Mindfulness meditation therefore falls beyond the scope of this study.

3.3.2.3 Combination

Some forms of meditation integrate elements of both concentrative and mindfulness meditation types. An example of such a combination type of meditation will be a meditator who starts off with for instance a mantra meditation (concentrative meditation), but will be willing to allow attention to focus on other stimuli if they come predominant (mindfulness meditation), and return to the mantra. In other words, these meditators remain open to other stimuli, but use the mantra as an 'anchor' to which to return their attention. It seems as if neither the concentrative or mindfulness types of meditation can be totally concentrative or mindful, because both types have often to a greater or lesser degree an element of the other. A person can for instance focus on the feeling of pain in using Clinically Standardized Meditation, or during mindfulness meditation, attention shifts from object to object as one object becomes salient and another loses salience.

3.3.3 Meditation versus centering

Carrington (1998:19-21) points out some very significant matters concerning the conceptualisation of what meditation is. In the great classical meditative traditions of the East and the West, meditation is deemed a spiritual exercise, that is a means of attaining

a special kind of awareness which many consider to be the highest state of consciousness of which human beings are capable. It is further noted that this advanced state can only be arrived at as part of a total way of life, such as leading an ascetic life, doing special physical exercises, following a special diet and social arrangements and meditating a few hours of the day. It may take a whole lifetime to attain or approximate this desired state.

As part of this quest for spiritual growth, a teacher that functions as a guide on the path of inner growth and development, will normally teach the pupil meditation. As part of this process, warming-up exercises such as the silent repetition of a mantra or concentration on one's breathing (or some other device), may be prescribed for the pupil. This action are, however, not considered to be 'meditation', but 'centering' instead. Centering has to be done to reach the following deep stage of communion or oneness.

Carrington (1998:20-21) is of the opinion that meditation is approached by the average modern Westerner on a practical level, which transpires into the fact that persons do not consider it as a deep spiritual commitment, if any at all. Meditation is mostly learned to make life easier or more pleasant. It is also seen as simply a form of relaxing (Schafer, 1996:542), or being in control of a persons' inner environment (Bradshaw, 1991:47). Modern Western society refers to the use of simple psychological centering devices as meditation. This is not regarded by the great meditative traditions as meditation, because they regard it simply as a means toward the state. This means that the 'meditation' referred to in this study and all other modern forms of meditation, is actually nothing more than centering. The classical conceptions of meditation viewed in a modern light, however, do reflect the systemic principles of permeability of boundaries. It means therefore that there is no hard and fast line between simple centering exercises and the deep meditative states and it is possible for the meditator to experience authentic deep meditation, although it is not regarded the ultimate aim as in the great classical meditative traditions.

Harvey (1988:141-156) relates one of the clearest descriptions of meditation that can be found in the Yoga Sutras of Patanjali which is a classical text on the yoga practises. According to this, the meditative process includes three phases (common to all Eastern and Western religious use of meditation as will be elaborated upon later):

- The first phase is concentrating the mind (fixing the attention upon and conforming the mind to one object);

- the second phase is establishing an unbroken and continuous flow (a total and a stable focus, a uniform flow of the mind that is untouched by distracting or disturbing thoughts, and which produces a profound experience of serenity); and
- the third phase is the experience of the unique consciousness of meditation (beyond everyday experience, total absorption, beyond thought, an experience of illumination).

Carrington's reported distinction between meditation and centering, above, will mean that the modern Western person will engage primarily in the first and second phases of meditation as related by Harvey (1988:141-156).

3.4 ORIGINS, PRACTICES AND MAIN FORMS OF MEDITATION

It seems as if meditation as a family of techniques is part of the collective cultural inheritance of humankind, because traces or different forms of meditation practise can be found in virtually any or all world cultures (Smith, 1985:183; Schopen & Freeman, 1992:1-5; Benson *in* Van Dam, 1996:3) on all continents and throughout all ages (Benson, 1974:58-60; Benson & Klipper, 1976:106; Schafer, 1996:452). A striking resemblance between methods and techniques in different cultures is often to be found, for instance between an American Indian form of meditation and that of zazen meditation in Japan (West, 1987:6). The same is the case with similarities between early Christian (tenth-century) and Buddhist techniques (West, 1987:7; Everly 1989:172). It is said that meditation in its various forms has been practised for 2 500 to 3 000 or 4 000 years (Lichstein, 1988:2; West 1987:6). Looking at the whole spectrum of meditative exercises, it is evident that some forms have deep ties with religion, while others are completely secular, but they all have one thing in common: the calm directing of attention toward a simple stimulus (Smith, 1985:183).

However, to understand and contextualise meditation as a phenomenon and CSM in particular, it is necessary to take cognisance of the many and varied forms of meditation (Schopen & Freeman, 1992:5) and development of modern forms of meditation of which CSM is one. For the purpose of this study meditation has been classified according to its geographical and/or religious origins, namely Cultural and Spiritual Forms of Meditation, Westernised and Modern Forms of Meditation.

3.4.1 Cultural and spiritual forms of meditation

Meditation as a phenomenon practice has been embedded in most cultures (Russel, 1978:ix) and religions. Humphrey (1998:5) points out that meditation can take many diverse forms, but that it is possible to distinguish and trace some common fundamental principles beneath the different guises of meditation. Meditation appears in various ways in all major spiritual systems of the world, where within each system, meditation takes on a particular colouring as a result of the framework in which it has developed. Because of this, there are possibly be something to be said about the collectiveness of humanity's psychoreligious make-up.

The main religions of the world contain both exoteric and esoteric aspects. The exoteric aspect preserves the particular doctrines, ceremonial forms and outer appearances of religion. The esoteric aspect enshrines the mystery of the living experience and will initiate those who come seeking. It is invariably within the esoteric aspect of the religion that we find the practise of meditation (Humphrey, 1998:95). In this context, traces, techniques and forms of meditation are to be found in Hinduism (with special emphasis on yoga as an integral part of Hinduism), Buddhism (influenced strongly by yoga), Zen-Buddhism, Islam (influenced by Sufism), Judaism (influenced by Qabalah, and Christianity (influenced by the work of The Desert Fathers, Hesychius, St. Augustine, Christian mystics, Martin Luther and others) (Benson & Klipper, 1975:104-140; Goleman, 1996:93-101; Nicol, 1984; Humphrey, 1988:95-119; Nicol, 1989:7-20; Cotton, 1990:132-133; Schopen & Freeman, 1992:2; Nairn, 1997). It is therefore an oversimplification to view meditation simply as 'an Eastern practise'.

Meditation was, and still is, a relatively widely used cultural and spiritual practise by persons in the Eastern World, to the extent that it is considered an integral part of everyday life. In the Western World, in contrast to the East, meditation was general practise and tended to be limited to those in religious life (Cotton, 1990:133). Nicol (1989:20) also notes that although meditation and other spiritual exercises have been covered in W. Geesink's published ethics in 1931, it has all but vanished from standard works of the Dutch Reformed (who influenced a lot of Protestant religious strains in South Africa). Nicol (1989:20) sees this as a consequence of secularisation in the West. Other contributing factors can be the over-emphasis on materialism, rationalism and modernism of Western Society. This possibly led to meditation being overlooked by the vast majority of Christians in the West. Schopen and Freeman (1992:1) in fact describe

meditation as "the forgotten Western tradition". They are also of the opinion that the decline of meditation in the West seems to be closely linked to two intimately related, large-scale movements that occurred at approximately the same time, namely the increase of religious emotionalism and the beginning of the scientific revolution. These two movements may well have led mystical impulse and meditation as techniques for spiritual development for the average person to all but disappear in the West (Schopen & Freeman, 1992:3). The literature on meditation unfortunately contains many other examples of the generally held (erroneous) belief that meditation comes from the East which makes it unacceptable to many therapists and clients (Schopen & Freeman, 1992:1).

In the period 1890 - 1930 meditation as was continuously practised in the East, achieved its first noteworthy exposure outside of the Orient (and for that matter outside orthodox Christian religious circles) after which progressive relaxation and autogenics developed. Two Buddhist scholars addressed the World Parliament of Religions in Chicago in 1893 where they received a positive reception. This occasion led to the promulgation of meditation in the West (Lichstein, 1988:4). Meditation was endorsed and discussed by luminary figures in American society, such as William James, America's most prominent nineteenth-century psychologist (Goleman, 1996:151), and was further catapulted into public awareness in the world by the heroic political efforts of Mahatma Gandhi, as a Hindu with his meditative rituals. This served as a 'reintroduction' of meditation, as a forgotten tradition, to the West.

In the next two decades after 1950 other important but independent factors converged to spark the popularity of all relaxation approaches in the mental health field (Lichstein, 1988:7). Firstly, and perhaps the most important was the attenuation of psychiatry's control over the delivery of mental health services especially due to the aftermath of the Second World War. An enormous need for mental health services thrust psychologists and social workers (to a lesser extent) into the position of primary caregivers, in contrast to their accustomed duties as testers and psychiatric assistants. This process stimulated an influx of new professionals, orientations and new therapeutic systems.

The second factor was the social unrest that erupted in the 1960s. It also influenced the field of psychotherapy. Exotic forms of individual and group psychotherapy and a potpourri of 'growth experiences' appeared in rapid succession and were often

embraced by seasoned professionals and uninitiated laymen alike. This same cultural process encouraged self-exploration and experimentation with altered states of consciousness. Attitudes such as these, which placed increasing value on knowledge of self, were congruent with diverse forms of relaxation and facilitated the broad dissemination of, amongst others, relaxation techniques.

Lichstein (1988:7 - 8) is of the opinion that there were numerous triggers that helped to popularize particular relaxation approaches. Shapiro (1980:3-4) and Carrington (1998:47-63) largely echo the same and other complementary ideas. With regard to meditation they were:

- Respected accounts of extraordinary physiological feats performed by yogis and the publication thereof in respected scientific journals;
- There was a large influx in the oriental population of the United States following the Second World War due to American servicemen returning to the United States with oriental wives. This stimulated oriental culture, including meditation;
- Similarities between the LSD state and various forms of meditation stimulated interest in meditation as an offshoot of the ascendancy of recreational drug use;
- There was, and still is, a growing dissatisfaction among health-care professionals treating stress-related disorders with pharmacological solutions. In this sense Benson (*in* Van Dam, 1996:4) has pointed out that 60 to 90 percent of visits to the doctor are for conditions related to stress, where employing pharmaceuticals and surgery is not effective. This has resulted in an attempt to find non-drug-related self-regulation strategies by which persons may learn to better manage their own internal and external behaviours. Meditation is viewed as one such potential self-regulation strategy;
- Although Western psychology and psychiatry were born out of concern for pathology, there has been a gradual shift in the past to three decades, in interest towards exploring positive mental health;
- Many persons in Western Society are looking for values and meaning alternative to those of the competitive, fast-paced technological and materialistic culture, with its associated stresses. The Eastern tradition (inclusive of meditative practices) offers

them one such alternative. In fact, the three most prescribed medications in the United States, namely antiulcer, antihypertensive and antidepressant drugs (Kelly, 1996:49), are probably indicative of this problematic situation with its associated needs;

- Maharishi Mahesh Yogi has begun influencing millions of people since 1958 with his brand of yoga relaxation, namely Transcendental Meditation (TM).

Transcendental Meditation can be seen as a form of 'Westernised' meditation, because as a style in the Hindu tradition (Everly, 1989:172), it is firmly imbedded in Hindu culture and religion (Forem, 1974:23-25; Goleman, 1996:66) adopted to Western society (Carrington, 1988:21) and lifestyle (Goleman, 1996:66; Toon, 1991:16). As such Transcendental Meditation is a simplified form of Far Eastern meditation that had been brought to the United States (Hall, 1999:1). Goleman (1996:66) describes Transcendental Meditation as "...a classic Hindu mantra meditation in modern Western package". More precisely, Transcendental Meditation traces its roots back to the person of Sankaracharya and his eighth-century Advait school of Vedantic thought, although a reformulation of Advait thought tailored to Western ears (Goleman, 1996:66). It is also described as 'transitional' rather than modern, because of the retention of certain cultic features (Carrington, 1993:140). This will become more evident in the next section. Authentic Eastern forms of meditation are also growing in popularity in the Western World. Nairn (1997:16) reports that Buddhism is the fastest growing approach in Britain and Germany and that it has made observable inroads into Europe, the Americas, Australia, Nieu-Zeeland and parts of Africa. If this is the case, it can be concluded/speculated that Buddhism with its strong focus on meditation, is possibly fulfilling a need in these parts of the world in terms of the provision of alternative values and meaning as has been referred to, or spirituality, or altered states of consciousness, or mystic experiences, or however this need, or a combination of needs are conceptualised. Gaum (1989:48) draws a similar conclusion concerning the current psycho-religious needs of the modern person.

