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Effects of Seven-Day Osho Dynamic Study: A Pilot Study

**205**

Vyas, A.

Running head: Effects of Seven-Day Osho Dynamic Meditation Study

Effects of Seven-Day Osho Dynamic Study:

A Pilot Study

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## **Abstract**

This research was conducted to investigate the clinical and corporate effects of a 7-Day Osho Dynamic Meditation. Clinical variables were measured for psychopathological symptoms or syndromes, self esteem, and anger. Corporate variables were burn out rates and occupational stress. Participants meditated daily for 7 days. Psychological instruments were completed at baseline, Day 7, and Day 12. Results of a mixed-effects model with pair-wise comparisons indicated significant decreases in several psychopathological variables such as anxious-depressive syndrome, somatic complaints, aggressive behaviors, and depression. There was a significant decrease in trait-anger and an increase in defensive self-enhancement scores. In the corporate arena, there was a significant reduction of emotional exhaustion, role overload, psychological strain, physical strain, and a significant increase rational/cognitive coping ability. Thus, this study showed that Osho Dynamic Meditation can be used as a psychotherapeutic intervention for a multitude of clinical and corporate issues.

## Effects of Seven-Day Osho Dynamic Study Protocol: A Pilot Study

### Defining Meditation

Historically, while meditation has been practiced for centuries by various cultures it is only recently that the effects of meditation have been studied more widely within the scientific community. One possible reason for the difficulty in researching meditation is that there seem to be as many unique descriptions of meditation as there are individuals. Such challenges including those of methodology have been discussed by Caspi and Burleson (2005).

Perez-de Albeniz and Holmes, (2000) have reflected that meditation may be described as relaxation, concentration, altered states of awareness, suspension of logical thought, and maintenance of self-observing attitude. From a psychological perspective they describe meditation as an “intentional self-regulation of attention, in the service of self-inquiry, in the here and now” (p. 49). *Harvard Mental Health Letter* (2005) states that meditation is “the systematic method of regulating attention” (p. 1).

From the Eastern world Buddhist meditation, Zazen, Chinese *Qi Gong*, and yoga, have long been practiced as a way of focusing the mind, deepening personal insights, and gaining greater awareness of the present moment (La Torre, 2002), while meditation in the Western world traditionally has had religious connotations and associations, mind-body techniques such as relaxation response (Benson and Corliss, 2004), mindfulness meditation (Kalb, 2004), and paced respiration (Ferrari, Kagan, Kessel, and Benson, 2004). Relaxation response involves a profound sensation of calmness achieved through means such as yoga, prayer, or breathing exercises (Benson, Corliss, and Cowley, 2004). Mindfulness meditation, defined by Shapiro, Schwartz, and Bonner (1998), is a “formal discipline that attempts to create greater awareness and consequently greater insight in the practitioner” (p. 583), and paced respiration is a breathing technique used to achieve relaxation (Ferrari, et al., 2004).

Many techniques are remarkably similar regardless of the tradition. For example the *Harvard Mental Health Letter* (2005), Perez-de Albeniz and Holmes (2000), and Benson and Corliss (2004) all cite these methods for meditation: sitting in a comfortable position with eyes closed; choosing a word or short phrase to repeat silently to one’s self; focusing attention on one’s breathing; relaxing one’s muscles from foot to head; accepting all thoughts, feelings, and memories without judgment; and being in the present moment, without succumbing to distractions.

Specific types of meditation, however, may have a prescribed format to follow. This is true of Mindfulness-Based Stress Reduction (MBSR), according to which participants engage in meditation for forty-five minutes, observe their thoughts and the physical sensations of the body, be aware of the present moment without forming judgments or interpretations, and accept the mental chaos of the mind as transient (Kalb, 2004). *Qi Gong*, from the Chinese tradition, requires the participant to concentrate on the personal energy found in the body to reach the state of manipulating this energy at will (Perez-de Albeniz and Holmes, 2000). Kabat-Zinn’s Stress Reduction and Relaxation Program specifies a set of meditation methods to help patients reduce stress: Sitting Meditation—an awareness of body sensations, thoughts and emotions while attending to breathing;

Body Scan—progressively moving attention through the body from toes to head; Hatha Yoga—stretches and poses that enhance awareness, strengthen muscles, and improve balance; and loving, kindness and forgiveness meditations—designed to evoke these mental states (Shapiro, et al., 1998).

