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**THE SCIENCE OF MEDITATION:
FROM MYSTICISM TO MAINSTREAM WESTERN PSYCHOLOGY**

A thesis submitted in fulfillment
of the requirements for the degree of

Doctor of Philosophy

in

PSYCHOLOGY

at

THE UNIVERSITY OF WAIKATO

by

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ABSTRACT

Psychological applications of meditative practice have become the ‘third-wave’ tools in the psychology clinician’s therapeutic tool kit. Meditation techniques for numerous psychological disorders, as well as the psychological impacts of chronic medical conditions, are being used by a growing number of mainstream clinicians in Western healthcare contexts, which were previously the domain of alternative practitioners, and formerly the sometimes secretive and mysterious domain of the orthodox and esoteric spiritual traditions. Many questions arise regarding how this conversion has taken place and why.

This thesis explores some of the issues surrounding the adoption, reduction, and application of meditation practices from the Eastern and Western origins and transmission to mainstream Western healthcare contexts. By tracing the history of the rise in popularity of meditation in the mainstream Western health sciences, particularly within the mental health sector over the past century or so, it is intended to contribute to an answer to, in part, the question of ‘why’ and, in part, the question of ‘how’.

A further question of whether sufficient cognizance has been taken of the subjective experiences and understandings of long-term meditation practitioners and what they can contribute to Western psychological understanding of meditation—its application potentials and pitfalls—is explored. Why is this important? At present, being intelligent, and highly trained, as most clinicians have come to believe they are, it has become somewhat taken for granted that reading journal articles or books on meditation, and attending a workshop or two, perhaps even a week-long residential training retreat, qualifies one to begin using meditation processes with clients. However, is clinician training and competency in the use of meditation currently sufficient to ensure its safe and appropriate use, particularly for psychologically impaired clients, given the phenomena reported by long-term meditators and the judicious preparatory processes required by teachers in the wisdom traditions of origin?

Using qualitative methodology and a social constructionist viewing lens, I elucidate whether Western psychology's reductive approach may create barriers to the growth of a knowledge-field of the potential of meditation for personal and collective development and wellbeing—which has existed since antiquity, but which current psychological interest indicates is by no means antiquated.

Twenty three semi-guided indepth interviews were conducted with 18 long-term meditators from diverse backgrounds and nationalities, to explore their subjective experiences—the phenomena they encountered and the meanings they ascribed to their meditation practices. What became apparent through the course of this research was the divergence that exists between the positivist Western scientific literature on meditation and the experiences and understandings of this sample of meditators.

The implications that arise from a paradigm clash between the fundamental premises of a positivist approach to a Western science of meditation for the healthcare sector and those of the wisdom traditions of origin are discussed. Finally, potential paths of resolution to enable contributions to the development of a knowledge-field of meditation for Western healthcare contexts from the understandings and technologies of both ways of knowing are mooted.

ACKNOWLEDGEMENTS

First and foremost, I thank, from the depths of my heart and soul, my family.

My mother and father, Ken and Joy, who imbued me with the values of compassion and kindness, thank you for showing me how to care for others. My husband, Garry—whom I deeply love and respect, thank you for all the times you picked me up when I fell down, when I became discouraged, angry, or disillusioned, for the proof-reading and hypothesis testing I frequently imposed upon you, and for all the chicken ‘n chips. My son, James, who has taught me so much more than he can ever imagine, whose love, sense of humour, cups of tea and delicious pasta meals sustained me. God, you guys are good cooks 😊 And Rev, who was there for me without fail into the wee small hours, my late-night writing buddy.

To my supervisors, huge thanks.

I undertook this PhD project while still completing my training in clinical psychology at the University of Waikato. Right from the outset, this brought issues to the fore regarding academic attitudes toward my chosen topic. I experienced both enthusiastic support for, as well as resistance (to put it mildly) to my investigation of meditation in clinical contexts. That this doctoral thesis was finally submitted is largely due to Jo Thakker, my primary supervisor. Jo, thank you, for your empathy, generous heart, and unwavering support. To my second supervisor, Judy Macdonald, for your strength of character and wisdom, sense of humour, your protection, and (you might not realize this) for teaching me how to write right. To Allan Eaddy and Rob Bakker, for your pragmatic and cheerful assistance whenever I and my computers needed it. And along with Jo and Judy, to Dr Neville Robertson, Dr Carrie Barber and Senior Clinical Tutor, Kyle Smith, whose moral support and steady presence kept me going through some tough stuff. As Winston Churchill once said, “when you’re going through hell, just keep going”. So I did. Phew.

To my sponsors, thank you.

Throughout my postgraduate research I received generous financial support from many organisations including, the University of Waikato, Royal Society of New Zealand, New Zealand Federation of University Women, Hearing Association and Deaf Foundation of New Zealand, Freemasons of New Zealand, New Zealand Psychological Society, New Zealand Institute of Clinical Psychology, Health Utilities Canada, and the Mind and Life Institute, New York, USA.

To Imre and Catherine, for your encouragement, inspiration, and support for every aspect of my *being* and *becoming*, for such a long time now.

To Nola, my mother-in-law and dear friend, who set me on this path 30 years ago. How can I thank you enough? I will love you always.

Dedication

This thesis is dedicated to all those who shared with me their personal stories from their intensely private interior worlds of experience and understanding. I felt privileged and humbled by your trust that I could represent your words to the scientific community.

“I believe that knowledge of highly implicit meanings requires creative language and that some important aspects of human experience are best conveyed with evocative prose, which therefore qualifies as genuine, scientific discourse. I view the accurately poetic description of human experience as objective.”

—*Frederick Wertz, PhD (2011c, p. 135)*

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Fred Wertz

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CHAPTER ONE

INTRODUCTION

There is more to us than we know. If we can be made to see it, perhaps for the rest of our lives we will be unwilling to settle for less.

—Kurt Hahn

I should not talk so much about myself if there were anybody else whom I know so well.

—Henry Thoreau (1989)

A meaningful context

The purpose of this introduction is to create a meaningful context within which to locate this thesis. In order to achieve this, I felt necessary to impart to the reader an account of my own background and how my interest in this topic grew to become a doctoral thesis. In doing so, I hope to convey the stimulus for my research questions and explain with transparency my own experiences, learning, and consequent biases that have affected the genesis and subsequent direction of the research and interpretation of the findings.

Beginnings

My interior personal journey, which began at an early age with a strict and discriminating fundamentalist Christian up-bringing, in my twenties changed to quiet secular contemplation and appreciation on my veranda at home. Within a short time the contemplation grew into formal meditation and commitment to 3-week intensive meditation retreats both in New Zealand and Europe from the mid 1980s year after year, with teaching appointments in meditation along the way.

With these transformations, I came to appreciate and somewhat understand Hermes Trismegistus'¹ axiom that “it is a great privilege to be born into a religion, but a tragedy to die in the same one” (Parrish, 1945).

Meanwhile, my exterior professional journey, which sprang from a family tradition of green thumbs, extended from an early interest in plants, their physiology, and responses to their environment, to tertiary education in the horticultural and biological sciences, and management. This progressed to a research career developing wine grape varieties with New Zealand’s Ministry of Agriculture and Fisheries (MAF), all with a growing background interest in enhancing wellbeing in people—in ways other than oenological.

From 1980 onward, this developing interest in human wellbeing evolved to the extent that during my weekly foray into the library at work, to read the latest horticulture and biology journals, my eye was increasingly drawn to the medical journals that lay alongside. I was gradually coming to the realization that, actually, it was *people* I was interested in more than plants. I left MAF in 1990 to undertake further training in pharmacology and worked for Glaxo International as it was then called (at the time, the second largest pharmaceutical company on the planet; it is now the global king, *GlaxoWellcome*).

What has any of this to do with the topic of this thesis? Time with Glaxo expanded my experience of the strengths and failings of New Zealand’s healthcare services, and individual and collective wellbeing, especially of those whose suffering is great. This became a focus that has not left me. Through this same 10-year period, I practised both formal and informal meditations daily, and developed a growing appreciation for the profound and subtle ways that these practices affected my life, as well as the lives of others around me.

¹ Hermes Trismegistus is variously attributed to have been the great Egyptian Pharaoh who designed and commissioned the earliest pyramids; a great sage and master of wisdom and learning; a cosmic deity assumed human form; the Hellenistic Egyptian god Thoth; and by some, the Christian Prophet Moses (Parrish, 1945).

With teaching appointments within the international organization The Foundation for Higher Learning (FHL), I learned, practiced, and taught a broad variety of meditation and contemplative practices from a wide range of traditions—from the Eastern Hindu, Buddhist and Chinese Tao traditions to Western Sufi, Hebrew Kabbalah and Christian mystical traditions, as well as practices from Aotearoa New Zealand’s own indigenous Māori tradition. Fulltime motherhood arrived and then a high-speed head-on car crash left me with a long rehabilitation, chronic headaches, and pain that tested the exoteric pharmacological protocols I had been schooled in, as well as the esoteric meditations I was teaching to others. Pharmaceuticals did little to ease the physical pain I experienced over many years, and continue to experience to a lesser extent to this day. I felt I had coped through those most terrible years, not because of the (ineffectual) medications, but as a result of the abilities I had developed over an extended period of meditation training and practice.

The pity, from certain acquaintances, who repeatedly told me how terrible they thought my situation, offended and riled me—I did not think my situation was terrible. While the car crash and its aftermath were extremely disruptive and life was challenging, I felt profoundly lucky to be *alive* and my interior condition remained *bright*. Visits to my general practitioner to seek pain relief—and he only saw me at my worst—resulted in prescriptions for heavy duty painkillers (which seemed only to dull my perception, not the pain) and antidepressants (which I refused to take). I would relay through tears that I was “not depressed”, but “had constant pain” that drained me of energy. It must have seemed an incongruent, paradoxical description to him—in pain, long term, no energy, every time I see her she’s tearful—she *must* be depressed. The last time I sought his assistance, he had a Family Medical Trainee Practitioner (FMTP) with him, and he told me in front of the trainee, that I “just had to learn to live with it.” So I paid for the consultation, for what I considered a totally inadequate response from a medical professional (who was also entrusted with the training of others) and never set foot in his clinic again.

So I continued to meditate, to bridge the pain to the brightness I experienced internally. Over a period of several years, as less and less of my

energy was consumed in getting through the moments, I seemed to become able to locate myself in the brightness spontaneously, while at the same time, continue to function, with complete awareness of the pain in my body, but without preoccupation with it. I began to wonder how it might be possible to utilize meditation practices in therapeutic clinical contexts without losing anything in the cross-over from a spiritual context to a predominantly secular scientific one. These factors, recovered personal energy, and a strong interest in the different ways people respond to illnesses, crises, and their varying interventions, led me to re-train. Psychology degrees followed, incorporating medical anthropology and postgraduate training in clinical psychology as a scientist-practitioner.

The initial research proposal

In undertaking doctoral research for the three-year Postgraduate Diploma in Clinical Psychology, my initial proposal sought to investigate *mindfulness* meditation practices from a variety of spiritual traditions and secular origins, and their potential application for individualizing clinical interventions for psychological disorders and the psychological components of chronic medical conditions. Specifically, I wanted to evaluate culturally coherent mindfulness practices tailored to the worldviews of participants who might be resistant to the mindfulness programs popularised in mainstream Western psychology by Jon Kabat-Zinn and others, that have been almost invariably tagged as Buddhist in origin (for example, Cayoun, 2004; Kabat-Zinn, 2003; Langer, 1989; Linehan, 1993; M. G. Williams, Duggan, Crane, & Fennell, 2006). Such a colouring potentially limits the usefulness of these processes where the client, clinician, or both, may hold worldviews at odds with practices which are purportedly Buddhist. This salience of, and apparent emphasis on, mindfulness as a Buddhist concept arose from my experiences of attending several mindfulness training workshops for clinicians, and reading the mindfulness clinical literature, where, almost without exception, mindfulness was stated to be “of Buddhist origin”. As a meditator trained in meditation processes across a broad range of spiritual traditions I knew this attribution of the origin of mindfulness to be misinformed and simply incorrect. Perhaps this mis-attribution had come about as a result of the dedicated efforts of Buddhist psychologists in the West sharing their wisdom,

derived from their tradition, with the Western healing professions. The strength of Buddhist psychology's contribution to the development of knowledge of mindfulness amongst Western psychology's researchers and clinicians is clearly seen in the growing number of special journal issues dedicated to the topic of mindfulness. The *Journal of Clinical Psychology*, the new journal *Mindfulness*, and recent issues of *Contemporary Buddhism*, all demonstrate the Buddhist philosophical influence in the development of secular clinical research and practice. A further impact of the Buddhist influence has been in the dissemination of mindfulness through both the academic and popular literature, in that many authors, in the first paragraph of their articles, state unhesitatingly that mindfulness has its roots in Buddhism, dating back 2500 years. In the course of amassing and reading the literature for this thesis I began to speculate that perhaps this repeating theme and mis-attribution occurs because many of these authors have had little or no exposure to other traditions within which mindfulness is *also* a fundamental tenet? I will expand upon this theme, and how it may impact the development of a knowledge field for meditation and Western psychology, as a topic of discussion in Chapter 5 onward.

The rationale behind my initial research plan was to highlight the importance of sensitivity to the unwitting dismissal of what may be the deepest, most profound and subtle features of such traditions and practices (as well as those features of whatever clinicians' and clients' alternative beliefs may be) and the necessity to approach the issue with as much care as would a "respectful anthropologist in an encounter with an indigenous culture or different epistemology" (Kabat-Zinn, 2003). Kabat-Zinn suggests that the challenge is to "find a fit that honors the integrity of what may be different but complementary epistemologies" (p 147).

Why is this so important? Because health is powerfully influenced by cultural, social, and philosophical factors, including religion (Miller & Thoresen, 2003). These factors provide metaphors for meaning and mechanism; they are text and discourse, literal and symbolic strands of meaning facilitating communication, understanding, and action (Kirmayer, 2004). So the right or wrong ontological framework may either facilitate profound depth and resonance of understanding

for clinician and client, or, contradict their basic tenets of belief thereby creating negative experiences of conflict, ambivalence and / or ambiguity (Kirmayer, 2004). The negative effects of such a miss-match may compound the dissonance a client may already be experiencing as a result of trying to understand why they have been afflicted with the condition that has brought them into therapy in the first place.

By contrast, if it was possible to formulate an intervention embodying mindfulness principles in harmony with a client's core belief system or religio-socio-cultural preferences, there would be a greater likelihood of being able to facilitate a personally meaningful intervention. This, in turn, would be likely to improve compliance and promote a successful therapeutic endpoint.

My initial hypothesis was that it may be possible to identify universal principles embodied by the Buddhist framework of mindfulness that also exist in the meditative and contemplative practices of other religio-socio-cultural frameworks. This would then enable an alternative and more appropriate conceptualisation and formulation of mindfulness interventions for clinicians and clients preferring to work within frameworks more familiar and meaningful to them. For the New Zealand context, this is of some import given that a survey of socialisation and religious beliefs of 15 Caucasian nations ranked New Zealand as the fourth *most secular* nation after East Germany, Norway and Great Britain (Kelley & De Graaf, 1997). With mindfulness interventions being relatively new to the practice of psychology in New Zealand—at the time of writing the local empirical literature base was non-existent, with only one other study (as yet unpublished) of this kind carried out in New Zealand—my initial research plan appeared to be a good idea.

However, two years into the research, while continuing meditation classes and retreats, I had the opportunity to attend several more clinical mindfulness training courses, and to meet with some of the most notable authorities in this field. I attended an international meeting of researchers and contemplatives at the *Mind and Life Summer Research Institute* hosted by the Garrison Institute in New

York aimed at encouraging interdisciplinary “cross-talk” outlined in the online promotional brief as:

a catalyst for developing the emerging fields of Contemplative Neuroscience and Clinical Science.... a multidisciplinary intellectual forum dedicated to exploring issues at the intersection of mind, brain, education and contemplative practice... and the ongoing incorporation of mental training and contemplative practice into methodologies of research and clinical practice in the western medical model and biological sciences (The Mind and Life Institute, 2007).

My experiences at this week-long meeting, as well as an ongoing evaluation of the meditation and clinical literature, brought to the fore methodological issues relevant to research and practice in this field. These issues informed a major revision of both the objectives and methodology of my PhD research resulting in a change of emphasis away from the evaluation of a clinical intervention to a wholly qualitative approach to investigate meditators’ subjective experience and explicate the clinical and social value of their meditation practices, the phenomena they experience, and their understandings of their experiences. Why might meditators’ subjective experiences and understandings be important to consider in the development of scientific knowledge about meditation and its value as a clinical tool?

To begin with, I had concerns about the rapidity with which psychological applications of meditative practice have become the “third-wave” (Hayes, 2004, p. 1) tools in the clinician’s therapeutic tool kit. Meditation techniques for numerous psychological disorders, as well as for the psychological impacts of chronic medical conditions, are being used by a growing number of mainstream clinicians, which were previously the domain of alternative practitioners, and formerly the sometimes secretive and mysterious domain of the orthodox and esoteric spiritual traditions. For me, many questions arose regarding how this conversion has taken place and why.

Additionally, whether sufficient cognizance has been given to the subjective phenomenology experienced by long-term meditators, and whether it can add to Western psychological understanding of meditation—its application potentials and pitfalls—was explored. Why is this important? At present, being the intelligent and highly trained individuals that psychological clinicians have come to believe they are, it has become somewhat taken for granted that reading a few journal articles or books, and attending a one or two-day workshop, perhaps even a week-long residential training retreat, qualifies one to begin using such techniques with clients.

However, as a long-term meditation practitioner and teacher, the question arises, is clinician training and competency in the use of meditation currently sufficient for ensuring the safe and appropriate use of these techniques, particularly for psychologically impaired clients, given the phenomenology reported by long-term meditators and the judicious preparation required by their teachers in the traditions of origin? I found the brief training programs and lack of any measure of competency astounding and of great concern.

I discovered during my search of the scientific literature on meditation, that, while traditional Western psychology, psychiatry, and neuroscience have made impressive advances in an understanding of the human brain physiology of, and the neurological sequelae of meditation, the researchers appeared to adhere to an unnecessarily limited view of the human psyche/mind/brain and the complexity of its collective function and perceptual capacities. By far, the majority of the published research appears to be inclusive of some elements of subjective phenomenology and dismissive of other elements, and based upon a positivist philosophy frequently at odds with the philosophies of the meditative / contemplative traditions of origin. It seemed to me that such partial viewpoints, whether of a Western scientific worldview or not, might potentially create significant barriers to the development of understandings of the therapeutic capacities and essential elements of meditation for use in therapeutic contexts.

Then I began to discover that others shared my view. Bruce W. Scotton, M.D. (Scotton, Chinen, & Battista, 1996), Clinical Professor of Psychiatry,

University of California, San Francisco, in his introduction to the *Textbook of Transpersonal Psychiatry and Psychology* asserted that traditional psychiatry and psychology of the West hold

an unnecessarily restricted view of the psyche and its functioning, and in so doing, they refuse to follow the scientific method... such a study of the mind is by definition unscientific in that it fails to take into account, or even to report, a large body of phenomena that is not explained by current theory: a point William James made at the turn of the century. (p. 3).

Specifically, Scotton notes that the behavioural sciences purportedly examining the *psyche* (mind, emotion, sensation, consciousness, and awareness) currently fail to explore data pertaining to, build theories of, and work therapeutically with, transpersonal experiences often toned spiritual, religious, or of other non-ordinary reality. I acknowledge that it is exceptionally difficult (if not impossible) to examine and explain the range of subjective meditation phenomena from within a Western materialist scientific paradigm. However, there is certainly capacity to explore such phenomena and transpersonal experiences from a range of different viewpoints and from beyond a materialist hegemony.

Likewise, there has been little explicit debate about the consequences of the rapid secularisation and integration of certain meditation, and particularly mindfulness practices, into some Western psychological interventions. The impact of this separation and reduction to “clinical algorithms” (Kabat-Zinn, 2003, p 145) is unknown.

A change of direction

So, in order to honour these fundamental issues and concerns, my initial proposal was subsequently modified. By employing qualitative methodology I thought it may be possible to elucidate whether a Western reductive scientific psychological approach creates barriers to the growth of a knowledge-field of the potential that meditation may hold for personal and collective development and wellbeing. While meditation traditions and methods may have existed since

antiquity, current Western psychological interest indicates they are by no means antiquated.

Through this research project I hope to explore some of the issues surrounding the adoption, reduction, and application of meditation from its origins in the wisdom traditions through to its transmission to mainstream Western psychological practice. By tracing the history of the rise and fall in popularity of meditation in Western psychology over the past century or so, it is intended to contribute to an answer in part, to the question of why and how this has come about. This may also clarify the value inductive research holds in contributing to the growth of a knowledge-field where the assumptions, philosophies, and epistemologies may be at odds with one another. It may also elucidate a pragmatic way to hold conflicting values and findings in the same space, where “facts are uncertain” and “values in dispute” (Ravetz, 2003), incorporate multiple viewpoints, and provide direction for future research.

I wish to make it clear that, at times, my opinions and viewpoints, some of which I have chosen to share in this thesis, are at odds with those of the authors and representatives of the published material and organisations I have surveyed. It has been my intention to be transparent about my reactions to, and thoughts about the material I have investigated, in the cause of representing them (i.e., my reactions) socio-constructively as one of the subjective lenses through which this topic is being viewed—in my case, an *emic* lens—as a contrast to much of the published scientific literature which is approached from an *etic* position. As outlined in the chapters that follow, the several other subjective lenses (among the many possible) utilised to contextualise this investigation, have been chosen because they provide viewing platforms vitally relevant to the overarching framework of where religion, science, and health intersect with regard to meditation.

Conclusion

Since the beginnings of my interest in meditation, and regular formal and informal practice, I have regarded it as both an art and a science. The science of

meditation I regard as the process selected to work with (with specific intention and purpose), and its correct technical application. Whereas, the art of meditation I regard as the dynamic skill, the creative intelligence, and intuitive guidance that arises over time, that enables one to understand and integrate its effects. It is an art that is developed with practice; an intra- inter- and transpersonal learning that enables one to apply the principles that underlie this field of knowledge; and to integrate the physical, emotional, mental, and consciousness effects of meditation into the reality of everyday busy life as a *grihastha*—a Sanskrit word for householder, common person.

This perception, of meditation as both art and science, was with me long before my academic interest in meditation arose. In fact, there have been times when I have resented and somewhat regretted my choice of topic as a result of the mental intrusions and distractions associated with my scholarly pursuit. Such intense mental-izing activity is anathema to the meditator in me. Perhaps this is where Wundt's detractors had a point: it becomes impossible to separate one's observations from one's experiences because they are inexorably intertwined with, and impact on the other—how can the reports of the observer not be influenced by their observations? This experience has led me to question the face validity of the so-called objective meditation research undertaken by mainstream Western scientists—is there really any such possibility? So yes, Wundt's detractors had a valid point.

In conclusion, I found it heartening, reassuring, validating, and substantiating, to discover the diverse views of the meditators I interviewed for this research and that many concurred with my main concerns about how this field is developing for the health sciences.



CHAPTER TWO

THE RESEARCH QUESTION AND GOALS

The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.

—Marcel Proust

The research question

Is the continuing development of an empirical knowledge base in the clinically therapeutic application of meditation for the mainstream Western mental health sector obstructed or constrained by a clash of paradigms? Are the largely disregarded contributions of culture, tradition, and meaning, in facilitating the positive social and clinical effects of diverse meditation processes, important? It is asserted that the positivist direction of the mainstream Western mental health sciences has tended to minimize the socio-cultural knowledges of the wisdom traditions of origin as well as the understandings of, and phenomena experienced by meditation practitioners themselves.

The research goals

The first research goal was to review how and why meditation has risen and fallen in and out of favour with the Western health sciences, and particularly the research and practice of psychology, over the past 100 years or so, and to account for the current upsurge of interest in meditation over the most recent decades. The works, opinions, contributions, and impacts of some of the most prominent and influential figures who have been the protagonists and the antagonists are surveyed.

The second research goal was to describe the experiences and understandings of a cross-section of long-term meditation practitioners from diverse backgrounds, and to identify what they subjectively perceived to be the 'active ingredients' of their meditation that produce positive effects in their lives and the lives of those around them. Qualitative research methodologies were used to identify common themes and variations of interviewees' experiences to elucidate the variety and diversity of their views and knowledges.

The third research goal was to identify where the premises of the positivist mainstream Western psychological literature on meditation are at odds with the wisdom traditions of origin and the experiences of meditators themselves. The objective was to identify where a clash of paradigms may be obstructing or constraining the continuing development of an empirical knowledge base for the clinically therapeutic application of meditation for the mainstream Western mental health sector.

Ethical approval

Ethical approval for this research was gained from the University of Waikato's (UoW) Department of Psychology Ethics Review for Human Research Committee.

An operational definition

There are myriad forms of practice, as well as claims of definition, attributed to the terms *meditation*, *contemplation*, *prayer*, and *contemplative prayer*. The diversity, frequent ambiguity, and even contradiction, in the usage of these terms are discussed at length in Chapter 5, with reference to the implications that arise from this situation for a science of meditation applied to the health sector.

However, for the purpose of this research project, the practices and states under exploration that are variously referred to, in the current vernacular, as *meditation*, *contemplation*, *prayer* or *contemplative prayer*, are defined as those

practices whereby an individual's attention is directed toward, or intently focused upon, the breath, the use of specific words or mantra, sound formulae, visualization of images, or awareness of internal or external stimuli not otherwise specified, in a sustained or repetitive way, and / or the states that arise as a result of engaging in such practices. For the sake of brevity, wherever the term *meditation* or the above variations occur in this text, I intend them to encompass the above definition, except where a specific practice is referred to.

First- and third-person presentation styles used in this thesis

In qualitative research, there are circumstances where, sometimes, aspects of the research may be reported using first-person. This is especially pertinent where the role of the researcher's personal identity in the conceptualization, formulation, collection and analyses of the data, is relevant, and where the researcher wishes this to be emphasized (Denscombe, 2010). To this end, in sections of this thesis, a first-person presentation style is applied, where, as the researcher, I felt it particularly relevant to emphasize my emic positioning in this research process as both *meditation practitioner*, as well as *scientist-practitioner*. In other sections, a third-person style is used in the presentation of conventional discussion.

The presentation style described above is not to be confused with the *'first-person' voices* excerpted from the interviews conducted and reported in Chapter 7.

Organization of this thesis

This thesis is organized as follows. At the beginning of each chapter, its purpose and relevance to the topic is outlined, followed by a brief outline of how the chapter is structured. To conclude each chapter, a brief summary of main themes is provided. Below, a brief description of each chapter is given to contextualize each in relation to the chapters that follow.

Firstly, in Chapter 1, the Introduction to this thesis, elements of auto-ethnography were employed in order to provide a meaningful context for the conceptualization of the research. Chapter 2, this chapter, provides a statement of the research questions and the goals of the research, which was conducted in three phases. In Chapter 3, the frameworks and theories that guided the formulation and direction of the research are outlined along with the rationale for their selection and their relevance to the research goals. In Chapter 4, detail of the methods of data generation and analyses are described along with a discussion of the strengths and limitations of each method applied.

The first phase of the research is described in Chapter 5. It comprised an in-depth examination of the way meditation is defined in both the traditional and clinical literature. The diversity, frequent ambiguity, and even contradiction, in the usage of the terms *meditation*, *contemplation*, *prayer*, or *contemplative prayer* are discussed at length, with reference to the implications that arise from this situation for a science of meditation applied to the health sector.

The second phase of the research is described in Chapter 6. A social constructionist viewing lens was used to provide an overview and recent historical context for how interest in meditation has waxed and waned in the mainstream health sciences of the West, particularly within the mental health sector, over the past 100 years or so.

The third phase of the research is described in Chapter 7. In this phase, semi-structured in-depth interviews were undertaken with nineteen long-term meditation practitioners from diverse backgrounds. Their subjective experiences, the phenomena they reported, and meanings they ascribed to their meditation practices, are described in detail. Wherever possible their first-person voices are excerpted to colour the parts of the research scaffold where their understandings and interpretations are regarded by *the researcher* as well as by *the interviewees* as important.

Chapter 8 then comprises a critical discussion undertaken to compare and contrast how meditation is understood by two very different ontological viewing

platforms. This discussion sought to identify if and where this clash obstructs or constrains the continued development of an empirical knowledge base for the clinically therapeutic application of meditation for the mainstream Western mental health sector. The premises of a positivist mainstream Western scientific approach are contrasted with those from the interviewees' first-person perspectives described Chapter 7. The striking variations are asserted to represent a clash between these two different paradigms and the issues that arise from the conflictual premises and disputed understandings of meditation and its phenomena are brought to the fore.

Then, in Chapter 9, the three phases and processes of the research project are brought into view in order to identify what implications may exist for an empirical knowledge base of meditation for the health sciences, where the contributions of culture, tradition, and meaning—in facilitating positive social and clinical effects—have been observed to be omitted or disregarded. Also presented in this chapter are potential paths to a resolution of the conflicts identified in the preceding chapters. A discursive approach was utilized in order to elucidate the potential that may exist for a broader way forward that may bridge the 'knowledge gap' for Western scientific research on meditation that would include other forms of knowledge as valid in its investigations with regard to their potential social and clinical significance. To conclude, the strengths and limitations of the research undertaken are outlined, and suggestions for future research provided.



CHAPTER THREE

FRAMEWORKS AND THEORY

If there is any primary rule of science, it is... acceptance of the obligation to acknowledge and describe all of reality, all that exists, everything that is the case.... It must accept within its jurisdiction even that which it cannot understand, explain, that for which no theory exists, that which cannot be measured, predicted, controlled, or ordered.... It includes all levels or stages of knowledge, including the inchoate... knowledge of low reliability... and subjective experience.

—Abraham Maslow

Introduction

The purpose of this chapter is to outline the rationale for the multidimensional mixed methods approach and selected frameworks used to undertake research for this thesis. In order to clarify the research philosophy underlying the chosen topic and the subsequent methodological choices, a guide to the nature, assumptions and relevance of the key theoretical stances taken, is provided. Given the change in direction of the research, as outlined in Chapter 1, from a predominantly quantitative approach to a predominantly qualitative one, a brief description of how each approach has contributed to this research project is provided. Finally, a description of the ethical issues that arose during the project and how they impacted both the research and the researcher is included.

Qualitative methodology, theoretical frameworks, and bias

Qualitative enquiry is an activity that is openly value-bound and which acknowledges that the researcher is the primary instrument of the research. So, any data collected and analyses applied are filtered through the conditioning of, and consequent worldview, values and perspectives of the researcher. Therefore, either implicitly or explicitly, when conducting research we all carry our

subjective reality constructions and biases into that research. Furthermore, the researcher, whatever theoretical construction chosen to frame their enquiry, must understand the ways in which biases will shape their findings, and also be receptive to themes that may fall outside the frames of the viewing lenses used (2006). Of course, this includes the biases not only of the researcher, but also the implicit biases of the theoretical framework. In other words, while theory may hold the potential to clarify and organise data, it can also create distortions.

Similarly, in any qualitative study, whatever the ‘reality constructions’ brought to the research by either the researcher or theory, both will interact or react with others’ constructions (E. L. Harris, 2006). This point is particularly relevant to this research project, in that the data sources for exploring the research questions originated from perspectives taken from two different ontologies. In this case, as a researcher employing qualitative methods, one of the primary tasks was to navigate the inter- intra- and trans-dimensional layers of meaning (E. L. Harris, 2006), rather than to simplistically characterize and categorize the data from each source into the static pigeonholes of any specific framework.

This notwithstanding, it is valuable to capture, characterize and categorize subjectivities in word-bound descriptions. However, the researcher must acknowledge that descriptions and the categories applied represent a particular frame in time, which are also, in this case, delimited by the English vernacular available and semantic interpretation/s possible in the words used. This was a limitation that was salient in all the interviews undertaken for this study—every interviewee at times expressed the inadequacy of words to accurately describe what they were trying to convey. So in utilising the theoretical frameworks outlined below, the intention has been to represent the religio-socio-cultural viewpoints, experiences, and understandings, not as static, unchanging, or complete, but as dynamic processes which I have observed, recorded, and reported from within frameworks chosen for their usefulness in answering the research questions.

It is important to note here that there are diverse forms of knowledge as well as systems for representing and understanding ‘reality’. Consequently, social

science researchers, including those working in the psychological sciences, are confronted with a considerable array of competing views concerning what constitutes valid data gathering methods for the generation of ‘new’ knowledge. Therefore, in selecting a research framework or philosophical stance, careful consideration of the underlying assumptions, relative strengths and limitations of each is required in order to assert a justified preference for one’s choice of method over alternative options available. To this end, the sections below provide an outline of the nature, philosophical assumptions, and relevance of the key research perspectives employed in undertaking this research project. The intention in using a multidimensional approach has been to make use of the strengths of each viewing lens used to highlight the conceptual and conflictual complexity of the data generated.

Ontology and epistemology

An overarching personal interest that has been present from the beginning, and which remains at the forefront of this research, has been an avid interest in the way peoples’ culture, beliefs and understandings of ‘reality’ influence their behaviour and the way they respond to life’s challenges. In other words, my interest was in their *ontology*. Of course, the questions arise “*but what is the nature of this ‘reality?’*” and “*what can be known about it?*” How any one of us answers these questions is informative of how we understand the world and our experiences of it. This then raises further questions for researchers about the routes taken towards the generation of new knowledge. For example, as researchers, should our knowledge, as humans, and of humans, be based upon a positivist ‘certainty’ of observable phenomena alone (Comte, 1998), or, on the subjective ways humans, themselves, perceive and understand the experience of being human? Or perhaps such knowledge should be based upon the shared and disputed understandings of both? Is it even possible to hold dual stances as different dimensions within the same plane of understanding? Even Comte, the founder of positivism, himself acknowledged the inadequacy of a solely positivist approach to explaining and understanding the vastness and subtleties of human social and psychological phenomena (Lenzer, 2009). The discussion in Chapter 9 considers these questions and their relevance to this research project on

meditation, with regard to the social and clinical implications inherent in the possible answers.

Any distinction—or not—between these different kinds of understandings in defining what constitutes valid ‘scientific’ data or knowledge, for the purpose of this research needs to be made explicit. Therefore, the primary premise of the frameworks and methodology utilised in undertaking this project has been that for subjects of meditation research, participants’ observable physiology and behaviours, *as well as* their personal subjective beliefs and perceptions are asserted to contribute valid knowledge for exploration.

This now explicit assumption of what constitutes valid data or knowledge for exploration then requires other questions of perspective to be considered in order to come to cogent and meaningful understandings of the data. For example, *what is the basis of one’s knowledge of ‘reality’?* This question of epistemology refers to the nature of the relationship between the would-be-knower and what can be known (Newell, 2004), and again, further questions arise:

- *How* do we know what we know?
- What do we mean when we say that we know something?
- And where do we get knowledge from?
- Are the sources *reliable*? *Who* decides what is reliable or not?
- Can our claims of knowledge be universal, or are they relative?
That is, are they true for one group but false for another?

Our knowledge sources may be psychologically or socially derived and can include sense experiences, thought-based processes, or instinctual- intuition-based processes. In this regard then, the researcher needs to choose a framework to conceptualise the knowledges and understandings conveyed to them by their participants, which takes into account the sources of knowledge used, in order to arrive at a particular conceptualisation. The methods used to explore participants’ sources of knowledge can include quantitative or qualitative means to detail the objective as well as subjective information provided, and so elucidate both the constant as well as dynamic elements and processes under investigation.

Accordingly, for the purposes of this research, both qualitative and quantitative information has been collected to document, describe, analyse, and interpret the knowledge bases surveyed. Information asserted to be ‘objective’, as well as information derived from subjective sources has been included. The multidimensional approach to both the data gathering and analyses (detailed in Chapter 4) has made it possible to arrive at conclusions informed by multiple sources. The resulting triangulation of these multiple data sources and findings is the subject of discussion in both Chapter 8 and Chapter 9. The sections below explain the routes to the conceptualisations and interpretations developed in these later Chapters.

Auto-ethnography and ‘emic’ positioning of the researcher

Denscombe (2010) states that in reporting qualitative findings, a researcher ought to provide readers with some background information about him or herself in order for them to assess the potential influence the researcher’s ‘self’ may have had on his or her observations and interpretations of the subjects, events or cultures under study. He asserts that there needs to be a transparent account of the ‘self’ which explores the role of the researcher’s background on the research process and outcome. Such accounts vary in the detail provided, dependent upon the research topic, the methodology applied, and the intended readership. The detail needs to provide the readership with sufficient context in order for an informed assessment to be made of the likely impact of the researcher’s self on the research. For example, how have the researcher’s biography, experiences, and values impacted on the topic and methodology chosen? Denscombe suggests the Introduction to research reports is an appropriate location for such information. He provides the following as broad guidelines for “good practice” in reflecting upon and reporting the type of information about the researcher to include and likely to be helpful to the reader. For example, the researcher’s

- personal beliefs relating to the topic
- personal interests in the area of investigation
- personal experience linked to the research topic
- personal expertise in relation to the topic (qualification, experience)
- biographical information including relevant social and family background, education and qualifications, work experience and skills (p. 87-88).

Accordingly, in Chapter 1, the Introduction to this dissertation, elements of auto-ethnography were employed in order to provide a meaningful context for the conceptualization of the research. An account of my own meditation background and how my personal interest in this topic grew to become a doctoral thesis was provided to create a foundation for the scaffold upon which to frame the research process and its findings. In doing so, I hoped to convey the stimulus for the research questions, and explain with transparency my own experiences, learning, understandings, and consequent biases that affected the genesis and subsequent direction of the research and the interpretation of its findings.

To this end, the auto-ethnographic element has helped to strengthen this research project with regard to Denscombe's criteria for good qualitative research in that it has provided an explanation of "the significance of the topic in relation to the beliefs and priorities of the researcher's own culture" (p. 85) as discussed below. The auto-ethnographic content, as well as the reflexive process undertaken to observe and assess the implications of my personal position in this study, also contributed to the rationale for the *nomothetic* approach to the interview descriptions, that were contrasted with the scientific descriptions of the mechanisms of meditation discussed in Chapter 8.

The nomothetic method deliberately views the descriptive idiographic elements—in the case of this study, of both the researcher's and interviewees' meditation experiences—as information which might contribute toward an explanation of their lived experiences (Porter, 1993). These experiences are personally regarded as important, but their significance and relevance to the mainstream health sciences depends upon current positivist scientific theory. The

clinical implications and impacts of either the cognisance or disregard of such personal experiences and explanations are discussed later in this dissertation. So, a nomothetic approach assists researchers to assess whether a current theory is adequate, has face validity, and can explain phenomena as they happen in ‘real life’ rather than just in the often somewhat contrived experimental laboratory situations (Porter, 1993). The auto-ethnographic context provided in the Introduction to Chapter 1 also locates this study within the pragmatic view that idiographic and nomothetic methodologies are not mutually exclusive, but that the rich layers of subjective descriptive data can have direct relevance for, and contribute to, empirical theory testing, validation and generalizability (Woods, 1979). In taking this view, I have asserted that the conclusions drawn from this research hold implications for society beyond the particular personal experiences and phenomena reported by those who contributed to the study (Denscombe, 2010). In this case, the research implications are relevant to the mainstream Western health sciences, and particularly the mental health sector, as discussed in later chapters.

Of course, inevitably, the research findings and conclusions drawn are partial, as is the researcher’s auto-ethnography. They are ‘edited’ and ‘abridged’ according to the meanings the researcher and/or the research participants attach to ‘things that happen’ and how they ‘make sense’ of them. Such meanings and the language-bound descriptions of them are products of culture, personal experiences and perceptions, and social and psychological conditioning. The researcher, in making sense of the research observations and data, uses the conceptual tools he or she has learned, and engages in a process reliant upon what he or she:

already knows and already believes... it is *not* a voyage of discovery which starts with a clean sheet. ... We have no way of standing outside these to reach some objective and neutral vantage point from which to view things ‘as they really are’. To an extent, we can describe them only ‘as we see them’, and this is shaped by *our* culture, not theirs (Denscombe, 2010, p. 86).

In light of this observation then, the question arises, as the researcher engaged in this study, what is *my* culture, and how does this impact the research process and findings? The Introduction to this thesis outlined a long-standing personal interest in and background experience as a meditation practitioner and teacher. Also detailed was the mainstream positivist scientific education undertaken through the same time period, firstly, in horticulture, management and biology, then later, in medical anthropology and clinical psychology. This ‘standing in two camps’, the wearing of two ‘hats’, and the sometimes contrary nature of the values and assumptions of these two different cultures has created a degree of internal tension—from my earliest learning and experiences, as well as throughout the process of this research. The dual emic positioning that this personal background has contributed to the research process has enabled me to experience, observe, and report on numerous paradoxes as both *meditation practitioner* as well as *scientist-practitioner*, belonging to both cultures. The often ambiguous and conflictual ontologies and epistemologies of these two cultures created an opportunity to formulate a research process to directly address what these tensions and paradoxes may represent in cultural, social, and psychological contexts beyond what many meditation practitioners and scientist-practitioners may experience of them.

While the ‘insider knowledge’ gained from an emic positioning may offer advantages to the researcher, a potential limitation arises where such a positioning might create a ‘blind spot’ to obfuscate or obscure important elements of the data or research process. In the case of this research, the dual ‘cultures’ of the researcher to some degree mitigate such a limitation, particularly given that a primary objective is to highlight how the ‘blind spots’ of each paradigm may limit understanding and development of the benefits and usefulness of meditation applied to the health sciences.

Social Constructionism

Social constructionism is a theoretical position that is particularly useful for research which explores human health and illness, as well as the multiplicity of individual and collective responses toward maintaining the former, and dealing

with the latter. In applying a social constructionist framework, a researcher endeavours to deconstruct, reveal, and link the underlying beliefs and values of the various participants and stakeholders in the research process and outcomes (Lupton, 1994). Belief systems and values uncovered in this study are viewed, not necessarily as ‘truth’ but as knowledge acquired through religio-socio-cultural relationships and conditionings relevant to particular historical times and places (Gergen, 1985; Lupton, 1994; Schwandt, 2003).

Gergen (1985) explains that such a framework places “knowledge within the process of social interchange” and that “a fully developed constructionism could furnish a means for understanding the process of science and invites the development of alternative criteria for the evaluation of psychological enquiry” (, p. 266). This statement is relevant to this research project and its findings, particularly in relation to the different explanations and understandings of certain psychological phenomena that many meditation practitioners experience—and the varying responses to either normalize or pathologize such experiences. As discussed in Chapter 6 onwards, it becomes clear that Gergen’s suggestion for the “development of alternative criteria” other than ‘pathology’ for such phenomena is possible, and argued as practical, in terms of the social and clinical significance of this study’s conclusions.

In further support of the social constructionist framework’s usefulness for this study, Schwandt (2003) stated that people “invent concepts, models, and schemes to make sense of experience, and we continually test and modify these constructions in light of new experience” and asserted that “there is an inevitable historical and sociocultural dimension to this construction” (p. 305). Humans construct their interpretations of reality and what it means, not in a vacuum, but alongside the conditionings of shared understandings, histories, practices, languages, and experiences. It is this connectedness—when we are aware of it—that creates possibilities for the construction of paths to the resolution of disputed or conflictual understandings, in this case, of meditation. A number of these resolution possibilities are discussed in the final phase of this research detailed in Chapter 9. The following quotation from Gergen (1985) clearly states how the social constructionist perspective can contribute to this resolution process:

Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live. It attempts to articulate common forms of understanding as they now exist, as they have existed in prior historical periods, as they might exist should creative attention be so directed. (p. 266)

So, the overall social constructionist framework used in this research has provided a viewing lens through which describing, understanding, comparing and contrasting differing ontologies and epistemologies became possible. For the first phase of the research, it provided an informative way to conceptualize the waxing and waning of interest in meditation by the mainstream Western health sciences, particularly the mental health sector, over the past one hundred years or so. In using this approach it became possible to see more clearly the influence and complexity of the human discourses surrounding events that have occurred during the recent socio-historical period surveyed. The individuals, organisations, events and discourses highlighted as notable in this survey, all helped to construct our current (and sometimes) divergent and disputed beliefs and values in regard to science, psychology, and meditation, that, in isolation, might otherwise be overlooked or dismissed as irrelevant to a science of meditation today. For this reason, this first phase of the research was useful, in that it helped to inform not only the direction and structure of the remainder of the research project, but also provided an historical context within which to locate the findings of the later research. It also stimulated this researcher's 'creative attention' in an endeavour to identify ways to bridge the knowledges and understandings differently valued by the two paradigms examined. From a social constructionist perspective, such bridges become possible, in part, because, as Latour and Woolgar (1979) and Knorr-Cetina (1981) contend, the presumption of 'hard facts' in the natural sciences is based upon a compelling array of interdependent social micro-processes. Similarly, a positivist science of meditation for the health sector is as much subject to such modulating social processes as any other human activity, which occur at both the micro- and macro-levels of human social organisation (Knorr-Cetina, 1981). Hence, where divergent and / or disputed beliefs and values are identified, a respectful viewing and negotiation of the particular social micro-

and macro-level processes and assumptions of each may lend itself to a mutually beneficial reconstruction of the understandings of both paradigms.

In later chapters, examples of some of the social, professional, and political structures have been highlighted to demonstrate how they could be construed as hegemonies biasing and confounding the development of a knowledge-field of meditation for the healthcare sector. In this respect, a social constructionist framework raises challenges to psychological knowledge and explanations derived from a positivist empirical science. It is now more than a hundred years since the notion was first proposed that there is a relation between ‘scientific’ knowledge and the social order in which it arose (Knorr-Cetina, 1981). Gergen (1985) claimed that empirical understandings of the psychological processes of perception, cognition, information processing and so on, are constituents of social processes and therefore are valid topics for historical and cross-cultural evaluation. He points out that this position forms:

a potential challenge to traditional knowledge claims; psychological research itself is placed in the uncomfortable position of a research object.... what is taken to be psychological process at the very outset becomes a derivative of social interchange. The explanatory locus of human action shifts from the interior region of the mind to the processes and structure of human interaction. The question “why” is answered not with a psychological state or process but with consideration of persons in relationship. (p. 271)

This position constitutes a conceptual displacement of the positivist values and objectivity central to contemporary psychological science, and which are implicit in psychological research on meditation in the West. The issues arising from a social constructionist examination of this displacement is discussed in Chapter 8 and Chapter 9.

A limitation of a social constructionist framework, however, is that while it becomes possible to cast doubt on the unquestionable validity and completeness of a positivist psychological and medical science of meditation, it does not offer

an “alternative truth criteria” (Gergen, 1985, p. 272); it offers no “truth through method” (p. 272). So, such a framework may not be agreeable to those who seek the security of the diligent application of precise numerical measurements of location, size, colour, and chemistry, etc., to yield watertight facts. However, this is not to imply that social constructionism disdains rigorous investigative process. Wide-ranging methods can enable the researcher using a social constructionist framework to facilitate the development compelling arguments. Once again, Gergen eloquently notes that

Although some methods may hold the allure of large samples, others can attract because of their purity, their sensitivity to nuance, or their ability to probe in depth. Such assets do not thereby increase the “objective validity” of the resulting constructions. However, like vivid photographs or startling vignettes drawn from daily life, when well wrought they may add vital power to the pen. (p. 273)

Positivism, interpretivism, and first-person voices

The term *positivist* is used several times in this dissertation. *Positivism*, from whence positivist approaches derive, is sometimes referred to as *logical empiricism*, *neo-positivism*, or *postpositivism*. The positivist paradigm developed from within the natural sciences at a time when it was deemed that ‘scientific’ work required us to take objects or phenomena from the ‘real’ world, reduce them their constituent parts, then after close examination, re-construct them either conceptually or physically to arrive at an understanding of what they were and how they worked. While this style of reductionist scientific verification has endured for several hundred years and continues to do so, it has become a target of considerable criticism because of its failure to take into account, nor account for, subjective experiences and understandings (Kuhn, 1962; Popper, 1972). Feyerabend’s (Feyerabend, 1963) viewpoint was that this kind of science is just one ideological system for gathering knowledge among many, and that there is no one ‘scientific’ method extensive enough to encompass the multiplicity of variables available for examination.

This stance is popular with those undertaking social enquiry, and it is consistent with an interpretivist approach to subjective understandings. *Interpretivism* acknowledges that positivist views are only one mode of knowing. While interpretivist researchers still seek knowledge about how and why things happen, they maintain scepticism about whether, any explanations can ever be purely objective (Denscombe, 2010). They assert that to some extent any theoretical framework will inherently reflect the historical and cultural milieu within which the research occurs, and that this context shapes the personal ideals, values, and experiences of the researcher. It follows then, that *any* theoretical orientation, and, in turn, any approach to data analysis, is value-laden and loaded with premise (Wertz et al., 2011). However, this need not be a problem. As Wertz points out,

Each researcher's distinctive talents as a knower and unique presence as a person appear to be inevitable *and* beneficial to science. Qualitative research invites, encourages, and calls forth the full personal involvement and creativity of each researcher, and our analyses reflect each of us as persons doing research as they also illuminate the subject matter. (p.280)

Consequently, the premises of an interpretivist approach are quite different to those of a positivist approach, and can involve numerous strands of investigation.

One interpretivist premise with direct relevance to this research is the explicit acknowledgement that what distinguishes humans from their environment is the ability to use language to give rise to, and share meaning of their experience (Wertz, 2011a). Accordingly, interviews were undertaken for this research which sought information about *why* the interviewees engaged in meditation, *how* their interest come about, *what effects* they perceived, as well as their perceptions of *how* it works for them. Their views on scientific and populist notions of meditation were also sought. In this way, the interpretive enquiry of this second phase of the research has aimed to convey subjective understandings of meditation, using the first-person voices of the interviewees to provide a rich data source. Their voices are excerpted in later chapters of this dissertation wherever they inform the research question.

Phenomenology

Of relevance to this research project, it is important to note that in social science research, phenomenology is sometimes represented as an alternative approach to that of positivism (Denscombe, 2010). In contrast to positivist methods, phenomenology emphasizes subjectivity versus objectivity, description over analysis, interpretation instead of measurement, and agency over structure. This emphasis makes it possible to highlight the perceptions, understandings, views, beliefs, and personal experiences of those participating in the research.

The origin of the term ‘phenomenology’ is the Greek *phainomenon* which means ‘that which shows itself’ (Oxford Online Dictionary, 2008) and the focus of phenomenological study is on the investigation of the *subjective, practical, and social conditions* of phenomena from a lived first-person experience. Therefore, phenomenology is particularly apt for understanding phenomena as they occur, and how we subjectively ascribe meaning to them (D. W. Smith, 2009).

Central to a phenomenological approach is the description of how things are experienced first-hand by those experiencing them. A phenomenon is a thing known only in terms of how it is perceived directly by the human senses, pure, basic, and ‘raw’ in that they have not been subjected to analysis or theoretical processing (Denscombe, 2010). The aim is to get a clear depiction of the ‘thing’ itself as it has been directly experienced by the research participants. The implications are that a phenomenological approach places the subjective experiences and understandings of the group under study at the core of the exploration; it elevates the importance of their thoughts and interpretations. Rather than treating this data as a platform on which to develop theories or explanations for phenomena and interpretations of them, it is the subjective thoughts and understandings that become the themes for investigation in their own right. Further, these subjectivities are given value, credibility, and respect; they are not necessarily regarded as inferior to ‘scientific thinking’, but are taken into account as rational within the participants’ terms of reference (Denscombe, 2010).

Description and characterisation of experiences is not limited to that of sensation, i.e., of seeing, hearing, feeling, and so on, because our ‘experience’ is usually much more complex in nature and content than a descriptive account of mere sensations can convey. The phenomenological tradition provides the capacity to examine a much wider scope of factors than just sensate phenomena by addressing the meaning of elements and aspects of intra- and inter-subjective experiences. In this way, “the significance of objects, events, tools, the flow of time, the self, and others, as these things arise and are experienced in our ‘life-world’” (Husserl, 1970) can be documented. Smith (2009) explains the scope and depth of this approach in this way:

phenomenology develops a complex account of temporal awareness (within the stream of consciousness), spatial awareness (notably in perception), attention (distinguishing focal and marginal or “horizontal” awareness), awareness of one's own experience (self-consciousness, in one sense), self-awareness (awareness-of-oneself), the self in different roles (as thinking, acting, etc.), embodied action (including kinesthetic awareness of one's movement), purpose or intention in action (more or less explicit), awareness of other persons (in empathy, intersubjectivity, collectivity), linguistic activity (involving meaning, communication, understanding others), social interaction (including collective action), and everyday activity in our surrounding life-world (in a particular culture). (para. 9)

It needs to be clarified here that the term *phenomenology*, as used in this thesis, is not only with reference to Husserl’s life-world philosophical tradition. It is also applied more broadly to refer to psychological research, theory and practice which includes the perspective of first-person experience. Furthermore, it is also applied in the psychiatric sense of the signs and symptoms of psychopathology in later chapters. Bearing this in mind, and after reading much about a phenomenological approach to investigating lived experience, I began to feel that the frequently esoteric, abstract, and ambiguous nature of discussions in the literature often failed to offer practical information on how to conduct a phenomenological investigation. Gallagher and Zahavi (2008) point to this abstraction eloquently:

One of the underlying ideas of phenomenology is that the preoccupation with these metaphysical issues tends to degenerate into highly technical and abstract discussions that lose touch with the real subject matter: *experience*. It is no coincidence that Edmund Husserl's (1964) maxim for phenomenology was, 'Back to the things themselves!' By this he meant that phenomenology should base its considerations on the way things are experienced rather than by various extraneous concerns which might simply obscure and distort that which is to be understood. (p. 6)

Furthermore, some authors use the terms 'phenomenal consciousness' or 'qualia' (see for example, D. J. Chalmers, 1995; Ellis & Newton, 1998), however, as Varela and Zahara (1999a) point out, "it is natural to speak of 'conscious experience' or simply 'experience'" (p. 1.). Therefore, the simple terminology 'experience' is used throughout this thesis in order to maintain a clear focus on Husserl's and Gallagher and Zahara's above assertions of what is important. Care has been taken to maintain a focus on of participants' descriptions of their experiences, using their first-person perspectives of the content, ascribed meaning and significance of the phenomena they reported.

