

Effects of “The Work” Meditation on Psychopathologic Symptoms

A Pilot Study

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Abstract

Background: “The Work” meditation, developed by Ms. Byron Katie, is a meditative process that trains people to reduce their perceived level of stress by self-inquiry regarding their thoughts and beliefs connected to stressful circumstances or symptoms. This meditation approach has been practiced by hundreds of thousands of people in more than 20 countries, and its effectiveness has been demonstrated extensively. Yet, there has been no empirical evaluation of its efficacy to date.

Objective: The aim of this study was to evaluate the effect of “The Work” meditation on psychologic symptoms in individuals who were recruited from the general population in several European countries.

Design: This was a single-group pilot clinical trial (open label).

Intervention: The study design involved a baseline assessment of psychologic symptoms before a 9-day “The Work” intervention, another assessment immediately following the intervention, and a third assessment 3 months postintervention. Forty-seven volunteers participated in this trial.

Main outcome measures: The Symptom Checklist-90 Revised was used for evaluating the effects of this intervention.

Results: “The Work” intervention significantly reduced a wide variety of psychopathologic symptoms of depression, anxiety, interpersonal sensitivity, hostility, obsessive-compulsiveness, paranoid ideation, and psychotic symptoms. All but one symptom (hostility) remained significantly low at the 3-month follow-up evaluation.

Conclusions: “The Work” intervention was an effective tool for reducing a variety of psychopathologic symptoms. This pi-

lot study is the first to highlight the beneficial effects of “The Work” and suggests that this form of meditation may help alleviate a variety of mental health problems and improve psychologic functioning. These preliminary findings are very encouraging and warrant further randomized controlled trials.

Introduction

The past few decades have witnessed growing interest in the therapeutic efficacy of meditative practices, with research on meditation having entered mainstream consciousness. One such practice that has spurred enthusiastic research activity is that of “mindfulness,” which has techniques designed to encourage focusing on the present and on nonjudgmental awareness of experiences.¹

The rapidly accumulating evidence in the field of complementary health practices shows that mindfulness, similar to other meditation techniques, not only reduces stress and stress-related medical symptoms but also enhances quality of life (QoL).^{2,3} These techniques have been shown to have beneficial effects on several aspects of whole-person health, including the mind, the brain, the body, and behavior. The mechanisms underlying these effects involve not only relaxation, but also important shifts in cognition and emotion that may work synergistically to improve health.

One central component that has been found to be of particular importance in these complementary health practices is meta-cognitive awareness in the form of monitoring thought processes.^{4,5} Meta-cognitive awareness is considered to be high in individuals who clearly do not identify themselves strongly with their thoughts.⁶ These individuals view thoughts as transient mental events without inherent worth or meaning rather than as necessarily accurate reflections of reality, health, adjustment, or worthiness.^{7–11}

Although proponents of these meditative practices recognize the importance of cognitive processing of past and future experiences, these proponents maintain that rumination and excessive worry and concern are rarely of beneficial utility and usually maintain or intensify negative symptoms. Instead emphasis is placed on cognitive flexibility and reduction of ruminative thought through meta-cognitive awareness and disengagement from maladaptive and dysfunctional rumination (“*thoughts are not reality*”; they are “*just thoughts*”).^{12–15}

A second component found to be of particular importance in meditative complementary health practices is emotion. Affective processes are a key target of contemplative interventions,¹⁶ and mindfulness training purports to regulate affect without altering the momentary subjective experience of emotion. In addition, mindfulness practice—which tends to focus attention on emotions as transitory sensory responses—differs from conventional methods of redirecting attention, which are based on the view that affective distress is problematic and requires cognitive alteration. Following mindfulness meditation, negative emotions may be experienced as fluctuations in physical sensation rather than affective mental states that reflect positive and negative characteristics of the self.^{17,18}

A third complementary component is that of nonjudgment of one’s experiences or “*experiencing events fully and without defense, as they are.*”¹⁹ Judging one’s experiences has a tendency to amplify their effects, so, from this perspective rather than trying to evaluate cognitive and emotional experiences, people should simply notice these experiences in a way that is compassionate and nonjudgmental.²⁰ By reducing habitual tendencies to categorize experiences dichotomously, mindfulness can enhance the available range and adaptability of cognitive and behavioral actions.²¹ An important consequence of these meditative practices is the realization that most sensations, thoughts, and emotions are transient, fluctuating, and passing by “*like waves in the sea.*”²¹

One particularly promising type of meditation, which appears to succeed in integrating those three components detailed above is “The Work of Byron Katie.”²² “The Work” meditation, developed in 1986 by Ms. Byron Katie,²² may succeed in incorporating elements of these components while also being simple for the general population to implement in daily life.