According to Osho (1988b), the modern man, of eastern or western origin has changed so much that he needs new methods. Chaotic methods are required because the modern mind is chaotic. “This chaos, this rebelliousness in modern man is, in fact, a rebellion of other things: of the body against the mind and against its suppression” and it is because of the rebelliousness a technique is required that allows rebellion to become fulfilled. One such technique is Osho Dynamic Meditation which allows meditation to emerge through active movement. In this meditation chaos is expressed (dynamic movement / activity) prior to feeling relaxed (meditation / inactivity). Once the junk is thrown out, inactivity is possible.

Osho Dynamic Meditation is a formatted meditation technique of 5 stages, first of which is chaotic breathing for 10 minutes, followed by 10 minutes of catharsis, 10 minutes of shouting a mantra “hoo”, 15 minutes of silence, and finally 15 minutes of celebration through dance (Osho, 1988a).

While the debates on definitions of meditation and difficulty in researching meditation continue; meditations are increasingly included in the practice of psychotherapy and in treatment of mental illness (e.g. Finger & Mayfield Arnold, 2002). Such interventions are now being incorporated in cognitive behavior therapy (*Harvard Mental Health Letter* 2005, D’Souza & Rodrigo, 2004).

### **Limitations of Meditation**

Studies have shown that meditation in its differing traditions, approaches, and techniques produces positive benefits for the majority of practitioners. Perez-de Albeniz and Holmes (2000) identify some of these benefits as greater patience, increased comfort with life’s uncertainties, a non-judgmental attitude, trust in one’s inner nature, and recognition of one’s personal responsibilities, including increased physical vigor, happiness, positive thinking, and self-confidence as desirable effects of meditation. They also note that meditation may have a negative impact on the practitioner, possibly caused by greater self-awareness which can evoke feelings of guilt and remorse or unlock memories and experiences from the past. They identify the following adverse consequences of meditation: anxiety and panic resulting from relaxation; increased tension; decreased motivation; boredom, pain, confusion, and disorientation; depression, negative and judgmental attitude; and addiction to meditation. Because of these undesired effects, the authors suggest that meditation is not for everyone.

Gillani and Smith (2001) too have concluded that certain types of meditation, primarily Zen and other transcendental meditations, may not be appropriate for inexperienced practitioners or for those seeking tension relief rather than self-exploration.

One approach to determine whether meditation is suitable to a specific individual is to identify their inherent traits. For instance, Murata, Takahashi, Hamada, Omori, Kosaka, Yoshida, & Wada (2004) have identified predominance of anxiety traits that induce meditation. Their study showed that individuals with lower trait anxiety characteristics are more disposed to meditation with internalized attention in comparison to individuals

with higher trait anxiety that are more disposed to relaxation. Hence, a specific form of meditation may be conducive to a specific type of an individual.

However, (Osho, 1985) claims that dynamic meditation can be carried out by all people. Osho Dynamic Meditation developed for the contemporary man is of immense help, as all people are repressed, they all carry psychological burden, and are in need for catharsis just to help them unburden. All people who practice this technique are thus enabled to release their unique repressions, as a first cleansing step followed by relaxation.

### **Effects of Meditation**

Benson and Corliss, (2004); Domar, (2004); as well as Murphy and Sauter, (2003) report that individuals and families today suffer from a variety of physical, emotional, and psychological conflicts and pains. Stress produced by often unpredictable and uncontrollable circumstances of daily life is the primary culprit robbing individuals and families of interior peace, calm, happiness, and well-being. A strong correlation exists between physical illness and stress produced by emotional and psychological problems, (Bakalar, 2004; Benson & Corliss, 2004; Domar, 2004; *Harvard Mental Health Letter* 2005; Murphy & Sauter, 2003; Underwood, 2004).

Thus, meditation can provide relief from stress—whatever its source—and alleviate the pains of body, mind, and spirit, in the work space (corporate environments) or in a personal space (clinical environments).

More specifically in the clinical arena meditation has been shown to be an efficacious means to manage and relieve stress (Benson & Corliss, 2004; Finger & Mayfield Arnold, 2002). Waelde, Thompson and Gallagher-Thompson (2004) have shown that interventions such as meditation and yoga have been reported to manage stress, increase coping skills, reduce depression, anxiety, and increase perceived self-efficacy of caregivers for people with dementia. Meditation can also reduce anger, hostility, and anxiety (Shapiro, et al., 1998). Leung and Singhal (2004) noted that people who practiced qigong meditation for at least once a day for ten years were less neurotic than those people who did not practice qigong. Other reports reveal meditation's significant role in lessening the effects of depression and enhancing functional recovery (e.g., D'Souza & Rodrigo, 2004). MBSR is helpful in the reduction of depression (Kalb, 2004). Bakalar (2004) identifies mind-body techniques as helpful to transform emotional responses to pain, thus reducing the risk that chronic pain sufferers face of developing depression.

