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The benefits of meditation: experimental findings

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Abstract

This work looks at meditation and its possible benefits. Differences between an experimental group that practiced meditation for a period of 14 weeks and a control group that did not meditate are analyzed along a number of lines. The mean age of the subjects in the experiment was 24. Most were college juniors. The vast majority of subjects were single, watched television an average of 2.41 hr a day, and had a 2.83 grade point average (on a 4.0 scale). Differences between meditators and non-meditators were found for a number of variables including: feeling upset over the criticism of others, taking tranquilizers or “street” drugs to change mood, and aching muscles and joints. The work supports the idea that meditation is beneficial along a number of lines. Among these subjects, meditators benefited most as regards experiencing fewer symptoms of aching muscles or joints and well as less use of drugs and tranquilizers.

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The idea of a body–mind connection is not a new one. In fact, it is only in our recent past that the two ideas have been seen as separate. Today, there is a paradigm shift around the concepts of health, illness, and treatment options. We are living in a time where medical physicians largely rely on technology and drugs to treat illness and disease. Yet in the midst of the best health care system Western medicine has to offer, millions of people are seeking alternative health care. They are paying for such complementary treatment primarily out of their own pocket. Dr. Andrew Weil, a pioneer in the field he calls integrative medicine, argues that the surge of interest in alternative care is a movement that is driven by economics (see Weil, 1995, 1997).

In 1996, the National Library of Medicine and the Medical Subject Headings Term Working Group, of the Office of Alternative Medicine (OAM), defined alternative medicine as an unrelated group of non-orthodox therapeutic practices, often with explanatory systems that do not

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follow conventional biomedical explanations. Alternative medicine is also defined as medical interventions not taught at medical schools or available in hospitals in the United States. The OAM, a part of the National Institutes of Health, was created in 1992 by Congressional mandate. The mission of the OAM, now the National Center for Complementary and Alternative Medicine, is to facilitate research and evaluation of unconventional medical practices and to disseminate this information to the public.

The World Health Organization estimates that between 65 and 80% of the world population, or about 3 billion people, rely on traditional or “alternative” medicine. In the United States, it is estimated that a third of the adult population have tried alternative medicine and that the vast majority (84%) would do so again (see also, Goldstein, 1999). Consumers, in 1990, spent \$13.7 billion on such care. Again, most of this care (\$10.3 billion or 75% of such care) was paid for out of pocket. Consumers spend approximately \$12.8 billion in out of pocket expenses on their hospitalizations (see Gordon, 1996).

Alternative healing does not ignore the importance of allopathic or Western knowledge. Allopathic treatment, primarily the use of drugs and surgery as a first line of defense when a patient presents a health concern, may be superior for the treatment of some conditions. Rather, a major thrust of integrative medicine is that noninvasive and natural treatments be explored as well. Alternative care tends to be less invasive, costly, and have fewer side effects compared to current traditional options. Andrew Weil, in *Spontaneous Healing*, estimates that only 15–20% of all medical cases would be optimally treated with conventional care in an integrated health system. James Gordon, author of *Manifesto for a New Medicine* and first chair of the Advisory Council of the OAM at the National Institute of Health, writes that approaches deemed peripheral in the past; namely, self-awareness, relaxation, meditation, nutrition, and exercise, will be at the center of the new medicine.

One problem with alternative care is that most physicians in the United States have not been trained in alternative approaches. There is a lot of ignorance in regard to the benefits of alternative treatments. Some, physicians and citizens alike, argue that there is a lack of double blind research to support the health claims of alternative health proponents. Others, on the other hand, argue that there is already a vast literature on the benefits of alternative care that is too often ignored or dismissed. Traditional medical research is set within a body of work that accepts a particular view of the discipline and the world. The whole concept of the benefit of alternative health care is to some extent outside this world view. Looked at in this way, it is not surprising that current research on alternative options is so quickly and easily dismissed. Though the American Medical Association made a recommendation in 1995 that physicians explore and be open to alternative therapies, by and large Western physicians and the AMA have taken a hostile and openly aggressive stance against alternative care (see Goldstein, 1999).

1. Meditation

James Gordon, in *Manifesto for a New Medicine*, writes that the word meditation comes from the same Greek and Latin roots as the word medicine. Traditionally, physicians were both healers and spiritual guides. Calming the mind and the body allows one to better listen to the

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