Additionally, in terms of the social construction of reality, a researcher applying a phenomenological approach views their participants as creative interpreters of their experiences, and that they do this to make sense of their worlds. They are regarded as *agents* who, by giving interpretation and meaning to the phenomena they experience, actively construct order to their lives. The social constructionist stance, when used to view the social world, then opens to the possibility that those who experience life differently, might, consequently, see things differently. This is where, again, a contrast with positivist frameworks occurs. Positivism seeks explanations that are congruent with a single universal reality construction, whereas, phenomenological researchers accept or even honour the possibility of manifold realities (Denscombe, 2010). So, in taking a phenomenological approach, the researcher rejects the concept of a single universal reality and allows for the possibility that 'things' can be seen

differently—at different times, by different people, in different ways and circumstances. Denscombe (2010) summarizes this position as allowing for

competing versions of what things are, how they work and what they mean. It implies that there might not be one ‘right’ explanation and that different theories might be equally valid. It moves researchers away from a mind-set where one theory is correct and others are inadequate or wrong. (p. 97)

Consequently, in preparing descriptions of phenomena of interest, the researcher’s role is not to try to resolve, edit, or impose order to what may seem to be rational inconsistencies in participants’ reports. Therefore any descriptions should include any features reported that may seem absurd, illogical, or bizarre in some way. This methodological premise was of particular relevance to Phase 2 of this research which entailed descriptions of the phenomena experienced by individuals during meditation. This often included elements and interpretations that others might consider ‘magical thinking’, delusionary, or even hallucinatory. These are the types of accounts that are often missing, dismissed, or pathologised in positivist accounts of meditation and other forms of contemplative practice and experience. This fact is explored further in the discussions of Chapters 7 and 8.

In this respect, one of the advantages of a phenomenological approach to documenting subjective experiences is that it can offer authentic accounts of, and represent, complex phenomena, and enables the researcher to explore that complexity respectfully, with an element of humanism, in a way that is removed from abstract theorizing, because “in effect, the researcher needs to be close to the objects of study” (Denscombe, 2010, p. 103). On the other hand, one of the limitations sometimes said to be associated with the phenomenological approach is that it is all description and no analysis. However, in later chapters, explanations are developed based upon the descriptive accounts of the in-depth interviews with the participants in this research for how such descriptions may contribute to a broader understanding of the *social* as well as *clinical* implications of the utilisation of meditation in the healthcare sector. So, while a phenomenological approach was been applied to the in-depth interviews, an *interpretative phenomenological analysis* (IPA) was applied to the integration of

the evidence uncovered in the first three phases of the research. This combination of approaches is supported as enabling phenomenological descriptions to contribute to the generation of knowledge in a pragmatic way (Denscombe, 2010; Flowers, Smith, & Larkin, 2009; Larkin, Watts, & Clifton, 2006; J. A. Smith, 2004). The sections below detail how this is accomplished for this research project.

Data analysis style—description, explanation, and interpretation

Denscombe (2010) confirms that the rationale for analysing data of any sort is to better understand the phenomena it represents. The objective may be to *describe* the constituent components of the phenomena; to *explain* how it functions; and/or to *interpret* what it means. While description may constitute the objective for a research project in its own right, at other times the descriptive process is used as a starting point that provides a platform from which analysis of the data is taken to another level for further examination. For either purpose, the emphasis of *description* entails providing details about:

- *what* ‘it’ looks like (appearance, features, intensity, duration, and so on)
- *when* ‘it’ occurs (within the context of other events / others present, dates)
- *who* is involved (the demography of individuals, organisations / communities)

Explanation of data comprises an approach to analysis which looks for evidence of cause and effect relationships—an approach used frequently in psychology to assess the predictability of future occurrences of the social or psychological phenomena under study (Denscombe, 2010). The analysis focus for explaining data includes:

- how ‘things’ are connected in terms of their associations / correlations with other things
- why things happen (the underlying mechanisms of action in objective terms)

Similarly, *interpretation* involves a search for regularities and patterns that appear in data that underlie the incidence of social or psychological phenomena under exploration, however, as discussed in Chapters 1 and 3, the aim is to provide understanding-in-context, as opposed to establishing a claimed objective universal ‘truth’ (Denscombe, 2010; Flowers et al., 2009). Consequently, for interpretivist research, the aim of analysis is to construct an account of ‘how things work’ that includes:

- detail of *who* carried out the research (the researcher/s’ biography, background, experiences and identity)
- *where* and *when* the research was undertaken (the historical and socio-cultural context)
- *why* and *how* things occur (potential mechanisms and alternative competing theories)

It is important to note here that small-scale social science research projects frequently use description on its own, or employ methods of analysis that “combine description *with* either explanation *or* interpretation” (Denscombe, 2010, p. 236). Researchers doing so are advised caution about combining explanation with interpretation because of the different views of the social world, the different value placed on subjectivity versus objectivity, and the consequent understandings possible, that each view implies. However, the conclusions drawn from this small-scale research project indicate that an alternative caution may also have merit. How so? As well as the subjective *experiences* of long-term meditation practitioners, this research sought interviewees’ *interpretations* and *understandings* of their experiences, which were then contrasted with the positivist scientific ‘objective’ *explanations* for the ‘mechanisms of action’ of meditation (in Chapters 7 and 8). The purpose for this contrast—of one view alongside another view—has been to highlight the issues and disparities that can result from the valuing and subsequent inclusion or exclusion of one type data and/or analysis over another. The resulting ‘clash of paradigms’ between these interpretive and explanatory ontologies, as highlighted in Chapter 8 of this thesis, has implications for both.

Quantitative Methodology

Quantitative research methods produce data by way of selection, measurement and analysis of variables to identify causal and, or, co- relations, with objectivity, impartiality and repeatability contended (as well as disputed) to be imperative (Breakwell, Hammond, & Fife-Schaw, 2001). While a detailed discussion of such methods and imperatives is not within the scope of this thesis, I detail here, those times where quantitative approaches were employed. To this end, the only times where the research methodology for this thesis has departed from a qualitative framework has been the inclusion of demographic information provided by interviewees in relation to their age and number of years of meditation practice. Verification of this ‘hard’ data was not sought; interviewees were taken at their word, and again the information was requested in order to add to the scaffold, as well as to assess whether they met the inclusion criteria specified for ‘long-term meditator’ (ten years meditation practice) for the interviews.

Additionally, in the first incarnation of the seed of this research, I began a brief quantitative examination of the usage of the terms *meditation*, *meditator*, *meditate*, *contemplative*, and *mindfulness*, in helping to produce and colour the scaffold on which to build a social construction of meditation and the Western health sciences. The sources accessed for this purpose were all open-access online websites which included Google, YouTube, TradeMe, and Twitter. Other elements of quantification explored were numerous quantitative measures of psychological wellbeing². The intention was to utilise them in the assessment of the effects of a portfolio of individualised mindfulness interventions that I had already begun to design and planned to implement. While the online information sources and the interventions and assessment measures were not used in the final reporting of this project, the understanding I gained from reviewing where they came from and how they came about certainly added another dimension to the way I subsequently considered the data from the numerous other sources of information drawn upon, which are detailed in Chapter 4.

² For example, the AQoL (Hawthorne & Osborne, 2005), WhoQoL (Skevington, Lotfy, & O’Connell, 2004), HUI-II, and the EurQoL (Brooks, 1996).

Ethical issues

The participation of human subjects required that I submit an application for ethical approval from the *University of Waikato's (UoW) Department of Psychology Ethics Review for Human Research Committee*. Initial approval was gained on the basis of my original research proposal which was to design, conduct, and assess individualized mindfulness treatment programmes. Further, ethical approval for a research project involving an intervention with human subjects was also required by the Health Research Council (HRC) which oversees and monitors all health-related research with human subjects for the New Zealand Ministry of Health. This is, justifiably, a rigorous process requiring the submission of a comprehensive detailed description of the relevance, objectives, and processes involved in the research, including locality assessments to ensure appropriate settings for the conduct of the research. Additionally, because I proposed to recruit participants from a general medical setting within the Waikato District Health Board's (WDHB) geographical region, specifically from general practices within the city of Hamilton, my project required the ethical approval of the Primary Health Organisation (PHO) from whose general practices recruitment was to take place. So, I also began to draw together the necessary information and investigate the process for gaining the local PHO ethical approval to recruit human subjects for the planned intervention.

Through these processes, as I was gathering the information required for the ethical approvals for the original project and refining my intentions, objectives and methods, I began to have serious doubts about and question other, less-concrete, aspects of the 'science' I was involving myself in. Over this time period I began to clarify the feelings of uneasiness I was experiencing, and also began to find the words to capture the essence of the doubts and disquiet that I could no longer ignore. This is one of the themes that arose throughout this entire project—that of grasping at the 'something' or 'otherness' for which words were an inadequate expression. Discussions with my supervisors followed, after which I made a decision to abandon my previous proposal. This decision was not taken lightly, I had invested two years of study to this point, and it was with some angst

that I prepared to start over, this time, taking a qualitative approach to documenting the phenomena that one can experience through meditation, and how such phenomena are regarded by Western science and why.

Reflexivity, responsibility, and the change of direction

The reason I detail this process of formulation and then abandonment of the initial project in this section on *Ethics*, is that it was through the refinement and acknowledgement of the positivist nature of the project and process that I was engaged in, that the final topic of this thesis evolved. From an ethical point of view, as a researcher, I came to the realisation that to maintain a sense of personal integrity, I could not ignore what I felt were valid questions and doubts about the way the field was developing. This is in no way to say that those conducting assessments of mindfulness-based psychological interventions are not contributing to this development in an important way. However, the question which kept me awake at night was, how could I genuinely engage my participants in an intervention employing meditation, while such doubts and questions about what I was doing remained so salient for me? Given my personal background and experience as long-term meditator, the scientist-practitioner training I was receiving as a student of clinical psychology, with medical anthropology training as well, perhaps I was in a good position to raise these questions with transparency, with the possibility of discovering whether others felt the same way? This reflexivity enabled me to make decisions which I believe honoured my ethical obligations to the potential participants of both proposals, as well as maintaining my own integrity as a researcher throughout the process.

So with the change in direction of the research from predominantly quantitative to a predominantly qualitative investigation, I withheld the applications to the HRC and PHO which were no longer required, and submitted a second application to the UoW Committee, accounting for the alterations to my methodology, which was subsequently approved.

Media profile

In addition to the ethical issues described above, there was a further issue encountered which, again, I had not anticipated. The two proposals and several ethics applications referred to above, were formulated over the time period from 2006-2008. Through this time period, a joint international conference of the Australian and New Zealand Psychological Societies (APS and NZPsS) took place, which included a symposium devoted to mindfulness, followed by a professional training workshop. A similar program was offered at a national conference of the NZPsS the following year. I gave four presentations at these events, and with the exposure, I fortuitously gained several generous scholarships to support my study. This was accompanied by articles in several local and national newspapers, as well as an appearance on the national magazine-style New Zealand television *Breakfast* program. So ‘mindfulness’ was gaining a degree of attention from the media, at the same time as public awareness of the therapeutic applications of mindfulness was piqued. The result of this combination of events was that I began to receive unsolicited requests to participate in my research in ways in which I had not anticipated when I submitted the applications for UoW ethical approval. At this point I discussed this development with the Committee Chairperson who advised me to submit a retrospective addendum to the prior approved application, to include media advertisements in the recruitment of participants for the semi-structured in-depth interviews that I proposed to undertake. While this addendum was subsequently approved by the Committee, on reflection, the incidental part the media coverage played in this process could have proved problematic as I had no control over the content of the articles and press releases at the time.

Although there appear to have been no negative consequences from this exposure, if I was undertaking the research again, I would try to anticipate the role that the media may play and prepare for it accordingly, firstly, to ensure an accurate public profile of the proposed research, and secondly, to avoid incurring the ire of the respective Ethics Committees involved. However, I have no doubt that the timing of the profile that this topic gained, and the attachment of my name to that profile, generated quite a ‘loud voice’ likely to have been of some

influence in the success of my scholarship applications, and about that, I have no regrets.

To disclose or not to disclose?

In addition to the issues described above, in relation to the interviews I undertook, I faced the ethical dilemma of whether or not to disclose my personal meditation history and background to my interviewees. On the one hand, there is some validity to the concept of with-holding such information from interviewees in order to avoid any interviewer contamination of the ways they express their experiences, understandings and knowledge. However, in this case, about half of the participants were personal acquaintances who already knew my background, so I chose to share that with the other interviewees to help set the context for my enquiry and desire to gain their personal perspectives. This judgement call was made on the basis of the methodology described by Varela and Shear (1999a) who assert that the empathy of the researcher is the key distinguishing feature of the first-person method. They see the researcher's role as

an empathic resonator with experiences that are familiar to him and which find in himself a resonant chord. This empathic position is still partly heterophenomenological, since a modicum of critical distance and of critical evaluation is necessary, but the intention is entirely other: to meet on the same ground, as members of the same kind... Such encounters would not be possible without the mediator being steeped in the domain of experiences under examination, as nothing can replace that first-hand knowledge. (p. 10)

As it turned out, all of the participants expressed, in different words, both their gladness and relief that their interviewer was also a long-term meditator. Moreover, I believe all of the participants were able to share a greater depth of information with me because of the trust and rapport that was built as a consequence of my disclosure. At many points during our 'conversations' we were able to 'speak the same language' and the interviewees appeared to highly value the opportunity to talk about their experiences with someone who might

understand ‘where they were coming from’. One of my observations over the years, of my own practice and involvement with other meditators, includes that being a meditator is a bit like belonging to an exclusive ‘club’—like motherhood—in that one can understand or come to grips with certain aspects of the experience of meditation or motherhood only if one is ‘of that group’.

This leads on to another experience and ethical obligation I felt profoundly: that in conducting research from an emic viewpoint, I felt both privileged, and at the same time, somewhat burdened, with the obligation of ‘doing justice’ to representing my participants’ very personal stories of their experiences, views, beliefs, knowledges and understandings—their ‘lived’ experience—of what it is like to be a long-term meditator in a society with strong materialist Western values, which, in turn, esteems ‘progress’ driven by a Western scientific paradigm with those same strong materialist values. This has been a challenge, because much of what my participants’ expressed does not fit modern materialist Western values, beliefs, knowledges or understandings. *But it is relevant.* The recent published psychological literature on meditation, mindfulness, and prayer, largely disregards the contributions of culture, tradition, and meaning in facilitating the positive effects of these diverse inadequately understood processes. However, in the discussions of the following chapters, it will be demonstrated that these perspectives have the potential to vitally inform our notions the social and clinical significance of meditation. It will also be demonstrated that continuing to ignoring the first-person perspectives such as those documented in this thesis, potentially obstructs or constrains the continuing development of an empirical knowledge base in the key areas of meditation-for-health research.

To this end, my endeavour has been to relate my participants’ first-person ‘voice’, and to overlay that with an emic interpretation where it appears necessary to clarify an understanding, a construct or phenomenon they have tried to convey.

Summary

In this Chapter, the descriptions of, rationale for, and an outline of the theoretical frameworks and methods utilized for this research have been provided.

These have comprised the overall social constructionist approach, ontological and epistemological premises and phenomenology, with the research methodology predominantly qualitative. The ethical issues that arose and how they impacted the research and researcher have been detailed. The multidimensional paradigm adopted to frame, explore, and analyse the research questions has provided a dynamic and flexible approach to the subject matter available. This has enabled each perspective uncovered to be valued for the understanding/s that it contributes to the conclusions formed.

I have endeavoured to be aware of, sensitive to, and transparent about the biases I bring to the topic of this study, the research questions, methodology, outcomes, as well as the way they are reported. Maintaining this level of awareness has helped me to understand how the theoretical frameworks chosen, and biases I bring to the research, have shaped the enquiry and its findings.

The following chapter describes in detail the methods used for data collection and analysis for each of the four phases of the research.



CHAPTER FOUR

PROCEDURES

*When we try to pick out anything by itself,
we find it hitched to everything else in the Universe.*

—John Muir (1838-1914)

Introduction

The purpose of this chapter is to outline the specific procedures applied to each of the four phases of the research undertaken. A description of the variety of data sources, which included text-based documents, internet-based sources, the researcher's journals and notes, and semi-guided indepth interviews, is provided. Then the data collection procedures and analysis procedures are detailed in the sections that follow.

In conducting the various aspects of the research using the procedures described below, and reflecting on my own positioning in this process, I became increasingly aware of the impact that I was having on the shape, character and the outcomes of the research, as the interface and filter between the data collection and analysis process. It follows then, that the identification of themes, construction of the categories, and subsequent discussion in later chapters is a product of not only my information sources, but also of my participation in the co-construction of the data as the interviewer, the coder, and the interpreter of the relevance of the information to the discussions in this thesis. I make this point in order to acknowledge that no matter what kind of research is being conducted, the researcher is always the interface, the filter, and therefore always has an impact on whatever can be discovered, or maximised, or minimised.

The reflexive stance that I took as the researcher, as well as the nature of the qualitative procedures described below, acknowledge the dynamic nature of the investigation undertaken. So, overall, the procedureological approach was largely inductive and iterative in order to permit the flexibility to modify or extend the data collection and or analysis to reflect new information sources as they became available, participants' contribution to the process, as well as my own growing experience as a researcher.

The research began with a literature review of multiple media sources of information in order to situate the research topic within a multi-scalar context. This provided access to and a broad awareness of the historical, psychological, socio-cultural, political and situational factors relevant to the topic. From this awareness, the procedures described below were chosen and formulated in a way that would provide answers to the research questions.

Data collection

In order to capture a wide range of perspectives to triangulate from for the construction of this research an array of printed and online text-based sources were drawn upon as described below. Data were also collected from semi-guided indepth interviews, as well as from my personal journals and notes which recorded my experiences as researcher-as-participant-observer. These journals and notes were made during my attendance at personal meditation retreats as well as multiple professional training workshops, retreats and conferences. I recorded my observations, experiences, and personal reflections of my attendance, as well as the people and processes at these events from both an emic perspective as a long-term meditator and also as a health professional. I documented these in the form of handwritten notes, taken during plenary and other sessions at the workshops, conferences, and retreats or during breaks between sessions occurring at these events.

The reason for including this range of data was to be able to discover the intersections and diversions of opinions, beliefs, practices, and experiences of lay

meditation practitioners³, as well as those of clinicians and researchers publishing, presenting and teaching meditation in the health sector. This triangulation enabled the different aspects of the procedureology to inform each other and to become integrated in a trialectical process. Additionally, as a consequence of the overall inductive approach, the procedures used for each of the two phases of the research were not exclusive to each phase. Accordingly, the literature and media accessed for Phase 1 of the research which contributed to the construction of Chapter 5, also contributed to the discussions of Chapters 7, 8 and 9. While Phase 2 of the research exclusively employed procedureology for the conduct, data collection and analysis of semi-guided indepth interviews, the outcomes also contributed to the discussions of Chapters 7, 8 and 9.

The following sections describe in detail how the collection and analysis of the various data and its sources were carried out.

Literature review

As outlined in the Introduction to this thesis, several comprehensive scholarly literature reviews informed and reformed the premises of both my initial and final research proposals. A review of the literature on mindfulness, meditation, contemplation, and prayer in Western psychology, and the broader literature on the same in the Western healthcare sector was undertaken first. Following on from these, further reviews of the literature on Buddhist psychology, and Western clinical and neuroscience literature were undertaken using the same keywords. These reviews of the academic, research, and clinical literature were carried out in order to formulate the research procedureology, and to initiate and generate the constructionist discussions of the later chapters of this thesis.

Text-based and online sources

I subscribed to ten online newsletters and eight email discussion groups for scientists, clinicians and scholars interested in meditation and health and these

³ The term 'lay meditation practitioners' is used to refer to those who meditate as a personal choice with no professional objective to publish, research or teach meditation.

are listed in Table 1. While there were numerous other sources I could have selected to monitor, the eighteen listed in Table 1 provided comprehensive information of the major points of discussion, dissent, and pre-occupation occurring as the field of meditation in healthcare has developed over the past 5 years.



Table 1. *Newsletters, news updates and email discussion group listserves for scientists, clinicians and scholars interested in meditation and health used for data collection.*

Source	Editor / Moderator	Location	Scope
<i>Newsletters and news updates</i>			
Mind and Life Institute (MLI)	Adam Engle, LLB	Boulder, Colorado, USA	International
Garrison Institute	Mary Pearl, PhD	Garrison, New York, USA	International
AnamCara Foundation	Lawrence Edwards, PhD	Cincinnati, Ohio, USA	International
Benson-Henry Institute for MindBody Medicine (BHI)	Not specified	Harvard Medical School, Boston, USA	International
Spiritual Crisis Group	Janice Hartley	London, UK	International
HeartMath Institute	Sara Childre, CEO	Boulder Creek, California, USA	International
Global Coherence Project	The Global Coherence Initiative Staff and Steering Committee	Boulder Creek, California, USA	International
Mindfulness Research Monthly	David Black, PhD	USA	International
Holographic Network	Stanislav Grof, MD	USA	International

....continued

Mindfulness Special Interest Group	Andy Begg, PhD	Auckland University of Technology (AUT), NZ	Local
<i>Online Email Discussion Groups—Listserves</i>			
New Zealand Psychological Society Mindfulness Interest Group (NZPsS MIG)	Philippa Thomas, MSocSc	Hamilton, NZ	National
Auckland Yoga and Mental Health Interest Group	Ingo Lambrecht, PhD	Auckland, NZ	Local
Meditation and Mind/Body Health Interest Group	Sue Dykes, MSocSc/Ingo Lambrecht, PhD	Auckland, NZ	Local
Australia-New Zealand MBCT and MBSR Listserv (ANZ MBCT-MBSR)	Christine Burke	Australia	Asia/Pacific
The Mind/Body Trust Newsletter	Professor Brian Broom, MSc, MBChB	AUT, NZ	National
Campusmindfulness - Campus Mindfulness/Meditation Programming	Professor Robert Liebman, PhD	Portland State University, USA	International
Meditation Listserv—Mind and Life Research Network	Phil MacEachron, Psy.D.,	University of California, USA	International
Mindfulness Listserv	David Fresco, PhD	Kent State University, USA	International

Email alerts were set up on ProQuest, PsycARTICLES, PsycEXTRA, PsycINFO, and NCBI Pubmed online databases using the keywords *meditation*, *mindfulness*, *prayer*, *contemplation*, and *psychology* as filters for selecting both scholarly as well as popular text-based literature. I also built a collection of national and local newspaper and magazine articles on meditation, mindfulness, and prayer in relation to health and wellbeing in New Zealand. These articles are referenced in the discussions contained in the following chapters of this thesis.

After some resistance, I began to view meditation, mindfulness and prayer related content on YouTube, the TradeMe Community board discussions, and Twitter. These media, in combination with the other data sources previously described, generated a huge amount of rich narrative, which, I discovered, held both advantages and disadvantages for this research project. The advantages were embedded in the broad scope of the potential data available for mining; but at the same time, for me the researcher, the disadvantages were in deciding which threads to follow as well as the huge amount of time committed toward doing so. The question kept arising: where do I stop? Therefore, I made the decision to read threads that contributed to my developing understanding of the social context within which meditation is currently being practiced, discussed and disseminated in the West.

The resulting additional scaffolding that this data represented for my research topic raised many questions. For example, was the rate of technological development and utilisation of internet communications in social as well as professional spheres overtaking my ability to provide answers to my research questions? My initial resistance, referred to above, to utilising these three latter online media was related to a growing feeling that the potential data source ‘goal posts’ kept shifting—there was no such thing as ‘Twitter’ when I first began to plan the research route I would take for this project. However, my curiosity prevailed and I am glad I persevered with these informal observations for the expansion of awareness they provided me about some of the new ways in which people communicated, and this awareness contributed to the social constructionist discussions in later chapters. The discovery of the potential of these sources for contributing further perspectives and narratives to this research demonstrated very

clearly to me the dynamic and inductive way qualitative research procedureology can be applied.

That notwithstanding, I eventually decided that a fully inclusive array of potential data sources would be an impossible undertaking, or at least well beyond the scope of this small-scale research project. Therefore, the data sources described in this chapter were selected on the basis that they would provide and represent a reasonable cross-section of perspectives around which a robust social constructionist discussion of the issues could be formulated.

Researcher as participant-observer

I continued my own regular daily private and weekly group meditation sessions, as well as monthly weekend workshops and 3-week annual international retreats, participating as both teacher and pupil. I gave talks to community groups about meditation for health and made presentations at several national and international conferences both here in New Zealand and New York. I attended 16 professional mindfulness and meditation training workshops and retreats for healthcare professionals and these are detailed in Table 2. These included attendance at a Harvard Medical School postgraduate course entitled *Clinical Training in Mind / Body Medicine* with Emeritus Professor Herbert Benson, who, in the 1960s and 70s, conducted pioneering research on what he termed the ‘relaxation response’. I also attended the *Mind and Life Summer Research Institute* at Garrison, New York. The presentations were uniformly highly engaging and cutting edge in my field of study. Many of the presenters were researchers with world class reputations in their areas of expertise from Oxford, Cambridge, Harvard, Yale, Columbia, New York and Brown Universities to name just a few. For example, Richard Davidson, PhD, is a neuroscientist and Director of Laboratory for Affective Neuroscience Functional Brain Imaging and Behavior at the University of Wisconsin, Madison—he is the recipient of numerous awards for his work and was named one of the 100 most influential people in the world by *Time Magazine* in 2006 (Weil, 2006).

Table 2. *Professional events attended where observations, personal reflections and experiences were recorded in journals and notes for emic perspective as ‘researcher-as-participant-observer’.*

Event	Location	Researcher’s Participation
<i>Mindfulness-based Cognitive Behaviour Therapy (MiCBT) Training Workshop for Healthcare Professionals</i> , Bruno Cayoun, PhD, National Conference of the New Zealand Psychological Society, 2005	Dunedin, NZ	Workshop participant
<i>MiCBT Four-stage Model for Crisis Intervention and Relapse Prevention</i> , Advanced Training Workshop for Healthcare Professionals, Bruno Cayoun, PhD, 2006	Auckland, NZ	Workshop participant
<i>MiCBT Treatment for Pain</i> , presentation by Bruno Cayoun, PhD, Auckland Medical School, 2006	Auckland, NZ	Attendee
<i>Clinical Applications of Mindfulness-Based Interventions in Medicine and Psychiatry</i> presentation by Jon Kabat-Zinn, PhD, Auckland Medical School, 2006	Auckland, NZ	Attendee
New Zealand Psychological Society Mindfulness Interest Group and Auckland Mind/Body Health Group MBSR Workshop, with Jon Kabat-Zinn, PhD, Waipapa Marae, University of Auckland, 2006	Auckland, NZ	Attendee
<i>Foundations of Mindfulness Training for Health Professionals</i> , 5-day residential retreat, with James Carmody, Director of Research, University of Massachusetts Medical School, Boston, USA, 2006	Te Moata, NZ	Retreat participant
<i>Mind and Life Summer Research Institute</i> 7-day residential retreat, 2007	Garrison, New York, USA	Retreat participant and presenter

...continued

<i>Mindfulness: A Skills-based Approach Training Workshop</i> , James Hegarty, PhD, and Brendan Sillifant, MSc, 2007	Hamilton, NZ	Workshop participant
<i>The Research and the Reality</i> , the 3 rd Biennial Conference of the New Zealand Mind/Body Trust 2008	Auckland, NZ	Conference attendee
<i>Mindfulness Meditation Training Workshop for Health Professionals</i> , Elliott Dacher, M.D., 2008	Auckland, NZ	Workshop participant
<i>Integrating Mindfulness-Based Stress Reduction(MBSR) and Mindfulness Based Cognitive Therapy (MBCT) Training Workshop</i> , Ruth Baer, 2009	Brisbane, Australia	Workshop participant
<i>Mindfulness-Based Stress Reduction (MBSR) Professional Education and Training 7-day retreat</i> , John Kabat-Zinn and Saki Santorelli, 2009	Sydney, Australia	Retreat participant
<i>Clinical Training in MindBody Medicine</i> , 5-day block course, Professor Herbert Benson, M.D., Harvard Medical School, 2009	Boston, USA	Attendee and Workshop participant
<i>Quantum Self Healing Through Activation of Light Codes</i> , Dr Nicky Hamid, 2010	Auckland, NZ	Workshop participant
<i>Science Consciousness and Spirituality: The Power of Relationship</i> , 4 th Biennial Conference of the New Zealand Mind/Body Trust, Larry Dossey, M.D., Marilyn Schlitz, PhD, Russell Targ, PhD, 2010	Auckland, NZ	Attendee
<i>Wellbeing: A Cure-All for the Social Sciences</i> , Wiley-Blackwell Online Conference, 2010	Online	Attendee

My attendance at these events both as a researcher and participant-observer, contributed hugely to the formulation and refinement of every aspect of this research project. To spend seven days of breakfasts, lunches and dinners with such giant intellects provided opportunities for informal observations, recorded in handwritten notes and journals, which were both stimulating and inspiring. Similarly, to be able to gain their feedback on my research was valuable and has given me much food-for-thought regarding refinements to my own procedureology. What was most interesting and applicable to my own field of research were the questions raised regarding the raft of unanticipated confounding factors that many were faced with, both as researchers, and also as contemplatives engaged as research participants. Much discussion was devoted to the difficulties of conducting ‘good’ scientific research on meditation and the lack of uniform operational definitions across the field. There was much debate about what may be lost in the attempt to merge two different epistemologies. After all, the Eastern and Western traditions of origin have evolved over centuries, even millennia, which raises important questions regarding the validity of reducing ancient religio-socio-cultural processes to ‘clinical algorithms’ which are then applied out of context and without due sensitivity to the effects and sometimes the *side effects* that may occur.

Informal observations recorded at other events listed in Table 2 also contributed much to inform my understanding of how meditation and its value in healthcare is understood and being applied at a local level in New Zealand as well as Australia. The discursive discussions of the following chapters are derived partly from my reflections on the experiences and observations of the events attended.

Additionally, I subscribed to membership of the New Zealand Association of Positive Psychology (NZAPP) which, among other things, provides access to resources and events related to meditation and healthcare. I also joined the International Association for Transpersonal Psychology (IATP) which for decades has maintained an account of developments in the science of consciousness, for full access to membership resources, including archives of the Journal of Transpersonal Psychology. I subscribed to the National Institute for the Clinical

Application of Behavioral Medicine (NICABM) *Mindfulness Teleseminar Series*, 2010, which provided an example of a contemporary lens through which to view mindfulness in healthcare as promoted and disseminated from the United States of America. Presenters for this series included Ron Siegel, Sylvia Boorstein, Elisha Goldstein, Rick Hanson, Tara Brach, Daniel Siegel, Joseph Bobrow, and Ronald Alexander—all highly regarded experts in their respective academic and clinical specialties, in which they openly incorporate components of meditation.

Semi-guided indepth interviews

Qualitative research extensively utilises interviews to gain insight into the intricacy and texture of lived experience (Denscombe, 2010). Therefore, for Phase 2 of this research which was devoted to uncovering the subjective experiences, knowledges and understandings of a sample of long-term meditators, interviews were deemed to be appropriate. The rationale for utilizing a semi-guided interview format was that, while a list of topics to cover was prepared prior the interviews, the semi-guided nature of the interviews enabled flexibility regarding what order topics were addressed, and, more significantly, to allow for the interviewees to elaborate particular points of interest, and also to add to the topics contained in the interview guide.

Recruitment, inclusion criteria and informed consent

Interviewees were recruited by way of flyers with contact information and a brief outline of the research topic and what participation in an interview entailed (Appendix A). Flyers were distributed throughout the University of Waikato noticeboards, to local retreat and meditation centres (e.g., Hamilton Insight Meditation Centre, Waitetuna Retreat Centre, Houchen Retreat Centre, the Hamilton Theosophical Society, and the NZ Mind-Body Network). Email notifications containing the same information were circulated to the administrators of retreat and meditation centres and networks with a request to circulate the information to members. Interested people contacted the researcher directly who provided a more detailed information sheet (Appendix B) clearly stating the research goals and an outline of the interview procedure. They were

provided with the opportunity to ask any questions and discuss their participation with other people before deciding to consent. They were informed of their right to privacy, confidentiality, and to decline participation or withdraw at any time, or to contact the convenor of the Research and Ethics Committee. Appendix C is a copy of the consent form used. Those who participated were offered petrol vouchers to assist with transport costs to and from the interview location.

The interview guide

The interviews were semi-guided, that is, participants were given broad scope to talk about aspects of themselves, their experiences, backgrounds, and understandings, with prompting from the interviewer where more in-depth information was sought. Several versions of the interview guide developed as more people were interviewed, and a greater number of relevant questions were discovered to be of value. The final version of interview guide is shown in Appendix D. One of the overarching experiences for me as the interviewer was the fact that without exception, all interviewees expressed the inadequacy of words, at times, to capture the fullness of what they were trying to convey. This presented a dilemma for me, in that, among other elements of the interviews, it was precisely what they felt great difficulty putting into words that I was hoping to document. In an effort to address this, albeit to a limited degree, I formulated a list of words and phrases to describe the effects of meditation that was built from successive interviews as well as from my own experiences and those contained in the literature. This list was revised several times with items added by interviewees and its final format is shown in Appendix E. The list served as a prompt, from which interviewees placed ticks in the column alongside the items to indicate whether they felt the items applied to them. Some interviewees provided an element of quantification by placing more than one tick (some indicating an ‘infinite’ number of ticks) to indicate the importance of particular items to them. This list also became a useful reference for interviewees and some expanded on the items, clarifying them by writing extra information beside the items. A second page was added where interviewees had more space to write anything that they experienced that was not already on the list. This became a very successful adjunct to the interview guide, prompting much disclosure that might otherwise

not have eventuated. For most of the interviews the list was forwarded to the interviewees a few days prior to the interview, which gave them some time to collect their thoughts and consider aspects of the topic that they wanted to impart. All of the interviewees said that the list helped to ‘focus’ their thoughts and prompt them during the interviews. At the conclusion of the interview, participants were invited to contact me if they had any questions about the interview, or anything further they wished to add. It was remarkable to note that all of the interviewees, without exception, expressed their gratitude to me, and noted that the process of the interview and their participation in it had had the effect of reaffirming for them the value of their meditation in their lives. These were poignant moments for both the interviewees and for me as the researcher, and an unanticipated (and emotional) experience of the process for all of us.

Interviewees

Twenty four people chose to participate in Phase 2 of the research to gain information about the subjective experiences and understandings of long-term meditators. Of this total number 23 met the inclusion criteria as follows:

- They were aged 18 years or older
- They had practised meditation for 10 years or longer
- Their meditation practice met the operational definition for meditation outlined in the research questions in Chapter 2
- They were able to describe their experiences coherently in English

The final number of interviewees was 18, with four of the original people responding to the recruitment not replying to further contact, one person died before the interview took place, and one withdrew due to a cancer diagnosis. Of the interviewees, 12 were female and 6 male, who identified with five ethnicities, and ranged in age from 18 to 74 years. They had broad-ranging family, occupational, and religious backgrounds, and these profiles are detailed in Table 3.

In order to clarify what may appear as discrepancies in the interviewee data in Table 3, some further details are provided here for two of the participants.

One of the interviewees was aged 18 years and reported that he had grown up in a family for whom meditation was a way of life, and that he had meditated all his life. When asked about his earliest memory of his personal meditation he related an experience recalled from when he was “about three years old”. So for the purposes of this project, his meditation experience is reported as 15 years.

One other person, in fact, the very first to take up the recruitment invitation to participate in an interview, did not meet the inclusion criteria of a minimum of 10 years of meditation. Susan had meditated for about 4 years when she contacted me. As a beginning researcher, this caused me quite some angst, “do I turn away *the very first person* to show any interest in my research?” After giving this question some pragmatic (and also somewhat anguished) consideration, I made a provisional decision to proceed with the interview as an exploratory exercise. At a later date, after completing all the interviews, I realised that the information Susan had reported revealed some notable differences to the information reported by all of the other interviewees. Some of the perspectives she shared with me were at odds with those who had the longer meditation experience with regard to several topics of major significance to my research questions. On this basis, some of Susan’s responses are reported in later chapters of this thesis where they become relevant to discussions regarding the training and competency of clinicians applying meditation processes as therapy in their clinical practice.

Table 3. *Participant demographics and meditation background, frequency and duration.*

Participant No.	Pseudonym	Sex	Age	Occupation	No. Inter-views	Nationality	Tradition	Med practices	No Years Med	Med Freq
1	Susan	F	23	Student	1	NZPakeha	Buddhist	M B Y	4	Daily
2	Angela	F	73	Teacher	2	“	Buddhist/Quaker	M P	40+	“
3	Cleo	F	44	Nurse	1	“	Sikh	M Y B	14	“
4	Kieren	M	40	Boat Builder	3	“	Various Eastern	M V S Y B C	28	“
5	Martha	F	68	HR Manager	1	“	Christian/Catholic	B P Y M	40+	“
6	Lauren	F	64	Jeweller	1	“	Christian	P B Y	30+	“
7	Christina	F	64	IRD	1	Australian	Christian/Catholic	M V S Y B C	19	“
8	Jason	M	18	Student	2	NZPakeha	Various East/West	M S B C	15+	“
9	Maurice	M	68	Audiologist	1	American	Qigong/Quaker	Qigong B M	20	“
10	MaryAnne	F	74	Retired	1	NZPakeha	Christian/Hindu/Other	M V S Y B C	40	“
11	Vonnie	F	74	Dental Hygienist	1	“	Christian/Hindu/Other	M V S Y B C PP	55	“
12	Denny	M	56	Policy Writer	1	English	Eastern/Tai Chi	Qigong B	20	“
13	Lizzie	F	60	Education Exec	1	“	Multi - Hindu	M Y B V	25	“
14	Kiri	F	48	Receptionist	1	NZPakeha	Christian/ISHNAYA	Ascension B PP	20	“
15	Reg	M	63	Osteopath	1	English	Christian/Hindu	P B PP M	45	“
16	Lena	F	48	Actor	1	American	Christian/Hindu/Other	Kriya/ M V S Y B C	25	“
17	Rick	M	45	Psychologist	1	Māori	Hindu/Māori /Various	Kriya/ M V S Y B C	25	“
18	Annette	F	45	Ed Psychologist	1	NZPakeha	Various East/West	M V S Y B C	20	“

Key: M = Mantra; V = Visualisation; S = Sound intonation; C = Chanting; B = Breath; Y = Yoga; P = Prayer; PP = Practising the Presence

Nineteen interviews were conducted face-to-face either in a meeting room at the University of Waikato, or at a location of the participants' choice, which included their home, a cafe, and a park. Three interviews were conducted by telephone over long distance. All interviews were digitally recorded using a Dick Smith Electronics (DSE) MP3 voice recorder. As the interviewer, I made occasional notes during the interview using pen, paper and a clipboard.

The total number of interviews conducted was 22, with three of the participants contacting me to say they had more to tell me after the initial interview. Accordingly, I met with two interviewees twice and with one interviewee three times. Interview duration ranged between 1 and 2½ hours. A total of 32.5 hours of interviews were recorded.

Transcription

All 22 interviews were transcribed verbatim using *Express Scribe*, a transcription data management software program. Ten of the interviews were transcribed by the researcher, and 12 interviews were transcribed by an independent transcribing service, and the individual who worked on the transcripts agreed to maintain the confidentiality of the content and identity of the interviewees. The transcripts were all anonymized to protect the identities of the interviewees and pseudonyms applied to enable interview identification. Transcripts were reviewed for accuracy by the researcher by comparing them with the original recordings. This checking process proved to be vital to the accuracy of the transcripts produced by the transcribing service due to the frequent use of meditation jargon and Sanskrit, Māori, and Hebrew words used, which resulted in frequent misinterpretation and incorrect transcription of key terminology used by the interviewees. This also emphasized the advantage of the emic positioning of the primary researcher whose familiarity with the jargon and languages used by the interviewees enabled errors in transcription to be recognized and corrected. To ensure that participants perceived the verbatim accounts as accurate, participants who could be contacted were provided with copies of the transcripts for their verification. Their agreement was also obtained to confirm permission to use verbatim excerpts in this thesis.

Analysis

Denscombe (2010) confirms that the rationale for analysing data of any sort is to better understand the phenomena it represents. The objective may be to *describe* the constituent components of the phenomena; to *explain* how it functions; and/or to *interpret* what it means. While description may constitute the objective for a research project in its own right, at other times the descriptive process is used as a starting point that provides a platform from which analysis of the data is taken to another level for further examination. For either purpose, the emphasis of *description* entails providing details about:

- *what* ‘it’ looks like (appearance, features, intensity, duration, and so on)
- *when* ‘it’ occurs (within the context of other events / others present, dates)
- *who* is involved (the demography of individuals, organisations / communities)

Explanation of data comprises an approach to analysis which looks for evidence of cause and effect relationships—an approach used frequently in psychology to assess the predictability of future occurrences of the social or psychological phenomena under study (Denscombe, 2010). The analysis focus for explaining data includes:

- how ‘things’ are connected in terms of their associations / correlations with other things
- why things happen (the underlying mechanisms of action in objective terms)

Similarly, *interpretation* involves a search for regularities and patterns that appear in data that underlie the incidence of social or psychological phenomena under exploration, however, as discussed in Chapter 3, the aim is to provide understanding-in-context, as opposed to establishing a claimed objective universal ‘truth’ (Denscombe, 2010). Consequently, for interpretivist research, the aim of analysis is to construct an account of ‘how things work’ that includes:

- detail of *who* carried out the research (the researcher/s' biography, background, experiences and identity)
- *where* and *when* the research was undertaken (the historical and socio-cultural context)
- *why* and *how* things occur (potential mechanisms and alternative competing theories)

Using the Denscombe's above advisement, an interpretative and discursive approach to the broad-ranging literature, media, and researcher-as-participant observations was utilised for Phase 1 of the research. These analytical approaches helped to form the discussions of Chapters 5, 6, 8 and 9. However, for Phase 2 of the research, where first-person subjective experiences and understandings of long-term meditators were sought, a phenomenological analytical approach was used in order to preserve the interviewees' descriptions of their experiences and understandings as much as possible. Then, in imparting the first-person accounts excerpted from the interviews, and in order to integrate them with other elements of this research project, 'thick descriptions' (Geertz, 1973) of these accounts were included in order to locate them within the sociocultural context from which they were derived. So, at this second level of analysis, the emphasis was to not only describe 'what is' but also to account for how these first-person reports were closely linked to the other aspects of the sociocultural milieu in which they arose. These thick descriptions then become highly relevant to the later discussions of Chapters 8 and 9 in which differing ontologies and epistemologies are seen to collide and the implications of such a collision are discussed.

Therefore, the overall analytical format was to move from a largely open-ended to a focussed approach to the data collected. This is described by Silverman (2006) who likened the process to a 'funnel', to refine the quantity of data to those elements relevant to the research questions, which could then be interwoven with other aspects of the research, from which tentative conclusions may emerge.

Accordingly, the sections below describe in detail, the way this research project's 'funnels' were applied. Firstly, the interpretative and discursive analyses used for research Phase 1 and 2 are described, and secondly, the thematic and

interpretative phenomenological analytical approaches to the interview transcripts for Phase 3 of the research are outlined.

Discursive analyses

One of the major precepts of discursive analysis is that language should be acknowledged as being more subtle and creative than an uncomplicated, clear-cut transmission of factual information. The aim of discourse analysis is to ‘unpack’ or deconstruct language used by different people in different ways and in different media, to illuminate subtleties and background assumptions both explicit and implicit in words used (Denscombe, 2010). On this basis, a discursive approach implies that data should not be taken at face-value, but explored in order to reveal how they create meaning, what ‘hidden’ messages or values they construe, and how sociocultural norms are generated, reinforced, or reflected.

This approach differs from other forms of qualitative data analysis in the extent to which the researcher immerses themselves “without presuppositions” (Denscombe, 2010, p. 288). The contrasting element of a discursive approach is that the researcher does not apply assumptions and preconceptions in the form of existing knowledge of societies, cultures, and their knowledge bases as frames of reference for interpreting the meanings contained in the data. It relies heavily on the insights of the researcher for this interpretation to be explicated. In choosing a discursive approach to Phase 1, 3 and 4 of the research, I acknowledge the biases I bring to the discussions. The strength that such biases, based upon my experiences and background outlined in the Introduction of this thesis, provide me with the necessary knowledge and understanding to make sense of the data at a micro level, but also the broader ideologies and sociocultural values that are generated and reinforced in the data at a macro level. Denscombe (2010) argues strongly that a researcher’s background is

absolutely essential... for any reasonable interpretation it is vital that the researcher has appropriate background knowledge, shared with those doing the talking. Otherwise, they would literally have no way of knowing what was going on. (p. 290)

This said, and assumptions acknowledged, the researcher is advised to have a clear vision of what they are looking for, and also for the way such elements link and interweave with the micro and macro elements of the data being analysed (Denscombe, 2010). Accordingly, the following questions, advised by Denscombe and excerpted below, premised my deconstruction of the broad range of literature, media, and other data collected for this project:

- Is there evidence of a wider ideology being communicated via the talk, text, and images?
- Do the data reflect particular social, political, or historical conditions in which they were produced?
- In what way does the talk, text, or image stem from other sources ('intertextuality')?
- How is power or influence being exerted through the talk, text, or image?
- Whose version of reality is being portrayed?
- How are people, processes, or objects categorised and defined through the talk, text, or image?
- Are there people, processes, or objects that are notably absent or excluded?
- Are there contradictions within the talk, text, or image? How are these coped with?
- What things are missing from the talk, text, or language?
- Are there views that appear to be suppressed?
- Are there things that are not said that might have been expected to be stated?
- What rhetorical or linguistic devices are being used to argue the point?
- What version of things is being portrayed as normal / abnormal, legitimate / illegitimate, moral / immoral, natural / unnatural, etc.?
- Would alternative interpretations of the talk, text, or image be possible or likely depending on the particular audience? (p.286)

The discussions of the following chapters owe much to the guidance this list of questions provided. It facilitated a critical deconstruction of the data, and informed the chapter discussions in a way that a simple reporting of a literature review could not have achieved.

Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) in qualitative and experiential research procedureology is an approach that has increased in popularity over that past two decades (Pringle, Drummond, McLafferty, & Hendry, 2011). This procedure of analysis has its origins in psychology and it acknowledges that the analyst has a central and active role to play in connecting the personal experiences reported by participants to the wider social context of those experiences. It is this element that distinguishes it from Husserl's (1964) and other variants of phenomenology which generate descriptions and tend only to "bear witness" to participants' experiences (Pringle et al., 2011, p. 20). The added value that IPA brings to a topic is emphasized by Pringle, Hendry, & McLafferty (Pringle, Hendry, & McLafferty, in press) who maintain that "it is possible that without this active involvement of the researcher in the analysis, accounts may not more fully uncover or 'bring into the light' the meanings phenomenology is seeking to achieve." It is this element that makes IPA an appropriate procedureology for Phase 2 of this research, in that it is the *implications* of the convergence as well as the divergence of participants' experiences, understandings and knowledges, and the sociocultural environment in which they arose, which inform the later discussions in Chapters 7, 8 and 9.

A further aspect of IPA that favours its appropriateness for this project is that it is said to allow a greater degree of freedom and creativity than other forms of data analysis (Willig, 2001). Pringle et al. (2011) assert that where unusual groups or situations may be involved, or where participants experiences, beliefs, and understandings may be "outside the perceptual field of healthcare professionals" (p. 21) that IPA may be of particular relevance. The unusual phenomena reported by the long-term meditators in this study, and often

pathologized by the psychology profession, were deemed to be unusual enough in this respect as to justify an IPA approach.

Interpretative phenomenological analysis entails two-stages of interpretation, also termed a “double hermeneutic” whereby “the participant is trying to make sense of their personal and social world” and “the researcher is trying to make sense of the participant trying to make sense of their personal and social world” (J. A. Smith, 2004, p. 40). Therefore, in the analysis of the interview transcripts I have followed the practical guidelines offered by Smith, Flowers and Larkin in their exposition *Interpretative phenomenological analysis: theory, procedure and research* (2009). However, Smith (2004) cautions that “one cannot do good qualitative research by following a cookbook” and that the guidelines should be regarded as non-prescriptive and are “suggestions to be adapted and developed” by researchers (p. 40). This pliable characteristic of IPA may be anathema to researchers of positivist ilk and seem bewildering to those more inclined toward ‘scientific’ experimentation and the rigidity of randomised controlled trials. However, it is such openness and adaptability that gives IPA its complexity, and which enables the subtleties of much qualitative data to have valuable impact in a largely quantitatively-evidenced driven psychological science and practice.

Three characteristic features of IPA are foundational to the approach: the idiographic, the inductive, and the interrogative. The *idiographic* element emphasizes the need to approach each case “on its own terms, to do justice to its own individuality” (J. A. Smith et al., 2009, p. 101). Therefore, the analysis begins with a detailed *inductive* exploration of each transcript, then, in a ‘cross-case’ comparison, the themes identified for each individual are *interrogated* for convergence and divergence.

A total of 391 pages of transcript were generated from the interviews. Transcripts were analyzed to identify key descriptors and emergent themes. To accomplish this, transcripts were read several times by the researcher, theme codes were noted in a column adjacent to the text, and sections of the transcript text relevant to themes were highlighted. Statements, phrases, or key words were

organised into categories which were further reflected upon to determine the key meaningful experiences described by the interviewees. The following were used as ‘signposts’ for identifying categories in the transcripts:

- common themes
- unique themes
- emotional intensity (when it was expressed)
- use of jargon
- contradictions

This initial descriptive content and thematic analysis of the individual transcripts constituted the construction of the first-level *subordinate* thematic category list (in Chapter 7, Tables 5 and 6). The elements of these subordinate categories were then ‘interrogated’ for convergence and divergence of themes between individual interviews. Then, a process of *abstraction* and *subsumption* of similar subordinate themes was undertaken to derive the broader higher level descriptive and interpretative *superordinate* thematic categories (in Chapter 7, Table 6). This abstraction of patterns and similarities between the subordinate themes enables the location of like with like, for which new superordinate category names are then derived, and under which related themes are subsumed (J. A. Smith et al., 2009). For this project, these superordinate themes were also interrogated for convergence and divergence with themes located in the scholarly literature, with particular regard to the phenomena and mechanisms of meditation. These interrogations illuminated broad-ranging implications for a Western science of meditation, particularly for the training and competency of clinicians, and the application of meditation in clinical contexts. The gestalt that resulted informed the identification of these implications for the continued development of a well-informed Western science of meditation for application to healthcare, and particularly, the mental health sector.

The implications elucidated by the IPA need to be illustrated by and strongly rooted in the first-person accounts with direct quotes (J. A. Smith et al., 2009). Therefore, to illustrate the insights, divergences and disparities, common themes, or experiences unique to particular interviewees encountered during the

interviews, and where issues are salient to and substantiate the discussions, selected excerpts are cited throughout the following chapters.

Smith et al. (2009) advise that quantification of the incidence of a theme may at times be useful, but assert that frequency of occurrence across samples should not be over emphasized and should be influenced by the pragmatic concerns of the overall purpose of the project. For instance, this research project is intended to be an inductive enquiry; whereas, a large-scale project, intended to inform funding or policy development would be more likely to require a deductive and therefore quantified analysis. While frequency may be one indication of the relative importance of a theme, for this project, relevance is more likely to be indicated by the depth and intensity of meaning that a theme demonstrates for a participant, and which may only be evidenced once. Therefore, for this project, where a particular superordinate theme arose across all, or a majority of the participants, this was indicated in the presentation of the theme. However, themes unique to individual interviewees were also presented. The superordinate categories are not intended to indicate relative importance of the themes; rather, they are intended to represent the idiographic themes of the personal stories of individual participants. However, from the themes identified, those which directly inform the research question are highlighted and discussed in terms of the implications drawn for the continuing development of a Western scientific knowledge-field of meditation for application in therapeutic contexts.

Interview data

While those interviewed were from diverse backgrounds and meditational experience, the sample of interviewees was small and predominantly Caucasian, so the themes identified may have varied had the sample included a greater ethnic and cultural diversity. Also, bias is possible in the interview data as it was generated from a participant sample that was entirely from individuals who were highly motivated to share their experiences. It is also possible that the retrospective nature of the interviews created the potential for interviewees' accounts of their experiences to have been influenced by memory biases. A further factor is that while the social context of the interviews seemed to create a

situation where most interviewees appeared to be open, or even keen to share their experiences, one participant, at least initially, seemed reluctant to disclose some of her experiences to a stranger. Therefore, given these limitations, caution should be used in the interpretation and extrapolation of the findings from this study.

