Eliminate Violence: A Strategy to Enhance Brain Functioning through the Transcendental Meditation Program

Alarik T. Arenander, PhD, Director Brain Research Institute Institute of Science, Technology, and Public Policy 1000 North 4th Street, Fairfield, Iowa 52557 641-472-7000 x3301, bri@mum.edu

Abstract

Success in combating the epidemic of violence will occur when public policy is guided by the principles of science. Three fundamental shifts towards a Science-Based public policy are envisioned: (1) adoption of rigorous scientific research as the basis for determining what programs work and what programs do not work; (2) adoption and funding of cost-effective programs that emphasize community-based innovative programs over policing and prisons; and (3) adoption of a strategy that implements prevention programs that can effectively address the root cause of violence-stress-induced imbalance in brain and behavior. In this paper, we trace the origin of violent, aggressive behavior to dysfunction of the brain arising from stress in schools and society. We discuss the evidence behind two fundamental forces impacting human behavior—nature or genes and nurture or experience. We conclude that experience has the greatest impact on behavior of the two and that it represents the most feasible form of intervention to alter brain imbalances underlying antisocial thinking and action. A summary is provided of possible neural correlates of at-risk behavior and a proven, practical prevention-oriented program is examined—the Transcendental Meditation program. This program fulfills the three criteria of successful public policy to eradicate violence in our schools. Considerable research is cited that indicates the ability of the Transcendental Meditation program to positively impact the wide spectrum of dysfunctional thinking and behavior in at-risk youth. Implementation of this program could bring about a rapid and permanent improvement in our efforts to eliminate violence and develop the full potential of our children.

The Epidemic of Violence: Source and Strategies

"Violence has become increasingly prominent in the lives of children in the United States, which has the highest youth homicide and suicide rates among the 26 wealthiest nations in the world and one of the highest rates of homicide worldwide. Homicide and suicide have become the second and third leading causes of death of teenagers; homicide is the leading cause of death of black youth. Children and youth face serious short- and longterm physical and emotional consequences as victims, witnesses, and perpetrators of violence. Furthermore, violence is an issue that crosses all geographic (urban to rural) and socioeconomic boundaries.

Homicide rates for males 15 to 19 years of age increased 113% between 1985 and 1995, surpassing rates for males of all other age groups except those 20 to 24 years of age, with firearm-related homicides accounting for almost all of this increase. Teenagers are now more likely to die of gunshot wounds than all natural causes combined." [1]

The National Crime Victimization Survey data [2] show that an estimated 2.7 million violent crimes take place annually either at school or near schools. About one in four public school teachers rated physical conflicts among students as a "serious" or "moderately serious" problem in their classrooms. The threat to students posed by robbery and physical assault at school has sparked widespread national concern.

Children are at increased risk for crime victimization. Children are the victims of many of the same crimes that victimize adults and they are as well subject to childhood crimes, like child abuse and neglect. "The impact of these crimes on young victims can be devastating, and the violent or sexual victimization of children can often lead to an intergenerational cycle of violence and abuse" [3, 4].

The Tip of the Iceberg

School violence has a source. A pyramid of dynamics underlies the most dramatic, media-highlighted tragedies (see figure 1 at end of this paper). For every fatal incident, rough estimates suggest there are approximately 2-10 times as many unreported severe injuries causing some permanent disability, associated with suffering and huge medical costs. Beneath this 'tip' of media attention, lie ever-expanding layers of tragedy. Our schools are filled with increasing disorder, disharmony and stress. One estimate suggests about 3 million violent crimes occur annually in or near our schools [2]. At the base of this pyramid of violence are the innumerable daily events that reverberate through the school environment and therefore impact the student psychologically and physiologically. Many daily experiences place considerable emotional, intellectual and physical overload on the nervous systems of the

student that can generate stress-related imbalances in brain and body including biochemical and neurological imbalances. These imbalances generate thinking that may be intolerant, prejudicial, rigid, obsessive, low in motivation, and/or low in self-regard. In turn, stressed thinking can lead to behavior that is impulsive, suicidal and/or aggressive [5, 6].

The problem of violence is thus a system-wide problem—it is a problem of growing stressful experience—yet, even as a nation, we continue to focus only on the most raw and exposed tip of the pyramid. Any effective and lasting solution will need to address the entire chronic and pervasive situation. Gun control, guards and video cameras may help [7], but they do not impact the fundamental problem of growing physiological imbalances in students and thus, will not change the nature of this epidemic of violence.

Violence can be compared to a disease state [8]. In this perspective, antisocial behavior is literally a state of *dis-ease*. In the face of a disease epidemic, medical science has two possible responses [9]: to inoculate and/or to quarantine—inner- and outer-directed strategies, respectively. Modern medicine would regard the inoculation program as the more effective of the two. Maximum impact on school violence will come from an immunization strategy which will develop inner resilience and resistance to stress-related imbalance.

What technologies are available which can fulfill this role? When the 'infective agent' is the stress which is already pervasive in schools and society, outer approaches, such as protection from violent action, are inadequate to resolve the problem. In contrast, an inner approach offers each student the opportunity to build within their brains and physiology adequate levels of orderliness capable of resisting the continuing onslaught of environmental stress and violence. In the absence of major reductions in environmental stress, it would be highly practical if we can prevent students from entering the pyramid of violence and from moving upwards into escalating outer expressions of growing inner disorder and confusion. Immunization is the most effective strategy to protect a population from an epidemic because it allows each individual to be physiologically self-sufficient—to resist the outer causative infectious agents by enlivening the natural, inner intelligence of the physiology. We will examine a proven, practical technology whereby, through restoring balance and enhancing the integration of brain function, the student's natural resistance to stressful environments can be increased leading to the elimination of the pyramid of violence.

This article will review theory and data that bear on the issue of how accumulated negative experience alters the normal developmental sequence of brain function to produce antisocial, aggressive, and violent behavior. It will discuss how brain and cognitive development can be disrupted by stressful childhood experience, especially for those with genetic predisposition. It will also describe how the Transcendental Meditation program and Consciousness-Based education can significantly help prevent and remove these negative outcomes and facilitate maximum growth of the students' potential, as well as reduce the stress in the environment. Finally, it will discuss how these technologies can be implemented in a science-based public policy for education in general and, more specifically, violence prevention in the educational system.

The Violent Brain

Numerous factors have been shown to contribute to youth violence. They can be divided into two categories: <u>nurture</u> (e.g., bad parenting; acute stress in childhood; poor education; violent TV, movies, and video games; growing up in neighborhoods with gangs and violence; low socioeconomic status; and easy access to drugs, alcohol and lethal weapons) and <u>nature</u> (genetic factors). Recent research indicates that these combined factors of nurture and nature can lead to specific biochemical imbalances and brain abnormalities. These imbalances form the biological roots of violence in the individual and can create a pyramid of antisocial and violent behavior [5-7, 10-14].

What can and should society do to nurture children and prevent antisocial behavior? The quality of life we develop can be understood in terms of the cycle of three key elements: *experience* alters the *brain* that generates *behavior*, which in turn generates new experiences [15-19]. The consequence of this mind/body relationship is that the quality of life experience can be considered the most important variable in determining the quality of behavior.

Even though neurogenetic research reports genetic elements that may predispose an individual to antisocial behavior, there are no 'violent' genes [20-28]. The naï ve notion that biology and behavior can be reduced to individual genes is incorrect. The concept of the causative gene has been replaced by that of genetic complexity, in which multiple genes act in concert with non-genetic factors to produce a risk of mental disorder [22, 25]. Heritability studies on behavior confirm that a significant portion of the variance in personality is genetically transmitted from parents to offspring. At the same time, the brain is remarkably plastic, altering its structure and function to adjust to environmental experience. In addition, the normal range of diversity of human brain function and behavior is considered to reflect the same inherited genetic variation that can confer risk for disorders [29]. Thus, genetic variations in humans form a complex fabric that only partially determines suseptibility to aggression and violence.