Tyre (2004) and Underwood (2004) pinpoint the salutary effects of meditation in lowering stress levels, heart rate, blood pressure, and even staving off heart disease as does the *Harvard Mental Health Letter* (2005), which further identifies therapeutic effects of meditation in relieving discomfort associated with physical conditions such as irritable bowel syndrome and rheumatoid arthritis, helping women overcome eating disorders, enhancing the well-being of cancer treatment patients, and decreasing criminal behavior in juvenile offenders.

Meditation's known capacity to relieve stress can also result in improved chances of conception for couples. (Domar, 2004) and can alleviate symptoms of menopause, particularly hot flashes (Ferrari, et al., 2004).

In the corporate domain meditation is effective too, as shown by Murphy and Sauter (2003). They observe that current trends in the United States reveal that more than one-third of workers describe their jobs as “often” or “always” stressful (p. 151), and studies and surveys such as the Northwestern National Life Study, the National Study of the Changing Workforce, and the General Social Survey confirm that these statistics have remained consistent over a period of time. Some consequences of worker stress consist of a lesser ability to learn and retain safety knowledge, fewer reports of injuries, dangers, or health care needs for fear of job loss, and greater job insecurity. Many corporations choose to approach these issues by offering a variety of stress interventions, a component of which is meditation. The benefits of these interventions have reduced feelings of stress, lowered physiological arousal levels and decreased physical complaints of workers but have not eliminated causes of stress in the workplace such as downsizing, temporary or contract labor, and increased work hours per week.

Shapiro, et al. (1998) conducted an eight week mindfulness-based meditation for stress reduction with premedical and medical students. Their goals were to decrease anxiety and depression, enhance doctor-patient relationship by fostering empathy, and encourage spiritual growth and understanding to promote a more balanced and humanistic approach to their lives and their patients’ lives. The study’s results document that meditation of this type can effectively impact each of the aforementioned areas and are consistent with results of previous research.

La Torre (2002) also found positive benefits of meditation in the counseling work environment. She stated that Buddhist meditations allowed therapists to listen better, be more open and be attentive to clients.

Data compiled by the Pacific Resources for Education and Learning documented teacher stress and teacher burnout as significant contributors to high rates of teacher attrition and absenteeism from the workplace. This report revealed that teacher stress caused poor morale, job dissatisfaction, lowered productivity, and high medical costs. Meditation, along with other physiological coping strategies, has been used in stress prevention programs. Overall results of meditation combined with other stress reduction techniques included improved peer support, reduced somatic complaints, greater feelings of personal accomplishment, decreased work pressure, and improved job satisfaction, (Brown & Uehara, 1999).

There have been few studies that show the impact of meditation on both clinical and corporate variables.

According to Osho, dynamic meditation is efficacious in clinical as well as corporate arenas. For instance he says that dynamic meditation is especially effective for people suffering from insomnia (Osho, 1976) transforming anger to compassion (Osho, 1973), dissolution of obsessive traits (Osho, 1973), minimization of violence (Osho, 1977), and depression (Osho, 1990). Osho (1990) goes as far as saying that most of the maladies caused due to repression, once allowed catharses, results in a person to be more natural: “Everybody who has been brought up in our societies needs some methods to vomit anger, sex, greed, jealousies, and envies. You are sitting on a volcano...and the volcano can erupt at any moment! If catharsis is allowed – and that’s what Dynamic Meditation is all about – the volcano will disappear. You will become saner”.

In order to investigate if Osho Dynamic Meditation does indeed effect clinical as well as corporate traits and that it would work for all people, this project was undertaken as a pilot project to study the effects of 7 day participation in Osho Dynamic Meditation with

clinical and corporate measurements taken prior to the onset of the study (baseline), at the end of the 7 days of meditation, and on Day 12 for follow up measurements.

## **Method**

### *Participants*

In order to participate in the study, volunteers had to meet preset criteria. These criteria were to be between 18-60 years, being physically fit, being able to partake in physical exercise, not undergoing any medical treatment (including medications), not being pregnant, being able to participate for 7 consecutive days, each day from 6:00 – 7:00 p.m., be able to attend screening and follow up visits, and the ability to read and write English.