Researcher as participant-observer

Thorndike (1920) referred to a ‘halo effect’ where a tendency may exist to “make inferences about specific traits on the basis of a general impression” (p. 25). This tendency is also explained by Nisbett and Wilson (1977) as in where the halo effect “tricks the mind into creating and maintaining a coherent, consistent picture” (p.250). Therefore, research conducted primarily by one single researcher, and particularly from an emic position, may be subject to conflation of some representations into a form which supports the potential for emic bias to occur. Given this caution, as the researcher, I have tried to maintain a vigilance and transparency regarding my own position, from which the reader may draw their own conclusions.

Research validity and methodological rigour

The interviews were transcribed by an administrative assistant and checked for verbatim accuracy by the researcher who made corrections where meditation jargon had been incorrectly understood or left blank on the transcripts. Additionally, as advised by Saldana (2009) a “member checking” procedure was undertaken with some interview participants themselves as a way of addressing what he refers to as “solo coding” uncertainties of the lone researcher (p. 28). This involved returning authenticated transcripts, summaries of the thematic analyses, and the individual vignettes constructed from the interviews, to those interviewees who had expressed a wish to have copies of the transcripts and recordings of their individual interview/s. These individual interviewees were asked for their comments on the transcriptions, summarised thematic analyses, and vignettes. All interviewees consulted agreed that they were accurate representations of their views and experiences. This was taken as confirmation of the face validity—or ‘trustworthiness’—as many qualitative researchers prefer to call it (Wertz, 2011b),

of the analyses conducted. Some interviewees, after having time to reflect on the conversations and resulting transcripts, themes, and vignettes, added further information of memories and experiences that had surfaced since the interviews.

The thematic analyses were independently reviewed by the researcher's primary supervisor, who was well-experienced with the analysis of qualitative data. The supervisor selected a number of transcripts and confirmed that the key themes had been identified and were accurately represented. This consensus enabled a further level of methodological rigour to counter the potential for the emic bias referred to above (J. A. Smith et al., 2009).

Summary

This chapter has described the procedures used in each of the four phases of the research that comprised this project. Each phase of the research utilised data sources that would contribute informative perspectives and analyses chosen for their usefulness in answering the research questions.

Data from broad-ranging sources were sought in order to capture a rich multi-layered landscape of perspectives from the scientific and popular literature, online databases, discussion groups and blogs, semi-guided indepth interviews, researcher-as-participant-observer notes created during the researcher's attendance of scientific conferences, professional training workshops, and meditation retreats.

The subsequent implications, discussions, and conclusions drawn from this data are the content of the later chapters of this thesis. The following chapter provides a social constructionist commentary of the recent history of meditation and the Western psychological sciences over the last one hundred years or so, to provide an overview and context for locating the subsequent findings of this research.



RESEARCH PHASE 1

CHAPTER FIVE

DEFINING MEDITATION, PRAYER, AND CONTEMPLATION: THE ISSUES

*Trying to explain it all will only exhaust you.
It is better to hold onto a paradox.*

—Tao Te Ching, Chapter 5 (Mabry, 1994, p 29).

*Do you remember how electrical currents and ‘unseen waves’ were laughed at?
The knowledge about man is still in its infancy.*

—Albert Einstein, from [http://www.quotesl.com/Albert Einstein](http://www.quotesl.com/Albert_Einstein)

Introduction

Firstly, for the purpose of this thesis, there arises the obvious notion: the necessity for an operational definition to define the scope of this exploration. One of the issues that arose from the earliest flicker of my interest in pursuing an academic enquiry into the use of meditation in therapeutic contexts has been how to define the terms *meditation*, *prayer*, and *contemplation*. In both popular and scientific literature, as well as casual conversation, the English vernacular encompasses and represents a multiplicity and diversity of techniques, states, processes, as well as systems of thought and tradition—all of which are relevant to a discussion of this topic. Given the heterogeneity of its origins, the vast number and variety of meditation processes that abound, and whether authors and readers consider meditation to be a process, or state, or both, in the first place, my initial impulse was to narrow the target of this thesis; this seemed necessary.

However, after amassing and examining a broad array of literature, from scholarly, clinical, religious, and popular sources, it became apparent that it was the very ambiguity and *lack* of clarity that emerged as a major theme. Moreover, this theme appeared to underpin much of the discourse surrounding the way meditation is claimed to be both understood, and misunderstood, by those engaged in the Western health sciences. All the more confounding, or indeed clarifying, is Swami Brahmananda's⁴ contention that "however you try to define meditation, it's not that" (as cited in E. Shapiro & D. Shapiro, 2011, p. 1). Therefore, what follows is a survey of definitions for the terms meditation, prayer, and contemplation, derived from a variety of sources, including dictionary references, selected contemplative and religious literature, and examples from the Western scientific literature. While some of the following excerpts are lengthy, they demonstrate the ambiguity and complexity of the way these words are used in the English-speaking world in various contexts. A consideration of this complexity here provides a solid platform upon which the discussions later in this chapter, and the ones that follow, are constructed.

Traditional definitions

The *Oxford English Dictionary* definitions for the terms *meditation*, *prayer*, and *contemplation* are excerpted in Appendix F. According to these definitions, the terms can be variously applied as either 'process' or 'state' or 'thing'. However, it appears that while *meditation* and *contemplation* may be used in either religious or secular contexts, by contrast, the term *prayer* is defined in the context of deism, with the exception of its British parliamentary usage (see Appendix F). While these terms are sometimes used almost interchangeably in the vernacular, the distinction that is drawn in the dictionary definitions points to a religious boundary applied only to prayer. This boundary has impacted the way Western science views the therapeutic application of prayer in the health sector in a way that has not been duplicated in Western science's approach to meditation, and to a lesser extent, contemplation. This discussion is taken up again in Chapter

⁴ Swami Brahmananda (1863-1922) was the guru of Maharishi Mahesh Yogi who is famous for introducing the Beatles to transcendental meditation.

9, where a clash of paradigms between the traditions and Western science is seen to create barriers to the growth of a scientific knowledge field in this broad arena. However, to continue the discussion of traditional definitions, below are several descriptions for meditation, prayer, and contemplation that come from the viewing lenses of the esoteric traditions.

The ancient Indian Hindu seer, Patanjali⁵, defined meditation as the process of “continuous and prolonged flow of thought directed towards a determined object until total absorption takes place. This direct flow of thought can be conceived as moving in a straight line that is not intercepted by any other lines or thoughts that can break the continuity” (as cited in Gomez de Martinez, 1981, para. 2). However, for the modern Hindu Swami Satyananda⁶, the objective of the process meditation was to explore the different regions of the mind in order to eventually transcend it (1975).

However, with a certain similarity to the *Oxford English Dictionary* (Appendix F), in *The Magical Mind* (1991) the modern meditation master, Imre Vallyon⁷, comprehensively covers the process and state bases, as well as both secular and mystical takes on the term meditation, albeit using a slightly different vernacular, with this explanation:

Meditation is listening *into* Consciousness.

Meditation is bringing the mind into right understanding.

Meditation is the shifting of the level of the mind.

Meditation is mind change.

Meditation is mind re-creation.

⁵ There is much mystery surrounding when Patanjali lived and when he compiled his 195 aphorisms known as *Patanjali's Yoga Sutras*. Some ascribe his birth to the second century BCE, some, or the third century CE, and still others to as long ago as 8000 years.

⁶ Swami Satyananda Saraswati was an Indian guru and yoga teacher who also had many followers in the West. He established the International Yoga Fellowship in 1956 (1975).

⁷ Reference is made to Vallyon's written works several times in this dissertation for the reason that his writings are accessible and I have studied them closely in the past. His own meditation master was the Tibetan mahatma Djwhal Khul, who is revered in esoteric circles, both East and West, especially by Theosophists; he is also known as the *Master DK* or *The Tibetan*, or simply *DK* (Nash, 2000).

Meditation is mind transformation.

Meditation is to discover Intuitive Awareness and Insight.

Meditation is a way of life.

Meditation is not running away from life.

Meditation is an adventure of life.

Meditation is the re-understanding of Reality, and the blowing away of illusions.

Meditation is release from our own thought-patterns.

Meditation is a state of mind. You can be all day in the state of meditative awareness.

You may realize the Transcendental Unity of all things while in Stillness, or sitting still.

You can meditate on the Essential Unity of all things while working, relaxing, talking, sleeping, or walking.

Words of Power (Mantra, truth-bearing words) will focus your mind into Oneness. (p. 432)

Similarly, in *Heavens and Hells of the Mind* (2007c), Vallyon provides explanations for the terms meditation, prayer, and contemplation stating that all three terms were “used by the Mystics in rather an interchangeable way” (p. 696). These terms are used by many involved in the Western health sciences so it is moot to clarify their conceptualizations in the traditional literature⁸. Here, using the vernacular of the spiritual traditions, he says, “*meditation* is a process evolved by humans on this planet to try to connect with the Soul. It is an attempt by the personality to link up with its Source, the Living Soul, JIVATMAN⁹” (2007d, p. 1438). Vallyon explains that many processes were invented by the ancients in order to accomplish this, citing prayer and meditation systems developed by the Eastern and Western spiritual traditions such as Hindu Yoga, Buddhist Zen,

⁸ See also, Alice Bailey’s *Arcane School* definitions for meditation, prayer and contemplation (Lucis Trust, n.d.-b), which are very similar in scope to Vallyon’s.

⁹ JIVATMAN is the Sanskrit word that means, “Living Soul, the Individualized Self. The Human Soul... which takes on personalities, life after life.... In the East, it is called the *Thinker* and the *Reincarnating Ego* because it takes on a new personality with each new incarnation. Your individualized Human Soul lives in your causal body on the formless subplanes of the Mental Plane and gives you the continuum of existence, life after life” (Vallyon, 2007b, p. 1832).

Muslim Sufism, Jewish Kabbalah, Taoism, Hasidism, and so on. He then provides a description of meditation as defined in *mysticism*, as “a quiescent, prolonged, spiritual introspection, a devout religious exercise” and referring to the Latin derivation, *meditari*, says that, “in meditation you ‘think over’ a subject for a prolonged period (longer than in concentration). You take your mantra or word of power or statement of Truth into your Heart Cakra and there you develop it, dwell upon it, until deeper Realization, Insight and Intuition dawn upon you” (2007c, p. 697).

Accounting for much ambiguity, Vallyon (2007c) also explains that the Eastern Christians of the Greek stream spoke of *interior prayer* and used this term in the same way that the Western Christian saints of the Latin stream used the terms *meditation* and *contemplation*. He asserts that “according to the Mystics of the Catholic Church, meditation is ‘internal prayer’, and mental prayer is ‘the occupation of one’s faculties on God’—not by thinking or speculating about God, but by stirring up ‘the will to conform oneself to Him’ and ‘the affections to love Him’” (p. 696). With similarity to, but also with subtle distinction from his definitions of meditation, Vallyon defines *contemplation*, again with reference to its Latin root, *contemplare*, as meaning “to look or view with continued attention, to study thoughtfully, to be deeply absorbed in the object of your thought” (2007c, p. 697).

Sensing the readers’ mental strain of comprehending the verbosity of the descriptions and distinctions of these subtleties, especially in regard to meditation, prayer, internal prayer and mental prayer, Vallyon says, “Don’t let this confuse you, but feel the spirit of what they are trying to say” (p. 696). He then pragmatically advises, “Don’t be “picky” with words”. Such advice is commonly given by teachers of the esoteric traditions, in a style of ‘just get on with it’. By just getting on with it, it is asserted that one is more likely to develop a receptivity for and finer attunement of the senses necessary to experience the finer and more subtle levels of consciousness (Easwaran, n.d.; Mabry, 1994).

Therefore, as the reader—and as the researcher—you and I might (albeit briefly) feel somewhat relieved and released from the obligation to rationalize it

all. However, in stark contrast to Vallyon's and other writers' urging to not get bogged down in the wordiness of such definitions and explanations, but rather to tune-in to what is being imparted, Western materialist science does indeed get very 'picky' in its demands of those researching and applying meditation in the healthcare sector¹⁰. Western scientific gold standards demand precise *operational definitions* of researchers, as well as precisely defined, materially measured and analyzed *evidence-based practice* of its practitioners. Therefore, already, we see the beginnings of fundamental differences in origin and method; of what is regarded as precise or imprecise; of what might be encouraged or deplored; because the art and science of meditation of the spiritual traditions and scientific materialism have developed from very different roots, with different assumptions, values, and objectives. These differences, and the impacts they have for the application of meditation, in any of its variances, within the bio-psycho-social contexts of contemporary Western healthcare, are discussed at length in later chapters.

It is informative, also, to be explicit about what meditation is not, according to the literature of the meditation traditions. Where this becomes important in the context of this thesis is in determining how the differences in origin, method, and objectives of the meditation traditions and Western science's appropriation affects the integrity of such practices when applied in such different contexts. For example, in this quote from *Heavens and Hells of the Mind* (2007d), Vallyon states explicitly, from the perspective of a spiritual teacher, what meditation is not:

Meditation is *not* simply another form of relaxation exercise, as so many materialists would have you believe.

Meditation is *not* to enhance your position in physical life, to increase your "brain-power", to increase your stamina in sport, to improve your memory, to perform better in schoolwork or at university. These are all plainly and simply worldly objectives.

¹⁰ As one example of Western scientific pedantry the reader is invited to view, in particular, Ospina and the University of Alberta Evidence-based Practice Center's (2007) *Meditation practices for health: State of the research*.

Meditation is *not* for enhancing your career prospects, to become a better manager or worker, or to get along better with other people. These are worldly objectives.

Meditation is *not* for improving your physical health, for increasing your life span in the body, or to achieve worldly success in any field. These are all worldly objectives.

Meditation is *not* to help you sleep better, or eat better, or perform better in any field. Its purpose is not to cure diseases or reduce nervousness, tensions and stress.

All these points are simply side effects. If you pursue meditation for side effects, you are not on the Path of Liberation. You have missed the Objective. You have missed the Goal. (p. 1181)

In strong contrast to the various definitions of what meditation *is*, as outlined earlier, there is no ambiguity, nor subtlety in these words; this excerpt from the traditional literature pulls no punches in defining what meditation *is not*, from this author's viewpoint. However, Vallyon does not stop there, he continues, "to meditate for such mundane purposes is an insult to the sacred Science and Art of Meditation which has an altogether holier purpose.... it misses the whole idea" (p. 1180). He acknowledges that Western medical professionals preoccupied with the physical, material body, probably observed that meditators from many spiritual traditions appeared more relaxed and less perturbed by the stresses of life. He says that in so doing, they likely concluded that meditation would be an excellent way to reduce their patients' stress. However, he invites his readers to imagine telling the saints of old that they were meditating just to lower their cortisol levels, their heart rates, and to relieve muscular tension, "some of them would have laughed, while some of them would have cried...!" (p. 1180). Deducing from the Western scientific literature, one can reasonably speculate that the larger portion of Western professionals, the scientists and practitioners researching and applying meditation in the healthcare sector, are likely *not* consciously on the Path of Liberation that Vallyon refers to above. Nor is it likely that the majority of their patients would be. Moreover, and paradoxically, in the Western scientific literature, the stated objectives of meditation in its various forms appear to be for exactly what Vallyon says meditation is "not" (p. 1181). What impacts might such

contradictory objectives have for those applying and practicing meditation in the health sector, whether they be of religious persuasion, on a path, or not; whether they be the healthcare professional or the patient? Are these objectives compatible or incompatible? On the other hand, are they just inconsistent, with no harm done? Is it being precious about details, or guarding territory? Is the current application of meditation as a new addition to the medical kit just a pragmatic use of a simple process?

These are valid questions, worthy of more attention from those who are the proponents of meditation within a Western materialist science perspective. For example, Vallyon refers to a phenomenon that many long-term meditators would be familiar with, which he calls the “double-stress of meditational life” (2007d, p. 1181) (discussed in Chapter 7 and 8 in relation to the findings of Phase 3 of this research). Are Western clinicians prepared for what they may be setting themselves and their patients up for? Could this be one of the unintended unanticipated consequences of using powerful meditation processes for people whose preparation, personalities, and constitutions may not be suited to the transformations that may be set in motion? Is this one of the “what is gained and what is lost in the separation of meditation from its spiritual and cultural origins?” points at issue in the “reduction of meditation to clinical algorithm” that Dimidjian and Linehan (2003) speculated upon?

Such questions are perhaps nowhere more important than in a consideration of what therapist training in meditation should entail, as well as in what might constitute competency to apply meditation practices in the Western healthcare sector. For example, why should clinicians have a regular meditation practice of their own before they begin teaching meditation to their patients? After all, does one have to have a heart attack and take medication to become a cardiologist in order to understand and treat a patient who has had one? Further discussion of these questions and the phenomenon known as the ‘double-stress of meditational life’ is provided in later chapters.

Clinical definitions

Meditation, prayer, and contemplation have been defined in Western healthcare contexts for the purposes of clinical research and practice as follows. While yoga meditation techniques were studied by Indian researchers (Anand, Chhina, & Singh, 1961; Bagchi & Wenger, 1957) and various Zen meditation practices were studied by Japanese investigators (Kasamatsu & Hirai, 1966) in the late 1950s and early 1960s, *transcendental meditation* (TM) was one of the first meditation processes investigated in Western clinical contexts by Western researchers (Benson, Beary, & Carol, 1974; R. K. Wallace, 1970). The definition for TM used by Western researchers at Maharishi University of Management, who conducted hundreds of clinical studies on TM, was that provided by its originator in the West, the Maharishi Mahesh Yogi. He defined TM as “turning the attention inwards towards the subtler levels of a thought until the mind transcends the experience of the subtlest state of the thought and arrives at the source of the thought” (1966, p. 50). The process involved no suggestion, mental manipulation or physical control, but the meditation instruction had to be provided *personally*¹¹ by a TM qualified teacher approved by the Maharishi himself.

Later, Harvard cardiologist, Professor Herbert Benson, MD, a devout follower of Judaism, introduced his re-defined and medicalized meditation program, based upon the TM model, which he asserted had the same effects. He called this the *relaxation response* (Benson et al., 1974), described it as a “non-cultic technique” (p. 129), clinically defined as “an integrated hypothalamic reaction resulting in generalized decreased sympathetic nervous system activity” (Benson, Kotch, Crassweller, & Greenwood, 1977, p. 445). It could be speculated that Benson’s medicalization of this technique helped him to retain credibility in his eminent mainstream Harvard position, as well as sidestepping issues of mainstream acceptability necessary to secure and maintain financial support for his meditation-related research proposals. To accomplish this, perhaps he astutely anticipated the necessity to bring such a concept into the inside-of-the-square of the positivist science of the 1960s. In fact, Professor Benson related a story about

¹¹ The Maharishi’s requirement for the *personal* transmission of the TM method is significant to the discussion of Chapter 7 on the *Mechanisms of Action* of meditation in its various forms.

conducting his early TM experiments of the 1960s in a basement room of Harvard Medical School, spiriting his bearded, shaven-haired, meditator-participants in and out of the building through a little observed basement entry, in order to avoid the unwanted and likely derisive scrutiny of his medical peers (personal communication, 2009).

With much less medical jargon, founding transpersonal psychologist Charles Tart, a pioneer in the study of consciousness and ‘other ways of knowing’¹², defined meditation as the experience of deep passivity within consciousness and of “totally suspending every thought and action, turning into oneself and directing the attention towards the interior, spontaneous experiences” (1969, p. 7). He also says, like Vallyon, when it comes to meditation, and all its descriptions and varieties, that “it’s important not to get stuck in the woods and lose sight of the trees” (Tart, 2008).

With simplicity, Woolfolk (1975) defined meditation as the focussing of a repetitive stimulus which is accompanied by a peaceful sensation. By contrast, using a more psychological and technical jargon, internationally renowned consciousness researcher and clinical psychologist, Daniel Goleman, conceptualized meditation as a “meta-therapy” (1971, p. 1). He defined meditation as “the systematic and continued focussing of the attention on a single target—for example, a mantra or sound—or persistently holding a specific attentional set toward all percepts or mental contents as they spontaneously arise in the field of awareness” (1976, p. 457). More simply, Goleman says meditation “is the self-regulation of attention” and makes it clear that this definition distinguishes it from its popular usage where it may imply contemplation or rumination (, p. 457).

Also during the mid-1970s, Princeton University Clinical Psychology Associate Professor, Patricia Carrington, developed what she called “a total training program in meditation” (Carrington, 1978, p. 146) learned either from audio recordings, instruction texts, or in person from a qualified instructor. Carrington defined her *Clinically standardized meditation* (CSM) program as

¹² Chapter 8, *A Clash of Paradigms*, includes a discussion of ‘other ways of knowing’ alluded to here.

“modern forms of mantra meditation, simplified and divested of esoteric trappings and religious overtones... devised with clinical objectives in mind” (Carrington, 1978). This is clearly more description than definition, but she added that CSM is of a “strictly noncultic” nature and its components “possess some outstanding therapeutic properties” (Lehrer, David, Woolfolk, & Sime, 2007, p. 364). Interestingly, the two latter quotes are excerpted from the book entitled, *Principles and Practice of Stress Management*, indicating that CSM adheres to secular objectives of meditation that appear to explicitly contradict those of the meditation traditions outlined earlier.

Then in 1980, Shapiro offered this broad definition: “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” (p. 14). In later refinement of this definition it is strongly asserted that meditation is a dynamic developmental process, and not a static category of states and/or practices (S. Shapiro, Schwartz, & Santerre, 2005).

Clinical psychologist, and professor of psychology at Chicago’s Roosevelt University, Jonathon Smith, long touted internationally as an expert in meditation in clinical contexts, in his book entitled *Relaxation, Meditation and Mindfulness: A Mental health Practitioner’s Guide to New and Traditional Approaches* (2005) provides *no* definition for either meditation or mindfulness. While brief *descriptions* of four types of body, mind, sense, and mindfulness meditation *techniques* are included, most of these are inaccurate, over-simplified, and misleading. For example, meditation that involves internal visualization is described as “selecting an utterly simple image, such as a visualized spot of light or star, and focussing attention on it” (p. 17). This is not visualization, which specifically entails an active internal imaginal visual constructive process, frequently complex, with some forms not recommended for beginners to meditation, and requiring careful instruction and practice (Austin, 1999; D. P. Brown, 1977). Similarly, external visualization is described as, “attending to a very simple and unchanging external visual stimulus, such as a candle flame” (p. 17). Neither is this a visualization process; rather, it is more akin to a Zen ‘just

seeing' process¹³ or the Hindu TRATAKAM¹⁴ sadhana where the gaze is fixed either inwardly or outwardly on a chosen object. Smith then describes mantra meditation as “the passive mental repetition of a syllable, word, or meaningless sound” (p. 17)—but this is *active* meditation, that is, meditation involving activity or *via positiva*¹⁵ as it is known in the traditional literature (Warwick-Smith, 2010). The misuse of the term “passive” in this context is a major error; perhaps Smith means *quiet* mental repetition—regardless, such a description is inaccurate in that there are myriad forms of mantra meditation that are intoned aloud with sustained vocal intensity which, again, is clearly not passive. Such simplistic descriptions simply do not concur with my own experience of such practices nor with descriptions of internal and external visualization processes as described in the traditional and scientific literature (Andresen, 2000; D. Brown, 2009; Swami Rama, 2010; Vallyon, 2007d; Wang, Huddleston, & Peng, 2003). In fact, for a book with such a title, one could reasonably expect that a substantial portion of the text would explicitly discuss both. However, the book includes only a brief 14-page chapter on meditation and mindfulness, two pages in its introduction, and brief scattered references to them in a book of 368 pages.

This next definition from Manocha (2000) takes into account what meditation is not, to clarify what it is, confusingly saying that processes that do not “give the key experience of mental silence or thoughtless awareness”, including techniques that “use constant repetition of syllables (such as mantras), visualizations or other thought forms”, should be deemed “quasi” meditation (p. 1136). Such an assertion represents a most unhelpful addition to the literature. Many long-term meditators would disagree, in that, practicing a meditation technique gives *no guarantee* of the key experience he seems to expect; and it is precisely because of the very illusiveness of this key experience that teachers of meditation encourage persistence with one’s meditation practice. One would

¹³ See for example Vallyon (2007c, pp.786 and 1018)

¹⁴ See for example Swami Satyananda Saraswati (1963) which can also be found at <http://www.yogamag.net/archives/2005/cmar05/tratak.shtml>

¹⁵ The term *via positiva* is used here as in the Western and Eastern esoteric mystery schools rather than the Christian cataphatic sense professed by, for example, St Ignatius and St Francis (Anonymous, n.d.-b). For further explanations of *via positiva* and *via negativa* with regard to meditation see Vallyon (2007d, p. 1465) and Delmonte (2004).

certainly hope that he would not be consulted as a meditation expert, despite his noted prominence as the *Barry Wren Fellow* at the Natural Therapies Unit of the Royal Hospital for Women, New South Wales, Australia, if for no other reason than for his statement that “meditation is a sophisticated form of relaxation” (p. 1136). In fact, Manocha’s article contains so many blatant inaccuracies and loaded language, such as, commercial meditation, consumer, brand, as well as cautions regarding the “medicolegal implications” (p. 1138) of recommending meditation as to appear to give the impression that meditation could be just another pill in his pharmacopeia. He also uses the phrases “the original meditation tradition” and “the authentic tradition of meditation”, seemingly of the opinion and misapprehension that meditation comes from one singular tradition (pp. 1136-1138).

Yet another definition published in the Western scientific literature asserts that meditation is a “discrete, well-defined experience of thoughtless awareness” (Bond et al., 2009), a conceptualization which appears to only cover meditation as a state and inadequately at that. The inadequacy is salient in that the act of meditation is *often* accompanied by thought-full mental chatter and it is the ability to develop a meta-awareness of thoughts that may arise during meditation that is fundamental to the process of many meditational techniques. However, the states of ‘no thought’ or of ‘thought-less’ awareness in this definition *are* also experiences of meditation; some would say such a state is the ultimate experience of meditation, and others would say there are states and experiences even *beyond* the no-thought states, of limitless consciousness, of TURIYA (Ramana Maharshi, 1939; Sri Chinmoy, 2012; Vallyon, 2007a). So, clearly, this definition is not satisfactory.

In an attempt to cover the bases of both traditional belief-based as well as clinical settings, including both active and passive meditation types, Cardoso, de Souza, Camano, and Roberto-Leite (2004) published a research protocol update for meditation health research. Their suggested operational definition for meditation was that usage of the term should meet the following five criteria:

1. The use of a specific clearly defined technique
2. Progressive muscle relaxation must occur at some stage of the process
3. A reduction in logical processing must occur at some stage of the process
4. It must be a self-induced state
5. A 'self-focus' anchor must be used that enables the mind to focus

More recently, Bond and colleagues, in conjunction with the University of Alberta Capital Health Evidence-Based Practice Center (Bond et al., 2009), produced a report entitled *Defining a Complex Intervention: The Development of Demarcation Criteria for "Meditation"*. With a complexity that might be valued in the West as highly sophisticated, the authors utilized a process called a "5-round Delphi study¹⁶" (p. 129) with a panel seven experts¹⁷ to develop a working definition of meditation for a scientific systematic review of the use of meditation for therapeutic purposes. The authors reiterate the inclusion of the above listed five criteria and add three more:

6. involve an altered state/mode of consciousness, mystic experience, enlightenment or suspension of logical thought processes
7. be embedded in a religious/spiritual/philosophical context
8. involve an experience of mental silence (p. 129)

However, the authors acknowledge the challenges that this process and its outcomes represent for Westernized scientific attempts to operationalize meditation for research purposes. The reason given for using the Delphi

¹⁶ Developed by the Rand Corporation in the 1950s, the *Delphi* method is a systematic structured explorative and consensus process that utilizes the collective intelligence of nominated experts for decision-making and policy development. The process entails the "systematic solicitation and collation of judgments on a particular topic through a set of carefully designed questionnaires interspersed with summarized information and feedback of opinions derived from earlier responses" (Delbecq, Van de Ven, & Gustafson, 1975).

¹⁷ The expert panel who participated in the Delphi process were John Astin (California Pacific Medical Center Research Institute, San Francisco, CA), Ruth Baer (Department of Psychology, University of Kentucky), Vernon Barnes (Georgia Prevention Institute of the Medical College of Georgia, Augusta, GA), Badri Rickhi (Canadian Institute of Natural and Integrative Medicine and Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada), Linda E. Carlson (University of Calgary), Jeffery Dusek (Allina Hospitals and Clinics, Minneapolis), and David Shannahoff-Khalsa (University of California, San Diego) (Bond et al., 2009, p. 129).

methodology was partly to minimise the pitfalls associated with other consensus processes. For instance, such processes can become skewed by a dominant individual or pressure group, creating a bandwagon effect that can suppress the ability of other contributors to freely express important opinions (Linstone & Turoff, 1975). One of the strengths of the Delphi process is said to be that the successive rounds encourage participants to revise their opinions or omissions in the context of others' judgments of the topic under exploration—but this is only possible if participants are anonymous and genuinely engaged in the process (Armstrong, 2001). In this case, and contrary to the standard Delphi procedure, which maintains the anonymity of the experts even after completion of the process, the experts are named on the first page of the report (see footnote 13). Why? To lend credibility to the study outcomes? No explanation is provided for deviating from the method in this respect. The authors also admit the representativeness and small number of experts consulted is of concern, as is the fact that little explanation or criteria is provided for how expertise was assessed or determined in the first place. What is noticeable from the list of names is their solely North American pedigree. Furthermore, the validity and integrity of the entire process was compromised in that the Delphi study was rushed through and its comprehensiveness restricted by the deadline timing and coordination of the primary objective, namely, the proposed following systematic review. Moreover, it was stated that, “it was not feasible to include representation of all meditation practices or techniques” (p.129), and of course this would have been an unrealistic expectation. However, it was not stated anywhere in the study what kind of meditation practices *were* included—a significant omission given the all-encompassing use of the term “Meditation” (p.129) of the title of the study.

Nonetheless, the study does clearly relate the problems faced in trying to formulate “demarcation criteria” (Bond et al., 2009, p. 129) for meditation processes, states, and things as applied to the Western health sector. Bond et al. reported that their experts resisted agreement upon a set of demarcation criteria, and quote constructionist philosopher Ludwig Wittgenstein on language-games, who rejected “general explanations” and the “sufficient and necessary conditions” (Biletzki & Matar, 2011, para 35) basis for definitions. Bond et al. carefully propose that meditation might best be represented as “a natural category of

techniques best captured by “family resemblances”” (as cited in Bond et al., 2009, p. 135). Wittgenstein’s view that, instead of looking for preciseness and essential core meanings, we should analyse a term’s usage through “a complicated network of similarities, overlapping and criss-crossing” and that “family resemblance also serves to exhibit the lack of boundaries and the distance from exactness that characterize different uses of the same concept” (Biletzki & Matar, 2011, para 35). Such a basis for demarcation, or definition, would seem to be a far more appropriate take on meditation given all the above, than a precisely operationalized limited definition could ever be. Such a basis also has correspondence with Swami Brahmananda’s assertion that “whatever you think meditation is, it’s not that” quoted earlier in this section (Swami Brahmananda, 2005).

However, would proponents of the positivist Western scientific model tolerate such an indeterminate and vague approach? Indeed, the Western scientific positivist preference for operationalization of concepts is somewhat antithetical to how meditation is represented in its traditions of origin, which is implied by Swami Brahmananda’s assertion. However, it is clear that meditation has much to offer Western medicine and psychology, and has become integrated into treatment protocols for many medical and psychological disorders (Didonna, 2009b). For such a marriage to last and thrive it is necessary to find ways “of translating its nonconceptual, nondual, and paradoxical nature into a language that clinicians, patients, scientists, scholars—all of us—can understand and agree on” (S. L. Shapiro & Carlson, 2009, p. 3). However, from my research to date, achieving this goal appears to be some way off. In Chapter 9, I offer an attempt to present options that may assist the further development of a new Western paradigm for understanding and working with such concepts that do not fit into an orderly predictable replicable well-defined and delimited positivist conceptualization, whereby multiple views and knowledges can be held concurrently.

Adding to the complexity this discussion of definitions, much of the recent Western clinical literature focusses specifically on the variety of meditation known as mindfulness. Accordingly, the next several definitions relate specifically to *mindfulness meditation* as described in the recent Western clinical

literature. For comparison, these are prefaced with a sample of definitions from the religio-cultural traditions of origin of mindfulness meditation.

What is mindfulness?

While the origin of mindfulness meditation has most often been attributed to the East and specifically to Buddhism by the majority of Western scientific authors, the construct of mindfulness is embedded in most orthodox and esoteric spiritual traditions (S. L. Shapiro & Carlson, 2009). I found it remarkable that from the broad selection of scientific literature I reviewed for this project, very few authors acknowledged this fact, or that it is a concept well-established in the Western philosophical (Walsh, 2000) as well as Western psychological (Warren-Brown & Cordon, 2009) schools of thought. The issues and implications that arise from this seemingly partial understanding and acknowledgement are discussed at length in later Chapters.

Many authors cite mindfulness as being the equivalent English word for the Pali¹⁸ word *sati*¹⁹, which translates as “awareness, circumspection, discernment, and retention” (S. L. Shapiro & Carlson, 2009, p. 4) as well as “attention and remembering” (Siegal, Germer, & Olendzki, 2009, p. 26)^{20 21}. The first direct English dictionary translation of *sati* to mindfulness appears to date to 1921 (Davids & Stede, 1921/1993), but as Siegal et al. point out, these original meanings have been modified somewhat to include a wide range of ideas and

¹⁸ Derived from *Sanskrit*, the classical language of India and Hinduism, *Pali* was the original language in which the teachings of Buddha were documented and it remains the canonical language of the Buddhist traditions of Sri Lanka and South East Asia (Department of Asian Languages and Literature of the University of Washington, 2006).

¹⁹ The lesser quoted Sanskrit word *smṛti* is also translated to the English as ‘mindfulness’, ‘remembering’ and ‘that which is remembered’ (The Spoken Sanskrit Dictionary, n.d.).

²⁰ However, this derivation and translation is disputed by some Buddhist scholars. See <http://theravadin.wordpress.com/2009/02/13/mindfulness-is-not-sati/> for a discursive and provocative commentary on the ‘error’ of applying the above translation to the English term ‘mindfulness’.

²¹ The reader is also directed to Bhante Gunaratana’s *Mindfulness in Plain English* (Gunaratana, 2002) for an informative commentary on the original Pali *sati* and Buddhist mindfulness meditation practice.

processes for Western psychological purposes. They state that the concept and terminology of mindfulness is being adapted to include psychological qualities beyond the awareness, attention and remembering of *sati* to also include the qualities of “nonjudgment, acceptance and compassion” (p. 19) as its applications in clinical contexts develop.

From the classical literature, and with simplicity, Vallyon (2007c) defined mindfulness as “the moment-by-moment Awareness of your mental, emotional and physical states of being” (p. 1017). The following example from Buddhist scholar and monk, Nyanaponika Thera’s instructional *The Heart of Buddhist Meditation* (1972), goes further to impart the usefulness of such awareness; he conceptualized mindfulness as

the unfailing master key for *knowing* the mind, and is thus the starting point: the perfect tool for *shaping* the mind, and is thus the focal point; and the lofty manifestation of the achieved *freedom* of the mind; and is thus the culminating point. (p. 24)

Jon Kabat Zinn, who is frequently cited as the foremost pioneer in the clinical applications of mindfulness (see for example, Baer, 2006; Didonna, 2009a; S. L. Shapiro & Carlson, 2009), defined mindfulness meditation as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment to moment” (Kabat-Zinn, 2003, p. 145). In a more simple way, “therapeutic mindfulness” offered by the Institute for Meditation and Psychotherapy is defined as “awareness, of present experience, with acceptance” (Siegal et al., 2009, p. 19).

Similarly, and in the context of the development of their psychometric measure, the Mindful Attention and Awareness Scale (MAAS), Warren-Brown and Ryan (2003) defined mindfulness as “the presence or absence of attention to and awareness of what is occurring in the present” (p. 824). However, this definition includes only the attentional conceptualization of mindfulness; it does not include the attitudinal or intentional components of mindfulness that feature in

other Western scientific definitions. For example, using Thera's above explanation as a guide, Shapiro and Carlson (2009) capture the construct of mindfulness as both state and process with this psychological definition: "as the awareness that arises through intentionally attending in an open, caring, and non-judgmental way" (p. 4).

By contrast, and suggestive of a more mechanical orientation, the *Mind and Life Research Network* (MLRN), whose international membership includes many high-profile neuroscientists and meditation researchers, in an email to members in 2009 (see Appendix G), defined the mindfulness practice of insight meditation as, "simply a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought." However, as outlined in the following chapter, when this statement was presented to long-term meditators for their view, all but one strongly disagreed, calling it simplistic and inaccurate. The implications of this fundamental difference of understanding for the development of a scientific body of knowledge of meditation are discussed in the chapters that follow.

As with the term meditation, we can more clearly explicate what mindfulness *is* by taking note of what it is *not*. For instance, by examining the opposite of mindfulness, that is, *mindlessness*, what is meant by the former can be more easily understood. For example, often, we operate on autopilot, as in when our thoughts are in one place and the rest of our body is in another place rather than noticing what is happening in the present. As a helpful demonstration of this, Siegal et al. provide the following:

I was in a rush and running late. Suddenly, a few minutes into my drive, I realized that I was heading in the wrong direction... on a toll road on which the exits can seem as though they are 50 miles apart. I wondered, "Who was driving the car?" "Who decided to head west?" My mind was busy preparing my presentation, while my body was steering the car automatically, skillfully, heading in the wrong direction. (2009, p. 20)

However, what mindfulness *is* exactly has become a growing area of confusion and ambiguity as it has been taken up by the Western health sciences, and particularly, psychology. As with meditation, the term mindfulness has grown to include an increasing array of techniques and processes.

As an example, while Langer (1989) states that her approach to mindfulness is “almost entirely from within a Western perspective” (p. 78) and her definition of mindfulness somewhat overlaps with, it also fundamentally differs from the way other Western psychology scientists and authors who work within the scope of MBSR, MBCT, ACT, and so on, define it. She explicitly disagrees with the MLRN definition above, stating that, “mindfulness is not a cold cognitive process” (Langer & Moldoveanu, 2000, p. 2). A Professor of Psychology at Harvard University²², she defines mindfulness as a “heightened sense of situation awareness and a conscious control over one’s thoughts and behavior relative to the situation” (Langer, 1989, p. 70), without other authors’ emphasis on an Eastern style of meditation. She asserts that mindfulness is not only about paying attention, but that it is about choosing to be in the moment, while not ignoring the environment. While both Langer’s and Kabat-Zinn’s mindfulness constructs explicitly involve attentional processes, Langer emphasizes the active construction of new categories and meanings while paying attention, primarily to external stimuli in the environment. This construction promotes deliberate cognitive engagement to think about, and actively notice and name, differences in the things that are observed. Langer herself emphasizes that this is quite different from other contemporary meditation-based definitions of mindfulness.

In sharp contrast, Kabat-Zinn’s and others’ constructions of mindfulness *discourage* attentional engagement in these kinds of elaborative processes which require a level of judgement, while encouraging the development of the ability to observe the temporal stream of the internal stimuli of thoughts, emotions and

²² Professor Langer is a recipient of the Guggenheim Fellowship (1980) and of the American Psychological Association’s (APA) Award for Distinguished Contributions to Psychology in the Public Interest (1988) among other distinctions. She was the first woman to receive permanent tenure in psychology at Harvard University (Hilts, 1997).

bodily sensations. As Bishop et al (2004) point out, this interpretation of mindfulness is more akin to Wundt's and James' introspection, Bugental's presence (1978), Deikman's observing self (1982), Safran and Segal's deautomatization and decentering (1990), and Fonagy and Target's reflective functioning (1997). This construction involves deliberately *not* focusing attention on and engaging cognitive processes in *thinking about* or judging what is observed as either one categorically specified thing or another, or that it has been seen before or not. While Langer's construction of mindfulness has been taught within educational contexts and has been demonstrated to enhance attentional capacity (Langer, 2000), the proponents of *mindfulness meditation* assert that it is not useful within the context of psychotherapy, stress reduction or wellness programs (Baer, 2003). Such a distinction could be advantageous to researchers in both camps by ensuring not only that each is applied to the appropriate context, but also that they are not competing for the same funding purse.

However, this situation does reflect the complexity of the nature of meditation, and the diverse perspectives that exist, both within the traditions as well as within Western science. In fact, refining a definition of meditation to a greater specificity would limit attempts to account for the subtle and not so subtle ways in which different meditation processes can be distinguished from each other.

For example, one resource I encountered early in this research was the *International Meditation Bibliography, 1950-1982* written by Howard R. Jarrell (1985) and published by the American Theological Library Association. I initially (and it turned out, naively) thought that it would provide a valuable and comprehensive direction to the scientific, traditional, and popular literature on meditation during this definitive time period. However, it became clear from the first pages that this tome was a bibliography with bias. Whilst there is no doubting Mr Jarrell's and his associates' sincerity for their topic, the bibliography comprised mostly scientific reports of Maharishi Mahesh Yogi's Transcendental Meditation program. In the foreword, William Baker, seemingly oblivious to this partiality, promotes TM with an almost proselytic zeal and his enthusiasm and commitment to the topic is clear. However, nowhere in this book is meditation

defined, and nowhere in the title are the words *Transcendental Meditation*. That said, Jarrell's lists do represent the enormous amount of accessible research on TM conducted by the Maharishi University during the specified time period of the title. The validity of this body of knowledge on the psychological and physiological benefits of TM, and the challenges it has both issued to, as well as received from the Western scientific community, are the subject of discussion later in this chapter and also Chapter 8.

In the religio-cultural context of the topic of this thesis and the literature available, such evangelistic zeal is not unusual or uncommon. While my own academic enthusiasm remains, it has become somewhat diluted by my concern regarding the issues surrounding the dissemination of (in-) correct and (in-) consistent information regarding the history of meditation in the West. These concerns include how it is described, what meditation is understood to be, the partial attribution of the origins of mindfulness, and how all this may affect the training of health practitioners and their competency to offer meditation in their practices. The religio-cultural lens through which any author writes is coloured by their exposure to and learning in the area of their expertise and it would be unreasonable to expect all authors to know every thing about their topic. No one can read *every* thing, no one can experience *all* traditions, and much of the knowledge from the esoteric meditation traditions may not be accessible to academics and scientists in the first place.

It is with similar sentiment to Swami Brahmananda's earlier noted comment, that North American meditation teachers and authors, Ed and Deb Shapiro make the following comment in their article *Meditation is Not What You Think* (2011). They maintain that over the many years of their involvement with meditation in America they have seen "how easily people miss the point, mainly because they take the practice and themselves too seriously" and "turn into diehard advocates of a particular method or technique and become like a salesperson trying to sell a product" (para. 1). They also observe that, with a tendency to identify with the technique instead of the experience of meditation as it unfolds over time, many Westerners, in trying so hard, engage in a *mental process* instead of an *experiential one*. They go further stating their concern that

the meditation teacher is vitally important, that the teacher “must be skilful, peaceful and clear, regardless of the method or tradition they are teaching” (para 8). So here, the juncture between method and tradition is made salient, and a notion that to gain and maintain their proficiency, a teacher should practice what they preach—a notion that has attracted much debate amongst psychologists, and which is also discussed later in Chapter 8.

Conclusions

It is clear that a catalogue of issues arise simply from an attempt to define the terminology for this project. An inductive process it turned out to be, with more questions raised than have been answered in this preamble. The examples outlined in this section, taken from the traditional and clinical literature, represent multiple experiences and understandings constructed from the multiple realities in which they arose. These many examples illustrate how frequently the terminology in this field can be inconsistent and ambiguous. The diversity, ambiguity, and sometimes contradictory definitions for meditation and mindfulness exist because they arise from within the boundaries of the cultural constructions, experiences, and understandings (lack thereof) of those who construct them. From the realm of the traditions, thousands of years of experiences of meditation phenomena have led to understandings that fit with the religio-sociocultural history and influences of the times. So too, the definitions arising from within the boundaries of positivist Western science illustrate the way understandings of meditation phenomena fit within the history of the rise this scientific approach, and its separation from religious influences of the past.

Yet, this is not to say that one definition should be sought, or is correct. However, with no consensus of definition and the potentially confusing and confounding usage in the Western scientific literature, it is likely that at times authors and readers may not be writing and reading about the same construct. This review of a broad range of literature across the meditation traditions and Western science, as well as informal discussions with groups and conversations with the individuals who were my participants in this research, confirms that they are often not. One of the consequences that arises as a result of such ambiguity, and from

the possibility of “talking past each other” (Metge & Kinloch, 1978, p. 1), is that we miss, dismiss, or misinterpret, each others’ points of understanding and the places from which they come. As a secondary consequence, the legitimate subjective knowledge fields of human perception and experience, and a positivist Western science attempts to objectively measure and therefore validate them, collide.

Caspi and Burlison (2005) highlight the challenges of conducting research on meditation in Western health contexts in the abstract to their article published in *Advances in Mind-Body Medicine*. The following excerpt is a fitting summary of the apparent methodological issues with which to conclude this section of discussion:

Like other complex, multifaceted interventions in medicine, meditation represents a mixture of specific and not-so-specific elements of therapy. However, meditation is somewhat unique in that it is difficult to standardize, quantify, and authenticate for a given sample of research subjects. Thus, it is often challenging to discern its specific effects in order to satisfy the scientific method of causal inferences that underlies evidence-based medicine. Therefore, it is important to consider the key methodological challenges that affect both the design and analysis of meditation research.... Among the challenges discussed are the mismatches between questions and designs, the variability in meditation types, problems associated with meditation implementation, individual differences across meditators, and the impossibility of double-blind, placebo-controlled meditation studies. Among the design solutions offered are aptitude x treatment interaction (ATI) research, mixed quantitative-qualitative methods, and practical (pragmatic) clinical trials. Similar issues and solutions can be applied more generally to the entire domain of mind-body therapies. (p. 4)

All of the above definitions, explanations, descriptions, assertions and discussion notwithstanding, it is still necessary to define the scope of these terms for the purposes of this research. Therefore, as outlined previously in Chapter 2,

the following brief is intended for the terms used throughout this dissertation. My use of the terms *meditation*, *contemplation*, *prayer*, and *contemplative prayer* refer to practices whereby individuals' attention is directed towards the use of specific words, sounds, syllables, or mantra, visualisations of images, or awareness of internal or external stimuli, in a sustained or repetitive way, and / or the subjective states that arise as a result of engaging in such practices. This broad sweep encompasses all of those processes and states that informed this research project and the discussions herein. Therefore, wherever the term meditation or the above variations occur in this text, I intend them to encompass the above definition, except when referring to a specific practice.

Finally, Taylor, in his introduction to the *IONS Meditation Bibliography* (Murphy, Donovan, & Taylor, 1988, updated 1997), offers the simple and helpful advice that “a useful rule of thumb is to consider all meditative techniques to be culturally embedded” (para. 4). He goes further, maintaining that

The attempt to abstract out the primary characteristics of meditation from a grab bag of traditions in order to come to some purified essence or generic definition is a uniquely Western and relatively recent phenomenon. This tendency should be considered, however powerful and convincing its claim as an objective, universal, and value-free method, to be an artefact of one culture attempting to comprehend another that is completely different. (para. 5)

The methodological challenges that this cultural tendency presents, and its implications for a Western science of meditation for the healthcare sector, are discussed at length in Chapters 8 and 9 of this dissertation.



RESEARCH PHASE 2

CHAPTER SIX

AN HISTORICAL SURVEY OF WESTERN PSYCHOLOGY AND MEDITATION

There is *only* a perspective seeing, *only* a perspective “knowing”;
and the *more* affects we allow to speak about one thing,
the *more eyes*, different eyes, we can use to observe one thing,
the more complete will our “concept” of this thing, our “objectivity” be.

—*Nietzsche (1989, p. 86)*

Introduction

The purpose of this chapter is to review how and why meditation, in its many variations, has been in and out of favour with mainstream Western researchers, clinicians, and scholars in the health sciences, and particularly in the mental health sector, over the past 100 years or so. In taking a social constructionist approach to the topic, I have endeavoured to discover and demonstrate how this attention has come about over this period. The work, opinions, contributions, and impacts of some of the most prominent and influential figures who have been the protagonists and the antagonists are surveyed. Key biographical detail of some of these figures is included in order to demonstrate where their social or educational status or connections provided authority for, and subsequent influence of, their opinions and contributions. This survey is not exhaustive; rather, it is intended to contextualise the recent history of meditation in the mainstream Western health sciences and service provision to provide an overview of the bio-psycho-social themes explored in later Chapters.

A social constructionist commentary follows on some of the most influential individuals and organisations that have maintained an interface between the Western health sciences and meditation. The commentary is divided

into two parts and the historical context to them is presented as a timeline of events in Appendix H. To set the scene, Part One of the commentary consists of an overview of some of the key individuals and organisations influential in the development of interest in meditation from Victorian times through to the current decade across Western society. Part Two specifically charts the rise of psychology as a science in the nineteenth and twentieth centuries, and includes the contributions of a sample of the prominent individuals and organisations through this time period. Their interest in, or dismissal of, meditation is interwoven through the discussion. Part Two is traced from:

- Wundt's earliest first-person 'introspection experiments' of his 19th century new science of psychology; then
- The later 20th century attempts to objectively, reductively, and mechanically measure the physiological, neurological and psychological effects of meditation to deduce its mechanisms of action; to the
- The present 21st century renaissance of introspective observation

The constructionist perspective acknowledges that different experiences and understandings exist and result from the varying contexts from which they arise. Therefore, casting a constructionist lens over these historical and contemporary religio-socio-cultural spheres of activity locates the discussions of later chapters within the socio-cultural milieu in which the current applications of meditation in healthcare are arising. It also provides an informative context, illustrating the way the social and educational status of particular individuals, as well as changing technology, travel, and communication styles, have impacted the rise in popularity of meditation across Western society, and especially, in the health sciences.

Overall, the scope and discussion of this phase of the research takes account of the changing social, cultural, political, economic, scientific, and religious influences of the past century or so, and how these have interplayed in either contributing to the popularity of, or resistance to, the use of meditation in the Western health sector. These broad ranging, but not disconnected, influences

will be seen to have had sometimes subtle, sometimes overt, and sometimes covert impacts, at both the macro and micro levels, on the extent and intensity of interest in, and credibility of, meditation for the Western health sciences. It is demonstrated is that Western psychology has come full circle in its approach to the observation of human internal psychological phenomena and that subjective first-person perspectives of meditators' internal experiences are now sought, and valued, once again.

PART ONE—Setting the scene

Meditation: From the Victorian Age to the Western New Age

One of the decisions that needed to be made for the construction of this Chapter was to determine at what point in history to begin this survey of how meditation has attracted and maintained the attention of the Western mainstream, and particularly its scientists and psychologists, over the past hundred years or so. Therefore, the following section includes some of the significant individuals, organizations, and events from the mid-nineteenth century onward whose contributions to Western society reveal important elements of the scaffold upon which this topic was framed. Those included were selected in order to illustrate the variety of religio-socio-cultural realities of influence, from the mid nineteenth century onward, and who were instrumental in bringing knowledge of meditation to Western mainstream society. It is for this reason that this section begins with a description of, and constructionist commentary on, the life and influence of Madame Helena Petrovna Blavatsky, her close associates, and of those who came after her. A fitting observation about this decision, worth mentioning here, was made by one of the interviewees for Phase Two of this research project. In conversation with him about my approach to the topic of this section, he remarked that to begin this commentary with any other individual “would be akin to writing a book on the physics of the early twentieth century, subtitled ‘the theory of relativity’, without mentioning Albert Einstein.”

Madame Helena Petrovna Blavatsky

Guggenheim Fellow, professor of history and eco-psychology, Theodore Roszak described Helena Petrovna Blavatsky as “among the most original and perceptive minds of her time.... she is among the modern world’s trailblazing psychologists of the visionary mind” (1975, p. 124). Madame Helena Blavatsky²³ was a widely travelled Ukrainian-Russian bourgeoisie and mystic, schooled in the mystical traditions of the East and West. Some commentators hold the view that it was Mme Blavatsky, by way of her broad-ranging travel, prodigious writings and public appearances, who was in large measure responsible for introducing, and bringing to some prominence, the esoteric philosophies, mystical rituals, and meditation from both East and West to a wider Western audience (Belderis, 1997; Campbell, 1980; Cranston, 1998). Cranston’s biography goes further, making a claim that Mme Blavatsky ought to be credited with bringing about the beginning of the New Age through which the ordinary masses now so easily access much of the knowledge, as well as experiences, of the formerly protected and exclusionary domain of religious committents. The original publisher of the first edition of Cranston’s biography, Jeremy Tarcher, described Mme Blavatsky as a “visionary trailblazer” who “more than any other person, was responsible for the introduction of Eastern religious and spiritual thinking into Western religion, science, psychology, art, music and literature” (1993, back cover). So it is fitting that this Chapter begins with a short exploration of who this woman was, and why she receives this creditation.