Knockout Mice: The Role of Genes and Environment in Determining Brain Function

Recent neurogenetic research substantiates the view that experience can play a decisive role in brain and cognitive development [30]. The process of learning involves transfer of information between various parts of the brain with specific cell circuits using a variety of neurotransmitter systems. In the laboratory, it is possible to produce genetically engineered mice by deleting specific genes. If one removed a specific neurotransmitter gene, what would be the result? Such a 'knockout' mouse was created in which a specific component of a neurotransmitter gene was deleted or 'knocked out.' This particular gene is known to be responsible for creating a certain component in a specific part of the brain. The animals born without the gene were normal with the exception that various types of learning ability, known to be dependent on this particular neurotransmitter receptor component, were severely diminished. Thus, specific learning problems appeared due to the missing gene. Since humans possess similar neural systems and genes, it is very likely that cognitive variance in human populations could arise from variability in these same type of genes families [21, 22, 24, 28, 29, 31-34]. This result, therefore, would support the notion that genetics plays the lead role in determining human behavior.

However, the researchers then moved the adult knockout mice from simple, sterile laboratory cages into an enriched environment, full of toys and running-wheels. Shortly afterwards, when examined for their geneticallybased learning disabilities, the environmentally-enriched mice showed significant reversal. Thus, even in the face of complete removal of a critical gene, the mice, when placed in a stimulating environment, could compensate for the genetic defect. These last findings turn the nature-nurture argument completely around. **The findings support** the concept of remarkable experience-mediated brain plasticity (see section below) and support the considerable research on child development that shows that stimulating and nurturing environments can significantly overcome genetic predisposition that would otherwise contribute to dysfunctional behavior in children [5, 35].

Nature, in terms of our genetic endowment, and nurture, in terms of our experiences, thus interact to form the final product. As science identifies more and more genetic correlations with various behavioral patterns [29], it is important to consider that the genetic makeup is not the 'problem' and thus cannot be targeted as the solution to violence [25, 31]. More success will come from searching for modifiable environmental risk factors that convert risk into maladaptive behavior [22, 36, 37]. Considering that one youth leaving high school for a life of crime and drug abuse costs society about \$2 million, effective consideration of environmental risk factors offers considerable savings to society [38].

Of all the environmental factors, rising stress has been correlated most consistently with aggression and violent behavior. A growing body of research implicates mounting stress levels in the individual and society as a primary causal factor in social violence, especially youth and school violence. Chronic and acute stress leads to an out-of-balance neurophysiology, as evidenced by metabolic and electrical patterns in the brain. This neurophysiological imbalance can form the basis for aggression and compulsive, violent behavior. Over time, these biochemical and electrical imbalances become physiologically 'entrenched,' leading to acute and chronic brain dysfunction [6, 14, 39, 40].

Brain imaging using SPECT, single photon emission computer tomography, reveals a remarkably consistent and dramatic image of brain dysfunction in aggressive, violent individuals [10, 39]. In figure 2 (at the end of this paper), brain metabolism of a violent individual is strikingly reduced in many areas, compared to a non-violent individual. The dramatic differences in brain activity are especially evident in the crucial prefrontal lobes that normally provide an effective filter against impulsive, aggressive, and violent behavior. These metabolic lesions of the brain can result from head injuries, a contributing factor to aggressive, violent behavior [41-45]. In many cases, however, violent individuals (like the one shown here) have no history of head trauma and have no physical lesions. Nevertheless, SPECT brain imaging graphically reveals the presence of what can be considered "functional lesions"—regions of low metabolism and hence chronic dysfunction—in the brains of violent individuals. Extensive use of SPECT imaging thus provides an invaluable diagnostic "window" into the dysfunctional brains of violent youth [39]. Positron emission tomography (PET) imaging studies yield similar conclusions [46-49].

Is Violent, Aggressive Behavior An Adaptive, Learned Response?

How does aggression manifest? Head trauma, no doubt, can greatly impair various brain functions which normally underlie healthy behavior. However, a neuropathological history of brain trauma may not apply to many antisocial children, at least initially. In many cases, aggression and violence appears to be a learned or conditioned response to environmental forces [50].

In the context of aggression, *adaptation* refers to the psychological and physiological modifications by which an individual or organism learns to cope with an adverse event [40, 51-53]. Thus, adaptation is a natural response of the brain to enhance coping strategy. As a form of adaptation, defensive behavior promotes escape, avoidance or elimination of situations that are judged to decrease one's fitness or survival. Many individuals have had such experiences in civilian and military life. We do not know how all the factors or their complex interaction create an antisocial personality. Research, however, suggests that violence can originate from three modes of experience [6, 14, 28, 52].:

- Normal Origin: Aggression as a short-term adaptation or defensive response.
- Abnormal Origin: Aggression as an outcome of excessive, prolonged and/or inappropriate expressions of the normal defense response—a dysfunctional adaptation or dysregulated defensive response. This is an example of how a recurring acute state of response to stress over time—the 'state' of the individual—can become stabilized as a maladaptive style of perception and behavior referred to as the individuals enduring 'trait' [40, 51-53].
- **Neuropathological Origin**: Aggression as a result of a physical 'defect' arising from trauma, substance abuse, toxicity, etc [41-45].

Under what circumstances can violent, aggressive behavior be considered useful in social dynamics? Adaptive modes of cognitive and brain functioning are normally elicited by the appropriate environmental cues. From the viewpoint of behavioral adaptation, aggressive behavior can be considered 'useful' to an individual if promoting risky behavior helps to eliminate a threat and survive an adverse situation. For example, the individual may have a variety of motivations for committing risky behavior, including: (1) a wish to survive by diffusing or eliminating a threat, (2) a desire to achieve otherwise unreachable goals, (3) an urge to challenge authority, (4) a need to release excessive internal pressure (energy), and/or (5) a lack of proper coping strategy.

Thus, under specific, acute circumstances violence can be viewed as a necessary response to promote survival. However, chronic exposure to real or perceived threat alters the brain physiology to provide a stable, automatic mode of aggressive response (referred to as aggressive trait) [53, 54]. For example, a child growing up in an urban environment may experience a constant series of multiple threats from within and outside the family or school. To survive, the brain learns quickly how to maintain a high state of vigilance in order to facilitate detection, and hence elimination of or escape from threats. As learned behavior, the brain is slow to forget these survival strategies. Current examples are seen in the growing variety of post-traumatic stress disorders (PTSD) arising from both acute and chronic stressful experiences [55]. Stress generates increasing amounts of anxiety in both children and adults. Recurring state anxiety will build up to trait anxiety, core measures of an individual's stress which are correlated with psychological and physiological imbalance [56-58]. Thus, our brains will faithfully build a stable worldview and corresponding behavioral strategies to match either consistent, predictable, nurturing and enriching experiences or chaotic, threatening and traumatic experiences [53].

Experience and Brain Plasticity

Our brains are constantly 'metabolizing' the world and, in the process, modifying their own circuitry—either to stabilize and reinforce past concepts and behavior or to grow toward new states of inner potential. We can't stop the changing, plastic nature of the brain, but we can choose its direction. Do we 'feed' it comfort or threats? Does it 'drink' orderliness or disorderliness? Is it 'geared' for negative responses or open for learning new ideas? Is it settled, coherent and receptive or is it on the edge of anxiety—confused and restrictive. **Most aggressive, violent behavior, not related to traumatic brain injury, can be understood to arise from the maladaptive persistence of stress response patterns that distort thinking, emotion and behavior.** Appropriate treatment for dysfunctional children would utilize the inherent plasticity of their brains and permit the formation of new modes of neural computation arising from more nurturing and enriching experiences [59-61].

Programs are needed to supply the intellectual and experiential input to efficiently allow any student to overcome stress, anxiety and old patterns of dysfunctional adaptation and antisocial behavior, while enlivening their inner potential [See for example, 11]. The neurobiological basis of antisocial behavior can be reinforced by continuous stressful experience or it can be reduced by suitably orderly and restful experience. Garbarino [11] outlines three key strategies necessary for successful intervention with violent boys: promotion of physical and cultural safety, moral reasoning, and self-regulating techniques to deal with anger. Meditation is cited as one of the most likely avenues to facilitate these strategies and provide a calming, orderly and nurturing experience to otherwise troubled youth. The calmness and focus Garbarino indicates that arising from these practices can produce a state of mind and brain coherence that will allow educational and therapeutic programs to succeed.