3.4.2 Westernised forms of meditation

Of all the various forms of meditation which have been introduced to the West, Transcendental Meditation (TM) is the most widely practised and investigated (Cotton, 1990:133). TM began to flourish in the mid 1960s. The Students International Meditation

Society, the TM organization specifically targeting college students, was formed in 1965 which resulted in a network of centers on college campuses which sprang up all over America. Three other organizations were also created to meet the increased demand for the teaching of TM, namely the American Foundation for the Science of Creative Intelligence, the Spiritual Regeneration Movement and the International Meditation Society. In 1970 the fifth branch, the Maharishi International University, was created with campuses in several countries. By the mid-1970s TM claimed to have trained already more than a million persons (Lichstein, 1988:9; Forem, 1974:9). It is therefore not surprising that most people came to think that meditation comes from the East (Schopen & Freeman, 1992:3).

According to Russel (1978:x), the basic TM technique allows the individual to transcend the active mind and experience toward a deep unitive silence beyond all thought. Russel (1978:15), who is also a TM teacher, describes TM further by saying that it is a technique which allows the mind to settle down to a less excited state. The person experiences quieter and quieter levels of thinking till he/she arrives at a state of complete mental stillness. In this state the attention is said to have gone beyond, or transcended, the everyday levels of thought - hence the name Transcendental Meditation. As the mind settles down, the body follows suit, becoming more relaxed than during sleep. A person does not, however, go to sleep, but remains fully conscious and is usually aware of all that is happening in the world around. It is not a state of unconsciousness or a hypnotic trance: it is simply a state of mental and physical quiet along with full inner wakefulness.

The basic instruction is simple and is taught in four lessons and seven steps over four consecutive days, each lesson lasting between one and one and a half hours.

The steps are:

- First: Introductory lecture on the benefits and understanding of basic principles
- Second: A "Preparatory Talk" about the theory of meditation
- Third: A private interview with the teacher for those who wish to start TM
- Fourth: Personal instruction
- Fifth, Sixth and Seventh: For 'verification and validation of experiences'. During these days the participant meditates at home twice daily and receives additional instruction and explanation. These sessions are given in groups so that participants

can learn from the experience of one another. Opportunity for private consultations with the teacher is also allowed. Following the course, "checking" of meditation encourages private consultation to see that the practise is correct and all questions are answered. Also group meditation, advance lectures on practise and philosophy are given and other optional programmes are offered.

The standardised teaching is done by qualified teachers of TM (Russel, 1978:19-20; Forem, 1974:12, 41). A mantra is given to each participant during the Personal instruction during the Fourth Step of instruction. The mantra is personal and should not be divulged to any other person. It is said that the mantra assigned is based on the participant's age and/or it is fitted to the individual's personality in order to nurture psychological growth, awareness and peacefulness (West, 1987:9; Lichstein, 1988:2). To practise TM takes about twenty minutes twice a day, once in the morning and again in the early evening. This is done by sitting down comfortably, closing the eyes and beginning the mental technique. As a result, the mind is allowed to settle down into a state of complete rest (Russel, 1978:15).

A lot of research has been done on TM, which reflects some encouraging and some outstanding results concerning the effects of TM. This has been done and/or published by the TM-organizations themselves (Maharishi International University, 1988), followers of TM (Forem, 1974; Russel, 1978), newspapers (Schneider, Cavanaugh & Boncheff, 1986; Anon, 1987a; Anon, 1987b; Anon, 1987c) and in scientific journals. Research done in scientific journals reflects a broad spectrum of positive effects of TM such as:

- Physiological changes
 - Lower breathrate (Wallace, 1972)
 - Physiological differences between TM and rest (Dillbeck & Orme-Johnson, 1987);
- Development of psychological potential
 - Creativity (Travis, 1979)
 - Intelligence (Schechter, 1978)
 - Anxiety (Eppley, Abrahams & Shear, 1984)
 - Stress (Brooks & Scarano, 1985);

- Education
 - Academic achievement (Nidich, Nidich & Rainforth, 1986)
 - Cognitive ability and Cognitive style (Dillbeck, Assimakis, Raimondi, Orne-Johnson & Rowe, 1986);
- Improvements in Health
 - Reduced cardiovascular risk factor (Cooper & Augen, 1979)
 - Asthma (Wilson, Honsberger, Chin, 1975)
 - Alcohol, nicotine and drug abuse (Alexander, Robinson & Rainforth, 1994);
- Benefits for business and industry
 - Stress management and organization development (Broome, 1995)
 - Stress reduction, job performance and health (Alexander, Swanson, Rainforth, Carlisle, Todd & Oates, 1993);
- Rehabilitation
 - Ego development, personality and behavioural changes in prisoners (Alexander, 1982).

Reflecting on these examples of published research findings (there is however a lot more) one can conclude that TM and most of its aims have indeed something to offer Western society. However, locked up in this opportunity lies a few paradoxical problems with regard to the philosophic and religious inclinations as well as the practical use of TM.

- Firstly, although proponents of the TM technique profess that “TM is not a philosophy or a religion, but a practical technique” (Forem, 1974:36; Russel, 1978:17), closer inspection may prove otherwise (also see 3.3.1). Carrington (1998:22) and others as have been stated, point out that: *“The TM method is based on Hindu cosmology, a metaphysical system ... which may ... be difficult for some Westerners to accept ...”*. Russel (1978:17) also acknowledges that *“... a large body of theory which accompanies TM ... may well be regarded as a philosophy ...”*.
- Secondly, the puja (Hindu devotional ceremony) by which the learner is initiated into TM (Carrington, 1987:150; Carrington, 1998:22) can impinge upon personal beliefs and religious convictions of persons participating. The puja involves bringing several

fresh flowers, three fresh fruits and a white handkerchief to the ceremony, removing the shoes prior to entering the meditation room and undergoing an initiation by the teacher. This is done by placing the flowers, fruit and handkerchief in front of a picture of Guru Dev, kneeling in front of the picture and the teacher citing a piece in Sanskrit. The real name of Guru Dev (simply translated as "*Divine Teacher*"), a renowned Indian sage was Brahmananda Saraswat. Maharishi Mahesh Yogi, the founder of the TM-movement, was a devoted disciple of Guru Dev (Russel, 1978:22).

- Thirdly, taking into account what has just been said as well as that Maharishi always credits his master for his successes and ends any lecture with the phrase "*Jai Guru Dev*" ('By the grace of Guru Dev') (Russel, 1978:25), it seems as if the actions are more than just being thankful, it seems to be more sacrosanct. It can be said that that TM in totality possesses not only esoteric aspects, but also exoteric aspects. This does not mean that TM should be viewed as a religion, but that it is inseparable from its religious roots. This is evident in the close connection between Hinduism and the rituals of TM (Medema, 1980:36).
- Fourthly, from the perspective of a mental health professional it is imperative that one should have clinical control over the meditation process. In this respect Carrington (1998:13) is of the opinion, borne out of experience, that meditation should be carefully adjusted to the individual using it. Palmer and Dryden (1995:114) also point out in this sense that the counsellor is advised to supervise his/her clients closely to reduce the likelihood of complications. This is not possible with TM, because TM has remained largely outside the sphere of the formal mental health system. The TM organization only permits trained TM teachers to regulate its trainees' meditation which must be done to strict rules set down by TM's founder Maharishi Mahesh Yogi (Cotton, 1990:133; Carrington, 1993:140; Carrington, 1998:13). TM has also been criticized because of the use of the secrecy of the mantra (Auerbach & Grambling, 1998:133).
- The fifth problem is that legal opinion states that TM is based on religious doctrine and as such cannot be taught in schools (Malnak vs Yogi, New Jersey, 1977 in Shapiro, 1980:121-122; in Medema, 1980:36-37).

- Sixth and lastly, Lichstein (1988:19) points out that in the numerous avenues by which Western therapists have approached the relaxation experience, one theme is shared by them all: *"We don't need religion and philosophy"*. In the ethical and general quest to provide help with stress (as well as in the context of this study), one needs to steer clear of impinging religion and philosophy, because one person's religion can be construed as another person's cult. Unless of course the belief system of the helper and helpee is compatible, or the helpee wants to bring it into the picture, or one changes one's role (and context) from therapist to that of missionary. It is not because religion and philosophy are not deemed important, but precisely because of the respectful realisation of the importance of such matters that it has to be approached carefully. Schopen and Freeman (1992:5), therefore, pointed out that with the exception of pastoral counselling, psychology has attempted to purge meditation from the spiritual or religious realm to move toward the acceptance of meditation as a secular process or intervention in counselling.

Benson (Benson & Klipper, 1976:159, 162; *in* Lichstein, 1988:19) most forth rightly and articulately endorses the assumption given in the quotation above on religion and philosophy. This view further holds that there is a technology of relaxation which may be extracted from the highly adorned and embellished practices of the East. Although writing about Christian meditation, Toon (1991:16-17) also voices a similar opinion as far as the use of meditation for relaxation is concerned. Further, regardless of whether revered systems are tested or novel approaches are being created, careful scrutiny and experimentation will lead to and enable social scientists to shape relaxation procedures toward more potent and efficient forms.

This process already started in the late 1950s and early 1960s, before the era when meditation began to be widely used in the West. The only obvious sources of meditators at that time were trained yogis or Zen monks (Carrington, 1998:50). Some extraordinary discoveries were made, such as the decreased use of oxygen, and lower respiration rates, slower heart rates, unusually high alpha rhythms in their brain waves, et cetera, of participating meditators (Carrington, 1998:50- 54). Until this stage meditation was considered a subject unsuitable for serious scientific research and was classified among the so called 'occult disciplines', at best seen as subjects for anthropological and religious studies (Carrington, 1998:47; Davis, Eshelman & McKay, 1998:40).

As the decade of the 1960s progressed, more physiological and psychological discoveries concerning meditation were made. The general public's interest and taking up of meditation took place at an unprecedented rate (Carrington, 1998:47-50) and they started reporting tangible benefits by the 1970s. This stimulated scientific interest even further. TM had much to do with these events in as far as making meditation available for popular use and hence providing more easily accessible opportunities for research. It was especially Wallace and Benson (1972:84-90) who did some initial ground-breaking research on the effects of meditation, specifically TM, in lowering metabolism and hypertension significantly (Benson & Klipper, 1976:141-157). Benson (*in Davis et al.*, 1998:40) and Wallace (*in Girdano et al.*, 1997:244) also obtained scientific evidence that meditation can counter the physiological effects of stress such as the slowing down of heart beat and breathing, oxygen use dropping by 20%, blood lactate levels dropping (the level rises with stress and fatigue), skin resistance to electrical current increasing fourfold (a sign of relaxation), and EEG ratings of brain wave patterns indicating increased alpha activity (another sign of relaxation). It was Benson's (Benson & Klipper, 1976:160;162) (and Wallace's) scientific approach as has been indicated earlier, that enabled him to identify the basic components of relaxation, and by demonstrating that the same effects (in body metabolism), as that of TM, can be brought about by an unembellished, non-cultic form of meditation that he devised (Strümpfer, 1985:66; Palmer & Dryden, 1995:133). To illustrate this point further, according to Benson (*in Anon*, 1996: 8), the cardiovascular benefits of meditation are not limited to TM. Many other techniques that involve sitting quietly, repeating a word or sound, and ignoring distracting thoughts can bring about the relaxation response said to induce the same benefits.

In doing this research, Benson (Benson & Klipper, 1976:162) managed to demonstrate that a technology of relaxation can indeed be extracted from the highly adorned and embellished practices of the East, but without the religious and philosophical undertones. This means that meditation can be used by any person regardless of his/her religious or philosophical inclinations in a secular-scientific-therapeutic sense, in other words keeping the technique, but discarding the baggage or not throwing the baby out with the bath water so to speak, because the root of meditation is purely a psychological technique (Claxton, 1987:34). This realization by Benson, Carrington and others (Benson, 1974; Carrington, 1998:3-12; 21-28; 30) gave rise to what is known as modern forms of meditation.

Before discussing the modern forms of meditation, it is important to lastly also take note of a number of Westernized Zazen techniques that have also been studied scientifically to some extent, "Zen" meaning meditation, and "Zazen" meaning sitting (Lesh, 1970:42). These are, according to Carrington (1998:28-29), usually forms of breathing meditation, but without the strict seating requirements and other rigorous demands of true Zazen, a Japanese sect of Buddhism which requires long hours of dedicated meditation. A Buddhist practice known as 'mindfulness meditation' has also developed a following in some Western countries. It requires discipline and considerable training to absorb the fundamentals and their applications to daily life. As has been indicated earlier, mindfulness meditation is said to be more of a life-style than a technique and a way of being rather than a technique to be practised to achieve immediate ends (Carrington, 1998:29; Kabat-Zinn, 1994; Kabat-Zinn, 1996).