Participants who had voluntarily responded to advertisements sent out by email or flyers provided consent for this research. Fourteen adults (11 females and 3 males, mean age = 38.29 years) qualified for the study and completed the baseline measurements. Three participants were unable to initiate the study due to transportation issues, 2 participants dropped out after 3 days of the meditation – (1 because she felt tired and the other for unknown reasons). Nine participants completed the study as well as follow up measurements. All the participants earned a monetary reward for completing the study.

### *Materials*

Clinical variables were measured by utilizing ASEBA-ASR (Achenbach System of Empirically Based Assessment – Adult Self Report), MSEI (Multidimensional Self-Esteem Inventory), and STAXI-2 (State and Trait Anger Expression Inventory –2).

ASEBA-ASR (Achenbach & Rescorla, 2003), includes clinical scales for syndromes which include Anxious/Depressed, Withdrawn, Somatic Complaints, Thought Problems, Attention Problems, Aggressive Behavior, Rule-Breaking Behavior, Intrusive, internalizing, externalizing, and total problems. It also includes scales which were identified as being consistent with DSM-IV: Depressive Problems, Anxiety Problems, Somatic Problems, Avoidant Personality Problems, Attention Deficit/Hyperactivity Problems, and Antisocial Personality Problems. The ASR is a self-report inventory, which includes 126 items and takes from 5 – 20 minutes to complete.

MSEI (O'Brien & Epstein, 1988) which takes about 15 – 30 minutes is a 116 item self-report measure divided into two parts. The first part consists of 61 items for reporting accuracy of the self. The second part of 55 items measures frequency of experiences. In addition to a global self esteem score, there are 10 component scales: competence, lovability, likeability, self-control, personal power, moral self-approval, body appearance, body functioning, identity integration, and defensive self-enhancement.

STAXI – 2 (Spielberger, 1999) is a 57-item inventory which measures the intensity of anger as an emotional state (State Anger) as well as the disposition to experience angry feelings as a personality trait (Trait Anger). The instrument consists of six scales: 1. State Anger (includes 4 variables, state anger (S-Ang), feeling angry (S-Ang/F), feel like expressing anger verbally (S-Ang/V), and feel like expressing anger physically (S-

Ang/P); 2. Trait Anger (includes Trait anger (T-Ang), angry temperament (T-Ang/T), and angry reaction (T-Ang/R)); 3. Anger Expression-Out (AX-O), 4. Anger Expression-In (AX-I), 5. Anger Control-Out (AC-O), 6. Anger Control-In (AC-I) and an Anger Expression Index (AX-Index). STAXI-2 takes about 5 to 10 minutes to complete.

Corporate variables were measured by using MBI-GS (Maslach Burnout Inventory-General Survey) and OSI-R (Occupational Stress Inventory-Revised).

The MBI-GS (Maslach, Jackson, & Leiter, 1996) survey takes 10 – 15 min to complete and measures burn out rates for three general scales; “Emotional Exhaustion” defined as feelings of being emotionally overextended and exhausted by one’s work, “Depersonalization” defined an unfeeling and impersonal response toward recipients of one’s service, care treatment or instruction, and “Personal Accomplishment” defined as feelings of competence and successful achievement in one’s work.

The OSI-R (Osipow, 1998) takes about 30 minutes to complete, comprised of 140 items divided into 3 domains: occupational stress, psychological strain and coping resources. Occupational Roles Questionnaire (ORQ) measures occupational stress made up of 6 scales: Role Overload, Role Insufficiency, Role Ambiguity, Role Boundary, Responsibility, and Physical Environment. Personal Strain Questionnaire (PSQ) measures psychological strain reflecting affective responses comprised of 4 scales: Vocational Strain, Psychological Strain, Interpersonal Strain, and Physical Strain. Personal Resources Questionnaire (PRQ) measures coping resources comprised of 4 scales: Recreation, Self-Care, Social Support, and Rational/Cognitive Coping.

All the surveys for all the time periods were hand scored by an independent researcher and rescored by the principal investigator.

### *Design and Procedure*

All the volunteers were asked to be present in an office space that was comfortable, spacious, and centrally located to participate in Osho Dynamic Meditation daily for 7 days from 6:00 – 7:00 p.m. in a group setting. The principal investigator provided instructions for the meditation each evening along with a demonstration of each stage of the meditation – first stage of chaotic breathing; second stage of cathartic expression of whatever came up like laughter, pain, tears, anger, etc.; third stage of jumping up and shouting the word “hoo”; next stage of simply freezing on the spot in silence, and finally celebrating with dance (Osho, 1988a). Participants were encouraged to ask any questions or comment.