At-Risk Behavior and Brain Function

Metabolic abnormalities in the brain are correlated with aggressive and violent behavior, based in part on evidence from brain PET and SPECT imaging. A variety of at-risk behaviors or factors observed in violent students and adults[62, 63] can be associated with four major brain systems: the prefrontal cortex, the cingulate cortex, the temporal lobes, and the limbic system. The imbalances or functional lesions in each of these brain systems preclude some degree of normal behavioral control and can account for the behavior of stressed and troubled students. The table (at the end of this paper) summarizes the correspondence between at-risk behavior and brain systems [10, 39, 64]. For example, activity of the prefrontal cortical areas is considered responsible for determining, in part, an individual's behavioral strategy, impulse control, and emotional reactivity [20, 46, 65, 66]. Prefrontal

cortical functional lesions revealed by brain imaging clearly correlate with increased impulsivity, aggression, and violence of the individuals examined.

Creating Coherence in Brain Function

In the following section, the Consciousness-Based system of education and the TM program will be discussed as methodologies that can rapidly and significantly help reduce stress and reverse these physiological abnormalities. In the summary table, the right hand column lists changes in the physiology and psychology of individuals practicing the TM technique. Note that the entire range of diverse at-risk behavior described in the table is significantly influenced by this simple technique [67]. These results are due to the high degree of coherence, integration and stress-reduction generated by the rest that occurs during the simple, effortless, natural practice of the TM technique. This stress-reducing technique has been successfully used in schools and in criminal and drug rehabilitation settings to reduce violence, drug and alcohol abuse, while permitting fuller development of brain potential [68-71]. The following sections introduce a Consciousness-Based solution. Research on this program shows that the experience of the TM technique can help reverse brain imbalances, even with the most resistant, dysfunctional physiology contributing to negative behaviors. Growing resilience and resistance to stress are developed, which positively impacts both the individual and his/her environment.

The Foundation of *Consciousness-Based* Education: Enlivening Consciousness and Brain Coherence through the TM Program

The primary component of Consciousness-Based education is the Transcendental Meditation technique. This technique is a simple, natural, mental procedure [15, 72] which allows the mind to effortlessly settle down and experience more refined and quiet states of the thinking process. During the TM technique, the individual experiences a state of restful alertness—a unique state of consciousness—which is a state of settled awareness and corresponding deep physiological rest [for further description of the mechanics of the technique see 72]. Since any experience leads to alterations in brain chemistry and structure, one would expect wide-ranging effects on brain and behavior from a technique which produces a holistic, integrated experience. Extensive scientific research published in peer-reviewed journals during the past 40 years has demonstrated that the single, most effective method of reducing the impact of chronic stress is the Transcendental Meditation (TM) program [72]. Over 600 scientific research studies have been conducted at more than 200 universities and research institutes in 30 countries, with papers published in more than 120 scientific journals [73].

Research on the meditation program has documented improvements in numerous aspects of physiological and psychological function. Marked improvements have been reported, for example, in **self-confidence and self-esteem** [74-77], **intelligence** [77, 78], **creativity** [77, 79-82], **memory** [83, 84], **cognitive flexibility memory** [83, 84], **emotional stability** [85-87], **academic performance** [88-91], and **psychological maturity** [92, 93]. Ongoing research supported by the National Institute of Health and other federal and private foundations is documenting the effectiveness of the TM program in treating and preventing primary stress-related, chronic disorders, such as cardiovascular disease and cancer [94-98].

The TM program (see summary table below) positively impacts the different brain areas shown to be dysfunctional in aggressive, violent individuals. For example, the prefrontal cortical regions are considered responsible for executive behavioral functions such as decision making, moral reasoning, impulse control, and goal-directed action reactivity [20, 46, 65, 66]. Since these behaviors can be markedly dysfunctional in violent and aggressive individuals [14, 28, 99], an approach to improve these cortical regions would likely reverse some of the antisocial and disruptive behaviors in students. Research shows that the TM technique markedly increases cortical functional integration, especially prefrontal-related behavioral functions [100-108]. This effect would most likely lead to reductions in impulsiveness, aggression and emotional volatility in stressed, antisocial students as well as to increases in creativity, academic achievement, moral reasoning, and concept learning. In addition, the TM technique can significantly influence another physiological correlate of violent behavior—low serotoninergic metabolism [6]. Research shows improved balance in the neuroendocrine system as seen in increases in serotonin metabolism, and in decreases in cortisol levels [109-115].

Since experience is a key determinant of brain function and hence social behavior, the regular experience of the TM technique can be viewed as a unique and effective means of 'nurturing and enriching' brain development, and, in turn, enhancing the brain's functional integration and balance. Enhancement of orderly brain function directly translates into more orderly and harmonious thinking and behavior [100, 102, 103, 116-120]. It is expected that the regular experience of the TM technique would generate its own unique set of alterations in brain structure and function—changes largely opposite to those produced by the daily stressful environment. Thus, the TM technique could have a profound ability to enlist mechanisms of brain plasticity in the service of creating more balanced and resilient brains and behavior [59-61, 105]. Furthermore, because the TM

technique develops the inner coherent functioning of the individual, this program can provide considerable improvement for the individual's brain and behavior even in the face of continuing environmental stress and disorder.

Building Better Brains: Restructuring Negative Traits & Restoring Balance

How easy is the program to practice for different populations? How fundamental are the benefits and how fast do they become evident? How universal is its application across diverse populations? Can the program be successfully applied in a stressful, even violent, environment? Research cited above has been carried out in schools and universities documenting the quick appearance of a wide range of benefits to mind and body [67, 121]. Here, we cite implementation in the context of severely dysfunctional populations to illustrate the ease of implementation and the inherent simplicity and profound effectiveness of the TM program.

Research on the TM technique over the past 40 years examined several populations of individuals displaying longstanding, highly stable or resistant negative traits [69, 71, 122]. These studies demonstrate the unique ability of this program to restore balance in individuals (1) who display even the most resistant maladaptive traits and (2) who live in even the most chaotic and stressful environments. Furthermore, the research supports the effectiveness of this program in diverse populations, with positive outcomes being reported within 6 to 12 months. These studies have been carried our on individuals in **prisons** [69, 122, 123], on **parole** [124], with **Posttraumatic Stress Disorder** [23, 54, 55, 85, 125], and with **substance abuse** [71, 122, 126].

Stress-induced dysfunctional and antisocial behavior reflects underlying neural and physiological imbalances. Research studies indicate that many conditions of physiological and psychological imbalance, including the most severe, can be significantly improved by the TM program in a relatively short period of time, and under less than optimal conditions. Thus, the program can be implemented in any school or rehabilitation environment with confidence that the technology will restore balance in the individual. Since the technique works regardless of state of intellectual, emotional or physiological development, anyone who can think at thought can learn and receive the benefits. In addition, studies show that not everyone in a school need participate in the program for successful outcomes. A number of projects have shown that significant improvement in individual and collective behavior can occur with only a fraction of the population participating in the TM program [70]

The *TM* Program's Uniqueness—Simple Mechanics, Profound Physiological Coherence and Documented Effectiveness

There are numerous methods currently purported to reduce stress. These methods, however, produce strikingly different results [127]. Thus, the choice of methods utilized may be critical for optimal effectiveness in preventing and reversing the neurophysiological and psychological effects of stress in students.

Early research found marginal or insignificant results for some of the procedures once thought to decrease stress. For example, a meta-analysis of 26 studies evaluating Benson's relaxation technique, progressive muscle relaxation, biofeedback, meditation (excluding TM) and other "stress management" procedures, found that the efficacy of these different approaches in reducing hypertension was significantly less than that of the TM technique and equivalent to that of placebo techniques [128]. A more recent summary of 8 meta-analysis of 597 studies, comparing the TM program and other stress-reduction techniques, confirms the TM program's uniqueness [127]. It showed that the TM technique was the most effective technique in reducing trait anxiety, while the effect size of other treatment programs is the same or less than that of placebo control populations. This research also reports that the TM technique, in comparison to other similar researched interventions, was the most effective means of reducing blood pressure, producing deep physiological relaxation, increasing self-actualization, improving psychological outcomes, and decreasing cigarette, alcohol and drug use. These results reinforce the understanding that a simple, effortless mental technique can produce an experience capable of dramatically increasing brain coherence and integration. By providing a daily experience which increases brain and bodily balance, a wide range of long-standing maladaptive processes and behavior can be effectively treated [95, 129-135]

Thus, the program is capable of helping reverse the physiological basis of violence across many populations. It is a practical approach [70, 72], requiring no intellectual effort, no change in lifestyle, no adoption of philosophical or religious belief, and it is highly cost-effective [136]. Of even greater consequence, the program has been shown to enhance the development of basic cognitive processes in children and adults.