3.4.3 Modern forms of meditation

Modern forms of meditation grew out of the need for a non-cultic secular-scientific-therapeutic form of meditation, which, according to Carrington (1993:139), were simplified and divested of esoteric trappings and religious undertones (Palmer & Dryden, 1995:133). Benson (Benson & Klipper, 1976:161; *in* Carrington, 1998:26) devised a method in order to check on whether other meditative techniques than TM could evoke the same generalized state of relaxation, a state that was termed the 'Relaxation Response'. It was indeed found to be the case. Benson (Benson & Klipper, 1976:98-99;161) concluded that any one of the age-old or newly devised techniques that are used for meditation, produce the same physiologic results regardless of the mental device used. This saw the emergence of Benson's own form of meditation, known formally as the 'Respiratory One Method' (Cotton, 1990:133).

Carrington (1998:24-26) also developed her technique during this time known as Clinically Standardized Meditation (CSM) from her own experience and the need for a therapist-managed clinical tool. She (Carrington, 1987:150) points out, however, that: "*These two techniques (ROM and CSM) devised for clinical purposes and strictly non-cultic, differ from each other in several aspects.*" Although this might be the case, they do however share some commonalties and form the main thrust of modern forms of meditation, and have been the most widely used to date. They are also standardised forms of meditation which means that they can be taught to different persons by different teachers in exactly the same way. These developments have probably led to meditation

having “reached mainstream America” (Boorstein, 2000:8) which will mean that it will be further disseminated to the rest of the Western world via popular and scientific media, and in doing so reach the mainstream of the Western World.

3.4.3.1 The respiratory one method (ROM)

ROM is informally also known as ‘Benson’s technique’ or the ‘Relaxation Response’ (Carrington, 1998:26). Benson (1974:52; Benson & Klipper, 1976:25-27) describes the relaxation response as an innate, integrated set of physiologic changes opposite to those of the fight-or-flight response, which can be elicited by psychological means such as meditation. These changes are distinctly different from the physiologic changes noted during quiet sitting or sleep.

The generic components of any form of meditation identified by Benson (1974:53-54; Benson & Klipper, 1976:159-161; Benson & Proctor, 1985:5) and referred to previously (see 3.2.1), that elicits the relaxation response, can be described, in the case of ROM specifically, as follows:

- A quiet environment should be chosen with as few distractions as possible.
- A mental device should be employed in the form of a constant stimulus of a single-syllable word or sound which should be repeated silently, or in a low gentle tone on the out-breath. Because of its simplicity and neutrality, the use of the syllable ‘one’ is suggested. The purpose of the repetition is to free the person from logical, externally orientated thought by focusing solely on the stimulus. Benson (Benson & Proctor, 1985:5-6; Schafer, 1996:452) has however developed his insights further, and emphasises the combination of the relaxation response technique with the person’s belief system, by the participating person choosing a mental device with religious or philosophical significance, referred to as the *“Faith Factor”*. Benson (Benson & Stark, 1997:125) points out that this combination *“...makes for a very dynamic duo of healing”*.
- A passive attitude is required with the purpose of helping the person to rest and relax. When distracting thoughts enter the mind, they should simply be disregarded, and the person should continue with his/her respiratory one method.

- A comfortable position should be taken by sitting in a comfortable chair in as restful a position as possible. The purpose is to reduce muscular effort to a minimum. The head and arms should be supported and tight-fitting clothes removed.

In eliciting the relaxation response, the person should:

- sit in a quiet environment;
- close the eyes;
- relax all muscles, from the feet up to the face;
- start to employ the mental device;
- continue with the practice for 10 - 20 minutes twice a day.

These are the essentials of ROM which elicit the relaxation response. The relaxation response can, however, also be elicited by another form of modern standardised meditation developed by Carrington (1998:24-26), called 'Clinically Standardized Meditation'.

3.4.3.2 Clinically Standardized Meditation (CSM)

Clinically Standardized Meditation was developed by selecting a classical type of mantra meditation, modifying it to be suitable for Western use, and creating a standardised set of instructions for teaching it (Carrington, 1998:24). ROM and CSM are similar in some respects such as the generic components of eliciting the relaxation response with the use of meditation as a technique. There are also some important differences in respect of the instruction, as well as the contents of the components of the techniques and therefore the way of eliciting of the relaxation response itself. The main advantages of CSM (and therefore also its difference to other forms of techniques of meditation) are its simplicity, its flexibility and its sensitivity to the individual needs and inclinations of the persons who learn it. CSM can therefore be described as extremely permissive (Carrington, 1998:26) which makes it easier to personalise and internalise the technique and its experience.

CSM is taught in one instruction session and is mastered in about a week's time with only a few hours' practise necessary. This can be done by means of a standardised "Learn to Meditate" kit consisting of audiotapes and a workbook (a self-regulatory

course), or personal instruction. Both methods have been shown to be equally effective (Carrington, 1998:26). The audiotapes consist of three tapes with six sides created and narrated by Carrington (1979:1), containing an Introduction to CSM (sides 1 and 2), Instruction in meditation (side 3), Post-Instruction talk (side 4), Second Day talk (side 5) and Ninth Day talk (side 6). These audiotapes and the semi-programmed instruction text-work book are designed to be used in a coordinated fashion. The Workbook contains information, Questionnaires and Advisory Sheets that are extremely detailed. The audio cassettes and Workbook together form the "*Learn to Meditate*" kit by Carrington (1978; 1979), an easy, but very thorough and informative programme. Carrington (1998b; 1998c) has also developed a Supervisor's Manual and a CSM Supervisor's Kit consisting of three audio cassettes of clinical lectures that the person that supervises the learning of CSM has to listen to and use with her book, "*The Book of Meditation*" (Carrington, 1998). The six sides of the three audiocassettes in the CSM Supervisor's Kit consist of clinical lectures on the use of CSM with anxiety and stress-related illnesses (side 1); sleep, depression and schizophrenia (side 2); addictions and Type-A behaviour (side 3); children, and supervising CSM (side 4); meditation and exercise (side 5); and mini-meditations and pain control (side 6). In the Kit references are made to the corresponding sections in the book by Carrington (1998).

In starting to learn CSM, a mantra (or 'focus word') is usually selected from a given list in the Work Book, or is designed, or independently chosen by the person who is about to learn meditation. By using a short, standardised, soothing means of instruction and in the imparting the meditative implementation of the chosen mantra/focus word and initial meditative experience, a personal 'ceremony' is created. This can be enhanced, if chosen so, by the arrangement of the room in such a way as to make the first meditative experience special.

After learning meditation (day one), the person then fills in the designated questionnaire, listens to a designated side on the audio cassettes, and read the designated advisory sheet. This process is then repeated with the designated materials on day two and day nine respectively. In experiencing and processing the first meditative experience in such a special way, it can serve to anchor the experience in a persons' visual, auditory and kinesthetic modalities to also signify a new beginning or significant commitment of the person to his/her own growth. The supervisor facilitates this process continuously as is indicated by the Supervisor's Manual and CSM Supervisor's Kit.

With perhaps the exception of the first meditative experience, the components of the relaxation response referred to by Benson specifically (see 3.3.3.1), such as a quiet environment and a comfortable position, are the same for ROM and CSM. However, concerning the mental device and a passive attitude to be used, it can be noted that the choice and use of a mental device is somewhat different. The choice of a mantra/focus word is firstly more permissive in CSM. Secondly, in ROM the mantra/focus word is paired with the outgoing breath (Benson, 1974:54). In CSM the mantra/focus word is allowed to proceed at its own pace, faster or slower, louder or softer, or even to 'disappear if it wants to' (Carrington, 1998:27-28). Thirdly, distracting thoughts ought to be 'disregarded' or 'ignored' in ROM, which is somewhat different from the more permissive directions of CSM, which does not suggest that persons 'ignore' their thoughts but rather that 'they flow with them, simply keeping in mind the possibility of returning to the mantra/focus word periodically, (Benson, 1974:54; Carrington, 1998:27). It can therefore be said that ROM is less of a free-floating, self-determined experience.

Although there are some differences between ROM and CSM as have been indicated, it seems as if it can be inferred that the differences are due to ROM being more structured and following a set of rules, whilst CSM is freer and more open-ended or more permissive. This does not mean that any one of the techniques is necessarily better than the other, but rather, as Carrington (1998:28) puts it: *"It may in fact turn out to be that the personality of the meditators is the most important factor of all when judging the 'merits' of any of these techniques"*. In conclusion it seems as if some persons prefer more structure and boundaries, whilst others might find such structure and boundaries stifling. The advantage that CSM, however, does have over ROM is that four extra techniques are included in the CSM materials as options in the CSM training and practise for those who may need more structure, or need to experiment with different techniques to determine their preference. These are (Carrington, 1979:81-83):

- ROM - included with the permission of Benson (Carrington, 1998:28);
- Woolfolk's breathing meditation;
- Wilson's breathing meditation; and
- A general technique for breathing meditation.

(The last two techniques are both modern forms of meditation but not as widely used.)

Although (Carrington, 1998c:24) points out that there are important differences between CSM and TM, she describes the training as comparable in thoroughness to that offered by TM. There is also a number of similarities. In fact, Lichstein (1988:60) describes CSM as *“also very similar to TM”* (but as indicated earlier, non-cultic, without the religious undertones). In a way Carrington (1998c:24) also echoes this opinion by Lichstein, by stating that: *“Since both CSM and TM are ‘permissive’ forms of mantra meditation, most of the findings from TM research can readily be generalized to CSM”*. Because most of the current research has been done on TM, the statement by Carrington referred to is very significant, due to the indications for the use of CSM, specifically where these indications are concerned with reference to clinical applications and effects of CSM which have been referred to (see 3.3.2) and which will also be discussed later (see 3.5).

3.5 THE UNIQUENESS OF MEDITATION

Meditation does have a number of points in common with some of the other methods used to promote personal growth and the line between the various methods are often not easy to draw (Carrington, 1998:31). Lichstein (1988:1) is of the opinion that the basis of modern relaxation techniques, most notably progressive relaxation, autogenic training and guided imagery, lies in the meditation heritage of Eastern religions. In most cases however, not only commonalities, but also differences can be noted between different methods.

A golden thread that does seem to run through most if not all of these methods continuously, sporadically, if not potentially, is that which has been termed the *“meditative mood”* by Carrington (1993:146):

“The meditative mood has been defined as a special drifting sort of consciousness quite similar in its subjective features to hypnogogic (presleep) mentation. It is familiar to most people, since it typically occurs at intervals during waken life when the individual is especially relaxed and quiet.”

This mood is characterised by a dreamy, drifting state of consciousness often together with an unusual openness to experiences ordinarily obscured by active, goal-directed awareness and with a sense of harmony with one’s inner rhythms and the greater rhythms of the universe, a felt sense of tranquillity and inner stillness (Carrington, 1980:243).

3.5.1 Religious meditation and prayer

The use of meditation in a religious sense or as a spiritual exercise, as has been pointed out (see 3.3.1) is still the most common practical technique in most parts of the world. Prayer in a Western sense is closely related to meditation in many ways although the exact relationship is an elusive one. Views on this issue are likely to be constructed by individual persons based on their own experience. What can be said, is that the total context or setting wherein prayer takes place, can evoke a meditative mood in a highly effective manner (Carrington, 1998:32). This can be understood in terms of determinants such as a person being calm and perhaps taking a certain posture (physiological and physical), focused and absorbed (psychological), alone (or with others in a similar mind-set), in a house, church or other locus (environmental).

There are also important differences between meditation and prayer, even when meditation is used for spiritual purposes (Carrington, 1998:32). In Western Christian practices persons often refer to 'meditation', however what they actually mean is 'contemplation' and not authentic meditation. Meditation can be used as a precursor and preparation for contemplation, prayer or religious study (Nicol, 1989:3-4). It is none the less important to distinguish between meditation and contemplation. According to Schafer (1996:452), contemplation refers to thinking about the meaning of something, contemplating the meaning of an event yesterday, considering a theological idea, or dwelling on a poem and its application to a person's life. Meditation, on the other hand, is first and foremost a method of quieting by using a repeated internal focus on an internal stimulus, with complete indifference, expecting nothing and desiring nothing. Although prayer facilitates the meditative mood as has been said, it is none the less a goal-directed activity. In prayer a person usually calls on God in some manner to give praise or offer thanks, seek forgiveness, consolation or assistance, or enter into some other relationship with God. Meditation, on the other hand, is the non-striving, relatively goal-less absorption of meditation. It seems, however, according to Maupin (1968:189-198), that some forms of prayer can be used as a genuine form of meditation. Silent, contemplative prayer has been for a long time the West's only widely used socially approved form of meditation. Maupin (1968:189-198) suggests that persons have lost a quiet contact with inner experience that is essential for the nourishment of the human spirit due to the lessening of prayer in the West in general. Both prayer and meditation are closely related to another familiar method which evokes the meditative mood, namely self-hypnosis (Carrington, 1998:33).

