The Transcendental Meditation Program* at MCI Walpole
An Evaluation Report**

July 1, 1976 - February 15, 1977

March 24, 1977

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MCI Walpole
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*Transcendental Meditation® and TM® are service marks for World Plan Executive Council - United States, a nonprofit, educational organization.

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Introduction

Drug abuse in correctional institutions remains a largely unsolved problem. With the exception of the Transcendental Meditation program, few if any therapy modalities available to correctional institutions offer a simple, effective, and inexpensive means of eliminating the underlying personality disorders which cause or exacerbate drug abuse.

Research studies investigating the impact of the Transcendental Meditation program on the drug abuse problem (Benson, Wallace 1970; Otis 1972; Brautigam 1972; Ramirez 1975; Shafii 1974; Schenklum 1974) indicate that the reduction of tension, anxiety, and hostility, and the fostering of improved self concept, greater personal autonomy, and generally superior mental health occasioned by the Transcendental Meditation technique has an immediate and lasting benefit in reducing drug abuse.

On the basis of evidence from past research studies, the Massachusetts Department of Mental Health, Division of Drug Rehabilitation funded a small pilot program at MCI Walpole to test the acceptability of the TM program among prisoners in a maximum security institution, and to assess the program's impact on drug abuse. The following evaluation report is a compilation of test and questionnaire data, and subjective reports of the results of the program to date.

Program Description

The purpose of the program was primarily delivery of service. Division of Drug Rehabilitation contracts with private agencies to provide therapy for drug abusing persons incarcerated in state and county correctional facilities.

The program was offered to 45 men in the A section (minimum security) of the prison on a voluntary basis. The men were instructed in the TM technique in groups of 15 on July 16, September 21, and November 18, 1976. The starting point for each group was an introductory lecture describing the benefits of the TM technique. The lecture was open to the entire A section population. Men who attended were invited to a second lecture, at which requirements for starting the program were discussed, including a thorough description of the evaluation procedure. A list of the men who wished to participate was subsequently submitted to the administration and to an inmate steering committee for screening. Fifteen men chosen to participate were notified of a date for personal interview and completion of pre-testing procedures.

Following pre-testing, inmates were instructed in the TM technique. Thereafter the men participated voluntarily in an intensively scheduled follow-up program consisting of weekly group meetings, weekly personal checking of meditation, and consultation with the instructors.

Evaluation Design

The evaluation design originally called for the random selection of experimental and control groups from a population interested in starting the program. Each group would be pre-tested using the State Trait Anxiety Inventory, the Buss-Durkee Hostility
Abstract

The purpose of this study was to evaluate the Transcendental Meditation program as a non-chemical substitute for drug abuse, and to gauge its acceptability in a maximum security institution. Past research studies have indicated that the TM program is highly effective in eliminating drug abuse among prisoners and clients in drug rehabilitation centers. Prison studies have further documented that the TM technique leads to significant reductions in anxiety, neuroticism, hostility, and aggressive behavior, and an improvement in mental health.

In this study, measuring changes in drug abuse patterns was infeasible due to inmate's reluctance to report drug use. Consequently, attempts were made to measure changes in personality traits and behavior patterns known to contribute to drug abuse. Factors measured included anxiety, hostility, sleep patterns, smoking habits, and disciplinary infractions. Subjective reactions to the program were elicited from program participants, corrections officers, psychological counselors and administrators.

Three groups of fifteen men were instructed in the program. Thirty-eight men participated in pre-testing, while post measures were obtained for twenty five. Control groups did not participate sufficiently to allow for use of control data. Instruments used were; Spielberger State-Trait Anxiety Inventory, the Buss-Durkee Hostility Inventory, a questionnaire on sleep and smoke habits, and a self report evaluatory questionnaire.

Major findings were a significant reduction in anxiety and hostility, improved sleep, and substantial reductions in disciplinary infractions among men who were previously considered custodial problems. Subjective reports of participants indicated a high level of enthusiasm and support for the program. Many informal reports of decreased need for drug use were received by prison counselling psychologists and program staff. Administrative response was very favorable to the continuation and expansion of the program.
Inventory, and a questionnaire on sleep and smoking habits. Both groups would be post-tested immediately prior to the starting date of each new experimental group.