School Violence Prevention through Consciousness-Based Education

The Consciousness-Based education Program has been used for several decades throughout the world to systematically develop the immense latent creativity and intelligence of students and to enhance their health, happiness, and quality of life [15, 18, 70, 90, 91, 102, 137]. The Consciousness-Based education program improves educational outcomes by promoting the overall development of students while reducing the negative effects of stress. Extensive scientific research and the experience of many thousands of students in culturally

diverse settings attest to the effectiveness of this approach for promoting pro-social behavior, bringing success to the learning experience, and creating a positive and harmonious school climate [15, 70, 138]. The Consciousness-Based education program can be easily integrated into a variety of school settings without making extensive changes to the existing curriculum or schedule. Complete curriculum materials and training programs for teachers in the knowledge and methodologies of this unique educational approach can be provided for immediate implementation (The National Center for Consciousness-Based Education, 1999). Based on the outcomes of research and reported experiences of school-age children, their teachers and parents, the following benefits are expected following implementation of Consciousness-Based program of education:

IMMEDIATE BENEFITS FOR ANY SCHOOL

Within	a few	<u>weeks</u>	of imp	ementati	on,	one	can
expect	:						

- Greater cooperation from students [121]
- Less violence and disorder in classrooms and halls
- More focused classroom environment [70]

Within a few <u>months</u>, educational measurement will show:

- Increased ability to focus and broad comprehension [139-142]
- Increased intelligence [77, 78]
- Improved memory [83, 84]

• Decreased anxiety [75, 77, 85, 118, 143]

- Increased tolerance [77, 93]
- Increased self-confidence [75, 76, 144]

Within a <u>year</u>, educational measurement will show:

- Improved scores on standardized tests of basic skills [90, 91]
- Improved intellectual performance [84, 145-147]
- Increased creativity [77, 79-82]
- Improved moral reasoning [102, 137]
- Improved reaction time [148-151]
- Reduced substance abuse [152-156]

The Consciousness-Based Education Program for Schools: One Period A Day Is All That Is Needed A simple, effective plan for the systematic development of students' full potential is easily implemented in one

period a day, including the following special features of Consciousness-Based education (The National Center for Consciousness-Based Education, 1999):

- The Transcendental Meditation program. Professionally trained instructors are provided to instruct students and teachers; the daily period begins with 10-15 minutes for the students' practice of the Transcendental Meditation technique.
- The Natural Law Curriculum sequence. This course of study brings to light fundamental principles of natural law that describe patterns of order and growth, creativity and intelligence that can be identified in the world of nature, in society, and in our own lives.
- **Prevention-oriented health education.** Students gain both knowledge and skills to make life-supporting choices for a healthy, balanced life.

Transcendental Meditation: A Consciousness-Based Solution to Preventing Violence

In the arena of public policy today, the Transcendental Meditation program offers an effective solution to violence [70, 138]. Considerable scientific research indicates that the Transcendental Meditation program represents a *simple* solution to the *complex* problem of violence. This is good news to those who would like to apply simple solutions to complex social problems. Moreover, the TM program provides a tool to eliminate the underlying root cause—not just diverse symptomatic, surface aspects—of violence and aggression. **By providing a powerful coherent influence on the functioning of brain and body, the TM technique is unique in its unified effect on the diverse, complex functioning of the physiology** [17, 19, 116, 145, 157]. The TM technique can 'feed orderliness' to the developing or adult brain and counteract imbalances. In addition, the TM program is one of the few treatments that has been extensively researched over the last 40 years in diverse populations around the world. Thus, this simple program is unique because it can help transform the three key concerns of current public policy—the need for: 1) scientific validation, 2) prevention-oriented programs, and 3) programs that impact the underlying cause of violence, imbalances in brain function [158, 159].

Public Policy Promoting Self-Recovery through Self-Regulation

Even among techniques of relaxation and stress-reduction, the the TM program stands apart [127] because it impacts the root cause of physiological and psychological problems [19, 127, 145, 160, 161]. While easily and effectively eliminating stress, the TM program accomplishes more by simultaneously offering a truly holistic approach to enhancing brain functioning. *The TM program enlivens and restores self-regulation* [16, 162-164] *to allow self-recovery* [71]. Furthermore, by improving the individual physiological and psychological functions at a fundamental level of integration and coherence, the TM technique generates

significant changes in the individual that make this technique supportive and complementary to ongoing conventional social, therapeutic, and educational programs that target specific needs.

The brain is the fundamental resource of society [12, 165]. Therefore, coherent brain functioning and the development of its fullest potential should be the top priority of society and public policy. Since the brain functioning of a child reflects the nature of our education system and the diverse environmental experience provided by society, it is necessary for public policy to carefully examine the experience provided by the TM program [18, 70, 121]. As we move into the age of knowledge and technology, the full development of creative intelligence of the individual becomes a necessity. The Transcendental Meditation program represents a scientifically proven, cost-effective approach to eliminate experience-induced imbalance in brain function and antisocial behavior while developing the full creative potential of the child. Research has shown this program can be a cost-effective intervention for prevention and rehabilitation to reduce violence across a wide range of applications, including stress-ridden schools, drug and alcohol dependence, PTSD, and criminal behavior. Public policy should utilize Consciousness-Based education, in conjunction with strong scientific research, to help win the battle against violence that has been raging for the past thirty years in the U.S.

References

References available by request: please contact us at bri@mum.edu and mention the *Learning & Brain Expo* paper.

Figure 1. Violence pyramid in our schools.

Fatal events represent only the exposed "tip of the iceberg" of violence prevalent in our nation's schools. At the base of this pyramid are found the innumerable daily stresses that accumulate in the lives of the students and which eventually manifest as progressively more serious forms of violent behavior.

1 = Violent-Fatal Event
2 = Violent-Nonfatal Event, Severe Disability
1000 = Violent-Nonfatal, Moderate
10,000 =Violent-Nonfatal, minor
100,000 =Fighting, Property damage
1,000,000 = Substance Abuse
10,000,000 =Verbal aggression
100,000,000 = Stressful Events

Figure 2. Brain SPECT imaging of normal and violent subjects.

These views of the human brain illustrate the extent of blood flow (normal brain on the left, brain of violent individual on the right). The perspective is looking up at the bottom of the brain. The front or prefrontal cortex is at the top of each image. Regional brain blood flow is related to the degree of local neural activity, and hence, function. Note that brains of some violent individuals have areas with greatly reduced levels of activity compared to controls. Areas of chronic dysfunction or functional lesions (i.e., areas of low blood flow) appear as "holes" in the brain in these computer rendering. Note especially in the violent case, these regions



occur in the front of the brain (top of image), and thus may be expected to cause significant loss of impulse control, decision making, learning ability, moral reasoning, and emotional stability. Image courtesy of Dr. Daniel Amen.

