

# Case report on transcendental meditation (TM)

## Abstract

This case report on Transcendental Meditation covers 56 years, from its introduction in 1967 until today. It is divided into 3 main parts. Already in 1968, at the age of 22, this peak event, under the form of a meditative illumination completely took me by surprise and changed my life. A few days later, when I felt like a “person from Mars in disguise” started Phase 1: Rehabilitation, a state psychiatrists characterize as borderline psychotic. In my case, I adapted independently to the new situation by the following decisions. Firstly, I changed my career scenario from finance to health economics to get a long-term option to understand illumination in a secular positivist way. Secondly, I managed to do my graduate thesis in Sociology instead of economics. My thesis was on Human Relations Management (HRM), which enabled me to develop an acceptable vocabulary on modern “soft” values related to my illumination experience. Phase 2: Confirmation of my creativity, dating from 1991, when I was awarded the 3<sup>rd</sup> Prize in a prestigious Danish competition in health economics. The overall neurodynamic learning is that meditative in-depth-relaxation has been crucial in replacing my natural limbic defense mechanism with falsified cognition.

**Keywords:** meditation, illumination experience, limbic system, unfoldment of creativity, stress management

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## Introduction

After WW2, an increasing share of the younger population in Western industrialized countries has focused on the old Indian tradition of yoga and meditation in search of a broader understanding of life than the Western materialism they claimed their parents represented. This trend is known as the Hippie Movement in most Western countries and became an important cultural factor in the 60s when I was young. A characteristic element in this development was Transcendental Meditation (TM). This is a participant observation case report on Transcendental Meditation (TM) centering on a meditative peak experience in autumn 1968.

## Method

Modern mantra-meditation is practiced in a relaxed sitting position, for instance on a simple chair in a quiet place with closed eyes. Further, thoughts are dissolved by a mantra. Such homeostatic in-depth-relaxation shows subjectively slow breathing and significant low galvanic skin conductance.<sup>1</sup> Analogue results are reproduced in subsequent studies, for instance at Harvard Medical School.<sup>2</sup> The action mechanism of mantra-meditation is explained by the neuroeconomic model of decision-making (NeM) as a relaxation of limbic inhibitions that frees associations to similar experiences for reinforcing stabilization.<sup>3</sup> Broad long-term effects of regular mantra meditation are demonstrated, too:

A significant decline in the stress hormone (plasma cortisol) characterizing a more relaxed pattern of behavior.<sup>4</sup>

- A meta-analysis finds that regular relaxation exercises complement physical fitness, as health activity dissolves stress and anxiety.<sup>5</sup>
- A 14-year, pre- and post-intervention study retrospectively assessed government payments to physicians for treating the TM and comparison groups. TM reduced payments to physicians between 5% and 13% annually, relative to comparison subjects over 6 years. Randomized study is recommended.<sup>6</sup>
- For laymen, meditation is summarized as the “Psychology of Silence.”<sup>7</sup>

For eventual consolidation of main points of this Case Report, see a review of my book by professor emeritus and psychiatrist Are Holen, who has known to me most of the way.<sup>8</sup>

## Results

The simple facts of 56 years of experience with TM are structured in Table 1. The crucial period is phase 1 on actions for personal stabilization after the illumination experience (Phase 1). The final phase 2 focuses on the long-term consequences of such a meditative development process.

### Phase of illumination

The internet has several reports on meditation-related peak experiences similar to my own illumination. Other names for such an experience are “bliss consciousness” and “cosmic consciousness”. The related meditation practice varies between, for instance Hinduist or Buddhist affiliations. So, illumination is not exclusively related to TM, but definitely a real-world phenomenon related to more forms of meditative in-depth-relaxation. See for instance.<sup>9</sup>

### Phase of personal rehabilitation

A physical after-effect of the illumination experience is termed “awake sleep”. This indicates a state of sleep where the body is as relaxed as in normal sleep while the mind is still as attentive as in normal wakefulness. The neurophysiological explanation of “awake sleep” is a permanent reduction of the threshold to consciousness due to an extraordinary relaxation of the limbic system centering on the amygdala (ANS in NeM). To persons with a stronger imagination than me, this phase of extraordinary general relaxation is perceived as an out-of-body experience.

The overall mental implication of the basal change by the illumination experience in neurodynamics was a new personal identity like a “person from Mars in disguise”. Discussing this state with more psychiatrists in private relations, it’s clear that the psychiatric evaluation of such a state is borderline psychosis. This assessment is online with the finding of a small risk of becoming psychotic related to meditation.<sup>10</sup>

My personal means to find a new identity was quite simple as stated in Table 1: Focus on the completion of my tertiary education with a master thesis on Human Relation Management, that also supported my development of a new secular vocabulary on the “soft” aspect of life. However, I do know a few other persons that have developed a borderline psychosis in relation to an illumination experience following a period with more intensive self-training than recommended by the standard TM program. My personal evaluation is that this risk relates to the Big 5 taxonomy. In my own case, I

was originally the conscientious type that hopefully over time has developed into an open-minded person. Extraverts have probably a special risk of over-responding to positive experiences in general and certainly to the illumination experience. My conclusion is not that extraverts are unfit to meditative in-depth-relaxation, but that they have a special need for dialogue with a trained psychologist to modify their natural mental bias for novelties. A meditation-induced borderline psychosis in a relatively young age may help that person to modify his/her generic disposition earlier in life than otherwise.

