

# From meditation to medicine: Ayurvedic medicine and East-West knowledge transfer between Maharishi Mahesh Yogi, Dr. Herbert Benson, and HRH Prince Charles in the 1970s-80s

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This paper explores a case of East-West knowledge transfer and analyzes the interactions between three seemingly unrelated figures: Maharishi Mahesh Yogi, Dr. Herbert Benson, and HRH Prince Charles in the 1970s-80s. The goal is to show that the hallmark discovery of Dr. Benson's research, "the Relaxation Response", was a reframed and medicalized presentation of the Maharishi's teaching of Transcendental Meditation, and it rendered the Relaxation Response as an objective, stable form of knowledge and Transcendental Meditation as the lesser, cultural species. This case was analyzed using Dr. Benson's correspondence with HRH Prince Charles, whom Benson hoped would become a patron of his research efforts in the burgeoning field of mind body medicine. By examining this correspondence and abutting the spiritual conceptions and scientific rationalizations involved in this narrative, this research discusses how factors such as expertise and professionalism can define what is scientific and highlights the ambivalence of knowledge translation across spatial, temporal, and cultural boundaries.

In October 1988, Harvard Associate Professor Herbert Benson, his wife Marilyn, and a member of his staff, James Frey, anxiously awaited the arrival of His Royal Highness (HRH) the Prince of Wales as they sat in the Ambassadors Court of St. James's Palace, London, England. Dr. Benson had first visited with HRH Prince Charles in the same palace eight months ago to discuss Benson's unique research and the ways in which Benson believed it was "bridging modern Western medicine and the traditional medicine of other cultures."<sup>1</sup> In this meeting, Benson sought to deepen his relationship with HRH and gain "major support for the medical school" and for his research.<sup>2</sup> In this 25 minute meeting, niceties were exchanged, Benson's research progress was discussed, and an offer was made to connect Dr. Benson with potential patrons. However, HRH soon brought up something unexpected. James Frey recalls:

"All throughout our meeting HRH had on his lap a book and a letter on top of it. He gave both to Dr. Benson after asking if he would be willing to give him an opinion about the contents of both. A man from Southeast Asia ([perhaps] Indonesia, he wasn't sure) had been brought to his attention. He had been asked to meet with him, but felt reluctant to do so. Apparently this man claims incredible powers through unexplained forces of energy he seems to possess. For instance, he is supposed to be able to point a finger at a piece of paper and set it on fire. HRH jokingly added that he is continually getting letters from and about these sorts of people, and that this man had visited the UK. Because he was treated as a "conjurer," he was insulted and said he would not return

to the UK unless he could meet with HRH, hence, this request of Dr. Benson. Dr. Benson responded that he would be only too happy to review the material and get back to HRH."<sup>3</sup>

Roughly one week later, after reading the material given to him by HRH, Dr. Benson concluded that there was not sufficient information to render an intelligent judgment concerning the validity of the claims made by the supposed conjurer "Dynamo Jack."<sup>4</sup> He did, however, comment that his research in the past with "such individuals" had been "rather disappointing"—they were either unable to produce positive results or were simply conjurers.<sup>5</sup> "Even so", he concluded, "I remain hesitant to dismiss these opportunities least we overlook the discovery of unexpected human capacities."<sup>6</sup>

Through this stance, Benson distanced and elevated himself and his own research interests from the "rather disappointing" practices of "such individuals", yet he expressed a diplomatic interest in these practices from the Eastern world. By categorizing Dynamo Jack as similar to "such individuals" whom Benson found to be "rather disappointing," Benson characterized himself as the beholder of expertise while "conjurers" of the likes of Dynamo Jack exemplified a "disappointing" amateurism. The purported expertise of Benson, as he believed himself expert enough to render judgment on Dynamo Jack's work, indicated an air of western superiority. Specifically, when Benson referred to his past research to suggest the fraudulent nature of Dynamo Jack, Benson presented his expertise as a factor that qualified him to determine the value of Dynamo Jack's abilities. Since Benson's research expertise was gained through western systems of laboratory based research in western settings yet he unhesitatingly applied it to this eastern individual, it is as though he deemed western methods of intellectual inquiry universal—the

1 Herbert Benson (HB), letter to David Wright, 20 April 1989, Folder 35, Box 2, Herbert Benson Papers 1960-2003, Francis A. Countway Library of Medicine, Center for the History of Medicine, Harvard Medical Library and Boston Medical Library (Cambridge, MA).

2 William K Stone, memorandum to Derek Bok, 9 January 1987, Folder 35, Box 2, Herbert Benson Papers 1960-2003.

3 James H Frey, memorandum to file, 18 October 1988.

4 HB, letter to HRH, 24 October 1988.

5 HB, letter to HRH, 24 October 1988.

6 Ibid.

standard to which other forms of knowledge should be judged. However, by qualifying this dismissal with the phrase “I remain hesitant to dismiss these opportunities...” Benson demonstrates a strategic open-mindedness towards non-western knowledge which aptly represents Benson’s style of communication with HRH Prince Charles, a Western figure of power who had a known interest in alternative medicine, faith healing, and medicine of Eastern cultures.<sup>7</sup>

Benson’s balancing act is a case study in the dynamic of East-West knowledge transfer during the time, yet it also presents the obvious question; why did Prince Charles consider Benson, a Western Harvard professional, an authority on Eastern mystics? As I will describe later in detail, in short it was because Benson had taken an apparently esoteric, spiritual Eastern practice which he thought Westerners were suspicious of, and transformed it into a concrete, evidence-based scientific entity which garnered the respect of Western audiences. More specifically, he took the practice of Transcendental Meditation, a technique from the traditional Indian medical system of Ayurveda which focuses on optimizing everyday health and living, and reprocessed it to present a novel physiological phenomenon which he termed “The Relaxation Response”. While Transcendental Meditation was deeply rooted in spirituality and forms of personal, experiential knowledge, Benson processed and reframed it to efface any potentially occult or esoteric characteristics. He replaced such characteristics with a technical physiological focus, culturally non-specific language that emphasized independence from eastern cultures, and a new Western ownership. This framing of Transcendental Meditation resulted in the creation of a novel entity termed “The Relaxation Response”, a physiological phenomenon (attributed to Dr. Benson himself) which western audiences could entrust in.