In addition to psychological testing, data would be collected on changes in incidence of disciplinary reports among the participants. As part of the post-testing procedure, a self-report questionnaire on the inmates' subjective reaction to the program would be administered. Reports of observed behavioral changes would also be solicited from psychological counsellors, case workers, corrections officers, and administrators.

The design was followed as planned with the exception of control group participation. At the start of the program there was considerable apprehension among the inmates that the TM technique might be behavior modification. This fear was exacerbated by the testing procedures. Development of control groups was dependent on at least thirty men signing up for each group, 15 of whom would be willing to undergo testing without receiving instruction. This kind of support did not occur for any of the three groups, so provision for control groups was dropped from the design. Given the initial mistrust of the program among the majority of the inmates, it was felt that undue efforts at finding other groups which could act as controls, e.g. another institutional drug program, might cast the motives of the program in an extremely unfavorable light among the men, and jeopardize its effectiveness.

Testing Procedure

Following selection of participants for each group, the men assembled in the prison auditorium for interviews and pre-testing. The psychological tests and sleep questionnaire were administered by the teaching staff. Standardized instructions for completing the tests were given. Post-testing was accomplished in the same manner. Due to the reluctance of the inmates to sign their names to the tests and questionnaire, random numbered cards were given to each man as a means of matching pre- and post-tests. A number of men lost their cards, and therefore in some cases their post-test could not be matched and had to be discarded. The net N for each group was affected by this difficulty, and the inability to post-test a number of men because of transfer or release before the experimental period ended. Time between pre- and post-testing was 10, 7, and 13 weeks for groups I, II, and III respectively.

Subject Selection

No overt attempt was made to specifically select drug abusing inmates. Since MCI Walpole is not a drug abuse facility, and illicit drug use carries heavy penalties, few inmates would be willing to report their drug use. However, prison statistics indicate a high incidence of drug use in the population. It was considered that a self-selected group of men interested in the program would be likely to include a high percentage of drug abusers. Informal questioning and information volunteered by participants after starting the program verified this assumption.
Evaluation Rationale

The fundamental assumption underlying the evaluation design is the intimate connection between drug abuse and excessive levels of physiological and psychological arousal, expressed in part by abnormally high levels of anxiety and hostility, poor sleep, and antisocial behavior. St. Piere (1971) writing in Social Work made the following observation of the addicts motivation to drug use:

"Invariably all patients brought out directly or indirectly two major reasons for drug use: (1) They enjoyed the satiating euphoria of the high and (2) The drug brought considerable relief from psychic pain, tension and anxiety."

Numerous research studies evaluating the TM technique as a treatment modality for drug abusers clearly demonstrate the connection between the alleviation of long standing psychological and physiological disorders through the TM technique, and spontaneous reduction in an individual’s desire and need for drugs.

St. Pierre further points out that:

"A significant number of heroin addicts made the statement that unless the world could provide them with a feeling to compensate them for the loss of the high, they would never be able to give up heroin."

The TM technique provides what many inmates described as a "natural high"; a feeling of internal peace, happiness, energy and personal wholeness which supplants the drug high as an experience of choice.

Since directly measuring changes in drug abuse was impossible under the circumstances of this program, the benefit of the program in reducing drug abuse was to be assumed if it was found that the TM technique significantly reduced known psychological tendencies which lead to drug abuse. The conclusions drawn from the testing are verified in part by statements by inmates willing to report the impact of the program on their drug use.

Instruments

1. State-Trait Anxiety Inventory (STAI). The STAI measures two types of anxiety: State anxiety ("A-State"), which refers to "an empirical process of reaction taking place at a particular moment in time and at a given level of intensity", and trait anxiety ("A-Trait"), which "indicates differences in the strength of latent disposition to manifest a certain type of reaction". State anxiety is immediate anxiety and tends to vary with changes in the subject’s mood and environment; trait anxiety is more stable over time and is considered the potential for anxiety.