Reversing the Neurophysiology of Violence

Summary of Benefits of the Transcendental Meditation Program

At-Risk Behavior	Brain Systems	Orderly Brains
in Students	& Functions	Through TM
 VIOLENT BEHAVIOR IS Decreased Coherence High Impulsivity Antisocial Behavior Low IQ Low Self-Regard Low Field Independence Suicidal Tendencies Low Empathy 	MAJOR FUNCTIONS OF BRAIN REGIONS: Prefrontal Cortex • Impulse Control • Moral Reasoning • Rational Reasoning • Sense of Self	TM PROGRAM INFLUENCE Output Output Output Decreased Coherence Decreased Impulsivity Decreased Moral Reasoning Decreased Added Independence Decreased Self-Actualization Decreased Self-Destructive Decreased Self-Destr
 Intolerance for Differences Prejudicial Attitudes Rigidity of thinking & feeling Obsessive thinking & action Gang Affiliation Witness of abuse and neglect Victim of Violence Feelings of Persecution 	Cingulate Cortex • Emotion Control • Attention Shifting • Memory • Motivation	 Increased Tolerance More Harmonious Relations Increased Cognitive Flexibility Increased Adaptability Increase Self-Sufficiency Resistance to Stressful Events Improved Family Life Increase Self-Esteem
 Lack of Organized Memory Poor Academic Achievement Low Motivation Low School Interest Unstable Mood Increased Aggression Intimidating Behavior Behavioral Rigidity 	Temporal Lobes • Memory • Learning • Motivation	 Improved Organization of Memory Improved Academic Performance Increase Tendency to Participate Increased Persistence More Balanced Mood Decreased Aggression Greater Consideration of Others Decreased Behavioral Rigidity
 High Anxiety High Stress Uncontrolled Anger Drug & Alcohol Use Feelings of Isolation & Rejection Antisocial Personality Low Serotonin Metabolism High Cortisol Levels 	Limbic System • Emotional Control • Motivation • Arousal • Stress Response	 Decreased Anxiety Reduced Social Stress Decreased Negativity Decreased Alcohol & Drug Use Improved Interpersonal Relations Increased Sociability Increased Serotonin Metabolism Decreased Cortisol Levels

- 1. Pediatrics, A.A.o., *The role of the pediatrician in youth violence prevention in clinical practice and at the community level*. Pediatrics, 1999. **103**: p. 173-185.
- 2. Statistics, B.o.J., National Crime Victimization Survey. 1999, U.S. Department of Justice: Washington, D.C.
- 3. Elliott, D., et al., eds. Youth Violence: A Report of the Surgeon General. 2001, Department of Surgeon General: Washington, D.C.
- 4. Rosenberg, M.L., K.E. Powell, and R. Hammond, Applying Science to Violence Prevention. JAMA, 1997. 277(20): p. 1641-1642.
- 5. Kotulak, R., Inside the Brain. 1996, Kansas City, MO: Andrews McMeel Publishing.
- 6. Niehoff, D., The Biology of Violence: How Understanding the Brain, Behavior, and Environment Can Break the Vicious Circle of Aggression. 1999, New York: The Free Press, Simon & Schuster.
- 7. Bennett, W.J., J.J. Dilulio, and J.P. Walters, *Body Count: Moral Poverty, And How to Win America's War Against Crime and Drugs*. 1996, New York: Simon & Schuster.
- 8. Marcus, J., The Crime Vaccine: How to End the Crime Epidemic. 1996, Baton Rouge, LA: Clairtor's Publishing Division, Inc.
- 9. Harrison, Principles of Internal Medicine, ed. J. Wilson, et al. 1991, New York: McGraw -Hill, Inc.
- 10. Amen, D.G., Change Your Brain, Change Your Life. 1998b, New York: Three Rivers Press.
- 11. Garbarino, J., Lost Boys: Why Our Sons Turn Violent and How We Can Save Them. 1999, New York: Anchor Books, Random House, Inc.
- Harris, J.R., The Nuture Assumption: Why Children Turn Out the Way They Do. 1998, New York: Free Press.
 Loeber, R. and D.P. Farrington, Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions. 1998, Thousand Oaks,
- 13. Loeber, R. and D.P. Farrington, Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions. 1998, Thousand Oaks, CA: Sage Publications, Inc.
- 14. Volavka, J., Neurobiology of Violence. 1995, Washington, D.C.: American Psychiatric Press.
- 15. Arenander, A.T. Total Brain Functioning: How to unfold the full potential of every student. in Learning and the Brain Conference III.2000a. Boston, MA: Public Information Resources, Inc.
- 16. Arenander, A.T., Effective treatment of ADHD by restoring self-regulation though the Transcendental Meditation program. In preparation, 2001.
- Jevning, R., R.K. Wallace, and M. Biedebach, The physiology of meditation: A review. A wakeful hypometabolic integrated response. Neuroscience and Biobehavioral Reviews, 1992. 16: p. 415-424.
- 18. Nidich, S.I. and R.J. Nidich, Growing Up Enlightened. 1990, Fairfield, IA: Maharishi International University Press.
- 19. Wallace, R.K., The Physiology of Consciousness. 1993, Fairfield, Iowa: Maharishi International University Press.
- 20. Davidson, R.J., Dysfunction in the neural circuitry of emotion regulation—A possible prelude to violence. Science, 2000. 289: p. 591-594.
- 21. Hardy, J. and A. Singleton, The future of genetic analysis of neurological disorders. Neurobiology of Disease, 2000. 7(2): p. 65-9.
- 22. Hyman, S.E., The genetics of mental illness: implications for practice. Bull World Health Organ, 2000. 78(4): p. 455-63.
- 23. Kaufman, J., et al., Effects of early adverse experiences on brain structure and function: clinical implications. Biological Psychiatry, 2000. 48(8): p. 778-90.
- 24. Nestler, E.J., Genes and addiction. Nat Genet, 2000. 26(3): p. 277-81.
- 25. Parens, E., Taking behavioral genetics seriously. Hastings Center Report, 1996. 26(4): p. 13-18.
- 26. Plutchik, R. and H. Van Praag, *The measurement of suicidality, aggressivity and impulsivity.* Prog Neuropsychopharmacol Biol Psychiatry, 1989. **13**(Suppl): p. S23-34.
- 27. Tanguay, P.E., Pervasive developmental disorders: a 10-year review. J Am Acad Child Adolesc Psychiatry, 2000. 39(9): p. 1079-95.
- 28. Volavka, J., The neurobiology of violence: an update. J Neuropsychiatry Clin Neurosci, 1999. 11(3): p. 307-14.
- Cravchik, A. and D. Goldman, Neurochemical Individuality: Genetic diversity among human dopamine adn serotonin receptors and transporters. Archives of General Psychiatry, 2000. 57: p. 1105-1114.
- 30. Rampon, C., et al., Enrichment induces structural changes and recovery from nonspatial memory deficits in CA1 NMDAR1-knockout mice. Nat Neurosci, 2000. **3**(3): p. 238-44.
- 31. Comings, D.E., Both genes and environment play a role in antisocial behavior. Politics and the Life Sciences, 1996. 15(1): p. 84-85.
- 32. Chiurazzi, P. and B.A. Oostra, *Genetics of mental retardation*. Current Opinions in Pediatrics, 2000. **12**(6): p. 529-35.
- Denckla, M.B., Overview: specific behavioral/cognitive phenotypes of genetic disorders. Ment Retard Dev Disabil Res Rev, 2000. 6(2): p. 81-3.
- 34. Petronis, A., The genes for major psychosis: aberrant sequence or regulation? Neuropsychopharmacology, 2000. 23(1): p. 1-12.
- 35. Niendorf, T., On the application of susceptibility-weighted ultra-fast low-angle RARE experiments in functional MR imaging. Magn Reson Med, 1999. 41(6): p. 1189-98.
- 36. Osofsky, J.D., The effects of exposure to violence on young children. American Psychologist, 1995. 50(9): p. 782-788.
- 37. Rosenberg, M.L., Violence in America: An integrated approach to understanding and prevention. Journal of Health Care for the Poor and Underserved, 1995. 6(2): p. 102-110.
- 38. Cohen, M., The monetary value of saving a high-risk youth. Journal of Quantitative Criminology, 1998. 14(1): p. 5-33.
- 39. Amen, D.G., Firestorms in the Brain: An Inside Look at Vlolent Behavior. 1998a, Fairfield, CA: MindWorks Press.
- 40. Glaser, D., Child abuse and neglect and the brain—A review. Journal of Child Ps ychology and Psychiatry, 2000. 41(1): p. 97-116.
- 41. Bach-y-Rita, G. and A. Veno, *Habitual violence: a profile of 62 men.* Am J Psychiatry, 1974. **131**(9): p. 1015-7.
- 42. Cohen, R.A., et al., Neuropsychological correlates of domestic violence. Violence and Victims, 1999. 14(4): p. 397-411.
- 43. Freedman, D. and D. Hemenway, *Precursors of lethal violence: a death row sample.* Society, Science and Medicine, 2000. **50**(12): p. 1757-70.
- 44. Lewis, D.O., et al., The medical assessment of seriously delinquent boys: a comparison of pediatric, psychiatric, neurologic, and hospital record data. J Adolesc Health Care, 1982. **3**(3): p. 160-4.
- Hawkins, M.L., F.D. Lewis, and R.S. Medeiros, Serious traumatic brain injury: an evaluation of functional outcomes. J Trauma, 1996. 41(2): p. 257-63; discussion 263-4.
- 46. Mann, J.J., et al., Positron emission tomographic imaging of serotonin activation effects on prefrontal cortex in healthy volunteers. JCereb Blood Flow Metab, 1996. **16**(3): p. 418-26.
- 47. Seidenwurm, D., et al., Abnormal temporal lobe metabolism in violent subjects: correlation of imaging and neuropsychiatric findings. AJNR Am J Neuroradiol, 1997. **18**(4): p. 625-31.
- 48. Volkow, N.D. and L. Tancredi, *Neural substrates of violent behaviour. A preliminary study with positron emission tomography.* Br J Psychiatry, 1987. **151**: p. 668-73.
- 49. Wong, M.T., et al., Positron emission tomography in male violent offenders with schizophrenia. Psychiatry Res, 1997. 68(2-3): p. 111-23.
- Constantino, J.N., Early relationships and the development of aggression in children. Harvard Review of Psychiatry, 1995. 2(5): p. 259-273.
 Dravinete and evolutionary studies of enviety stress and descention surgery at the interfere. Neuroscience and Disk shorter.
- 51. Nesse, R., *Proximate and evolutionary studies of anxiety, stress and depression: synergy at the interface.* Neuroscience and Biobehavioral Reviews, 1999. **23**(7): p. 895-903.
- 52. Nesse, R., Is depression an adaptation? Archives of General Psychiatry, 2000. 57(1): p. 14-20.