In the case of Dr. Herbert Benson, he and his western colleagues often highlighted their efforts to integrate Western & Eastern medicine yet they presented Benson’s work on Transcendental Meditation as a new and improved Western concept that displaced Ayurveda to generate a seemingly more sophisticated, novel form of knowledge. Tracing the evolution of Benson’s novel concept, termed the “Relaxation Response”, and focusing on terminological framings of this “Relaxation Response” suggests that Ayurvedic medical knowledge was only deemed stable and credible by the general public and by many Western academia after having been displaced from its cultural and spiritual milieu and assigned new ownership in the realm of non-local,<sup>8</sup> Western biomedicine.

### Attitudes towards Ayurveda and Transcendental Meditation in America

Ayurveda, a Sanskrit word meaning the knowledge, wisdom, or science of life, describes a traditional system of Indian medicine and focuses on optimal, healthy, everyday living and longevity.<sup>9</sup> While many scholars agree that Ayurveda represents an ancient discipline, exactly how ancient, is a controversial topic. While some scholars of Ayurveda believe that its origins extend back at least 6,000 years ago, other scholars attest that only a 3,000 year history is verifiable.<sup>10</sup> Such disagreements in dating reflect one of the

key difficulties in interpreting a civilizational philosophy such as Ayurveda—how can one place stringent bounds on the emergence of this type of collective knowledge? This question is particularly relevant since the discipline of Ayurveda represents a collection of knowledge that was not put forth at one distinct moment in time by one distinct beholder, but was instead a system of precepts that emerged gradually alongside a flourishing culture and the traditions of the collective ancient Indian *rishis* or sages.<sup>11</sup> Regardless of the exact dating, there is consensus enough to argue that when Dr. Benson represented Ayurvedic knowledge to his western audience, he not only invoked a spatial transfer of knowledge (east vs. west) but also a temporal transfer (classical vs. modern).

In the classical system of Ayurveda, two of the core values emphasized are *Sattva* or the pursuit of greater purity, harmony, balance, and goodness in one’s life, and *dharma*, an equally expansive term which denotes personal responsibility and taking charge of one’s own life in the world.<sup>12</sup> Ayurveda’s concepts of health and disease are rooted in three *dosas* or basic physio-mental characteristics: *vata*, *pitta*, and *kapha*—the wind and air characteristic, the fire and heat characteristic, and the liquid and viscous characteristic. Each individual contains varying proportions of the three characteristics or *dosas*; when they are in balance there will be health and when they are imbalanced there will be disease.<sup>13</sup> In the event of an imbalance, the traditional Ayurvedic physician prescribes therapies focused on diet, daily and seasonal regimes, systematic bodily purification, herbal and mineral-based remedies, and occasionally, surgical interventions, in order to restore and maintain the proper dosic balance.<sup>14</sup> This traditional Ayurvedic system of medicine survived despite the advent of the Mughal and British empires into India; thus, there is a belief that Ayurveda’s ability to survive under changing historical circumstances validates it and its products. In other words, many Ayurvedic practitioners purport that the usefulness of Ayurveda can always be “substantiated on the basis of its traditional use”.<sup>15</sup> While this belief in traditional legitimacy neglects the possibility that almost all health interventions presented with authority can elicit placebo effects that can ameliorate symptoms, it still holds ardent believers. One such advocate of traditional legitimacy was Mahesh Prasad Varma, who would later be known as Maharishi Mahesh Yogi and even be referred to as the “Chief Guru of the Western World”.<sup>16</sup>

Mahesh Varma<sup>17</sup> apprenticed himself to a Hindu swami (religious teacher) in India for thirteen years, during which he studied the ancient Sanskrit texts the *Vedas*. Varma began to focus on meditative techniques which involved the repetition of mantras in order to help one synergize with the energies of various deities. He decided to modify these ancient teachings and share them with the modern world. In 1955, he began teaching in India with the new title of Maharishi or “great sage” and looked towards garnering a Western audience, starting with a trip to the United States in 1959.<sup>18</sup>

11 Ibid.

12 Ninivaggi, “Ayurveda,” xv.

13 Zysk, “New Age Ayurveda,” 11.

14 Ibid.

15 Katiyar, C K. 2011. “Ayurpathy: A Modern Perspective of Ayurveda.” *Ayu* 32 (3): 304.

16 Lefferts, Barney. 1967. “Chief Guru of the Western World.” *New York Times*, December 17.

17 Harrington, Anne. 2008. “Eastward Journeys.” In *The Cure Within, A History of Mind-Body Medicine*, 210. New York, NY: W.W. Norton & Company. Born in 1917, Varma was raised in a middle class family in India and was given a secular, Western education including physics & math at Allahabad University.

18 Harrington, “Eastward Journeys.” 211.

7 William Stone, memo to Derek Bok, 9 January 1987.

8 Non-local in the sense that it was presented as universally true, while TM was framed as being culturally specific and individualized.

9 Ninivaggi, Frank John. 2008. *Ayurveda: A Comprehensive Guide to Traditional Indian Medicine for the West*. Ed. of *An Elementary Textbook of Ayurveda*, xv. Westport, CN: Praeger.

10 Ibid.

One of the central practices he espoused to his Western audience was what he called Transcendental Meditation or TM. The Maharishi's TM consisted of a simple mantra that was to be repeated in meditation. If students conducted this meditation twice a day for just fifteen to twenty minutes, they would be on the path towards experiencing "a special state of awareness called pure consciousness that would, over time, make them happier, more peaceful, and more intelligent".<sup>19</sup> These teachings soon gained immense popularity when in the 1960s, the Beatles chose the Maharishi as their spiritual adviser and other celebrities such as actresses Jane Fonda and Mia Farrow followed suit.<sup>20</sup> Many of the Maharishi's lay followers were white, middle-class young men and women who were "dissatisfied with the established forms of Judaeo-Christian religiosity".<sup>21</sup> Hence the TM movement became linked with an air of 1960s-70s counterculture.

With this envelopment in counterculture, it was not surprising that in 1968, Herbert Benson M.D., a Harvard Medical school cardiologist interested in the health effects of stress, was reluctant to expand his research into the practice of TM. Dr. Benson, who was using monkey models to investigate the role of stress in heart disease, was approached by a group of transcendental meditators with claims they could markedly reduce their blood pressure and heart rate through meditation<sup>22</sup>, but he initially refused to collaborate with them.<sup>23</sup> Upon the TM group's persistence, Benson agreed and began researching them secretly, without the knowledge of his colleagues.<sup>24</sup> Wary of how his colleagues would accept this work on meditation, his first public engagement with meditation centered on an issue of heightened interest to the medical community: drug abuse.