Two days prior (baseline) to the study participants completed a consent form and all the clinical and corporate batteries. Subsequent clinical and corporate measurements were completed on Day 7 (the last day of 7-day meditation protocol) and on Day 12 (5 days after completion of the study). The order of all the batteries for all the time points was counterbalanced. In addition to the formalized measurements after completing the meditation each day, participants completed an informal “daily form” which consisted of 6 likert-type items, surveying level of energy, relaxedness, anger, peace, tiredness, and sadness in addition to weight measurements and comments.

## Results

### *Statistical Procedures*

A mixed effects model was utilized to test for statistically significant changes over time for each of the variables. This model adjusts for the correlation between repeated observations on the same participant and allows for the inclusion of participants with missing data. Pair-wise comparisons were conducted to investigate differences between baseline and Day 7, baseline and Day 12, as well as Day 7 and Day 12. A Bonferroni correction was used to adjust for multiple tests.

A statistical difference between baseline and Day 7 referred to as “meditation effect” would indicate that during the period that the participants engaged in Osho Dynamic Meditation, an effect was observed due to the meditation. A statistical difference between baseline and Day 12 referred to as a “lasting effect” would indicate that the effects of the meditation continued past the period of the study. A statistical difference between Day 7 and Day 12 referred to as an “enduring effect” would indicate the effects continued to despite termination of daily meditation.

### *Clinical Effects*

#### *ASR - Syndrome profile results and DSM IV oriented scales:*

There was an overall significant ( $p = 0.02$ ) decrease in anxious-depressive syndrome as well as a significant meditation effect ( $p = 0.04$ ) and lasting effect ( $p = 0.01$ ). Somatic complaints decreased significantly, overall ( $p = 0.01$ ) in addition to having significant lasting effects ( $p = 0.02$ ) and enduring effects ( $p = 0.02$ ). There was an overall significant ( $p = 0.03$ ) decrease in thought problems as well as a significant meditation effect ( $p = 0.05$ ) and lasting effect ( $p = 0.05$ ).

Aggressive behaviors decreased significantly overall ( $p = 0.02$ ) with post hoc analyses depicting a significant lasting effect ( $p = 0.02$ ). There was a significant overall decrease in internalization ( $p = 0.04$ ). There was a significant overall decrease in externalization ( $p = 0.05$ ). A significant total overall decrease in clinical syndromes was shown ( $p = 0.001$ ). There was a significant meditation effect ( $p = 0.03$ ), a significant lasting effect ( $p = 0.001$ ) as well as a significant enduring effect ( $p = 0.01$ ). These results are presented in Figure 1.

Results from ASR – DSM IV scales, as shown in Figure 2 showed an overall decrease in depression ( $p = 0.002$ ). Post hoc analyses indicated a significant meditation effect ( $p = 0.02$ ) and a lasting effect ( $p = 0.003$ ).

### *MSEI*

As can be seen in Figure 3, there was a significant overall increase in defensive self enhancement measure ( $p = 0.003$ ). Post hoc analyses indicated a significant lasting effect ( $p = 0.04$ ). Generally, mean scores for all the other variables were in the predicted

direction, showing a general pattern of increased self-esteem in both personal self and experiences and global self-esteem.

### *STAXI 2*

As shown in Figure 4, there was a descriptive decrease in all the variables that measured emotional or state anger, trait anger and expression of anger measured by STAXI 2. There was a significant overall decrease in trait anger ( $p=.02$ ) with post hoc analyses showing a significant lasting effect ( $p=0.02$ ). There was a significant overall decrease in anger-reactions ( $p=.03$ ) with a significant lasting effect ( $p=0.04$ ).

### Corporate Effects

#### *MBI-GS*

Corporate burnout was measured by Maslach Burnout Inventory (MBI). As shown in Figure 5, generally, there was a decrease in depersonalization and in personal accomplishment. Although not significant the decrease in personal accomplishment was surprising and not in the hypothesized direction. It was hypothesized that with meditation there would be an increase in personal accomplishment. There was a significant overall effect of emotional exhaustion ( $p= .01$ ) and post hoc analyses revealed a significant decrease from baseline to Day 12 ( $p = .01$ ) emphasizing a lasting effect.