This form of meditation is based on the observation that people suffer when they believe their distressful thoughts and that they do not suffer when they do not believe such thoughts. This meditative process enables individuals to identify and question the stressful thoughts that cause their suffering.²² The core of “The Work” is simply four questions and a “turnaround,” which is a way of experiencing the opposite of what the participant believes. Even though this process is simple, it is powerful and may be implemented easily in daily life.

“The Work” also somewhat resembles the focus of cognitive therapy on identifying and changing dysfunctional thinking to bring about change in emotions and behavior.²³

In a similar manner, negative emotions can be seen in “The Work” as an alert for the participant to observe the thoughts underlying these emotions. When taken to inquire about these thoughts, the participant may notice that the stressful belief is not beneficial for him or her and, as a consequence, be relieved of the negative emotion. In this sense, negative emotions are considered as a gift from the perspective of “The Work.”

There is growing interest in, and heightened popularity of, “The Work” in the field of meditation and self-growth. This form of meditation has been practiced by hundreds of thousands of people, in more than 20 countries, and its effectiveness has been demonstrated extensively,²² but there has been no empirical evaluation of its efficacy to date.

The current study is a preliminary investigation of the effectiveness of “The Work” in a general population sample. Given that inquiry-based perspective about one’s thoughts can be applied to all thoughts, the primary object of the current study was to determine the potential effectiveness of “The Work” for relieving a broad range of psychologic problems and symptoms of psychopathology. Toward this end, the Symptom Checklist-90-R (SCL-90-R) was used.²⁴ This is an instrument for evaluation of a broad range of psychologic problems and symptoms of psychopathology. This pre-and-post intervention pilot study was conducted to: (1) determine the effectiveness of “The Work” intervention for relieving psychopathologic symptoms; and (2) examine if any favorable effects would last for at least up to 3 months after the intervention.

Materials and Methods

Sample and Setting

A total of 212 individuals, from the general public, attended a seminar intervention program regarding “The School of the Work,” on a voluntary basis. Of these, 47 individuals between ages 21 and 70 were enrolled in this study. All of these individuals participated in a 9-day workshop entitled “The School of The Work” in Bad Neuenahr, Germany, in 2006.

Subjects for the current study were eligible only if they attended the workshop as participants rather than just being seminar attendees and were literate in German, because the questionnaires were available only in the German language. Fifty of the subjects fulfilled these requirements, and 3 people were not enrolled in the study because they were not willing to participate in it. The majority of test subjects came from Germany, Switzerland, Austria, and The Netherlands.

Study Design

This was a single group pilot study with pre- and immediately postintervention measures, and a third survey that took place 3 months postintervention. As noted above, these participants attended “The School of the Work” workshop on a voluntary basis. The workshop lasted for 9 days.

Data Collection Procedures

Assessments were made once at baseline before the workshop (T0), a second time at the end of the workshop (T1), and a third time 3 months postintervention (T2). Written informed consent was obtained from each participant, and baseline demographic, medical, and self-report data were collected before the workshop opened. Reduction of a broad range of psychologic problems and symptoms of psychopathology of the subjects was used as a measure of treatment success with “The Work,” using the SCL-90-R symptom checklist. The subjects were informed about the study objective. This research was approved by the faculty of psychology at the University of Koblenz-Landau, in Germany, in accordance with German laws.

Intervention

The participants attended a 9-day workshop conducted by Ms. Katie who was supported by a staff of facilitators trained in “The Work” and certified by Byron Katie International (BKI) to conduct this intervention. A total of 212 participants took part in this workshop. All sessions followed the training manual that had been developed to maintain consistency in the program. The subjects received the training manual as a guideline for performing the various forms of inquiry practices. It included materials related to the contents identified below.