3.5.2 Self-hypnosis

Carrington (1998:35) postulates that in the absolute broadest sense of the term, meditation is a form of 'hypnosis', but adds to say that it is not the kind of hypnosis that is known in the West. Hypnosis in the latter sense is a highly motivated state where the subject plays a 'role', acting out certain prescribed actions or thoughts. This translates to the fact that hypnosis is very goal-directed. Self-hypnosis is similarly goal-directed, because one of the identifying characteristics of self-hypnosis is the increased receptiveness of subjects to self-administered suggestions about mental or physical behaviour which a person might want to bring about (Carrington, 1998:35; Davis *et al.*, 1998:75-90). Meditation, as has been pointed out previously, is goal-less.

With regard to physiology, Carrington (1998:35) points out that meditation lowers metabolism, while hypnosis raises metabolism. Also, hypnotised subjects usually have higher activated brain-wave patterns. The relaxation response inherent in meditation can however be used effectively to elicit a hypnotic induction. Hypnosis (and meditation) are both related to the beginnings of the next method, namely autogenic training.

3.5.3 Autogenic training

Autogenic training is differentiated from other relaxation approaches by the use of six exercises, or 'formulas', each of which targets a particular bodily function and is designed to produce specific sensations (Davis *et al.*, 1998:93-100; Auerbach & Grambling, 1998:135). Regular autogenic training (comprising the basic relaxation exercises) has much in common with meditative states. It can be said that the entire process is 'meditative', because in order to perform the exercise, subjects must enter an almost dreamlike state known as 'passive concentration', where they do not force any effects, but simply 'let them happen' (Carrington, 1998:38). If the trainee does not use 'passive concentration', autogenic exercises will not be effective. Certain trainees in autogenic training with long experience are taught to concentrate on producing certain mental as well as physical states, called autogenic 'meditations' or 'meditative exercises' (Davis *et al.*, 1998:98). These exercises are however far more controlled than the usual forms of meditation, the reason being, that they involve exact exercises done in a particular sequence (Auerbach & Grambling, 1998:135). This process is probably better described as a form of guided imagery rather than meditation (Carrington, 1998:37).

3.5.4 Progressive relaxation

Progressive relaxation involves the tensing and relaxing of various muscle groups to elicit a relaxed state, which can be experienced by some persons as an arduous process. As far as similarities between progressive relaxation and meditation are concerned, it can be noted that the components of the technique of eliciting the relaxation response (Benson, 1974:54) (referred to earlier) can also be identified in progressive relaxation. This is also the case in self-hypnosis and autogenic training. Specifically, these components are a quiet environment, a passive attitude and a comfortable position. With regard to the use of a fourth component - a mental device - Lichstein (1988: 33) remarks that *"Besides those techniques that manifestly rely on a specified mantra, other approaches that involve dwelling on one's muscles, as in progressive relaxation, or silently chanting the phrases of autogenic training will readily satisfy the definition of a mantra as a mental device"*. Progressive relaxation and meditation are also both similar in bringing about relaxation.

Progressive relaxation is, as far as differences are concerned, more goal-directed than meditation. This is evident in both the suggestions given in the teaching of progressive relaxation to bring about awareness of body sensations as well as the home practise of these suggestions. It has been found that if subjects lie still for ten minutes after they have completed their muscle-tensing exercises, that 65 percent reported that during at least a portion of this time they usually experienced states of mind which were unfocused, floating, passive and filled with shifting imagery, experiences analogous to entering a meditative mood (Carrington, 1998:42; Davis *et al.*, 1998:35-38).

3.5.5 Biofeedback

Biofeedback as the most technologically sophisticated relaxation technique was developed in the 1950s. A subject who is hooked up on a biofeedback apparatus can get instantaneous electronic feedback on the state of some or other physiological system or brain waves. It is said that such a subject will then be able to learn to control or regulate him/herself to obtain a desired state. In reality this proved to be easier said than done because body systems operate more efficiently when acting in unison with one another than when acting alone, whereas biofeedback concentrate on one or only a few aspects of the body such as blood pressure and/or heart rate (Auerbach & Grambling, 1998:137; Carrington, 1998:45; Davis *et al.*, 1998:117-122).

Carrington (1998:45) notes that biofeedback training can provide extremely important information about physiology which would not have been identifiable previously. When a change in the functioning of body systems is desired for health reasons, however, it may be easier to bring it about by methods which automatically stimulate a cluster of psychologic systems, in other words, the same systems that tend to vary in a coordinated fashion in nature. Methods such as meditation seem to bring about full relaxation in many systems at the same time automatically and thereby create harmony between different physical processes which can result in a state of maximum calm. Now that differences have been pointed out, the clinical applications and potential effects of meditation for the promotion of well-being need to be indicated.

3.6 CLINICAL APPLICATIONS AND POTENTIAL EFFECTS OF MEDITATION FOR STRESS MANAGEMENT AND THE PROMOTION OF WELLNESS

Carrington (1993:150-151) states that to assess the suitability of meditation for a particular person, it must be determined if the person presents one or more of the meditation-responsive symptoms or difficulties. Schafer (1996:453) and Davis *et al.*, (1998:41) have echoed the applicability of meditation for the indicated meditation-responsive symptoms or difficulties. The following is a summary checklist of these primary indicators of meditation:

- Tension and/or anxiety states
- Psychophysiological disorders
- Chronic fatigue states
- Insomnias and hypersomnias
- Abuse of 'soft' drugs, alcohol, or tobacco
- Excessive self-blame
- Chronic low-grade depressions or subacute reaction depressions
- Irritability, low frustration tolerance
- Strong submissive trends, poorly developed psychological differentiation, difficulties with self-assertion

- Pathological bereavement reactions, and separation anxiety
- Blocks to productivity or creativity
- Inadequate contact with affective life
- A need to shift emphasis from client's reliance on therapist to reliance on self (of particular use when terminating psychotherapy).

If the therapist in fact determines that the client does possess the requisite pathology for the use of meditation, it must be realised that other modalities may also be used, in conjunction with meditation, to treat these same symptoms. Studies that have been done point to a potentially wide range of stress-related therapeutic applications for meditation, especially concentration type meditative techniques (Everly, 1989:176). Schopen and Freeman (1992:7) argue that perhaps the most effective use of meditation in counselling is for the purpose of clinical self-regulation. As such, self-regulation is generally considered to be a proactive process of growth or maintenance for the healthy personality rather than (only) a treatment for the 'abnormal'. It can therefore be argued that improved self-regulation is not only related to improved coping, but can also be associated with the promotion of wellness.

Some of the major findings concerning the effects of meditation or changes observed in clients and trainees who have learnt meditation also related to the improvement of their wellness can be summarised as follows (see also Carrington (1993:146-149; 1980:224-251)):

3.6.1 Stress reduction and increased well-being and wellness

Numerous studies have documented the positive influence of meditation on stress reduction (De Silva, 1990:7; Schopen & Freeman, 1992:7; Lepuschitz & Hartman, 1996; Hall, 1999:1), relaxation (Rathus, 1997:13), greater tolerance of change and turmoil and greater calmness or relaxation or tranquillity (De Silva, 1990:7; Schopen & Freeman, 1992:6) and resilience and better ability to control feelings (Perez-De-Albeniz & Holmes, 2000:3).

De Silva (1990:11) has in fact pointed out that training in meditation leads to greater ability to achieve calmness and tranquillity, that may help enhance a person's tolerance of the numerous inevitable stresses in modern life, in other words, achieve a degree of

immunity against the psychological effects of stress and frustration. Schopen and Freeman (1992:6) remark that *“teaching the meditative process to clients may endow them with a preventative tool that can be used to help them deal with future stress...”*.

Hall (1999), Kelly (1996:1) and Perez-De-Albeniz and Holmes (2000:2) also describe the enhancement or promotion of the sense of well-being as one of the potential benefits of meditation. This is also reflected in research done by Alexander, Rainforth and Gelderloos (1991:240-245). It has been found that transcendental consciousness developed by the practise of meditation is instrumental in the development of psychological health (Gelderloos, Hermans, Ahlscröm & Jacoby, 1990:193). Schopen and Freeman (1992:6) also point out that meditators indicate, and clients perceive the practise of meditation as beneficial to mental health. The holistic health movement uses meditation, along with fitness, nourishment, spirituality, and examination of lifestyle as a cornerstone of the greater physical and emotional health associated with wellness (Schopen & Freeman, 1992:7).

3.6.2 Improved cognitive functioning

Hall (1999:1-2) not only refers to the effect of the improvement of cognition as a benefit of meditation, but also continues to demonstrate with research that students who meditated for a semester obtained significantly higher semester grade point averages than a non-meditation group. The same findings were made with regard to the cumulative grade point averages. Chang and Heibert (1989:175) also found that children in public schools who were taught to meditate displayed an increase in academic performance.

It has also been found that meditation has a positive effect on memory (Jangid, Vyas & Shukla, 1988; Hall, 1999:147-148) and a significant improvement in cognitive flexibility (the latter in elderly adults) (Alexander, Langer, Newman & Chandler, 1989:953). It has been claimed that the practise of meditation leads to a greater ability to concentrate and greater freedom from distraction, a sharper awareness (De Silva, 1990:7), and better problem-solving skills (Perez-De-Albeniz & Holmes, 2000:3).

3.6.3 Reduction in tension and anxiety

Glueck and Stroebel (1975:315-320), Shapiro (1982:267-274), Murphy and Donovan (1988) and Schopen and Freeman (1992:6) all indicate that the initial relief of tension and

anxiety feelings may be quite dramatic as well as a very common experience in persons learning meditation. According to Hopkins (1992:3), research has verified the physiological effect of meditation as a distinguishing characteristic of the technique that produces a state of profound physiological rest accompanied by mental alertness, a state that is unique in its degree of neuropsychological integration. This state has been called a fourth state of consciousness, beyond waking, sleeping and dreaming.

In a meta-analysis Shapiro and Giber (1984:63-64) conclude that "*Meditation may be a promising clinical intervention technique for stress-related dependent variables*". All the studies report successful outcomes on dependent variables ranging from fear of enclosed places, examinations, lifts, being alone, to generalised anxiety, anxiety neurosis, pain due to bullet wounds, back pain, and fear of heart attack, rehabilitation after any myocardial infarct and bronchial asthma. In research done where the effects of meditation on anxiety have been measured, results have consistently shown anxiety to be sharply reduced in a majority of subjects after they have started meditating (Delmonte, 1987:131-132; Lepuschitz & Hartman, 1996:1) and that experienced meditators are significantly less anxious and more internally controlled than beginning meditators (Hjelle, 1974:632). Regular practise of meditation appears to facilitate a reduction in anxiety for persons with high or average levels of anxiety (Delmonte, 1987:126), especially those with a short history of anxiety and who have higher cognitive symptom scores (Girodo, 1974:157). As persons, anxiety lessens, they may become more relaxed and effective in going about their daily programme. In this sense Davidson and Schwartz (1984:624) and Marlatt, Pagano, Rose and Marques (1984:119) have found that the experience of relaxation is a byproduct of meditation. Fontana (1994:89) remarks: "*In fact it is no exaggeration to say that, properly used, meditation is one of the most helpful psychological techniques available to us in developing the resources needed to counter stress and anxieties, worries and negate mental and emotional states generally*". This translates into emotional focused coping (meditation), possibly helping persons to lower their tension and anxiety so that they are enabled to make use of problem focussed coping and therefore the effective engagement with life - the two coping constructs that have been dealt with in Chapter 2.

Enhanced coping ability due to the lowering of anxiety and tension can also contribute to the reduction in or even the cessation of the use of medication. The advantage of this may be that anxiety can be lowered without losing alertness or becoming groggy due to

the side-effects of the medication, and although medication might provide a quick-fix solution, it is, however, not likely to foster personal growth and development beyond the anxiety-induced state (Carrington, 1980:245; 1998:187; Anon, 1997).