Widely known as ‘HPB’, her public profile and pedigree as notable esotericist and spiritualist was assisted in certain measure by her direct family links with Russian and German aristocracy²⁴, as well as her contacts and friendships with prominent public figures in England, India, and North America (Cranston, 1998). In her early life she travelled through many countries, became

²³ Born 1831; died 1891

²⁴ On HBP’s father’s side, to the Baltic-German Hahn dynasty who were reputedly crusaders and Knights Templar. Her maternal great-grandfather was Prince Pavel Vasilyevich Dolgorukov, a Major General in Catherine the Great’s military and her maternal grandmother was Princess Helena Pavlovna (Cranston, 1998). Her pedigree lent her considerable social privilege and influence.

fluent in five languages, and experienced a broad-ranging education including direct communications with several well-known European intellectuals, scientists, botanists and geologists of the time. Her family over many generations had accumulated a substantial library which included many works on medieval esotericism and philosophy obtained through the family's connections with Rosicrucianism (Roszak, 1975). As a young woman, it was this collection which drew her attention, and she pursued her deepening interest in things mystical with more travel through many countries including Eastern and Western Europe, the Middle East, the Orient, and North and South America before settling in India and Tibet. She was driven to experience first-hand the different spiritual traditions and contemplative practices of the world, including the native north American and ancient south American civilizations' spiritualities, as well as voodoo practices of the Americas (Belderis, 1997). For several years she trained with Tibetan Buddhist masters in lamaseries that had never before seen a European woman (Cranston, 1998). What she learned inspired her to begin writing about her own unusual experiences and her broad ranging travels within the context of the potentialities of the human mind and future evolution of mankind. In 1875 she arrived in New York where she completed her first major written work, *Isis Unveiled* (Blavatsky, 1877), which, at the time of publication, stimulated a revival of interest in Victorian occult philosophy and rattled the foundations of science and religion. In this work she outlined what she viewed as the errors and fallacies of orthodox Christianity as well as the established science of the time, contrasting them with her experience of other religio-cultural knowledges, esoteric philosophies, and practical meditation. For example, she asserted the startling concept that the atom was made up of smaller divisible particles (Blavatsky, 1888), for which she drew severe criticism from the learned scientific authorities of the day, but which was confirmed by later scientists. She also referred to parallel but interconnected universes which fascinated the eminent French astronomer of the time, Nicolas Camille Flammarion but which was regarded as a preposterous suggestion by others (Oderberg, 1995).

Blavatsky's eventual monumental written works²⁵, her many public meetings, demonstrations of psychic powers and “parlor-room charisma” (Prothero, 1996, p. 14) provided widespread public access to exotic ideas that caught the attention of audiences who were affluent and educated. Her rise to fame came during a time when the industrial age and new technology made far-flung travel a more accessible past-time for the rich. Archaeological explorers and the new anthropologists were returning home with stories and treasures from exotic places from the near and far East, from Egypt through Asia, the Orient and beyond. The reports of the mysteries of these places came at a time when public appetite for stories of exotic adventures and the mysterious had been whetted. It was also the time of the British Raj as a strong presence in India, and travel to this exotic destination became a realistic opportunity for those with curiosity, the financial resources, connections, and fortitude.

Allan Octavian Hume

Mme Blavatsky's most notable and influential connections included one of the founders of the Indian National Congress²⁶, the wealthy Englishman Allan Octavian Hume. Hume's disillusionment with Christendom, and his life in India where he spent most of his adult life, had developed in him an avid interest in India's spiritual traditions. Mme Blavatsky became a frequent visitor to his home, Rothney Castle at Simla, where many conversations on spiritual philosophies between them took place. However, some years later, the friendship came to an end when Hume and his wife became unnerved by, and suspicious of Mme's psychic abilities (Cranston, 1998). Suspicion of her abilities and motives was to become a theme that would repeatedly dog Mme Blavatsky throughout the rest of her life.

²⁵ Published in many countries including her Russian homeland, Britain, India and North America. Online collections of HPB's works can be found here: <http://www.blavatsky.net/features/tools/research-tools.htm> and here: <http://www.blavatsky.net/blavatsky/blavatsky-articles.htm>

²⁶ Through which the Indian independence movement came into existence.

Alfred Sinnett

Another influential close friend who became a lifelong travelling companion was Alfred Sinnett, editor of India's leading English newspaper²⁷ of the time, and she also stayed at his family home in Simla many times. He published many articles about her unconventional views and her travels, and later became President of the London branch of the Theosophical Society, established by HPB (Cranston, 1998) to disseminate her accumulating esoteric knowledge and writings of meditation.

Colonel Henry Steel Olcott

From America, Colonel Henry Steel Olcott, a lawyer and former journalist for the *New York Tribune*, also became close companion of HPB. Olcott was a well-respected, and well-connected, officer of the American navy, such that when Abraham Lincoln was assassinated in 1865 he was appointed to assist the commission of investigation (Cranston, 1998). Like others of his time, he expressed curiosity in the growing spiritualist movement and the sensational psychic manifestations of which mediums seemed to be capable. As a lawyer, one of his specialist areas of practice was fraud. He supplemented his income as an investigative journalist and it was in this context that he met HPB. They were both (independently) visiting *Eddy Farms*, the location of some startling séances that were renowned for the phenomena produced. He was there to investigate them; she was there to observe them. From their first acquaintance, Olcott was taken with HBP's esoteric spiritual philosophy and knowledge of meditation which eventually led to him becoming the first well-known distinguished European-American to convert to Buddhism (Cranston, 1998). He is also credited with being instrumental in bringing Buddhism, as understood and experienced through a Westerner's lens, to America (Cranston, 1998). The significance of this contribution is highlighted later in this Chapter.

²⁷ *The English Daily of India.*

Both Sinnett's and Olcott's association with HPB, along with a group of other spiritual enthusiasts, led to the founding of the New York branch of the Theosophical Society (TS) in 1875, with Olcott bankrolling the Society for several years, as well as serving as its President in America (Cranston, 1998). In 1879, HPB and Olcott moved the TS headquarters to Adyar, India, and in time, HPB settled back in London, while Olcott divided his time between India and Ceylon, the modern day Sri Lanka. Here, both HPB and Olcott achieved celebrity status and were regarded as heroes by the Sinhalese. In particular, Olcott achieved considerable local respect for his involvement with Buddhism in Ceylon and is remembered for his contribution to the design of what is today, the universal Buddhist flag, which has now been adopted by all Buddhist traditions (Raeside, 2001) and he is still honoured annually for his part in Ceylon's Buddhist revival and independence (Prothero, 1996). It is of interest to note that Olcott campaigned for and established a Westernized approach to and Christian-styled Buddhist education structure, from Sunday schools to secondary schools (Prothero, 1996).

The significance of Hume's, Sinnett's, and Olcott's involvements with HPB is that many of their own acquaintances were prominent and eminent in their own right. On the one hand, their association with Mme Blavatsky ensured widespread interest in and speculation about her abilities, views, and knowledge that were extraordinary and unconventional in the extreme at the time. On the other hand, it could be speculated that her popularity as a house guest may have seen some of these big egos of the day compete for her favours. Her unconventional views and abilities were able to draw a crowd and help build her hosts' social and political profiles; but they also made her a prime target for extortionists seeking to profit from any sniff of a scandal that could be generated by rumour of fraud²⁸.

HPB's legendary charismatic influence, ability to gain a wide influential audience, and to stir a questioning of widely held social, political, and religious

²⁸ For accounts of the various accusations of fraud against HBP and the rebuttals see Belderis (1997) and Cranston (1998) and Knoche (1997). She was variously accused of being an imposter many times, as well as being a Russian spy, an English spy, of smoking cannabis, being racist, committing forgery, immorality, and constructing elaborate hoaxes.

views and doctrine, catalysed a problem for the conservative hegemonies of the day. To discredit her, she was deemed either a fraud, or theological authority was employed to demonise her as possessed and dangerous (Cranston, 1998). These were days when counter-culture movements in America were gradually building the critical mass that would bring manifest change in the social order—changes that resulted in the abolition of slavery and, eventually, the constitutional recognition of women as men’s equals in society. So, HPB’s political influence was not dismissed as inconsequential. Cranston asserts that attempts to discredit Mme Blavatsky were made in order to quash what was seen as her contribution to the burgeoning threats to the governing authorities’ ability to maintain the civil order.

Indeed, HBP did have an impact on the Western culture of the day, and an enduring impact on Western culture to come (Oderberg, 1995). Her writings are said to have influenced many prominent modern scientists, philosophers, writers, artists and composers, including Einstein, Mohandas Gandhi, Yeats, T. S. Eliot, James Joyce, Rudyard Kipling, Kandinsky, Gauguin and Sibelius (Oderberg, 1995), Elizabeth Kübler-Ross, Ken Wilber, Amit Goswami, Theodore Roszak, Rupert Sheldrake and even Elvis Presley (Cranston, 1998). She was also an outspoken advocate of women’s rights decades before women in the United States achieved voting status equal to men. It was through her encouragement and support of others that many Eastern contemplative texts came to be translated into English that had formerly been the exclusive preserve of the learned and clergy. The magazine she founded in 1878, *The Theosophist*, struck academic as well as lay interest across America and Europe and is still in circulation to this day. Oderberg claimed that she attracted “intelligent readers because she presented the human situation as something complex, meaningful, and exciting... and stressed the importance of spiritual values” (1995, Part 2, para 23). She also encouraged the study of Sanskrit for the communication of metaphysical concepts that had no English equivalent terminology, of which many have now entered into the English vernacular, such a karma, avatar, and akasha (Oderberg, 1995). She was hugely instrumental in opening the door for the general populace to study non-Christian philosophies, religions, and contemplative practices, much to the vexation of the religious authorities of the day (Cranston, 1998).

In stark contrast to the above acclamations, it has also been sarcastically alleged that one of Mme Blavatsky's greatest contributions to the twentieth century was that her theory of race fed the "diseased imaginations" of the eugenicist movement and Hitler's theory of Aryan superiority that led millions to the Nazi death camps (Anonymous, 2002). However, as with the accusations of fraud, while some claim they were proved correct, others claim she was framed in every instance by a hegemonic dominant white male middle class who were desperate to preserve their conservative influence and power (Cranston, 1998).

In fact, in 1892, a year after HPB's death, one of New York's most popular newspapers of the day, *The Sun*, was ordered to print a lengthy retraction of their earlier allegations of hoax and fraud against her, which was based upon the vengeful evidence of two of her sacked former employees. However, *The Sun* was a fashionable newspaper well-known for its sensationalist style and history of staging hoaxes of its own to increase its circulation²⁹ and the order to retract its earlier headlined articles did nothing to hurt its circulation. HPB had been good for the newspaper, which printed the following about her in their September 26th, 1892, issue:

A woman who, for one reason or another, has kept the whole world—two hemispheres—talking of her, disputing about her, defending or assailing her character and motives, joining her enterprise or opposing it might and main, and in her death being as much talked about between two continents as an emperor, must have been a remarkable person. (as cited in The Theosophical Society, 1998, para 6)

As with HPB, her friend and fellow mystic, Olcott was revered by some and reviled by others. Ceylon's Prime Minister honoured Olcott as "one of the heroes in the struggle for our independence and a pioneer of the present religious,

²⁹ As one example, *The Great Moon Hoax*, was a series of six articles describing the discovery on the moon of humanoid man-bats, and a extensive array of other creatures, vegetation, colossal buildings and even sandy beaches, written by a fictional 'Sir John Herschel, LLD FRS' no less, who quoted the venerable *Edinburgh Journal of Science* as his source (Herschel, 1835).

national and cultural revival” (as cited in Prothero, 1996, p 13). In stark contrast, the *New York Times* vilified him as an “unmitigated rascal... bereft of reason” and his “insanity, though harmless, is unfortunately, incurable” (as cited in Prothero, 1996, p. 13). Taking a slightly less condemnatory stance, the *Dictionary of American Biography* concluded that, in his time, Olcott was judged “a fool, a knave, and a seer” and “probably a little of all three” (2011).

Mme Blavatsky was in her time, and is still, a controversial figure. Her opinions and phenomenal abilities were unusual to say the least. She was openly anti-papist, feminist, quite masculine in appearance, an anti-slavery activist and forthright (Cranston, 1998). She was well-known for smoking cigars, as well as for her swearing and explosive temper (Cranston, 1998). As a public figure, she certainly did not conform to the middle-American conservative standards set for women of her time. Her close associates and defenders were either judged dupes or accused as accomplices. Both HPB’s and Olcott’s experiences, lionized as divine messengers for their para-normal abilities and unusual knowledge, as well as condemned as charlatans or satanists by those who disliked the attention they received, represent examples of how society might either venerate, or marginalize, subvert or repress those whose public influence threatens the social, political or religious status quo. However, the new ways of thinking and conceptualizations of the world that she brought to the West endure to this day in many ways. Her influence on the way meditation, in particular, has become a mainstream part of Western culture, is undoubted.

Swami Vivekananda

Shortly after HPB’s and Olcott’s provocative presence and influence on Eastern- and Western- based esotericism in America, Indian liberal aristocrat, prodigy and Hindu Swami, Vivekananda, arrived to give a speech to World Parliament of Religions in Chicago on the 11th of September, 1893³⁰ (Swami Nikhilananda, 1982). Well-travelled and well-schooled in the classical literature, logic, philosophy, and history of the West, as well as Christian mysticism, he was

³⁰ The audio recordings of Vivekananda’s first address to the World Parliament of Religions can be found YouTube at <http://www.youtube.com/watch?v=lxUzKolt5aM>

even a member of the very Western Freemasons, which perhaps assisted his passage into America. He addressed the Parliament at the invitation of Harvard professor and President of the American Philosophical Association, John Henry Wright (Dhar, 1976). He spoke, in flawless English, of religious tolerance, with an overall theme of Universality and received a rousing standing ovation for more than two minutes from a audience of more than 7,000 delegates clearly charmed by his exotic intelligent oratory, warmth and inclusiveness (Swami Prabhānanda, 2003). Afterwards, the *New York Herald* reported that “after hearing him we feel how foolish it is to send missionaries to this learned nation” (as cited in Swami Nikhilānanda, 1982, p. 68).

Vivekananda’s presence in America, initially for a two-year tour, and with several later visits, provoked less controversy than HPB’s. However, they both contributed to a piquing of the public appetite for a taste of how other cultures’ philosophies and ways of being and doing could look, sound, and feel like, and which elements of them might offer interesting additions to their own ways of being and doing. In 1894, he founded the Vedānta Society in New York (Swami Prabhānanda, 2003) and was offered academic positions at both Harvard and Columbia universities, which he declined. He explained his reasons for his refusal in terms somewhat surprising and problematic for a Western consciousness: that it would be impossible for him to fulfil his dharma as a teacher by accepting such positions (Swami Vivekananda, 2008). This incident represents an example of a clash of cultural epistemologies, as it appeared that Swami Vivekananda and his Western intellectual admirers had different ideas of who is, and what makes, a teacher³¹.

Significantly, Vivekananda made lasting impressions upon a number of prominent American and European scholars and philosophers of his time, inspiring and influencing their work by asserting that religion was the science of consciousness, and was therefore, not contradictory to science, but instead

³¹ See William James’s essay *The PhD Octopus...* (1903) for his exasperated treatise on Western universities’ academic standards for teaching appointments, seemingly in sympathy with Vivekananda’s opinion of what makes a teacher.

complementary to it³² (Swami Prabhananda, 2003). In doing so, Vivekananda paved the way for later Hindu gurus to visit America. Swamis Muktinanda and Chinmayanada, Yogi Paramahansa Yogananda, Jidhu Krishnamurti, Maharishi Mahesh Yogi, and Bagwan Rajneesh followed in later decades, all bringing with them variations of Eastern meditation practice, and while they taught them within the value discourses of their own culture and social strata, they also openly embraced Westerner pilgrims.

Vivekananda's admirers from the new science of psychology, included Hermann Ludwig Ferdinand von Helmholtz who was an associate of Wilhelm Wundt and research supervisor of Max Planck³³, as well as the American father of psychology, William James (Swami Prabhananda, 2003). Other society notables included actress Sara Bernhardt and opera singer Madame Emma Calvé, American political leader Robert Ingersoll, and visionary inventor and 'mad scientist' Nikola Tesla³⁴ (Swami Prabhananda, 2003).

Nikola Tesla

In Tesla's case, he was so taken with the vedic science of Hinduism and its meditation practices that Vivekananda taught, that he began to use Sanskrit terminology for his conceptualizations of matter and energy theories, asserting Sanskrit to be far more able to express the subtle complexity of natural phenomena than English or the six other languages he spoke (Grotz, n.d.). Also of note, Tesla observed in his autobiography that

from childhood I was compelled to concentrate attention upon myself.
This caused me much suffering but, to my present view, it was a blessing in disguise for it has taught me to appreciate the inestimable value of

³² Vivekananda's address on the relationship between science and religion can be viewed at <http://www.youtube.com/watch?v=WhkF8gxc0Zs>

³³ Max Planck later became a pioneer in the field of quantum mechanics (Koenigsberger, 1965).

³⁴ Tesla, a Nobel Prize nominee, proposed what were considered, at the time, outrageous energy-field theories, a *world system* for "the transmission of electrical energy without wires" and claimed that *teleforce* weapons would, in the future, utilize concentrated directed-energy beams (N. Tesla & Childress, 2000).

introspection in the preservation of life, as well as a means of achievement (1919, para 11).

Tesla's fascination with vedic explanations may also have been related to his (and his brother's) life-long "peculiar affliction due to the appearance of images often accompanied by strong flashes of light, which marred the sight of real objects and interfered with my thought and action" (1919, para 10). He described "strong flashes of light" and "visions", as well as other experiences visual phenomena that his psychology and physiology associates could not "satisfactorily explain" (1919, para 10). Such phenomena would now likely be classified by Western psychiatrists and psychologists as synaesthesia at best, or psychosis at worst, and would remain, even today, unsatisfactorily explained. Below are excerpted two more descriptions of Tesla's experiences, and while lengthy, they aptly demonstrate the lack of scientific explanation (that still exists) for the phenomena he experienced, and the likelihood that his descriptions would still be pathologized as psychotic episodes:

In some instances I have seen all the air around me filled with tongues of living flame.... I felt a positive sensation that my brain had caught fire. I saw a light as tho a small sun was located in it.... These luminous phenomena still manifest themselves from time to time, as when a new idea opening up possibilities strikes me.... When I close my eyes I invariably observe first, a background of very dark and uniform blue, not unlike the sky on a clear but starless night. In a few seconds this field becomes animated with innumerable scintillating flakes of green, arranged in several layers and advancing towards me. Then there appears, to the right, a beautiful pattern of two systems of parallel and closely spaced lines,... in all sorts of colors with yellow-green and gold predominating... the lines grow brighter and the whole is thickly sprinkled with dots of twinkling light. (1919, para 15-16).

Tesla also relates a time when he says he experienced a complete nervous breakdown, and that throughout that time he "observed many phenomena strange and unbelievable." Many of his descriptions are of complexly layered and

coloured geometric patterns, often crystalline in appearance, which drift across his visual field. Esotericism of East and West accounts for such phenomena as existing on the fourth plane of consciousness, within the causal dimension (R. Chalmers, 2006), above that upon which physical matter is manifested and sensed (Vallyon, 2007a). It is of note that Tesla's descriptions of the phenomena he observed bear remarkable similarity to the mystical experiences reported by the Eastern and Western saints, as well as some of the interview participants whose experiences I relate in Chapter 7 of this thesis. Tesla relates that his experiences often caused him great anxiety, and while a psychological assessment of such experiences would likely pathologize them as suggestive of psychosis, their occurrence was never associated with any sense of dissociation or trance; he was clearly lucid while they occurred, and he associated them with many intense bursts of creativity, which he describes here:

They certainly were not hallucinations such as are produced in diseased and anguished minds, for in other respects I was normal and composed.... I observed to my delight that I could visualize with the greatest facility. I needed no models, drawings or experiments... a new method of materializing inventive concepts and ideas, which is *radically opposite to the purely experimental* and is in my opinion ever so much more expeditious and efficient.... When I get an idea I start at once building it up in my imagination. I change the construction, make improvements and operate the device in my mind.... Invariably my device works as I conceived that it should, and the experiment comes out exactly as I planned it.... The carrying out into practise of a crude idea as is being generally done is, I hold, nothing but a waste of energy, money and time.... My early affliction had, however, another compensation. The incessant mental exertion developed my powers of observation.... After a while this effort grew to be almost automatic.... The practical result of this was the art of telautomatics which... will create a revolution in many commercial and industrial departments. (1919, paras 10-12)

This latter description of telautomatics³⁵ bears remarkable similarity to the instructions for creative visualization meditations given by teachers of the Western and Eastern esoteric traditions with the objective of enhancing creativity and sometimes the manifestation of the object of visualization (Vallyon, 2007d). Whether Tesla discovered these abilities himself or developed them as a result of meditation processes taught to him by Vivekananda is not known.

Paramahansa Yogananda

Meanwhile, in 1920, yogi Paramahansa Yogananda arrived in Boston. In the same way that Vivekananda had been invited to America, at this later date as young swami, Yogananda, had also been appointed as India's delegate to the International Congress of Religious Liberals. His address to the Congress was entitled "The Science of Religion" which was applauded with great enthusiasm by those present (Self-Realization Fellowship, 2011). Yogananda established the Self-Realization Fellowship (SRF) in America and over the next several decades, branches of the SRF were established in countries throughout the West. This international organisation and the publication of Yogananda's autobiography (Paramahansa Yogananda, 2003) would come to have a huge influence on popularising Hindu meditation in the West, with the accessibility of his practical instructions and insistence that yoga and meditation were not only for the life of the monastic, but also for the *grihastha*, the ordinary householder. Yogananda's influence on Western science and particularly clinical psychology was acknowledged by Steven F. Brena, M.D. (2009), Clinical Professor of Rehabilitation Medicine, Emory University as follows:

One of the most significant trends of our time is the gradual emergence of a scientific understanding of the relationship between consciousness and matter... that reveals the immense value of the "how-to-live" principles taught by Paramahansa Yogananda many years ago. From the work of Yogananda and others, a renewed interest in the science of Yoga has

³⁵ Tesla (1915) defined telautomatics as the "wireless control of automatic machines at a distance" (p. 6).

developed, mostly in the United States, where several yogic techniques have been soundly scrutinized through empirical studies and gained acceptance in the practice of health care, mainly in the field of clinical psychology and management of chronic pain patients. (para. 11)

Alice Bailey

Again, in almost parallel timing, in 1923, Alice Bailey, a British-born socialite and evangelist, who was an office holder in Mme Blavatsky's Theosophical Society (TS), established the non-sectarian *Arcane School*, a breakaway from the TS, after political infighting fractured the society (Nash, 2000). Soon after, she also founded the *Lucis Trust* to publish esoteric books, further Mme Blavatsky's work, and to meet the growing Western interest in Eastern esoteric philosophy and tradition (Nash, 2000). From her own account, she initially had little interest in producing books, but was compelled to by—in another instance of what would today be likely classed as a psychotic episode by Western psychiatry—a disembodied voice that she heard whilst outside her home in Los Angeles. The voice apparently invited her write some books for the public good in collaboration with it, and her initial reaction was “Certainly not! I'm not a darned psychic, and I don't want to be drawn into anything like that” (as cited in Nash, 2000, para 4). The voice reassured her that no lower psychism would be a part of their relationship and reluctantly she agreed to a two-week trial. Both the Lucis Trust and the School survive to this day, with headquarters in New York, London and Geneva, and Bailey's original objectives remain unchanged—to teach meditation for the “development of spiritual potentiality” and “world service” (Lucis Trust, n.d.-a, para 2). No fees have ever been charged by the School for its courses; the publishing arm and donations have financed the services offered by the school from its inception, and it reports that since 1923, tens of thousands of students have been trained in meditation, and continue to be. As with Yogananda's SRF, Bailey's Arcane School was and still is a major contributor to the popularization and accessibility of meditation knowledge in the West.

Edgar Cayce

With American appetites for new experiences of religion and spiritualism whetted by Blavatsky, Vivekananda, Yogananda, Bailey, and others, in 1931, American mystic, celebrity psychic and devout Christian, Edgar Cayce, established the *Association for Research and Enlightenment* (A.R.E.). His objective was to encourage research on spirituality and psychic development, particularly for the purposes of healing (Edgar Cayce's A.R.E., n.d.). At the same time, he established the *A.R.E. Press* to meet the public's hot demand for his works in published format. The Association and the A.R.E. Press continue to flourish today with headquarters in Houston, Texas, USA, and an affiliation with *Atlantic University* and its Master's degree program in Transpersonal Studies is maintained. However, once again, and with close similarity to HBP's experiences, Cayce met strong opposition from the conservative Christian movements and skeptics of the day who sought to discredit his unorthodox views and religious assertions, along with evidence of his psychic demonstrations, which were criticized for having no scientific rigour (Sugrue, 1988). Similarly, his non-conformist support for and promotion of unusual forms of holistic medical treatment were dismissed as quackery. Despite such resistance, he is widely credited as a strong influence on the early twentieth century's developing new age movement (York, 1995). This burgeoning movement would later have millions of adherents across the globe; adherents who would no longer accept a conservative doctrinal take on religion, spirituality, or medicine; and who have had a profound impact on the development and accessibility of complementary and alternative healing methods (CAMs) for treating the growing spectrum of modern bio-psycho-social malaise.

Maharishi Mahesh Yogi—the Beatles' Guru and Transcendental Meditation

Maharishi Mahesh Yogi is probably best known in the West as the Beatles' guru and founder of the transcendental meditation (TM) movement (Mason, 1994). The far-reaching influence of their highly publicized interest in Hinduism did much to popularize meditation in the West in the 1960s and early 1970s (Scotton et al., 1996). When George Harrison introduced The Beatles to

Maharishi Mahesh Yogi in the late 1960s, he set in motion a wave of curiosity and a subsequent pilgrimage of Westerners that would continue until this day (Mason, 1994). However, Maharishi's arrival in the West happened long before the Beatles attraction to transcendental meditation occurred. In a series of world tours over a thirty-year period, Maharishi travelled through dozens of countries, beginning in 1958 with Burma, Hong Kong, Singapore, Thailand, Malaya and Hawaii (Mason, 1994). Then in 1959, he began a teaching tour through the United States and Britain, giving lectures in Boston, New York, Los Angeles, San Francisco, and London, establishing centres for his *International Meditation Society* in the two latter cities. In 1961, his travels included the European countries of France, Austria, Sweden, Greece, Italy, Kenya, the USA, and Canada. During this year, he trained the first European TM teacher, and his tour of England included a presentation to more than 5000 people in the Royal Albert Hall in London, an interview by the BBC, and he was the subject of several daily newspaper features (Anonymous, 1986). Later tours included many more television and newspaper interviews and lectures across Europe, North America, Asia and New Zealand and Australia in the South Pacific (Anonymous, 1986).

With other high profile TM converts including actors Mia Farrow and Shirley MacLaine, American footballer Joe Namath and British singer Donovan, celebrity M. D. Deepak Chopra, and with a successful university and a political party³⁶ active in 74 countries, including the American political scene, the transcendental meditation program was described as “the McDonald's of the meditation business” and a “full-blown craze” by the *Los Angeles Times* (Woo, 2008, para 11). Maharishi's message of a new age of enlightenment that offered an opportunity for global peace and harmony appeared to resonate with a generation disaffected with the political, social, and scientific structures of the day, including the medical model of healthcare.

For a period, TM became the most widely used meditation process in Western healthcare contexts after a groundbreaking paper entitled *The*

³⁶ The Natural Law Party, whose most prominent candidate was John Hagelin, PhD., a Harvard trained quantum physicist, and Presidential runner in the American elections of 1992, 1996 and 2000 (Maharishi University of Management, n.d.-a).

Physiological Effects of Transcendental Meditation was published in the pre-eminent *Science* magazine (Wallace, 1970). The benefits reported included reduced heart rate and blood pressure, increased cerebral blood flow and decreased respiratory rate. *The Maharishi International University*³⁷ conducted hundreds of clinical studies researching the psychophysiological effects of transcendental meditation, discredited as biased in ongoing, and at times, vitriolic attacks (Orme-Johnson, 2006a; Orme-Johnson, 2006a; Orme-Johnson, 2006b; Orme-Johnson, 2006b; Orme-Johnson, Alexander, & Hawkins, 2005; Ospina et al., 2008; Ospina & University of Alberta Evidence-based Practice Center, 2007; Pridmore, 2006). However, independent research comprising more than 600 clinical studies conducted in 33 different countries by 250 independent universities over a 40-year period and published in more than 160 scientific journals have also demonstrated the positive psychological and physiological benefits of TM³⁸ (R. Chalmers, 2006). Appendix J details 118 of the peer-reviewed Western mainstream scientific journals in which these studies were published.

Over the past twenty years, the *National Institutes of Health* (NIH) of the USA provided in excess of US\$24 million of sponsorship for research into the health benefits of TM (National Institutes of Health, 2011), with the *Journal of the American Medical Association* (JAMA), the *American College of Cardiology* (ACC) and the *American Psychological Association* (APA) featuring articles and sponsoring workshops and symposia on TM. These conservative Western bastions of healthcare are just a three examples of the way meditation has entered the mainstream in both medical and psychological science and practice in the West. There are many more examples in the published scientific literature encompassing meditation forms other than TM, including centering prayer, qigong, hatha yoga, kabbalah, and mindfulness meditation to name a few.

³⁷ Renamed the Maharishi University of Management in 1995 (Maharishi University of Management, n.d.-b).

³⁸ A bibliography of more than 600 of these published studies can be found here: <http://www.tm.org/popups/studies.html> and a summary of overall findings here: <http://www.truthabouttm.org/truth/TMResearch/TMResearchSummary/index.cfm>

Cardinal Joseph Ratzinger—Prefect of the Sacred Congregation for the Doctrine of the Faith 1981–2005, elected Pope Benedict XVI 2005

To this point in the discussion of this chapter, the individuals noted, and their contributions and influences, have been seen to promote, highlight or in some other way bring attention to meditation as a technology with the potential to facilitate remarkable psychological transformation in the individual. The prominence of the social or educational position each held inevitably gave an authority to their views, experiences, and understandings in a way that lent credence to meditation for others to weigh either favourably or otherwise. However, the rise of interest in Eastern meditation in the West in the past one hundred years or so has also had powerful detractors, some with enormous social and political influence. In order to elucidate some of these influences I undertook an exploration of some of the religious literature of this time period to discover how the orthodox Christian clergy viewed access to, and adoption and popularization of, meditation systems and processes of far-Eastern origin.

On this basis, it seemed appropriate to begin such an exploration with a major orthodox Christian religion, Roman Catholicism. What emerged from a review of a broad base of both popular and religious literature was a clear warning to Roman Catholics that the practice of yoga and other meditation processes, popularized in the West and derived from the East, were non-Christian activities and fundamentally dangerous. In a letter to the Bishops of the Catholic Church, approved by Pope John Paul II, to clarify what constituted acceptable Christian meditation, Cardinal Joseph Ratzinger (1989), who became Pope Benedict XVI in 2005, warned Catholic Christians of the dangers of engaging in non-Christian meditative activities derived from the far-Eastern traditions. The 23-page letter was reported to be the Church's first public response to the growing popularity of far-Eastern meditative practices among Roman Catholics in Europe and North America (Borelli, 1991). The Cardinal explained in the letter that:

The expression "eastern methods" is used to refer to methods which are inspired by Hinduism and Buddhism, such as "Zen," "Transcendental Meditation" or "Yoga." Thus it indicates methods of meditation of the

non-Christian Far East which today are not infrequently adopted by some Christians also in their meditation. The orientation of the principles and methods contained in this present document is intended to serve as a reference point not just for this problem, but also, in a more general way, for the different forms of prayer practiced nowadays in ecclesial organizations, particularly in associations, movements, and groups. (endnote 1).

In regard to the problematic nature of such practices, the psychological benefits aside, the theological and spiritual implications of such “erroneous” (para. 12) practices were stated to be of paramount consideration. Referring to the “psychophysical symbolism” (para. 28) of far-Eastern forms of meditative practice which include specific physical postures of the body and monitoring or controlling of the “basic life functions such as breathing”, he cautioned that Roman Catholics engaging in such practices could “degenerate into a cult of the body”, debase true Christian prayer, and develop “a kind of mental schizophrenia which could also lead to psychic disturbance, and, at times, to moral deviations”. He counselled that for Roman Catholics, Christian prayer and meditations were the only authentic means, approved by the Catholic Church, to commune within. The intent of the restriction on the practice of far-Eastern-derived forms of meditative practice was based upon a perceived threat of “the danger of falling into syncretism” (para. 12).

While this section is not the right place for an indepth examination and discussion of the reasons for regarding far-Eastern forms of meditation as a threat, it is suffice to say that the counsel was related to concern that such practices may produce psychological benefits such as “a feeling of quiet and relaxation, pleasing sensations, perhaps even phenomena of light and of warmth, which resemble spiritual well-being” (para. 28). The concern was that potential psychological benefits of non-Christian meditation would be mistakenly regarded as deep Christian mystical experience. However, in more pejorative terms, in March 1997, Cardinal Ratzinger referred to Buddhism as “spiritually self-indulgent eroticism” (The Editor, 2005, para. 10), and ordered a German Benedictine monk who was also a Zen master, to desist from engaging in all further public activities as the

Church's representative (Allen Jr., 2003). The combining of such non-Christian systems of philosophical or religious belief or practice with Christian is clearly anathema to the traditional doctrinal imperatives exemplified by the Catholic Church. The strong words and actions of Cardinal Ratzinger's letter, subsequent comments, and orders, prompted much public discussion in online forums devoted to these matters which affected a growing number of the Catholic faith choosing to engage in, or being offered, as therapy, such practices (see for example, Gorjanc, 2009; L. Hughes, 1997; Steele, 2000).

From the viewing lens of this research project, the social psychological significance and clinical implications of the cultural and cognitive dissonance likely induced by the above edict from the authority of the Catholic Church leadership cannot and should not be underestimated. As the world's oldest established Western Christian church and the world's largest single religious body, the question arises, what are the implications of applying a psychological therapy such as the internationally and trans-diagnostically applied mindfulness-based stress reduction program (MBSR) and mindfulness-based cognitive therapy (MBCT), which are almost universally explained to be of Buddhist origin, for clinicians and clients of a committed Roman Catholic religious orientation? As suggested in Chapter One, the risk, in advising clinicians or clients to engage in activities for psychological health which have been expressly described as 'non-Christian' and fraught with 'danger' by the highest religious authority, may be that their basic tenets of belief are contradicted, resulting in internal conflict, ambivalence and ambiguity (Kirmayer, 2004). This potentially limits the usefulness of these processes where the client, clinician, or both, may consciously or subconsciously feel resistance to the imposition of a worldview at variance to their own. The negative effects of such a miss-match may compound the dissonance a client may already be experiencing as a result of trying to understand why they have been afflicted with the condition that has brought them into therapy in the first place. For clinicians committed to a Roman Catholic faith, an understandable reluctance or resistance to train or engage in and offer such therapies is probable.

However, Cardinal Ratzinger's disapproval and censure of those engaging in far-Eastern contemplative practices notwithstanding, his letter to the Bishops enthusiastically encouraged Catholic Christians to engage regularly in Christian forms of meditation and prayer. He specifically refers to the breath meditation known as the *Jesus Prayer*, during which the quiet repetition of the words adapts to the natural rhythm of the breath which he advises can "be of real help to many people" (para. 27). There has been a subsequent development of and burgeoning literature-base examining the biopsychosocial benefits of Christian meditation practices. A growing number of researchers and clinicians in both Britain, Europe, and North America are applying the Christian practice of *centering prayer* as a clinical therapy adjunct as an alternative to MBCT (Ferguson & Castaneto, 2006; Knabb, 2010).

Congressman Tim Ryan

By contrast, but also with considerable social and political influence, United States fifth-term Congressman, Tim Ryan, has used his public position to endorse the practice of mindfulness meditation to the US House of Representatives. In 2008, Ryan participated in a five-day mindfulness retreat with Jon Kabat-Zinn, which he described as "life-changing" (2012). As a member of the House Armed Services Committee and its Subcommittees on Readiness and on Emerging Threats and Capabilities, Ryan's political and public profile, and perspective on meditation, has given him a unique platform from which to draw both public and political attention to the wide-ranging benefits of meditation.

In his recently published book, *A Mindful Nation* (2012), Ryan outlines his efforts to lobby for the introduction of mindfulness practices into the healthcare and education sectors, as well as into military preparedness training, and the manufacturing, financial and environment-oriented industries. He frames mindfulness, not as many contemporary writers have—as an Eastern meditation practice with its origin in Buddhism—but as a practice with principles in common with the "core American values of "self-reliance, perseverance, pragmatism, and taking care of each other" (p. xviii). In amplifying this appeal to modern America, he shares real American stories, of recently returned war veterans, or the families

of casualties, overcoming the trauma of the brutality of modern warfare; of CEOs with more realistic expectations learning to connect more humanely with their employees; of enhancing children's ability to learn and increasing teachers' resilience in the classroom. Then, with an emotional connection, empathy and immediacy established with his audiences, Ryan frames such stories as "emerging solutions" and through which "mindfulness can help reinvigorate the American Dream" (p. 156). His stated objective, and using his mandate as a congressman, is to "do my part to make mindfulness accessible to as many people as possible in our nation" (p. xxii).

Summary

From the discussion to this point, a clear convergence in the timing of key events and influential individuals and organizations becomes apparent in the advance of the popularization of meditation in the West. From the micro-level influences of key individuals upon other individuals, such as the mystics described above, as well as their eventual and inevitable influences upon Western society at macro-levels religio-socio-culturally, politically, and medically, this convergence created a preliminary scaffold upon which other individuals and organizations would later build. At a time when public interest in wide-ranging and exotic new age themes was stimulated, long-held beliefs and attitudes began to be challenged, changed, and expanded. As the critical mass of social, religious, and political unrest of the early twentieth century grew, the religio-socio-cultural milieu became fertile ground for the uptake of new ideas. While such ideas may at first have been regarded as entertaining, they would later be entertained more seriously as their impacts began to be encountered more widely.

It is moot to emphasize here, that the early and mid twentieth century was also the era of the World Wars, of the Great Depression, and of the terrible struggles and losses associated with these global events for the individuals and societies profoundly affected by them. It was also the era that saw the tremendous social impacts of technological development and advancement in personal and radio communications, in travel, and in medical and scientific discoveries. So on the one hand, the deprivations experienced by millions undoubtedly stimulated a

desire for a new way forward. For many, there was no going back; for some, there was nothing left. On the other hand, psychologically, the technological advances across many sectors gave rise to a growing sense of empowered individualism in the West. This would eventually enable a greater degree of personal freedom of choice, of belief, and way of life that had previously not been possible for most.

This constructionist exploration now turns to the individuals, organizations, and events that played significant roles in the challenges and changes to the beliefs, attitudes, and abilities of the modern health sciences as a Western science of meditation developed through the nineteenth century to the current day.



PART TWO—Meditation and the Rise of Psychology as a Science

Introduction

One of the issues encountered in preparing an overview of meditation and psychology over the selected time-period for this Chapter, has been discovery of the glaring exclusion of meditation/mindfulness from all the major titles and teaching textbooks that I surveyed which purport to represent a comprehensive history of modern psychology. After reviewing twelve such textbook titles, searching for the keywords meditation and mindfulness in the contents, text body and indexes, zero inclusions of these keywords were found. Then, using the names of two of the major authors in this field over the past 40 years, Professor Herbert Benson and Jon Kabat Zinn, I searched again, again with no inclusions or acknowledgements found. How do such omissions or exclusions occur, given the explosion of published research on mindfulness alone (see Figure 1, page 146) over the past twenty years, and particularly over the past decade? Perhaps the time taken for such titles to reach their market provides opportunity for such omissions to occur, either inadvertently, or perhaps it is a result of authors' or editors' prejudicial views on meditation.

A further issue encountered has been that the five-year period through which this constructivist review has taken place has coincided with a period in our technological development whereby increasing numbers of previously published, as well as unpublished works, authored in far-off times before the age of the internet, are now becoming easily accessible. Previously, such titles and works may have gathered dust on shelves seldom viewed and in geographical locations physically difficult to access if one lived on other parts of the planet. However, scanning technology now enables such previously obscure works to be digitized and loaded on to databases that can be accessed from any part of the world—so long as computer access is available. This has created a flood of notifications landing in my inbox, prompted by the email alerts I had set up on numerous databases to net relevant literature for this review. Yet just ten years ago, this would not have been the case. The problem arising for me as the researcher then became one of how to delimit the ever-expanding access to such works. As my

submission date loomed, more and more new-old and new-even-older works became accessible for review, so a decision had to be made as to where to draw the line. To draw such a line risked important omissions or exclusions that of course I wished to avoid. Inevitably, I had to frame an outline, and acknowledge that such omissions may occur, not due to intentional exclusion, but simply to delineate the scope of this chapter and subsequent discussion in later chapters. Moreover, the intention of this thesis was to survey the field to note historic influences that played a part in modelling a future psychology interested in meditative processes.

The historical survey that follows begins from the time when psychology became recognised and established as a modern science. Virtually every school of psychological thought has speculated, discussed and endorsed claims of the psychotherapeutic value of meditation and contemplation, including those founded on the diverse philosophies of Freud, Jung, Maslow, and the transpersonal, gestalt, client-centred, existential, bio-energetic, cognitive and learning approaches (J. Smith, 1975). All of the figures and events included in this constructionist survey were selected for their professional, vocational, and psychological contributions to the development of a *science of meditation*. Once again, key biographical detail of some of these figures is included in order to demonstrate where their social or educational status or connections provided authority for, and subsequent influence of, their opinions and contributions. Accordingly, the following section begins with brief biographs of Wilhelm Wundt and William James, who are both variably credited as being the fathers of modern psychology.

Wundt and James, whose stature, some believe, we have not seen since in psychology, were very different men, born on different continents, but both esteemed as founding the first two great schools of psychology. In fact, each of them claimed to have established the first psychology laboratory in 1875 at the universities of Heidelberg and Harvard respectively (Boeree, 2000). It is informative, and revealing, to include here, brief details of Wundt's and James's personal and educational backgrounds to set the scene for the influences of their day. Discussed below, are some of the changes they personally initiated and

witnessed as this new science of psychology developed, as well as their interest in the mysteries of human consciousness over the coming decades of their lives. I profile Wilhelm Wundt first, as the elder of these two great thinkers.

Wilhelm Wundt

Germany is generally acknowledged as the birthplace of psychology as a modern science (N. R. Carlson & Buskist, 1997), particularly in relation to Wilhelm Wundt's contribution. Wundt (1832-1920) was the first person to call himself a psychologist, however, arguably as much credit is due to the social, economic, and political conditions of the time and place, as is due to the intelligence and ability of the man himself. With an academic system and tradition well established in Germany, a scientific approach to a wide range of subjects, including archaeology and the physical sciences, was highly valued, and its professors were highly esteemed and well financed. Money was available to scholars and researchers working in such new sciences, and Germany's universities were bestowed considerable financial resources in the interests of expanding knowledge, where knowledge brought prestige and a hint of economic advancement. There was also a growing curiosity about the human mind and its workings, especially, how basic sensory stimuli brought about complex perceptual phenomena of consciousness.

This was the era of structuralism, and Wundt defined his new field of psychology as the "science of immediate experience" (N. R. Carlson & Buskist, 1997, p. 13); his interest was in the structure of the mind's processes and the conscious experience of inner events. However, he also considered himself a serious philosopher; in 1874 he was appointed to the Chair of Inductive Philosophy at Zurich University, and in 1875, appointed Professor of Philosophy at Leipzig University (Boeree, 2000). Also in 1875, a room was designated for Wundt's experimental demonstrations, and so the first laboratory for experimental psychology was born (in Europe at least). Then in 1883 he began teaching the first university course to be entitled 'experimental psychology', and a decade later in 1894, cementing his reputation, the *Institute for Experimental Psychology* was founded at Leipzig—the first in the world (Boeree, 2000).

Of particular relevance to this thesis is Wundt's method of gathering information from the participants in his experimental psychology demonstrations. His raw data was collected from observers trained to pay attention to their inner experiences through a process he called introspection which literally means "to look within" in an endeavour to describe their cognitive and emotional perceptions and processes (Kirk-Anderson, 2010, p 14). Wundt was interested in how and why alterations in stimuli brought about changes in his observers' verbal reports of their minds' experiences, that is, their thoughts, ideas, emotions, motivations, and memories. This research resulted in many publications and Wundt trained many scientists in his laboratory, including Lightner Witmer who later established the first psychology clinic in America (Boeree, 2000). But Wundt's introspection research and methods did not survive—for a number of reasons. The main issue with his methodology was the difficulty observers encountered in trying to report their perceptions without further modifying them in the process of attending to and then applying a verbal description to them³⁹. At the same time, academic interests were also shifting from studying the mysteries of the human mind, to the more tangible and demonstrable study of human behaviour. However, is notable that, contrary to what many may believe, Wundt did not consider that the experimental study of the mind's internal phenomena was all that psychology was about. In fact, he believed that the newer trends in the science, that is, the study of sensation, perception, and behaviour, were only just scratching the surface of what psychology was really about⁴⁰. He went further still, asserting that most of the subject matter of psychology was not amenable to the new experimental method of the hard sciences. He also rejected the idea that psychology as an academic discipline was even separate from philosophy (Boeree, 2000).

In his later years, Wundt developed an interest in social and cultural psychology, and wrote in his ten-volume *Völkerpsychologie*⁴¹ (Wundt, 1900-1920)

³⁹ This difficulty in verbal reporting is revisited in Chapter 7 of this thesis, where the subjective experiences of a group long-term meditators is documented and discussed.

⁴⁰ See Boeree (1981) for more on Wundt's views of philosophy and psychology.

⁴¹ Published between 1900 and 1920

that psychologists should also consider the impacts of broader society on its individuals, that is, its cultural practices, religious rituals, art and literature in order to understand the human condition and workings. These assertions have particular relevance to the discussions of later chapters of this thesis and Wundt's views in this regard might be regarded as far-sighted. I note here that the study of the human mind has taken on a renaissance in recent years. In fact, one could assert that psychology as a science, in certain areas, has come full circle—introspection, or observing the thought and feeling contents of one's inner mind, is all the rage again—in its new incarnation, contemplative neuroscience, which encompasses collaborations of the disciplines of psychology, neurology, biomedicine and philosophy, with the aim of integrating contributions from scientists, clinicians, contemplatives and scholars, remarkable for its scope in characterizing the human experience of consciousness (Varela & Shear, 1999b). Wundt would congratulate such a progressive approach to investigations of the human mind.

William James

But, back to the past—with structuralism having given way to the new wave of thought known as functionalism, there were others who continued to carry the flame in the quest to understand more about the phenomenal aspects of the human mind. Wundt's contemporary, William James, was another founding father of the early science of psychology. Here, I present elements of his personal background, and the circumstances that undoubtedly influenced his way of thinking and his personal and later professional interests that he chose to pursue in his brilliant career to come.

William James was born in 1842 in New York to an affluent family (O. W. Allen, 1967) and all his siblings also grew to become notable in their chosen pursuits. Undoubtedly contributing to their later accomplishments was a family life and education rich in their varied experiences of travel⁴². William and his siblings were also frequently exposed to the lively discussions and broad-ranging

⁴² William and his siblings were schooled in Europe and toured all the great capital cities of the world.

opinions of the prominent intellectual acquaintances of their father who was deeply interested in philosophy and religion. One of these close friends was Ralph Waldo Emerson, who is lesser known as a mystic (L. Simon, 2010). Emerson, in due course, had an indelible influence on James' own interest in the phenomena of religious experience (James, 1902).

While William James is touted as laying the foundations for the American behaviourism to come, he was also reputedly one of the first to consider the relevance of Buddhist thought to modern Western psychology, and he envisaged that it would have a major impact on the future development of Western psychological thought (Epstein, 1995). In his book, *The Varieties of Religious Experience: A Study in Human Nature* (1902), he attempted to get to the bottom of what brings religious phenomena about, as well as what it means for human beings. His focus was not on organized religion, but rather, on the subjective ways different people perceived God, the super-natural, or the spiritual as a lived experience. He was the first of the proponents of the new science of psychology to investigate meditation and non-ordinary states of consciousness from a functional point of view. The following excerpt from the preface to the William James volume of the *Great Books* series (Encyclopædia Britannica, n.d.) aptly describes his views and intentions regarding the scientifically anomalous religious phenomena he was so interested in:

James had been concerned with religion from an empirical point of view as early as 1869, when he had noted in a review the 'anomalous' and 'discreditable' attitude of a so-called enlightened society toward psychical phenomena. To ascertain the appropriate 'stall or pigeonhole' for these 'wild facts,' he helped organize the American Society for Psychical Research in 1884. Two years later, he was invited to give the Gifford Lectures on Natural Religion at the University of Edinburgh. (p.viii)

As well as the phenomena of religious experience, James' interest as a psychologist was in attention and perception. One of his musings, of particular relevance to the psychological investigation of meditation for attentional training, was that "each of us literally chooses, by his way of attending to things, what sort

of a universe he shall appear to himself to inhabit” (1890, p. 402). It was his opinion that “the faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will.... An education which should include this faculty would be *the education par excellence...*” (p. 424). This statement appears to be a portent of the future development that would take place later in the century to come, of meditation-based programs intended to accomplish such objectives. For example, the mindfulness meditation therapies such as the mindfulness-based stress reduction program (MBSR) popularized by Jon Kabat-Zinn (1982) have been applied in sectors ranging from biomedicine and mental health (L. E. Carlson, Speca, Patel, & Goodey, 2003; Kabat-Zinn, 2004), to primary, secondary and tertiary education settings (Hassed, 2004; Jennings, 2008), as well as to aviation (Krieger, 2005), corporate (G. Smith, 1993), legal (Keeva, 2004) and correctional settings (Bowen et al., 2006).

Richard Maurice Bucke

In parallel timing, albeit in different locations, in 1888 Richard Maurice Bucke, M.D., was elected President of the Psychological Section of the British Medical Association, and then in 1890, as President of the American Medico-Psychological Association (AM-PA) (Bucke, 1900/1923). As a former superintendent of asylums for the insane in Canada, and the Professor of Mental and Nervous Diseases at Western University in Ontario, he was responsible for introducing many reforms in the treatment of the mentally ill; ideas considered dangerously radical at the time, which are now considered normal practice. His scientific eminence and psychiatric training afforded him credibility and provided audiences for his presentations who would not normally have entertained the incredible ideas he submitted.

He had himself experienced states of consciousness outside of the bounds considered normal according to the current medical understanding, and had an abiding interest in the mystical phenomena recorded by the Christian saints, contemplatives from other traditions, as well as by his institutional charges. In 1894, in his presidential address to the annual meeting of the AM-PA, entitled *Cosmic Consciousness*, he presented his ideas about a new state of consciousness

that he believed would develop as a “mental evolution of mankind” (Bucke, 1900/1923, p. v). He believed that transcendental states of consciousness, illumination, and enlightenment arising from meditative processes had nothing to do with Buddhism or Brahmanism; he regarded himself as a psychologist and he understood such states to be psychological rather than mystical, as unusual, rare, but documentable mental conditions. He documented his own experiences of illumination, that he noted had “enriched and enlarged his whole life thereafter in all respects” (Bucke, 1900/1923, p. vii) and over a period of many years collected and documented the experiences of altered states of consciousness and phenomena—for which science had no explanation—from more than fifty well-known and lesser-known individuals. The evidence he gathered from literary sources as well as personal interviews. Examples he chose to “critically” examine included accounts from Moses, Gautama the Buddha, Jesus the Christ, Saint Paul, Mohammed, and Socrates, through to Dante, Francis Bacon, William Blake, Wordsworth, Emerson, and Tennyson, as well as his personal friend, Walt Whitman (Bucke, 1900/1923, pp. xvii-xviii). He reluctantly left out the accounts of three women he interviewed, who would not permit him, even anonymously, to publish their descriptions. Fourteen of the individuals were identified only by initials, and include some of his medical peers, who, apparently, and understandably, did not wish to be publically noted. Bucke believed that the accounts elucidated proof that a new race of humankind was developing, who were “walking the earth and breathing the air with us, but at the same time walking another earth and breathing another air of which we know little or nothing” (1900/1923, p. 384). He regarded these as perceptions of an altogether other nature, but which should not be pathologized. His writings reveal great similarity to HPB’s theory of race and the development of other states of consciousness, but nowhere does he state any contact with her ideas.

Bucke is often cited as a progressive, free-thinking, and influential psychologist and psychiatrist of his time. His modern studies of mystical experience have become classics, quoted by William James himself in his *Varieties of Religious Experience* (1902). In a letter to Bucke, James wrote of Bucke’s *Cosmic Consciousness: A Study in the Evolution of the Human Mind* (1900/1923), “My total reaction on your book, my dear Sir, is that it is an addition

to psychology of first rate importance, and that you are a benefactor to us all” (Toypom, 2008, para. 4). The science of Transpersonal Psychology gained much in its early development from these two modern psychological treatises on numinous experience and its significance in human development.