- 53. Perry, B.D. and R. Pollard, Homeostasis, stress, trauma, and adaptation. A neurodevelopmental view of childhood trauma. Child Adolesc Psychiatr Clin N Am, 1998. 7(1): p. 33-51, viii.
- 54. Schwarz, E.D. and B.D. Perry, The post-traumatic response in children and adolescents. Psychiatr Clin North Am, 1994. 17(2): p. 311-26.
- Yehuda, R. and A.C. McFarlane, *Psychobiology of Posttraumatic Stress Disorder*. 1997, New York: New York Academy of Sciences.
 Mann, J.J. and V. Arango, *Integration of neurobiology and psychopathology in a unified model of suicidal behavior*. J Clin Psychopharmacol, 1992. **12**(2 Suppl): p. 2S-7S.
- 57. Spielberger, C.D., Assessment of Stait and Trait Anxiety: Conceptual and methodological issues. The Southern Psychologist, 1985. 2 p. 6-16.
- 58. van Praag, H.M., Anxiety and increased aggression as pacemakers of depression. Acta Psychiatr Scand Suppl, 1998. 393: p. 81-8.
- 59. Black, J.E., How a child builds a brain: Some lessons from animal studies of neural plasticity. Preventative Medicine, 1998. 27(2): p. 168-171.
- Buonomano, D.V. and M.M. Merznich, *Cortical Plasticity: From synapses to maps.* Annual Review of Neuroscience, 1998. 21: p. 149-186.
 Kolb, B. and I.Q. Whishaw, *Brain Plasticity and Behavior.* Annual Review of Psychology, 1998. 49: p. 43-64.
- 62. Berman, A., et al., *Warning Signs: Fight for your rights, take a stand against violence.* 1999, American Psychologist Association: Washington, D.C.
- 63. Dwyer, K., D. Osher, and C. Warger, *Early Warning, Timely response: A guide to safe schools.* 1998, U.S. Department of Education: Washington, D.C.
- Amen, D.G., Visualizing the Firestorms in the Brain: An inside look at the clinical and physiological connections between drugs and violence using brain SPECT imaging. Journal of Psychoactive Drugs, 1997. 29(4): p. 307-319.
- 65. Bechara, A., et al., Different contributions of the human amygdala and ventromedial prefrontal cortex to decision-making. Journal of Neuroscience, 1999. **19**(13): p. 5473-81.
- 66. Krasnegor, N.A., G.R. Lyon, and P.S.E. Goldman-Rakic, *Development of the Prefrontal Cortex: Evolution, Neurobiology, and Behavior.* 1997, Baltimore: Paul H. Brookes Publishing Co.
- 67. MaharishiOpenUniversity, Summary of Scientific Research on Consciousness-Based Education. 1999, Maharishi University of Management Press, the Netherlands. p. 1-20.
- 68. Bleick, C.R. and A.I. Abrams, *The Transcendental Meditation program and criminal recidivism in California.* Journal of Criminal Justice, 1987. **15**: p. 211-230.
- Dillbeck, M.C. and A.I. Abrams, The application of the Transcendental Meditation program to corrections. International Journal of Comparative and Applied Criminal Justice, 1987. 11(1): p. 111-132.
- 70. Jones, C.H., et al., *Attacking crime at its source: Consciousness-based education in the prevention of violence and antisocial behavior.* Journal of Offender Rehabilitation, 2001. **In Review**.
- 71. O'Connell, D. and C.N. Alexander, Self-Recovery: Treating Addictions Using Transcendental Meditation and Maharishi Ayur-Veda. 1994, New York: Haworth Press, Inc.
- 72. Roth, R., The Transcendental Meditation Program. 1994, New York: Primus Publishing, Inc.
- 73. Ome-Johnson, D.W. and J. Farrow, eds. *Scientific Research on the Transcendental Meditation program: Collected Papers (Vol. 1)*. 1977, MERU Press: Rheinweiler, West Germany.
- 74. Berg, W.P.v.d. and B. Mulder, *Psychological research on the effects of the Transcendental Meditation technique on a number of personality variables.* Gedrag: Tijdschrift voor Psychologie, 1976. 4: p. 206-218.
- 75. Childs, J.P., The use of the Transcendental Meditation program as a threapy with juvenile offenders. Dissertation Abstracts International, 1974. **34**(8): p. 4732A.
- 76. Jackson, Y., Learning disorders and the Transcendental Meditation program: Retrospects and prospects A preliminary study with economically deprived adolescents, in Dissertation Abstracts International. 1977. p. 3351A.
- 77. Shecter, H.W.A., A psychological investigation into the source of the effect of the Transcendental Meditation technique. Dissertation Abstracts International, 1978. **38**(7): p. 3372B-3373B.
- 78. Cranson, R.W., et al., *Transcendental Meditation and improved performance on intelligence-related measures: a longitudinal study.* Personality and Individual Differences, 1991. **12**: p. 1105-1116.
- 79. Alexander, C.N., et al., *Transcendental Meditation, mindfulness, and longevity.* Journal of Personality and Social Psychology, 1989. 57: p. 950-964.
- 80. Jedrczak, A., M. Beresford, and G. Clements, *The TM-Sidhi programme, pure consciousness, creativity, and intelligence.* The Journal of Creative Behavior, 1985. **19**: p. 270-275.
- 81. Travis, F., Creative thinking and the Transcendental Meditation technique. Journal of Creative Behaviour, 1979a. 13(3): p. 169-180.
- 82. Travis, F., The Transcendental Meditation technique and creativity: A longitudinal study of Cornell University undergraduates. Journal of Creative Behavior, 1979b. 13: p. 169-180.
- Alexander, C.N., et al., Transcendental Meditation, mindfulness, and longevity: an experimental study with the elderly. Journal of Personality and Social Psychology, 1989. 57(6): p. 950-964.
- 84. Dillbeck, M.C., Meditation and Flexibility of visual perception and verbal problem-solving. Memory and Cognition, 1982. 10: p. 207-215.
- 85. Brooks, J.S. and T. Scarano, *Transcendental Meditation and the treatment of post-Vietnam adjustment.* Journal of Counseling and Development, 1985. **64**: p. 212-215.
- 86. Geisler, M., *Therapeutische Wirkungen der Transzendentalen Meditation auf den Drogenkonsumenten.* Zeitschrift fur klinische Psychologie, 1978. **7**: p. 235-255.
- 87. Overbeck, K.-D., Auswirkungen der Technik der Transzendentalen Meditation (TM) auf die psychische und psychosomatische Befindlichkeit. Psychotherapie Psychosomatik Medizinische Psychologie, 1982. **32**: p. 188-192.
- Heaton, D.P. and D.W. Orme-Johnson, The Transcendental Meditation program and Academic achievement, in Scientific Research on Maharishi's Transcendental Meditation Program, D.W. Orme-Johnson and J.T. Farrow, Editors. 1977, Maharishi European Research University: Rheinweiler, Germany. p. 396-399.
- 89. Kember, P., The Transcendental Meditation Technique and Postgraduate Academic Performance. British Journal of Educational Psychology, 1985. 55: p. 164-166.
- 90. Nidich, S.I., R.J. Nidich, and M. Rainforth, School effectiveness: Achievement gains at the Maharishi School of the Age of Enlightenment. Education, 1986. **107**: p. 49-54.
- 91. Nidich, S.I. and R.J. Nidich, *Increased academic achievement at the Maharishi School of the Age of Enlightenment: A replication study.* Education, 1989. **109**: p. 302-304.
- 92. Aron, A., D.W. Orme-Johnson, and P. Brubaker, *The Transcendental Meditation program in the college curriculum: A 4-year longitudinal study of effects on cognitive and affective functioning.* College Student Journal, 1981. **15**: p. 140-146.