3.6.4 Improvement in stress-related illness

Many stress-related illnesses have proven to be responsive to meditation (Carrington, 1980:245:147) (as has also been indicated with some of the examples given at the beginning of 3.5.1). To this effect Benson and Wallace (1984:127-128) have shown that the regular practise of meditation is associated with decreased blood-pressures in pharmacologically treated hypertensive patients. Stone and De Leo's (1984:131-132) research suggests that meditation is an effective method of therapy for persons with mild or moderate hypertension, even for persons who are overweight, or eat large amounts of salt, or drink a lot (Anon, 1997:3). Shapiro and Giber (1984:63) echo similar views after reviewing the literature. In 1984 the National Institute of Health (NIH) in America released a consensus report that recommended meditation (along with salt and dietary restrictions) above prescription drugs as the first treatment for mild hypertension (Goleman 1988:168). This official recognition was a catalyst in the spread of meditation and other relaxation techniques as treatments in medicine and psychotherapy. The findings on the effect of meditation on hypertension are deemed so promising that the National Institute of Health in America has allocated some \$3 million to the further study of meditation's effect on hypertension (Anon, 1997:3). Relaxation-based interventions (such as meditation) may have a prophylactic effect on heart disease (Lehrer, Carr, Sargunarajaj & Woolfolk, 1993a:572). It has been reported that meditation, in fact, seems to decrease atherosclerosis and may lower the risk of heart attack and stroke in hypertensive adults. It is the first time that a stress-reduction approach alone without changes in diet, exercise, medication or surgery has been shown to regress this disease (Larkin, 2000:1).

Apart from the conditions already listed, other psychosomatic conditions responding to meditation are conditions such as tension headaches, asthma, insomnia and improved sleep, reduced need for psychotropic medication, colitis, hyperarousal disorders (for instance post-traumatic stress disorder), irritable bowel syndrome, diabetes, pain, migraine, stress, Type A behaviour, physical tension, improved immune functioning, lowered blood cholesterol and lowered blood lactate, lowered heart rate, lowered oxygen uptake, relief from angina and arrhythmia, lessened danger of silent ischemia, psoriasis,

infertility, and relief of the nausea and vomiting related to chemotherapy (Wallace, 1970: 1751-1754; Wallace, Benson & Wilson, 1991:795-799; Wallace *et al.*, 1972:84-90 Carrington, 1980:245; Walsh, 1983:35-35; Otis, 1984:206; Goleman, 1988:168-172; De Salva, 1990:7; Palmer & Dryden, 1995:131-133; Solberg, Salvorsen, Sundgot-Borgen, Ingjer & Holen, 1995:256; Kelly, 1996:1; Benson & Stark, 1997:146-148; Van Dam, 1996:4; Frankel, 1998:1; Anon, 1999e:16).

It has been reported that practitioners of TM save up to 50% on total medical costs, because they have for example on average 97% less heart disease, 50% less tumours, and 30% less infectious diseases (Schneider *et al.*, 1986:39; Anon, 1987:1). On the strength of these figures, Het Silveren Kruis, the largest medical insurance company in Holland, awarded deductions of 30% on the premiums payable for medical policies (Anon, 1987:1).

At the centre of the effectiveness of meditation in improving stress-related illness (and indeed some of the other effects of meditation referred to in this section), is the wakeful hypometabolic state induced by meditation. The hypometabolic state seems to represent an integrated hypothalamic response termed the "*relaxation response*" by Benson (Benson *et al.*, 1984:123-124), referred to in the discussion of ROM earlier in this chapter. The relaxation response is said to be the counterpart of another hypothalamic response popularly referred to as the fight-or-flight response. Continual elicitation of the emergency reaction with its resultant increased sympathetic nervous system activity has been implicated in the pathogenesis of for instance systemic arterial hypertension. The relaxation response may serve to counteract the effects of the fight-or-flight response, thus preventing or reducing stress-related illness (Benson & Stark, 1997:146-148).

On the basis of Bono's (1984:216) suggested finding, there appears to be a lowered range of physiological arousal potential in meditators, suggesting a relationship between meditation practise and parasympathetic dominance (see Chapter 2 for effects of parasympathetic dominance). Bono (1984:216) postulates greater facilitation of excitatory potentials in the parasympathetic nervous system with more inhibitory potentials in the sympathetic branch in meditators. The suggested parasympathetic dominance in meditators is interpreted as a learned phenomena resulting from the systematic repetition of the relaxation response, because during acquisition, the mantra forms a conditioned stimulus that becomes associated with the relaxation response. According to Perez-De-Albeniz and Holmes (2000:3), lastly, it seems as if meditation has a bimodal biological impact along time in the sense that there is a physiological relaxation

response in the short term with more enduring hormonal and metabolic changes that can be detected later in experienced meditators, some 12 to 18 months after starting meditation practice.

3.6.5 Increased energy and productivity

According to Carrington (1980:245-246; 1993:147), meditation may bring out increased efficiency by eliminating unnecessary expenditures of energy. In fact, a beneficial surge of energy is often noted in persons who have commenced the practise. In practice this translates into various possible advantages such as a lessened need for daytime naps, increased physical stamina, increased productivity at work, ideational fluency, the dissolution of writer's or artist's 'block', or the release of unsuspected creative potential. Broome (1995:315-316) reports on a meta-analysis undertaken which reflects some of the positive organisational outcomes following the broadspectrum introduction of meditation to the members of six organisations. Although the outcomes essentially reflected improvements at individual levels, it also impacted on the organisation in ways such as:

- turnover growth being substantial or exceeded expectations (five out of six organisations);
- productivity grew, for example sales turnover per employee increased (four out of six organisations) and;
- company or management won awards (three out of six).

3.6.6 Lessening of self-blame

A useful by-product of meditation may be increased self-acceptance, often evident in clients as a lessening of self blame (seen in a meditator's self-statements changing from self-castigating to self-accepting) which suggests that the noncritical state experienced during the meditation session itself can generalise to daily life (Carrington, 1980:246; 1993:147). This change can be brought about by a change in self-concept which has been found to be a dramatic result of meditation (Bono, 1984:215). Self-blame may stem from a low self-esteem. Bono (1984:215) states that this condition of low self-esteem in persons before starting meditation (in the research he conducted) was similar to those in persons seeking psychotherapy and other forms of self help, because their psychometric scores suggested greater dissatisfaction with self, neuroticism and readiness to change. An observed increase in self-regard after the commencement of meditation appears to

demonstrate that meditation is a therapeutic agent in the consequential lessening of self-blame. It has also been reflected in the findings that the meditation subject's real self-concept changed more than their ideal, which suggests that they may have actually reduced the maladaptive elements within themselves that caused them to perceive such a large discrepancy between their real and ideal selves, as was the case before learning meditation.

3.6.7 Antiaddictive effects

In a classical study done by Benson and Wallace (Benson & Klipper, 1976:149-154; 1984:102-103) involving 1862 persons who had been practising meditation for a period of at least three months regularly, it was found that the participants with regard to the use of marihuana and hashish, LSD, other hallucinogens (2,5-dimethoxy-4-methylamphetamine [STP], N,N-dimethyl-tryptamine [DMT], peyote, mescaline), narcotics (heroin, opium, morphine, cocaine), amphetamines and barbiturates:

- decreased or stopped using drugs;
- decreased or stopped engaging in drug-selling activity;
- changed their attitudes in the direction of discouraging others from abusing drugs; and
- decreased the use of 'hard' alcoholic beverages and cigarette smoking.

The magnitude of these changes increased with the length of time that a person practised meditation, according to Carrington (1993:148), usually for a year or more. Aron and Aron (1980:10-12) reviewed research also showing that meditation has a positive effect on various addictive behaviours. In the case of over reliance on, over prescription of and even addiction to prescription medication (especially a problem in Western Society as has already been numerous referred to in this study), medication might provide a quick-fix solution, although it is not likely to foster personal growth and development beyond, for example, the anxiety-induced state (Carrington, 1998:187; Anon, 1997:3). The use of meditation (in conjunction with psychotherapy), on the other hand, might foster personal growth and development toward wellness, instead of only dealing with the symptoms of the problem.

Wong, Brochin and Gendron (1981:103-105) who taught a group with chemical dependence to meditate as part of a continuing rehabilitation programme, found that in comparison to a noninstructed control group, after six months, the meditators reported:

- improved ability to relax;
- heightened level of self-awareness;
- tendency to increase the ability to concentrate;
- improvements in social adjustment;
- improvements in work performance; and
- improvements in the use of drugs and alcohol.

Marlatt *et al.* (1984:112-119) show that heavy social alcohol drinkers who were regularly practising a relaxation technique showed equal decreases in alcohol consumption whether they practised meditation, progressive relaxation or bibliotherapy. However, it seems as if the meditation group was more "hooked" on the technique than the participants of the other groups. More persons in the meditation group continued some practise of their own volition during the follow-up. Secondly, the participants in the meditation group were the only ones who reported a linear increase in daily relaxation reports over the 6-week treatment period (associated with a linear decrease in consumption). It would therefore seem as if meditation is more intrinsically reinforcing or satisfying than the other techniques investigated. Thirdly, of the four 'problem drinkers' of which one each was assigned to a group, it was the one participating in meditation who showed the largest drop in daily consumption: 66% as opposed to the nearest rival of 34%. It is fourthly proposed by Marlatt *et al.* (1984:119) that the altered states of consciousness that can be brought about by meditation can serve as a substitute for problem drinkers who consume alcohol to alter their own consciousness to get "high" or are searching for new meaning in their lives by altering their consciousness through ingestion of a drug. Paradoxically, meditation is in itself a sort of 'addiction'. Glasser (*in* Schafer, 1996:453) maintains that meditation is a positive addiction similar to running. It is reported that meditation can, by reducing stress, also help people curb unhealthy behaviour such as overeating or drinking too much, more so than is the case with persons who were only counselled to make lifestyle changes (Anon, 1997:3). It was for instance found that the meditation group's consumption went down from 11 drinks a week to 5.

3.6.8 Mood elevation

One of the main benefits of meditation is an increase in a person's resistance to negativity, which results in a reduction of a person's reactivity to former stressors. Research as well as clinical observation suggests that people that suffer from mild chronic depression or more reactive forms of depression may experience a distinct elevation of mood after starting meditation (Carrington *et al.*, 1980:230; 1993:148). The same can be said for hostility (Lepuschitz & Hartman, 1996:1). Brooks and Scarno (1985:212-215) also report that significant reductions in depression have occurred following meditation among Vietnam veterans with adjustment problems. Meditation can also be used to treat symptoms of depression in persons with AIDS and cancer (Benson *in* Van Dam, 1996:4).

3.6.9 Increase in available affect

Persons who have started to meditate frequently report experiencing emotions such as pleasure, sadness, anger, love, et cetera, more easily than before. Meditation can also have the effect of increased acceptance and tolerance of affect (Perez-De-Albeniz & Holmes, 2000:3). Carrington (1980:247-248; 1993:148) refers to the facilitating effects of meditation on the expression of emotions, often emotions that have been previously unavailable, especially due to repressed anxiety-laden material, consisting of emotions and memories. Meditation seems to facilitate the entry of this material into the consciousness (Glueck & Stroebel, 1975:315-320; Kelly, 1996:1). It is felt in some circles that this can speed up the entire psychotherapeutic process because of the utilisation of ideas, events and situations that come into a person's mind while meditating, also according to Kelly (1996:1), tapping repressed material in the unconscious. Because of the release of previously repressed material in some persons, meditation can paradoxically cause anxiety if not properly managed by the supervisor. Therapeutic support and proper supervision can however turn the experience into a growth opportunity. Meditation is therefore indicated when affect is flat, when the person tends toward overintellectualisation, or when access to memories of an emotional nature is desired for therapeutic differences (Carrington, 1993:148).

3.6.10 Increased sense of identity

According to Carrington (1993:148-149), meditators frequently report that since starting meditation:

- they have become more aware of their own opinions;
- they are not as easily influenced by others as they were previously;
- that they can arrive at decisions more quickly and easily;
- they may be able to sense their own needs better;
- thus they may become more outspoken and self assertive;
- they are more able to stand up for their own rights effectively; and
- the experience of sharper awareness and greater alertness about their own responses, both physical and mental (De Silva, 1990:7).

Although these effects are primarily borne out by clinical observations and may not be easily measurable by any existing psychometric tests, it is possible that the trait known as "*field independence*" may be strongly related to the above effects.

Some studies have shown changes toward greater field independence (or "*inner-directedness*") of persons since starting meditation (Pelletier, 1974:1033-1034; Pelletier, 1978:343-345). Bono (1984:215) notes that there seems to be a clear relationship between meditation practise and the field-independent cognitive style. It is said that relaxation and calm, along with perhaps a practise effect are crucial factors involved in the fluctuation of this perceptual style (which can also possibly be induced by other techniques eliciting the relaxation response). However, it seems reasonable to conclude that a generalised result of the regular inward deployment of attention required by the practise of meditation is an increased sensitivity to subjective nuances. This means that when confronted with an ambiguous, novel, and misleading problem, the field-independent perceptual style leads to a more accurate resolution of the problem, partly as a function of this sensitivity to and trust in a person's own subjective experience (Bono, 1984:215). It has also been shown in replicated study by Nidich, Seeman and Dreskin, (1973:565-566), that meditators have gained significantly in the direction of self-actualisation after practising meditation for 10 weeks. Experienced meditators are found to be significantly more self-actualised (Hjelle, 1974:623), as well as self-responsible and self-directed (Kelly, 1996:1) and self-aware (Perez-De-Albeniz & Holmes, 2000:2).