#### *OSI-R*

The OSI-R is divided into 3 domains of occupational role questionnaire (ORQ), personal strain questionnaire (PSQ), and personal resources questionnaire (PRQ). Within the first domain of occupational stress, there was a significant effect of role overload ( $p = .02$ ) with post hoc analyses showing a significant decrease from Day 7 to Day 12, causing an enduring effect. Within PSQ, there were significant overall decreases in psychological strain ( $p= .03$ ) and physical strain ( $p=.001$ ) with post hoc results showing a lasting effect for psychological strain ( $p= .03$ ) and a meditation effect ( $p = .003$ ) as well as a lasting effect ( $p=.002$ ) for physical strain. There was an overall effect of rational / cognitive coping skills ( $p=.04$ ) within the third domain of PRQ. The mean scores show that there was a general decrease in cognitive coping from baseline to Day 7, but a significant increase from Day 7 to Day 12 ( $p = .03$ ) creating a lasting effect. The composite of the 3 domains can be seen in Figure 6.

### **Daily Form**

All the participants completed 6 likert type items where they assessed their levels of energy, relaxedness, anger, peacefulness, tiredness, and sadness. They also weighed themselves and wrote comments. There were no significant changes observed on a day to

day basis on subjective experiences of the participants. The comments ranged from on the first day “This the first time. I did not know what to expect. I really liked the yelling part. I am usually very quiet, it felt really good to yell. I had a very stressful day, but I feel very relaxed and my headache is gone.” to “Great I love this - Better than I thought. The hoo hoo was more than I could handle.” compared to last day comments of: “This was very interesting and also difficult. I enjoyed the people and the dancing part.” to “Looking back on this week, I realize that I no longer go through periods during the day where I am tired even though I've gotten plenty of sleep”.

## **Conclusion**

This project demonstrated that Osho Dynamic Meditation had significant effects for many clinical and corporate variables for short term and long term durations. Specifically, in the clinical domain, significant decreases were demonstrated in several psychopathological variables such as anxious-depressive syndrome, somatic complaints, aggressive behaviors, and depression. There was a significant decrease in trait-anger and an increase in defensive self-enhancement scores. In the corporate arena, there was a significant reduction of emotional exhaustion, role overload, psychological strain, physical strain, and a significant increase rational/cognitive coping ability.

Therefore, this technique of meditation can be applicable in many psychological settings such as mental health clinics, in or out patient agencies, private practices, as well as professional settings for employees within corporations. The technique itself seems to be very powerful due to the lasting and enduring effects seen not only by the statistical evidence but also by subjective comments of the participants, such as “Feeling more relaxed with myself. I have the overall feeling, that whatever is going to happen, don't be afraid be a witness. I feel like I am living more in the moment. I really dislike several things on my job and last night, I was offered a dream job. I am looking forward to see what happens. I don't feel afraid to take a chance.” or “Very relaxed more than before.”

Since this was a pilot project, further research clearly needs to be a true experiment with a control group and/or a placebo in order to establish the reliability of these results. In addition, it appears that this meditation may also have an impact in the medical arena.

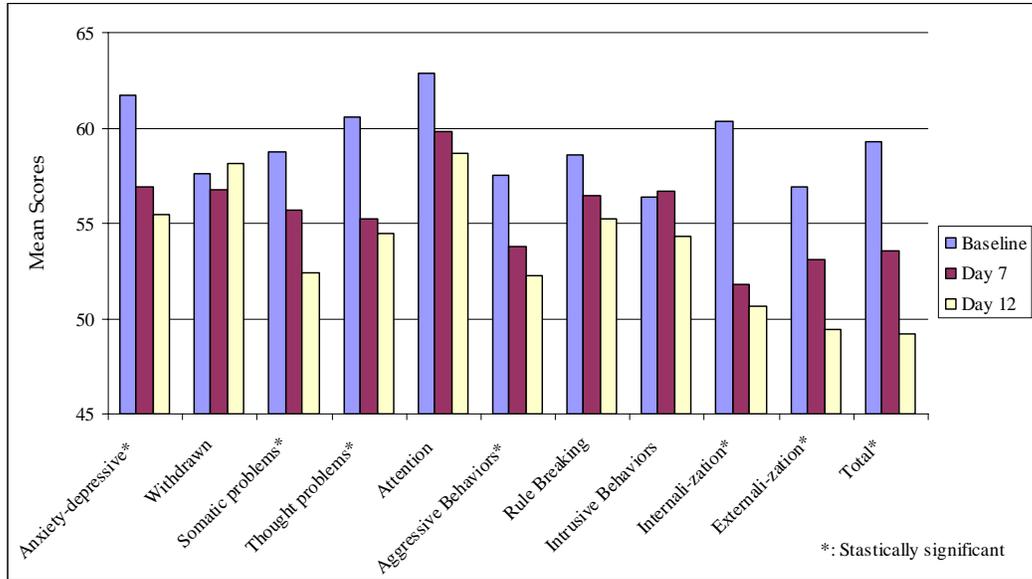
While Osho Dynamic Meditation takes only an hour the results are impacting along many domains.