2. The Buss-Durkee Hostility Inventory. This is a 75-item inventory for assessing different kinds of hostility. Its eight scales assess Assault, Indirect Hostility, Irritability, Negativism, Resentment, Suspicion, Verbal Hostility, and Guilt.

3. A sleep and smoking survey was given pre- and post-test. Items consisted of the following:

   A. For the past one or two months, it has taken me about this many minutes to fall asleep: Less than 10 minutes; Between 10 minutes and half an hour; Longer than half an hour.
B. During the night my sleep has been: Deep without waking up; I only have been waking up once or twice in the night: My sleep is poor because I wake up many times throughout the night.

C. In general, over the past one or two months, my sleep has been getting: Easier and better; Harder and more troubled; Not much change or difference.

D. I smoke cigarettes in the following amount: I don't smoke at all; I smoke one or two cigarettes a day; I smoke about a pack a day; I smoke two or more packs a day.

Results

State Trait Anxiety Inventory

With the exception of the Group I score on State Anxiety, pre-test scores for the three groups for the State and Trait of anxiety varied insignificantly from norms established for young prisoners. Post-tests showed reductions in the mean score for State and Trait anxiety of one half to one standard deviation below the norm for young prisoners. (Table 1)

**TABLE 1**

State Trait Anxiety Inventory
Variable: Trait Anxiety

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre</th>
<th>Post</th>
<th>Δ</th>
<th>sig.</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td>45.0</td>
<td>32.9</td>
<td>-12.1</td>
<td>p&lt;.05</td>
<td>7</td>
</tr>
<tr>
<td>Group II</td>
<td>46.8</td>
<td>34.4</td>
<td>-12.4</td>
<td>p&lt;.01</td>
<td>10</td>
</tr>
<tr>
<td>Group III</td>
<td>45.6</td>
<td>38.9</td>
<td>-6.6</td>
<td>NS</td>
<td>8</td>
</tr>
</tbody>
</table>

44.64 - norm for young prisoners (Spielberger, Gorsuch, Lushene, 1970)
S.D. - 10.47
### TABLE 1 (cont.)

State Trait Anxiety Inventory  
Variable: State Anxiety

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre</th>
<th>Post</th>
<th>Δ</th>
<th>sig.</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td>37.6</td>
<td>30.3</td>
<td>-7.4</td>
<td>p&lt;.05</td>
<td>7</td>
</tr>
<tr>
<td>Group II</td>
<td>45.0</td>
<td>36.9</td>
<td>-8.1</td>
<td>NS</td>
<td>10</td>
</tr>
<tr>
<td>Group III</td>
<td>43.6</td>
<td>37.1</td>
<td>-6.5</td>
<td>NS</td>
<td>8</td>
</tr>
</tbody>
</table>

45.96 - norm for young prisoners

Significance was measured by the Wilcoxon test for correlated samples. The difference in pre- and post-test mean scores reached significance in the measure of Trait Anxiety in Group I (p<.05) and Group II (p<.01), and State Anxiety in Group I (p<.05). These reductions in anxiety are particularly interesting when compared with normative data for different social groups. As indicated below, the average pre-test levels of Trait anxiety approached neuro-psychiatric patients. Average post-test scores for the three groups combined indicate a lower score than the average undergraduate male. (Table 2)

### TABLE 2

STAI A-TRAIT AND A-STATE MEANS FOR HIGH SCHOOL AND COLLEGE STUDENTS, NEUROPSYCHIATRIC PATIENTS, GENERAL MEDICAL AND SURGICAL PATIENTS, AND MALE PRISONERS

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>A-Trait means</th>
<th>A-State Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Males</td>
<td>253</td>
<td>38</td>
<td>36</td>
</tr>
<tr>
<td>College Freshman Males</td>
<td>334</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>High School Males</td>
<td>190</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>NP Patients</td>
<td>461</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>GMS Patients</td>
<td>161</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Prison Inmates</td>
<td>212</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>Tallahassee, Fla.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MCI Walpole Inmates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-test</td>
<td>25</td>
<td>46</td>
<td>42</td>
</tr>
<tr>
<td>post-test</td>
<td>25</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