3.6.11 Improved self-control, coping and social relationships

A person practising meditation may become markedly less irritable and hostile in his/her interpersonal relationship within a relatively short period of time after starting meditation (Carrington, *et al.*, 1980:226;230). This finding is in accordance with that of Woolfolk (1984:552-552) that indicates that self-control meditation used in conjunction with twice-a-day meditation, is effective in the alteration of a client's anger with respect to the experience of anger, engagement in angry behaviour and coping effectively with anger-provoking situations. Self-control meditation forms an integral part of CSM in the form of mini-meditations which are employed as a behavioural self-control skill in combating feelings of tension and anxiety (Carrington, 1979:77). Lehrer, Carr, Sargunrajaj and Woolfolk (1993b:549-550) also report that various studies indicated that meditation is an effective way in treating or decreasing hostility.

Meditation helps the person seeking help to understand that there are no quick solutions. It develops patience; to be aware of the problem before attempting to solve it. It promotes a non-judgmental attitude; it helps the person seeking help to come to terms with 'what is', rather than to fight hopelessly for 'what might be', or 'might have been'. It helps people to be comfortable with ambiguity, ignorance and uncertainty. Meditators also learn to trust their inner nature and wisdom and fosters the recognition of personal responsibility (Perez-De-Albeniz & Holmes, 2000:2). The letting go of prejudices and judgements (O'Neal, 1997:2), being more patient and accepting, less anxious, less depressed and less angry and having greater self-confidence and being more in control (KabatZinn in O'Neal, 1997:2) are some of the effects ascribed to the practise of meditation. These changes result in, and are primarily indicative of improved coping, but will most probably and secondarily, also result in better social relationships. In fact, beneficial social effects of the practise of meditation include enhance acceptance, compassion and tolerance of self and others (Perez-De-Albeniz & Holmes, 2000:3).

3.6.12 Sociological effects

According to Hopkins (1992:3), research has found that where 1% of the population meditates, the increase in integration, orderliness and harmony occurring in individual life is profound enough to generate orderliness and thus reduces stress, throughout the society. Davies and Alexander (in Hopkins, 1993:3) have found that the collective practise of Transcendental Meditation had the impact of a holistic improvement in the

quality of life throughout the United States nation, reflected by reductions in violent crime, motor fatalities, air transport fatal accidents, suicides and murders, and by improvements in important national economic indicators. It was shown in another study that variations in group size did indeed have a statistically significant effect on the quality of life indices in assessing the impact of group practise of Transcendental Meditation (Orme-Johnson, 1988).

This phenomenon has been called the "Maharishi effect" (Hopkins, 1992:4). It has been explained by practitioners of the Transcendental Meditation movement that the Maharishi effect has its basis in the collective consciousness of a group. Individual members of the group acting together interact and generate a consciousness that is qualitatively and quantitatively over and above the consciousness of the individual. Group consciousness so generated creates coherence throughout the community (Hopkins, 1992:4).

3.6.13 The experience of an altered state of consciousness

The experience of an altered state of consciousness extends on a continuum from relatively deep unconsciousness at one end, to an extraordinary sensitivity at the other end. The continuum passes from coma, to sleep, to drowsiness, to alertness, to hyper alertness. One of the levels of consciousness in this continuum is associated with meditation. It is an altered state because persons do not commonly experience it, and because it usually does not occur spontaneously – it must be consciously and purposefully evoked.

Accounts of what persons experience under altered states of consciousness range from ecstasy, unity with a higher being, self-lessness, calm, serenity to feelings such as ecstatic, clairvoyant, beautiful, totally relaxing, at ease with the world, peace of mind and a sense of well-being, or a synthesis of some of these experiences. Most persons describe their feelings as pleasurable. Despite the diversity of description, there appears to be a universal element of rising above the mundane senses, a feeling of beyond that of common-day existence (Benson & Klipper, 1976:104,106).

Gelderloos *et al.* (1990:178) on their part, refer to these experiences as transcending experiences, which they define as : "*experiences that go beyond the present state of awareness in the direction of more refined states of consciousness, commonly referred to as 'peak', religious' or 'mystical' experiences*". Venter (1995:59) also associates

altered states of consciousness with direct transcendent experience. According to William James (1985:50), transcendent experience means: "*The feelings, acts and experience of individuals in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine*".

Gelderloos *et al.* (1990:180) are of the opinion that 'transcendental consciousness' could be regarded as the endpoint of the transcending process, referring to undirected consciousness, silent and awake within itself. Several researchers have in fact combined physiological and phenomenological approaches to identify the physiological signature of the experience of transcendental consciousness (Gelderloos *et al.*, 1990:181) or of the "*relaxation response*" referred to by Benson (Benson & Klipper, 1976:139-140) (see also 3.9.6). Some of these findings were recently replicated by Travis and Wallace (1997).

Mysticism, according to Rensburg (1995:49), can be regarded generally, as the core or essence of authentic transcendent experience. Mysticism can be seen as a certain way of vertical communication (with God) grounded in the need for a personal relationship with and experience of God (Wessels, 1997:9). Benson (Benson & Klipper, 1976:107) also points out that "*the ultimate purpose of any exercise to attain transcendent experience corresponds to the philosophy or religion in which it is used*". Transcendental experience and ultimately transcendental consciousness can therefore be regarded as religious, or more specifically spiritual in nature. Meditation in the final analysis is one technique which can serve as a means to create transcending experiences and transcendental consciousness (Gelderloos *et al.*, 1990:181) which are reflected in the meta-physical realm especially.

Apart from meditation serving as an antidote to stress (cf. 3.6.1), the conclusion of Gelderloos *et al.* (1990:193) conclusion is very significant in terms of this study, namely that experiences of transcendental consciousness as cultivated by meditation are instrumental in the development of psychological health. In fact, the more or the 'deeper' experiences persons had, the more they developed characteristics of psychological health.

In concluding this section reference can be made of the opinion of Schneider *et al.* (1986:40) who point out that meditation is an effective means of health promotion, disease preventing and stress management, as has indeed been indicated throughout this section of the study. Schneider *et al.* (1986:41) conclude, therefore, that this technology provides holistic prevention and health promotion as reflected in the

dramatically lower costs and health services utilisation rate of meditators. It seems therefore clear from the literature, that meditation can indeed not only serve to manage stress, but also to promote wellness. The crux of this study is related to this conclusion as it pertains to teachers.

3.7 LIMITATIONS OF, CAUTIONS AND CONTRA-INDICATIONS IN THE USE OF MEDITATION FOR STRESS MANAGEMENT AND THE PROMOTION OF WELLNESS

It was originally thought that the clinical use of the relaxation response (specifically meditation in the context of this study) was a totally 'harmless' therapeutic intervention. However, as the body of research findings and clinical experience grew, so did the realisation that the elicitation of the relaxation response had to be used with caution. It has been found that not all effects of the practise of meditation are beneficial. Shapiro (1992) has found that 62,9% of persons reported adverse effects during and after meditation, and 7,4% experience profoundly adverse effects. The length of practise (from 16 to 105 months), however, did not make any difference to the quality and frequency of adverse effects. In the use of meditation specifically to elicit the relaxation response it is especially Carrington (1980: 253-255; 1987:156-157; 1993:152-154; 1998:95-111) and Everly (1989:166-169) who provide ideas and guidelines concerning the limitations of and cautions in the use of meditation. The following areas of concern are a synthesis of the views of Carrington and Everly as indicated above.

3.7.1 Side-effects of tension release

The tension-release component of meditation must be understood if the technique is to be used effectively. This tension-release often leads to physical and/or psychological symptoms of a temporary and non-verbal nature in a new meditator which may appear during or following meditation. This may range from sensations such as heat, cold, burning feeling, tingling or numbness in some part of the body, smells, perspiration, rapid breathing, pounding heart, 'seeing' all kinds of fascinating images, 'hearing' inner 'sounds', a feeling of tightness in certain parts of the body such as 'a steel band around the head' et cetera. The list of tension-release side-effects compiled by the teachers of antigenic training coincides remarkably with those that are seen in meditators. The tension-release phenomena may be used therapeutically. However, too rapid a release of tension during or after meditation can cause difficulties and discouragement in a new

meditator, and may lead to 'backing off' or even abandoning meditation. Managing the symptoms of tension-release correctly and efficiently is of the utmost importance if this modality is to be used successfully. This management is done through adjustment of the meditation to suit each practitioner's individual needs and is central to such modern forms of meditation as CSM (Carrington, 1980:248; 1993:152).

3.7.2 Premature freeing of repressed ideations

The premature freeing of repressed ideations is strongly associated with tension-release referred to previously, but has more to do with repressed thoughts and emotions. It is not uncommon for deeply repressed thoughts and emotions, such as fears and anxieties and feelings and desires that have generally been considered to be unacceptable or evil (Kelly, 1996:53), to be released into a person's consciousness in response to a deeply relaxed state. Sobbing and hidden memories and themes from the past, such as incest, rejection, and abandonment appear sometimes in intense, vivid forms and challenge the person's previously constructed image of their past and themselves (Perez-De-Albeniz & Holmes, 2000:4). In some psychotherapeutic paradigms such reactions are considered desirable, but can be perceived as destructive by the new meditator if such reactions are unexpected and/or too intense to deal with. It is therefore wise to prepare the new meditator for the possibility that such ideation may arise, and the therapist/supervisor must be prepared to render support in the event of the emergence of such thoughts (Everly, 1989:168).

3.7.3 Loss of reality contact

The loss of reality contact during the elicitation of the relaxation response includes dissociative states, hallucinations, delusions and perhaps parasthesias, especially to overmeditation (Benson, 1974:57; Benson & Klipper, 1976:172). Boorstein (2000:10) also cautions that sometimes, despite the best efforts of reasonably sophisticated meditation teachers, students with underlying psychotic processes come to a meditation retreat and the ensuing lowering of psychological defenses unmask a full-blown psychotic process. Care should also be taken when teaching persons to meditate who suffer from affective or thought-disturbance psychosis or persons who use non-psychotic fantasy excessively. In such conditions, the use of deep relaxation may exacerbate the problem, or precipitate a psychotic episode with persons who have an adverse psychiatric history (Goleman, 1996:171; Palmer & Dryden, 1995:114; Auerbach &

Grambling, 1998:134). Meditation is therefore often contraindicated for such persons, Shapiro (1994) refers in this sense to conditions such as psychosis, schizoid and schizotypal personality, dissociative states, hypochondria and somatisation disorders as there is a risk that the person will be distressed and overwhelmed by the experience of the symptoms during meditation, as well as those under the influence of alcohol or illegal drugs (Palmer & Dryden, 1995:131).

3.7.4 Panic states

Panic-state reactions are characterised by high levels of anxiety concerning the loss of control, insecurity, and, in some cases, seduction. Diffuse, free-floating worry and apprehension can also be included. With such persons it is generally more desirable to provide a more concrete relaxation technique (such as neuromuscular techniques or biofeedback), instead of abstract relaxation techniques (such as meditation). It is therefore important, actually for any person starting meditation, to be assured that it is the person him/herself who is really always in control - even in the state of the component of 'passive attention/ attitude' in the elicitation of the relaxation response during meditation (referred to earlier - see 3.3.3.1) (Everly, 1989:167-168).

3.7.5 Rapid behaviour change

Ironically, a potential problem in the use of meditation stems from the rapidity with which changes in behaviour can occur. It may turn out that some of these changes may be incompatible with the life style or the defensive system of the person. If such a problem does occur, it can be resolved in one of two ways. The (pathological) value system must be altered to incorporate the new attitude brought about by the meditation; or alternatively, the practise of meditation must be abandoned. If the meditator does face such difficulties and has recourse to psychotherapy to work through difficulties involved, this usually allows the person to continue productively with meditation and make use of it to effect a basic change in life style (Carrington, 1993:152-153).

Some of the ways in which meditation-related behavioural changes may be threatening to a client's (pathological) life style according to Carrington (1993:153), are the following:

- meditation may foster a form of self-assertion that conflicts with an already established neurotic 'solution' of being overly self-effacing;

- meditation tends to bring out feelings of well-being and optimism, which may threaten the playing out of a depressive role that may have served an important function in the person's psychic economy;
- the deeply pleasurable feelings that can accompany or follow a meditation session can cause anxiety and guilt. Persons may not want to 'allow' themselves to indulge in a relaxing activity on their own without the rest of the family because of a dubious sense of 'responsibility';
- meditation can result in an easing of life pace, which may threaten or alter a fast paced, high-pressured life style that is used neurotically as a defence or in the service of drives for power, achievement, or control. Unless these personality problems are treated, persons may refuse to start to meditate in the first place, or if they do start, quickly discontinue the practice;
- some persons initially view meditation as being almost 'magical'. Unless they are helped to modify their irrational beliefs and demands, they may develop negative reactions to the meditation process, or to a meditational object of focus such as a mantra. It can happen that when such persons are inevitably forced to recognise that the technique varies according to external circumstances, or own mood, or state of health, they may become angry and/or quit.