### Benson's Framing of Transcendental Meditation

Instead of pursuing a research publication solely about transcendental meditation and its alleged health benefits, Benson initially decided to focus on the more recognized and respected topic of curtailing drug abuse. Thus he initially framed his interest in transcendental meditation as simply a means to an end—it was not the mysterious eastern practice that was to be focused on, but the desirable medical results it produced. In 1972, with estimates as high as "20 million people in the U.S. who [had] used marihuana" and "concerns about the growing use of marihuana and hallucinogenic drugs by high school and college students",<sup>25</sup> it was not difficult for Benson to convincingly argue that there was a pressing need to identify programs for alleviating drug abuse. While educational and counseling programs existed, their efficacy had yet to be established, so Benson introduced the idea that a program based on "the practice of Transcendental Meditation, as taught by Maharishi Mahesh Yogi, may be effective in alleviation of drug abuse".<sup>26</sup>

Benson's introductory statement in which he actually assigns ownership of TM to the Maharishi reveals that Benson explicitly referred to TM and did not initially introduce his own terminology

or sense of new ownership to explain the phenomena. Benson does, however, make sure to detach himself from this eastern technique with phrases such as "TM is reported to be an easily learned mental technique"... "the technique is claimed to be a spontaneous natural process"... "it is also claimed that anyone can learn the technique in four or five instructional sessions".<sup>27</sup> By leaving the subject ambiguous (Benson does not mention *who* claims or reports these things), Benson is able to insinuate that a third party has put forward these claims regarding TM. Through insinuating an unnamed third party, he detaches himself from a mental technique that could easily be considered non-medical and non-professional, yet he also begins to detach the mental technique from its Eastern creator the Maharishi (which conversely renders it more medical and professional). Benson also refrains from providing an actual description of (or instructions for practicing) the TM technique, which reiterates this detachment. Instead, he emphasizes the non-spiritual and non-cultic nature of the TM that was used in the study, with disclaimers such as "unlike many techniques of meditation or self-improvement, [TM] does not employ belief, suggestion, or any change in life style" and "individuals practice the technique on their own".<sup>28</sup> By creating these demarcations between TM and spirituality/belief, Benson offered the western individual a non-eastern method of engaging with a traditionally eastern practice.

The study continues by detailing that the 1,862 study participants completed questionnaires 6 months before starting the meditation and at various time points up to 22 months after starting meditation, and their drug usage and attitudes towards usage were assessed over time. Benson found that individuals who regularly practiced TM decreased or stopped abusing drugs, decreased or stopped participating in drug-selling activity, and changed their attitudes in the direction of discouraging others from abusing drugs. Similar changes were observed with the use of "hard liquor"<sup>29</sup> and cigarette smoking, and the magnitude of all of these changes increased with the length of time that the individual practiced the TM technique. Lastly, the study noted that "a high percentage of the individuals who did change their habits felt that TM was very or extremely important in influencing them to change".<sup>30</sup> In light of these results, Benson concludes the paper with the strong statement that "since there are few effective programs which decrease drug abuse, Transcendental Meditation should be investigated as an alternative to drugs by a controlled, prospective study".<sup>31</sup> Thus, despite the degree of detachment seen throughout the published paper, Benson explicitly mentions TM and ends the publication with a statement that places TM at the forefront of the reader's mind. However, this focus on TM soon transformed into something very different.

Despite Benson's attempts to portray TM as a non-esoteric<sup>32</sup> technique, concerns still began to arise about whether TM was "science or cult."<sup>33</sup> For example, in 1974, one reader wrote to the Questions and Answers section of the Journal of the American

27 Ibid.

28 Ibid.

29 Benson and Wallace, "Decreased Drug Abuse," 370. Hard liquor was defined as "alcoholic beverages stronger than wine or beer."

30 Ibid 374.

31 Ibid 375.

32 When I say esoteric, I refer to the concern that TM was only effective for those who were devout believers in ritual and sought spiritual guidance from Maharishi Mahesh Yogi. Benson attempts to render the technique of TM as non-ritualistic and independent of spirituality.

33 Benson Herbert. 1974. Transcendental Meditation - Science or Cult? Journal of the American Medical Association 227:807.

19 Ibid.

20 Ibid.

21 Zysk, "New Age Ayurveda," 12.

22 Derek Bok, letter to HRH, December 1986.

23 Harrington, "Eastward Journeys," 215.

24 Ibid.

25 Benson, H.; Wallace, R., et al.1972. "Decreased Drug Abuse with Transcendental Meditation: A study of 1,862 subjects." In *Drug Abuse: Proceedings of the International Conference*, ed. Chris J. D. Zarafonitis, pp. 369. Philadelphia: Lea and Febiger.

26 Benson and Wallace, "Decreased Drug Abuse," 370.

Medical Association with concerns that TM felt like a “religious-type ritual” which the reader found “offensive”, and thus the reader was requesting expert opinions on whether “transcendental meditation has any scientific value or is it a cult?”<sup>34</sup> In response, Benson adapted to the reader’s “discomfort with ritual” and shifted the focus away from TM and phrased it instead as a “hypo-metabolic state that is associated with TM”.<sup>35</sup> He describes this metabolic state in great scientific detail, complete with a list of physiological changes such as decreased oxygen consumption and decreased respiratory rate.<sup>36</sup> Keeping with this new scientific focus, Benson reports that “the electroencephalogram shows an increase in intensity of slow alpha [brain] waves” during this “hypo-metabolic state”,<sup>37</sup> and he cites one of his previous articles<sup>38</sup> to allow the reader to view data in support of this claim (Figure 1). He states that collectively, these physiological changes have been “recently labeled ‘the relaxation response’”.<sup>39</sup> However, he does not mention that it was he himself who labeled the phenomenon ‘the relaxation response’; leaving out his sense of ownership reiterates the tone of scientific objectivity. Thus, Benson addressed the reader’s spiritual misgivings about TM with new focuses on technical scientific language and a new biomedical enterprise termed “the relaxation response”, which were to overshadow the cultic characteristics of TM with their scientific objectivity. Thus, Benson no longer simply detached himself from the practice of TM, but began to eclipse it altogether by shifting his rhetoric to focus on a novel concept he termed “The Relaxation Response”.