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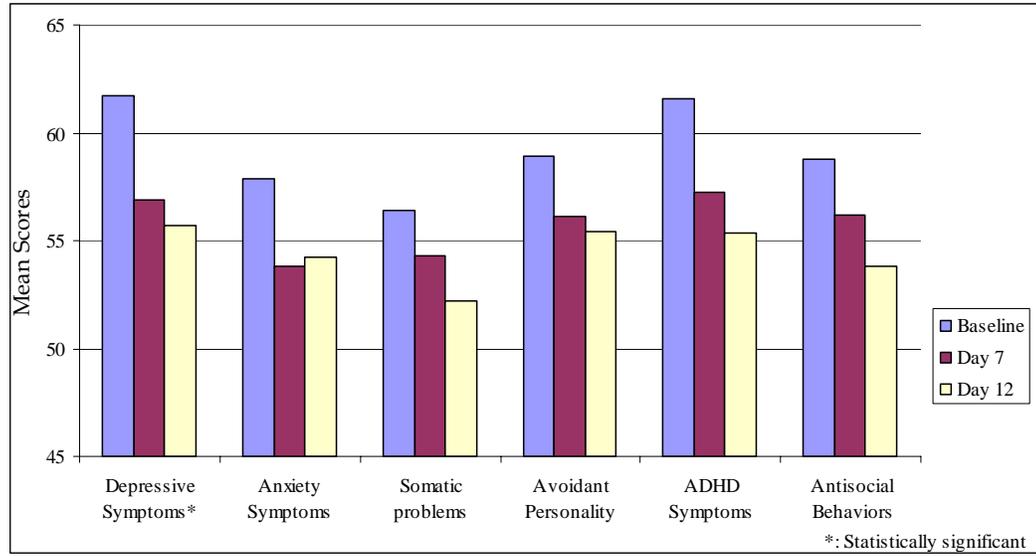
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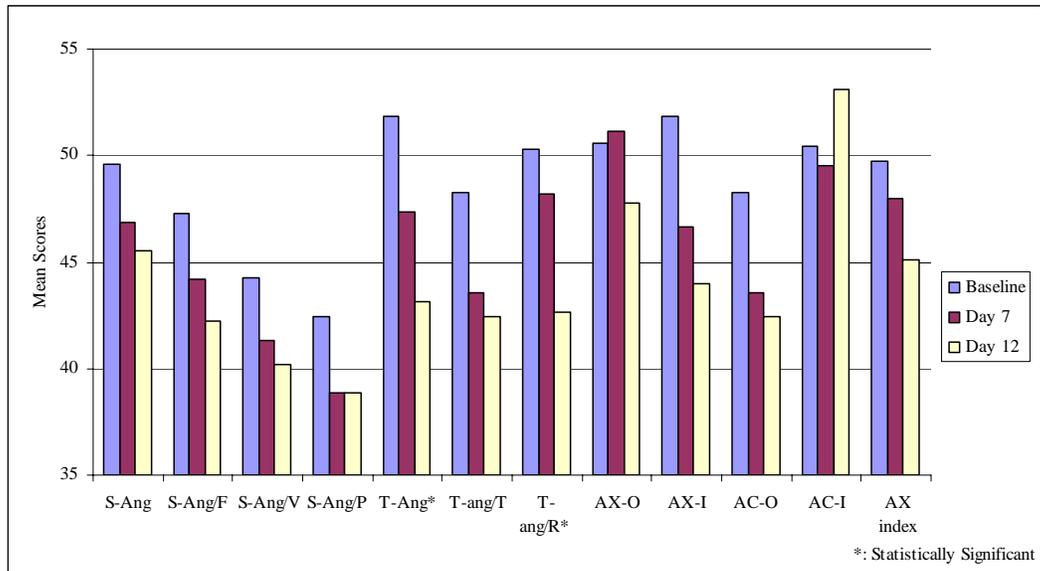
**Figure 1** Mean ASR Syndrome Scores by Day