3.7.6 Hypersensitivity to meditation

Occasionally a person may be hypersensitive to meditation. Such a person may not be able to tolerate the usual 15 - 20 minute sessions prescribed for meditation due to the surfacing of some of the problems already mentioned. These persons require drastic reductions in meditation time to suit their individual needs, before benefiting from the technique (Carrington, 1993:153; Palmer & Dryden, 1995:134).

3.7.7 Excessive parasympathetic or trophotropic states

In some instances, the use of meditation that is intended to be therapeutic, may induce a lowered state of psychophysiological functioning. If this occurs, several phenomena may result according to Everly (1989:168-169):

- A temporary hypotensive state may result which is an acute state of lowered blood pressure, which may cause dizziness, headaches, or momentary fainting, particularly if the person rushes to stand up following the meditation. The beginning meditator should be taught how to prevent this problem by slowly coming out of meditation in the prescribed way.
- A temporary hypoglycemic state may result, which is a condition of low blood sugar that may follow the inducement of the trophotropic state. Deep relaxation, like exercise, appears to have in some patients an insulinlike action, and may induce such a condition if the person has a tendency for such condition, or has not eaten properly that day. The condition may result in symptoms similar to the hypotensive condition. The condition is often likely to last until the person eats.
- Although meditation is known to create a refreshed feeling of vigour in many persons, a few have reported feeling tired after meditation. This unusual and paradoxical result may be linked to an overstriving to relax on the part of the person meditating due to forgetting that relaxation should be 'allowed' to occur and not forced.

3.7.8 Overmeditation

Some persons act out the erroneous theory of the exponential effect in taking medication, that if one pill makes them feel better, taking a double or triple dose or the whole bottle for that matter, will make them feel exceptionally well. Instead of keeping to a 15 - 20 minute only twice a day meditation regimen, some persons may decide on their own to increase their meditation time on their own which can lead to some of the serious problems already listed. In prolonged meditation the release of emotional material that is difficult to handle may occur, and in a person with an adverse psychiatric history, meditation has been known to precipitate psychotic episodes (Carrington, 1993:154; Palmer & Dryden, 1995:114; Auerbach & Grambling, 1998:143). Although this may not be the case in relatively stable persons, it is probably an unwise practise, except perhaps in a special setting such as a retreat with careful and continuous supervision available. Prolonged meditation may have antitherapeutic effects. Some cults may demand 3 - 4 hours of meditation per day from their followers, which might ultimately result in a 'brainwashing' effect reported by ex-followers of these cults (Carrington, 1993:153-154).

3.7.9 Enhancing the action of medication

Meditation may enhance the action of certain medication in some persons (Carrington, 1993:154). In this regard Lehrer, Carr, Sargunrajaj and Woolfolk (1993:572) came to the conclusion that there is evidence that stress management techniques (such as meditation) can decrease the doses of antihypertensive medications that may be needed. It has also been noted that because of changes induced in a person's physiology by the practise of meditation and the resulting increase in sensitivity to medication, that insulin and propranol doses prescribed for diabetic and hypersensitive practitioners may have to be scaled down (Otis, 1984:206).

Requirements for antianxiety, antidepressive, antihypertensive and thyroid-regulating medications, should be carefully monitored in persons practising meditation. The continued practise of meditation may sometimes lower the treatment doses as indicated with the examples above, and occasionally may permit the discontinuance of the medication treatment altogether. Benson (Benson & Klipper, 1976:147) and Goleman (1988:170) reflect the same sentiments. CSM as a comprehensive modern form of meditation is geared to the effective management of meditation through individual adjustment of the meditation experience to suit each practitioner's individual needs. By taking this approach, one can address the limitations of and cautions in the use of meditation effectively.

3.7.10 Exacerbation of physical and psychological problems

According to Palmer & Dryden (1995:131), care needs to be taken when meditation is used with persons who suffer from asthma, epilepsy, hysteria, narcolepsy or panic attacks as relaxation can exacerbate the condition in some cases. Although meditation may help in alleviating some of these problems, meditation might paradoxically exacerbate these problems especially in the beginner meditator due to a possible perceived loss of control to react to relaxation brought about by meditation with increased tension and even panic (Goleman, 1996:171). As far as the side-effects profile of the practise of meditation that has been presented is concerned, it seems as if it also resembles many of the neurotic/anxiety constellation of symptoms (Prez-De-Albeniz & Holmes, 2000:4). These researchers also indicate that none of the 75 scientific selected articles in the field of meditation they have reviewed have tried to disentangle the effects of meditation *per se* from the influence of the presenting problem and/or premorbid

personality of the persons involved. It is therefore unclear whether certain personality types are more likely to try meditation or whether the effect of meditation increases the awareness of those feelings, symptoms and personality traits.

3.8 MEDITATION FOR COUNSELLING AND PSYCHOTHERAPY FOR STRESS MANAGEMENT AND THE PROMOTION OF WELLNESS

Schopen and Freeman (1992:5) point out that there is a strong basis of support from a practitioner standpoint, for the use of meditation as a therapeutic intervention in counselling and that some argue that meditation can replace counselling as a healing force or change agent for certain persons.

However, despite the uniqueness and effects of meditation that have been referred to in eliciting personal change, meditation cannot be classified as a complete system of counselling or psychotherapy *per se*. Carrington (1998:263; 283), Schopen and Freeman (1992:7) and Boorstein (2000:5,10) note that present clinical experience suggests that while changes brought about by meditation are often genuinely therapeutic and may bring about positive changes which may alter a person's life profoundly, these changes may also be incomplete, and because of the occasional side-effects (referred to under the limitations and cautions), meditation used by itself as a blanket application as a form of treatment for all psychological or psychiatric disorders is undesirable or unadvisable. Conventional psychotherapy can at times be incomplete too, but it may be that the combination of psychotherapy and meditation will be more effective in more instances than any one alone. Goleman (1996:171) holds similar beliefs. In this sense the American Psychological Association has also formally recognised meditation as facilitative in the therapeutic process in a 1977 position paper (Schopen & Freeman, 1992:5). In fact, according to Schopen and Freeman (1992:6), there is strong research support for the use of meditation as a healing force in psychotherapy.

The results of a study by Vahia, Doongaji, Jeste, Ravindranath, Kapoor and Ardhapurkar (1973:563-565) in fact illustrate these points, namely that treatment with meditation is more effective than treatment without meditation. Furthermore, it has been found by the former researchers that those who displayed greater ability to meditate displayed the most clinical improvement. This greater ability to meditate is probably related to three meditative skills proposed by Smith (1987:139), namely focusing, letting be and receptivity. These skills can be described as follows:

- Focusing is the ability to attend to a restricted stimulus for an extended period;
- Letting be is the ability to put aside unnecessary goal-directed and analytic activity; and
- Receptivity is the willingness to tolerate and accept meditation experiences that may be uncertain, unfamiliar, and paradoxical.

Conventional psychotherapy, for instance, seeks to pinpoint conflicts and problem areas (often of an unconscious nature) and to bring into play the conscious integrative functions of the ego (Carrington, 1980:253), or emphasise self-control or self-management procedures and cognitive and other homework in actively disputing and surrendering disturbance-creating beliefs (Ellis, 1984:671-673), et cetera. Meditation on the other hand does not provide any conceptual 'handle' which can be used to organise a person's cognitions of self. Changes brought about by meditation seem to be of a more global nature that those resulting from psychotherapy (Carrington, 1980:253) and has as such been referred to as metatherapy (Schopen & Freeman, 1992:6). It is also noted by Carrington (1980:253) that meditation appears to affect broad field-tension states within the person and to bring about complex but non-specific adjustments. Because of this it may in fact leave specific inner conflicts and their psychopathological solutions intact, while at the same time fostering positive personality traits on a more general level. According to Kelly (1996:49), meditative approaches represent one route that is available to therapists for working on a variety of different levels with clients, ranging from the very practical, day-to-day concerns of stress and healthful living to the broader existential issues of purpose and meaning that might be considered to be part of spiritual well-being. The latter is associated with the transcendence of the limitations of self-centeredness or ego-centeredness with the potential of opening the practitioner to a larger experience of being human.

A person with unresolved conflicts, or faulty components in his/her belief system concerning sexual adjustments, marriage, career, et cetera can become more relaxed and tranquil, empathic, less anxious and so on by practising meditation. The point is, however, that by becoming more relaxed and less anxious, persons practising meditation can arrive at a point where they can contemplate exploring, dissolving and/or changing their construction of the meaning concerning their problems, for the first time. Meditation allows its practitioner to step out of conceptual limitations, a process which is considered to be the hallmark of insight and creativity, and the converse of neuroticism. The

detachment from self experienced in meditation can be related to the split described by Freud between the experiencing ego and the observing ego. This capacity to rise above the self increases motivation, tolerance of guilt, and enhances a sense of unity and centredness (Perez-De-Abeniz & Holmes, 2000:4). Meditation can therefore 'prepare' the person for psychotherapy. In this sense meditation can also be employed after the commencement of psychotherapy and also to aid the process of psychotherapy itself because of the clinical applications and the elicitation of some of the potential effects of meditation referred to earlier. Some persons, however, can react to relaxation brought about by meditation with increased tension and even panic, in which case relaxation by meditation may need to be introduced only after special cognitive preparation, or simply not at all (Goleman, 1996:171). These dynamics illustrate the complementary nature of meditation and psychotherapy. It is these broad field-tension states within the person and the bringing about of complex but non-specific adjustments, that is the focus of this study.

3.9 THEORETICAL UNDERPINNINGS OF THE PRACTISE OF MEDITATION FOR STRESS MANAGEMENT AND THE PROMOTION OF WELLNESS

Benson (Benson & Klipper, 1976), Benson and Proctor (1985), Delmonte (1987b:39-53), Benson and Stuart (1993:33-66), Benson and Stark (1997:123-168), and Carrington (1993:142-145, 1998:283-297) have written extensively on the theory of why meditation work and aid with stress may and can promote a persons' wellness. Seven of the most widely accepted theories and explanations can be distinguished and have been interpreted as follows:

3.9.1 Global desensitisation

In practising meditation a dual process is often operational, namely that free-flowing thoughts, images or sensations occurring simultaneously with a repetitive stimulus that induces a state of calm, set up a subjective state in which deep relaxation is paired with a rapid, self-initiated review of an exceedingly wide variety of mental contents and areas of tension, both verbal and non-verbal. As the meditator maintains a permissive attitude, and the mind impartially watches the flow of mental events (Harvey, 1988:155) with respect to thoughts, images, sensation, and amorphous impressions that drift through the mind during meditation without rejecting or unduly holding onto these experiences, the soothing effect of the meditative focus appears to neutralise the disturbing thoughts.

Thus a situation is created whereby meditators discover that upon emerging from meditation, the 'charge' has been taken off their current concerns of problems (Carrington, 1998:283-284). This process is described by Fontana (1994:93) as "*Through dealing with our thoughts instead of letting them always deal with us, we become calmer, more peaceful*". These views by Carrington and Fontana have been echoed by Harvey (1988:142;145). The physiological relaxation experienced by the meditator is a short-term phenomenon, but the more the relaxation state is induced, the more carryover there is to the nonmeditative state (Shapiro & Giber, 1984:245; Goleman, 1996:64-165; Girdano *et al.*, 1997:245).

This process is similar to systematic desensitisation used in behaviour therapy in as far as anxiety-charged thoughts are 'counterconditioned' by being paired with an induced state of deep relaxation. Instead of arousal, persons experience equanimity, and this equanimity begins to defuse the memory of unpleasant emotions, even when it returns to other times (Fontana, 1994:93). The difference lies in the fact that during meditation the areas to be 'desensitised' are selected by the meditating person in an entirely automatic and spontaneous manner as opposed to the therapist and client identifying specific areas of anxiety together and then proceeding to deal with a series of single isolated problems in a sequential, highly organised fashion in systematic desensitisation.

3.9.2 Reducing sensory and cognitive overload

By meditating a person can reduce or manage the sensory overload induced by the numerous human interactions per day (especially for teachers), the professional responsibilities, radio, television, traffic, hypervigilance in high crime areas, et cetera which may stimulate the nervous system as well as the body to a point of eventual exhaustion due to the high frequency in the elicitation of the fight-or-flight response.

When a person engages in meditation with the aid of his/her chosen focus such as a mantra, the inner world comes to the fore as the outer world recedes. Dunham (1992:133) refers to this activity as a focus on the "*inner consciousness*" as opposed to "*outer consciousness*" in the nonmeditative state where the focus is mainly on the world outside. This may result in a blank-out effect as the consciousness of the external world is turned off by the use of the mantra (or other focus device) by continuously using the same simple and focused internally generated input over and over.