**Benson’s creation of “The Relaxation Response”**

In his 1977 research publication entitled, “The Relaxation Response: A Bridge Between Psychiatry and Medicine”, Benson introduces the Relaxation Response (RR) as a phenomenon defined in objective, physiological terms. He does this by positing that the RR is a “counterbalancing hypothalamic response” to the popularly known fight-or-flight response of the sympathetic nervous system.<sup>40</sup> The fight-or-flight response is an emergency reaction which results in

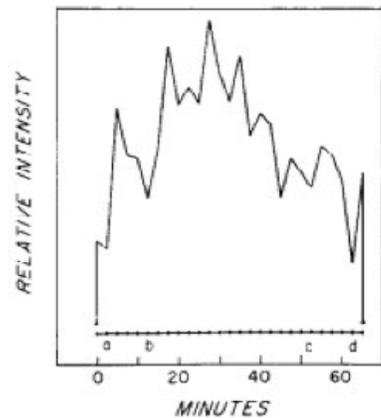


Figure 1: “Relative intensity of 9 cycles/sec activity (alpha-wave activity) in lead FPI in a representative subject. a-b: premeditation control period with eyes closed. b-c: meditation period. c-d: postmeditation period with eyes closed. During meditation period, relative intensity of alpha wave activity increased.”

34 Benson, “Transcendental Meditation”, 807.  
 35 Ibid.  
 36 Ibid.  
 37 Ibid.  
 38 Wallace, Robert, Herbert Benson, and Archie Wilson. 1971. “A Wakeful Hypometabolic Physiologic State.” *American Journal of Physiology*, 795–99. Figure 1 and caption are from this paper.  
 39 Benson, “Transcendental Meditation”, 807.  
 40 Benson H, Kotch JB, Crassweller KD. 1977. “The Relaxation Response: A Bridge between Psychiatry & Medicine.” *Medical Clinics of North America* 61 (4): 929.

changes such as increased blood pressure, heart rate, and respiratory rate. Benson explains that excessive excitation of the fight-or-flight response (e.g. by environmental stressors) is believed to significantly contribute to the development and exacerbation of serious disease states.<sup>41</sup> In contrast, Benson describes the RR as “a protective mechanism against overstress [which promotes] restorative processes” and restorative physiological changes such as decreased blood pressure, heart rate, and respiratory rate.<sup>42</sup> He also attests that while the fight-or-flight response is characterized by increased sympathetic nervous system activity, the relaxation response represents a generalized decrease in sympathetic nervous system activity. He emphasizes this parallelism despite the side note that “direct measurements of plasma norepinephrine levels have not supported this hypothesis”.<sup>43</sup> Since norepinephrine is the main neurotransmitter involved in sympathetic nervous system activity, Benson’s disregard of this evidence is telling. Through his adamancy to describe the RR as a physiological state that is in direct opposition to the established fight-or-flight response, Benson presents his RR as a biological, credible fact with established antecedents and not simply an interesting phenomenon which has arisen from the New Age Ayurvedic teachings of Maharishi Mahesh Yogi.

Another key insight into Benson’s presentation of his Relaxation Response, is the term “the Relaxation Response” itself. Since the RR was a concept framed as the prized finding of Benson’s work (he had even published a *New York Times* best-selling book entitled *The Relaxation Response* in 1975), the way he chose to name his novel concept to the public is worth analyzing. The word ‘response’ is commonly used to describe physiological mechanisms of the body (e.g. the fight-or-flight response), and the word ‘relaxation’, in addition to its concrete meaning of relaxing tense muscles, implies positive mental health and holistic wellness. Thus, the term Relaxation Response juxtaposes transcendence (‘relaxation’) and science (‘response’). In choosing such a phrase, Benson is suggesting that his RR is a trustworthy integration of the two seemingly disparate fields. However, the authority of such language can be misleading once terms are received as ‘physical truths’.<sup>44</sup> Specifically, a problematic implication of Benson’s term is that its strictly scientific definition limits the formation of ideas surrounding Transcendental Meditation (the very technique which initiated Benson’s research) and strips TM of its spiritual and ineffable qualities. The RR results in the indescribable qualities of TM being described with seemingly objective terms, and thus TM becomes more narrowly defined. Instead of encouraging the exploration of TM as a technique with both spiritual and physiological benefits, the RR renders cultural and spiritual circumstances valueless, and only comments on the physiological benefits that these cultural and spiritual circumstances have engendered. As a result, while individuals previously practiced TM as a way to improve both their mental and physical health and find spiritual contentment, Benson’s RR led individuals to practice TM as simply a means to an end—a practice which was only deemed useful because it “elicits the Relaxation Response”,<sup>45</sup> instead of having value in and of itself.

This explicit effacement of cultural and spiritual ties is reflected in the way that Benson ensures the stability of his precisely defined

41 Ibid.  
 42 Ibid 930.  
 43 Benson et al. “The Relaxation Response,” 929.  
 44 Beer, G. 1990. “Translation or Transformation? The Relations of Literature and Science.” *Notes and Records of the Royal Society* 44 (1): 86.  
 45 Benson et al, “The Relaxation Response,” 1930.

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RR. For example, he uses highly technical language (e.g. his discussions of the RR as a counterbalancing response to the fight-or-flight response of the sympathetic nervous system). By using such technical language as the vehicle of the RR's creation and description, Benson is able to "keep non-professionals out... the closed readership enables precise conceptual exchange and continuance".<sup>46</sup> Specifically, the technical language keeps out Ayurvedic practitioners and gurus such as Maharishi Mahesh Yogi and ensures that the RR's precise scientific definition (as defined by Benson) is not muddled by the input of "non-professionals" such as the Maharishi.

