Sahaja Yoga

Reconciling Western Science and Eastern Traditions of Meditation

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Why is it that meditation is popularly perceived as uniquely beneficial and yet there is no substantive scientific proof for its effectiveness? One explanation is that scientific activity has focused mainly on a Westernised interpretation of meditation as a method of relaxation rather than the traditional Eastern idea of meditation as an experience stemming from mental silence. This argument is supported by a growing number of scientific evaluations of Sahaja Yoga Meditation (SYM), which uses the mental silence experience. Rigorously designed clinical studies of SYM suggest its effectiveness, while physiological studies of SYM also suggest a fundamental distinction between mental silence and simple relaxation. Population surveys indicate that long term users of SYM experience better mental and physical health scores than the general population, and that these scores are significantly related to the practice of meditation.

Introduction

In the interests of lucidity we provide here an outline of our argument and reasoning. First, we describe the original and fundamental ideas that underlie meditation and explain that one of the key features is the experience of mental silence. Since the traditional idea of meditation is that it is uniquely effective, the state of mental silence is essential for this effectiveness to be apparent. Second, we examine the scientific evidence for meditation and describe the lack of convincing evidence (and the plethora of unconvincing evidence and media enthusiasm) for the idea that it is specifically effective. Third, we describe how the Western ideas of meditation that have been tested by scientists differ from the traditional ideas. Fourth, we then examine the much smaller amount of scientific research into Sahaja Yoga meditation, an example of meditation technique that closely adheres to the traditional idea of mental silence. This evidence is remarkable in that, unlike the larger body of evidence for the Western conceptualisation of meditation,

it does provide relatively strong support for a specific effect. Fifth, we discuss and speculate on why Western researchers have failed to address the important differences between Western and Eastern ideas of meditation. Finally, we conclude that SYM offers researchers an opportunity to address and explain the discrepancies between the popular perception of meditation (that has arisen from Eastern tradition) and scientific evidence (that has arisen from the Western misconception of meditation). Meditation is popularly perceived to have unique benefits. Proponents, both Eastern and Western, suggest it facilitates good health, positive psychological adjustment, and the practical realisation of spiritual ideals in daily life. These claims date back centuries.

The Spiritual and Cultural Origins of Meditation, Yoga, and Sahaja

Yoga, began as a combination of lifestyle factors, psychophysiological exercises, ethical observances and metaphysical insights aimed at achieving an experiential connection with universal reality, this state is given the Sanskrit term yoga which literally means union. After being systematized in Patanjali's *Yoga Aphorisms* [c 500 BC], it was taught within elite groups of mystics in different areas of India for thousands of years. From about 1300CE, a generation of adepts emerged who described yoga in language accessible to average people. The practice of meditation has thus became so popular that in countries like India and Japan it is today regarded as a respectable way of maintaining a spiritual dimension in daily life.

Yoga is, however, more than a fitness program or philosophy. Its highest goal is a lasting change in consciousness, transforming the practitioner's experience of self and of the universe (Goleman, 1978). This ultimate state of spontaneous psycho-spiritual integration came to be known as the *sahaja* state, from the Sanskrit "saha", (together) and "ja" (born or innate) (De Kalbermatten, 2005).

While the understanding of Sahaja extends from its Buddhist origins to the modern day, its popularity has fluctuated in and out of obscurity as different Indian spiritual movements encouraged, revised or ignored it. Synonymous Eastern terms and ideas include *jivan mukta, buddha state, the Tao* and *liberation*. In addition to the terms described above, modern Western descriptions include *unitive state, self-realisation*, and *self-actualization*. From c.1500 onwards in India Sahaja was given special attention by a number of major cultural figures such as Nanak, Kabir, Dadu Dayal, and Ramana Maharshi, and currently by Shri Mataji Nirmala Devi (Devi, 2000) to describe a state of effortless

and spontaneous connection with reality, achievable by a life of ethical conduct, moderation, cultivation of love and compassion, and, most importantly, meditative experience.