Sigmund Freud

In the early twentieth century, like William James, the father of psychoanalysis, Sigmund Freud, also had an strong interest in scientifically studying the phenomena of spiritual experiences (R. Simon, 1967). However, Freud was critical and dismissive of the meditation practices of the spiritual traditions East and West (Miovic, 2004). Yet, in his book, *Thoughts Without A Thinker: Psychotherapy from a Buddhist Perspective* (1995), Buddhist psychiatrist and Professor of Psychology at New York University, Mark Epstein traces the influence of Eastern psychological perspectives on modern psychoanalysis, surprisingly noting the following about Freud. He relates Freud’s recommendation to those practicing psychoanalysis to maintain an “evenly suspended attention” (1995, p. 114). In fact, Freud makes reference to this attentional stance, of suspending judgment of what he called the “critical faculty”, throughout his written works (see, for example, Freud, 1904/1958, p. 251). Freud apparently discovered the value of this state while formulating his procedure for dream interpretation; practicing, with great similarity, the attentional stance that Epstein asserts Buddhist meditators⁴³ had been doing so for millennia.

While Freud had no personal experience of traditional meditation or its processes, his opinion was that meditative experiences were akin to infantile helplessness, and he equated meditation with religion—as non-scientific and irrational. His preference was for the new scientific mechanistic approach to understanding the human mind (Kutz, Borysenko, & Benson, 1985) and the trend toward biophysiological bases of explanation and treatment, as evidenced by his assertion that “We must recollect that all of our provisional ideas in psychology will presumably one day be based on an organic substructure” (Freud, 1914, p 67). But this trend would reverse in the hundred years to come when a return to a focus

⁴³ as well meditators from other spiritual traditions.

upon psychodynamic and biopsychosocial etiologies and treatments for psychiatry and psychology would be mooted (Kandel, 1998, 1999).

Both James's and Freud's influence on the development of psychology as a science, and also, on the psychological understanding of the phenomenal aspects of mystical experience is undisputed. They were both the most widely read psychologists of their time (R. Simon, 1967) and undoubtedly influenced their audiences with their varying views and explanations.

Carl Gustav Jung

Another intellectual giant of his time, Swiss psychiatrist, Carl Jung, who was schooled in Eastern and Western mystical philosophy, was ambivalent about the value of teaching Eastern meditation practices to Westerners, but for different reasons to those of Freud. Jung's observation was that

People will do anything, no matter how absurd in order to avoid facing their own souls. They will practice yoga and all its exercises, observe a strict regimen of diet, learn theosophy by heart, or mechanically repeat mystic texts from the literature of the whole world—all because they cannot get on with themselves and have not the slightest faith that anything useful could ever come out of their own souls” (1968, p. 114)

which was more a comment on what he observed to be the dissatisfied individualist and insecure nature of man produced by Western culture, rather than a dismissal of the value meditative practice may hold for therapeutic applications. However, he had a passionate interest in the concept of universal archetypes, of which he determined five main types, later developed further by James Hillman⁴⁴ (Jung, 1981; Stevens, 2006). The Jungian archetypes bear remarkable resemblances to the universal archetypes represented by the pictorial arcana of the ancient Western esoteric spiritualities and the icons and mandalas of the East. He believed that the archetypes symbolically represented the basic subconscious

⁴⁴ See Jung (2006) for further explanations of the archetypes and Stevens (2006) on Jungian Archetypal Psychology.

developmental psychic dispositions of humankind (Jung, 1981). He also believed that psychology was about assisting man to achieve his ultimate potential, which, interestingly, parallels the developmental objectives of the visualization meditations of universal archetypes as developed by esoteric spiritual traditions East and West.

Jung also focused his attentions upon the phenomena of religious experience. As already mentioned, he had studied mystical Christianity and Gnosticism of the West, and Hinduism, Buddhism and Taoism of the East. He asserted that transformation occurred through the process of individuation and that this was the mystical heart of all religious practice (Jung, 1968). In contrast to Freud, Jung believed spiritual experience was fundamental to human wellbeing (Jung, 1981), but he also acknowledged that not all spiritual experience was ecstasy, or easy to endure. He himself experienced a life-changing period of several years thinking himself to be psychotic. He kept a diary of his experiences and recorded his visions pictorially in detail in his *Red Book* and this very personal account has only recently been published by his estate (Jung, 2009). He referred to his experiences as his difficult period of “creative illness” and as confrontations with the unconscious (Hayman, 1999, p. 175) and it was during this period that he developed his theories about the archetypes, individuation, and the collective unconscious (Jung, 2009). It is interesting to note that many of the visions that he recorded in detailed illuminated drawings bear striking similarity to the mandala of the East and to the ancient Egyptian arcana now often referred to as *tarot*.

Jung’s legacy, as well as the work before him of William James, Bucke, and Freud, helped to set the stage for the later development of the branch of psychology known as Transpersonal Psychology (Scotton et al., 1996). Abraham Maslow is perhaps one of the most well-known and cited founders of the transpersonal movement in Western psychology and his views and influence on how meditation could be applied in psycho-therapeutic contexts are reviewed below.

Abraham Maslow

Maslow trained as a psychologist in the 1920s and 30s and two significant early influences in his professional life included anthropologist Ruth Benedict⁴⁵ and gestalt psychologist Maz Wertheimer (Hoffman, 1988). Their influence spurred his famed work on self-actualization, human potential, and the transpersonal science of peak experiences (Maslow, 1976) and he considered them both to be the embodied evidence of this theoretical models. Unlike other psychologists of his time, Maslow was less interested in psychopathology; he dedicated his time to the study what human strengths and positive qualities contributed to mental *health* rather than viewing people with mental illnesses as a “bag of symptoms” (Hoffman, 1988, p. 109). He documented his work on peak experiences in his classic treatise *Religions, Values, and Peak Experiences* (1976) asserting that transcendent states of consciousness represented a legitimate field of scientific enquiry, and that such states were of “essential value in human life” (p. 128). He defined peak experiences as states of consciousness enabling perceptions of ecstasy, rapture, transcendence, euphoria, illumination, revelation, heightened senses of awe and wellbeing, profound interconnectedness or one-ness. He described such experiences as ego-transcending and life-changing, often enabling immense creative release, giving a sense of purpose and empathy, and leaving a permanent mark on the experiencer. Maslow believed such experiences could be precipitated through, amongst other things, meditation, and his use of the terminology *peak experience* was an attempt to naturalize and de-pathologize phenomena of consciousness often regarded as either religious, mystical, supernatural or psychotic (Maslow, 1970).

Maslow’s *transpersonal psychology* movement, has sought to study spiritual experience and integrate an understanding of the phenomena of spiritual practices, mysticism, and altered states of consciousness into contemporary psychological theory. At a time when many Western psychologists tended to ignore, dismiss, or pathologize these aspects of human experience, the

⁴⁵ Ruth Benedict is regarded as one of the most eminent anthropologists of the twentieth century. Her book, *Patterns of Culture* (1934), was a foundational textbook in anthropology as well as social and crosscultural psychology.

transpersonal perspective embraced them and the psychological contributions of the spiritual traditions, East and West, legitimizing the study of meditation and its clinical potential (Scotton et al., 1996). This work has also been foundational to the later development of the school of positive psychology, wherein meditation has become an important tool in the clinician's therapeutic toolbox (Csikszentmihalyi, 1991).

Albert Hofmann, Richard Alpert, et al., and the Harvard Psychedelic Club

In 1940, Swiss chemist Albert Hofmann made an accidental discovery that would have immense implications and consequences for the Western world in later decades. His accidental discovery of the hallucinogenic effects of d-lysergic acid diethylamide or LSD, and experimentation with psychoactive substances and entheogens⁴⁶ heralded the beginning of controversial consciousness research with what became known as the psychedelics through 1950 and 60s⁴⁷ (Lattin, 2010). Much of the sanctioned (and unsanctioned) research was conducted at Harvard University, the bastion of mainstream psychological research (Lattin, 2010). It was here that LSD came to be regarded as the substance that could reproduce the phenomenal experiences of mysticism, but without the discipline or adherence to the meditation processes of a spiritual tradition seemingly necessary to achieve them (Lattin, 2010). Further, it was also seen to have potential as an “unrivaled tool for the training of psychiatrists, psychologists, medical students and psychiatric nurses” in that a single experience of the effects on consciousness that it produced could “considerably increase the subject’s ability to understand psychotic patients, approach them with more sensitivity, and treat them more effectively” (Grof, 2009, pp. 1-2). The *Harvard Psychedelic Club* was born during this period, led by Professor of Philosophy, Richard Alpert, along with faculty colleagues Allen Ginsberg, Timothy Leary, Ralph Metzner, Aldous Huxley and Stanislov Grof (Ram Dass, 2006a). However, in 1963, Alpert was

⁴⁶ *Entheogens* are psychoactive substances used in religious, shamanic, or spiritual rituals to evoke spiritual experiences, trance states or ecstasy, usually derived from plant or fungal sources (Oxford English Dictionary, 2008).

⁴⁷ Lattin’s book, *The Harvard Psychedelic Club: How Timothy Leary, Ram Dass, Huston Smith, and Andrew Weil Killed the Fifties and Ushered in a New Age for America* (2010), provides a full account of this controversial period in Harvard University’s history.

dismissed from Harvard for allegedly giving psilocybin (a chemical relative of LSD) to an undergraduate student (Lattin, 2010). Leary achieved notoriety for, among other things, his provocative assertions, during an interview in 1966 for the September issue of *Playboy* magazine, that LSD was a cure for homosexuality, and that the sexual ecstasy it produced would drive an explosion in the production of LSD (Lattin, 2010). His unconventional antics, opinions, and now famously infamous advice spoken at the 1967 hippie gathering, the *Human Be-In* in San Francisco, that everyone should just “turn on, tune in, and drop out” (Strauss, 2011) ensured the attention of powerful detractors. His urgings to everyone who would listen, to use psychedelics such as LSD to detach themselves from the cultural, political, and hierarchical conventions of Western society, were cited as acts that brought a total federal prohibition on LSD research. Consequently, the era of mainstream sponsored psychedelic research, at least at Harvard, was suspended. The later social consequences of their experimentation and association would have far-reaching effects for Western society and for them as individuals. For example, in 1968, the academically disgraced Richard Alpert took the Hindu name *Ram Dass* and pursued the study and practice of broad ranging meditation methods from ancient wisdom traditions including Hindu bhakti (devotional) yoga, three schools of Buddhist meditation (Theravaden, Mahayanan, and Zen) as well as the Sufi and mystical Jewish traditions (Ram Dass, 2006b). He became a prominent Western guru of meditation with many high profile followers and continues to teach meditation, life transformation, and mindfulness and compassionate care training for working with the dying (Ram Dass, 2006b).

Herbert Benson

Prior to the Western psychology’s current interest in mindfulness meditation, which has become a focus of hundreds of recent clinical studies, much of the empirical research focused on physiological correlates of transcendental meditation (TM) (Andreson, 2000) as identified earlier, in Part Three of this dissertation. After the publication of Wallace’s pioneer paper in *Science* in 1970, which was a summary of his PhD research on the physiological effects of TM, that suggested—as had many others—that “meditation may have practical applications” (p. 1751) scientific and popular interest in TM and other meditative

practices in the West, and particularly in America, exploded. Wallace's investigation was supported by a US Public Health Service grant, giving the topic a level of scientific credibility and acceptability that provided a certain level of protection for the reputations of investigators wanting to lend their names and status to a topic which was regarded by many academics and researchers as a bit too far outside the square for a valid Western empirical science.

In the mid-1960s, Harvard cardiologist, Professor Herbert Benson, MD, conducted experiments on TM meditators in a basement room of Harvard Medical School (personal communication, 2009). He later developed a technique based upon the TM model which elicited what he termed the *relaxation response* (Benson et al., 1974), and developed a non-spiritual and “non-cultic” (p. 129) meditative technique which resulted in a reduction in sympathetic arousal. In a somewhat remarkable coincidence, the basement room in which Benson conducted his early experiments happened to be the same room where fifty years earlier, Walter Bradford Cannon (1915) had first noted what he described as the *fight-or-flight response*—the physiological response of the body's sympathetic nervous system to stressful conditions (personal communication, 2009).

While Benson promoted his non-spiritual technique, he maintained that many forms of meditation from the spiritual traditions including TM, vipassana, mantra, breath focus, repetitive prayer, mindfulness, and various forms of yoga (e.g. kripalu, hatha, and kundalini yoga) could be utilized to elicit the same effect, that is, the relaxation response. Through the 1970s his work was disseminated widely, such that in 1974, with the sponsorship of Henry Ford, owner of the Boston Red Socks baseball team, Benson founded the *Benson-Henry Institute for Mind Body Medicine* (BHI)⁴⁸ at the Massachusetts General Hospital (personal communication, 2009). For more than forty years, the Institute has led the field in the research and practice of mind-body medicine and the impacts of stress on health and wellbeing (Benson-Henry Institute, 2009) and has been the recipient of millions of dollars of National Institutes of Health funding for clinical research on meditation (National Institutes of Health, 2011).

⁴⁸ See <http://www.massgeneral.org/bhi> for a comprehensive overview of the clinical research and education initiatives of the Benson-Henry Institute for Mind Body Medicine.

The changes occurring across the Western world

These developments in psychology did not arise in a cultural vacuum—they occurred during decades of massive social, political, and technological change across the world. For example, across the Western world there were civil rights protests, student crusades against the Vietnam War, ethnic and religious diversity was increasing, women's liberation movements were growing, as was flower-power and experimentation with psychedelic drugs. The accessibility of marijuana, mescaline, LSD, and peyote introduced many to the experience of substance-induced altered states of consciousness. Likewise, the accessibility of the exotic Eastern religious practices brought to the West by Vivekananda, Yogananda, Rajneesh, and Maharishi gave many more an experience of meditation that would otherwise have been unavailable to them. While a growing rejection of the conservative values of former decades was fomenting, and the popularization of Eastern-styled meditation was spreading across the baby-boom generation of the 1960s, there was also a flourishing of the Christian evangelical and Pentecostal movements. In North America, Christian fundamentalist preachers including Jerry Falwell, Billy Graham and Jim Bakker utilized broadcasting technology with enormous financial and membership success, and established strong followings on university campuses as well. Orthodox Judaism also saw a surge in popularity with interest in the mystical aspects of Kabbalah increasingly popularised by high-profile converts such as actors Elizabeth Taylor, and later, musicians Madonna, Mick Jagger, Britney Spears, actors Demi Moore, Ashton Kutcher, and socialites Paris Hilton and Nicole Ritchie to name just a few (Goldberg & Thomson, 2005, June 17).

Scotton, Chinen and Battista (1996) maintain that North America was the fertile ground for the growth of many alternative religio-cultural movements at a time when the traditional mainstream Christian churches of the West experienced a decline in membership and attendance. The nineteenth century formation of the Seventh Day Adventist, Christian Science, Mormon, Jehovah's Witness, and Quaker movements in America made access to these other alternative systems of belief possible. While some of these movements embraced altered states of consciousness and their behavioural sequelae such as shaking and quaking,

speaking in tongues, and ecstatic displays of emotion, as manifestations of the holy spirit, others demonised such experiences as of the devil requiring exorcism (Anonymous, 2010). This polarization of belief was mirrored in the sciences too. While transpersonal psychologists sought to understand the meaning-making of such phenomena for the experiencers in the context of psychological and physical healing (Scotton et al., 1996), the more conservative schools of psychiatry and psychology utilized diagnostic criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) and the *International Statistical Classification of Diseases and Related Health Problems* (World Health Organization, 1967) to formulate hypotheses of mental malfunction to explain such occurrences.

Regarding scientific explorations, in the same year that the Apollo 11 astronauts first walked on the moon during man's historic exploration into *outer* space, 1969 also heralded a great expansion in Western scientific study of man's own *inner* space, exploring the phenomena of consciousness and meditation in the fields of philosophy, psychiatry and psychology (Scotton et al., 1996). The first *Journal of Transpersonal Psychology* was printed, and it began to publish the work of Stansilav Grof, Roger Walsh, Ken Wilber, Alan Wallace, Larry Dossey, Charles Tart, Elliot Dacher, John Kabat-Zinn, Candace Pert, Dean Ornish, Dean Radin, and many others. This exploration of consciousness and its dynamic functions and phenomena as the mind-body interface, continues into the current century, along with the groundbreaking research conducted by contemplative neuroscientists Francisco Varela, Evan Thompson and Antoine Lutz in their studies of meditation and cognition (Petitot, 1999; Thompson, 2007; Varela & Shear, 1999b).

The Institute of Noetic Sciences

Much of the earlier work was assisted, sponsored, and promoted in large measure by the establishment of the *Institute of Noetic Sciences* (IONS) in 1973, by Edgar Mitchell⁴⁹, pilot of the lunar landing module on that historic Apollo 11

⁴⁹ Edgar Mitchell, ScD, PhD, founded the *Institute of Noetic Sciences* (IONS), two years after an experience on the NASA mission that radically changed his worldview as a rationalist scientist and

flight. The Institute's brief was to sponsor research on the nature of consciousness and meditation (Mitchell, 2009). The current vice-president and clinical research leader of IONS is cultural anthropologist and clinical research scientist, Marilyn Schlitz, PhD., and the Institutes research program is currently facilitated by licensed clinical psychologists Cassandra Vieten, PhD., and Tina Amorak, PhD (Schlitz, Amorok, & Micozzi, 2005). The IONS work continues, with the recent publication of a decade-long investigation with the over-arching goal to "explore the phenomena of consciousness transformation and... the various transformative paths that lead to beneficial outcomes for self and community" (Schlitz, Vieten, & Amorok, 2007, p. 6). The study included a survey of 41 of the world's major religions and modern forms of spirituality, documenting the subjective noetic and anomalous phenomenal experiences of hundreds of individuals, and interviews with fifty world-renown scholars, teachers and practitioners from the spiritual traditions of the East and West, including indigenous traditions. Using transdisciplinary methodology from the fields of cultural anthropology and psychology, the themes identified were detailed in the IONS book *Living deeply: The Art and Science of Transformation in Everyday Life* (Schlitz et al., 2007) and include many first-person accounts of phenomena of consciousness and the life-long psychological impacts of these experiences on the individuals concerned.

Chogyam Trungpa Rinpoche and Naropa University

Chogyam Trungpa Rinpoche, a Tibetan Buddhist teacher, is credited by some to have been the first to investigate the relationship between Eastern Buddhism and Western psychology and in 1974 he established the first accredited Buddhist university in the first in the world, in North America, to integrate these two traditions of thinking and pedagogy (Naropa University, n.d.-a). Born in Tibet, he was accredited as being a major Tulku (incarnate teacher) in the Tibetan Buddhist tradition and escaped from Tibet during the communist upheavals of the late 1950s. He founded a meditation centre in Scotland, the first Tibetan Buddhist monastery in the West where, in 1969, he wrote *Meditation in Action* (Chogyam Trungpa, 1975). Notable pupils included musician David Bowie, populist author

engineer. See Mitchell's autobiography, *The Way of the Explorer: an Apollo Astronaut's Journey Through the Material and Mystical Worlds* (2009) for his fascinating personal story of how this 'peak' experience changed this self-described diehard materialist forever.

and American Buddhist nun Pema Chodron, psychobiologist David Deida, and contemplative neuroscientist Francisco Varela, the latter whom is often cited in neuropsychological literature. In 1970, Trungpa relocated to North America where he established meditation centres in Vermont and Nova Scotia and Naropa University. Today, the university offers an undergraduate major in Contemplative Psychology and a graduate program in Contemplative Psychotherapy. Meditation practice and retreats are an integral part of the programs, which meet the requirements for the Licensed Professional Counselor (LPC) credentials Somatic Counseling Psychology (Naropa University, n.d.-b).

Daniel Goleman

Continuing the theme taken up decades earlier by William James, former anthropology major and Harvard-trained clinical psychologist, Daniel Goleman, published the first edition of his book *The Varieties of Meditative Experience* (1977). Taking an interdisciplinary and crosscultural approach to meditation, and with the support of his Harvard psychology, anthropology and sociology mentors, Goleman researched the ancient psychologies of the meditation traditions of both East and West (2011). He discovered to his intrigue, that the meditation traditions espoused theories of cognition still actively applied after more than two thousand years “which had never been mentioned in any psychology course I had taken” (2011). He applied his discoveries to his research on meditation interventions for stress and later returned to Harvard to teach a course entitled *The Psychology of Consciousness* (2011). The course was so oversubscribed that his class had to be moved from its small location to one of the largest lecture halls on the campus (2011). Today, Goleman continues to be a major authority on meditation for the psychological sciences with his conference and lecture tours heavily attended and his ongoing writings regularly cited in the psychological literature on meditation.

The American Psychiatric Association

In the same year, that Goleman published the above book, the American Psychiatric Association (APA) appointed a *Task Force on Meditation* which issued a *Position Statement on Meditation* (1977). Moving with the zeitgeist of

the 1960s and 70s, recognizing the growing popular and scientific interest in meditation, its recommendation was that the psychotherapeutic potential of meditation be investigated, based upon the accumulating body of clinical data and crosscultural observations. Between 1936 and 1975 more than 100 scholarly books and journal articles were published, variously discussing, reporting and asserting that meditation and contemplation have psychotherapeutic potential, including the idea that mystical experiences sometimes arising through these practices are therapeutic. The assertions consistently argued that such practices could complement or even replace psychotherapy. These references appear in the bibliographies published by several authors from the 1970s onward (see, for example, Haynes & Zabel, 2004; Jarrell, 1985; Kanellakos & Lukas, 1974; Kaszniak, Summer/Fall, 2011; Murphy, 1983; Murphy et al., 1988, updated 1997; Timmons & Kamiya, 1970; Timmons & Kanellakos, 1974).

Roger Walsh

Then, in 1980, professor of psychiatry, philosophy, and anthropology, Roger Walsh highlighted the difficulties inherent in Western psychotherapy attempts to include meditation in a singular theoretical framework. He referred to this as a “paradigm clash” and the inability of the Western biomedical model to accommodate the commonalities of the consciousness disciplines and the behavioural sciences (Walsh, 1980, p. 664). Kutz, Borysenko and Benson (1985) would argue that this difficulty is reflected in “the history of the psychoanalytical movement as it repeatedly encounters the concepts of meditative practices” (p. 1). The earlier account in this Chapter of Freud’s dismissal of meditation as infantile, irrational and non-scientific is one example of this inability to identify such commonalities and it is particularly well demonstrated by Freud’s own description of the usefulness of his concept and experience of “evenly suspended attention” (1995, p. 114) which clearly parallels the same meditative concept.

Jon Kabat-Zinn and the Mindfulness-Based Stress Reduction Program

Around the same time, Jon Kabat-Zinn, Professor of Medicine at University of Massachusetts Medical School, published his first account of the use

of mindfulness practice in a general medical setting in the United States of America (1982). The remarkable results he reported sparked a cascade of research over the next three decades using mindfulness meditation across a tremendous range of medical conditions aimed at increasing patients' ability to cope with the physical and psychological sequelae that accompany challenging medical diagnoses and treatments. The application of Kabat-Zinn's mindfulness-based stress reduction model (MBSR) would be replicated many hundreds of times, across the Western world, with demand for training clinical professionals, as well as adjunct medical and psychiatric service providers, resulting in the establishment of the *Stress Reduction Center* and then the *Center for Mindfulness* (CFM) at the University of California. Under the directorship of Saki Santorelli, EdD, MA, the CFM continues to provide training for both the general public in the United States of America, as well as for health professionals, internationally.

The National Institutes of Health, United States of America

On the basis of the growing evidence base for the application of mindfulness to clinical contexts, the *National Institutes of Health* (NIH) continue to publically fund mindfulness research in the United States of America with tens of millions of dollars committed to exploring its usefulness, efficacy, and mechanisms. A search of the NIH Clinical Trials database in 2011 found 241 current studies investigating mindfulness processes for medical and psychological conditions ranging from insomnia, irritable bowel syndrome, psychotic disorders, nicotine dependence, neoplasms, and migraine, to self-injury and biological resilience, among many others (National Institutes of Health, 2011).

Mark Williams and Mindfulness-Based Cognitive Therapy

Throughout the rise of popularity of mindfulness in the health sector in North America and Britain⁵⁰, Oxford University-based Mark Williams, Professor of Clinical Psychology, remained a self-confessed skeptic (Segal, Williams, & Teasdale, 2002). However, with the increasingly high profile that mindfulness

⁵⁰ The University of Bangor in Wales hosted the first international interdisciplinary conference on mindfulness in 1998.

practice was gaining in his field, he was pressured to investigate it as a form of mental training for people suffering recurrent depression. His personal opinion was questioning: how could an Eastern religious practice be of benefit to Westerners with different or no religious beliefs at all? However, deciding to test it on himself, he found his preconceptions changing. Together with his colleagues John Teasdale, PhD, of the Department of Psychiatry at Oxford, and Zindel Segal, Head of the Cognitive Behaviour Therapy Unit, University of Toronto, he embarked upon a project to modify Kabat-Zinn's MBSR model as a treatment protocol for depression, and mindfulness-based cognitive therapy (MBCT) was born. To support the growing scientific interest in researching mindfulness in the United Kingdom, Williams was pivotal in the founding of the *Centre for Mindfulness Practice and Research* at the University of Wales, Bangor in 2001, which was later moved to Oxford University (M. G. Williams, Teasdale, Segal, & Kabat-Zinn, 2007).

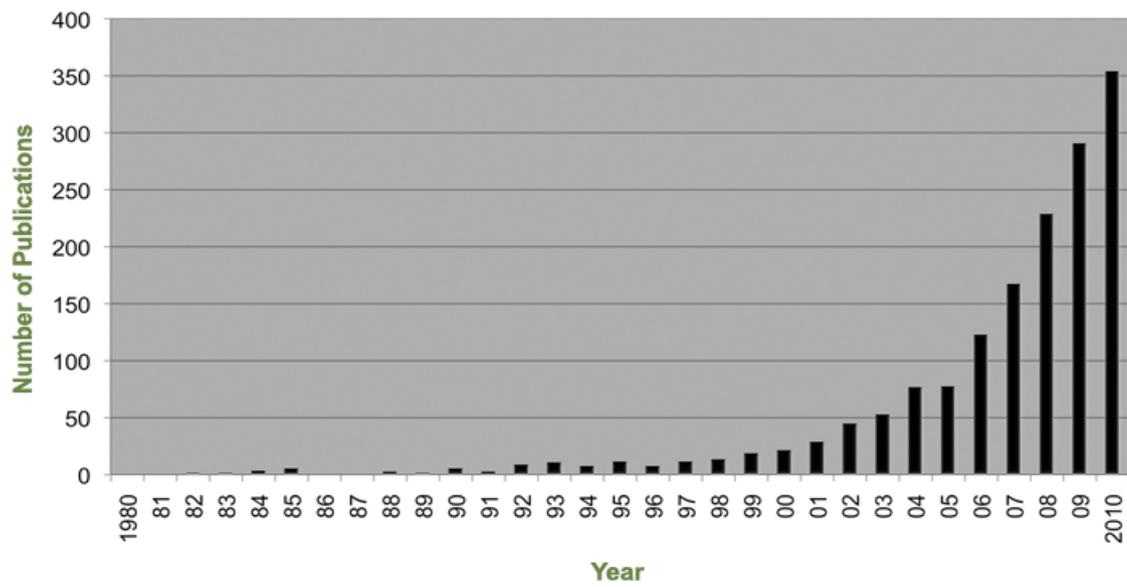
The British National Institute for Health and Clinical Excellence

On the basis of the clinical research carried out by Williams and his colleagues, and Kabat-Zinn, et al., in 2003, the *British National Institute of Health and Clinical Excellence* (NICE) recommended mindfulness meditation-based programs for the treatment of recurrent depression in adults (National Institute of Health and Clinical Excellence, 2003). Then, in 2009, the NICE recommendation for these programs was expanded to include patients with concomitant chronic physical health conditions (National Institute of Health and Clinical Excellence, 2009).

David M. Black and the Mindfulness Research Guide

David S. Black (2010a) established the *Mindfulness Research Guide*, an open-access online meditation research database incorporating an electronic monthly newsletter, free to subscribers, which contains links to the most recent published research on meditation in Western scientific contexts and is updated on a month-by-month basis. With more than 5,100 subscribers at the time of writing, and a reference library including more than 2,200 citations, this comprehensive

publication database has made possible the timely and easy access to the broad range of Western scientific literature on meditation across Western healthcare contexts and many other disciplines. The explosion of published literature is graphically demonstrated in Figure 1, which shows the sharp increase in articles published from the year 2000 onwards, reflecting the rapidity with which meditation was becoming integrated into mainstream Western healthcare contexts.



Note. The search was limited to publications with English language abstracts.

Figure 1. The increase in published Western meditation research literature from 1980-2010. Reproduced with permission, from *Mindfulness research publications*, by D. S. Black, (2011).

The website also incorporates other comprehensive resources which include sections on measurement tools to operationalize mindfulness, evidence-based psychological interventions incorporating mindfulness-based processes, and a list of more than 68 universities and centres conducting meditation research with electronic links to their websites and other contact information.

While Black’s stated objective in maintaining these resource lists is to expand awareness of and inform researchers, clinicians, and the general public on the latest scientific advances in *mindfulness* (2010b), it is of note that many of the listed items are studies of meditation processes not referred to as mindfulness at source, for example, studies on transcendental meditation, centering prayer,

qigong, kundalini meditation, and mantra meditation, to name just a few. I found this a curious use of the term *mindfulness*, which appears, at times, to conflate specific mindfulness-based meditation practices, as defined by Kabat-Zinn and others, with other meditation processes which are quite different. Whether this situation has arisen as a result of Black's naming of the website as an historical artefact of his original PhD research (University of Southern California, 2010), which began with a solely mindfulness focus and has then expanded to become a resource inclusive of meditation research in a more general sense, is not clear. However, such conflation and ambiguity, whether intended or accidental, has the potential to create confusion for those consulting the website who may not be aware of the tremendous diversity of meditation practices and the appropriateness of the application of these in varying healthcare contexts. It has been my observation, during my attendance at many professional training events and conferences throughout the period of this research, that confusion and ambiguity of understanding abounds amongst clinical practitioners, including psychologists unfamiliar with meditation, who appear to identify meditation as mindfulness, rather than mindfulness as *one type* of meditation process, and/or premise universal to all such processes.

This potential for confusion aside, the contribution of David Black with regard to the creation and maintenance of these databases has provided an invaluable information resource on the current status of meditation research in the West which is easily accessible. The impact this has had on the dissemination of studies, and the trans- and cross-disciplinary linkages and discussions generated between scientists, practitioners, scholars and contemplatives, of issues arising from the research must be tremendous, but is difficult to quantify. However, an indication of the level of interest in this resource, and in meditation science, can be gauged by the number of subscribers to the monthly bulletin, which, as noted above, is currently in excess of 5,100 individuals.

Meditation training opportunities for healthcare professionals

With a critical mass of interest in meditation and an evidence-base established, demand for access to professional training across North America, the United Kingdom, Europe, and the Asia-Pacific regions has steadily grown. The email listserves monitored for this research project have frequently featured requests for and notifications of meditation training, particularly in mindfulness-based programs, for health professionals across a broad spectrum of specialties. The advertisements for professional training workshops, retreats, and programs, are frequently headlined as enabling participants to deepen one's own meditation practice, and appear to assume that participants already have a personal meditation practice of their own. Introductory training events for professionals who are novices to meditation often incorporate short meditations sessions, as well as periods of silence, for participants to experience a brief taste, first-hand, of meditation-based therapy processes.

Likewise, undergraduate, graduate and postgraduate courses incorporating elements of experiential contemplative practice at prominent mainstream institutions such as the Mayo Clinic, and Harvard, Johns Hopkins, Oxford, and Cambridge universities are increasing (Black, 2009b). North American Ivy-League institution, Brown University, has offered Contemplative Studies programs at undergraduate and graduate level since 2004 (Roth, personal communication, 2007). Current programs include summer intensives entitled *Meditation and the Brain: Applications in Basic and Clinical Science* and *Transformation in Christian Mysticism*. These programs feature meditation instruction with a medical faculty member who is a Zen roshi, and excursions to contemplative practice centres.

Similarly, in a recent mindfulness listserve posting, research fellow and faculty member, Dr Elena Antonova (2012), from the Institute of Psychiatry, King's College, London, reported the College's interest in offering master's-, PhD-, and professional doctorate-level degrees in 2013. The programs of study planned will include an experiential mindfulness unit to provide students with learning experiences about mindfulness, its effect on the brain, and the

mechanisms of its clinical efficacy to enrich their existing mindfulness practice, or broaden their mindfulness teaching skills.

These few examples of courses being offered by institutions regarded as first-class academic representatives of mainstream scholarship, research and teaching, demonstrate that meditation, as science, is worthy of the attention of the West's top academic scientific researchers and scholars. What remains to be seen is whether the paradigms framing the investigations of meditation are entirely appropriate for the examination of processes derived from ontologies and epistemologies quite different in many ways from those of a Western positivist materialist and reductive scientific method. This question is discussed further in Chapter 8.



RESEARCH PHASE 3

CHAPTER SEVEN

EXPERIENCES, PHENOMENA AND UNDERSTANDINGS REPORTED BY LONG-TERM MEDITATORS

As a medical friend once told me, we don't even know how aspirin works, but that doesn't keep it from relieving pain. Similarly, with the mantram, no explanation I can give can take the place of your own personal verification.

—Eknath Easwaran, from <http://www.easwaran.org>

Introduction

The purpose of this chapter is to document the subjective experiences, phenomena, and religio-socio-cultural understandings reported by 18 long-term meditators during 22 semi-structured indepth interviews. The experiences and phenomena they reported they believed occurred as a result of the meditation training they had received and their on-going practice of meditation. A thematic and interpretative phenomenological analytical process was used to analyse interview transcripts to elucidate the ways in which interviewees perceived themselves as changed as a result of their meditation practices and subjective experiences. Interviewees were also asked about any effects or experiences of meditation that they perceived as negative in order to elucidate any potentially damaging or dangerous elements of meditation practices. This latter issue has particular relevance to the training and competency of mental health practitioners and their ability to support individuals who may experience what they perceive to be negative or anxiety provoking physical, emotional or perceptual phenomena as a result of meditation practice in therapeutic clinical contexts.

It is important to elucidate such first-person experiences, phenomena and subjective understandings of meditators because Western science appears to be inclusive of some elements of subjective phenomenology of meditation and dismissive of other elements, based upon a positivist philosophy frequently at

odds with the philosophies of the contemplative traditions of origin. The research findings of this chapter, along with Chapter 8, partially inform a scholarly discussion in Chapter 9 of the significance of the potential barriers this tendency creates for the development of understandings of the therapeutic capacities and essential elements of meditation and contemplative prayer for use in therapeutic contexts.

The material in this chapter is organised as follows. The results from the initial thematic analysis and later interpretative phenomenological analysis are presented along with excerpts from the interviews illustrative of the themes identified. Expanding further on the superordinate themes evidenced, a number of these are discussed in more detail with regard to the primary research question for this research project, particularly with regard to the implications that arise for the training and competency of clinicians applying meditation as a therapeutic adjunct.

The interviewer

The interviewer had practiced meditation from a broad range of traditions for more than 25 years and had engaged in three-week residential meditation retreats annually and monthly residential weekend workshops throughout this time. On embarking upon this research project, the interviewer participated in 16 professional mindfulness and meditation training workshops and retreats for healthcare professionals (as detailed in Table 2, Chapter 4) in part for the purposes of this project, and also in undertaking training for a Postgraduate Diploma in Clinical Psychology. Attendance at these events and a long-term personal meditation practice enabled the interviewee to engage in the research process, and particularly the interviews from an emic position which in turn fostered a generous rapport with the interviewees who at times disclosed highly personal experiences that they may have been unlikely to have disclosed to an interviewee with minimal or no meditation background.

The interviewees

The interviewees were long-term meditators, resident in New Zealand, of several nationalities and ethnicities, who practiced a diverse range of meditation processes and contemplative forms of prayer (see Table 3, Chapter 4), and seven were meditation teachers with appointments within various longstanding meditation traditions. The semi-guided in-depth interview topics included interviewees' descriptions of their meditation/prayer content and process, their perceptions of the positive as well as adverse effects of their practice, and in their view, the active ingredients of their practice that led to the phenomena and effects they experienced. With the interviewees' consent, the interviews were recorded and the interviewer referred to an interview schedule to ensure key topics were covered, and made brief notes during the interviews.

The conversations

The interviews were indepth and semi-structured taking the form of conversations with a reciprocity that enabled a strong rapport to develop between the interviewer, who was the primary researcher, and the participants. While the interviewer used a semi-structured interview guide as previously described in Chapter 4 (see Appendix D) this was used only as needed to ensure that main topics had been covered, rather than as a rote procedural tool.

First-person voices

The enquiry of this second phase of the research has aimed to convey subjective understandings of meditation, using the first-person voices of the interviewees to provide a rich data source. Their voices are excerpted here wherever they inform the research question. Care has been taken to maintain a focus on of participants' descriptions of their experiences, using their first-person perspectives of the content, ascribed meaning and significance of the phenomena they reported. Their perspectives have the potential to vitally inform our notions of the personal, social and clinical significance of meditation. Their voices also demonstrated that continuing to ignoring the first-person perspectives such as

those documented in this thesis, potentially obstructs or constrains the continuing development of an empirical knowledge base in the key areas of meditation-for-health research. To this end, my endeavour has been to relate the first-person voices of those who shared their stories with me, and to overlay that with an emic interpretation where it appears necessary to clarify an understanding, a construct, or phenomenon they have tried to convey.

The subordinate and superordinate themes identified

It is important to note that the subordinate and superordinate themes identified and evidenced below are neither mutually exclusive nor discrete. They are frequently interrelated but are distinguished from each other on the basis of subtle semantic differences in meaning, and to facilitate a coherent presentation and interpretation of the data.

Table 4 contains 89 descriptive subordinate themes identified from the conversations with the interviewees. This list was constructed initially from the list of words describing the effects of meditation in Appendix E, utilized during the interviews, and from which interviewees selected, and added, those that applied to them. Then, during the initial thematic analyses of the interview transcripts, the list was expanded as additional descriptive themes were identified.

Table 4.

Descriptive subordinate themes identified from interview transcripts.

Descriptive Subordinate Themes
Increased calmness
Increased emotional stability
Increased energy
Increased ability to focus
Increased intentional awareness versus accidental/incidental awareness of self & other
Increased perspective-taking (able to see others' points of view)
Increased receptivity
Increased tolerance
Increased distress tolerance
Increased ability to accept things 'as they are'
Increased ability to control negative thoughts
Increased ability to regulate negative emotions (e.g., anger, sadness, jealousy, fear)
Decreased rumination
Decreased worry
Decreased stress
Decreased emotional reactivity
Increased sympathy
Increased empathy
Tenderheartedness
Increased compassion
Increased willingness to help others
Sense of stillness
Sense of equanimity
Sense of 'letting go'
Sense of surrender
Increased sense that one's happiness <i>is not</i> dependent upon external events and circumstances
Decreased need to link personal happiness to specific events or circumstances
Able to act effectively under high degrees of stress
Greater ability to find 'coherence'
Heightened sense of self and self-in-relationship
Get on better with others
Enhanced experience of self-efficacy
Increased self-actualization
Enhanced self-image
Sense of profound personal/spiritual transformation
Greater peace within oneself
Increased sense of value in engaging in on-going health and well-being exercises

...continued

Sense of union with a higher purpose / being
Enhance sense of universal oneness
Sense of greater integration of mind / body / purpose
Sense of freedom
Sense of communion
Sense of sacredness
Sense of reverence
Sense of blessedness
Spontaneous playfulness
Joyfulness
Bliss
Gratitude
Wholeness
Experience of grace
Transcendence
Increased positivity
Life feels more meaningful—personally and transpersonally
I feel more ‘integrated’
Less judgmental of others
Less judgmental of myself
Less critical of self and others
Increased capacity for love
Increased resilience
Increased sense of ‘gratefulness’ / feeling ‘blessed’
Feel more ‘present’
Increased sensitivity to other people’s states
Increased humility
Sense of ‘enrichment’ of life
Sense of one’s own immortal essence
Absence of fear of death
Sense that everything will be okay
Sense of connectedness
Sense of aloneness
Sense that time passes more quickly
Sense that time seems suspended
Increased access to ‘neutral mind’
Increased sense of positive non-thinking awareness
Sense of ‘excited’ awareness
Increased alertness
Enhanced problem-solving ability
Increased courage/confidence—associated with increased self-efficacy and self-esteem
Enhanced sense of discernment
Increased ability to ‘tune-in’ to how people are

...continued

Increased insight / ability to understand circumstances

Increased self-control

Access to experienced teacher for guidance on technique and integration process

Experience of non-ordinary physical, emotional and/or perceptual states

Experience of phenomena perceived as negative, evoking anxiety, fear or bewilderment

Difficulty finding adequate words to convey their experiences and understandings

Use of hand gestures associated with above

Emotionality during interview—excitement, sadness, tears, anger

Hesitation during interview—initial reluctance to share an aspect of experience

Subordinate themes expressed in te reo Māori

In addition to the themes detailed in Table 4, one interviewee, Rick, expressed some of his experiences of meditation in te reo Māori . Table 5, below, contains four descriptive te reo Māori subordinate themes identified during the first level of analysis. Rick provided the English translation of these terms, which concur with those provided by te reo Māori scholar H. W. Williams in his *Dictionary of Māori Language* (2002).

Table 5.

Descriptive subordinate themes expressed in te reo Māori and English translation.

Te Reo Māori	English Translation
IO ⁵¹ urutapu	Pure distilled sacredness; Higher experience of sacredness
Hurumanu	Suspension of the busy mind
Rokihau	The calmness of the soul or essence
Taketake	A perfectly settled ripple-less ocean

⁵¹ The sacred Māori tradition of *IO* is referred to in uppercase throughout this thesis, rather than as *Io*, as is frequently used in the literature. The reason for this departure is that Rick's teacher purposefully capitalizes sacred language terminology on the basis of its *transformative power*, to distinguish it from vernacular renderings. The subject of transformative power is discussed in later sections of this thesis.

Rick follows the sacred Māori meditation tradition of IO and he took some time to find the right words to convey his experiences, choosing his words thoughtfully. His experiences and understandings of these te reo subordinate themes are also relevant to the formulations of the superordinate themes discussed in the next section of this chapter. Rick's experiences and understandings, from which these subordinate themes are derived, are expanded on below:

IO, as I understand it, is the highest body of knowledge in relation to Māori spirituality. It was IO that is the creative cause of the universe. A conscious creative force... that field of energy that projected the universe and gave birth to *Ranginui* and *Papatuaanuku*⁵² and all of creation... *IO mata aho*, IO of the lightning flash countenance, the lightning countenance.

What follows is Rick's description and interpretation of an "actual energetic experience of IO urutapu" that happened to him during an event dedicated to IO:

This field of energy just descended on me and it was all part of a larger kind of sense experience because it also manifested as a colour and as a vibratory state... almost like a... spiritual level emotion for want of a better word... It was like the 'sacredness' was up till then kind of a concept, then it became a... palpable experience to me after that. It was like the pure distilled essence of sacredness that actually I could feel. IO urutapu, for me, up until then was just merely a name... concept... kind of an intellectual body of knowledge that I had learned about. Then it gave me an actual experience of it. As far as one our koros said "whatever you don't experience directly is just information, once you've experienced directly it becomes knowledge" yeah, that information became knowledge.

Rick goes on to describe the impact that this experience has had for him, what it meant to him, and comments on a current debate within Māori academic circles about the origin and purpose of the sacred IO tradition:

⁵² *Ranginui* and *Papatuaanuku* are the Sky Father and Mother Earth of the Māori culture, the indigenous people of New Zealand; and *IO mata aho* is the sacred radiant light and prophetic song (H. W. Williams, 2002).

For me, it validated that knowledge system from our tipuna [ancestors] and not just as something that was created as a... there is a big argument in academia right now as to whether or not the IO tradition was actually just created as a response to Christian missionaries coming into New Zealand... yeah, even among highly knowledgeable cultural experts... of Māori culture. And it just it blew that debate out the window for me. That knowledge system it might have been used to try to counter... or not. But *for me* the question is answered as to whether or not it was actually created for that purpose.

Rick's opinion regarding this academic debate and intellectual reduction of the IO spiritual tradition to a form of cultural resistance against early attempts to Christianize the Māori population (Elsmore, 2011; Mika, 2011; Prendergast-Tarena, 2008; Simpson, 1997; Walker, 2008) parallels what Kabat-Zinn (2003) warned about the reduction of mindfulness meditation to a clinical algorithm for use in Western clinical contexts. The parallel exists in the intellectualized reductionist approach to the debating, investigating, and application of meditation processes derived from ancient wisdom traditions in quite different cultural contexts from which they arose, which risks missing or dismissing a depth of knowledge gained from hundreds and even thousands of years of the practice and refinement of such processes (2003). The implications that arise from reductionist approaches to the investigation of meditation for Western healthcare contexts are discussed in later chapters.

The descriptive and interpretative superordinate themes illustrated

From the above first-level analysis and identification of descriptive subordinate themes (in Tables 5 and 6), 19 superordinate thematic categories were constructed. The superordinate themes were created by subsuming similar and related descriptive subordinate themes into the broader descriptive and interpretative categories using the interpretative phenomenological analytical (IPA) process described by Smith et al. (2009) and outlined previously in Chapter 4. An important and challenging part of this process was integrating the flow and

sum of the individual conversations with the singular subordinate themes identified, and then endeavouring to encapsulate the meaning-fullness of these language and gesture expressions into the superordinate themes in Table 6 to complete the hermeneutic circle.

This complex iterative and interpretative process demonstrated to me, as the researcher, that the ‘whole’ was so much more than the ‘sum of its parts’ with respect to the words and phrases of the subordinate themes, which were then associated and expanded upon to form the superordinate themes. It seemed to me, that no matter what words I used to translate and interpret the first-person voices and expressions into categorical themes, the words appeared to me to be inadequate to the task; there was an element present in these conversations, in these *connections*, that cannot be translated into, nor transmitted, simply by words. However, in the following pages, I do my best to do just that, again using the interviewees’ own words, and accompanying them with clarification where necessary and relation to the research question. It is my assertion, as an emically positioned researcher, that this would not have been possible from an etic research positioning.

In the section that follows each of the 19 superordinate themes is evidenced with the first-person voices of the interviewees. The first 12 themes listed in Table 6 are taken in turn and excerpts from the interview transcripts are used as examples illustrative of each theme. Then, the superordinate themes listed in points 13 to 19, which particularly inform the primary research question for this research project, and for this reason warrant a closer examination, are discussed further with regard to the issues that arise for the developing knowledge-field of meditation within a Western science of healthcare. The resulting implications for training and competency of clinicians utilizing meditation as a therapy adjunct are discussed later in Chapters 8 and 9.

Table 6. *Superordinate themes identified from interview transcripts*

Superordinate Themes	Description
1. <i>Finding adequate words</i>	A universal theme for all interviewees was the difficulty of finding words to convey the meaning of what they wished to express regarding phenomena, meaningfulness, and life change in relation to their meditation practice.
2. <i>Beneficial, restorative and therapeutic experiences</i>	States of psychological wellbeing during and / or after formal meditation experienced as reinvigoration, calmness, sense of inner balance or centeredness, resolution of negative psychological states such as anger, sadness, anxiety, and decreased physical stress such as headache, joint pain, and tiredness.
3. <i>Increased tolerance</i>	Especially of circumstances experienced as negative, and enabling suspended judgement.
4. <i>Increased sensitivity</i>	In terms of self-awareness and awareness of other. This theme was associated with enhanced insight into and understanding of events and circumstances, both within and outside of one's locus of control.
5. <i>Heightened sense of perceptual acuity, alertness, attention, and expanded awareness</i>	These included visual, auditory, olfactory, and kinaesthetic states and states of expanded awareness. These experiences were also associated with an increased sense of the value and meaningfulness of life experiences.
6. <i>Increased mindfulness</i>	A meta-cognitive mode of consciousness enabling increased perception of psychological states & reactions to events and circumstances of self & other. It facilitated a shift between different modes of

	psychological functioning—from a ‘doing’ mode to a more internally aware and empowered ‘being’ mode. As this shift occurred a sense of increased experience of the present was perceived; a present-centred awareness, decreased need for certainty and control
7. <i>Profound transpersonal sense of ‘being’ as opposed to sense of ‘doing’ developed</i>	With <i>being</i> representing the core, enduring fundamental nature or essence of the self; and <i>doing</i> representing the activity of the personality as a part of, or agency of that self. This experience appeared to develop over time, with deepening meditation practice.
8. <i>Increased sense of connectedness and interconnectedness</i>	These experiences were associated with an internal transformation of identity characterized by a shift from a sense of a separate independent self to a self connected to all things, both animate and inanimate.
9. <i>Solitude and togetherness</i>	Some interviewees sought solitude in order to avoid the distractions of interpersonal dynamics. At other times, togetherness facilitated a sense of oneness and interconnectedness and belonging.
10. <i>Heightened sense of spirituality and life’s meaningfulness</i>	This was also associated with a perception of interconnectedness and unity of all things. This was strengthened over time with ongoing experience of heightened states of consciousness and expanded awareness resulting in a sense of existential calmness.
11. <i>Sense of humility</i>	Arising when observing and reflecting upon nature, creativity, intelligence, and while experiencing a vastly expanded sense of the immensity of time and space.
12. <i>Sense of reverence</i>	Arising during and after formal meditation, as increasingly refined states of consciousness experienced. This was

	<p>associated with deeper and more profound states of connectedness. This also occurred to varying degrees during periods of stillness experienced while engaged in daily activities. This sense of connectedness was associated with all things, animate and inanimate.</p>
<p>13. <i>Experiences of extraordinary⁵³ physical, emotional, and / or perceptual phenomena, and/or states of transcendental consciousness</i></p>	<p>These experiences included descriptions of visual perceptions of light, colour, and images; auditory perceptions of voices, choirs, and musical instruments, olfactory and gustatory perceptions; and kinaesthetic perceptions of heat, tingling, shaking, or jerking; extreme emotion, e.g., fear, excitement or bliss; clairvoyance, clairaudience, clairsentience, precognition, and projection.</p>
<p>14. <i>Vastly expanded sense of self</i></p>	<p>A shift in identification of self associated with a sense of interconnectedness and unity all things. The experience of transpersonal oneness during deep meditation states was sometimes associated with a loss of a sense of one's own subjective experience of "I".</p>
<p>15. <i>Experiences of oneness, sacredness, and / or communion</i></p>	<p>Characterized by a sense of moment-by-moment timelessness, highly meaningful life-changing transformational experiences which resulted in interviewees pursuing a path of meditation.</p>
<p>16. <i>Sense of separateness or different-ness from others</i></p>	<p>This was associated with a sense of living a 'double life', of being in the world but not of it. This was sometimes perceived as a negative and stressful experience as a result of perceiving the need to conceal aspects of themselves from family, friends, or work colleagues.</p>

⁵³ The term 'extraordinary' is used in this chapter to infer the *non-ordinary* and / or *numinous* phenomenal character of conscious physical, emotional, cognitive, or perceptual experience.

<p>17. <i>Experiences of phenomena that evoked fear, anxiety or bewilderment</i></p>	<p>This was perceived to be associated with meditation practice.</p>
<p>18. <i>Belief of the necessity of access to an experienced teacher</i></p>	<p>To provide instruction on process as well as guidance through physical, psychological, and spiritual difficulties and challenges arising from meditational life and the integration of profound personal changes into everyday life.</p>
<p>19. <i>Belief of the purpose and effects of insight meditation or vipassana, a form of mindfulness practice</i></p>	<p>This theme represents a clear divergence of understandings of these long-term meditators when compared to those of leading scientists currently conducting meditation research (Mind and Life Research Network, 2009). They regarded these forms of meditation to be much more far-reaching than “just a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought”, as has been disseminated in the Western scientific literature.</p>

1. *Finding adequate words*

A universal theme for all interviewees was the difficulty of finding adequate words to convey the full meaning of what they wished to express regarding their experiences of phenomena, their understanding of these, and the meaningfulness and life transformation in relation to their meditation practice. All those interviewed frequently used hand gestures to amplify the words they did use, or to substitute for words they could not find to say what they intended or attempted to impart. For example, Susan frequently found it difficult to find the right words to adequately describe both her experiences of meditation as well as its effects on her life. The following excerpt is typical of the many times she tried to articulate these during the interview:

Oh, where do I start? Um... the biggest sort of area of change has been just like in myself... in my like... I don't know, I mean it is hard to say, like, it's all like... and not saying it, all because of this or that or the other... things going on. Yeah. But I guess... I don't know...

While she was saying this, as well as many other times during the interview, Susan often used large hand gestures to indicate or impart the enormity of the significance her meditation practice had on her life. She said that it was difficult to find the words because it's "not something I sit down and randomly always talk about".

This difficulty, demonstrated by this excerpt from Susan's interview, was encountered many more times over the course of conducting the 22 interviews, and it seems, this is not an unusual occurrence for those engaged in meditation. Gurdjieff⁵⁴, who, in his first series of writings, explained to one of his pupils that it was very difficult for him to use ordinary language to convey his thoughts and experiences of meditation exactly, because, "for exact understanding exact language is necessary" (Ouspensky, 1949, p. 70). Similarly, mantra yogi, Imre Vallyon says, "You just know that the complete explanation can only be experienced—it is beyond words... you can only just give something from it, but never the total reality" (personal communication, 2011). In parallel with these acknowledgements are the problems Wundt's experimentalist observers reported with his introspection methodology (as reported in Chapter 6) as difficulty reporting their perceptions and applying a verbal description to them.