The terminology of the RR also indicates the universality of the phenomenon as a physiological fact—a 'response' that is natural to any human body and thus distinct from the technique of transcendental meditation. Benson emphasizes this point with phrases such as "The relaxation response is not a technique, but rather a human capacity previously unrecognized".<sup>47</sup> He further detaches the RR from TM by directly stating that "the relaxation response is not unique to any specific technique or religious practice" although the instructions Benson gives for eliciting the relaxation response are very similar to the instructions for practicing TM (the only difference is in the specific phrase that is repeated during the technique).<sup>48</sup> Prior to listing these instructions, Benson mentions that there is a variety of prayers and meditative exercises which can elicit the relaxation response; "The Prayer of Jesus [which has been] used since the beginning of Christianity... Jewish meditative prayers... practices in Zen, Hinduism, Shintoism, and Taoism... and Eastern practices such as Transcendental Meditation and Yoga".<sup>49</sup> By including such an expansive list of religions (while starting with Christianity and providing the most information on "The Prayer of Jesus" over any of the other mentioned techniques),<sup>50</sup> Benson detaches his RR from TM and addresses western discomfort with ritualized eastern practices by focusing on a Judeo-Christian practice and the idea that the RR can even be completely secular. Thus, while "Ayurvedic medicine [and practices] focus on individualization of treatment",<sup>51</sup> Benson takes the individualized nature out of TM and instead, presents the RR as a universal human phenomenon which can be viewed as devoid of any specific religious or spiritual ties.

This framing, along with statistically driven research results as seen in the study of TM and decreased drug abuse, allows Benson to present his "Relaxation Response" as a more general, objective knowledge that is universal, evidence based, and clinically proven. In contrast, by no longer acknowledging the Maharishi's ownership of TM and its meaningful connection to the RR, Benson suggests that the knowledge of the Maharishi is the lesser cultural species, as it is personal, occult, and experiential.

The settings of these two forms of knowledge informs their characterizations greatly, as they can "render the knowledge in question either authentic, safe, and valuable, or fraudulent, dangerous, and worthless".<sup>52</sup> Specifically, the setting of Benson's lab at Harvard

Medical School, an esteemed and influential western institution, and his large-scale, public studies rendered the RR an authentic, safe, and valuable knowledge. This is in direct contrast to the very private, spiritual setting of Maharishi's TM—e.g. the Maharishi focused on the individual's experience with TM and stressed that "each mantra was tailored to the unique spiritual needs of the student" and this mantra was "imparted to them with great ritual, secrecy, and reverence."<sup>53</sup> This stark contrast in settings directly relates to the differences in perceived credibility of the purported knowledge, and the motives behind Benson's effacement of the 'unstable' spiritual practice of Transcendental Meditation to generate the 'stable' scientific phenomenon of the Relaxation Response. This processing of TM from an "unstable" to "stable" form of knowledge reflects the transformation of TM, a practice with many indescribable or ineffable qualities, into a more concrete scientific object which could be studied and quantified. More specifically, Benson illustrated that the RR held novel scientific value as it could "sustain distinct research and therapeutic programs."<sup>54</sup>

The pure status of Benson's work as "science" versus Maharishi's Ayurvedic TM as "non-science" also contributed to the credibility gap between the two forms of knowledge. An extreme manifestation of this disparity was seen as western audiences placed Benson's RR on one end of the spectrum as science, and placed the Maharishi's TM on the opposite end of the spectrum as pseudo-science or cult. For example, in the 1974 "Questions and Answers" section of the *Journal of the American Medical Association*, a reader wrote with concerns that TM felt like a "religious-type ritual" which the reader found "offensive", and thus he wondered whether TM was simply a cult.<sup>55</sup> This concern evinces the more general idea that a practice such as Ayurveda, as a system of thought, "deals not only with medicine but, more fundamentally, with broader issues of human existence and being and sometimes even salvation. This would hardly do for a definition of science".<sup>56</sup> Instead of providing impersonal and seemingly objective explanations, the therapeutic efficacy of the Maharishi's TM was often rationally defended in terms of the larger belief system of Ayurveda and its ancient wisdom, indicating that the rationale may have developed from "such personalized explanations as found in religion".<sup>57</sup> Thus, although Ayurveda is an ancient system of medicine and is not a system of religion, it was not uncommon for the western reader to unconsciously equate the foreign system with religion and view it as such—as faith rather than fact. However, some argue that Ayurveda and Ayurvedic practices do constitute a form of science because Ayurveda "possesses a highly abstract meta-theoretical framework for explaining diseases, similar in form to theories in the social sciences and psychoanalysis".<sup>58</sup> These meta-theoretical frameworks are distinct from philosophical and religious speculation because they "do not exist without empirical verification"... but despite this character of Ayurveda as science, "there are no professional scientists of Ayurveda, that is, those whose main role is the generation of scientific knowledge through research. Ayurveda practitioners are physicians and their science emerges out of their

46 Beer, "Translation or Transformation?" 88.

47 HB, letter to Geoffrey Kent, 9 September 1988

48 Benson et al, "The Relaxation Response", 931. While the Maharishi advertised that not all individuals should repeat the same mantra during meditation since the specific mantra is based on each individual's spiritual needs, Benson instructs all readers to repeat the word "one".

49 Ibid 930.

50 Benson et al, "The Relaxation Response", 931.

51 Shekelle, Paul G. 2005. "Challenges in Systematic Reviews of Complementary & Alternative Medicine Topics." *Annals of Internal Medicine* 142: 1043.

52 Ophir, Adi, and Steven Shapin. 2008. "The Place of Knowledge A Methodological Survey." *Science in Context* 4 (01): 4.

53 Harrington, "Eastward Journeys." 211.

54 Daston, Lorraine. 2001. "Biographies of Scientific Objects." *Journal of the History of the Behavioral Sciences* 37 (3): 301.

55 Benson, "Transcendental Meditation," 807.

56 Obeysekere, Ganath. 1992. "Science, Experimentation and Clinical Practice in Ayurveda." In *Paths to Asian Medical Knowledge*, edited by Charles Leslie and Allan Young, 161. Berkeley: University of California Press.

57 Ibid.

58 Ibid 162.

medical practice”.<sup>59</sup> However, an accepted tenet of scientific inquiry is that multiple anecdotes—especially without randomization and control groups to counteract tendencies of subjects and observers (e.g. patients and practitioners) to believe in what is emotionally appealing to them—do not constitute scientific evidence.