The ancient and traditional idea of meditation clearly states that the experience of mental silence – the complete absence of cognitive activity while remaining alert and in control – is the *sine qua non* of meditation. It proposes that the perception of true reality is obscured by one's own mental complexities and activities (preconceptions, emotions, opinion, intellect, analysis, etc) which can be loosely termed as *mind*. The following quotations from ancient Indian texts illustrate some of this and related quintessential qualities:

> He (God) comes to the thought of those who know him beyond thought, not to those who imagine he can be attained by thought: he is unknown to the learned and known to the simple (Mascaro, 2004).

and,

> When the five senses and the mind are still, and reason itself rests in silence, then begins the path supreme. This calm steadiness of the senses is called yoga. Then one should become watchful, because yoga comes and goes (Mascaro, 2004).

The ancient Japanese Rinzai Zen tradition also encompasses the idea of "non thought", elegantly described in the koan, "What is the sound of one hand clapping?" The answer is, of course, that there is no sound, and similarly the state of meditation involves no mental activity. The aim of such a riddle is to challenge the mind into realizing the futility of rational thought, triggering a shift in consciousness toward the non-cognitive or *trans-mind* state, described in the Zen tradition as *satori* (Littleton, 1996).

This conceptualisation of meditation is a much more specific and demanding definition in which the overt features of meditation such as posture, breathing and physiological status become secondary to the experience. For some reason, the Western scientific establishment has neglected to acknowledge this traditional definition, preferring to test more Westernised ideas, despite the fundamental differences between the two.

Meditation in the West

In the West meditation gained currency with the rise of pop culture. In the 1960s the Beatles' interest encouraged many consumers to dabble in Eastern spiritual ideas and practices, especially meditation. Significantly, the idealism that led the Beatles to try meditation also magnified their disappointment when they discovered that the ancient tradition had been misinterpreted for Western consumption.

In more modern times, meditation's popularity appears to have

benefited from the mainstreaming of complementary and alternative medicine. For instance, a nationally representative survey of U.S. households in 1998 indicated that almost one in five Americans had used some form of mind body therapy in the previous 12 months, of which meditation was the commonest method (Wolsko, Eisenberg, Davis, & Phillips, 1998). In Western Australia, a 2002 survey of a randomly selected, representative sample (n=1,033) showed 11% of respondents had practiced meditation at least once (Kaldor, Francis, & Fisher, 2002).

The yogic idea that unchecked activity of the mind is the ultimate cause of disease combines elements of psychology, spiritual beliefs, and physical health. It is therefore appealing both to supporters of orthodox medicine, who subscribe to the biopsychosocial model of health, as well as to proponents of holistic health. So it should not be surprising that a broad cross section of Westerner society is attracted to its potential as a therapeutic tool rather than as a method to enhance consciousness.

The health profession appears to have embraced the therapeutic promise of meditation, if a survey of Australian GPs in 2000 is representative. It found that almost 80% of respondents had recommended meditation to patients at some time in the course of their practice, yet less than 35% had any formal training or education in the field (Pirotta, Cohen, Kotsirilos, & Farish, 2000). This reflects, on the one hand, the growing legitimacy of what was once regarded as a fringe concept but, on the other, a characteristic lack of quality education about what is and is not meditation.

Recently, the idea of an optimal state of consciousness and its possible role in health has started to enter mainstream thought. For example, Csikszentmihalyi, proponent of the increasingly popular positive psychology movement, advocates the importance of *flow states* since his research has found that those people who experience flow states are more likely to enjoy better psychological adjustment and more meaningful lives (Nakamura & Csikszentmihalyi, 2002). He describes flow as the "wholistic sensation present when we act with total involvement" (Csikszentmihalyi, 1988). The experience seems spontaneous and has its own internal logic, "a unified flowing from one moment to the next in which we feel in control of our actions and in which there is little distinction between self and environment, between stimulus and response or between past, present and future." These descriptions clearly resonate with the ancient yogic idea of mental silence but have yet to be broadly assimilated by mainstream Western thinkers.