2. Beneficial, restorative and therapeutic experiences

This theme describes the beneficial, restorative, and therapeutic states of psychological wellbeing experienced during and / or after formal meditation. Interviewees described these effects variously as reinvigoration, calmness, sense of inner balance or centeredness, resolution of negative psychological states such

⁵⁴ George Gurdjieff was a teacher and advisor to meditation students in the early-mid twentieth century in North America. He is noted for his early contribution to the West with regard to promotion of meditation as a self-development tool and his group-work methods became the basis for encounter group psychotherapy (Lieberman, Miles, & Yalom, 1973).

as anger, sadness, anxiety, and decreased physical stress such as headache, joint pain, and tiredness.

In the following excerpt Susan describes the therapeutic psychological effects of meditation she has noticed in herself:

I found it really useful in terms of... like say if some thought comes up and I am like oh, go away, I don't even want to go there, like rather than having that kind of violent response... being able to just like be with that, and then the bad things maybe aren't so bad. I guess the biggest effect thing... part... [was] emotionally for me. Like, in terms of my own... like, being comfortable with myself. A big lesson for me has been to not push away things that I have thought that were really painful. And then when I haven't done that so much,... they've lost like some of the power or something, and that's been pretty cool. For things that are outside of my control not to have so much... like... they just don't have so much... I mean they are still there going on doing their thing whatever, but for me it is not so tough anymore.

Susan acknowledged that part of this change might also be due to the passage of time, “getting older and more sensible”.

Annette had noticed over time, markedly decreased rumination in particular, as a direct result of her meditation practice:

I remember in my 20's and going through that life, and trying to get degrees and partners and all that sort of stuff, I used to analyse things a lot, and try to figure things out, and go over and over and over in my mind.... I don't go on and on and go it over and over like I used to... get stuck in a record, like. That's decreased strongly. I don't ruminate anymore. If I've got a problem I bring it up in my mind, I sort it out there and then, and fix it, whether it has to be a phone call or doing something.

She also noticed that her emotional stability and sense of calm had increased and stress and worry decreased, and she also related these changes directly to her meditation practice. Another positive emotional effect that she had experienced was spontaneous joyfulness and playfulness. This has had a major impact on her relationship with her young children who she thinks have noticed this change in her:

I definitely have a lot more joy, a lot more joy. And I sing a lot... I sing a lot more around the house. I'm a lot more playful, and when I'm happy I sing and I make up songs and yeah the kids notice that.... a lot more joyful and I have lots more experience of joy.... It just is there... just spontaneous. But I remember praying, asking for more joy, that was a long time ago. I don't know if it's a response to prayer, but anyway, I think that's obviously an effect of meditation. I am *a lot* more joyful and I am *a lot* more, yeah, just a happy kind of person I think.

Annette described another beneficial effect of meditation as increased “psychic control”. When asked to elaborate on what she meant by that, she related that she felt stronger, that she had developed an internal strength and locus of control that enabled her to be her “own person” and live her life accordingly, rather than being subject to what she perceived as the control of her parents. She attributed this directly to an increase in self-awareness developed as a result of her meditation practice:

I had a very strong mother—who was wonderful—but she was very feisty... strong, and she had a lot of power over me in a mother-like protecting way. But it was very hard to be free to live my own life. Hard to... oh... not escape from it, but anyway it sort of was. So I think the whole meditation work helped me to be able to see what was happening and to get stronger in myself. A bit of psychic control, because it wasn't necessarily that she said “you must do this”, but it was a form of a control there, so I put the word psychic, you know what I mean? Yeah. And so I have been able to grow stronger in my own self to be able to combat that. Not combat as in fight, but be able to be strong enough to be my own

person and be able to do what I really want in life rather than what your parents expect you to do.

3. Increased tolerance of circumstances experienced as negative

All interviewee's described being better able to cope with negative reactions within themselves, from others, and to events or circumstances that were challenging either emotionally or physically which they felt were direct results of their meditation practice.

Susan stated that meditation helped her deal with the flow of her daily life and "it helps me have that acceptance of something difficult". When prompted to expand on this she said "I feel like it's helped me to be able to have, like, a healthier mind" and "on some level" she believes we have the capacity to facilitate a certain amount of health and healing within ourselves. In the year preceding the interview, Susan had been dealing with "family stuff that was quite stressful". Over that time in particular, she realised that her meditation practice had become really important to her, that it was both her "journey" as well as a "sanctuary" and that "it was really useful for, like, being able to just, like, keep myself okay amidst whatever." Later in the interview she began to open up about difficult "painful" times in her past:

As a teenager I was a bit... more than a bit of a mess for quite a few years.... I lost a couple of brothers and there was some abuse stuff going on as well, I ended up in hospital for several months. Probably about 20 kilograms lighter than I am now [Susan was slim and slight of frame], like, I was quite unwell for quite a while and then proceeded to drown the next few years in a lot of alcohol and various other substances. They were a full on few years ... everything just imploded because it was all still there and I didn't... just ignored it.

It was not until Susan began meditating, on the recommendation of her therapist, that that she began to emerge from the "mess". Susan credited her meditation practice with evening out "the bumps in her life" and helping her to deal with her

psychological “implosion”. She also felt her practice supported her personal health goals which involved living with serious long-term medical and psychological conditions. Susan expanded on this by relating that, as well as the psychological challenges of past distressing events of abuse, the death of two of her brothers, and long-term hospitalization, she also had a serious on-going heart condition for which, in the past, she had taken medication, and was still under long-term specialist care. She explained that

I haven't healed my heart condition or anything like that, but ... something that can set it off is actually an adrenaline response... [my] heart stops etc. The drug that they put me on is to try and like level out those... basically they numb you to life and I don't want that. I want to, like, be able to have, like... not being... at the whims of life. Do you know what I mean? Like being here, there and everywhere.

Susan says that she hasn't taken medication for a long time, preferring to go with the specialists' advice to avoid “extreme physical things, and also extreme emotional things and startle responses as well, like anything that can make your heart go KKKKKKHHH!” Susan has not talked to her specialist about her meditation practice, beginning to say “No, they're pretty...” leaving the sentence unfinished before saying, “... I don't know what the doctor says about this, but having, like, this approach to life... I don't feel as much battered by things.” It was through her meditation practice that she had learnt how to access a part of herself that seemed untouched by the terrible things that have happened in her past, and which, for many years, affected her life in a destructive way. She described it as

seeing it there, that bit of me, it's always been there, and yeah, it is hard to explain, ... it's just kind of like tapping into that and knowing that that bit's okay, even if there's other things that are really hurting... that will always be okay.

Another of Susan's perceptions of the effects of her meditation was that she had developed a perspective of challenging events and circumstances as transient and no longer catastrophized about them:

something, even if it feels intense and painful... I can be more accepting of it right now because I know that I am not going to be... for the rest of my life... do you know what I mean? Like, whereas I think in the past I've been more sort of.... rigid about things like that. Like it could become a bigger thing... but just recognising that it's going on, yeah, passing.

Annette described one of the effects of her meditation practice as enabling her to better cope with her relationship with her brother, with whom she has a strained relationship:

...my brother, at the moment stuff going on there, so even though it is very stressed and everything, I can be... I am strong enough not to be crumbled by it, not be overwhelmed by it, or be controlled by it.

4. *Increased sensitivity*

Interviewees all described an increased sensitivity in terms of self-awareness and awareness of other as an effect of their meditation practice. This theme was associated with enhanced insight into and understanding of events and circumstances, both within and outside of one's locus of control. For example, Annette attributed the increase in her internal strength and sense of control directly to her increased self-awareness arising from her meditation practice. In terms of her problematic family relationships this change was associated with an increase in a more general awareness of how the family dynamics were affecting her ability to function independently and how they were inhibiting the development of her own internal locus of control. She now perceives herself as more in control of her life, her actions, and reactions, and is much less likely to react in a negative way to difficulty with people and situations:

... some increased self actualization... that links with self control and awareness... I am a lot more self-aware of my mood state, and I'm aware when I am under stress now. Whereas before I would have just spun out and cried...or gone got drunk!

These experiences of the effects of meditation and the flow-on personal psychological and behavioural transformations that Annette has undergone have been integrated into her practical daily life. To demonstrate this she described an example of when she started a new job and recognized when her stress levels were increasing and she was able to regulate her emotional and behavioural self-care:

When I'm under stress... I know what I have to do. Like, when I had a very intense period starting a new job and I was at the computer all day... stressed out and going into that stress-mode. And knew that I spent too long there without having any breaks and that the next day I would have to take a lunch break and stuff like that. So I was able to follow up and I am self-aware enough to know to change my behaviour, make it better... yeah, before it got too bad.

Whereas, Susan talked about her increased sensitivity to her body and its physiological processes, especially in relation to her heart condition as

more awareness of my body and what's going on for my body. Being more in-tune, *being able* to be more in-tune with that. I do put that down to all that [meditation]... like it gives you a sense of what's happening, which has been kind of cool in terms of, like, looking after yourself really.

She appeared to have a good understanding of how her psychological state affected her physical state, and her reactions or responses to situations she found herself in and she was certain that her meditation and yoga practice had helped her develop this level of insight and self-awareness, and to develop what worked for her.

However, sometimes Susan's increased sensitivity resulted in her being "more aware of painful things", and she experiences painful emotions more intensely than before, but also, "like, I don't actually think it's a negative side effect." Paradoxically, she emphasized that although her sensitivity to painful things had increased, that she doesn't "want to *not* see either" indicating an

increased distress tolerance had developed, where, in the past, she had resorted to maladaptive coping strategies, taking drugs and alcohol to deal with the “painful things” that she experienced.

5. *Heightened sense of perceptual acuity, alertness, attention, or expanded awareness*

Many interviewees’ reported occasions of heightened sensate ability—emotional, visual, auditory, olfactory, and kinaesthetic states and all reported experiencing states of expanded awareness that they perceived as directly related to their meditation practice. These experiences were associated with an increased sense of the value and meaningfulness of life experiences.

Susan had experienced heightened awareness of physical phenomena during deep meditation that she described as

different to my normal state that's for sure. It is kind of hard to describe, it sounds real weird when I describe it. The way I kind of explain it is, like, if I think of my body as like lots and lots and lots of little, like... I don't know, I am no scientist, like atoms or something, like there is lots and lots of little bits of something making me up, and other things as well, and it was like *I could feel them all* when I was there. It was like feeling sort of what was going on, like, *all over*, like, quite intensely... like being real in-tune to myself right then. You know, my normal daily life I don't really put that much attention onto what's, like, happening, like, right inside me.

She put this experience down to the Vipassana meditation process that she was practicing intensively under the guidance of a Buddhist monk, as a beginning meditator, during a 10-day silent retreat. She described it as

more finely tuned, yeah, awareness of what is happening, yeah... on a physical level was the most, like, *wow!* But it wasn't just on a physical level. It was like in my mind... it was just like *real clarity*, which felt quite amazing.

However, Susan says that the 10-day retreat “wasn’t, like, exactly fun, or like, pleasant”, but when she returned to her everyday life she felt that the clarity of her mind meant that “there wasn’t these other things like coming in and clouding... and interrupt me”. Susan had difficulty articulating these aspects, hesitating before speaking each time and continually using big hand gestures. Susan explained that the increased clarity and awareness that she had developed and maintained over time had had a positive effect on her relationships, saying that in her interactions with others she noticed that she is “stillier” and less reactive towards her own, and others’ negative emotional states.

6. *Increased mindfulness*

This was a meta-cognitive mode of consciousness enabling increased perception of psychological states and reactions to events and circumstances of self and other. It facilitated a shift between different modes of psychological functioning—from a ‘doing’ mode to a more internally aware and empowered ‘being’ mode. As this shift occurred a sense of increased experience of the present was perceived.

Susan’s preference of practice has changed over time from the physical aspect of ashtanga yoga to more time practicing her sitting meditation, saying, “it’s the meditative part that’s really doing it for me. She has found that the sitting meditation has assisted her to become attuned to her own thoughts, feelings, state, and to recognize how they are either helping or hindering her.

Cleo summed up her experience of increased mindfulness resulting from her meditational lifestyle as a process of becoming better “in-tune” with herself:

it’s a balance of every aspect of your person, of your emotional field of your aura, of your physical body, of your mental intelligence, on your mind, body, and spirit completely balanced and unified and working together aligned... yea. When I am eating the right food, I am getting enough exercise, I’m doing my meditation, my life is running smoothly, I

am going for a walk every day, there is not anything unexpected or untoward. There is nothing you've got to deal with..., sometimes things click into place. But as soon as you think, "well this is easy", then you've lost it!

When asked if she thought she could impart that kind of understanding about the meditative process to Western psychologists, Cleo said emphatically, "No, you have to experience it yourself."

7. *A profound transpersonal sense of 'being' as opposed to sense of 'doing'*

This appeared to develop over time with deepening meditation practice, with *being* representing the core, enduring fundamental nature or essence of the self; and *doing* representing the activity of the personality as a part of, or agency of that self. Rick expressed this state of 'being' as a sense of coming "home", and that when he experiences it, both during formal meditation as well as at other times, it reinforces for him that the "normal" state for most of society, based on the function of the personality, is quite the opposite, saying,

For me it just kind of shows... how our society, how all of us are just normally in a state of very high nervous disturbance and just as a normal way of life. We take what we are currently experiencing as the norm, that doesn't necessarily mean it's healthy. I mean, for me, I consider Christ consciousness the healthy state that we should be measuring ourselves by, and by that measure, pretty much most of society's pretty sick.

When prompted to say more about what he meant by "Christ consciousness", Rick explained:

Well I guess... yeah, perfect union with the creator. Unbroken communion with the creator. That's the context in which in my meditation works, as driving for that state, and to me that's home, and that's... in a Māori context they talk about *Hawaiki nui* but people think of it as a physical... some kind of geographical location. But *hawa* means vibration and *iki*

means kind of a deluge.... It's like the Ganges [river] ... there's this great descending deluge of *vibration* that came into creation... so Hawaiki, to me, is that primal vibration that is our home.... That's what felt like my natural state and that's what I am kind of describing as is Christ consciousness, as connection with infinite love, infinite peace, infinite wisdom. When I've found myself connected in some degree to that state... felt like home.

Rick made it clear that this was not an experience of going off into “la la land”; his meditation practice was not naval-gazing for the sake of tuning-out of the *doing* aspect of the personality function, which is a common conception (or misconception) about people who choose a meditation lifestyle. Rick provided an informative account of how his experience of (and desire to experience more of) this transpersonal state of ‘being’ affects his daily living process:

I don't get caught up so much in mundane agendas or mundane to-do lists... it's easier to see the bigger picture and not get caught up in the ‘microscope’ and that affects the way I engage with people around me. I tend to be a little bit more relaxed as far as how it affects the relationships... I think a little more easy going.... I don't get caught up in the day-to-day drama of life so much.

However, Rick does not engage in any tendency toward the sannyasi⁵⁵ preoccupation with *being* which can result in the neglect of responsibilities (the *doing* activity of the personality) that are necessary for the normal function of a Western daily life. He still said he still “manages to get stuff done that needs to get done” and then adds:

For me, it makes me a lot more practical actually, it's like the greatest support for time management, because you really tune into the highest priority of your life. It's about staying very clear on the priorities and the

⁵⁵ A sannyasi is a person who has forsaken the ways of being and doing of the grihastha, or householder, choosing instead to cultivate a constant transcendent state of Samadhi, or pure being. In the East, sannyasi-s are cared for by the communities in which they live, who provide for their physical needs (Vallyon, 2007d).

values that you want to live by, and how you want to operate by.... When I hit that kind of peak experience it really it translates into my daily life in a very practical way.

Rick raises an important point here for clinicians to be aware of, because as a meditator begins to access such states, it is not unusual them to use meditation as an escape from the stressors of daily life, resulting in the development of meditation as an avoidance strategy, rather than to build acceptance, distress tolerance, resilience and better coping. This is where an experienced teacher's close monitoring provides a safety-net, ensuring a balance between *being* and *doing* is developed and maintained for the highest good of the student, in whatever their practical circumstances may be.

8. *Increased sense of connectedness and interconnectedness*

Several of the interviewees described their meditation practice, over time, as facilitating experiences of an increased sense of connectedness and interconnectedness. These experiences were associated with an internal transformation of identity characterized by a shift from a sense of a separate independent self to a self connected to all things, both animate and inanimate. Vonnie described this as an experience of the heart, where a strong sense of unity was perceived as

like... there was no separation between me and any *thing* or any *one*. There was no separateness; and that any *thought* of or perception of separateness or individuality that I'd previously experienced was an illusion created by the rational mind, you know the brain-mind... in absence of this state of expansion. At first I only experienced this during formal sitting meditation and it was like... eternity just opened up and there was no past, present or future, there was just *is-ness*... And for a while I got caught up in this seemingly conflicted or kind of... paradoxical semantic of self-reliance that I'd been brought up to believe was so important, and this other experience of connectedness, where there was no sense of self... then I realised that there is no point in thinking about it or

trying to ‘work it out’ because thoughts about it arise from a conscious state that is incapable of the experience. You have to let it arise from beyond any mind-state—and how do you explain to anyone how to do that? It’s like the realization that, the way I was brought to be *self-reliant* seemed just to be nonsense... and I have found this so empowering, so liberating in a way. It’s like it’s only your beliefs that limit you.

9. *Solitude and togetherness*

Some interviewees described an increased desire for solitude, sometimes in order to engage in a formal meditation process, and at other times, in order to avoid the distractions of interpersonal dynamics or the busyness of everyday social contact (and not necessarily because these were perceived as negative). This seemed to be associated with a desire to enter a state of ‘being’ as opposed to ‘doing’ as outlined in point number seven. Paradoxically, at other times, meditating in a group setting was associated with a profound sense of togetherness, oneness, and interconnectedness, which also facilitated the experience of a state of transpersonal ‘being’.

10. *Heightened sense of spirituality and life’s meaningfulness*

As with theme number eight, this theme was also associated with a perception of interconnectedness and unity of all things which interviewees related directly to their meditation practice. This was strengthened over time with ongoing experience of heightened states of consciousness and expanded awareness, with a resulting sense of existential calmness. Kieren described this as

a growing sense of *purpose-full-ness* to everything that I observe, both in whatever I am doing and in everything else that I observe, whether I judge it to be positive or negative... or good or bad, it’s like my inclination to ‘judge’ everything isn’t necessary – although of course I still experience things as good and bad, but I am able to stand back from my judgements. It’s like I am more able to see... or understand that everything is a part of

the whole, and happiness isn't determined by whatever I might perceive as good or bad.

11. Sense of humility

Some interviewees described developing a sense of humility which arose when observing and reflecting upon nature, creativity, intelligence, and while at the same time, experiencing a vastly expanded sense of the immensity of time and space. This was perceived to be an effect of meditation practice which developed over time. It was also associated with a sense of connectedness to all things that Jason described as

knowing that while, in a sense you can experience this vast expansion, and feel a kind of limitless-ness... everyone else is limitless too, whether they perceive that or not. And so is every *thing* else, which makes me feel... well, kind of insignificant in the scheme of things, you know? I mean, it's a bit like... have you seen the movie *Men in Black*? In the last scene of the movie there are these aliens playing pool and the billiard balls are our universe, you know, who knows? It's like the movie producers were trying to point out the possibility that we just specks of dust on the play-things of entities we have no comprehension of... but we get so tied in being the centres of our own universes. When I sense that incredible... indescribable expansion of perception, it just blows away any sense of self-importance.

12. Sense of reverence

As with theme numbers eight and ten, reverence was also associated with deeper and more profound states of connectedness. A sense of reverence was described by several interviewees as increasingly refined states of consciousness were experienced, which arose either during or after formal meditation. This also occurred to varying degrees during periods of stillness experienced while engaged in daily activities. This sense of reverence and connectedness was also associated with the sense of humility as described above in theme number eleven. However, it occurred as a sense or observation of 'other', in contrast to theme eleven above,

which occurred as an observation of ‘self’. Reg described his experience of reverence as

a sense of awe... which increases with each revelation of expanded awareness... that just almost overwhelms me, with the feeling that we know so little about the human constitution. If scientists meditated, they would realise that so much time and money is wasted on picking things apart, trying to understand the minutiae of things, the limitations of things, instead of the possibilities for understanding that are opened up with... this... reverence... it’s also a form of understanding that is hard to describe with words... like an appreciation for the... ah... *way things are*.

What about relaxation?

It is notable that in none of the first 16 interviews conducted did any of the interviewees use the word *relaxation* which is often cited in the scientific literature (see, for example, Benson, 1997; Borkovec & Costello, 1993; DeBerry, 1982; Gillani & Smith, 2001; Lang et al., 2012; The Mental Health Foundation, 2010), and by the popular press (see, for example, Guthrie, 2008; Relaxation tapes, 1995; The one-minute miracle, 2008), as a good reason for taking up the practice of meditation. On noting this, after conducting these 16 interviews, I decided that if the next interviewee did not use the word ‘relax’ or ‘relaxation’, I would enquire if this was an effect for them. This is what Rick, the seventeenth interviewee said:

Well, pure consciousness beyond thought *is* deeply relaxing. But relaxation on the physical level only gives superficial relief. Relaxation of the mind and life-force gives *profound* relief, and conserves energy.

Rick made it clear that, as far as he was concerned, physical relaxation was not the objective, nor the endpoint; for him, it was simply a part of the meditation process, through which he was able to access what he termed “pure consciousness”:

when the mind stops and you enter into that state of pure consciousness beyond thought, it's like the ocean just stops... and you actually become aware of the whole ocean... for me, it's just this stark contrast between just realising how my normal state of consciousness is restless and boisterous, and how much energy is expended through that restless living in that restless state, that I... yeah... and I don't realise what a waste it is until I enter into this really calm conserved state. Relaxation that happens when I'm just physically relaxed is superficial in comparison to when the mind stops and the *life-force* starts relaxing. And to me... that deep relaxation comes... at least..., it manifests to me as it feels like the life-force just pulls away from the extremities in my body and starts going into my core. It feels like the muscles just relax because I don't have all this... I guess... electrical and nervous energy that's just... that's all shooting out to my extremities all the time engaged with the external world.

When Rick accesses this deeply-relaxed state of the mind and conserved life-force he also experiences an “instant charge of extra energy”, adding:

I find I have extra reserves afterwards that... whereas normally I would have expected I would be pooping out by now, and... I just find that I need less sleep even... when I've been able to get to that state.

Rick's description and understanding of the deep relaxation he experiences as a result of his meditation practice differs markedly from the popular conception of relaxation as a major objective and benefit of meditation represented by the scientific and popular literature cited above. While Rick acknowledged that meditation is useful to help people to de-stress, and that it offers the physical and emotional benefits that are achieved by relaxation, he framed it this way, saying:

I would think it might have a very nice side effect... I just wouldn't want to focus on that as the goal. I couldn't imagine God getting really excited about that. Practicing something... a tradition as deep as this [meditation] simply for its physical and stress-reduction side-effects seems to me a really superficial approach and superficial attitude.

His view was that if clinicians promote meditation for such purposes without having any concept or comprehension of the profound levels and processes of consciousness that one can experience, it demonstrates a simplistic grasp and understanding of very complex processes, and of the profound states and effects, which can occur.



The superordinate thematic categories evidenced above note examples of the positive psychological, social, and physical benefits of meditation reported by the interviewees participating in Part Two of this research, and these qualitative findings are in common with research carried out to date by many other investigators (see, for example, Bormann et al., 2005; Chiesa & Serretti, 2010; Dakwar & Levin, 2009; Jain et al., 2007; Oelberger, 2006; Ridge, Williams, Anderson, & Elford, 2008; Sears, Kraus, & Carlough, 2011; Walton, Schneider, Salerno, & Nidich, 2005; Warren-Brown & Ryan, 2003). However, it is not the object of this discussion to ‘re-invent the wheel’ so-to-speak regarding the well-known beneficial effects of meditation, and accordingly, discussion of these therapeutic aspects of meditation is concluded here.

The discussion of this chapter now turns to the superordinate thematic categories listed as numbers 13 to 20 in Table 6. The reason for extracting these themes for a discussion separate from themes 1 to 12 is for their particular relevance to the primary research question. The following first-person voices excerpted illustrate phenomena that may frequently be pathologized as psychiatric anomaly by Western medical standards, but which, by contrast, are accepted by experienced teachers of the wisdom traditions as normal experiences of a meditational life. Such experiences may be regarded as signs of development, or sometimes, as signals that a modification to meditation practice or meditational life is advisable.

13. Experiences of extraordinary physical, emotional, and/or perceptual phenomena, and/or states of transcendental consciousness

Interviewees' experiences included descriptions of visual perceptions of light, colour, and images; auditory perceptions of voices, choirs, and musical instruments, olfactory and gustatory perceptions; and kinaesthetic perceptions of heat, tingling, shaking, or jerking; extreme emotion, e.g., fear, excitement or bliss; clairvoyance, clairaudience, clairsentience, precognition, and projection. At times, they occurred during periods of formal meditation; they also occurred, at times, during the course of interviewees' normal daily functioning. All interviewees experienced one or more of such phenomena, one interviewee on a single occasion, while others experienced such phenomena many times, and some on a daily basis. All interviewees associated the experience of these phenomena with their meditation practice.

Annette related her experiences of bliss, distinguishing them from the sense of playfulness and spontaneous joy in her everyday life that she described earlier. While attending her first major retreat, she experienced feelings of great joy and playfulness, but in a heightened way, which, she emphasized, she believed was brought about by the intensive retreat situation:

... the energy was quite intense the whole time. It was a transcendent bubbling up of silliness and happiness and joy and blissfulness, yea, just bubbled out of me. That wouldn't normally happen outside in my working life, it was there because we were doing a lot of energy work, singing and meditating. More intense.

She had experienced this transcendent sense of bliss during formal meditations "quite often" since, especially within group meditations:

So often, when it's a group situation, it seems to be a lot easier to get into that transcendent blissful state and it is a state that you don't really want to come out of.

We explored further her experience of belonging to a meditation group, the *Foundation for Higher Learning* (FHL)⁵⁶. Annette's personal perception and experience is that it is easier and quicker to access deeply peaceful states in the group setting. She has been a member for 20 years or so, the group membership stable, they know each other well, and it is Annette's perception, experience, and belief that the group dynamics facilitate a more rapid and more powerful meditational state to develop:

Doing it together I think is more powerful... the more people doing this kind of work together the more powerful the effect. And that seems to be the case, so even though these weekly groups are only about six or seven people, we are able to get into a very peaceful state quite quickly, and because we seem to have all done it for quite a long time.

Rick described an experience that occurred as he began to read a book called *How You Can Talk With God* written by Paramahansa Yogananda, given to him by a friend. Here, he relates this extraordinary experience of his first contact with his teacher:

I remember reading about half the first page... and then the rest of that book I can't remember actually reading. While I had that book opened it was like this pillar of golden love... just came from the middle of the universe and hit me and just... inside I just melted. It just felt like I was looking inside and there was nothing but golden love... scintillating light inside me... and I just melted into tears. I went back and tried to explain what happened to my girlfriend and she just had the most horrified look on her face, really concerned. She thought that I was ill in some way. And that's when I realized that... just choose who you talk with.... I think a meditation practice can stimulate them [such experiences], and if we don't know or understand about what can happen when these things are stimulated... we don't have access to a knowledge-base to help us understand them, it can throw us into a state of anxiety.

⁵⁶ The Foundation for Higher Learning website is <http://www.planetary-transformation.org>

After relating this experience, and his girlfriend's reaction, Rick, who is a psychologist, goes on to make the following extended observation that if meditation processes are applied to clinical contexts by clinicians with little training and experience of meditation, a problem arises if their clients exhibit signs, behaviours or perceptions which they are trained to see as pathology:

If they recommend or introduce some kind of meditative practice, they're creating a possibility for an experience of unusual perception to arise that may very well be seen only as some kind of pathology—a 'negative' result. It seems crazy to me that a clinician would consider themselves an appropriate person to introduce a practice like this if they're not qualified. And that's what the whole process of training to become a clinician is about—a rigorous process of training and accountability so they know what they're doing supposedly. And then to turn around and give themselves permission—as novices—to do this just seems contrary to the... yea, the ethics of psychological training and practice. The same thing... you wouldn't even *think* of doing that in a Māori context... of going along to some little workshop and think that you're able to handle Māori clients. You just don't think of that. Your default start should be to turn to an *expert* and acknowledge your own shortcomings. So are you really helping the people that turn to you for help? Or are you creating... stimulating even more problems with them? If you start something and [you're] not qualified to finish it off, or you open up the door to an experience that you have no frame of reference for, no training to be able to advise on, then it's your ethical responsibility to make sure these people have their resources and that you are aware of the possibilities of what you can open up.... I'm just concerned about how all the other possibilities that these kinds of practices open up... that psychologists are not trained to handle or prepared for... just as a matter of basic ethics... should be aware of these possibilities. For me it's a no-brainer you have an expert practitioner involved, you don't have some novice-psychologist-experts in what they're supposedly trained in.

As evidenced by the excerpt above, Rick had strong feelings about the appropriateness of the minimal level of training and experience in meditation that many clinicians have when they begin to offer meditative processes in their clinical practice. His strong opinions are based on his knowledge of the historical bases of the processes and origins of many of the meditation traditions and he questions the rigidity of the way some processes that are utilised in programs such as MBSR and MBCT are applied:

These processes were designed for ascetics living in monasteries who didn't have the kinds of lives that most Westerners have, and I think that they can be inappropriately applied in a predominantly Western context. You're unlikely to get a person with the borderline personality disorder label to sit for ten minutes, you're unlikely to get them to sit for *five* minutes... if you get them to sit for 60 seconds with their eyes closed that would be success. So I think in a way... it's very strictly manualized and "this is the way you have to do it"—it is not individualised. It's not creating the potential for a person to make some progress who can't sit for 45 minutes...

It is with the authority of ten years of the strictures of monastic living in Yogananda's ashram, as well as his less formal meditational life before and since that time, that Rick has formulated these opinions.

14. Vastly expanded sense of self

This was associated with a sense of interconnectedness and unity all things. The experience of transpersonal oneness during deep meditation states was sometimes associated with a loss of a sense of one's own subjective experience of "I". The experiences described by the long-term meditators participating in the interviews for this research bear remarkable similarities to those described by Professor of Neurology, James H. Austin⁵⁷, who began meditating during a visit to Japan. After practicing Zen meditation for many years, he was somewhat

⁵⁷ James Austin is Emeritus Professor of Neurology, University of Colorado and Clinical Professor of Neurology, University of Missouri Health Science Center.

surprised and perplexed to realize that, on the basis of his own experiences he needed to somewhat re-evaluate what he had been taught during his medical training. Below, he relates an experience that occurred while he was waiting for a train in a London underground tube station as

a major internal absorption, an intense hyper-awareness, empty endless space that was blacker than black and soundless and vacant of any sense of my physical bodily self. I felt deep bliss. (Tan, 2006, pp. 294-295)

The description of the absence of “any sense of physical bodily self” illustrates the loss of one’s own subjective experience of ‘I’. In this brief description above, Austin mentions several other phenomena in common with the subordinate themes identified in the interviews for this current research. The “intense hyper-awareness” appears very similar to the heightened sense of alertness described by Reg as “excited awareness” and Rick’s “instant charge of extra energy”. Likewise, Austin’s experience of “deep bliss” was also reported by eleven of the participants in this research.

15. Experiences of one-ness, sacredness and/or communion

This was characterized by a sense of moment-by-moment timelessness, highly meaningful life-changing transformational experiences which resulted in interviewees pursuing a path of meditation.

Susan related how she experienced this kind of transformation, that, “I felt like me, but I kind of felt like... yeah, it is hard to put words to it, *the me that's always been there... but like, without the shit.*”

Cleo had had no contact with “anybody or anything spiritual” before meeting her teacher, Sikh Yogi Bhajan. She was emotional and clearly moved during the interview as she described the intense experience of meeting her teacher and how that first meeting affected her emotionally at the time. She described a highly eudaimonic personal transformation that she perceived as occurring in a “moment”:

I shook his... [hand] I put my hand out and my whole... from that moment on my whole being changed, my whole, I don't know.... My whole outlook on life, my whole... *everything* that was past was no longer important or no longer relevant... it didn't matter anymore.... All of my emotional history that I had with my parents sort of flew out the window. There wasn't any pain over that anymore. It was gone. I had a fresh start somehow. I cried all that night.... From that moment on my values, my whole life has been changed, everything that I do, say, and want is completely different to how it was... life changing, 'cause from that moment on my life completely changed.

Some years after this experience, Cleo reflected on her flight home to New Zealand from Mexico about her journey there, the transformation that had begun that first day, her continued practice of Yogi Bhanjan's meditation program since that time, and the ongoing effects of her meditation practice:

I was thinking how I was on the way there, in the plane [Cleo had had a "panic attack" during her flight to Mexico years earlier, on her way to meet Yogi Bhanjan] and what the difference was... it was so, so different, like *so* in contrast to how I was seeing and thinking [back then], and how could I possibly think that that was all there was.... I was completely changed, my whole way of thinking, my whole ideology, my whole *everything* that was important to me, even my family, my daughter was different, I had a different way of looking at it. It wasn't the same; and it wasn't, it wasn't... not like I was 'on a mission for me', but... yea.

When prompted about what she perceived as enabling such a radical transformation happening in that first moment of meeting her teacher, she stated,

I don't know... some transference of energy or power or spiritual energy that cleaned out my aura or spiritual part of me. So my whole mind and my thinking changed completely: I wasn't resentful and I wasn't "poor me", victim mode like I have been for the rest of my life. I was 33 years

old when that happened, so until then I was in victim mode: “why does this have to happen to me” and “what, only me?” and “what did my mother do to me?” and “why did she say that?”, and I was repeating all that all of my life, over and over and over again.... It was huge, yea, because it was like having a clean slate, it was like being... I don't know... they say, “born again”.

Cleo said she had talked to many people about their experiences of meeting their teacher, and no two people have described the same experience to her. “Everybody’s story is different”. She reasons that people experience different things according to their own life-experiences prior to that meeting, that, “you have to have had a certain measure of suffering, and if you haven’t had that measure, then you can't understand or can't get the compassion.”

While the first excerpt here, where Cleo describes her first meeting with Yogi Bhanjan, does not appear to be directly related to the practice of meditation, which she began *after* this seminal meeting, it does provide an example and illustration of the extraordinary transformative power and magnetism that some teachers emanate. This transformative power is not easily, nor conveniently, able to be separated from the individual’s practice of meditation, which, according to the understandings and experiences of many of the interviewees, is inextricably linked to the energy-field of the teacher, and which is not limited by the ordinarily understood Western construct of time and space. This phenomenon is discussed further under point 19 below.

16. Sense of separateness or different-ness from others

This was associated with a sense of living a ‘double life’, of being in the world but not of it. This was sometimes perceived as a negative and stressful experience as a result of perceiving the need to conceal aspects of themselves from family, friends, or work colleagues.

Cleo said her separation from her husband was partly as a result of meditation practice. She made the choice to separate because:

I was more sure of my own... what I wanted to do with my life and... what I wanted for my children instead of just following him around and half living his life. I wasn't a lot upset about it, there is no regrets about that,... it is choosing between living with your head under the pillow or the clouds or what do you call it...? 'under the sand'.

Her meditation practice has also changed her relationships with friends, that she feels a sense of isolation:

there aren't so many people that do what I do so there is not so many people that you can talk to about it is there. There is not so many people that have the same in common as you, 'cause most people like to go out and drink don't they?

Cleo's social behaviour has changed in this respect; she no longer drinks alcohol and "I am not really that social, I'm like more of a reclusive personality. No I don't go out on Saturday night and party" stating that her desire for social contact has changed, that she doesn't "crave social contact as much now". She felt that her family always regarded her as a bit different, adding, "I was already the strange one in the family". Cleo said that she used to think that she should be more social, but now she accepts the way she is, that's "it's okay".

17. Experiences of phenomena that evoked fear, anxiety or bewilderment

Susan's description of her experience of the acutely and intensely heightened awareness of her body on an atomic level, during deep meditation, has already been described under point number five. Her experience is reiterated here because she described it as "different to my normal state that's for sure", and as "weird... like, wow!" The extraordinary state she experienced at that time also extended to her mind, which she described as "just like *real clarity*, which felt quite amazing." Unlike all of the other interviewees, this was Susan's only experience of extraordinary phenomena, and, as highlighted in Chapter 4, she also had many years fewer experience as a meditator than all of the other interviewees.

However, it is important to note that this experience occurred when she was a beginning meditator, at her first formal training, a 10-day silent Vipassana retreat, which emphasizes that such experiences can occur unexpectedly. While the setting and practice was particularly intense, especially for a beginner, the question arises, how would a clinician with minimal meditation training and experience guide someone like Susan through what was happening to them? What explanation might be given? What, if any, guidance, remedy or alteration to practice might be advised? It was fortunate for Susan that she was under the guidance of an experienced Buddhist monk who was able to reassure her after the initial shock and anxiety she felt during this experience. As previously noted, when she returned to her everyday life Susan felt that she was able to maintain the increased clarity of her mind to a degree, with positive effects on her relationships, and her ability to regulate her emotions, so a positive outcome, after an initially anxiety provoking experience, was achieved with careful guidance from an experienced teacher.

Rick described an event as evoking extreme fear in him which he believed to be related to his meditation practice, and recalled as an experience of “distilled evil”:

one time when I was in the Ashram I slipped from a sleep state into something that was very different, qualitatively very different from my normal sleep and dreaming state and in that state something grabbed me around my trunk, under my right ribs, it felt like an enormous black hand that was made of black fear, cold black, cold fear and it just grabbed me inside. Even now this is very easy for me to remember... how palpable that experience was. I woke up terrified, I was just shaking, I've never felt distilled evil before, but it would have felt like cold black fear, and anyway I ran down to the office of the head monk there in the Ashram, and he said “oh yes, yes, making a spiritual effort sometimes you catch the attention... those people that seem to be close... they're getting out... and also attracts them, attention from the dark forces.” So he gave me very specific advice about how to deal with that too. Very specific practices to do for a while after that, and I was never troubled with anything like that again. But

through meditation if you are starting to gather some kind of spiritual understanding and spiritual awakening as a result of that practice, there's a possibility that that kind of experience [of fear] could come about. What do you think a clinical psychologist would label that? At worst tick the box for psychotic episode. There's no way I would divulge that kind of information to a psychologist. I don't trust they're trained to see anything else other than... anomalous... The actual advice that I received... which was non medical... worked just fine, never had that kind of experience again.

Once again, the question arises, how would a clinician with minimal training and experience of meditation provide in such a situation? That the guidance and explanation provided to both Susan and Rick was to normalize their experiences—rather than to pathologize them—is just one of the stand-out examples of the differences that exist in the understanding and remedy of teachers schooled within the spiritual traditions, as opposed to the likely explanation and intervention that would be compelled by current clinical psychology training in the West.

The last two themes, numbers 18 and 19, encapsulate participants' views regarding the relative importance of those engaged in meditation practices having access to an experienced meditation teacher. Participants' views regarding a description—frequently used in both the published scientific and popular literature—of a common mindfulness practice adapted for use in clinical settings (see Appendix G) (Mind and Life Research Network, 2009), are also excerpted. These views, expressed by 18 meditators with a collective experience of meditational life of more than 480 years, individually ranging from 14 years to more than 55 years, are valuable for the collective experience and insight they offer Western researchers and clinicians. While organizations such as the *Mind and Life Institute* purport to provide a safe ground for mutual dialogue to take place between contemplatives, scholars and scientists, the outcomes of such meetings, in this researcher's personal experience, appears heavily weighted towards agendas determined by the scientists—and their values. The substantive evidence from the first-person voices documented in this chapter indicate that

greater attention given to, and credence for contemplative knowledge is warranted, and the minimisation or dismissal of such knowledge, creates barriers to the growth of a Western science of meditation, and at worst, may be dangerous for clients of clinicians uninformed of such understandings.

18. Belief of the necessity of access to an experienced teacher

An experienced teacher's instruction on process as well as guidance through physical, psychological, and spiritual difficulties and challenges arising from meditational life, and the integration of the consequent profound personal changes into everyday life, was deemed essential by all interviewees, and aptly illustrated by Susan's and Rick's descriptions under theme 17.

Annette was keen to make a point about the unpredictability and idiosyncrasy of the effects of meditation, especially in relation to the training and competency of health practitioners using meditation as a clinical adjunct. She felt that one of the biggest differences between long-term and beginning meditators was in having knowledge about and understanding what specific effect was intended in the choice of the meditation process used. She also made a point that, paradoxically, if you expect a particular result from meditation you might not get it, as from her experience, phenomena that have occurred have often been totally unexpected, and not confined to the period of formal meditation, but which can occur at any time:

you never why it's going to happen and when it's going to happen when it does and sometimes you get that in meditations and sometimes you don't and sometimes you get it out of meditation.

Cleo in relating her kundalini meditation practice emphasized that the precisely prescribed periods of relaxation were critical to the process to ensure a balancing of activity with non-activity. Relaxation in this context was not an effect of meditation, but a scheduled specificity of the practice. If the relaxation periods were omitted one could experience undesirable effects and imbalance: "for a Sat Kriya, that's 31 minutes for the kundalini, if you don't have a relaxation

afterwards it is like you are still hyper all day, like that”. Cleo gestures a shaky motion and says, “you can't skip it, you can't say oh 31 minutes I'll just relax for ten afterwards, you can't do that cause your day will go terribly!” Cleo adds that certain practices can accentuate negative aspects of past experiences or even aspects of your personality “that you don't want, or don't want to look at”, if the structured practices are not precisely followed.

This has implications for the training and competency for clinicians in knowing the effects that may arise with the practice and misunderstanding or misapplication of certain meditation techniques, and that careful guidance and education is necessary to ensure safe practice. There is a growing evidence base for kundalini yoga practiced in Western health care contexts and great care in its application is vital (Lukoff, 2000; Scotton, 1996; Shannahoff-Khalsa, 2010).

19. Purpose and effects of meditation

This theme represents a clear divergence of understandings of these long-term meditators when compared to those of leading scientists currently conducting meditation research (Mind and Life Research Network, 2009). The interviewees regarded the *purpose and effects* of insight meditation or *vipassana*, a form of mindfulness practice, to be much more far-reaching than “just a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought” (see Appendix G), as has been repeatedly stated and disseminated throughout the Western scientific literature over the past ten years or so.

One of the elements distilled from these first-person voices relates to the profound changes that interviewees experienced as a result of their meditation lifestyles, some, from their first contact with their teacher, others, as a result of their ongoing long-term practice. Sometimes the transformations, re-orientations, and changing perceptions of their own identity and relationships were so far-reaching that the individuals felt as if they had lost their frame of reference, their outlook on life changed fundamentally, and former existential conceptions ceased to have meaning for them. The common theme for these individuals was the reassurance they felt, sometimes provided by their teacher, and sometimes

provided by their long experience of the internal changes that occurred within them which led to the development of their own implicit wisdom and guidance.

The many phenomena described by this sample of long-term meditators, as well as also those described by Tesla (excerpted in Chapter 6), bear remarkable similarity to those recorded in history books as experienced by Joan of Arc (Tan, 2006). From thirteen years of age, Joan spoke of experiencing periods of ecstasy, seeing flashes of light and visions of angels, and of hearing the voices of saints (Schacter, 2006). When these were described to North American neurologist, Dr Lydia Bayne, her professional clinical opinion was that Joan of Arc's experiences of bliss and accompanying phenomena were most likely seizures triggered by the ringing of local church bells, a musicogenic subtype of temporal lobe reflex epilepsy with ecstatic aura (Foote-Smith & Bayne, 1991). While a discussion of biological theories of the causes of mystical experiences and like phenomena is not within the scope of this chapter, as earlier cautioned by Rick, this specialist medical opinion is just one example of how such experiences may be pathologized by Western biomedical science. As a contrast, and challenge to this pathological framing, it is informative to note that James H. Austin as a Professor of Neurology refers to his own bliss experience, recounted earlier in this chapter, not as pathology, but as his "Zen enlightenment experience" (Tan, 2006, p. 294). He also asserted that "nothing in my training or experience had prepared me to help me understand what was going on in my brain. It was a wake-up call for a neurologist" (p. 295).

Summary

In this chapter, the experiences, phenomena, and understandings of 18 long-term meditators have been outlined, highlighting the major themes arising from conversations with them. Their voices demonstrated that continuing to minimize, ignore, or dismiss the first-person perspectives such as those documented in this thesis, potentially obstructs or constrains the continuing development of an empirical knowledge base in the key areas of meditation-for-health research.

Finally, the themes identified and outlined in this chapter parallel examples from similar studies from the mid- to late nineteenth century through to recent research published in the past decade. These include studies conducted by Richard Maurice Bucke (1900/1923), former President of both the British and American Psychological Associations in the late 1800s, and the father of psychology, William James (1902), along with examples from classical contemplative religious literature. They are also in congruence with more recent research undertaken, including studies by Daniel Goleman (1988), former senior editor of the journal *Psychology Today*, and the Institute of Noetic Sciences (IONS) (Schlitz et al., 2007).

The ways in which aspects of these findings can contribute to the knowledge-base for a Western science of meditation for application in healthcare contexts are discussed in the following chapter.



CHAPTER 8

Clash of Paradigms

...science has been affected by a point of view which tries to be value-free.

This is, of course, mere prejudice.

—David Bohm (Hamner, 1966)

*No map includes every detail of the territory that it represents,
and events that don't make it onto the map
don't exist in that map's world of meaning.*

—Freedman and Combs (1996, p. 15)

(Heading 2) Introduction

The purpose of this chapter is to present a critical discussion undertaken to compare and contrast how meditation has been approached and understood by two very different ontological and epistemological viewing platforms. This discussion seeks to identify if and where this clash obstructs or constrains the continued development of an empirical knowledge base for the clinically therapeutic application of meditation for the mainstream Western health sciences, particularly the mental health sector. Examples of the differing ways of being and doing as they are valued in Eastern versus Western societies is explored, then premises of a positivist mainstream Western scientific approach to meditation are contrasted with those from the wisdom traditions and interviewees' first-person perspectives described Chapter 7. While an exhaustive treatise on this topic is not within the

scope of this chapter, some striking examples of cultural dissonance are presented which are asserted to represent a clash between two different paradigms, and the implications of the conflictual premises and understandings of meditation, and its phenomena, are brought to the fore.

The material in this chapter is organized as follows. Firstly, a general discussion of the differences in values of the East and West is presented. The Western values of individualism, independence, interdependence, collectivism, and attachment and detachment are cited as examples of where potential exists for cultural dissonance to contribute to a clash between Eastern and Western ways of being and doing which are considered to be psychologically healthy. Examples of the different use of language are also highlighted which may have potential create confusion and cognitive dissonance among beginning Western meditators using meditation as an adjunct to their healthcare. Secondly, a discussion of the positivist Western scientific method is presented to draw attention to the question of whether such a method is an appropriate one for investigating processes which do not conform well to the boundaries of materialist empirical values. Thirdly, three of the superordinate themes identified in Chapter 7—the perceived mechanisms of meditation, interviewees’ perception of mindfulness meditation, and interviewees’ belief of the importance of access to experienced meditation teachers are compared to the Western scientific understandings. Once again, interviewees’ first-person voices are excerpted to illustrate the differences in understandings of this sample of long-term meditators which are in strong contrast to those disseminated in the Western scientific literature. Then, a discussion of the implications of interpreting some meditation-related phenomena as psychopathology is presented and how such differences in understanding may impact on clients. Finally, the implications for the training and competency of health professionals offering meditation in clinical contexts are mooted.

Differences in cultural values East and West

In this section, selected Western values are cited as examples of where potential exists for cultural dissonance to contribute to a clash between Eastern and Western ways of being and doing which are considered to be psychologically

healthy. This is important because much of the knowledge of meditation has been appropriated by Western science from the Eastern traditions where it has arisen from within societies with quite different cultural values to the West and the differences that exist are distinctive and fundamental. As one example, in Eastern wisdom traditions there is often a prescribed element of physical training interwoven with ideas about establishing and maintaining emotional and spiritual wellbeing (Aronson, 2004). Whereas, in Western culture, there is a tendency to favour instruction and development of the intellect, and the predominating attitude toward the body is to 'keep fit' to maintain mobility and ward off mechanical problems of the body.

Below a brief discussion of the differences in the way individualism, independence, collectivism, interdependence, and attachment and detachment are valued by the West versus the East is presented along with how these differences may impact the application of Eastern-derived meditation processes to Western healthcare contexts.

Individualism, independence, interdependence and collectivism

Aronson (2004) discusses the impacts of integrating Eastern ideals with Western psychology and he suggests that perhaps the most significant difference between Western and Eastern ways of being, doing, and understanding, is how each regards the ego, or self. In the West, the establishment of a strong individualistic and independent 'self' is highly valued, and pervades cultural measures of success. The questioning of authority, the dynamic expression of individuality, maturity signalled by independence, extraverted action, verbal expression, youthfulness, and vigour are also highly valued. In strong contrast, Eastern cultures practicing Buddhism, reverence for the aged and wise, silence, the subordination of oneself, and aim for 'non-self' with actions and attitudes constructive of a collectivist nature are highly valued. Emeritus Professor of psychology, Yutaka Haruki, asserts this way of being and doing is "practically impossible" for individuals born and raised within a Western paradigm to understand (Kwee, Gergen, & Koshikawa, 2006, p 10). Similarly, while Western societies value and protect freedom of choice and the rights of the individual to

pursue personal interests, Buddhist cultures are duty-based, emphasizing and valuing duties and roles over person and personal interests.

Aronson (2004) reflects that while it may be reasonably easy to set aside a segment of the day to meditate, it may be more of a challenge to sit in silence, with an attitude of quiet open-hearted tenderness for others. He relates a case of what he terms “dharma loneliness” (p. 38) where an acquaintance who had for many years met regularly with a meditation group but confessed to a bereft sense of alienation from not knowing anything much about the people he met with, even after many years of sitting together. This was because, of course, “they had been silent!” (p. 38). This brief example represents an informative account of the cultural dissonance that can occur when a practice from one culture with different values and expectations is taken up with little, if any, consideration of the quite different context in which it arose.

The question that arises with regard to the differences in cultural values briefly referred to above regarding the application of Eastern-based meditation to Western healthcare contexts, is what other unexpected impacts or effects may occur in the crossover from one cultural context to another? For example, in Buddhist-based cultures it is often taught that meditation practice is not necessarily for one’s own benefit, but that practice is for the sake of others, the collective (Aronson, 2004). Whereas, Westerners taking up a purportedly Buddhist-based practice such as MBSR (as disseminated in the literature), usually do so to achieve some personal objective or ambition, for example, to relax, to deal with anxiety, to sharpen the intellect, become more efficient or effective at work, or to deal with personal physical or emotional pain. These are quite different objectives.

Mani (2009) concluded that many of the issues that may arise from Eastern practice on Western ground are likely due to the effects of a partial appropriation because such practices do not exist in a vacuum in the East; they are deeply embedded within a fundamentally collective religio-socio-cultural scaffold . Why does this have significance? Westernized mindfulness practices derived from the East, being removed from the collectivist origins, and taught as a culture-

distanced technique to observe the activity of the mind, has the perhaps unintended consequence of reinforcing the concept of *individual* mind. Mani clearly asserts that in the West “the mind is a much-valourised rationalist instrument” (p. 113). In the extraction and relocation of elements from Eastern philosophy and their reduction and relocation to the mainstream sociocultural scaffold of the Western health sector, the implicit assumptions and conceptualizations of the East, where “No-self is privileged over self, silence over sound, no-thought over thought, no effort over effort and formlessness over form” (p.113) appear to simply be discarded.

However, borrowed ideas, no matter where they are borrowed from, are inevitably subject to some degree of selective appropriation and reinterpretation (Mani, 2009). So what are the consequences of such appropriation, reduction and reinterpretation? This question continues to be asked by an increasing number of Western practitioners and still it remains largely unexamined in the Western peer-reviewed scientific literature. The continued failure to examine this question by the prevailing positivist ideology conveniently forecloses issues that the Western scientific community seemingly finds difficult to discuss.

Attachment and non-attachment

As with the Western valued concepts of individualism and independence, the term *attachment* has pejorative associations in Buddhist-based cultures in which it is a central concept regarded as the cause of all suffering (Aronson, 2004). In strong contrast again, it is one that is positively valued in Western psychology, where attachment, with regard to human development, promotes the ability to form healthy relationships. In applying the Eastern concept of non-attachment to Westerners the risk is misinterpretation that all motivated activity should be abandoned. However, there is no intent in the Eastern concept to give up intentional activity, instead, it refers to “stuck forms of wanting” (p. 155), attachments to fixed ideas, and to the extravagant material trappings of worldly existence. A further misunderstanding may occur if non-attachment is conflated with disengagement or emotional distance, and misinterpreted as counsel to escape, abandon or avoid normal work, significant others or possessions.