These conditions render Ayurveda a non-scientific system of thought for many westerners, although many Indological scholars regard Ayurveda as an “ancient Indian medical science.”<sup>60</sup> In recognition of the disputed relationship between Ayurveda, TM, and definitions of science, Benson distanced his Relaxation Response from Transcendental Meditation with phrases such as “the relaxation response is not unique to any specific technique or religious practice” and “a non-cultic technique eliciting the relaxation response has been used in our laboratory and may be easily learned”,<sup>61</sup> thus displacing the Ayurvedic practice of Transcendental Meditation from its cultural and spiritual milieu so that skeptical western audiences could trust in his work and in the Relaxation Response. Although the spiritual dimensions of TM may have been lost in this displacement, Benson’s ability to transform TM into an entity in which spiritual belief and scientific inquiry could be separated held real social benefits as it engendered objective, evidence based trust, and a platform for understanding the mind and body which earned universal appeal.

### Reaching Out to Royalty: Evidence of Repackaging in Benson-Prince Charles Correspondence

Benson continued his research and development of the “Relaxation Response”, and shared his work with the public by publishing a book entitled *The Relaxation Response*, which went to number one on the New York Times best-seller list in 1975.<sup>62</sup> In order to financially sustain this newly popular and scientifically legitimized research (and a future mind-body medicine institute at Harvard), Benson sought to establish a relationship with His Royal Highness the Prince of Wales (HRH), Prince Charles, who was known to be interested in alternative medicine, faith healing, and holistic medicine.<sup>63</sup>

Prince Charles was said to “believe in the benefits of homeopathy, as does the Queen”, and these beliefs were serious enough to lead him to urge the University of Wales to set up a professorship in parapsychology.<sup>64</sup> Furthermore, Prince Charles held a “belief in holistic medicine centered around treating the underlying causes of disease, the whole body, rather than isolated symptoms,” and thus he urged British doctors to “explore the idea that more illness can be prevented by developing a different attitude toward existence.”<sup>65</sup> Benson and his colleagues cited these interests in correspondence with Harvard Medical School leadership (such as then President Derek Bok) to obtain approval to officially reach out to Prince Charles. In the hopes of securing “major support for the medical school”<sup>66</sup> Benson was granted approval and in 1986, the drafting of letters to Prince Charles began.

Analysis of the Benson-HRH Prince Charles correspondence and the accompanying drafts between Benson and various Harvard

Medical School colleagues reveals that in an effort to cater to the Prince’s known interests, Benson framed his Relaxation Response as “a credible bridge between traditional and complementary medicine”.<sup>67</sup> This re-packaging of the RR is almost opposite to the way in which Benson presented his RR to the general western public as “a bridge between psychiatry and medicine”.<sup>68</sup> By presenting the RR to the public as a form of psychiatry, which was perhaps a more controversial medical specialty at the time due to the stigmatized nature of mental health but which nonetheless was an official medical specialty, Benson emphasizes the strictly clinical nature of the RR and its existence as a distinct entity from cultural and spiritual factors. In contrast, Benson’s framing of the RR to Prince Charles as a bridge between traditional and complementary medicine emphasized a focus on “studying practices of medicine of other cultures”, which was fitting considering that Prince Charles “felt there might be a great deal of knowledge in these practices that are carried out in non-Western forms of medicine.”<sup>69</sup> Despite these stark differences in the manner he presented the Relaxation Response to Prince Charles compared to other westerners, Benson did maintain at least one shared focus in both presentations. Just as he gradually shifted the focus of his published works from Transcendental Meditation to the Relaxation Response, his correspondence with Prince Charles avoided reference to Maharishi Mahesh Yogi, avoided mentioning TM as much as possible (it is mentioned in just a few of the letters, in passing), and instead focused on the Relaxation Response, which as Benson notes, “I defined 20 years ago at Harvard”.<sup>70</sup> Through such phrases, Benson presented himself as the creator of a western knowledge which was a distinct entity from Ayurvedic TM and deserved HRH’s support.

For example, in one of the first drafts towards initiating correspondence between Benson and Prince Charles, Harvard Medical School President Derek Bok writes (to Prince Charles) that “Dr. Benson’s research began in 1968 when a group of transcendental meditators approached him with claims they could markedly reduce their blood pressure and heart rate through meditation.”<sup>71</sup> This is the only context in which TM is mentioned in the collection of Benson-Prince Charles correspondence, and subsequent drafts of this initial letter reveal that even this slight mention was presented carefully. In the succeeding draft, Benson modified Bok’s draft so that the phrase instead read “the research began in 1968 when a group of people who practiced transcendental meditation approached him with claims...”<sup>72</sup> By altering the phrase “a group of transcendental meditators” to “a group of people who practiced transcendental meditation”, Benson suggests that the group was not defined by their practice of TM, but was simply a group of people who happened to practice TM. While “a group of transcendental meditators” brings images of monks or hippies to the reader’s mind, “a group of people who practiced transcendental meditation” is a slightly less involved description which allows the reader to consider the group as composed of average individuals, perhaps even westerners, who have happened to pick up the practice of TM. Thus, Benson distances his research from the initial impetus for his research: TM. He then quickly transitions to a description of RR:

“The groups’ assertions were confirmed with carefully

59 Ibid.

60 Ninivaggi, “Ayurveda”, xvii.

61 Benson et al., “The Relaxation Response” 931.

62 Harrington, “Eastward Journeys,” 219.

63 William K Stone, memo to Derek Bok, 9 January 1987.

64 Ibid.

65 William K Stone, memo to Derek Bok, 9 January 1987.

66 Ibid.

67 HB, letter to Sir John Bart, 8 July 1988.

68 Benson et al., “The Relaxation Response,” 929-38.

69 HB, report to file, 26 March 1988.

70 HB, letter to Sir John Bart, 8 July 1988.

71 Derek Bok, letter to Prince of Wales, \_ December 1986

72 Derek Bok, letter to Prince of Wales, 9 January 1987

controlled scientific studies. The phenomenon was termed the “relaxation response”, and experimentation was conducted; this demonstrated this phenomenon could be elicited by use of many other techniques. Many thousands of patients have employed this technique as successful therapy for hypertension, and many others have found it useful for treatment of virtually all forms of pain and the symptoms of anxiety.”<sup>73</sup>

By emphasizing that the assertions were confirmed only after “carefully controlled scientific studies”, and that once validated, the phenomenon was given a new name and termed the “relaxation response”, Benson suggests that Ayurvedic TM was a lesser cultural species of knowledge which required Western processing and validation. Upon receipt of such legitimization, TM was transformed into the RR, and Benson was presented as the creator of this more sophisticated Western knowledge. Then, with phrases such as “this phenomenon could be elicited by use of many other techniques”, Benson emphasized that his RR was a distinct entity from Ayurvedic TM.