Popular belief in the efficacy of meditation has been stoked by a potent combination of anecdotal evidence and selective misreadings of the modern scientific database. For instance, in 2002, *Time* magazine devoted a feature issue to meditation, boldy claiming "scientific proof" of meditation's effectiveness; yet in stark contrast, a 2003 *British Medical Journal* editorial laments the lack of credible scientific evidence to support the idea that meditation has any specific effect beyond that of simply sitting quietly (Canter, 2003).

The Western concept of meditation is summed up by US's National Centre for Complementary and Alternative Medicine definition as "a conscious mental process that induces a set of integrated physiological changes termed the relaxation response" (National Centre for Complementary and Alternative Medicine, 2004). According to this, meditation is conceptualised as a predominantly cognitive activity involving mundane, repetitive thoughts or actions intended to trigger a psychophysical experience. Rather than referring to a particular state of consciousness, this physiological conception of meditation as a form of relaxation is a long way from the transcendent experience alluded to in the ancient source texts.

How did this conception come about? Benson argued that relaxation, Eastern meditative traditions, and Western religious practices are essentially the same (Benson, 1975). He coined the term *relaxation response* and suggested this was a universal physiological process underlying apparently divergent tasks such as listening to music, sitting quietly in a chair, light sleep, Christian prayer, and yogic meditation. He pointed out a number of common features that appeared to underlie all of these activities and related this to the historical Eastern and Western descriptions of mystical states. This led to the idea that, despite the cultural and conceptual differences, all of these activities had "psychophysiological equivalence".

At about the same time, scientific evidence emerged appearing to confirm Benson's suggestions. A conventional understanding of the physiology of stress characterizes the stressed state as one of autonomic arousal associated with a spectrum of characteristic changes, including increased heart rate, blood pressure, respiratory rate, and catecholamine release into the bloodstream and reduced skin temperature (Papillo, Murphy, & Gorman, 1988; Murphy & Gorman, 1988; Cannon, 1941). Relaxation methods and other approaches thought to reduce stress cause these parameters to change in the opposite direction (Benson, Beary, & Carol, 1974). In fact empirical studies of meditation conducted in the West also showed that it elicits essentially the same changes

that occur in relaxation (Benson & Stuart, 1992). Finally, Benson developed the Relaxation Response; a systematic method of effectively achieving a state of profound relaxation, which he argued was a secular form of meditation that captured the essentials of the Eastern meditative tradition while discarding the cultural paraphernalia that often came with it.

A seminal review of the physiological evidence by Holmes (1985) appeared to be the final confirmation of the "psychophysiological equivalence" theory and therefore of Benson's idea that the Relaxation Response was the key common factor between all of these methods. This understanding has become a virtually irrefutable axiom in Western discussions about meditation.

Yet inherent within this doctrine is the failure to recognize the difference between traditional ideas of meditation as a specific state of mental silence and the rather nebulous Western idea of meditation as repetitive cognitive activity aimed at eliciting a state of relaxation. "Relaxation-meditation" and "mental silence meditation" are fundamentally different, in that the former aims to reduce, simplify, or focus mental activity while the latter aims to eliminate mental activity altogether, without reducing self control or alertness.

The Scientific Evidence

Since the randomized controlled trial (RCT) is the only accepted form of scientific evaluation that can genuinely test for the presence of a specific effect we conducted an extensive search of the literature to identify all RCTs in the medical and psychological literature and we report the preliminary findings of this review here. While we found more than 3000 peer-reviewed articles that mention "meditation" only 110 described actual RCTs. Moreover, within this corpus, an even smaller proportion (25 RCTs) describes legitimate attempts to exclude the important nonspecific, confounding effects of placebo and simple rest.