Data in this table except that obtained from MCI Walpole inmates from Spielberger, Gorsuch, and Luschene, STAI Manual, p.8.
Buss-Durkee Hostility Inventory

The mean pre-test scores for the three groups were approximately one to one and one half standard deviations above the norm for College men. (Table 3)

### TABLE 3

<table>
<thead>
<tr>
<th>Variable: Hostility</th>
<th>Pre</th>
<th>Post</th>
<th>Δ</th>
<th>sig.</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td>44.2</td>
<td>31.4</td>
<td>-12.8</td>
<td>p≤.02</td>
<td>7</td>
</tr>
<tr>
<td>Group II</td>
<td>45.4</td>
<td>33.2</td>
<td>-12.2</td>
<td>p≤.02</td>
<td>10</td>
</tr>
<tr>
<td>Group III</td>
<td>42.1</td>
<td>26.7</td>
<td>-15.4</td>
<td>p≤.05</td>
<td>7</td>
</tr>
</tbody>
</table>

30.87 - norm, college men (Buss, Durkee, 1957)
S.D. - 10.24

Post-test mean scores (total of subscale scores) were comparable with the norm for college men. The difference between pre- and post-test means reached significance for all three groups: Group I (p .02), Group II (p .12), and Group III (p .05) (Wilcoxon test for correlated samples).

The histogram in figure 1 shows pre- and post-test subscale scores compared to norms established for college men.

### FIGURE 1

Buss-Durkee Hostility Inventory
Comparison of pre- and post-test scores with norms for college men
Buss-Durkee Hostility Inventory

Comparison of pre- and post-test scores with norms for college men

Sleep and Smoking Questionnaire

Post-test responses to the questions regarding sleep habits indicated that the quality of sleep tended to improve (Figure 2), the onset of sleep was quicker (Figure 3), and the trend of sleeping was easier and better (Figure 4).

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**FIGURE 2**

Sleep Questionnaire:
During the night my sleep has been: Deep without waking up; I only have been waking up once or twice in the night; My sleep is poor because I wake up many time throughout the night.
Sleep Questionnaire:

For the past one or two months, it has taken me about this many minutes to fall asleep: less than 10 minutes; Between 10 minutes and half an hour; Longer than half an hour

FIGURE 3

Sleep Questionnaire:

In general, over the past two months, my sleep has been getting: Easier and better; Harder and more troubled; Not much change or difference.

FIGURE 4
Improvements in sleep habits very likely contributed to the overall increase in well-being experienced by the participants.

Smoking habits did not appear to change significantly, though some men did report a lessening of desire for tobacco which they attributed to TM.

Disciplinary Reports

At the time of this report, Groups I, II, III, have been practicing the TM technique for seven months, five months, and three months respectively. Each inmate's record of disciplinary infractions was recorded for the time he had practiced the TM technique, and an equal time prior to beginning the practice.

The histogram does not accurately reflect the real pattern of change in incidence of disciplinary infraction. Among the inmates who received few (less than two) D-reports prior to starting the TM program, there was no significant difference in the number of reports before and after starting to practice TM. Among the inmates who received many D-reports prior to beginning the program, there was a dramatic reduction in the number of reports received after starting the practice.
Discussion

Despite the lack of proper experimental control, and some difficulty in collection of post-test data, the consistent reduction in anxiety and hostility, improvement in sleep, and reduction of incidence of D-Reports among the meditating inmates strongly supports the contention that the TM technique is useful in stabilizing and improving psycho-physiological functioning.

Inmates who participated in the TM program were clearly able to deal with their environment more effectively, and experienced a consistent pattern of growth and expansion of personal potential despite the obvious limitations of their environment. The reduction in disciplinary reports among inmates previously considered to be custodial problems is especially encouraging, given the positive correlation between inmate's institutional disciplinary problems, and his chance of recidivating.