Such evidence of the re-packaging of TM into the RR is also seen in Benson’s correspondence with potential patrons other than Prince Charles. Specifically, Prince Charles directed Benson to Mrs. Geoffrey Kent, who was to help connect Benson with wealthy British and American individuals who might support Benson’s research. In Benson’s correspondence to Mrs. Kent, he adopts a strategy similar to that used in his correspondence with Prince Charles. Specifically, he initially briefly mentions that “he was approached by a group of individuals who regularly practiced Transcendental Meditation”,<sup>74</sup> but then quickly shifts the focus to the scientific nature of his Relaxation Response, as it “established scientific evidence of the mind’s capacity to influence the body in a beneficial fashion”.<sup>75</sup> He follows this shift with an emphasis on the religious and cultural non-specificity of his RR, with phrases such as “meditation is a universal human experience related to prayer, and there are many ways to elicit what I came to define in 1975 as the uniquely beneficial bodily state called the Relaxation Response”.<sup>76</sup> With these claims, Benson not only emphasizes the RR’s character as a universal physiological process that is distinct from TM, but he also takes ownership of this knowledge by explaining that *he defined* the RR in the reputable environment of Harvard Medical School, far away from the Eastern origins of Maharishi Mahesh Yogi and Ayurveda

### Benson’s Relationship with the Dalai Lama

Despite the re-packaging seen in Benson’s correspondence with individuals such as Prince Charles and in many of his published works, there is one setting where Benson seemed to refrain from such re-packaging. Instead, he emphasized his engagement with eastern knowledge in this setting—his relationship with the Dalai Lama. The Dalai Lama, formally known as His Holiness the 14<sup>th</sup> Dalai Lama of Tibet, is the head monk of Tibetan Buddhism and a renowned spiritual leader who won the Nobel Peace Prize in 1989.<sup>77</sup>

In some of Benson’s letters and works, Benson referenced his relationship with the Dalai Lama and even emphasized it. In a letter describing Benson’s 1988 meeting with Prince Charles, Benson

writes that they

“discussed [his] association with H.H. The Dalai Lama, dating back to 1979, and how [Benson] has documented astounding physiological feats of Tibetan monks, based on meditation, that were hitherto regarded by Western science to be impossible. [Benson] gave as one example the monk’s ability through the practice of “heat” yoga to dry soaking-wet sheets, measuring three feet by six feet, on their naked bodies in room temperatures of 40 degrees F.”

In his descriptions, Benson emphasized the limits of Western science; he engaged with the Eastern practices favorably (e.g. “the *astounding* physiological feats of Tibetan monks), and ascribed complete ownership of the astounding capabilities to the Dalai Lama and Tibetan monks. Some would argue that Benson’s validation of this Eastern knowledge form serves as a counterargument to the claim that Benson presented Eastern knowledge as the lesser cultural species and his RR as superior, processed Western knowledge. However, Benson’s correspondence reveals that he only highlighted his relationship with the Dalai Lama to a selective audience—an audience who was intrigued by and valued eastern practices. The strongest example of this selectivity is seen with Prince Charles, who often discussed “the need to study practices of medicine of other cultures and how he felt there might be a great deal of knowledge in these practices that are carried out in non-Western forms of medicine”.<sup>78</sup> In response to Prince Charles’s concerns, Benson “points out that was exactly what [he is] doing in [his] work with H.H. the Dalai Lama and the Tibetans”.<sup>79</sup>

This relationship with the Dalai Lama serves as an exemplar of positive intercultural investigation which Benson frequently refers to with phrases such as “under the aegis of the Dalai Lama”,<sup>80</sup> suggesting that Benson has received an authentic eastern blessing which legitimizes his ability to make claims about eastern practices even though he is a westerner. Then, in correspondence to western individuals other than Prince Charles (and in later correspondence with Prince Charles that were initiated after Benson’s research had obtained stable funding), Benson does not focus on the research he is conducting “under the aegis of the Dalai Lama” but instead emphasizes his research as something he personally “defined at Harvard”,<sup>81</sup> “under the aegis of Harvard”.<sup>82</sup> Thus, even Benson’s relationship with the Dalai Lama reveals Benson’s strategic framing of his research to gain western credibility and his displacement of Ayurvedic TM in the process.

But perhaps even more revealing is the question of why Benson chose to engage with the Dalai Lama yet chose to distance himself from the Maharishi Mahesh Yogi. While the Maharishi gained fame and popularity through his interactions with counterculture-celebrities such as The Beatles, the Dalai Lama garnered respect from wide western audiences by winning the Nobel Peace Prize. In light of this difference in ‘credentials’, Benson’s decision to collaborate with the Dalai Lama reflects that expertise as represented by institutional authority and professionalism can influentially determine what constitutes authentic spiritual teachings. Thus, while Benson’s reframing efforts with TM and the RR evinced

73 Derek Bok, letter to Prince of Wales, 9 January 1987.

74 HB, letter to Geoffrey Kent, 9 September 1988.

75 Ibid.

76 HB, letter to Geoffrey Kent, 9 September 1988.

77 Nobel Media 2014. “All Nobel Peace Prizes.” [http://www.nobelprize.org/nobel\\_prizes/peace/laureates/](http://www.nobelprize.org/nobel_prizes/peace/laureates/).

78 HB, report to file, 26 March 1988.

79 Ibid.

80 Derek Bok, letter to Prince of Wales, \_ December 1986

81 HB, letter to Sir John Bart, 8 July 1988.

82 HB, letter to Prince of Wales, 24 July 1995.

the role of expertise and professionalism in determining what is scientific, Benson's relationship with the Dalai Lama reveals that there was a surprisingly similar dynamic in determining what is legitimately spiritual.

## Conclusion

While Benson appealed to Prince Charles by presenting his work as a credible bridge between Eastern and Western medicine, he gained credibility for the "Relaxation Response" through published works by gradually intensifying the RR's degree of detachment from Ayurvedic Transcendental Meditation, displacing it from its Eastern cultural and spiritual milieu, and ultimately presenting it as a distinct form of more sophisticated Western knowledge. This tension in cross-cultural knowledge transfer, from Eastern TM to Western RR is also an example in which intercultural differences can transform phenomena such as TM into scientific objects. More specifically, the processing of unstable, experiential, cultural knowledge into objective, sophisticated Western concepts is only recognized when science is viewed as an "active process of communication"<sup>83</sup> that can be affected by intercultural factors, suggesting that a past historical focus on only intracultural circumstances<sup>84</sup> is somewhat limited.