- Marcus, S.V., The influence of the Transcendental Meditation program on the marital dyad. Dissertation Abstracts International, 1978. 38(8): p. 3895B.
- Alexander, C.N., et al., The effects of Transcendental Meditation compared to other methods of relaxation and meditation in reducing risk factors, morbidity, and mortality. Homeostasis, 1995. 35(4-5): p. 243-264.
- 95. Alexander, C.N., et al. Effects of Transcendental Meditation on psychological risk factors, cardiovascular and all-cause mortality: a review of meta-analyses and controlled clinical trials. in Tenth Conference of the European Health Psychology Society. 1996. Dublin, Ireland.
- 96. Barnes, V.A., et al., Stress, stress reduction and hypertension in African Americans: An updated review. Journal of the National Medical Association, 1997. **89**(5): p. 464-476.
- 97. Schneider, R.H., et al. Stress management in elderly Blacks with hypertension. in Proceedings of the Second International Conference on Ethnicity and Disease. 1991. Salvador, Bahia, Brazil.
- Schneider, R.H., C.N. Alexander, and R.K. Wallace, In search of an optimal behavioral treatment for hypertension: A review and focus on Transcendental Meditation, in Personality, Elevated Blood Pressure, and Essential Hypertension, E.H. Johnson, W.D. Gentry, and S. Julius, Editors. 1992, Hemisphere Publishing Corporation: Washington DC. p. 291-312.
- 99. Davidson, R.J., K.M. Putnam, and C.L. Larson, *Dysfunction in the neural circuitry of emotion regulation--a possible prelude to violence.* Science, 2000. **289**(5479): p. 591-4.
- 100. Dillbeck, M.C. and S.A. Vesely, Participation in the Transcendental Meditation program and frontal EEG coherence during concept learning. International Journal of Neuroscience, 1985. 14: p. 147-151.
- 101. Orme-Johnson, D.W. and C.T. Haynes, *EEG phase coherence, pure consciousness, creativity, and TM--Sidhi experiences*. Int J Neurosci, 1981. **13**(4): p. 211-7.
- 102. Nidich, S.I., et al., Kohlbergian cosmic perspective responses, EEG coherence, and the Transcendental Meditation and TM-Sidhiprogram. Journal of Moral Education, 1983. 12: p. 166-173.
- 103. Dillbeck, M.C. and E.C. Bronson, Short-term longitudinal effects of the Transcendental Meditation technique on EEG power and coherence. International Journal of Neuroscience, 1981a. 14: p. 147-151.
- 104. Dillbeck, M.C., D.W. Orme-Johnson, and R.K. Wallace, Frontal EEG coherence, H-reflex recovery, concept learning, and the TM-Sidhi program. International Journal of Neuroscience, 1981b. 15: p. 151-157.
- 105. Travis, F., J.J. Tecce, and J. Guttman, Cortical plasticity, contingent negative variation, and transcendent experiences during practice of the Transcendental Meditation technique. Biological Psychiatry, 2000. 55: p. 41-55.
- 106. Travis, F. and R.K. Wallace, Autonomic and EEG patterns during eyes-closed rest and transcendental meditation (TM) practice: the basis for a neural model of TM practice. Conscious Cogn, 1999. 8(3): p. 302-18.
- 107. Travis, F. and C. Pearson, Pure consciousness: distinct phenomenological and physiological correlates of "consciousness itself". Int J Neurosci, 2000. 100(1-4): p. 77-89.
- 108. Travis, F. and J.J. Tecce, Effects of distracting stimuli on CNV amplitude and reaction time. Int J Psychophysiol, 1998. 31(1): p. 45-50.
- 109. Schneider, R., et al., Neuroendocrine responsivenes in Type A and Type B behavior: Luteinizing hormone, testosterone, cortisol, betaendorphin, epinephrine, and norepinephrine. Psychosomatic Medicine, 1986. **48**: p. 3-4.
- 110. MacLean, C., et al., Effects of the Transcendental Meditation program on adaptive mechanisms: changes in hormone levels and responses to stress after 4 months of practice. Psychoendrocrinology, 1996. 22(4): p. 277-295.
- 111. Michaels, R.R., Parra, J., McCann, D. S., Vander, A. J.,, *Renin, Cortisol, And Aldosterone During Transcendental Meditation.* Psychosomatic Medicine, 1979. **41**(1): p. 50-54.
- 112. MacLean, C., K. Walton, and e. al, Altered cortisol response to stress after four months practice of the Transcendental Meditation program. Soc. Neuros. Abstracts, 1992. 18; p. 15-41.
- 113. Jevning, R., et al. Plasma prolactin and cortisol during Transcendental Meditation. Abstract. in The Endocrine Society Program 57th Annual Meeting. 1975. New York, NY.
- 114. MacLean, C.R.K., et al., Altered responses of cortisol, GH, TSH and testosterone to acute stress after four month's practice of Transcendental Meditation (TM). Annals of the New York Academy of Sciences, 1994. **746**: p. 381-384.
- 115. Walton, K.G., et al., Stress reduction and preventing hypertension: preliminary support for a psychoneuroendocrine mechanism. Journal of Alternative and Complementary Medicine, 1995. 1(3): p. 263-283.
- 116. Arenander, A.T. Global Neural Ground State: Coherent brain mechanisms associated with Transcendental Consciousness. in Towarda Science of Consciousness. 1996. Tucson, AZ.
- 117. Dillbeck, M.C. and E.C. Bronson, Short-term longitudinal effects of the transcendental meditation technique on EEG power and coherence. Int J Neurosci, 1981. **14**(3-4): p. 147-51.
- 118. Gaylord, C., D. Orme-Johnson, and F. Travis, *The effects of the Transcendental Meditation technique and progressive muscle relaxation on EEG coherence, stress reactivity, and mental health in black adults.* International Journal of Neuroscience, 1989. **46**: p. 77-86.
- 119. Levine, P.H., Russell, J. H., Haynes, C.T., Strobel, U., EEG Coherence During the Transcendental Meditation Technique, in Scientific Research on the Transcendental Meditation Program :Collected Papers, D. Orme-Johnson, Farrow, J., Editor. 1975, MERU: Livingston Mannor NY. p. 187-207.
- 120. Ome-Johnson, D.W. and C.T. Haynes, *EEG phase coherence, pure consciousness, creativity and TM-Sidhi experiences.* International Journal of Neuroscience, 1981. **13**: p. 211-217.
- 121. Jones, C.H., The impact of Maharishi's Vedic Science based education: The example of Maharishi International University. Modern Science and Vedic Science, 1989. **3**(2): p. 155-200.
- 122. Hawkins, M.A., Effectiveness of the Maharishi Transcendental Meditation program in criminal rehabilitation and substance abuse: A review of the research. Journal of Offender Rehabilitation, 2001. In Review.
- 123. Diop, M., *The Transcendental Meditation Program in Senegal*. 1989, Ministere de L'interieur, Penitentiary Administration: Dakar, Senegal. p. 1-4.
- 124. Anklesaria, F., The Enlightened Sentencing Project: The TM program for probationers. 1996, Maharishi University of Management, Department of Rehabilitation: St. Louis.
- 125. Post, S.G., P.R. Frutig, and J. Bennett, The moral challenge of children at risk: protective policies and pediatrics. A report of the Children's Services, Inc. Task Force of Greater Cleveland. Clin Pediatr (Phila), 1997. **36**(11): p. 625-33.
- 126. Gelderloos, P., et al., The effectiveness of the Transcendental Meditation program in preventing and treating substance abuse: A review. International Journal of the Addictions, 1991. **26**: p. 297-325.
- 127. Orme-Johnson, D. and K. Walton, All approaches to preventing or reversing effects of stress are not the same. American Journal of Health Promotion, 1998. **12**(5): p. 297-299.
- 128. Eisenberg, D.M., et al., *Cognitive behavioral techniques for hypertension: Are they effective?* Annals of Internal Medicine, 1993. **118**(12):p. 964-972.

