

## PSYCHIATRIC PROBLEMS PRECIPITATED BY TRANSCENDENTAL MEDITATION

ARNOLD A. LAZARUS

*Graduate School of Applied & Professional Psychology, Rutgers University*

*Summary.*—Like many procedures, Transcendental Meditation (TM) proves extremely effective when applied to properly selected cases by informed practitioners. It is not a panacea. In fact, when used indiscriminately, there are clinical indications that the procedure can precipitate serious psychiatric problems such as depression, agitation, and even schizophrenic decompensation.

Scientific psychology has emphasized the significance of *individual differences*. Folklore is equally aware that "one man's meat is another man's poison." Yet popular systems and movements from psychoanalysis to Transcendental Meditation (TM) generalize and universalize, present their views and findings in absolutistic rather than probabilistic terms, and depart from established scientific pathways in several other respects. Their procrustean deftness at fitting everyone to their system damages the integrity and individuality of persons who are temperamentally and otherwise unsuited to their procedures.

Need one belabor the fact that individual differences make it essential to list indications, contraindications, and possible side-effects for everything from strawberries to penicillin, from sit-ups to saunas, or from skydiving to meditating? Research in psychotherapy has yielded the "specificity factor"—specific techniques produce specific changes in specific patients under specific conditions. Meditation, when shorn of its mystical connotations, is essentially a specific series of techniques much like relaxation training (cf. Benson, 1975). But as underscored several years ago (Lazarus, 1971), relaxation training is not for everyone; when properly applied to selected cases by informed practitioners, it can overcome many facets of stress, tension and anxiety.

The first "meditation casualty" I encountered was a 34-yr.-old woman who made a serious suicidal attempt following a weekend training course in Transcendental Meditation (TM). Since then I have come across several people who allege that such meditation exacerbated their depressive affect. Similarly, several agitated, restive individuals have reported that the basic procedure of repeating a *mantra* tended to heighten their ongoing tension and restlessness. P. Carrington in a book to be published this year<sup>1</sup> described three patients who "suffered a complete mental breakdown for which they had to be hospitalized, within a matter of weeks after commencing the practice of meditation." She notes that some people seem to be "abnormally 'sensitive' to meditation, and unable to take it, even in average doses." R. L. Woolfolk (personal communica-

<sup>1</sup>Cited with permission from the manuscript of the book.

tion, 1976) has also reported the case of a 24-yr.-old woman in whom an experience of severe depersonalization seemed to have been precipitated by Transcendental Meditation. Otis (1973, 1974) emphasized that Transcendental Meditation can be harmful. He cites data on the reoccurrence of a bleeding ulcer which was under control during the previous 5 yr., as well as the precipitation of depression and extreme agitation.

Apart from the specific casualties alluded to above, there are more subtle negative influences that probably afflict large numbers of dropouts from meditation. For example, a rather insecure young man found that the benefits he had been promised from Transcendental Meditation simply did not emerge, and instead of questioning the veracity of the exaggerated claims, he developed a strong sense of failure, futility, and ineptitude.

My clinical observations have led me to hypothesize that methods like Transcendental Meditation are most effective with certain "obsessive-compulsive" individuals whose levels of anxiety and tension are moderate rather than severe. In psychiatric nomenclature, Transcendental Meditation does not seem as effective with persons who demonstrate "hysterical tendencies" or strong "depressive reactions." And, I would hazard a guess that some "schizophrenic" individuals might experience an increase in "depersonalization" and self-preoccupation. However, seriously disturbed psychiatric patients may learn to meditate successfully, provided adequate attention is given to various problems that tend to arise during the first weeks of practice (Glueck & Stroebel, 1975).

Transcendental Meditation and other systems of meditation and relaxation can undoubtedly prove extremely beneficial to a large number of individuals. But, like most things, there are those for whom it is contraindicated, those for whom it will be of marginal benefit, moderate benefit, etc. While the pundits of Transcendental Meditation do not make the necessary discriminations, researchers need to know (a) the precise benefits that may accrue from such procedures and (b) the drawbacks, limitations, shortcomings, risks and dangers that may exist. On the whole, we need far less proselytism and much more data.

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