**Figure 2** Mean ASR DSM IV Symptoms Scores by Day

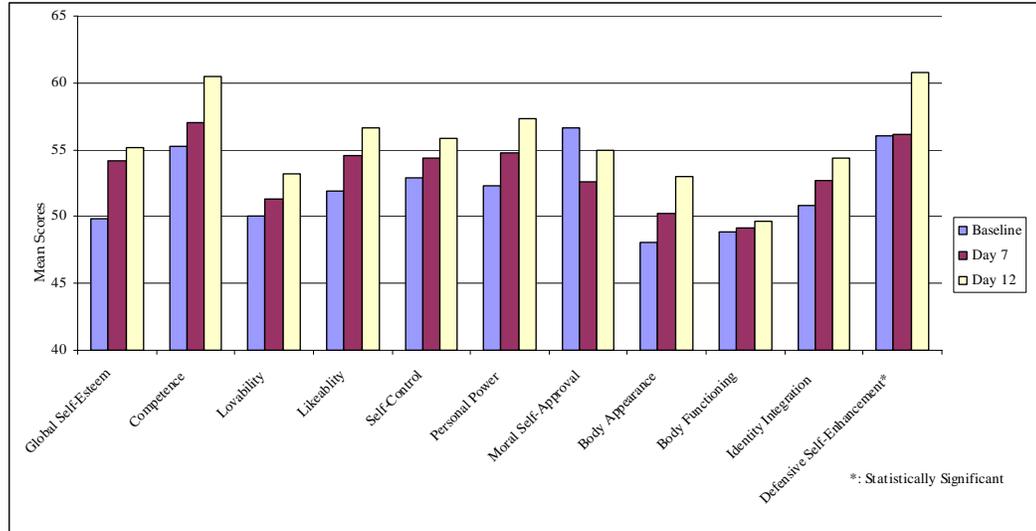


**Figure 3** Mean STAXI-2 Scores by Day

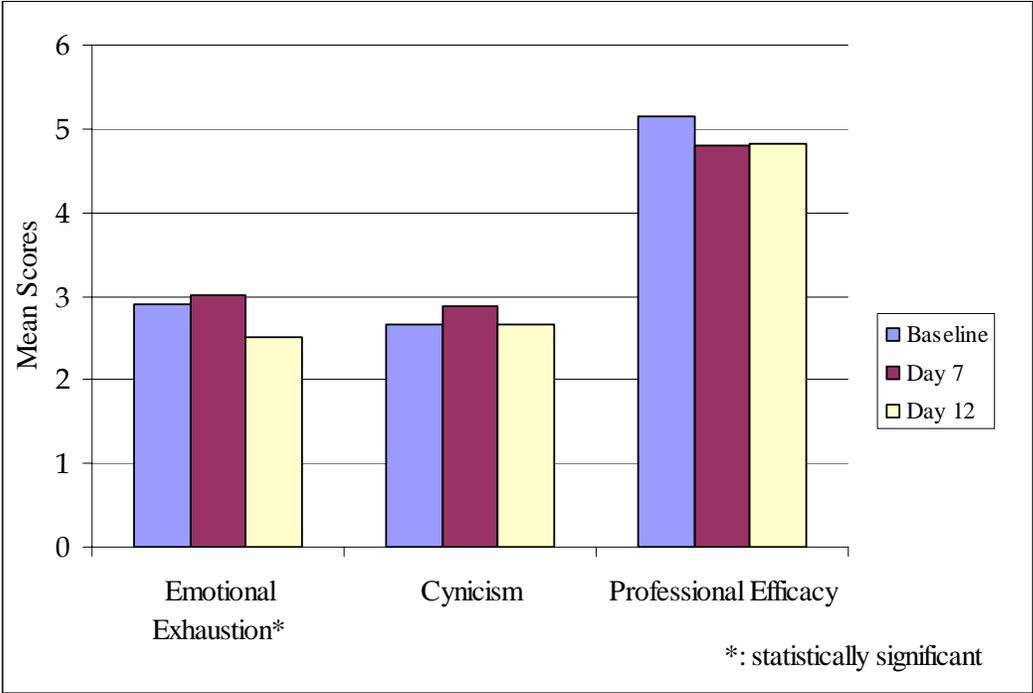


- S-Ang: State Anger
- S-Ang/F: Feeling Angry
- S-Ang/V: Feeling like expressing Anger Verbally
- S-Ang/P: Feeling like expressing Anger Physically
- T-Ang: Trait Anger
- T-Ang/T: Angry Temperament
- T-Ang/R: Angry Reaction
- AX-O: Anger Expression - Out
- AX-I: Anger Expression - In
- AC-O: Anger Control - Out
- AC-I: Anger Control - In
- AX index: Anger Expression index

**Figure 4** Mean MSEI Scale Scores by Day



**Figure 5** Mean MBI Scale Scores by Day



**Figure 6** Mean OSI Scale Scores by Day