The TM technique and its after effects provided a new dimension of experience for inmates, which in many cases replaced the need for a drug induced high. Collection of quantitative data on actual reduction in drug abuse was beyond the scope of this program, but confidential reports to counsellors and the program's teaching staff helped verify the great value of the technique for many individuals in their struggle against drug habits. Some individuals who had no intention nor desire to stop using drugs found to their surprise that after practicing the technique for a short time they became disinterested in drug use. As one man succinctly stated following his personal instruction, "I've been looking for something for 40 years, and I think I just found it".

Conclusion

The TM program at MCI Walpole has demonstrated its acceptability among inmates, and its practical value for development of individual potential, and reduction of unproductive behavior. The program is non-disruptive to institutional routine, and is viewed favorably by line staff and administration.

Acknowledgements

This program could not have happened without the dedicated and inspired assistance of Bill Clark and the Walpole TM committee.

The author also wishes to thank Brian Tivnan for his competent help in scoring and analyzing the test data, and consulting on evaluation design; David Jacobs and Oliver Hill for their excellent job in helping teach the program; Pamela Ferguson for typing the manuscript; and the teachers at the Wellesley Center for the TM program for their support of the entire project.

The author also wishes to thank Mrs. Sandy Wolfe and the Mass. Dept. of Corrections, and the administration at MCI Walpole for their continual support and cooperation.
Ms. Louise Bozycko  
Area Office  
Dept. of Mental Health  
Medfield State Hospital  
Medfield, MA  

Dear Louise:

The following information is in regards to the Transcendental Meditation Program and its operations at the correctional facility at Walpole Mass. The T.M. Program at Walpole, as established through a grant by the Division of Drug Rehabilitation has been in operation since July of 1976 in the "A" section (medium security) of the facility.

Since its beginning, the program has serviced approximately 45 inmates or 17% of the "A" section population. Its purpose is to teach the principles and techniques of meditation. The program overall has been a great success and one of the more effective prison programs funded by the Division of Drug Rehabilitation. Its effect amongst the participants is worthy of note. Those inmates involved as active "meditators" seem committed to the principles of the art and are very supportive of the programs continuation. There has been a discernable behavior improvement in at least one or two of the meditators who had previously been disciplinary problems.

From an administrative perspective, Mr. Robert Feguson and Mr. Oliver Hill have conducted themselves in a meritorious manner in terms of rule compliance and by operating within the framework of the guidelines as they were initially set. The T.M. project contract has also been adhered to as stipulated in its tenets.

In essence, based on my observations and interaction with the program and its participants, I do support refunding and possibly increased funding from D.D.R.

Respectfully submitted,

George Vose  
Deputy Superintendent for Programs

GV/jd
Ms. Louise Bozyczko  
Area Coordinator, Region 5  
Division of Drug Rehabilitation  
Medfield-Norwood Area Office  
Medfield State Hospital  
45 Hospital Road  
Medfield, Massachusetts 02052

Dear Louise:

I am retiring from the Department of Correction, so I have had to relinquish my job as Chairman of the Transcendental Meditation Committee of Walpole. The new Chair person is Ms. Leslie McKenna. The Department now in charge is the Community Services Department, under Ms. Carol Gabel.

I should like to make a brief report on the program here at Walpole. Although at first we were restricted by necessity to our medium-custody "A" section, comprising some 250 men, approximately 45 of those men have been directly effected by the T. M. training. Many of them have been related at one time or another to our Counseling Service, which sponsored the initiation of T. M. in Walpole. With very few exceptions, the men have stated that they found meditation useful in their lives. In several confidential interviews, individual meditators have described to me how they felt freed from their long-standing drug addiction and immensely reassured in their belief in themselves. Others told of a significant drop in their previous tendency to succumb to stressful situations with depression or with impulsive acting out. I have sensed a general increase in a kind of quiet pride and self confidence among the meditators.