Watch your language

Subtle differences in language semantics may have potential to create confusion and cognitive dissonance among beginning Western meditators receiving instruction from meditation teachers, depending on the teacher's background and training. For example, instructors often use the phrase *empty mind* in relation to the objectives of meditation. However, for Western students, a more useful term to describe such awareness states is *still mind*. A 'still mind' state may be understood as somewhat more accessible and attainable and better culturally comprehended than 'empty mind'. Beginning students of meditation are more likely to continue with regular practice which they understand creates stillness rather than 'emptiness', which, semantically and psychologically, has different associations. For example, in Western culture, *stillness* is often associated with peace and calm, but *emptiness* often semantically associated with loneliness, barren-ness, even poverty—all negative states by usual Western standards.

These two brief examples of the use of terminology for meditation instruction illustrate further differences in Western and Eastern conceptual understandings. With regard to the significance this has for meditation applied to Western healthcare contexts, beginning meditators especially, are more likely to persist with regular meditation practice when the instruction is more congruent with Western cultural understandings of language semantics used.

Positivist science

The rise of psychology in the West is as much an historical phenomenon as it is now a mainstream science. When psychology, and its association with meditation, is critically located within its broader socio-cultural history, as outlined in Chapter 6, some of the persistent methodological limitations of the discipline and barriers to the ongoing development of a knowledge-field of meditation for application in the mental health sector, come to light. A Western positivist bio-psycho-social science of meditation, so far, appears not to account for many of the experiences and understandings of meditation, evidenced by the

micro level first-person accounts voiced in this thesis and discussed later in this section. This is not surprising considering some of the varying and sometimes diametrically opposed premises and agendas of Western psychology's adherence to the positivist scientific method when compared to those of the meditation traditions of origin.

One of the questions to be asked is, what happens when, in the cross-over from a esoteric spiritual context, where peoples' main motivation to engage in these practices is to attain 'enlightenment' or 'liberation', to a context where, often, the primary intent is to deal directly with earthly suffering? They are quite different objectives. There is now much literature confirming that meditation—in its many forms and once regarded as well outside of the domain of science—enables people, in a secular way, to achieve states of calmness, awareness, and self-control, that is very helpful for those with psychological conditions, and for those dealing with the challenging psychological aspects of serious medical conditions. This burgeoning literature details many different ways by which meditation can be used to enhance the control of attentional processes to improve general wellbeing.

However, Professor of psychiatry, philosophy, and anthropology, at the University of California, Roger Walsh, highlighted the difficulties inherent in Western psychology's attempts to include meditation in a singular theoretical framework. He referred to these difficulties as a “paradigm clash” and the inability of the Western biomedical model to accommodate the commonalities of the consciousness disciplines and the behavioural sciences (Walsh, 1980, p. 664). Kutz, Borysenko and Benson (1985) argued that this difficulty was reflected in “the history of the psychoanalytical movement as it repeatedly [encountered] the concepts of meditative practices” (p. 1). As previously related in Chapter 6, Freud's dismissal of meditation as infantile, irrational and non-scientific, illustrates one early example of this inability to identify such commonalities and is then particularly well illustrated in Freud's own description of the usefulness of his concept and experience of “evenly suspended attention” (1995, p. 114) which clearly parallels the objectives of some meditation processes.

Similarly, the first American Westerner ordained a Tibetan Buddhist monk on American soil, Robert Thurman, drew attention to the differences between the East and West that he believed imposed barriers to the uptake of mindfulness meditation, including the Buddhist notion of *inter*-connectedness, as a guiding principle for all aspects of living (Thurman, 1998). He asserted that the West's materialist perspective and over-emphasis on a positivist and reductionist scientific worldview, with a focus on identifying *differences* and *dis*-connectedness is so far at odds with Eastern spiritual epistemologies as to call into doubt the appropriateness and benefits of the huge investments of time, money, and professional reputations, to reduce mindfulness meditation to a clinical algorithm. It is pertinent to acknowledge that one of the primary areas of study of psychology in the West is frequently defined in undergraduate psychology textbooks as the *science of individual differences*, particularly with regard to personality, motivation, intelligence, self-efficacy, education, and values.

In the foreword to a recent treatise on Buddhist thought and psychological research, the Dalai Lama suggested that Comte's positivist science, which recognizes only non-metaphysical facts and observable phenomena (R. E. Allen, 1990), "has been an extraordinary tool for understanding the material world, but it does not seem advanced enough regarding internal experiences" (Nauriyal, Drummond, & Lal, 2006, p xix). By contrast, over millennia, the written texts and oral histories from the science of the wisdom traditions bear the testimony of many individuals who have carried out their own trials in this field and undergone remarkable experiences and transformations as a result of meditative or contemplative practices based upon their own understanding or guidance of their teachers, priests, guru-s, masters, or advisors. It has long been recognized and taught by the traditions of origin that practitioners of the vast number of meditative practices experience, for example, enhanced interior states of peace and calmness, even in circumstances that others may describe as disturbing.

However, the positivist view is selectively inclusive of some elements and somewhat pejoratively dismissive of other elements of the subjective experiences of meditators. What is alarming about this partial appropriation is that elements that meditators collectively, across traditions, assert as important are excluded

from assessments and analyses—for varying reasons. For an example of one of these exclusions, later in this section, a discussion of the mechanisms of meditation includes a description of energy transmission from teacher to pupil described in the traditional meditation literature, and by some of the interviewees for this project. However, firstly, it has to be acknowledged that the technology for assessing and measuring evidence for some of these elements simply does not yet exist. However, this is not a good reason for excluding such elements from the research agenda.

Harari (2001), wrote of the importance of evidence, asking the question, “but whose evidence?” (p. 724). He demonstrated and criticized the inadequacies of positivism for evidence-based approaches to the mental health sector. He concluded that a positivist scientific basis fails to recognize the conceptual richness of subjective evidence and alternative formulations more informative and appropriate to the complexity of a psychological science sensitive to historical, social, and cultural, influences. He asserted that the limitations of scientific models based on positivism result in inadequate understandings that then guide clinical training, research and practice. The flow-on consequences of such a limited model will inevitably be the “intellectual, clinical and ethical impoverishment” of the psychological profession (p. 724).

Manocha (2000) argues that, “the *most* important issue that must be addressed in this field of research is to clearly define meditation and then subject that definition to scientific testing” (, p. 1136). However, as earlier demonstrated in Chapter 5, a singular definition of meditation is unrealistic, and the question of what constitutes scientific testing is fraught. An example of a major meditation research undertaking conducted by Cliff Saron and some of the unanticipated issues that arose throughout the course of the data gathering, analysis, and interpretation is presented below to demonstrate the difficulties than can arise in conducting meditation research. This is followed by insights and advice from faculty members of the Mind and Life Institute (MLI), Anne Harrington, John Dunne and David Meyer. Their insights reveal much about the difficulties faced by Western scientists who are located within academic and professional

organizations which are framed by positivist scientific values unsuited to the investigation of meditation and its related phenomena.

Inside the twin laboratories of the Shamatha Project

The Shamatha Project, conducted by Clifford Saron, Assistant Professor of Neurology, UC Davis Medical School, was a unique longitudinal study of the effects of intensive meditation training (Saron & Shaver, 2006). The study's aims sought to examine the social, behavioural, psychological, and physiological effects of 10 hours per day of intensive retreat-style meditation. A massive data collection effort ensued with 31 participants and 30 matched controls in isolated retreat conditions for three months at a time. Saron and colleagues constructed two identical laboratories in a remote mountain location, one laboratory for the domestic, meditation and assessment activities for the active participants and the other laboratory for matched controls. Over a three-month period, more than four hundred 4-hour assessment sessions of multiple biological and psychological variables were conducted. Each 4-hour assessment for each participant included more than 30 social, psychological, and medical measures. Along with the study participants, there were numerous associated technical and domestic staff involved to run the facility.

Not unexpectedly, researchers were confronted with numerous conceptual, technical, and ethical issues throughout the study. Some of the many issues and confounding variables included the reciprocal effects of laboratory measurements on practice, participant performance anxiety during testing, and participants attempting to anticipate or second-guess socially or scientifically desirable responses. There were also difficulties in measuring daily experience including the effects on participants of 'quantifying' their meditation practice, how to account for the effects of the social unit of the sangha⁵⁸, as well as transference and counter-transference effects between the participants, the meditation teacher, and project staff. Additional problems related to how to account for meditation practice in a secular versus religious context; and how to disentangle the scientifically constructed environment from the practice effects. These enormous

⁵⁸ Sangha = meditation group.

challenges beg the question, what did researchers discover more about—meditation, or about the process of conducting research on meditation? Whatever the answer to that question, the complexity and scale of the study ensured that much useful experience was generated.

Issues outside the laboratory too

Anne Harrington, Harvard Professor specializing in the history of psychiatry, neuroscience, and other mind sciences, asserts that Western researchers of meditation also need to be more mindful of potential confounding variables *outside* the laboratory (Harrington, 2008). For example, she argues that closer examination of the relationship between laboratory models, clinical studies, and people's *real life* experiences of meditation is warranted, as Chapter 7 of this thesis has attempted to elucidate. Harrington asserts that the following questions, while difficult to examine, need to be factored into the design of all meditation research. For example, how does *context* matter? What is the relationship between the *questions* we ask, the *goals* of our work, the larger *effects* of our work on the culture in which we live?

In a presentation to the 2007 *Mind and Life Summer Research Institute* on meditation for the health sciences, Harrington also urged Western investigators to consider self-reflexive investigations of their own research community at work, and consider, for example:

- 1 Who, amongst the scientific community is drawn to conduct studies of meditation?
- 2 How do investigators privately describe their own experiences as researchers of meditation? For example as a *double agent* or *warrior*? Or with *no agenda—just want the fact, thanks*.
- 3 What personally important parts of the work are publicly bracketed; and how might they covertly be shaping questions and projects?
- 4 What counts as success?
- 5 What is considered taboo?

- 6 If collaborations with contemplative traditions are envisioned, how are they framed? As science-religion dialogues? As inner science complementing outer science?

Harrington reminded attendees that Western science is a worldview and that, over time, its epistemology may change, as it has in the past.

Diversity across and within meditation traditions

Adding to an awareness of the complexity of meditation research, John Dunne, Professor of Religion from Emory University, is engaged in a study of the problems of meditation research associated with the diversity that exists across traditions, and even within traditions, regarding the descriptions of meditation states, objects, techniques, measures of success and so on. He draws attention to that fact that, as well as the difficulty of studying meditation from a Western positivist positioning, there are difficulties arising from the fact that contemplative practices are embedded in traditions that include metaphysical realms, and for investigative purposes, scientific descriptions of meditation practices therefore sometimes involve metaphysical claims. The result being that scientifically intractable claims can become conflated with tractable ones. His position is that “a scientifically adequate account must be as tradition-neutral as possible” (Dunne, personal communication, 2007). However, such a goal appears not to account for Western science as a worldview—as a tradition itself—and, as such, its values are as tradition-embedded and non-neutral as the traditions he refers to.

The language of meditation research for a positivist science

David Meyer, a cognitive scientist and faculty member of the Cognition and Perception Program, University of Michigan, advises meditation researchers, among other things, on how to write successful funding applications. For example, he advises applicants to watch their language, particularly when making applications to organizations and individuals who may be skeptical funders (Meyer, 2007). His suggestion to those applying for research funding was to substitute the term meditation and instead use the term *mental training*. Likewise,

his advice was to replace the term *mindfulness* with the phrase *executive cognitive control*. Similarly, *self-transformation* could be termed *skill acquisition*, and *contemplation* is more favourably termed *complex systems research*. Where the term spirituality may not be acceptable, the phrase *emotional balance and inspiration* could be substituted, and the meditation process Shamatha could be called *sustained focussed attention*. Likewise, the transcendent state of samadhi could be termed being *in the zone*.

Meyer's above advice, along with the questions raised by Saron, Harrington and Dunne, represent some of the issues that meditation researchers confront in attempts to make an ill-fitting ontological and epistemological framework more amenable to the investigation of meditation. Therefore it would be informative to briefly bring to the fore some of the basic assumptions of materialist Western psychology. These premises relate to how the mind and consciousness function, which do not align with the premises of the wisdom traditions from which meditation processes applied to Western healthcare contexts, are derived.

Materialism

Scientific materialism presumes that it is matter that produces consciousness and all its manifestations, and that the mind and consciousness is a manifestation of physical neuronal activity and electrochemical patterns in the brain (Walsh, 1980), despite there being no compelling evidence for such premises (B. A. Wallace, 2000). This is in strong contrast to the wisdom traditions which presume the opposite; that it is consciousness that produces all material forms. Another point of difference is that the rational materialist perspective presumes that the most complex knowledge concepts can be encoded in language and therefore can be communicated. In further contrast, the consciousness disciplines view the rational mind, its discursive activity, and the limitations of language, as impediments to be transcended in favour of the direct knowledge that is generated by direct experience.

Additionally, further dissonance between these two paradigms relates to the materialist notion that the normal conscious mind is comprised of three discontinuous states—the normal waking state, the dream state, and the state of deep sleep. According to Western psychology, the waking state is the optimal, by which truth can be known, and by which human beings act to achieve their potential (Walsh, 1980). Again, this is not the premise of the consciousness disciplines, which regard this waking state as at the limited perceptual end of a continuum.

The taboo of subjectivity

While some positivist methods hold the appeal of large samples and may attract attention for their greater numbers, other methods, such as the first-person approaches used in Phase Three of this research, are valuable for their “sensitivity to nuance, and their ability to probe in depth” (Gergen, 1985p. 273) and pertain to interior experience. However, despite the fact that such methods can be regarded as interior empiricism, subjective phenomena are not located within positivist science’s objective framework. With a philosophical interpretation of science that is founded upon Newton’s model of a mechanical universe, if something cannot be objectively measured, it cannot be proved to exist. This is a pity, because a genuine inclusive dialogue between paradigms representing different ways of knowing would contribute a great deal to our knowledge of humankind. However, there are two arguments presented against subjectivity from the positivist point of view. Firstly, that subjective influences confound experiments; and secondly, that it is not possible to scientifically analyze subjective phenomena (B. A. Wallace, 2000). However, Wallace advocates a more pragmatic way to consider scientific analysis of mental phenomena, to acknowledge it is incredibly difficult and that “the only guide for methodology is the universal one, namely, to use anything that works” (p. 154).

Language differences

Further compounding the ontological and epistemological clash evidenced from the examples above, Professor of Comparative Religion and Philosophy at

Lancaster University, Chakravarthi Ram-Prasad, in a presentation to the 2011 *Mind and Life Summer Research Institute*, stated that the conceptual vocabulary and influence of a Western philosophy of mind on the new contemplative science and reductionist paradigm of neuroscience were significant barriers to understanding meditation (Ram-Prasad, 2011). He argued for the necessity of a bridging vocabulary between neuroscience and contemplative practice to avoid the limitations inherent in trying to communicate concepts that have no equivalent English vernacular.

In summary, it is clear that a problem exists for a positivist scientific approach to meditation which presumes that a Western intellect comprehends all, as well as presuming objectivity as the pre-eminent approach to an examination of meditation and its phenomena. A response is called for, because the integration of subjective methods for the study of meditation, as interior empiricism, could enable an expansion and repositioning of Western science as more closely related to the disciplines of the arts and humanities, rather than as an artefact of Newtonian physics.

A further problem exists in the presumption that the experiences of meditation are “verbally encodable and communicable” (Walsh, 1980, p. 666). Likewise, a further presumption is that an examination of other forms of knowledge and experience embodied in the wisdom traditions of origin, based upon such divergent premises, is a possible and adequate means of evaluating their usefulness.

Mechanisms of action

In this section, a brief discussion is presented contrasting some examples of the mechanisms of action of meditation reported in the Western scientific literature with the notions of energy transmission imparted from teacher to pupil during processes of initiation, benediction, or blessing, as understood by the esoteric wisdom traditions of origin.

Firstly, EEG studies have noted decreases in physiological arousal while a state of “restful alertness” was maintained, along with increased parasympathetic

and decreased sympathetic activity have been reported (Lang et al., 2012). Associated changes in catecholamines and cortisol have been postulated to be related to more adaptive responses to stress over time. Similarly, neuroscientists are increasingly reporting findings of the neurophysiological and neurochemical changes in brain using functional magnetic resonance imaging (fMRI) technology to document the effects of meditation in both naïve and long-term meditators. It has been concluded that the attentional processes engaged through meditation alters the activation of neuronal circuitry in the insula and cingulate cortices of the limbic region (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008). The strength of the activation in the insula was reported to be correlated with subjective ratings of the intensity of the meditation. Increased neural activation in the amygdala, right temporo-parietal junction, and right posterior temporal sulcus was interpreted as greater awareness of perceptual stimuli as well as increased mental activity during meditation. As well as the above alterations in brain activity during meditation, Tang et al.(2007) reported observing changes in white matter neuroplasticity around the anterior cingulate cortex, which is a part of the neural network related to self-regulation. In addition to these observations, increases in gray matter density within the hippocampus were noted, which, collectively, are associated with learning and memory processes, emotion regulation, perspective-taking and self-referential processing (Hölzel et al., 2011).

These findings lend weight to mechanisms proposed which suggest an intentional and sustained shift in attention may facilitate the development of a greater capacity to direct attention more constructively, for example, toward problem-solving or coping activities (Lang et al., 2012). Associated with a shift in attention toward the present moment, rather than a focus on past or future events, was a change in cognitive style, with a reduction in maladaptive thoughts. A cognitive component regarded as a central mechanism of action is non-judgment, facilitating a noticing of thoughts and sensations rather than actively engaging reacting to them (Carmody, Baer, Lykins, & Olendzki, 2009).

Other proposed mechanisms identify that mantra may act as intentional distraction to interrupt the flow of distressing thoughts and problematic behaviours to allow a pause during which better choices might be made (Lang et

al., 2012). This has been described as “mindful distraction” (p.10). The elicitation of positive emotion and reduced negative mood has been reported to be associated with increases in social connectedness, which, in turn, may lead to increases in pro-social behaviours, sociability, and enjoyment. These mechanisms, when activated, are thought to be self-perpetuating due to positive social interactions leading to further positive emotions.

However, the observations reported above as mechanisms could also be effects mediated by other mechanisms not yet elucidated. So it becomes difficult to disentangle what is effect and what is mechanism. Similarly, while modern imaging techniques such as fMRI scans may go some way to elucidate the physiological changes that may result from meditation practice, they do not explain some of the experiences of the long-term meditators documented in thesis, nor in the following reported study.

In an article published in *Science* (Nichter & Lock, 2002), the usual grounds for establishing scientific mechanisms were severely challenged by a research project in the United States involving prayer. This study certainly provides a context to give skeptics something to think about: entirely unknown to patients and ward staff involved in the study, some religious believers living in a different state were asked to pray for critically ill cardiac patients. The study showed a statistically significant improvement in those patients who were prayed for, over the control group for whom no prayers were said (W. Harris et al., 1999). From time immemorial, prayer for the sick has been a common response to human illness, and in some societies, and among certain religious groups, prayer is believed to be *the most* important therapy, but the efficacy of such faith healing has, as yet, rarely been subjected to such scientific scrutiny.⁵⁹ From a spiritual angle, two different points of entry in accounting for such phenomena can be taken. The Catholic Church, from an orthodox perspective, views such events as simply divine interception on the part of God’s Grace for a forgiven sinner, and

⁵⁹ It is informative to note that, in New Zealand, a lay priest conducting prayer healing meetings in church on a Sunday is entirely socially acceptable. Conversely, the same person calling oneself a medical doctor the following day and doing the same thing in a clinical versus religious setting is entirely not, as the medical tribunal disciplinary case of the former general practitioner, Dr Ricky Gorringer, determined (Waikato Times, 2004).

calls them miracles. Instances of miracles are often recorded at places or locations of special sacredness, for example, Lourdes, which really doesn't shed much light upon the physiologic mechanism—only upon the moral one—be good and you might get better.

Whereas, a mystical religious construction accounts for such occurrences in a different way. Mantra yogi, Imre Vallyon, points to an innate human faculty known in Hebrew esoteric terminology as the IOEL or Healing Mind Principle, an interior psycho-spiritual 'switch' for such miraculous healing to occur (2004). Therefore it is not so much miraculous, but that some individuals seem to be able to access and activate it within themselves and in others, whereas, others cannot. So how does one go about finding this precious faculty that is a part of each of us, within ourselves? A comprehensive explanation is provided in Vallyon's treatise on the subject in *Metanoia: The Liberation of the Mind* (2004).

With reference to the prayer study noted above, no mechanistic explanation was offered for their results, however, it was speculated that 'real' but currently unknown natural forces may be 'generated' by the intercessors and 'received' by the patients. Given this speculation, it is informative to consider how some of these meditation practices were, and still are, taught in their traditions of origin. The example described below illustrates an understanding of the mechanism for how knowledge and abilities are transmitted in subtle ways through the transmission of energy directly from master to pupil. The explanation detailed in the following section is adapted from one given by mantra yogi Imre Vallyon (1998) at a three-week meditation retreat. This is an explanation of the processes of transmission of subtle knowledge/energy as understood by esoteric sciences of the Eastern and Western contemplative and mystical traditions from which some meditation applications for Western healthcare contexts are derived. In Sanskrit, this transmission process is called *diksha* (Vallyon, 1998); in English, the words initiation, blessing, benediction and grace are sometimes used; and in field of quantum physics it becoming known as quantum-coherence (Rein & McCraty, 1993). Figure 2 (page 216) is a pictorial representation of *diksha*, adapted from a whiteboard drawing reproduced for a report from the retreat, and described below.

Within the esoteric wisdom traditions, one understanding is of an element of the human constitution beyond the personality mechanism that makes a person a teacher, a guru, or master; there is an energy field that surrounds him. It is separate from his personality, but interpenetrates his whole being. In Sanskrit it is the *Guru Shakti* and in English language of the Christian traditions it is the *Holy Spirit* that is active in that teacher. In the Māori tradition this teacher could be said to have great *mana*.⁶⁰ In the Buddhist tradition it is called the *Buddha-field* and in the Gnostic scriptures as well as the Bible, this energy field was called the *coat of many colours*. It is a field of energy of many different vibratory frequencies.

The Buddha and Jesus were said to have had energy fields extending a radius of 2-3 kilometres, and anybody within the energy field who was receptive could be touched by that energy field, and affected by it. In the esoteric traditions, when a teacher or master decides that the time is right for a pupil to receive a particular knowledge, through Diksha, initiation, benediction, blessing, or grace they prepare themselves by going into silence for a time period. The teacher purposefully, intentionally, and with focused attention invokes the *Maha Shakti*, the omnipotent, omnipresent, immanent Holy Spirit, on behalf of the pupil. This is not a monotheistic entity—it is an all-pervading energy-field, force and intelligence in the very broadest sense. During this period of silence there begins a down-pouring of energy into the teacher's system or aura that charges the *Guru-Shakti* increasing its capacity, vibrancy and brightness.

In Sanskrit, the initiate or pupil is called a *dikshin*, or *chela*. The *dikshin* also enters silence in order to prepare him or herself to be in a heightened state of receptivity. At a given time, the teacher's energy field brightens or sparkles and energy is transmitted to the pupil, rearranging the pupil's gross and subtle atomic structure. After a period of time, the energy stream transmission gradually stops, however, a kind of electromagnetic imprint remains in the pupil's system or aura.

This process is called *guru kripa* in the Hindu tradition. In Hebrew Kabbalah it is the transmission of *shekinah* and in the Christian tradition it is

⁶⁰ In this context the Māori word *mana* represents power, life force or psychic force (Williams, 2002)

called *benediction*, *blessing*, or the receiving of *grace*. The subtle esoteric knowledge-energy transmitted through this process cannot be received from books and journal articles—they contain only exoteric knowledge. The uninitiated can only receive esoteric knowledge or the ‘hidden or sacred knowledge’ from one who has been initiated to a higher level of spiritual practice, development, attainment, evolution, or consecration.

GURU DIKSHA

energy transmission from teacher to pupil

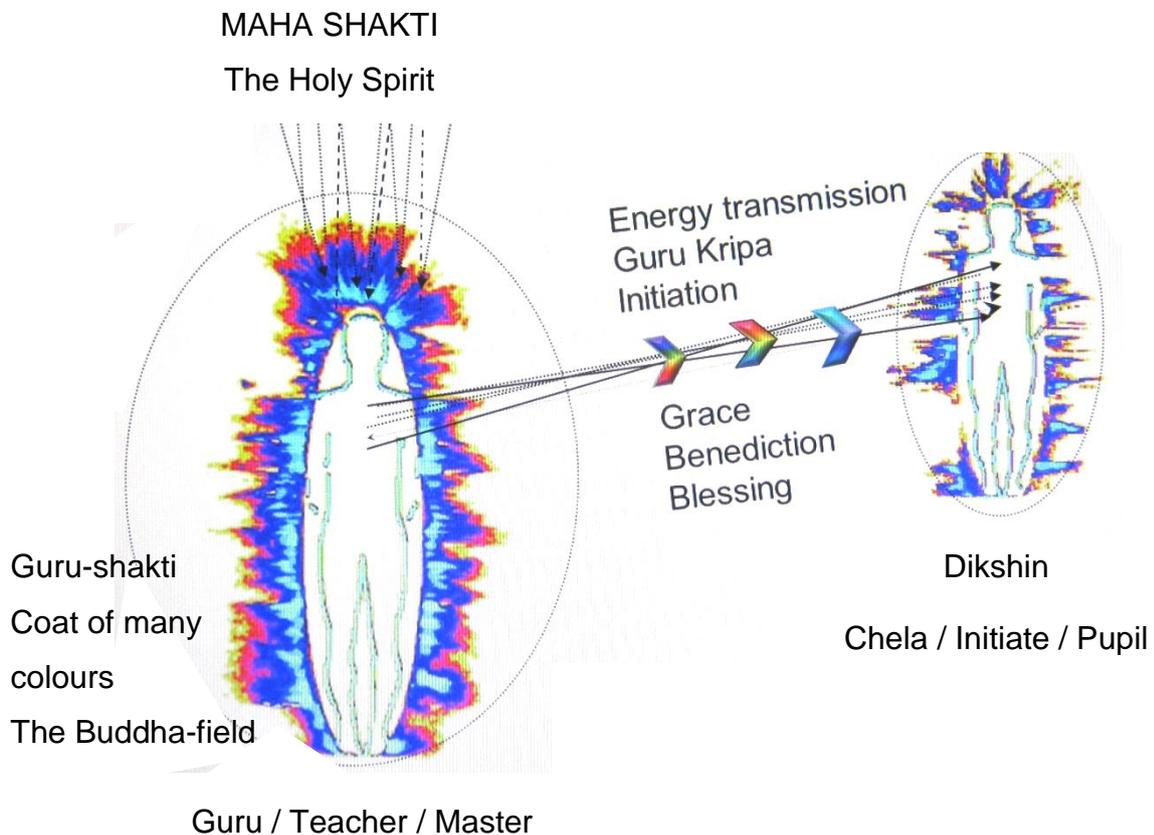


Figure 2. GURU DIKSHA: The process of transmission of subtle knowledge/energy as understood by the esoteric sciences of the Eastern and Western contemplative and mystical traditions. Adapted with permission (Vallyon, 1998).

As Western scientist-practitioners who value empirical evidence highly, the burning question is, is there *evidence* that these processes occur? And in this way? While there may be no devices to directly to record and measure such processes at this point in time one should not forget that 200 years ago there was no means of recording radio waves, but that did not mean that they did not exist. It

is pertinent to recall that absence of evidence is not necessarily evidence of absence (Allen et al., 2006). Moreover, evidence may not be as absent or as distant as one might think. In the field of quantum mechanics there is a phenomenon known as quantum coherence and researchers in this field have made some remarkable observations.

It is an established fact that there is an electromagnetic field generated by the heart, it is the most powerful electromagnetic field produced by the body (Rein & McCraty, 1993). In 2003, researchers at the HeartMath Research Centre demonstrated that individuals who are able to maintain states of heart coherence through sustained heartfelt positive emotions were able to produce marked non-local effects on DNA conformation simply through purposeful focused attention (McCraty, Atkinson, & Tomasino, 2003). In these experiments, the distance between the target DNA and the people holding the intention was well beyond the range at which conventional electromagnetic fields could conceivably mediate an effect. The authors state that these findings seem only to be comprehensible within a quantum physics framework. They assert that such results may contribute some further understanding to poorly understood phenomena such as the placebo effect and cases of spontaneous remission in cancer, and the positive effects of prayer. They also state that learning how to interact with, and effect change in, the energetic patterns associated with biological structures and systems may form the basis for a new mode of treating diseases and disorders that are largely unresponsive to existing treatments, and that there are important potential implications for understandings in medicine, psychology, biology, physics, engineering and philosophy and religion.

Some may regard quantum mechanics as a fringe science and current evidence is tentative and based upon correlational, speculative, and hypothesised mechanistic explanations. However, justification for this kind of speculation may be offered by way of analogy:

When James Lind, by clinical trial, determined that lemons and limes cured scurvy aboard the HMS Salisbury in 1753, he not only did not know about ascorbic acid, he did not even understand the concept of nutrient.

The natural explanation for his findings would be clarified centuries later, but his inability to articulate it did not invalidate his observations (W. Harris et al., 1999, p 2275).

Perhaps such mechanisms, for instance, the example of energy transmission described above, have been tagged ‘spiritual’ or ‘supernatural’ simply because science does not yet have a good understanding of the mechanisms involved. However, what is known, as evidenced the burgeoning scientific literature and anecdotal reports, is that meditation has remarkable psycho-therapeutic potential. That speculation, debate, and lively discussion occur between scientists, clinicians, scholars, and contemplatives is healthy and normal for a developing field. Likewise, it is also normal for different definitions and emphases to be held by different experts in the various fields of enquiry. Debate helps to generate, challenge and refine new ideas, and set agendas for future research. Fringe disciplines, such as the field of quantum mechanics indicates, may be able to add something to the development of a scientific knowledge field of meditation for application in Western clinical contexts.

In summary, meditation and its mechanisms of action may at times appear mysterious and disconnected from the psycho-neuro-physiological mechanisms that we do understand, as evidenced in the above examples. That notwithstanding, the effects of meditation reveal the interdependency of body and mind, and the latent capacity and potential of the ‘mindful body’ to engage in a healing response psychologically, physiologically, and eudaimonically (Benson & Proctor, 1984; Kirsch, 1999; Nichter & Lock, 2002; Wilce, 2003). What is known is that many things shape the human response to meditation in its many forms. These factors in turn affect both clinicians’ and clients’ attitudes toward meditation applied as a therapeutic adjunct.

Definition of Insight Meditation

This section now turns to the divergence between a definition for insight meditation or *vipassana* as a form of mindfulness practice widely disseminated in the Western psychological literature and the way it was reported to be understood

by the long-term meditators who were the interviewees for Phase Three of this project. Appendix G contains a definition of insight meditation as

an ancient method of introspection that readily conforms to the spirit of empirical science. It is simply a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought.

When this explanation was presented to the interviewees for this research for their thoughts about it, all but one disagreed strongly with the assertion that insight meditation is “simply a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought.” This finding represents a clear divergence of understandings of these long-term meditators when compared to those of leading scientists currently conducting insight meditation research (Mind and Life Research Network, 2009). The long-term meditators regarded these forms of meditation to be much more far-reaching than “just a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought”, as has been disseminated in the Western scientific literature.

The implications of this divergence are unknown, however, the value of the subjective reports cannot be underestimated and warrants a closer examination of the superficial understanding that the explanation above may represent in terms of the limitations it presents to discovering knowledge of its effects and potential applications.

Necessity of access to experienced teacher

Similarly, all of the interviewees for this project stated in strong terms the importance of access to an experienced meditation teacher to guide meditators through the physical, psychological, and spiritual difficulties and challenges arising from meditational life and the integration of profound personal changes into everyday life. This has implications for the training and competency for clinicians in developing an awareness of the effects that may arise with the practice and misunderstanding or misapplication of certain meditation techniques, and that careful guidance and education is necessary to ensure safe practice.

Phenomena as pathology

In terms of training and competency, clinicians offering meditation in Western healthcare contexts, and particularly, in the mental health sector, need to be able to recognize, assess, and provide appropriate information and support for clients who may experience meditation-related phenomena that are beyond their familiar experience of ordinary states of consciousness. The experiences of extraordinary physical, emotional, and / or perceptual phenomena, and / or states of transcendental consciousness reported by the interviewees for this research demonstrate a some of the broad range of experiences possible. These included:

- descriptions of visual perceptions of light, colour, and images
- auditory perceptions of voices, choirs, and musical instruments
- olfactory and gustatory perceptions
- kinaesthetic perceptions of heat, tingling, shaking, or jerking
- extreme of emotion, e.g., fear, excitement or bliss; clairvoyance, clairaudience, clairsentience, precognition, and projection.

Likewise, these interviewees had all experienced phenomena that either, evoked fear, anxiety, or bewilderment personally, or that they would expect to evoke the similar reactions in novice or more experienced meditators in any context, including healthcare. Some of the interviewees reported that the advice, support and guidance they receive from their own teachers made the difference between feeling fearful or anxious or alternatively being able to ‘just be’ with the phenomena they were experiencing or modify their meditation practice or lifestyle to cope or bring the experience to a halt.

Additionally, as also illustrated by the first-person voices in this project, at times those engaging in a meditation lifestyle experienced a sense of separateness or different-ness from others. This was associated with a sense of living a ‘double life’, of being in the world but not of it. This was sometimes perceived as a negative and stressful experience as a result of perceiving the need to conceal aspects of themselves from family, friends, or work colleagues. At the MLI Summer Research Institute in 2007, North American neuroscientist Amishi Jha

(personal communication), related her experience, as an academic, of the tremendous pressure she felt to develop dual strands of research and scholarship. One was focused on her involvement and commitment to meditation research and teaching at a tertiary level; the other strand was in order to maintain a mask of acceptability in a profession skeptical of the ‘other’ work she was doing. She described this as feeling like a double-agent, working for both sides of the camp, and keeping up appearances. Her description of this experience is congruent with a phenomenon called the “double-stress of meditational life” (Vallyon, 2007d, p. 1181).

The questions that arise regarding the application of meditation processes to the healthcare sector include:

- Are Western clinicians prepared for what they may be setting themselves and their patients up for?
- Could the experiences noted above be the unintended and unanticipated consequences of using powerful meditation processes for people whose preparation, personalities, and constitutions may not be suited to the transformations that may be set in motion?
- Is this one of the “what is gained and what is lost in the separation of meditation from its spiritual and cultural origins?” points at issue in the “reduction of meditation to clinical algorithm” that Dimidjian and Linehan (2003) speculated upon?

As alluded to in Chapter 5, such questions are perhaps nowhere more important than in a consideration of what therapist training in meditation should entail, as well as in what might constitute competency to apply meditation practices in the Western healthcare sector. For example, should clinicians have a regular meditation practice of their own in order to deepen their own understanding of the processes before they begin teaching meditation to their patients?

Willoughby Britton, Board Member for the MLI, at the 2011 Summer Research Institute, presented a paper entitled “*Adverse Effects and Difficult Stages*

of the Contemplative Path”, on what she termed the adverse outcomes and stages of meditation practice (Britton, n.d). While what she describes as ‘adverse’ is well-known to meditation teachers from Eastern and Western traditions, the term suggests pathology. She detailed these effects as including “periods of disorientation, perceptual changes, emotional lability and de-repression of psychological material; extreme fear, and profound changes in the sense of self” (para. 3). This description bears strong similarity to the terms used and identified in the IPA analysis of the phenomena of meditation reported in Chapter 7 of this thesis. Britton’s opinion is that the lack of Western scientific research on these effects has led to the misguided assumption that meditation can be applied to nearly any condition without a need for caution or additional knowledge or training.

Her own research included interviews with more than 40 meditation teachers, Buddhist scholars, including Jack Kornfeld, Joseph Goldstein, Shinzen Young and Alan Wallace. Their interpretations of such phenomena ranged from the positive, as signals of progress, to judgments of psychopathology. Historically, the boundaries between spiritual experience and psychosis has often seemed to blur, with the result that such experiences have been regarded by some, for example, Sigmund Freud, as irrational, delusional and not indicating mental health, whereas, Carl Jung and Abraham Maslow, regarded them as salience of mental health and self-actualization (Tamatea & Evans, 2003). The risks associated with such phenomena judged as pathology may result in psychiatric intervention and inappropriate medication, instead of guidance and support, and Britton suggested that further research is urgently needed to develop a framework of appropriate safety parameters. However, while further research could add to a Western scientific knowledge field of meditation, a reading of her published work in this area suggests that there is little knowledge of such effects in the scientific domain. This is completely erroneous. The Western scientific literature base for transpersonal psychology contains numerous references and resources related specifically to the meditation-related phenomena possible in experiences variously termed spiritual emergence, kundalini syndrome, and the manifestation of siddhis, or extra ordinary psychic powers and abilities (see, for example, the numerous references listed for Grof and Lukoff). Furthermore, Emeritus Professor of

Psychology, University of California at Davis, and core faculty member of the Institute of Transpersonal Psychology, Charles Tart, has compiled an online resource entitled *TASTE—The Archives of Scientists' Transcendent Experiences* (1999), which comprises descriptions, many anonymous, of the extraordinary phenomena of consciousness experienced by scientists across a broad range of the Western science disciplines. All of these resources and references can be easily accessed online.

Training and Competency

So far, much of the debate about the consequences of the reduction of meditation constructs, knowledges and understandings to Western psychological “clinical algorithms” has centred around training and competency issues. Currently, it is not uncommon, for clinicians to attend a one or two-day workshop on mindfulness, canvas a selection of books and journal articles, and perhaps attend a professional residential retreat of a week or more, which leads them to assume that as intelligent and highly trained health professionals, they are competent to begin applying meditation-based processes with clients. However, given the nature and historical origins of these processes, perhaps training and competency in teaching meditation, especially to vulnerable populations, is potentially more complex than may have been thought? One of the reasons for concern about practitioner training is that the traditions of origin have evolved over centuries, even thousands of years with teachers' careful consideration of the readiness of a pupil to begin to take students of their own. Such teachers maintain an acute awareness of the explicit and subtle conscious, subconscious, and super-conscious knowledge transmission processes that indicate readiness.

A consideration of the above is a timely reminder of the ethical responsibility to practice within the scope of one's role and experience. As already mentioned, in the traditions of origin, a teacher is monitored and must have studied, practiced, and integrated material before being authorized to teach it to others. Regarding need for skilful teachers, Gergen (1985) asserts that “the teacher must be skilful, peaceful and clear, regardless of the method or tradition they are teaching” (p. 273). However, Shapiro and Shapiro (2011) suggest that

highly trained medical professionals may take issue with such a statement, but say they change their minds once they have been meditating for a while.

Summary

In summary, the past and more recent research published on meditation and mindfulness make important contributions to the literature in a number of ways. Not least of which, within the context of this thesis, is that they create a focal point for discussion between communities of researchers, clinicians, and contemplatives with different views and from different persuasions. Conclusions that I have derived over the course my research for this thesis are that many of the problems arising relate to the variations and ambiguities of the conceptualizations and definitions of terminology associated with this word ‘meditation’. If these conceptualizations and definitions were not divorced from, but located within their respective historical and cultural contexts, much could be clarified about the experiences and behaviours of those who engage in meditation processes that, in turn, would contribute much to an understanding of its social and clinical significance.

I also suggest that an empirical emphasis on the role of the mechanics and procedures of the scientific study of meditation serves to confound and limit understandings of the subtle aspects and traditional understandings of the ‘active ingredients’ of meditation processes. By discarding parts that superficially appear unnecessary, in order to encapsulate only that which is thought to be necessary to achieve what Western science believes is a desired outcome (for example, stress relief) wrought from a material perspective, creates barriers to the growth of a scientific knowledge field for Western healthcare contexts. It is my experience, from attendance of numerous events for health professionals, scientists and researchers, and also my assertion that, while it may be that there is an appearance of a multidimensional transdisciplinary empirical approach that is beginning to be employed, it is the current Western materialist scientific paradigm that is still being used to frame agendas, and it is still fraught with methodological and conceptual issues, as raised in this chapter.



A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it.

—Max Planck (1858-1947) *A Scientific Autobiography* (1949).

CHAPTER 9

PATHS OF RESOLUTION

It is the responsibility of scientists never to suppress knowledge, no matter how awkward that knowledge is no matter how it may bother those in power. We are not smart enough to decide which pieces of knowledge are permissible and which are not....

—Carl Sagan

*Trying to explain it all will only exhaust you.
It is better to hold onto a paradox.*

—Lao Tzu, from Tao Te Ching (Mabry, 1994, p 29).

Introduction

The purpose of this chapter is to bring the three phases and processes of the research project into view in order to identify and conceptualize what implications may exist for an empirical knowledge base of meditation for the health sciences, where the contributions of culture, tradition, and meaning—in facilitating positive social and clinical effects—have been observed to be minimised, omitted or disregarded.

This chapter is organised as follows. Firstly, my thoughts and conclusions are presented, then to conclude, the limitations of the research undertaken are outlined, and suggestions for future research provided.

Final thoughts

The three phases of this research have provided answers to the research questions, primarily that a positivist scientific approach to the study of meditation does create barriers to the growth of a knowledge field of meditation for application to Western healthcare contexts, particularly for the mental health sector. However, there exists a broader way forward that may bridge the ‘knowledge gap’ for Western scientific research on meditation that would include other forms of knowledge as valid in its investigations with regard to their potential social and clinical significance. Alan Wallace asserts that a comprehensive science of meditation-related phenomena of consciousness would require the valuing of both subjective introspective data as well as the objective extraspective data (B. A. Wallace, 2000). Likewise, perhaps the praxis element should be as Bernstein (1983) conceives the social sciences, where they emphasize that we learn from other historical epochs and cultures and so as to gain “practical wisdom” (p. 29, 97).

The Western reductionist scientific approach is often presumed (by its practitioners) to be a higher order of understanding of reality; a conceptual ‘grid’, but often incomplete and inadequate, and somewhat naively laid over objects of study, to which such specimens may frequently not conform. In this way the researcher may well become “an unwitting prisoner of one’s own cultural constructs” (C. C. Hughes, 1990, p 135). Given that all psychological theory, research, and practice are anchored from within conceptual categories and understandings of the investigators’ own cultural systems, the view will inevitably be—to greater or lesser degree—skewed. The point to be taken from the first-person voices presented in this project is not that emic/etic semantic equivalences must always be sought, rather it is that “the emic must inform the etic” (p 135) in order to achieve an optimal understanding of the issues arising.

Thomas Kuhn (1962) asserted that a paradigm shift becomes possible when bold alternative conjecture are put forward. Each time a new bold conjecture is proposed, together, they can change the prevailing perceptions of the scientific

community. As a paradigm begins to fail its purpose, anomalies accumulate. Eventually a crisis occurs which Kuhn terms *revolutionary science*, which explores alternatives to long-held, implicit assumptions. Then, when a new paradigm begins to develop and gain attention, it will appear to hold numerous anomalies and most of the scientific community will oppose the conceptual change it offers. He also asserts that scientists with exceptional ability to foresee a new theory's potential will be the first to shift their views in favour of the new paradigm.

Caspi and Burlison (2005) provide a balanced advisement regarding the challenges and possibilities for a way to move forward, without limiting growth of the knowledge field, and without getting 'picky' with words. The abstract to their paper is quoted here:

Like other complex, multifaceted interventions in medicine meditation represents a mixture of specific and not-so-specific elements of therapy. However, meditation is somewhat unique in that it is difficult to standardize, quantify, and authenticate for a given sample of research subjects. Thus, it is often challenging to discern its specific effects in order to satisfy the scientific method of causal inferences that underlies evidence-based medicine. Therefore, it is important to consider the key methodological challenges that affect both the design and analysis of meditation research. The goal of this paper is to review those challenges and to offer some practical solutions. Among the challenges discussed are the mismatches between questions and designs, the variability in meditation types, problems associated with meditation implementation, individual differences across meditators, and the impossibility of double-blind, placebo-controlled meditation studies. Among the design solutions offered are aptitude x treatment interaction (ATI) research, mixed quantitative-qualitative methods, and practical (pragmatic) clinical trials. Similar issues and solutions can be applied more generally to the entire domain of mind-body therapies.

Finally, Wertz (2011a) asserts that only through a collective *human science* approach, sufficiently free from the presuppositions of the hard sciences, one that is scaffolded by the “uniquely human qualities of psychological subject matter with its own indigenous methods and conceptual framework, can psychology achieve its disciplinary aims and the status of a genuine science” (para. 4).

Strengths of the research

A key strength of this project is the first-person voices and their contributions to elucidating what may be important to consider in the development of a scientific knowledge field of meditation. A further strength is the valuing of the subjectivity of the phenomena, experiences, and understandings elucidated. As a clinician in practice, the most important information to be gained for a therapeutic way forward to begin is what the individual sitting in front of me reports as their experience and understanding of what is occurring for them, and the associated personal, social and clinical phenomena.

To my knowledge, this is the first study to be attempted in New Zealand with the objective of elucidating the barriers to the development of a knowledge-field of meditation for its therapeutic application in the mainstream Western health sciences, particularly, the mental health sector. This study contributes to the small but growing international literature base exploring the current methodological and disciplinary limitations faced by researchers and clinicians working in this field. It has produced a rich data set, identified and given voice to the phenomena, experiences and subjective understandings often minimized or dismissed by positivist approaches to this subject matter. The perspectives that have been given ‘voice’ speak of, and to, the clash of paradigms that exists between positivist Western scientific presuppositions and those of the wisdom traditions of origin of meditation.

The emic positioning of the primary researcher enabled a high degree of rapport to be established with the interviewees, as well as enabling a critical review of the scientific meditation literature as it has developed over the past forty

years or so. The open-ended conversational style of the interviews allowed for the interviewees to provide their descriptions and views using their own words, as difficult as it was to find those words in many instances.

The explicit and transparent description of the primary researcher's background, emic positioning, and the theory, frameworks and methodology used allows other researchers to form their own conclusions about the validity of the findings and robustness of the research methods utilized.

The cross-validation process of the thematic analyses undertaken by the primary researcher, primary research supervisor and some of the individual interviewees was undertaken in order to gain independent consensus of the themes and reduce the potential for bias from 'solo coding' referred to by Wertz (2011). This consensus also enabled a further level of methodological rigour to counter the potential for unsupported emic bias in the data analysis reporting process (J. A. Smith et al., 2009).

Limitations of the research

Irrespective of the care taken throughout this research project, this study brings with it limitations that are inherent in the qualitative methodology used. Particularly, for example, the difficulty in generalizing the findings of the interview data beyond those interviewed, given that the explored lived experiences of long-term meditators was derived from a small sample comprised entirely of individuals who were highly motivated to share their experiences. However, generalization was not the objective; the objective was to highlight the common themes as well as the *diversity* of the phenomena, experiences and understandings that can occur in people who begin to meditate, whatever their preparation for doing so may have been. Such commonalities and diversities have implications for the training and competency of clinicians intending to apply meditational processes in therapeutic contexts.

Additionally, while those interviewed were from diverse backgrounds and meditational experience, the sample of interviewees was predominantly Caucasian,

so the themes identified may have varied had the sample included a greater ethnic and cultural diversity. Also, the retrospective nature of the interviews created the possibility that interviewees' accounts of their experiences might have been influenced by memory biases. A further factor is that while the social context of the interviews seemed to create a situation where most interviewees appeared to be open, or even keen to share their experiences, one participant, at least initially, seemed reluctant to disclose some of her experiences to a stranger. Therefore, given these limitations, caution should be used in the interpretation and extrapolation of the findings from this study.

A further potential limitation inherent in research conducted primarily by one researcher was described by Thorndike (1920) as a 'halo effect' where a tendency may exist to "make inferences about specific traits on the basis of a general impression" (p. 25). This tendency was also explained by Nisbett and Wilson (1977) where a halo effect "tricks the mind into creating and maintaining a coherent, consistent picture" (p.250). Therefore, research conducted primarily by one researcher, and particularly from an emic position, may be subject to conflation of some representations into a form which supports the potential for emic bias to occur. Given this caution, as the researcher, I have tried to maintain a vigilance and transparency regarding my own position, from which the reader may draw their own conclusions.

Implications of the research

The study provides important insights into the experiences and understandings of 18 interviewees with a long-term practice of meditation. Such insights may have application to the development of the social and scientific knowledge-fields of meditation as applied to the Western healthcare sector for the future by highlighting where broader understanding of the effects of, and training and competency in meditation practice may enhance the application of meditation to clinical contexts, ultimately to provide more effective, safe interventions.

The findings of this research adds to the growing body of research that is questioning the ability of positivist Western science to account for wide range of

phenomena—physical, emotional, and perceptual—that individuals who meditate may experience. Given the increasing popularity of adding therapeutic meditation processes of various kinds from various traditions to the mainstream Western clinician’s toolbox, more research is warranted to anticipate and plan for the training and competency needs of clinicians who intend to utilize meditation as a clinical adjunct. An especially important area for further attention from researchers and practitioners is that of clinician competency, and ability to guide individuals through experiences and the effects of meditation which they may perceive as negative and anxiety provoking, particularly where phenomena reported may appear similar to the signs and symptoms psychosis.

Summary

Perhaps a new science, and the new generation who will serve it, are better nurtured the way French writer Antoine de Saint-Exupéry (*b.*1900; *d.* 1944) described in *The Wisdom of the Sands* (1948):

If you want to build a ship, don't drum up people together to collect wood, and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea. (p. 144)

Finally, through the project undertaken for this thesis, I have developed a much deeper understanding of the qualitative research process and realized how enriched our understandings can become if we can tolerate and value experiences, beliefs, and knowledges that may be different from our own. With the intent of organizations such as the Mind and Life Institute and Institute of MindBody Medicine being to increase transdisciplinary dialogue we might find that many of us working in this diverse field are able to have our voices heard, as we represent the voices of those with profound understandings of meditation. It has been said that, “we are all riding the same train, granted, we may have been in different carriages at times”, but in valuing different perspectives we might “all end up in the dining car, sharing the feast, together”.



APPENDICES

APPENDIX A

Invitation to participate in research

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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

An Invitation to Participate in Research

Health and the Effects of Meditation and Contemplative Prayer

Do you practice meditation or contemplative prayer? If so, you are invited to take part in a study designed to help researchers and psychologists understand the positive effects of meditation and prayer on peoples' health and wellbeing. Science has already shown that meditation and contemplation has many benefits for those who practice it, and the potential for using these practices as therapeutic clinical tools is now a frequent topic of discussion among health care providers.

This study will seek to investigate the specific effects that individuals experience that they attribute to their meditation or prayer. We are particularly interested in any positive physical or psychological effects (emotions and thinking styles) that people experience, and how these help people to cope with their daily challenges, as well as the effects on their overall quality of life.

This is a very brief description of this study—if you would like to share your experiences by participating in an interview about your meditation or contemplative prayer, or you would like more information, please contact Jenny Pevreal, Doctoral Researcher, from the Department of Psychology, University of Waikato. You can contact Jenny directly by telephone or email (phone 027 725 2970; email jcp8@waikato.ac.nz).

Thank you for your interest.

Jenny Pevreal
Doctoral Researcher
Department of Psychology
University of Waikato
Email: jcp8@waikato.ac.nz
Telephone: 027 725 2970

This research has been approved by the Research and Ethics Committee of the Department of Psychology, University of Waikato, Hamilton, New Zealand.

APPENDIX B

Information sheet for study participants

Faculty of Arts and Social Science
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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Health and the Effects of Meditation and Contemplative Prayer

INFORMATION FOR STUDY PARTICIPANTS

You are invited to take part in a study designed to help researchers and psychologists understand the positive effects of meditation and contemplative prayer on peoples' health and wellbeing. Science has already shown that meditation and contemplation may have many benefits for those who practice them and there is growing research evidence in support of training programs that teach people how to meditate.

The scientific evidence includes studies of patients with chronic pain, cancer, drug and alcohol problems, psoriasis, heart disease, diabetes, anorexia, as well as depression and anxiety. This does not mean that meditation or contemplative pray cures these disorders, but there is evidence that these practices may enhance physical and psychological health, for example, by promoting improved functioning of the immune system, and that they help people to live less stressed lives no matter what their condition. So the potential for using these practices as therapeutic clinical tools is now a frequent topic of discussion among health care providers.

This study will investigate the specific effects that individuals experience that they attribute to their meditation or contemplative prayer. We are particularly interested in any positive physical or psychological effects (emotions and thinking styles) that people experience and how they help people to cope with their daily challenges, as well as the effects on their overall quality of life. We are also interested find out what you think the 'active ingredients' are, that is, what makes it work for you.

It is important to let you know that participation in this study is **voluntary (your choice)**. You may choose to take part or not, or to withdraw from the study at any time after you have started. You can do this without having to give a reason.

If you would like to share your experiences by participating in an interview about your meditation or contemplative prayer, or you would like more information, please contact Jenny Pevreal, Doctoral Researcher, from the Department of Psychology, University of Waikato. You can contact Jenny directly by telephone or email (phone 027 725 2970; or email jcp8@waikato.ac.nz).

What will happen next:

You will be asked to attend an initial meeting with Jenny (the researcher). If you would like to bring family or whanau members or other support people with you that is fine—just let Jenny know so that suitable room can be arranged. During this meeting Jenny will explain in more detail what participation involves and will answer any questions you may have. If you want to take the information with you to think about it or talk to others before you decide whether or not you wish to take part, that is fine too.