The choice of control method is probably the most critical factor in meditation research. Its influence on the outcome of trials cannot be overstated. In our review, of the 61 comparisons that contrasted meditation with completely inactive, noncredible controls (that are unlikely to generate any placebo or other nonspecific effects such as strategies like "waiting list" or "reading"), 57% reported substantial effects in favour of meditation. However, in the 60 comparisons that contrasted meditation with highly credible, active control methods (that are more likely to generate respectable placebo and other nonspecific effects such as strategies like progressive muscle relaxation, biofeedback,

and hypnosis), only 19% of trials reported substantial differences in favour of meditation, and half of these were published by authors or institutions with possible financial conflicts of interest. Perhaps even more surprising is that 15% of "active control" trials reported that meditation was significantly less effective than the control.

A wide variety of outcome measures were employed in the RCTs that we reviewed. These include: validated self-report questionnaires, such as the State Trait Anxiety Inventory, Profile of Mood States or the Symptom Checklist 90 (Revised); physiological measures, such as heart rate, blood pressure, electro-dermal activity, disease-specific symptom scales; and other objective and subjective measures of illness. Meditation has been applied to many different kinds of conditions and subjects, including college students (psychology students are a particularly popular target population), workers, anxiety sufferers, people with hypertension or other chronic conditions, and those with terminal illnesses such as cancer.

Comparisons of Meditation to Other Interventions (PMR, relaxation, hypnosis, biofeedback)

Lehrer, Carr, Sargunaraj, & Woolfolk (1994) compared several different stress management strategies and found that, while all of them reduced stress, each appeared to have greater effects in certain sub-parameters of stress. That is, cognitive-oriented processes elicited stronger cognitive effects; autonomic-oriented processes elicited stronger autonomic changes; muscle-relaxation oriented methods elicited stronger muscle effects, and so on. He therefore proposed that different methods could be directed at different clinical problems such that conditions which featured predominantly muscular problems may be best treated with muscle orientated methods, conditions such as phobias are best treated with cognitive orientated problems, and so on. This raises the possibility that meditation may be compared to other overtly similar behaviour therapies in order to determine if measurable, practical differences can be elicited. To this end we reviewed the extant RCT database and found the following data.

When PMR was compared to meditation, only one (Schneider, Staggers, Alexander, Sheppard, Rainforth, Kondwani et al., 1995) of eight trials reported a moderate effect in favour of meditation (the meditation technique was a commercialized form, and the lead author was employed by an institution linked to the technique); the remaining seven demonstrated minimal or no differences (Fee & Girdano, 1978; Parker, Gilbert, & Thoreson, 1978; Zuroff & Schwartz,

1978; Boswell & Murray, 1979; Carrington, Collings, Benson et al., 1980; Lehrer, Woolfolk, Rooney, McCann, & Carrington, 1983; Weinstein, Smith, Jonathan, 1992).

Biofeedback was compared to meditation in six trials, none of which reported any significant differences, positive or negative (Fee & Girdano, 1978; Hager & Surwit, 1978; Griffiths, Steel, Vaccaro, & Karpman, 1981; Credidio, 1982; Haffner, 1982; Couture, Singh, Lee W et al., 1994; Taub, Steiner, Weingarten, & Walton, 1994). Paradoxically, in two trials (Haffner, 1982; Couture, Singh, Lee W et al., 1994), the researchers actually added biofeedback to the meditation regime and yet detectable differences were still not observed.

Exercise was compared with meditation in nine trials, two reported moderate to strong effects in favour of meditation (Berger, Friedmann, & Eaton, 1988; Jin, 1992), six reported no difference (Klein, Greist, Gurman et al., 1985; Bruning & Frew, 1986; Jin, 1992; Øktedalen, Solberg, Haugen & Opstad, 2001; McMillan, Robertson, Brock, & Chorlton, 2002; Wolf & Abell, 2003; Oken, Kishiyama, Zaidel, Bourdette, CarlsenHaas, M. et al., 2004) and one reported that exercise was more effective than meditation (Murphy, Pagano, & Marlatt, 1986).

Only one trial has compared meditation with hypnosis: Benson and coworkers compared his relaxation response form of meditation to self-hypnosis in the treatment of anxiety, and observed no differences in either biological or objective measures of anxiety (Benson, Frankel, Apfel Daniels, Schniewind, Nemiah et al., 1978). A subanalysis of subjects grouped into hypnotic or non-hypnotic categories showed no notable differences between the two methods.