**Table 1** Timetable of meditative development

<b>Introduction to TM, Summer 1967</b>
I was 21 years old and had just finished my Bachelor of Economics at the University of Aarhus when my piano teacher noticed some signs of stress in my shoulders, wherefore she advised me to try out a new de-stressing technique termed Transcendental Meditation (TM). I had no knowledge of meditation and no spiritual interest, but recognized her notice of my stress and imagined that it could be a large issue in the future, wherefore I decided to try out TM.
<b>0. Illumination Experience, Autumn, 1968</b>
After about 3 months of regular practice of TM – at least one period of 20 minutes per day – I was convinced of the health effect by a number of “small” health effects, for instance 1) Release of shoulder tensions, 2) Complete recovery from stuttering which I had suffered moderately from, 3) Complete stop from smoking. In this context, I decided to take a year of Sabbath from my study of Economics to focus on yoga and meditation with far more training than recommended in the standard TM Program. After around one year of regular practice of TM, I had my most life-changing experience in my student room: thinking about the nature of meditation I made a simple, intuitive diagram of the brain, indicating that the organization principle of the brain is based on circular relationships, where the effect feeds back on its cause in a way that turns simple linear causation rather meaningless. This recognition was followed by a completely surprising AHA-experience with a bliss consciousness 10-fold stronger than other AHA-experiences. The after-effect remained all night, before it sounded out during the following days.
<b>1. Master of Public Economics with a Thesis on Human Relations Management, University of Aarhus in spring 1972</b>
The illumination was so dramatic that it changed my life in a way that's best described as “feeling like a person from Mars in disguise”. What does such a type do to become reintegrated in society? – Firstly, I recognized I had reached the peak of meditation, wherefore I stopped regular meditation. Afterwards, I have only practiced TM in a few short periods, for some job-related stress. – Secondly, I decided to focus on completing my Master in Economics with the new purpose of seeking a career in the public health sector as a means to develop my scientific understanding of the emotional illumination experience. My original study purpose was to make a career in finance. – Thirdly, I got a special permission to write my master thesis in Human Relation Management instead of Economics, because this exciting new discipline enabled me to develop a secular language on “soft values” in relation to the illumination experience.
<b>2. Awarded the 3rd Prize in a Danish competition in Health Economics, 1991</b>
In the period 1975-2000 I won the most academic awards for papers on my economic planning projects in Danish healthcare. The peak was an award from Lundbeckfonden 1991, which implied that I was invited to a position as chief consultant in health economics at SDU a few years later. At SDU, I developed and coordinated the EU FP7 project Homecare 222954, that has been an international frontrunner in the development of integrated homecare for chronics.

### Phase of confirmed creativity from 1991

The confirmative experience that I had become a creative person was the award (3<sup>rd</sup> prize) from the prestigious Danish Lundbeckfonden, in their 1991 competition on health economics. Also, this entailed, some years later an invitation to a research position at SDU. The overall self-evaluation of my personal development 1972-1991 is that my natural limbic defense mechanism (the amygdala) was replaced by falsified cognition. A list of my scientific production is available at ORCID (<https://orcid.org/0000-0002-5704-775>).

The somatic aspect of this development is indicated by a recent medical check of my cardio-vascular and digestive systems which indicates a biological age about 15 years younger than my actual age (77 years). My typical blood pressure is 125/75 (despite being overweight). These data are parallel to my family experiences: my father, his brother and my own son died by cardiac arrest on average 15 years younger than my present age. For all my cases there is evidence in medical findings.<sup>11</sup>

It must be noted that my case is not a typical meditation story. Most people practicing regular meditation, in accordance with

the recommendations from their mentor, have a far more smooth development, however, in the same direction as indicated by both my case and that of step-by-step resolution to anxiety responses.<sup>5</sup>

### Discussion

Epidemic stress is a job-related risk related to the globalized economy as stated by WHO that recommends meditation for stress management.<sup>12</sup> A broad review of trials on meditation have such positive conclusions regarding meditation, too.<sup>13</sup>

The state of preventive healthcare is that these parameters are critical to life-expectancy:

- a) Physical fitness
- b) Nutrition
- c) Income
- d) Social relations

Meditative in-depth-relaxation – as a relatively broad means for better stress-management at a relatively low cost level – must

be a strong candidate for preventive healthcare online with the four recognized parameters. The crucial question is, how can the dissemination of mantra-meditation be accelerated?

For healthcare, the core of teaching meditation is to give students an effective procedure for in-depth-relaxation. This state of extraordinary deep relaxation can be verified by a simple galvanometer measuring the galvanic skin resistance. So, the quality of healthcare requires that mentors of meditation must have a documented ability to invoke such a state of significant increased galvanic skin resistance/ decreased galvanic skin conductance. The whole philosophy around the meditation procedure is not critically important, because the central idea is to suspend cognitive activity. Very important modern know-how on effective meditation procedures is accumulated in more international NGOs, for instance:

Transcendental Meditation (TM) claims to represent the Vedic meditation tradition (International Homepage: <https://www.tm.org>)

Mindfulness Meditation (MF) claims to represent the Buddhist meditation tradition (Homepage: <https://www.mindful.org/mindfulness-how-to-do-it/>)

ACEM Meditation is a modern meditation organization founded by the Norwegian Professor (MD) Are Holen (International Homepage: <https://acem.com/>)

From the point of view of public healthcare, relating to such organizations is comparable to referrals from general practitioners/hospitals to private physiotherapists to get a specific physical exercise. In this context, the recommended path to gain more practical experience is to form local work groups between physicians and health economists to organize local field studies on how the public health system can refer interested citizens to a qualified meditation NGO with a partial public subsidy for an introduction course.

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## Conflicts of interest

None.

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