If I choose to participate, what will I be required to do?

You will be asked to participate in an interview with Jenny, at a time and place that is convenient to you. Once again, you are welcome to have family or whanau members or other support people present. During this interview, Jenny will ask you to describe your meditation or prayer practice, and how you feel your life is affected by it, and what makes it work for you. With your consent the interview will be recorded. The interview will last for about one hour and Jenny may take notes to refer to after the interview has ended.

Agreeing to take part in the study:

If you decide that you do wish to participate, you will be asked to sign a **consent form** to take part in the study. Before you sign the consent form, please make sure that all of your questions have been answered to your satisfaction.

Confidentiality:

The personal information that you provide will remain **confidential** to the research team. No information that could identify you individually will be used in any report of the study.

What are the costs involved?

Participants will be offered petrol vouchers to help them to meet some of the costs of travel to and from the interview venue.

Who is the on the research team?

Jenny Pevreal
Doctoral Researcher
Department of Psychology
University of Waikato
Email: jcp8@waikato.ac.nz
Telephone: 027 725 2970

Dr Jo Thakker
Chief Supervisor
Department of Psychology
University of Waikato

Dr Judith Macdonald
Co-Supervisor
Head of Department of Anthropology
University of Waikato

This research has been approved by the Research and Ethics Committee of the Department of Psychology, University of Waikato, Hamilton, New Zealand.

APPENDIX C

Consent Form

University of Waikato
Department of Psychology

Participant's Copy

Research Project: The Art and Science of Meditation: From Mysticism to Mainstream Western Psychology

Name of Researcher: Jenny Pevreal, Doctoral Researcher

Name of Supervisors: Dr Jo Thakker, Dr Judith Macdonald

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Robert Isler, phone: 838 4466 ext. 8401, email r.isler@waikato.ac.nz)

Participant's Name: _____ Signature: _____ Date: _____

✂-----✂

University of Waikato
Department of Psychology
CONSENT FORM

Researcher's Copy

Research Project: The Art and Science of Meditation: From Mysticism to Mainstream Western Psychology

Name of Researcher: Jenny Pevreal, Doctoral Researcher

Name of Supervisors: Dr Jo Thakker, Dr Judith Macdonald

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

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Participant's Name: _____ Signature: _____ Date: _____

APPENDIX D

Semi-guided in-depth-interview question schedule:

A list of broad interview domains will be followed during interviews to guide questioning and explore experiences or issues further when appropriate (i.e. when more information was needed). Interviews will be recorded using a digital MP3 voice recorder.

The interview schedule domains will include participants'—

- social/cultural background
- demographic information (age, employment history, family cultural background)
- meditation / prayer **history** (why, when, where, how, from whom they learned)
- meditation / prayer **process** (physical environment indoors outdoors, silent or with voice / instruments / music / bells, use of images, active or passive, frequency, duration)
- meditation / prayer **content** (stimuli, e.g., words, mantra, visualisation...)
- meditation experiences (proximal/distal physical, psychological, social)
 - their perceptions of the impacts of their meditation / prayer on their physical health (examples)
 - their perceptions of the impacts on their cognitions and emotions (thoughts, thinking styles, mood, feelings).
 - phenomena they experienced
 - their perceptions of the mechanisms involved
 - their perceptions of any effects on their families, friends and work.

Questions

Participant ID _____ No _____

I'm interested in why you use meditation / prayer. What made you decide to do this? **General opening question**

Describe for me where your interest in meditation/prayer initially stemmed from. (How did your interest in meditation/prayer come about?)

Why types of meditation/prayer do you use? **The number and variety of techniques**

Tell about how you learned to do what you do when you meditate / pray? (when / where / how / from whom / group or individual process...)

How often would you say you meditate / pray? How long do you do this for?

How did it develop into a regular practice?

Has your practice changed over time as you learned more about it? Tell me about that.

What are the benefits you've found from meditating / praying regularly? **Bio-psycho-social perceptions**

Tell me about how you think it (meditation/prayer) works for you? **Perceptions of effects/mechanisms**

Tell me about any changes in **your** life that you feel have happened as a result of meditation/prayer? (what changed, how, when, for what reasons, in what ways, losses/gains, family, friends, work?) **Perceptions of effects/mechanisms**

Have you ever had a serious illness, medical condition, accident or injury? If so how did this impact on your meditation/prayer? How do you think your med/prayer impacted on your condition? **Behaviour / beliefs / coping**

Have you ever experienced times when your mood was very low, or anxiety very high—to the extent that your day-to-day life was seriously affected? Tell me about how this impacted on your practice? And again, how do you think your practice impacted on how you were feeling? **Psych effects / beliefs**

Some people say they experience extraordinary states when they meditate/pray. Have you had experiences that you would call extraordinary while meditating / praying? Tell me about that. (What happens, how long does it last, how does it affect you (thoughts/emotions)—proximal/distal). **Psych effects**

Have you ever experienced anything you felt was negative resulting from your meditation/prayer? Tell me about that. **Side effects**

What are the main ideas underpinning the type of meditation/prayer you practice? **Belief systems/knowledge.**

Some people have a religion / faith or spiritual beliefs that relate to their views or experiences of meditation / prayer? Do you? Tell me about those. **Beliefs / spirituality**

Tell me about how these ideas / beliefs relate to your views about health and healing? **Beliefs / spirituality**

Do you believe the body can heal itself? Tell me about that. **Belief systems.**

Some people believe that there is more to our human makeup than just the physical body. Do you? Tell me about that. **Beliefs / Spirituality**

Tell me about how these ideas/beliefs relate to your views about your health and general wellbeing / quality of life. **Beliefs**

Have you ever been affiliated to any groups or religious organisations that have influenced your meditation / prayer practice? Tell me about that. **Social**

Do other people know you meditate/pray? What kind of responses/reactions to you get from them? **Social effects**

Does anyone else in your family also meditate or pray regularly? If so, tell me about how their practice affects you? If not, what do you think their perceptions are about you meditating? **Social effects**

Do any of your friends or workmates also meditate or pray regularly? If so, tell me about how their practice affects you. If not, what do you think their perceptions are about you meditating? **Social effects**

Do you tell your medical practitioner or your alternative therapist that you meditate / pray? If so, what do you think they think about it? If not, why not? **Social effects / power/trust**

When life gets really busy, or when you're feeling unwell, some people find it difficult to fit their meditation time into their schedule. Tell me about what you do at these times. **Behaviour / coping**

What are the barriers to your meditation/ prayer practice? What do you do to deal with these when they occur?

Some people who practice meditation/prayer attend retreats periodically to sustain and deepen their experience. Have you ever participated in a retreat? If so, tell me about that.

There are all kinds of equipment and resources available for those who practice meditation/prayer. Do you use anything in particular in your meditation? (stools, cushions, candles, incense, rosary, icons, crucifix, statues, images, mandalas, music, crystals, etc). Tell me about that. How much would you say you spend on items like these?

Do you read books or listen to CDs/tapes about meditation? Tell me about what you think of how they portray meditation? **Knowledge / beliefs / attitudes**

Tell me about what you think the general public believes about meditation / prayer. **Perception of attitudes / Beliefs of others**

Do you have access to a computer? If so, have you ever used it to find look for information/resources relating to meditation / prayer? **Belief /knowledge**

I have a statement here that I would like to read to you; it was written by some internationally respected scientists who are conducting research in the field of meditation for health. They have stated that the mindfulness practice of insight meditation “is *simply* a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought.”

What are your thoughts about that statement? Do you agree with that statement? **Attitudes / Perceptions / Knowledge / Beliefs**

What would you suggest to others who may be thinking about trying meditation or prayer for themselves? **Future / knowledge**

Tell me a bit about your background—family / friends / interests / work / culture / ethnicity / age. **Demographics**

Is there anything else relating to meditation / prayer and this research that you feel may be important for me to know? Any other points you’d like to raise?

APPENDIX E

List of words to describe the effects of meditation or prayer

The following is a list of words that people sometimes use to describe the effects of their meditation/prayer.

Please tick those that you experience, that you believe may be related to your meditation:

TICK✓	What words describe the effects of meditation / prayer on your life?
	Increased calmness
	Increased emotional stability
	Increased energy
	Increased ability to focus
	Increased intentional awareness versus accidental/incidental awareness
	Increased perspective-taking (able to see others' points of view)
	Increased receptivity
	Increased tolerance
	Increased ability to control negative thoughts
	Increased ability to regulate negative emotions (e.g., anger, sadness, jealousy, fear)
	Decreased rumination
	Decreased worry
	Decreased stress
	Decreased emotional reactivity
	Increased sympathy
	Increased empathy
	Tenderheartedness
	Increased compassion
	Increased willingness to help others
	Sense of 'letting go'
	Sense of 'surrender'
	Increased sense that one's happiness is NOT dependent upon external events and circumstances
	Decreased need to link personal happiness to specific events or circumstances
	Able to act effectively under high degrees of stress
	Greater ability to find 'coherence'
	Heightened sense of self and self-in-relationship
	Get on better with others
	Enhanced experience of self-efficacy
	Increased self-actualisation
	Enhanced self-image
	Greater peace within oneself
	Increased sense of value in engaging in on-going health and well-being exercises
	Sense of union with a higher purpose / being
	Sense of greater integration of mind / body / purpose
	Sense of freedom
	Bliss
	Joyful
	Gratitude
	Wholeness
	Feeling blessed
	Transcendence
	Increased sense of positivity
	Life feels more meaningful
	I feel more 'integrated'
	Less judgmental of others
	Less judgmental of myself
	Increased capacity for love
	Increased resilience
	Increased sense of 'gratefulness'
	Feel more 'present'
	Increased sensitivity to other people's states
	Increased humility
	Increased sense of 'enrichment' of life

APPENDIX F

Definitions for the terms meditation, prayer, and contemplation

The following traditional definitions for the terms *meditation*, *prayer*, and *contemplation* are excerpted directly from the online version of the Oxford English Dictionary; the individual electronic reference locations are provided in the citations given for each excerpt.

The word ‘meditation’ is derived from the Latin *meditari* “to plan, to ponder upon, to study, to consider, to intend” (Vallyon, 2007c, p. 697). The *Oxford English Dictionary* (2001) first included an entry for the word meditation in 1906, and it currently describes meditation in these several ways as:

- 1. a.** The action or practice of profound spiritual or religious reflection or contemplation; *spec.* a variety of private devotional exercise consisting of the continuous application of the mind to the contemplation of a particular religious text, truth, mystery, or object. Also: an instance of this.
- b. gen.** The action, or an act, of meditating; continuous thought or musing upon one subject or series of subjects; (a period of) serious and sustained reflection or mental contemplation.
- c.** Thought or mental contemplation *of* something. Now *rare*.
- d.** In Buddhism, Yoga, and other systems of religious or spiritual discipline: a practice of the mind (and body) aimed at achieving the eradication of rational or worldly mental activity.
- 2. a.** A discourse, written or spoken, in which a subject (usually religious) is treated in a meditative manner, or which is designed to guide the reader or hearer in meditation.
- b.** In extended use: a discursive treatment of a series of reflections upon a subject (as in literature, criticism, film, etc.).
- 3.** The subject of religious or spiritual reflection. Now *arch*.

By contrast, the term ‘prayer’, derived from the classical Latin *precarium* (Oxford English Dictionary, 2008), as one might expect, is defined rather differently. While prayer can refer to “a person who entreats or prays”, it is also:

- 1. a.** A solemn request to God, a god, or other object of worship; a supplication or thanksgiving addressed to God or a god.
- b.** The action, act, or practice of praying.
- c.** Requests to God or a god to bless and protect someone; (hence) sincere good wishes.
- 2.** An entreaty made to a person; an earnest request or appeal. Now *rare*.
- 3.** A particular text or form of words used when praying.
- 4. a.** Religious worship, esp. Of a public nature, of which praying forms a principal part. One’s private or individual devotions.
- 5. a.** The object of a request or appeal; something prayed for or entreated.
- b.** That part of a petition to a legislative body, which specifies what is desired; (*Brit. Parliament*) a motion to annul a statutory order or regulation.

The term ‘contemplation’, with the Latin root *contemplare*, is also given several definitions, some of which are very similar to, or the same as, those given for the term ‘meditation’ (Oxford English Dictionary, 2008):

- 1.** The action of beholding, or looking at with attention and thought.
- 2. a.** The action of contemplating or mentally viewing; the action of thinking about a thing continuously; attentive consideration, study.
- b.** Without reference to a particular object: Continued thinking, meditation, musing.
- c.** sometimes, a meditation expressed in writing.
- 3. a.** Religious musing, devout meditation. (The earliest sense; very common down to the 17th c.)
- b.** *personified*
- 4.** Matter for contemplation; something to be contemplated or meditated upon.

- 5. a.** The action of regarding or having respect to; regard, consideration.
- b.** Request, petition.
- 6.** The action of taking into account, thinking of, or regarding; consideration, regard; view.
- 7.** Prospect, expectation; purpose, intention. *in contemplation*: in view (as a contingency looked for, or as an end aimed at).

APPENDIX G

Definition of insight meditation as “simply a means of...”

Copy of email received from the *Mind and Life Research Network*, defining insight meditation in paragraph 2 as, “simply a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought” as **bolded** in the body of the email below. Interviewees for Part 2 of the research were asked for their thoughts on this definition.

REGISTRATION OPEN - Scientists Retreats at Insight Meditation Society

Meditationlist <meditationlist@lists.wisc.edu>

4 July 2009 03:48

Reply-To: Meditationlist <meditationlist@lists.wisc.edu>

Registration is now open for two meditation retreats, specifically for scientists, offered by the Insight Meditation Society (IMS) in Barre, Massachusetts. These courses present an opportunity to advance the study of the human mind, and are open to researchers, educators, therapists and others involved in the broad areas of the mind sciences.

The first is a 3-day insight meditation course led by Joseph Goldstein, Sharon Salzberg and Susan O'Brien, [Thursday, September 17—Sunday, September 20, 2009](#). Insight meditation is an ancient method of introspection that readily conforms to the spirit of empirical science. **It is simply a means of training the mind to be more keenly aware of sensory phenomena and the flow of thought.**

IMS's second offering is a 7-day course providing an in-depth training in lovingkindness meditation. Taught by Sharon Salzberg, Guy Armstrong, Sally Armstrong and Mark Coleman, it will take place [Friday, January 8—Friday, January 15, 2010](#). Recent studies have demonstrated the positive influence that love and compassion can have on our lives and in our society—these qualities form a foundation for empathy and emotional intelligence to arise. As a practice, lovingkindness trains our minds to become more concentrated while cultivating our innate capacity for an open and kinder heart. Traditionally, it is taught along with other meditations that enrich compassion, joy and balance of mind.

Although drawn from the Buddhist meditative tradition, these practices and retreats do not in any way require an adherence to Buddhism, an adoption of dogma or a rejection of personal faith.

Particular details about each course can be found by clicking the links above or by visiting IMS's website www.dharma.org. Since these retreats can fill up, we encourage you to register soon if you plan to attend.

IMS courses are conducted primarily in silence, except for teaching periods and Q&A sessions. Toward the end of each retreat there will be time for discussions about current research projects in the mind and social sciences. These will be led by scientists and educators associated with the [Mind & Life Institute](#).

Course fees cover accommodations and meals only. As is customary at IMS, the teachings are freely offered; teachers do not receive compensation or a percentage of retreat fees. Instead, participants are invited to support the teachers and IMS via a donation at the end of the course.

We hope you will join us for these special events.
Sincerely,

Mind and Life Institute (www.mindandlife.org)

APPENDIX H

An Historical Timeline of Western Psychology and Meditation

Individuals, Organizations and Events Influential in the Interface between Meditation and Western Psychology (non-exhaustive)

- 1870s Colonel Henry Steel Olcott, reputed to be first well-known European-American convert to Buddhism, writes *Buddhist Catechism*, the first Western scientific interpretation of the of Buddhist meditation (Prothero, 2010).
- 1875 Madame Helena Blavatsky, widely travelled Ukrainian-Russian bourgeoisie and mystic, schooled in the mystical traditions of the East and West, and Colonel Olcott establish a philosophico-religious organization called the *Theosophical Society* (TS) which would play a leading role in bringing the esotericism of the East to America (Prothero, 1996).
- 1875 Mme Blavatsky begins writing *The Secret Doctrine* (Cranston, 1998), a major treatise on human potential and transformation by way of the ancient wisdom traditions of the East and West.
- 1870s Richard Maurice Bucke MD, President of the Psychological Section of the *British Psychological Association* and the *American Medico-Psychological Association* begins to document the phenomenal aspects of meditation, prayer and contemplation, and later publishes them in his book *Cosmic Consciousness* (1900/1923). One of the first modern studies of mystical experience, it becomes a classic in its field and foundational to the development of Transpersonal Psychology.

- 1879 William Wundt—establishes the first experimental psychology laboratory at Heidelberg University to conduct introspection experiments.
- 1879 In the same year, William James establishes the first experimental psychology laboratory in the USA at Harvard University. He later makes his now famous assertion that “the faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will... An education which should improve this faculty would be the education par excellence. But it is easier to define this ideal than to give practical directions for bringing it about.” (1899).
- 1893 Swami Vivekananda gives speech to World Parliament of Religions in Chicago, and in doing so he paved a way forward for later Hindu gurus to visit America (Mani, 2009) who would bring a variety of meditation experiences to the American people.
- 1894 Vivekananda founds the *Vedanta Society* in New York (Swami Prabhananda, 2003).
- 1900 Richard Maurice Bucke, former President of the Psychological Section of the British Medical Association and the American Medico-Psychological Association publishes *Cosmic Consciousness* (1900/1923), the first modern study of mystical experiences that becomes a classic in its field and foundational to the development of Transpersonal Psychology.
- 1902 William James publishes his book, *The Varieties of Religious Experience: A Study in Human Nature* (1902), citing and extending Bucke’s recently published collection.
- 1900s Sigmund Freud is critical and dismissive of meditation stating that meditative experiences were akin to infantile helplessness, and he

equated meditation with religion—as non-scientific and irrational (Epstein, 1995).

- 1900s Carl Jung, who was schooled in Eastern and Western mystical philosophy, doubted the value of teaching Eastern meditation practices to Westerners (Jung, 1968). However, he himself experienced mystical states through a life-changing period of several years thinking himself psychotic (Jung, 2009).
- 1920 Swami Paramahansa Yogananda travels to Boston, USA, as India's delegate to the International Congress of Religious Liberals. Shortly after the congress, he establishes in America the *Self-Realization Fellowship* (SRF), bringing to the West another stream of India's Hindu science and philosophy of yoga and meditation (Paramahansa Yogananda, 2003).
- 1923 British-born socialite and evangelist, Alice Bailey, establishes the *Arcane School*, a breakaway from Mme Blavatsky's *Theosophical Society*, after political infighting fractures the society. Soon after, she also founds the *Lucis Trust* to publish esoteric books, further Mme Blavatsky's work, and to meet the growing Western interest in meditation, Eastern esoteric philosophy, and tradition (Nash, 2000).
- 1924-1935 Indian yogi Paramahansa Yogananda tours America addressing capacity crowds of thousands in many of the leading auditoriums across the country. He would go on to initiate more than 100,000 people into the Hindu teachings of *Kriya Yoga* over the 30 years he would spend in the West (Paramahansa Yogananda, 2003).
- 1931 Hungarian-born psychoanalyst, Dr Franz Alexander, considered one of the fathers of psychosomatic medicine and a founding

member of the *Society for General Systems Research*⁶¹, publishes *Buddhistic training as an artificial catatonia (the biological meaning of psychic occurrences)* in the *Psychoanalytic Review* (1931). This is one of the earliest examples of a published Western psychological commentary on meditation. Alexander was one of the leading figures in the early mind-body movement (Asaad, 1996), and along with Freud, proposed the possibilities of using psychological means to treat physical disorders (Erwin, 2002).

- 1931 American mystic, popular psychic, and devout Christian, Edgar Cayce, establishes the *Association for Research and Enlightenment* (A.R.E.) to encourage research on spirituality, meditation and psychic development (Edgar Cayce's A.R.E., n.d.). At the same time, the *A.R.E. Press* begins publishing Cayce's works. The Association and the A.R.E. Press continue to flourish today with headquarters in Houston, Texas, USA, and an affiliation with *Atlantic University* and its Master's degree program in Transpersonal Studies is maintained.
- 1940s Albert Hofman discovers LSD and experimentation with psychoactive substances and the entheogens⁶² heralds the beginning of controversial consciousness research with what became known as psychedelics (Lattin, 2010).
- 1958 Maharishi Mahesh Yogi undertakes his first world tour.

⁶¹ The *Society for General Systems Research* is an interdisciplinary body established to promote international enquiry into complex systems and encourage cooperation between the systems theory and systems science fields for practical problem solving (International Society for the Systems Sciences, n.d.). Former presidents include anthropologist Margaret Mead (1972-1973) and transpersonal philosopher Ervin Laszlo (1995); other luminary members include anthropologist Gregory Bateson, and cognitive neuroscientist Francisco Varela, who led the founding of the twenty-first century 'contemplative science'.

⁶² *Entheogens* are psychoactive substances used in religious, shamanic, or spiritual rituals to evoke spiritual experiences, trance states or ecstasy, usually derived from plant or fungal sources (Oxford English Dictionary, 2008).

- 1958 Japanese psychiatrist, Akihisa Kondo, publishes a report in the *Chicago Review* in which he asserts that patients who meditated at home as well as attending sessions with him improved more quickly than patients who did not (Kondo, 1958).
- 1960s The Transcendental meditation (TM) movement is popularised in North America by Maharishi Mahesh Yogi and his British pop star disciples, The Beatles.
- 1960s Harvard cardiologist, Herbert Benson, begins secretive experiments on long-term transcendental meditation practitioners to measure the physiological responses to TM in the basement of Harvard Medical School (Benson, personal communication, 2009).
- 1960s Arising from the humanistic psychology movement, transpersonal psychology and psychiatry emerge as a field distinguished from other psychological and psychiatric domains of the era with the purposeful inclusion of an exploration of spirituality and altered states of consciousness in relation to human psychological health (Scotton et al., 1996). In 1968, the *Transpersonal Institute*, and later, the *Association for Transpersonal Psychology*, were established to facilitate the development and representation of such explorations.
- 1961 The era of psychedelic research accelerates in the West, with Harvard professors Richard Alpert, Allen Ginsberg, Timothy Leary, Ralph Metzner, Aldous Huxley and Stanislov Grof (Ram Dass, 2006a).
- 1963 Alpert dismissed from Harvard for allegedly giving psilocybin (a chemical relative of LSD) to an undergraduate student (Lattin, 2010). The era of mainstream sponsored psychedelic research, at least at Harvard, is suspended.

- 1966 The Krishna Consciousness movement, better known as the Hare Krishna movement, is established in North America by Bhaktivedanta (Scotton et al., 1996). By 1975, there were 54 Hare Krishna temples established across the United States and Europe.
- 1967 The Association of Transpersonal Psychology is created to promote research and training in transpersonal topics. It becomes the International Transpersonal Institute in 1978 with an international interdisciplinary focus on the scientific investigation on the human potential for growth. Meditation research is one of the primary foci (Grof, Friedmann, Lukoff, & Hartelius, 2008).
- 1967 Richard Alpert first travels to India, meets Maharajji (Neem Karoli Baba) who becomes his guru and gives him his spiritual name, Ram Dass ('servant of God'). Ram Dass (the disgraced former Harvard Professor, Richard Alpert) pursues studies and practice of broad ranging meditation methods from ancient wisdom traditions including Hindu bhakti (devotional) yoga, three schools of Buddhist meditation (Theravaden, Mahayanan, and Zen) as well as the Sufi and mystical Jewish traditions. (Ram Dass, 2006a) and establishes himself as a meditation teacher in North America (Lattin, 2010).
- 1970 Robert Wallace publishes his seminal paper in *Science* on the psychophysiology of meditation....(1970).
- 1970 The Beatles' guru, Maharishi Mahesh Yogi speaks to a crowded Harvard University Law Forum giving conservative North America further exposure to the exoticism of meditation (Maharishi University, 1970). A YouTube recording of his lecture can be viewed here:
http://www.youtube.com/watch?v=HOvZrA_sMuA

- 1970 Part 1 of a bibliography entitled *The Psychology and Physiology of Meditation and Related Phenomena* (Timmons & Kamiya) is published in the *Journal of transpersonal Psychology*, with Part 2 following in 1974 (Timmons & Kanellakos). The project was funded by the Stanford Research Institute and comprised a survey of the published and unpublished literature up to early 1974 on the psychobiological effects of Transcendental Meditation (TM).
- 1974 Former Indian professor of philosophy turned controversial new-age guru, Bagwan Shree Rajneesh, establishes his ashram at Poona, with financial backing from Greek shipping heiress and initiate, Catherine Venizelos (Carter, 1987). The ashram attracts scores of Westerners, and by 1981, 30,000 visitors per year were being hosted. The ashram continues to operate today as the *Osho International Meditation Resort*, visited by 200,000 people annually (Anonymous, n.d.-a).
- 1970s Herbert Benson establishes the *Benson-Henry Institute at Harvard Medical School* to promote research and training of clinicians as well as the general public, in mind-body medicine teaching the relaxation response, a non-cultic meditation technique. Benson gives much thought to the name for his mind-body training courses, deciding, pragmatically, not to include the term ‘spirit’ with mind-body, so as not to incur the skepticism of his positivist budget-approving senior colleagues (personal communication, 2007). Benson’s major private sponsor in his ground-breaking venture is John Henry, owner of the *Red Socks* baseball team (personal communication, 2007).
- 1973 Edgar Mitchell, ScD, PhD, Apollo 14 astronaut, founds the *Institute of Noetic Sciences* (IONS), two years after an experience on the NASA mission that radically changed his worldview as a rationalist scientist and engineer. The institute’s brief is to sponsor

research on the nature of consciousness and meditation (Mitchell, 2009).

- 1973 Princeton University Associate Professor of Clinical Psychology, Patricia Carrington develops her meditation program called *Clinically Standardized Meditation (CSM)* (1978).
- 1974 Tibetan Buddhist teacher Chogyam Trungpa Rinpoche, the first to investigate the relationship between Eastern Buddhism and Western psychology, establishes the first accredited Buddhist university in North America, *Naropa University* (Chogyam Trungpa, 1975).
- 1975 Herbert Benson, cardiologist at Harvard Medical school, publishes *The Relaxation Response* (1975).
- 1976 The Esalen Institute *Transformation Project* begins to explore “supernormal psychophysical functioning and various bodily transformations that support it” (Murphy, 1983, p. 181). An ongoing project, a broad range of “scientific, speculative and anecdotal literature” (p. 181) on meditation is compiled for analysis to identify its possible psychotherapeutic mechanisms and applications.
- 1979 Jon Kabat-Zinn publishes results of a mindfulness meditation-based stress reduction and relaxation program which develops into the Mindfulness-based Stress Reduction program (MBSR). He goes on to establish the Center for Mindfulness at the University of Massachusetts Medical Center in 1995 in conjunction with the present director, Saki Santorelli (Center for Mindfulness, 2008). The Center would become one of the premier institutions for mindfulness-based research and teaching internationally.

- 1977 The American Psychological Association forms a Task Force on Meditation to investigate therapeutic potential of meditation which recommends that meditation be investigated (Task Force on Meditation, 1977).
- 1977 Alan Marlatt publishes his first study on mindfulness meditation-based therapy for relapse prevention in heavy alcohol use (Marlatt & Marques, 1977).
- 1979 Eminent British psychiatrist, Professor Michael West, publishes an article in the *British Journal of Psychiatry* providing crosscultural descriptions of meditation practices over time, psychophysiological correlates and personality changes resulting from meditation practice, the use of meditation as therapy in psychiatric units, as well as the dangers of meditation (1979).
- 1979 Jon Kabat-Zinn, PhD, founds the *Stress Reduction Clinic* to run formal MBSR training at *University of Massachusetts Medical School* (1982). This clinic was the forerunner of the Center for Mindfulness established later in 1995, also at the University of Massachusetts.
- 1980 Roger Walsh publishes his seminal paper in the American Journal of psychiatry, *The Consciousness Disciplines and the Behavioural Sciences: Questions of Comparison and Assessment* (1980).
- 1981 Bagwan Shree Rajneesh moves from Poona to Oregon, USA, to establish *Rancho Rajneesh* a huge property of more than 64,000 acres later incorporated as the city of Rajneeshpuram, with a 2-acre meditation hall to cater for his Western *neo-sannyasi-s* (Aveling, 1999).
- 1980s Buddhist psychologist Marcia Linehan develops a treatment program for borderline personality disorder called *Dialectical*

Behaviour Therapy (DBT) (1993) which incorporates meditation into its structured curriculum.

- 1983 The *International Association for Transpersonal Psychology* publishes the Esalen Institute's first meditation bibliography containing an archive of 776 citations from the English language scientific journals, doctoral and masters' theses (Murphy, 1983). With rare exceptions, it excludes "literature from the metaphysical, philosophical, or religious literature connected with meditation" (p 181).
- 1987 Professor Michael West publishes *The Psychology of Meditation*, a psychological appraisal of meditation, reviewing more than 15 years of Western research and theory, and signalling new research directions for meditation in Western healthcare contexts (West, 1987).
- 1987 Neuroscientist and consciousness researcher, Francisco Varela, in conjunction with ex Beverly Hills lawyer, Adam Engle, and the Dalai Lama, found the *Mind and Life Institute* (MLI) and begin the *Mind and Life Dialogues* to build collaboration between the contemplative traditions and Western science. This new organization attracts academic interest and participation from major universities across America, Britain and Europe, including MIT, Harvard, Johns Hopkins, Georgetown Medical Center, the Mayo Clinic, Cambridge, Oxford and Bangor Universities, and University of Freiburg in Germany. Over the next 24 years, the MLI would stimulate an explosion of research on mindfulness meditation and lead a new era of *contemplative science* (Kaszniak, Summer/Fall, 2011).
- 1989 Cardinal Joseph Ratzinger, who was later elected Pope Benedict XVI, refers to the "problem" of the popularization of far-Eastern meditation practices among Roman Catholics. In a letter to the

Bishops of the Roman Catholic Church he condemned the practices of Hinduism and Buddhism, such as Zen, Transcendental Meditation, and yoga as un-Christian and warned that the practices were erroneous and dangerous (Ratzinger, 1989).

- 1991 The *HeartMath Institute* is founded by Doc Childre to sponsor research into the psychophysiology and quantum mechanics of mind/body relations. The Institute coined the term heart coherence to describe psychophysiological states of equanimity induced by meditation. The Institute conducted ground-breaking research into the non-local modulation of DNA conformation by heart-focused intention (McCraty et al., 2003) postulating an explanation for distant healing.
- 1991 Clinical psychologist, Jean Kristeller, PhD, begins developing the *Mindfulness-Based Eating Awareness Training* (MB-EAT) program. The NIH later funds clinical trials of MB-EAT; in 2006, Kristeller receives US\$1.8 million grant from the National Center for Complementary and Alternative Medicine to examine the effects of the MB-EAT program on treating obesity and binge eating. The research is conducted by Indiana State University in conjunction with Duke University and the University of Pennsylvania (2006).
- 1994 University of Minnesota announces meditation training program available to students, faculty, and wider community. In 2004, the structured MBSR program is offered (Somerville, personal communication, 2 July 2011).
- 1997 Stephen Batchelor, noted for his secular approach to Buddhism, a now-disrobed and previously fully ordained Buddhist monk, writes *Buddhism Without Beliefs* (Riverhead) and *Confession of a Buddhist Atheist* (Random House) in 2010 (Batchelor, 2010).

Batchelor offers meditation training retreats to health professionals in many countries, including New Zealand (last held in 2010).

- 1997 The *Institute of Noetic Sciences* (IONS) publishes a meditation bibliography of scientific studies published in English entitled [The Physical and Psychological Effects of Meditation: A Review of Contemporary Research](#), compiled by Michael Murphy, co-founder of the Esalen Institute, Steven Donovan and Eugene Taylor (Murphy et al., 1988, updated 1997). This becomes the basis for the later *IONS Bibliography on Meditation*, an online open-access searchable catalogue of more than 7000 entries, with citations, abstracts and full-text articles where available, updated quarterly (Institute of Noetic Sciences, 1997). IONS claim that, to 2011, it “is the largest and most comprehensive known catalogue of published scientific studies of meditation in the world” (Institute of Noetic Sciences, 2011, para 2).
- 1997 Princeton University in conjunction with the Institute for Noetic Sciences launches the *Global Consciousness Project* (GCP) with 70 monitoring systems strategically positioned around the world for monitoring the changes in the Earth’s electromagnetic field known as the *noosphere* and its correlations to major planetary events and human circumstances (Nelson, 2006). Those accessing the website are encouraged to participate in a daily mindfulness meditation while viewing images called global brain paintings generated from the data monitors and refreshed every 90 seconds (<http://www.neurofeedbackdefined.com/members.html>).
- 1998 Bangor University, in Wales, hosts the first international conference on mindfulness and healthcare (S. Grace, personal communication, 2012).
- 1999 Andrew Newberg, M.D., writes *The Mystical Mind: Probing the biology of mystical experience* (1999).

- 1999 *IDG Books Worldwide*, publisher of the “... *for Dummies*” series, commissions Stephen Bodian, licensed psychotherapist and ordained Buddhist monk to write *Meditation for Dummies*; publisher *Wiley* releases second and third editions in 2006 and 2010. The foreword is written by Dean Ornish, MD, Professor of Medicine, University of California, and founder of the non-profit Preventive Medicine Research Institute, California (Bodian, 1999).
- 1999 University of Vermont, USA, one of the oldest and acclaimed universities in the USA, offers mindfulness papers, internships, and retreats to psychology and counselling undergraduate through postgraduate students and staff (M. London, personal communication, 1 July, 2011).
- 1999 *Wiley* publishes the first edition of *Meditation for Dummies*, with the foreword by founder, president and director of the *Preventive Medicine Research Institute* and Clinical Professor of Medicine and Psychiatry at UCLA, Dean Ornish.
- 2000s Oxford University Professor of Clinical Psychology, Mark Williams, in conjunction with Oxford colleague John Teasdale and Zindel Segal (University of Toronto), establishes a clinical adjunct meditation program entitled, *Mindfulness-based Cognitive Therapy for Depression* (MBCT) (Segal et al., 2002).
- 2001 The *Centre for Mindfulness Research and Practice* (CMRP) in 2001 at Oxford University. Bangor University and the CMRP alternately host an ongoing biennial international conference entitled “Mindfulness”, a platform for the dissemination of mindfulness meditation research and practice for health.
- 2000s Buddhist clinical psychologist, Bruno Cayoun, PhD, develops a clinical therapy adjunct program based upon the meditation

teachings of his own meditation master, Goenka, much to the distress of his fellow followers who believed such knowledge ought not to be shared with the uninitiated (personal communication, 2006). Cayoun offers professional training in his program internationally, which is entitled, *Mindfulness-based Cognitive Behaviour Therapy* (MiCBT) (Cayoun, 2004).

- 2000s Columbia University embarks upon the development of Contemplative Studies programs within context of health sciences.
- 2000s Deepak Chopra, M.D., former endocrinologist, Boston and Harvard Universities' faculty member and close disciple of Maharishi Mahesh Yogi, achieves celebrity status for his popularization of meditation self-help programs. Over a 20-year period he had written more than 65 books selling 20 million copies worldwide with 19 on the New York Times bestsellers lists which have been translated into 35 languages.
- 2000s Brown University Medical School Division of Biology offers 15-week courses with "meditation labs", rated as very popular with students, with long waitlists for course entry (B. Willoughby, personal communication, 10 August 2011).
- 2000s The *Mind and Life Dialogues*, which began in 1987, continue to be held on an annual or biennial basis. *First-person* experience is acknowledged as paramount to understanding and developing a scientific knowledge-field about meditation, heralding a return to "scientific introspection".
- 2000 University of Calgary clinical psychologist and Enbridge Research Chair in Psychosocial Oncology, Professor Linda Carlson, publishes the results of a mindfulness meditation-based adjunct therapy to alleviate stress in cancer patients. This meditation-based

program would go on to be modelled internationally for cancer patients worldwide.

- 2001 University of Texas At Austen, USA, offers mindfulness meditation course and later establishes casual drop-in meditation sessions for students and faculty and develops a listserv for discussion of mindfulness concepts and research (D. Darnell, personal communication 18 June, 2011).
- 2002 University of Virginia, USA, School of Medicine, Mindfulness Center begins MBSR study on management of chronic pain; and offers regular MBSR training courses to students and faculty (D. Darnell, personal communication 18 June, 2011).
- 2002 Emory University School of Medicine in conjunction with the Tibet Studies Program, Atlanta, USA, offer mindfulness training to students and faculty (S. Banks, personal communication, 15 June, 20011).
- 2002 University of Missouri, USA, offers Contemplative Studies in Higher Education and for course credit and mindfulness-based practices in their Outreach Health Promotion and Wellness program. In 2011, a new program in *Contemplative Studies in Higher Education: Balancing Old and New Transformational Technologies* for credit for students campus-wide is announced (T. Wilson, personal communication, 2 July, 2011).
- 2003 *Time Magazine* publishes issue with the cover title “The Science of Meditation” with actor Heather Graham posing in lotus position Vol 162, Issue 5.
- 2004 The *Mind and Life Summer Research Institutes* begin. Held at Garrison, New York, USA, on an annual basis, the 7-day meeting of scientists, clinicians, and contemplatives is a research initiative

designed to promote transdisciplinary dialogue for the sharing of knowledge of meditation for its application to Western healthcare contexts.

- 2004 Lesley University, Cambridge, Massachusetts, announces new Master's Degree program in Mindfulness Studies and Contemplative Neuroscience (N. Waring, personal communication, 9 September, 2011)
- 2005 Princeton University begins to offer Mindfulness Skills graduate-level paper based on MBSR to psychology and counselling students (R. Boudette, personal communication, 10 September, 2011).
- 2005 Auckland University of Technology, New Zealand, offers a multidisciplinary Master's degree and postgraduate diploma entitled *MindBody Healthcare* for healthcare professionals, directed by consultant physician in clinical immunology and psychotherapist, Professor Brian Broom (Auckland University of Technology, 2012).
- 2005 Johns Hopkins Medical School offers MBSR training to medical students (T. Magyari, personal communication, 28 June, 2011).
- 2005 State University of New York's Empire State College, USA, incorporates mindfulness seminars into academic courses (N. Thorne, personal communication, 2 July, 2011).
- 2005 University of Wolverhampton, UK, offers Mindfulness Studies program to counselling and psychology postgraduate students (L. Hulbert-Williams, personal communication, 30 June, 2011).
- 2005 Vice President and Deputy General Counsel of General Mills, Inc., a Fortune 200 company, Janice Marturano founds the *Institute for*

Mindful Leadership, which offers mindfulness training and ongoing support to leaders and future leaders around the world, with curricula that reflect the unique challenges and opportunities of leading in today's global communities (Marturano, 2011). From 2007-2010 Marturano is Director of Leadership Education at the *Center for Mindfulness in Medicine, Health Care, and Society* at the University of Massachusetts Medical School.

- 2005 University of California offers graduate-level mindfulness-based programs (N. Patel, personal communication, 22 June, 2011).
- 2006 Lawrence Edwards, PhD, clinical psychologist, faculty member and clinical instructor for the *Department of Family Medicine* at New York Medical College, and Integrative Care Clinical Program Manager for Cincinnati Children's Hospital founded *The Anam Cara Foundation*, a non-profit organization dedicated to teaching meditative practices. The name Anam Cara is ancient Gaelic for "friend of the soul" (Edwards, 2006).
- 2006 Cornell University receives a Substance Abuse & Mental Health Services Administration grant for suicide prevention project, including mindfulness meditation programs (D. Darnell, personal communication 18 June, 2011).
- 2007 Idaho State University, USA, offers mindfulness training in their student outreach program; in 2009 academic courses incorporating mindfulness skills and practice are offered (University of Idaho, 2009).
- 2007 Mindfulness-based Cognitive Behaviour Therapy lectures included in graduate- and postgraduate-level courses in Clinical Psychology Training at University of Waikato, New Zealand.

- 2007 Portland State University offers MBSR and casual mindfulness drop-in sessions to all students (B. Liebman, personal communication, 22 June, 2011).
- 2007 Richard Stockton College of New Jersey, USA, offers undergraduate semester course entitled Mindfulness, Self and Reality (with practice) to psychology students (M. Spinella, personal communication, 23 June, 2011).
- 2007 University of North Carolina At Chapel Hill's Student Medical Center, USA, Begins to offer a variety of meditation programs for students including MBSR and passage meditation (D. Darnell, personal communication 18 June, 2011).
- 2007 Dalhousie University, USA, incorporates *Mindfulness in Dentistry* introductory lecture into first-year dental and dental hygiene curricula; later offers an elective paper *Mindfulness Meditation for Healthcare Professionals* to dental and dental hygiene students (Lovas, Lovas, & Lovas, 2008).
- 2008 The Institute of HeartMath, with similar objectives and technology to the Global Consciousness Project, establishes the *Global Coherence Initiative*. In 2009, the Global Care Room was launched to enable people to join with others for synchronized virtual meditation sessions to promote heart-focussed care and intention with the ambitious objective of encouraging a consciousness-shift within humanity to then enable a shift from instability to balance in human relations and responses to planetary change (Institute of HeartMath, 2011).
- 2008 In 2008, the *Oxford Mindfulness Centre* is established as an international centre of excellence within the University of Oxford's Department of Psychiatry. It is headlined as drawing upon "Oxford's 800 year-old tradition of world-renowned scholarship

and science, and the latest evidence-based medicine” (University of Oxford, n. d.). Its courses for both professionals and the public are funded by the *National Health Service*.

- 2008 The *Oprah Winfrey Show* features cardiac surgeon, Dr. Mehmet Oz who recommended meditation as one of the “anti-aging secrets to living longer” (Winfrey, 2008).
- 2008 Professor of psychology and psychiatry, and Director of the Waisman Laboratory for Brain Imaging and Behavior at the University of Wisconsin-Madison, Richard Davidson founds the *Center for Investigating Healthy Minds*. The research centre’s objectives are to study positive qualities, such as kindness and compassion.
- 2008 University of Wisconsin-Madison Health Services, USA, offer mindfulness meditation to students and faculty (E. Woessner, personal communication, 18 June, 2011).
- 2008 *The American Cancer Society* recommends meditation to cancer patients to help them cope with the psychological challenges of cancer to improve their quality of life (The American Cancer Society, 2008).
- 2008 Keene State College, New Hampshire, USA, offers MBSR as undergraduate papers in both faculties of Education and Health Science (T. Bassarear, personal communication, 9 September, 2011).
- 2008 Wheaton College, Massachusetts, USA, an explicitly Christian university, consistently ranked as one of Princeton Review’s Best Colleges, offers meditation and mindfulness seminars in undergraduate courses. Establishes *Wheaton’s Mindfulness For*

- Students* webpage on Facebook (M-L Prescott-Griffin, personal communication, 13 August, 2011).
- 2008 Jefferson Hospital, Philadelphia, USA, offers MBSR practicum to medical and psychology interns (R. Boudette, personal communication, 24 June, 2011).
- 2008 San Jose State University, USA offers *Mindfulness-Based Occupational Therapy* (MBOT) course to undergraduate and graduate students. In 2011, an online MBOT course is also offered (R. McLaughlin, personal communication, 23 June, 2011).
- 2009 Ohio Congressman Tim Ryan tells the *USA House of Representatives* that meditation has a role to play in American healthcare reform. Secretary for *Health and Human Services* Kathleen Sebelius agrees that “it is a prevention strategy that has the potential of paying huge dividends” (Ryan, 2009).
- 2009 Duke University School of Medicine offers formal MBSR training programs to students and faculty (D. Darnell, personal communication 18 June, 2011).
- 2009 Florida State Bar Convention offers course credits to lawyer registrants attending the workshop entitled *Mindfulness & Neuroscience: Enhancing Lawyer Effectiveness and Stress Reduction from the Inside Out*. The course was developed specifically for lawyers based on the Jurisight® program developed by Scott Rogers, M.S. (Rogers, 2009).
- 2009 David S. Black establishes the *Mindfulness Research Guide*, an online meditation research database incorporating an electronic monthly newsletter for subscribers which contains links to the most recent published research on meditation in Western scientific contexts (2010a).

- 2010 The College of New Jersey, USA, offers a semester-long Mindfulness Studies, including practice, course to undergraduate psychology students (A. Borders, personal communication, 23 June, 2011).
- 2010 Headlined as the first such major event in France, the Montpellier meditation conference that is really a Buddhism and mindfulness conf—set in a traditional monastery with modern facilities—not very traditional, but caters well to western professionals’ preference for soft bed and hot shower and gourmet vegetarian food prepared by trained chefs.
- 2010 University of Iowa offers Mindfulness Studies paper (K. Eness-Potter, personal communication, 20 June, 2011).
- 2010 *Dummies* series publisher, Wiley, publishes first edition of *Mindfulness for Dummies*, with foreword by clinical psychologist, Professor of Psychiatry, and Director of UCSD’s Center for Mindfulness, Steven Hickman (Alidina, 2010).
- 2011 University of Louisville, USA, announces new Mindfulness, Peace, Justice and Conflict Transformation interdisciplinary certificate course (K. Newton, personal communication, 6 July, 2011).
- 2011 Lesley University, Cambridge, Massachusetts, announces new Mindfulness Studies and Contemplative Neuroscience paper open to undergraduate and graduate students (N. Waring, personal communication, 9 September, 2011).
- 2011 University of South Florida begins planning for introduction of MBSR course to counselling students (L. Steffens, personal communication, 18 June, personal communication, 18 June, 2011).

- 2011 Harvard Medical School Department of Continuing Education in conjunction with the Department of Psychiatry offer a course in *Meditation and Visualization Practices for Everyday Living and Well-Being and to Enhance Peak Performance*, designed for medical, surgical, and mental health practitioners (Harvard Medical School, 2011). The course will be offered again in Florida, in February and March 2012.
- 2011 The *Neurobiology of Meditation Laboratory at Massachusetts General Hospital Psychiatry Department* advertises for 2 postdoctoral fellows to conduct NIH-funded research on the neurobiology of mindfulness meditation and yoga, utilizing fMRI and cognitive, psychosocial, and physiological assessments. Minimum requirements include a PhD in cognitive or computational neuroscience, experimental psychology, or engineering, experience with MRI imaging techniques, and personal experience with yoga or meditation. The laboratory collaborates closely with the Center for Mindfulness at UMass Medical School (Lazar, personal communication, 2011).
- 2011 The University of Auckland School of Medicine Foundation, New Zealand, hosts the *Health of the Health Professionals Conference*, offering within the conference programme several mindfulness presentations and practice workshops, with CME credits available for doctors, nurses, medical students and allied health professionals (The University of Auckland School of Medicine Foundation, 2011).
- 2012 Bridgewater State University, Massachusetts, USA, plans to implement Mindfulness Studies course for the Clinical Psychology Master's Degree, and also offer it as an elective paper for counselling and social work graduate students (M. Marnberg, personal communication, 15 August, 2011).



APPENDIX I

Peer-reviewed journals publishing Transcendental Meditation research

The list below represents research studies investigating the Transcendental Meditation published in 118 peer-reviewed Western mainstream scientific journals.

Source - http://www.mum.edu/tm_research/journals.html Maharishi University of Management

Academy of Management Journal
Addictive Behaviors
Alcoholism Treatment Quarterly
American Journal of Cardiology
American Journal of Health Promotion
American Journal of Hypertension
American Journal of Managed Care
American Journal of Physiology
American Journal of Psychiatry
American Psychologist
Annals of Behavioral Medicine
Archives of Internal Medicine (JAMA)
Behavioral Medicine
Biological Psychology
British Journal of Educational Psychology
British Journal of Psychology
Bulletin on Narcotics
Bulletin of the Society of Psychologists in Addictive Behaviors
Business and Health
Circulation
Clinical and Experimental Pharmacology and Physiology
Clinical Research
Consciousness and Cognition
Frontiers in Bioscience
Criminal Justice and Behavior
Education
Electroencephalography and Clinical Neurophysiology
Energy Metabolism
European Journal of Endocrinology
European Journal of Physiology (Pflugers Archiv)
Experientia
Experiential Medicine (Erfahrungsheilkunde)

Experimental Neurology
German Journal of Clinical Psychology (Zeitschrift für Klinische Psychologie)
German Journal of General Medicine (Zeitschrift für Allgemeinmedizin)
Health and Quality of Life Outcomes
Hormones and Behavior
Hospital and Community Psychiatry
Human Physiology
Hypertension (AHA)
Intelligence
International Congress of Internal Medicine Abstracts
International Journal of Comparative and Applied Criminal Justice
International Journal of Neuroscience
International Journal of Psychophysiology
International Journal of the Addictions
Japanese Journal of Industrial Health
Japanese Journal of Public Health
Journal of Adult Development
Journal of Business & Psychology
Journal of Aging and Health
Journal of Alternative and Complementary Medicine
Journal of Applied Physiology: Respiratory, Environmental and Exercise
Physiology
Journal of Behavioral Medicine
Journal of Biomedicine
Journal of Chronic Disease and Therapeutic Research
Journal of Clinical Psychiatry
Journal of Clinical Psychology
Journal of Conflict Resolution
Journal of Counseling and Development
Journal of Counseling Psychology
Journal of Creative Behavior
Journal of Crime and Justice
Journal of Criminal Justice
Journal of Human Stress
Journal of Humanistic Psychology
Journal of Hypertension
Journal of Inhalation Technology
Journal of Management Education
Journal of Mind and Behavior
Journal of Moral Education
Journal of the National Medical Association
Journal of Neural Transmission
Journal of Offender Rehabilitation
Journal of Personality and Individual Differences

Journal of Personality and Social Psychology
Journal of Personality Assessment
Journal of Psychology
Journal of Psychosomatic Research
Journal of Social Behavior and Personality
Journal of the American Aging Association
Journal of the Canadian Medical Association
Journal of the Israel Medical Association (Harefuah)
L'Encéphale (The Brain)
Lancet
Medizinische Klinik
Memory and Cognition
Motivation. Motor and Sensory Processes of the Brain
Netherlands Journal of Psychology (Tijdschrift voor Psychologie)
Neuroendocrinology Letters
NeuroReport
Neuroscience and Biobehavioral Reviews
Perceptual and Motor Skills
Personality and Individual Differences
Physiologist, The
Physiology & Behavior
Proceedings of the Endocrine Society of Australia
Progress in Brain Research
Psychologia: International Journal of Psychology in the Orient
Psychological Reports
Psychology, Crime & Law
Psychoneuroendocrinology
Psychopathometrie
Psychophysiology
Psychosomatic Medicine
Psychotherapie-Psychosomatik Medizinische Psychologie
Respiration
Revue d'Electroencéphalographie et de Neurophysiologie Clinique
Science
Scientific American
Sleep Research
Social Indicators Research
Social Science Perspectives Journal
Society for Neuroscience Abstracts
Stroke (AHA)
Transactions of the American Society for Neurochemistry
Vestes: the Australian Universities' Review
Western Psychologist (Western Psychological Association)

APPENDIX J

Empirical studies examining the mindfulness psychological construct

A summary of studies types collated from the *Mindfulness Research Monthly* (MRM) bulletin, Volume 1, Issue 1, 2010 to Volume 2, Issue 8, 2011. As published in peer-reviewed scientific journals over a 20-month period between January 2010 and August 2011.

	2010											2011								
	Jan-Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Intervention and application studies	5	9	20	16	11	19	8	14	15	14	12	16	13	12	22	12	12	15	14	
Etiology and associations studies	-	11	9	3	7	9	2	12	10	6	5	9	7	11	9	10	8	7	10	
Reviews and meta-analyses	1	2	5	5	7	9	13	5	8	6	5	6	9	5	10	7	8	5	4	
Theory and processes studies	1	1	5	3	5	2	7	2	3	5	5	7	4	7	7	4	2	11	4	
Methods and measures studies	-	1	4	1	-	1	1	2	4	1	-	-	2	3	5	3	7	8	6	
New NIH‡ Research funding	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	5	1	3	1	3	2
Monthly Total	7	24*	43†	28§	30	40	31	35	40	32	27	38	35	38	53	36	37	46	38	

Key:

- No studies were identified for this area of research for this monthly period

* Eight studies were published in a special issue of *Emotion* (Vol. 10, Iss. 1) devoted to mindfulness and its correlates to emotion

- † Twelve studies were published in a special issue of the *Journal of Child and Family Studies* (Vol. 19, Iss. 2) devoted to mindfulness interventions and applications.
- § Six studies were published in a special issue of *Substance Abuse* (Vol. 31, Iss. 2) devoted to mindfulness related treatments for addictions. This special issue was Part 2 of a series on mindfulness-based treatments for addictions; Part 1 was published as a special issue in Vol. 30, Iss. 4, 2009.
- ‡ Collation and publication of new *National Institutes of Health* (NIH) research funding approvals in the MRM began in Volume 2, Issue 3, 2011. For NIH funding approvals prior to this date see http://clinicaltrials.gov/ct2/results?term=Mindfulness&pg=1&show_flds=Y



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