

Important Advances in Clinical Medicine

Epitomes of Progress—Psychiatry

The Scientific Board of the California Medical Association presents the following inventory of items of progress in psychiatry. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in psychiatry which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Psychiatry of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to: Division of Scientific and Educational Activities,
California Medical Association, 731 Market St., San Francisco, CA 94103

Meditation: Clinical and Health-Related Applications

REPORTS OF ALTERED STATES of consciousness and extraordinary feats of bodily control by Zen and Yoga masters have been filtering into the West for several decades. However, it is only within the last 15 years that Western scientists and health care professionals have begun to look seriously at Eastern techniques, such as meditation, to determine their possible efficacy in mental and physical health-related concerns.

Meditation refers to a family of techniques that involve a conscious attempt to focus attention in a nonanalytical manner and an effort not to dwell on discursive, ruminating thought. Based on brain neurophysiology, these techniques may be divided into three groups: concentrative meditation, in which the person attempts to focus attention on one particular object (such as a sound, mantra, candle or "third eye"); mindfulness (opening-up) meditation, in which the person attempts to be receptive to whatever internal and external stimuli come into awareness, and a combination of the two, in which the person has an object of focus, but when other stimuli arise, he or she notices the other stimuli and then returns to the original object of focus.

Western research has looked almost exclusively at dependent variables related to meditation as a self-regulation strategy and has been carried out in laboratories and field settings with persons who have been meditating for only a relatively short time. Physiologically, research findings seem convincing that meditation can produce a hypometabolic state in which there is decreased oxygen consumption, reduced heart rate, increased regularity and amplitude of electroencephalographic alpha activity, increased skin resistance and decreased blood pressure.

Because of these physiological changes, it was suggested that meditation would be a useful self-regulation technique for relaxation training. The clinical literature has borne this out. In a recent review of the psychotherapeutic and health-related effects of meditation, it was shown to be a promising clinical intervention in reducing stress and tension, decreasing addictive behaviors and helping to manage hypertension. These clinical changes appear to occur equally well with a variety of different meditation techniques.

Recent research on meditation has attempted to determine more accurately when meditation is an appropriate intervention, and for which persons and for what types of clinical problems it is useful.

It appears that as a self-regulation strategy, meditation is equal to, but no more effective than, other self-control strategies such as biofeedback, hypnosis and progressive relaxation.

DEANE H. SHAPIRO, Jr, PhD

REFERENCES

- Benson H: *The Relaxation Response*. New York, William Morrow, 1975
- Otis L: Adverse effects of meditation, *In* Shapiro DH, Walsh RN (Eds): *The Science of Meditation*. New York, Aldine, 1981 (In press)
- Shapiro DH: *Meditation: Self-Regulation Strategy and Altered State of Consciousness*. New York, Aldine, 1980
- Shapiro DH: A clinical and physiological comparison of meditation with other self-control strategies: Biofeedback, hypnosis, progressive relaxation. *Am J Psychiatry*, 1981 (In press)
- Shapiro DH Jr, Giber D: Meditation and psychotherapeutic effects—Self-regulation strategy and altered state of consciousness. *Arch Gen Psychiatry* 35:294-302, Mar 1978
- Schwartz GE, Davidson RJ, Goleman DJ: Patterning of cognitive and somatic processes in the self-regulation of anxiety: Effects of meditation versus exercise. *Psychosom Med* 40:321-328, Jun 1978