We found eight comparisons between different meditation techniques, five reported no differences between techniques (Carrington, Collings, Benson et al., 1980; Yuille & Sereda, 1980; Puente, 1981; Gaston, Crombez, Lassonde, Bernier-Buzzanga, & Hodgins, 1991; Dua & Swinden, 1992), two reported strong differences (Janowlak & Hackman, 1994; Shannahoff-Khalsa et al., 1999) and one reported moderate differences (Shannahoff-Khalsa et al., 1999). Of the three positive trials, one main author, Shannahoff-Khalsa, actually developed the technique that he evaluated while another main author, Alexander, was employed by an institution with financial links to the technique.

Perhaps the most fascinating observation is that, out of seven trials that compared sham, placebo, or imitation strategies to "real" meditation, only one trial reported a strong effect in comparison to the sham procedure (Wolf & Abell,

2003) and one reported a moderate effect (Fee & Girdano, 1978) but five reported no difference (Smith, 1976; Boswell & Murray, 1979; Seer & Raeburn, 1980; Yuille & Sereda, 1980; Dua & Swinden, 1992).

Thus, while the low quality evidence seems to show that meditation is effective, the smaller proportion of more reliable high quality evidence provides a much more contradictory pattern. Despite the current emphasis on evidence-based practice, the growing popularity of meditation among health professionals is clearly not due to burgeoning scientific evidence.

Surprisingly, we found that otherwise peaceful Western proponents of meditation can react strongly to the suggestion that the scientific evidence does not support their enthusiasm. Some counter-argue that the unique dimensions of meditation are not accessible to scientific study, or that the scientific establishment has a skeptical if not political agenda directed against natural health practices (Cohen, 2001). More logically, there are three possible conclusions to be drawn from a balanced assessment of the evidence. First, that meditation does not have a specific effect, despite a robust and ancient tradition describing unique effects (what is described in complementary medicine academia as "historical evidence"). Second, that the specific effects of meditation are currently not accessible to scientific investigation, despite the large number of studies and the considerable variety of measures employed, many of them very sensitive to small changes in subjective experience. Third, and this is the idea that we subscribe to in this paper, that the techniques labelled as meditation in the extant data are not the same as the techniques that were originally developed; hence, what is being tested under the rubric of meditation may not, in fact, be meditation as it was originally intended and taught.

Has science genuinely debunked the notion that meditation has special benefits or could the Western meditative practices tested by science be fundamentally different from their Eastern originals? Considering the potential flaws in the doctrine of "physiological uniformity" and the heterogeneous nature of the clinical and RCT data it is distinctly possible that we have been examining the wrong phenomena! Hope for a genuine and fruitful scientific inquiry requires a radical overhauling of our preconceptions about what is and what is not meditation.

Could it be that both Western meditation enthusiasts and Western scientists, despite their opposing views, both suffer from the same crucial flaw in their assumptions: That the Western idea of meditation involves mental activity whereas the Eastern idea involves the cessation

of mental activity and that these may be in some way be biologically distinct phenomena.

Sahaja Yoga as an Example of Metal Silence Orientated Meditation

Sahaja Yoga Meditation (SYM) is a modern example of the mental silence approach to meditation. Developed by yoga expert Shri Mataji Nirmala Devi, the technique focuses on cultivating the experience of *nirvichara samadhi* (Sanskrit, "thoughtless awareness"). The technique focuses on cultivating the experience of nirvichara samadhi by using an understanding of the traditional yogic energy centres ("chakras") and channels ("nadis"), propensities ("gunas"), and activating force ("kundalini") (De Kalbermatten, 2003, p. 155). This subtle, energetic anatomy is invisible and, therefore, not directly accessible to scientific validation. Nevertheless a number of parallels between it and modern ideas have been noted. For example, traditional diagrams of the chakra system bear a remarkable resemblance to the autonomic nervous system. Moreover, the traditionally described psycho-spiritual qualities of the chakras, nadis, gunas, and kundalini correspond closely to the psychodynamic archetypes described by Jung (Henshaw, 2000) as well as to mythological symbolism.