During “The School of the Work” seminar, the participants were encouraged to identify and inquire about their stressful thoughts by using “The Work,” which includes four questions and turnarounds. A brief description of the inquiry and turnaround process follows.

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A stressful thought might be “[Name] doesn’t listen to me.” The questions are:

- (1) Is it true?
- (2) Can you absolutely know that it’s true?
- (3) How do you react and what happens when you believe that thought?
- (4) Who would you be without the thought?

After asking the questions, the participant is guided as follows: “Turnaround the concept you are questioning: ‘[Name] does listen to me,’ ‘I do not listen to [Name],’ ‘I do not listen to myself,’ and find at least three genuine, specific examples of each turnaround.”²⁵

The program deals with stressful thoughts regarding relationships with others, judgments about one’s own body, prejudice-related stressful thoughts, self-judgments, and thoughts on death and suffering. This intervention enables participants to inquire into, and be relieved of, their stressful thoughts; be released from the emotions caused by these thoughts; and stop the hurtful behaviors that are caused by these thoughts.

Through the use of self-inquiry practices, participants are taught to increase their levels of awareness of their thoughts and feelings, to observe their emotional and physical responses during situations perceived by participants as stressful, and to allow their minds to return to a true, peaceful, and creative nature.

In addition, through the process of self-inquiry, subjects take an active role in investigating their stressful thoughts and, by doing so, regulate their stress levels and manage symptoms and emotions. All of these processes, presumably, would enable participants to cope better with their thoughts of distress, thus enhancing their QoL. All subjects in the current study were requested to practice and perform self-inquiry exercises alone or with a partner throughout the 9-day program.

Instruments and Outcome Measures

The SCL-90-R was used to assess psychologic symptoms pre- and post-intervention. The SCL-90-R measures a person’s subjective perception of impairment for predefined physical and psychological symptoms and provides a multidimensional analysis structure with the possibility of repeated measurements. As a diagnostic survey tool, it has been found to be both sensitive to variable conditions as well as to permanent personality structures.²⁶ The checklist includes a 90-item self-report symptom inventory: Each item is rated on a 5-point scale of distress, ranging from not-at-all (0) to extremely (5). The 90 items are scored and interpreted in terms of nine primary symptom dimensions. The dimensions are: somatization (SOM), obsessive compulsiveness (O-C), interpersonal sensitivity (I-S), depression (DEP), anxiety (ANX), hostility (HOS), phobic anxiety (PHOB), paranoid ideation (PAR), and psychoticism (PSY).

Compliance

Of the original 47 people whose data were collected for baseline measurement (T0), 46 people also filled out the questionnaires at the completion of the program (T1), and 29 filled them out 3 months postintervention (follow-up phase, T2). This represents dropout rates of 2.1% for the intervention phase and 38.3% for the follow-up phase. The sampling failures at follow-up (T2) were partially the result of the high processing time of the questionnaire. Another factor leading to high dropout could have been caused by the fact that the third measurement was conducted via a postal survey; thus, high postage costs could have been a deterrent (postage-paid return envelopes were provided only for Germany).

Statistical Methods

Paired *t*-tests were used to detect dependent measure changes from pre- to postintervention. The data processing was done by use of the statistical software SPSS 17 (IBM, New York City). A *P*-value of < 0.05 indicated statistical significance for outcome measures.

Results

Demographic variables—including age, gender, marital status, and education—were obtained, as were data relating to medical history. Subjects were asked about known psychologic diagnoses and use of psychotropic drugs. The sample resulted in the profile described in Table 1.

Table 1. Demographics of Study Participants

Number	Variable
Gender, n	
Female	41
Male	6
Mean age, years	
	46.3
Marital status, n	
Single	25
Married	12
Divorced	9
Widowed	—
Not stated	1
Education	
High school	6
Secondary school	7
University entrance qualification	10
Technical college	5
University	18
Not stated	1
Psychologic diagnoses	
None	27
Depression	12
Others ^a	6
Not stated	2

^aOthers include anorexia, borderline personality disorder, bipolar disorder, panic attacks, and post-traumatic stress disorder, all of which were reported in the past. None of the participants were in psychologic or psychiatric treatment at the time of the seminar.