An ancillary benefit has been the effect on non-meditators, both among the inmates and among the staff. At first there was considerable humorous or even scathing skepticism directed toward those involved in T. M. This has changed in many cases to respect, and to questions as to how one might get into the program. Demand for its extension has been especially strong from Block A-6 and from the maximum custody "B" section.

It certainly seems as though the practice of Transcendental Meditation is here to stay, if funds continue to be available. We on the Committee also hope that groups in A-6 and in the "B" section may be formed as soon as possible. This whole effort must be commended as one of the very most effective ventures at Walpole in helping men move toward goals of constructive self development and responsibility. We hope it can be expanded and made available to all, both men and staff.

Sincerely yours,

William Clark  
Staff Psychologist
References


Self Report Questionnaire

The following are selected questions from the self-report evaluatory questionnaire administered during post-testing. The responses are unedited for spelling or grammar.

1. Before starting the TM program, how did you generally feel regarding your mental attitudes, personal emotional state and physical health?

Inmate #12 Fine.
Inmate #23 I felt just fine in all areas.
Inmate #37 At the time I started TM I was emotionally upset because of something that was bothering me and my attitude wasn’t to stable. My health was as it is now, good. Since then I've seen a change in my attitude and my emotions. Thanks.
Inmate #43 To be perfectly honest the month before the TM group began I had suffered what I consider to be serious personal losses in relationships to people I love. I feel that I was truly on the verge of suicide, but my reason had overcome those feelings and I truly needed some relief from these feelings.
Inmate #47 My mental attitudes were sort of at a negative height, not really caring what happened to me as well as my personal well being. Physically I was and am still recovering from two disc operations. Since getting into TM my mental and personal emotional states have increased to a much finer point of view about who I am and where I want to go.
Inmate #49 Well for one thing I hated this place and I was always trying to fight this place, and that did a lot for my mental attitude. My health was good.
Inmate # My mental health was fair before I started TM and I felt good about myself and things I was and am about.
Inmate #65 Before starting TM I was kind of worried with my case and family problems and I felt if I failed in court I would probable explode, but though I did fail in court, I still feel better with myself.
Inmate #77 Positive.
Inmate #282 I felt my mental attitudes, emotional state and physical health was ok. Now I feel they are on a much more positive plane.
Inmate #34757 Generally good, sometimes depressed and moody.
Inmate #310 Good.
Inmate #335 I have always regarded my mental state as excellent; my health as good.
Inmate #345 Very draged out.
Inmate #355 I was in a state of being, just content.
Inmate #397 I've been doing the TM technique about 3-4 months and while doing so, I've found that people are more easy to get along with at time of disappointments arises. I feel that I can keep cool in time of negative plays are presented, in the sense to
Inmate #

Well! I didn't feel to good mainly because I had a lot of stress and pressure from just being incarcerated. However since my participation in the TM program I've been able to deal with the stress of feeling not so uplifting before I joined.
2. Were you skeptical of the TM program before you started? How do you feel now?

Inmate #12  Good.
Inmate #23  At first I was - now I feel fine.
Inmate #37  At first I didn't know what to believe about it except what I've heard from people, so I thought I would give it a start. I liked it and I'm still with it.
Inmate #43  I was skeptical of the TM program in one aspect, i.e. the serious testing that was being carried out. Other than that I felt that I could benefit from the program. I had done some meditating on my own but had not learned the TM technique so while I benefited from the earlier meditations I know I have from the experience of the TM technique.
Inmate #47  At first I was very skeptical. I had visions of a behavior modification program being started, but after looking into the TM program with an open mind I found that it might have a positive reaction within myself.
Inmate #49  I feel that their program has done a lot for me. And there is a lot more it can do for me.
Inmate #  At the beginning I was very skeptical about the program. Now I find it to be very relaxing along with rewarding for me.
Inmate #65  Yes. I'm more comfortable with TM now.
Inmate #77  I was to a degree skeptical but afterwards I realized that there was something to TM.
Inmate #282  Yes I was skeptical. Now I feel everyone should at least try it.
Inmate #34757  Better, I am able to cope with my personal problems much easier and I think more positive.
Inmate #310  It is a very good program.
Inmate #335  I was very wary of the program at first now I think it is wonderful.
Inmate #345  No. Very satisfied.
Inmate #355  Yes. I feel that TM has really given me a chance to look at myself as a person and has made me a better person in preparing me for my future outside the prison.
Inmate #397  No. Not at all. I've had some experience with another form of meditation which was somewhat the same as TM. I feel that the TM technique is a very good way of relieving inner frustrations.
Inmate #  Yes. I had been very skeptical of the TM program wondering to myself how it would turn out. In any event, it is definitely uplifting.
3. How often do you miss meditation?