SYM practitioners describe a characteristic meditative experience that closely resembles the flow state described by Csikszentmihalyi (Nakamura & Csikszentmihalyi, 2002). The salient features are:

1. Unnecessary (especially negative) thought activity is eliminated
2. Attention is effortlessly focused on the "present moment" experience
3. The meditator is normally alert and aware (sometimes more aware, but not hyperactive) and in full control of his/her faculties
4. There is a sense of enjoyment and fulfilment that is distinguishable from normal pleasure (Nirmala Devi, 1996).

There is a small but growing evidence base suggesting SYM may have a specific effect. For instance, a series of physiological trials conducted in one of India's leading medical research institutions in the late 1980s reported substantial changes in conventional measures of physiological arousal (heart rate, blood pressure, and respiratory rate) and neuroendocrinal arousal (alpha activity, urinary metabolites of catecholamines), during a single session of meditation in novice and advanced meditators (Rai, 1985). The physiological studies in India were remarkable for two reasons; first, because they suggested potent effects on conventional measures of physiological arousal; second, and more importantly, because

although many of the parameters changed in the expected direction, skin temperature, paradoxically decreased during the meditation session. This is despite that fact that conventional understandings, and empirical studies of meditation and relaxation in the West, categorically predict the opposite.

We recently replicated the same phenomenon in an Australian psychophysiology laboratory (Manocha, 2004). This observation clearly suggests that the distinction between mental silence and relaxation orientated meditation may not be just conceptual but biological. Such an idea may have important implications for the study of consciousness and human experience.

Aftanas & Golocheikine (2001 and 2002) conducted a well-designed brain study of SYM. Using high resolution EEG on novice and advanced meditators during meditation, they reported substantial changes in the alpha/theta range, distributed more or less symmetrically in the fronto-parietal parts of the brain. Most significantly, these changes correlated significantly with the subjects' self-reported experience of mental silence, and were more pronounced in the advanced meditators. Thus, the mental silence state of SYM was associated with changes in central nervous system activity, patterns that are reproducible and correlate with the subjective experience of meditation. This adds further support to the idea that mental silence may be as much a biological phenomenon as it is a metaphysical one and suggests that mental silence may even have a neurophysiology unique to that state of consciousness.

Three small clinical RCTs of the effects of SYM on asthma and hypertension (Rai, Sethi, & Singh, 1988) and epilepsy (Panjwani, Gupta, Singh, Selvamurthy, & Rai, 1995) reported promising effects on a wide range of subjective and objective outcomes when compared to plausible, "mimicking exercise" controls. Unfortunately, statistical shortcomings prevented more conclusive interpretation of the data. Morgan (2002) conducted a small matched control trial for sufferers of anxiety in the UK and reported a significant benefit compared to CBT.

Encouraged by these findings, our research group implemented a well-designed RCT involving 59 subjects in which SYM was compared to a standard stress management program for sufferers of moderate to severe asthma (on pre-stabilised treatment but who remained symptomatic) (Manocha, Marks, Kenchington, Peters, & Salome, 2002). While both groups experienced similar improvements in a number of outcome measures, the SYM group demonstrated significantly greater improvements in clinically important subjective

measures such as aspects of asthma specific quality of life, mood state, and, notably, an objective measure of disease severity known as airway hyperresponsiveness.

More recently, our team has completed a RCT of SYM for work stress in which SYM, as an example of the mental silence approach, was compared to the Westernised relaxation approach to meditation (Manocha, 2004). SYM was, on average, twice as effective as the comparator in reducing work related stress, general depressive symptoms, and anxiety. Interestingly, the mental silence approach also resulted in substantially fewer numbers of subjects experiencing deteriorations over the duration of the intervention, suggesting a comparatively lower potential for adverse reactions.

Thus in two RCTs in which the mental silence approach to meditation was compared to highly credible and active controls, substantial differences in therapeutic effects were observed. In light of the generally poor performance of Westernised approaches to meditation, these studies have added significance.