- 129. Herron, R.E., et al., The impact of the Transcendental Meditation program on government payments to physicians in Quebec. American Journal of Health Promotion, 1996. **10**(3): p. 208-216.
- 130. Herron, R.E., et al., Cost-effective hypertension management: Comparison of drug therapies with an alternative program. The American Journal of Managed Care, 1996. 2(4): p. 427-437.
- 131. Herron, R., et al. Effects of behavioral intervention for hypertension on medicaid utilization. in 70th Scientific Sessions American Heart Association National Heart, Lung and Blood Institute Cardiovascular Minority Researcher Supplement Awardee Session. 1997. Lake Buena Vista, Florida.
- 132. Mills, P.J., R.H. Schneider, and J. Dimsdale, Anger assessment and reactivity to stress. Journal of Psychosomatic Medicine, 1989. 33(3): p. 379-382.
- 133. Ome-Johnson, D.W., Medical care utilization and the Transcendental Meditation program. Psychosomatic Medicine, 1987. 49: p. 493– 507.
- 134. Ome-Johnson, D.W. and R.M. Herron. Medical care utilization, Transcendental Meditation, and Maharishi Ayur-Ved. in American Journal of Health Promotion 4th Annual Conference, Health Promotion: What's the Impact and What Works? 1993. Hilton Head Island, South Carolina.
- 135. Ome-Johnson, D.W. and R.E. Herron, An innovative approach to reducing medical care utilization and expenditures. The American Journal of Managed Care, 1997. 3(1): p. 135-144.
- 136. MaGill, D., Cost savings from teaching the Transcendental Meditation program in prisons. Journal of Offender Rehabilitation, 2001. In Review.
- 137. Nidich, S.I., Orme-Johnson D. W. Kohlberg's Stage Seven, Natural Law, and the Transcendental Meditation and T Sidhi Program. in International Symposium of Moral Education. 1982. Fribourg, Switzerland.
- 138. Arenander, A.T. Can you inoculate your school against violence? in Learning and the Brain Conference III. 2000b. Boston, MA: Public Information Resources, Inc.
- 139. Dillbeck, M.C., et al., Longitudinal effects of the Transcendental Meditation and TM-Sidhi program on cognitive ability and cognitive style. Perceptual and Motor Skills, 1986. 62: p. 731-738.
- 140. Gelderloos, P., R.J. Lockie, and S. Chuttoorgoon, *Field Independence of students at Maharishi School of Age of Enlightenment and a Montessori school.* Perceptual and Motor Skills, 1987. **65**: p. 613-614.
- 141. Jedrczak, A. and G. Clements, *The TM-Sidhi programme and field independence*. Perceptual and Motor Skills, 1984. **59**: p. 999-1000.
- 142. Pelletier, K.R., Influence of Transcendental Meditation Upon Autokinetic Perception. Perceptual and Motor Skills, 1974. 39: p. 1031-1034.
- 143. Dillbeck, M.C., The effect of the Transcendental Meditation technique on anxiety level. J Clin Psychol, 1977. 33(4): p. 1076-8.
- 144. Turnbull, M.J. and H. Norris, *Effects of Transcendental Meditation on self-identity indicies and personality*. British Journal of Psychology, 1982. **73**: p. 57-68.
- 145. Alexander, C.N., et al., Growth of higher stages of consciousness: Maharishi's Vedic Psychology of human development. in Higher Stages of Human Development: Perspectives on Adult Growth, C.N. Alexander and E.J. Langer, Editors. 1990, Oxford University Press: New York. p. 286-341.
- 146. Dixon, C.A., Consciouness and cognitive development: A six -month longitudinal study of four-year-olds practicing the children's Transcendental Meditation technique. Dissertation Abstracts International, 1989. **50**(3): p. 1518B.
- 147. Warner, T.Q., Transcendental Meditation and developmental advancement: Meditating abilities and conservation performance. Dissertation Abstracts International, 1987. **47**(8): p. 3558B.
- 148. Appelle, S. and L.E. Oswald, Simple reaction times as a function of alertness and prior mental activity. Perceptual and Motor Skills, 1974. **38**: p. 1263-1268.
- 149. Holt, W.R., J.L. Caruso, and J.B. Riley, *Transcendental Meditation vs. pseudo-meditation on visual choice reaction time.* Perceptual and Motor Skills, 1978. **46**: p. 726.
- Jedrczak, A., M. Toomey, and G. Clements, *Reduction in aging effects as assessed by perceptual/motor speed and non-verbal intelligence*. Journal of Clinical Psychology, 1986. 42: p. 161-164.
 Jedrczak, A., M. Toomey, and G. Clements, *The TM-Sidhi programme, age, and brief test of perceptual-motor speed and nonverbal*
- 151. Jedrczak, A., M. Toomey, and G. Clements, The TM-Sidhi programme, age, and brief test of perceptual-motor speed and nonverbal intelligence. The Journal of Clinical Psychology, 1986. 42: p. 161-164.
- 152. Alexander, C.N., P. Robinson, and M. Rainforth, *Treating alcohol, nicotine and drug abuse through Transcendental Meditation: A review and statistical meta-analysis.* Alcoholism Treatment Quarterly, 1994.
- 153. Aron, E.N. and A. Aron, *The patterns of reduction of drug and alcohol use among Transcendental Meditation participants*. Bulletin of the Society of Psychologists in Addictive Behaviors, 1983. **2**: p. 28-33.
- 154. Monahan, R.J., Secondary Prevention of Drug Dependence Through the Tran scendental Meditation Program in Metropolitan Philadelphia. International Journal of Addiction, 1977. **12**: p. 729-754.
- 155. Royer, A., *The role of the TM technique in promoting cessation; a longitudinal study.* Self Recovery-Treating Addictions Using Transcendental Meditation and Maharishi Ayurveda., ed. D. O'Connell and C. Alexander. 1994, Binghampton, New York: Harrington Park Press. pp. 221-242.
- 156. Wallace, R.K. and H. Benson. Decreased drug abuse with Transcendental Meditation: A study of 1,862 subjects. in Drug Abuse: Proceeding of the International Conference. 1972. Philadelphia: Lea and Febiger.
- 157. Alexander, C.N., J.L. Davies, and e. al., *Higher Stages of Human Development: Perspectives on Adult Growth*, ed. C.N. Alexander and E.J. Langer. 1990, New York: Oxford University Press.
- 158. Lipton, D., R. Martinson, and J. Wllks, *The effectiveness of correctional treatment: A survey of treatment evaluation studies*. 1975, New York: Praeger.
- 159. Sherman, L.W., et al., Preventing Crime: What Works, What Doesn't, What's Promising. 1997, National Institute of Justice: Washington, D.C. p. 1-252.
- 160. Alexander, C.N., et al., Transcendental consciousness: A fourth state of consciousness beyond sleep, dreaming and waking in Sleep and Dreams: A sourcebook, J. Gackenbach, Editor. 1987, Garland: New York. p. 282-312.
- 161. Wallace, R., The Neurophysiology of Enlightenment. 1986, Fairfield, IA: MIU Press.
- 162. Arenander, A.T., The Transcending Brain. In preparation, 2001.
- 163. Barkley, R.A., *Genetics of childhood disorders: XVII. ADHD, Part 1: The executive functions and ADHD.* Journal of the American Academy of Child and Adolescent Psychiatry, 2000. **39**(8): p. 1064-1068.
- 164. Gottfredson, M.R. and T. Hirschi, A General Theory of Crime. 1990, Stanford, CA: Stanford University Press.
- 165. Blank, R., Brain Policy: How the New Neuroscience Will Change Our Lives and Our Politics. 1999, Washington, D.C.: Georgetown University Press.