<table>
<thead>
<tr>
<th>Inmate</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>#12</td>
<td>None.</td>
</tr>
<tr>
<td>#23</td>
<td>About every third or fourth day I miss, not on purpose.</td>
</tr>
<tr>
<td>#37</td>
<td></td>
</tr>
<tr>
<td>#43</td>
<td>I have only missed three meditations since I began the program, and I</td>
</tr>
<tr>
<td></td>
<td>have occasionally got an extra one in on weekends. I try not to miss and</td>
</tr>
<tr>
<td></td>
<td>look forward to the checking sessions because they are done in a room</td>
</tr>
<tr>
<td></td>
<td>that provides a lot of quiet.</td>
</tr>
<tr>
<td>#47</td>
<td>Not very often, in the last four months I may have missed meditating six</td>
</tr>
<tr>
<td></td>
<td>times.</td>
</tr>
<tr>
<td>#49</td>
<td>I have never missed meditation.</td>
</tr>
<tr>
<td>#65</td>
<td>I try not to miss at all. I have missed a few times though.</td>
</tr>
<tr>
<td>#77</td>
<td>I don't.</td>
</tr>
<tr>
<td>#282</td>
<td>Maybe once or twice a week. None if at all possible.</td>
</tr>
<tr>
<td>#34757</td>
<td>Not at all.</td>
</tr>
<tr>
<td>#310</td>
<td>Not often.</td>
</tr>
<tr>
<td>#335</td>
<td>About four times a week.</td>
</tr>
<tr>
<td>#345</td>
<td>Never.</td>
</tr>
<tr>
<td>#355</td>
<td>Maybe about once or twice a week.</td>
</tr>
<tr>
<td>#397</td>
<td>I meditate maybe four times per week.</td>
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<td>Every now and then.</td>
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4. Have you noticed any change in yourself since starting the TM program? If so, what do you attribute this to?

Inmate #12  A better person, also calmer.

Inmate #23  More relaxful and somewhat less tense. -- Time and involvements I feel, TM maybe.

Inmate #37  I'm more of myself and how I approach any problem I find it easier and more satisfying to cope with my problems.

Inmate #43  I think I have changed a little bit, but I did not feel that I had to many changes to make with myself. I did not smoke, chew my fingernails, or have other bad habits. I did have a lot of problems getting along with people, and I still find it hard to get respect from many men, but that is because I am not a criminal and do not relate well to men about criminal activities. I do not contribute this to any program at this point, but I hope I can be able to avoid problems with the criminal mentality.

Inmate #47  Yes, first of all I've noticed that I tend to think things out more often than I did before. And also that I am much more calmer and attentive to what is going on around me.

Inmate #49  I feel a lot better about myself. I don't want to fight anymore. I think things out more. And I am happier. I attribute all this to the TM program.

Inmate #65  I feel more relaxed and find my relationships with people becoming better.

Inmate #77  I have become more quiet internally. TM has been a factor as have my own self-analysis.

Inmate #282  Yes! I attribute this to the relief of tensions that were and probably are still building up. I feel much more at ease and in tune with my environment and with myself.

Inmate #34757  Yes. Understanding myself more, and able to converse with more people and the public, also to deal with my problems on a calmer level.

Inmate #310  More relaxed, able to communicate with things better.

Inmate #335  I have changed in some of my views and I think it is due to the relieving of tension.