Our team has conducted a number of field studies as part of our exploration of the health promoting potential of meditation. For instance, in a controlled study of SYM for children with ADHD, an average 30% improvement was observed over the six week treatment phase and several children were able to reduce or even eliminate stimulant medication (Harrison, Manocha, & Rubia, 2004).

In summary, the existing body of research implies that some forms of meditation, ones that stress the practice of mental silence, are specifically effective. The different approach to meditation of disciplines such as SYM logically explains why "garden variety" Westernised meditation techniques are unlikely to be much more effective than simple rest.

With this evidence we suggest that to salvage meditation from the dustbin of science we must acknowledge a critical failure to recognize the difference between Western ideas of meditation as repetitive cognitive activity or relaxation exercise, and traditional ideas of meditation as a specific state of mental silence.

Why have Western scientists, clinicians and academics virtually ignored this important understanding of meditation? We speculate below.

First, the idea of "trans-thought" consciousness is foreign to Western culture. Having trained for so many years in the art of sophisticated thought, the Western intelligentsia may well have difficulty acknowledging that a state of consciousness devoid of thought might be possible, let alone superior.

Second, the New Age, "alternative lifestyles" mindset is characterised by a rejection of conventional conservatism, replacing it with a pantheistic, all-embracing philosophy (Norlander, Gard, Lindholm, & Archer, 2003). While this has facilitated the cross-cultural uptake of Eastern ideas like meditation, its "anything goes" ideology has diluted much of the original meaning and thereby contributed to the questionable understanding of meditation that is pervasive in the West.

Third, as De Kalbermatten points out, meditation has become an industry in its own right. Not surprisingly, many of its opinion leaders have made fortunes by selling books, CDs, courses, and qualifications on or about meditation. These entrepreneurs rely on an Americanised, consumer-friendly definition to promote broadest possible consumption. The current lack of clarity about definition and the flawed assumption of psychophysiological uniformity conveniently allow almost any psychophysical task to be labelled and marketed as meditation. Virtually none of these highly commercialized products describes how to achieve the mental silence experience. Acknowledgement of the authentic definition as different to the one that they profit from seems unlikely. One wonders whether any of these meditation entrepreneurs have ever experienced mental silence, let alone whether or not they can deliver the experience to others.

Consequently, scholars, consumers, and entrepreneurs have imbibed a heady mix of mediocre evidence, New Age clichés, arbitrary opinion and media misrepresentation to create a pseudo-ideology, conveniently used to perpetuate a misunderstanding of meditation that is easy to sell and easy for the average Westerner to consume, but basically no more effective than sitting quietly, listening to music, or walking in the park. The ideology feeds on itself to create an ever-expanding body of woolly discussion and politically-correct platitudes that successfully obscure the central message—that meditation is mental silence. The key to sustainable well-being lies not in the "power of the mind" so much as the innate and spontaneous health giving power of the "Sahaja state" that exists beyond the limitations of the mind and its stress-creating habits of thought.

Conclusion

While Westernised meditation proliferates, the scientific evidence clearly shows that, as a single genre, it does not have much of an effect beyond that of simple rest. This is primarily because the original understandings of meditation have not been successfully translated into the West. In contrast, the traditional understanding of meditation which

uses a very specific definition of meditation as mental silence does appear to generate scientifically verifiable effects and is, therefore, of considerable relevance to both researchers and consumers. Sahaja Yoga Meditation is an example of such an approach to meditation. While the scientific evidence for it is promising, it and other authentic approaches face unique obstacles to wider dissemination because the idea of mental silence is so foreign to the Western outlook. Moreover, the traditional understanding that such an experience cannot be commercialised is in opposition to the modern ethos of consumerism. The New Age industry, for example, has invested heavily in marketing less effective but more profitable, Westernised misunderstandings. Nevertheless, SYM appears to be a relatively safe and authentic experience that is very likely to facilitate the achievement of better health and well-being. It is available free of charge to those who are prepared to believe that there is life after thought.

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