Benson's success in legitimizing the RR as a scientific object can be seen through the establishment of the Benson-Henry Institute (BHI) for Mind Body Medicine. Since 2006, the Institute has been affiliated with and located at Massachusetts General Hospital, the second best hospital in the nation.<sup>85</sup> Even prior to 2006, the Mind Body Medical Institute enjoyed respected affiliations and thrived since its founding in 1988.<sup>86</sup> Benson's Relaxation Response has served as the foundation of Mind Body Medicine practiced at BHI; patients are taught how to elicit the Relaxation Response "using any number of meditative techniques, such as diaphragmatic breathing, repetitive prayer, qi gong, tai chi, yoga, progressive muscle relaxation, jogging, even knitting."<sup>87</sup> Every year, BHI teaches thousands of patients how to improve their health through nutrition, exercise, and Mind Body Medicine focused on the Relaxation Response.<sup>88</sup>

The successful adoption of Benson's universalized RR poses many questions: is it ethically sound to promote these Mind Body Medicine practices by portraying Benson as their pioneer? Do Maharishi Mahesh Yogi, TM, and Ayurveda deserve mention in this dialogue between BHI physicians, patients, and researchers? Perhaps Benson's processing and medicalizing of TM is justified by the impact that his RR is making in improving universal human health? An answer to such questions is far from a simple 'yes' or 'no', but these concerns do suggest something about the nature of biomedicine in the U.S. in the 1970s-80s. These questions and the narrative which produced them reiterate that biomedicine is not

simply defined by scientific thought and research—biomedicine, despite its goal of objectivity and universality, is often intractably shaped by issues of subjective expertise and authority, the politics of funding, and the ambivalence of translating knowledge across space, time, and culture.

## Bibliography

- Beer, G. 1990. "Translation or Transformation? The Relations of Literature and Science." *Notes and Records of the Royal Society* 44 (1): 81-99.
- "Benson-Henry Institute for Mind-Body Medicine." *Massachusetts General Hospital*. <http://www.massgeneral.org/bhi/>.
- Benson, H.; Wallace, R., et al. 1972. Decreased drug abuse with Transcendental Meditation: A study of 1,862 subjects. In *Drug Abuse: Proceedings of the International Conference*, ed. Chris J. D. Zarafonotis, pp. 369-376. Philadelphia: Lea and Febiger.
- Benson Herbert. 1974. Transcendental Meditation - Science or Cult? *Journal of the American Medical Association* 227:807.
- Benson H, Kotch JB, Crassweller KD. 1977. "The Relaxation Response: A Bridge between Psychiatry and Medicine." *Medical Clinics of North America* 61 (4): 929-38.
- Daston, Lorraine. 2001. "Biographies of Scientific Objects." *Journal of the History of the Behavioral Sciences* 37 (3): 301-2.
- Harrington, Anne. 2008. "Eastward Journeys." In *The Cure Within, A History of Mind-Body Medicine*, 205-43. New York, NY: W.W. Norton & Company.
- HRH the Prince of Wales, correspondence, 1986-1998, Box 2, Folder 35, Herbert Benson Papers 1960-2003, Francis A. Countway Library of Medicine, Center for the History of Medicine, Harvard Medical Library and Boston Medical Library.
- Humes, Cynthia. 2008. "Maharishi Ayur-Veda Perfect Health through Enlightened Marketing in America." In *Modern and Global Ayurveda: Pluralism and Paradigms*, 309-17. Albany, NY: State University of New York Press.
- Katiyar, C K. 2011. "Ayurpathy: A Modern Perspective of Ayurveda." *Ayu* 32 (3): 304-5.
- Lefferts, Barney. 1967. "Chief Guru of the Western World." *New York Times*, December 17.
- Media, Nobel. 2014. "All Nobel Peace Prizes." Accessed November 9. [http://www.nobelprize.org/nobel\\_prizes/peace/laureates/](http://www.nobelprize.org/nobel_prizes/peace/laureates/).
- "Mission and History." *Benson-Henry Institute*. <http://www.bensonhenryinstitute.org/about/mission-and-history>.
- Ninivaggi, Frank John. 2008. *Ayurveda: A Comprehensive Guide to Traditional Indian Medicine for the West (Rev. Ed. of An Elementary Textbook of Ayurveda)*. Westport, CN: Praeger.
- Obeyskere, Ganath. 1992. "Science, Experimentation and Clinical Practice in Ayurveda." In *Paths to Asian Medical Knowledge*, edited by Charles Leslie and Allan Young, 160-76. Berkeley: University of California Press.
- Ophir, Adi, and Steven Shapin. 2008. "The Place of Knowledge A Methodological Survey." *Science in Context* 4 (01): 3-21.
- Secord, James. 2004. "Knowledge in Transit." *Isis* 95 (4): 654-72.
- Shekelle, Paul G. 2005. "Challenges in Systematic Reviews of Complementary and Alternative Medicine Topics." *Annals of Internal Medicine* 142: 1042-1046.
- Wallace, Robert, Herbert Benson, and Archie Wilson. 1971. "A Wakeful Hypometabolic Physiologic State." *American Journal of Physiology*, 795-99.
- Zysk, Kenneth. 2001. "New Age Ayurveda or What Happens to Indian Medicine When It Comes to America." *Traditional South Asian Medicine* 6: 10-26.

83 Secord, James. 2004. "Knowledge in Transit." *Isis* 95 (4): 654-72.

84 Lorraine, "Biographies of Scientific Objects", 301-2. Daston's discussion of salience as one mode through which phenomena are transformed into scientific objects mentions only intracultural circumstances (e.g. conditions within France during the French Revolution) engendering cultural and political salience around phenomena such as mental health.

85 "Benson-Henry Institute for Mind-Body Medicine." *Massachusetts General Hospital*. <http://www.massgeneral.org/bhi/>.

86 HB, letter to HRH, 3 April 1998. The Mind/Body Medical Institute was initially affiliated with Beth Israel Deaconess Medical Center and Harvard Medical School, the latter of which it is still affiliated with.

87 "Mission and History." *Benson-Henry Institute*. <http://www.bensonhenryinstitute.org/about/mission-and-history>.

88 Ibid.