

# A LINE ON LIFE

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## Meditation – Another Option \*

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In 1969, psychologist Charles Tart published his book on meditation, *Altered States of Consciousness: A Book of Readings*. It included two-thirds of the research published in English. (However, there were only a total of three articles.) Currently, there are over 1,200 research articles on meditation.

This explosion of research is due to the physiological effects of meditation. Of the two original studies, one indicated that Indian Yogis could concentrate so well, they showed no response to physiological stimuli – even pain. In the other, Zen monks were shown to have amazing powers of concentration. Once psychologists discovered that meditation affected the brain, research studies bloomed.

One of these research areas is in **clinical psychology** – the area of psychology that attempts to help people with mental problems. Clinical psychologists tend to use meditation in one of two ways. Tart calls one the "*take-two-meditations-and-call-me-in-the-morning*" approach. They use meditation to relieve the discomfort of stress and anxiety. The other is designed to provide greater insight.

Psychologist Alan Marlatt (University of Washington, Seattle) uses meditation in treating addiction. In 1973, he had sought help for borderline high blood pressure. His physician would not prescribe any medication until Marlatt had tried meditation. It worked so well, Marlatt has been using it for himself and his clients ever since.

Marlatt rejects the biological model of addiction. He claims that "*...treating medication (drug) problems with other medications doesn't seem too smart.*" He favors the lifestyle model, in which inappropriate behaviors are seen as **lifestyle choices**. He believes that lifestyle strategies like meditation can help his clients in dealing with stress. When tempted to use drugs in a stressful situation, meditation is a method to view the urge as something that will pass, like the crest of a wave. If clients can change their concentration, they don't have to react to the craving.

Marlatt found this method successful with binge-drinking college students. It halved their drinking. Another group, using exercise instead of meditation, demonstrated a greater initial drop. However, after three months, the meditation group had lower drinking rates than the exercise group.

Another clinical psychologist, Stephen T. DeBerry, conducted studies with an elderly population in the Bronx. With these older people, meditation significantly reduced anxiety. Along with that, it reduced physical problems connected with depression. Partially, its effectiveness is caused by giving clients an important sense of self-mastery.

*"If I can teach people to relax, that's usually about 80 percent of the problem. Even if I can't totally correct the problem they come in with, at least I can teach them how to relieve their stress and anxiety."*

Jack Engler is a supervising psychologist at Harvard Medical School's Cambridge Hospital. He has been meditating since he was 16. When he took a trip to India in the mid-1970s, he realized the contribution meditation could make to his practice. He sees meditation as a way of fostering "**mindfulness**" among his clients – making them more aware of each moment of experience as it occurs. Engler uses meditation techniques to enhance therapy.

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## **We often confuse our experiences with our reactions to those experiences.**

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Some clients are carried away by "*a train of ruminations, obsessions or judgments.*" They need to distinguish between their experiences and their reaction to their experiences. This allows Engler's clients to observe their anger, anxiety or other negative emotions.

If Engler's clients are afraid of this intensive type of self-observation, he proposes five-second "*check-ins*" for them – a shortened, informal style of meditation. Clients merely stop themselves at various moments in the day to ask themselves what they are thinking.

*"Mindfulness is really doing the same thing that therapy asks us to do. It's a wonderful way to strengthen self-observation in a non-judgmental way."*

For example, suppose you pass some acquaintances and give them a friendly greeting, but the greeting is not returned. All you experienced was a lack of response. However, for some of us, this may trigger a chain of anxious judgments that blow the experience out of proportion. Some may view this as a rejection. This can lead to negative judgments of others, assuming snobbishness on their part. On the other hand, we could turn the negative thoughts inward. What have we done to offend that person? Is there something wrong with us?

Another interpretation for this experience is that the greeting was not noticed. Some people have hearing losses that they don't want to admit. Others may be concentrating or worrying about some important aspect of their lives. With this inward focus, they are not receptive to most changes in their environment. If we can become aware of our reactions – and separate them from our experiences – we can view them more objectively.

This does not mean that meditation is a "*cure-all*". However, if other treatments have not been successful in remedying anxiety in your life, meditation can be an option to explore. To get to know yourself better, at the very least, you could try a five-minute "*check-in*".

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\* Adapted from Rebecca A. Clay's "Meditation is becoming more mainstream," [\*The APA Monitor\*](#), September, 1997, page 12.