Related to the previous point, Fontana (1994:89) describes the mind as having got into *"the habit of flitting from one thought to another, or following first this chain of associations then that of existing in a state of almost constant distraction while our thoughts chatter away at us like a cartload of monkeys"*. Practised meditators learn to eliminate the surface chatter of the mind, the constant thinking, planning, remembering, and fantasising that occupy the mind every waking second and keep the ego firmly implanted in consciousness. As ego chatter diminishes, so do ego defences. Anxiety is reduced, and thus arousal is reduced as both the body and mind achieve the quiet and peace natural to an ego or self-transcendent state of consciousness (Girdano *et al.*, 1997:241). Meditation, therefore, blanks-out the constant internal 'chatter' or *"unconscious automatic pilot"* (Walsh, 1983:31) most persons experience throughout their day, thus breaking up an unproductive mental set which gives the meditator the opportunity to restore his or her thoughts along more productive lines. This can result in a fresh point of view on emotional problems, as well as on other aspects of life. O'Neal (1997:2) points out that through the formal practise of meditation, persons cultivate the ability to stop, to calm and to look deeply. The meditator also impresses on his/her body and mind stability and uprightness, and establish a centre he/she can come back to, even when the person finds him/herself blown over by the strong winds of his/her life.

3.9.3 Effects of rhythm

The effects of rhythm have been part of all people since the beginning of their existence. Before birth all persons were subjected to heartbeat, breathing and visceral sounds which formed an important part of their consciousness of the environment. The post-natal effects of the sound of an adult heartbeat played continuously over an intercom to infants for four days after birth have been shown by Saik (1973:27-29) to produce an increase in body weight and less crying. Speeded-up heartbeat was found to be upsetting to the infants to such an extent that their crying increased dramatically and they showed other agitated behaviour. Rhythm has universally been used as a natural tranquilizer because virtually all known societies use repeated sounds or rhythmic movements to quiet agitated infants, for example. These rhythmic activities may have left a neurological and/or subconscious imprint with regard to the comforting and soothing properties associated with the experience of rhythm in whatever form.

Using two-beat rhythms sounded on a drum, it was shown that even adults respond to rhythms in a particular way. Adults appear to respond more comfortably to rhythms

within the normal adult heartbeat range by making them feel 'relaxed'. Rhythms which were either much faster or much slower than the normal heartbeat were rated as making them feel 'tense' and 'anxious' (Markowitz in Carrington, 1998:293).

These soothing effects of bodily rhythms may help explain the deeply calming effects of meditation. The repetition of a mantra is a consistent rhythmic activity, as is a person's own breathing. Although the meditator is paying attention to his/her particular meditational focus, other rhythms such as heartbeat and breathing often come sharply into awareness during meditation. The mantra often links up naturally with a body rhythm such as breathing, occasionally or even permanently.

3.9.4 Balance between cerebral hemispheres

In everyday life, a person's verbal, linear and time linked cognitions (processed through the left cerebral hemisphere in right-handed persons) seem to play the most dominant role. During meditation this dominance seems to be lessened and a greater equalisation in the workload of the two cerebral hemispheres may occur (Carrington, 1993:144) - "*hemispheric lateralisation*" (Walsh, 1983:27). During this process more holistic, intuitive, wordless thinking (usually processed through the right hemisphere) comes to the fore. The potential therapeutic effects derived from meditation may reflect this relative shift in balance between the two hemispheres.

Before elaborating further on the last point, it is also important to note that it has been shown (Carrington,1993:144) that during the early stages of meditation practise, when the technique is relatively new to the meditator, the left-hemispheric activity of the brain, which predominates during waking life in the modern world, often to the exclusion of 'right-hemispheric' activity, has been shown to take a lesser role during meditation. This coincides with a shift to right-hemisphere dominance (Delmonte, 1987b:49). However, during more advanced practises of meditation, EEG records of experienced meditators frequently display an unusual balancing of the activity of the two cerebral hemispheres during meditation. The vast majority of meditators use meditation for the purpose of centering for relaxation (as has been pointed out earlier, see 3.3.3) which means that they predominantly elicit right-hemisphere dominance, as opposed to advanced practises of meditation aimed at exploring altered states of consciousness or for furthering spiritual development rather than for therapeutic uses (as is the case with modern forms of meditation).

The clinical and therapeutic benefits of modern forms of meditation such as CSM lie in this hemispheric shift. Since restrictive moral systems are for the most part transmitted verbally, with much role modelling dependent on verbal imitation, ameliorative effects of meditation on self-blame - a clinically relevant benefit of this technique - might be explained by this basic shift away from the verbal left-hemisphere mode during meditation (Carrington, 1993:145). It has also been pointed out that the minimisation of verbal-conceptual experience (yet still remaining awake) may afford the person temporary relief from self-derogatory thoughts, as well as from excessive demands on the self that have been formulated through internal verbalisations. Experiencing relief from these verbal injunctions during meditation may leave a person less self-critical when venturing into active life and may even be generalised from the meditative state to life in general (see also 3.8.2 and 3.8.3).

3.9.5 Constructivist therapy

From a constructivist perspective, the processes of meditation involve two main 'cognitive sets', namely constriction and dilation (Delmonte, 1987b:48). In one set, attention acts to exclude or severely curtail construing by reducing the number of elements or stimuli to be dealt with to a minimum, as in concentrative meditation (such as CSM). In the other mental set there is a suspension of habitual construing while attending to a wide range of disconnected elements that come into consciousness, as in mindfulness meditation.

The latter is however beyond the scope of this study. Meditators employing CSM can be viewed as deliberately experimenting with 'construction', involving the shrinking of the perceptual field to a few elements in an attempt to reorganize the construct system so that everything is reduced to one bipolar element which needs little construing (for example mantra versus no mantra). Mantra repetition may thus help to block temporarily or limit the emergence of verbally labelled constructs, leading either to 'no thought' or to preverbal construing (Delmonte, 1987b:49). Because extreme constriction reduces construing there may be increased concreteness of construing together with regression to preverbal construing (for example a feeling of sexual arousal, hate, love, fear, aggression, changed body size and temporal distortion). This preverbal material may be 'neutral' or relatively intense and traumatic ('unstressing'). Carrington (1998:95-111) refers to this phenomenon as "*tension release*".

Very traumatic unstressing is likely to make meditation somewhat unpleasant and an aroused experience, which can impact on the frequency of practise. Meditators who persist, may find that covert reality testing of traumatic constructs during the relaxed meditative state may lead to the desensitisation of anxiety evoking material released during meditation. After meditation a person may then develop an alternative construal of past unpleasant experiences. It is indeed possible that emotions, time, space, color, et cetera may acquire new dimensions as a result of the reorganization of a person's construct system (Delmonte, 1987b:49; Perez-De-Albeniz & Holmes, 2000:2). Meditation is claimed to enhance the sense of mastery through the meditator's self-observing cognitive attitude. The meditator realises his/her role as 'writer-director' in charge of inner dramas and discovers the element of choice in the 'cutting and editing' of perceptions of reality. It also suspends habitual logical-verbal construing, and so frees the individual of his/her usual defensive constructions, allowing consciousness to move in new directions (Bogart in Perez-De-Albeniz & Holmes, 2000:2).

3.9.6 The relaxation response

Although the relaxation response has been referred to earlier in Chapter 3, it is never the less important to consider it as part of the theoretical underpinnings of the practise of meditation for the promotion of wellness. The reason is that it is a very central conception in modern meditational writings which seems to be supported by a volume of research. Because persons do not typically react to a stressful reaction with physical exertion, nor burn the energy called forth in the fight-or-flight response, they are subjected to a legion of negative repercussions. Repeated calls for more forceful propelling of blood throughout the body result in sustained elevations of blood pressure. Higher blood pressure causes enlarged and strained hearts. It also contributes to blockage of arteries - atherosclerosis - and to the bursting of blood vessels, which causes strokes and other forms of internal bleeding. The secretion of adrenaline and noradrenaline, inherent in the process, can induce cardiac arrhythmia's (disturbances in heart rhythms), lower the pain threshold, and contribute to higher levels of anxiety, depression, anger, and hostility (Benson & Stark, 1997:128). The relaxation response nullifies, to a certain extent, the action of noradrenaline, so that the body does not react as radically to mildly stressful events but retains the ability to respond immediately to major threats (Goleman, 1996:120; Benson & Stark, 1997:146).

Shapiro and Giber (1984:64) state that there seems to be general agreement that meditation does, in fact, produce a state of relaxation, variously described as an activity (effortless breathing), a 'state' (the hypometabolic state), and a response (the relaxation response) brought about by physiological changes during meditation such as a reduced heart rate, decreased oxygen consumption, decreased blood pressure, increased skin resistance and increased regularity and amplitude of alpha brain activity. This can be interpreted as a shift in the balance between the activating and quieting components of the autonomic nervous system (Walsh, 1983:27) from the fight-or flight response to that of the relaxation response (Benson & Stark, 1997:131). The hallmark of the relaxation response is a significant decrease in the body's oxygen consumption, or hypometabolism. Air from breathing is used to burn the nutrients from food to create energy. This process of metabolism (also see Chapter 2) provides the energy to permit the organs to function properly. The body responds to techniques that elicit the relaxation response by downshifting a person's metabolism, because much less fuel is needed to sustain the body (that is relaxed) in the hypometabolic state, characteristic of the relaxation response. This reaction is exactly the opposite to the fight-or-flight response in which the body upshifts from its average, at-rest metabolic rate into hypermetabolism. Regular elicitation of the relaxation response is of enormous benefit to the body by tuning out everyday worries, breaking the mental tumult of internal chatter, and giving the body permission to relax. Just as repeated activation of the fight-or-flight response can lead to sustained problems in the body and its mechanics, so too can repeated activation of the relaxation response reverse those trends and mend the internal wear and tear brought on by stress. Regular elicitation of the relaxation response evens the cumulative effects of stress by countering it with relaxation, making a healthy equilibrium possible (Benson & Proctor, 1985:4-5; Benson & Stark, 1997:131-133).

In conclusion, it is important to realise that these theories need to be viewed with caution. As Shapiro (1980:248-249) points out, reliance on any one exclusive unimodel meditating mechanism does not appear satisfactory. What seems necessary is to work toward developing a hierarchic, multi-level, independent, holistic model for meditating mechanisms, because as was pointed out in the beginning of Chapter 3, meditation is simple, yet complicated.

3.10 SUMMARY

Stress management is not about the experience of little or no stress, or a symptomatic relief strategy, or reaching a 'neutral' status as far as the experience of stress is concerned, because a degree of stress is important in order to motivate a person for optimal functioning. The goals of stress management and the promotion of wellness are extremely compatible because they are both, in contrast to popular conceptions, about attaining an optimal and positive and 'healthy' mode of functioning. The association of stress management and the promotion of wellness accentuate this point even further.

Meditation is very simple, yet very complex, but seems to be an inherent part of human existence across all continents and cultures. Four 'ingredients' or components of meditation have been identified which seem to be shared by most if indeed not all types and forms of meditation.

Clinically Standardized Meditation, a modern cult-free and concentration form of meditation, forms the focus of this study. Although meditation has a lot in common with other methods of religious meditation and prayer, self-hypnosis, antigenic training, et cetera, used to promote personal growth, is, however, unique in comparison to these methods. Meditation has some very significant clinical applications in terms of stress management and the promotion of wellness, as well as certain limitations, cautions and contra-indications that should be kept in mind. Meditation seems to be a very useful adjunct to counselling and psychotherapy in a facilitative capacity. Although there is a number of theoretical underpinnings of the dynamics of meditation, most of them are difficult to validate. However, for the purpose of this study, the theoretical perspective on the relaxation response seems the most useful and applicable.

In all of the resources consulted, extremely little has been done as far as research is concerned, on meditation in South Africa. In most circles meditation is viewed with suspicion, and is erroneously, in an oversimplified manner, nominalised as an 'Eastern' practice. The practice of TM, however, has caught on with some persons, especially in the larger cities. Due to the unfortunate cultist-trappings of TM, as indicated in this chapter, one can propose the promotion of CSM as a cult-free modern form of meditation for the self-management of stress with its associated use for the promotion of wellness. This ideal is pursued in this study amongst teachers as a highly stressed professional group, with a view to provide them with a strategy for stress self-management with an

associated promotion of their wellness. This will again form part of an educational psychological approach to the promotion of healthy schools by focusing on a potential aspect of whole school development, namely the use of meditation as a strategy for stress management and the promotion of wellness in teachers - which might ultimately culminate in improved teaching and learning. The next chapter will be an explanation of the research process undertaken in this study.