Inmate #345  Yes. Because of TM.

Inmate #355  Yes. I seem to talk to more people than I usually do. The program and the time that I spend meditating makes me more aware of the people that I have to be around.

Inmate #397  It brings peace of mind, once one starts to meditate.

Inmate #  Well! I must say to myself first of all and TM second, because just before I had gotten involve with TM I had been doing some self studying on how to have control over myself, but what I'm saying is that TM helped me a lot to further have control over myself. And I thank you.
6. How does the TM program compare with other programs offered in the prison?

Inmate #12

1st.

Inmate #23

It doesn't in other programs much depend on others, in TM it's up to you alone.

Inmate #37

I find it more like an individual program for one's self.

Inmate #43

There are no other programs offered in the prison unless you mean the self-help type of programs. I am the chairman of the Reach-Out program and counsel juveniles a few nights a week. I attend the U. Mass College program and serve as the assistant teacher three days a week. I think that the TM program is good because it allows you as an individual to benefit from the program. Your success is not hampered as it is by the men who are gaffing you meditate you get the benefits from the deep relaxation achieved through the TM technique. That is all I can say about it.

Inmate #47

It really is to early to compare this program with others that have been around for awhile. Perhaps if asked the same question in six months I may have an answer.

Inmate #49

I am not involved in any other programs. But what I get out of TM could not compare with any programs in this institution.

Inmate #

The TM program compared to other programs in Walpole, I find to be more rewarding mentally.

Inmate #65

Most of the other programs are just a gaff and are not intended to help anyone. TM seems to be concerned for the inmates.

Inmate #77

There is no comparison.

Inmate #282

-

Inmate #34757

To me it (TM) is something that I needed personally as it has and is helping me to keep my mind on the right track and keep up my hope for the future.

Inmate #310

A little better than the rest.

Inmate #335

It far exceeds any of them.

Inmate #345

From 1-10 about Number 1

Inmate #355

It's more constructed in helping a person share his life by giving him the opportunity to take a good look at himself and to do something for himself if he doesn't like the way he looks.

Inmate #397

There is no comparison other than, Prayer!

Inmate #

Less hassel it operates nice and smooth.
7. What do you think of your experience with the program? Do you think the program should be offered to all inmates? What about the guards and prison officials?

Inmate #12  Everyone should take TM.
Inmate #23  I feel it has put me in touch with a greater part of my being. I also feel everyone involved here should be with it.
Inmate #37  -
Inmate #43  I have truly enjoyed the experience and yes I feel that the program should be offered to all the inmates however I suggest the testing be dropped from the program or they will not accept the program. Most inmates are skeptical of programs as a result of all the Behavior Mod programs in the past. Do away with the testing and they might try it. Yes I feel the guards would benefit from the program. It might enlighten them to why they behave the way they do.
Inmate #47  I feel that everybody could benefit from a course in the program after all we are all human which ever side of the wall we live on.
Inmate #49  I think that if this program were offered and taken by half the inmates and half the guards, it would make this place a better place to be, for the inmates and prison officials.
Inmate #  Yes, I feel that everyone should be introduced to TM.
Inmate #65  I think definitely all guards and prison officials should take TM, because most of them need something.
Inmate #77  1) Positive  2) Yes  3) Yes
Inmate #282  -
Inmate #34757 Yes, I feel that this program (TM) is something for everyone and it is the best thing that has come to Walpole.
Inmate #310  Yes, I think all inmates should be in TM.
Inmate #335  I believe that would be the best thing that this state has ever done.
Inmate #345  Everyone should take a shot.
Inmate #355  I think the program should be offered to all inmates and especially the guards and prison officials so that they can see that we the inmates are still men even some of us have broken society's laws.
Inmate #397  My experience is as I stated before. If all inmates are interested, then all should be given the chance to do so. Sure I think the officers should become involve with the outside programs that offers the TM technique.
Inmate #  I strongly suggest that TM be offered to everybody in the whole world, it is definitely the way to a more richer and fulfilled life.
END