Efficacy

Table 2 shows the effects of “The Work” on the nine SCL factors. The results indicated that the study group experienced statistically significant reductions after the intervention of the following seven of the nine SCL factors: (1) O-C behavior ($P < 0.001$); (2) I-S; ($P = 0.003$); (3) DEP ($P < 0.001$); (4) ANX ($P = 0.003$); (5) HOS ($P < 0.001$); (6) PAR ($P < 0.001$); and (7) PSY; ($P = 0.011$). “The Work” intervention’s effect on six of the nine SCL factors (O-C behavior, I-S, DEP, ANX, PAR, and PSY) lasted for at least 3 months postintervention

Discussion

Overall, the results that emerged from this first-ever pilot study demonstrated that “The Work” is a beneficial intervention for reducing psychopathologic symptoms. “The Work”-based intervention was capable of alleviating symptoms of a wide range of mental health conditions and could maintain this effect for at least 3 months, as was noted among the participants who were contacted. These findings are consistent with studies that examined the effectiveness of other meditation-based interventions, which share common components with “The Work.”²⁷

This study did not have a control group for comparison; thus, these promising results should be interpreted with appropriate caution. Another reason for careful interpretation of the findings is the limited possibility of generalization caused by self-selection issues (including the possible effects of participant expectations) and reliance solely upon self-report data.

Although much remains to be learned about “The Work,” the current study nevertheless represents an important initial step in the systematic analysis of the influences of this type of meditation. Future studies that use wait-list, no-treatment or other controls might shed more light on the effects of “The Work.”

Table 2. Effect of “The Work” Intervention on Symptom Checklist-90 Revised (SCL-90-R) Dimensions

SCL-90-R dimensions	Before the course–T0 (n = 47)		After the 9 day course–T1 (n = 46)			3 months postintervention–T2 (n = 29)		
	Mean	SD	Mean	SD	P	Mean	SD	P
Depression	0.84	0.70	0.41	0.37	< 0.001*	0.45	0.47	0.042*
Anxiety	0.55	0.62	0.35	0.37	0.003*	0.23	0.26	0.008*
Somatization	0.58	0.54	0.45	0.43	0.155	0.39	0.46	0.128
Obsessive–compulsive behavior	0.84	0.73	0.33	0.33	< 0.001*	0.47	0.42	0.002*
Interpersonal sensitivity	0.80	0.66	0.48	0.48	0.003*	0.43	0.56	0.025*
Hostility	0.54	0.56	0.19	0.22	< 0.001*	0.30	0.33	0.193
Phobic anxiety	0.25	0.56	0.18	0.45	0.096	0.11	0.29	0.114
Paranoid ideation	0.66	0.71	0.17	0.25	< 0.001*	0.22	0.40	0.001*
Psychoticism	0.42	0.48	0.24	0.30	0.011*	0.20	0.24	0.005*

*P-value indicates statistically significant differences, compared to T0.

SD, standard deviation; T0, assessment at baseline; T1, second assessment at end of workshop; T2, third assessment at 3 months postintervention.

Ideally, future studies would assign participants randomly to study and control conditions, which would be based on some of the many nonspecific factors that were found to produce beneficial change.¹⁶ These include positive expectations of the participants, as well as facilitators' confidence in the effectiveness of the intervention. In this way, it would be possible to attribute the observed changes solely to the active "ingredient" of "The Work" per se. Several clinical trials have been initiated to assess the effect of "The Work" on psychologic and physical symptoms and QoL of breast-cancer survivors (observational study NCT01244087) and of BRCA1/ BRCA2 mutation carriers (randomized clinical trial NCT01367639).^{28,29}

In addition, future studies should determine the extent to which participants continue to use the skills they have acquired beyond a 3-month follow-up, as well as if periodic reinforcement sessions could enhance the long-term effects of the intervention. Given the highly popular use of "The Work" books,²⁵ it would be worthwhile to examine which of the results found in the current study could have been achieved through individual work alone and which resulted from the involvement of a facilitator. Furthermore, future studies should examine outcomes other than self-reported data and focus on the mechanisms underlying this intervention's effectiveness.

The current authors would like to emphasize that "The Work" meditation, like any other intervention, should not be considered an easy panacea, and that this intervention requires sustained effort. Although some people may not be attracted to the nature and requirements of these techniques, it seems just as likely that "The Work" may be more appealing and acceptable than conventional psychotherapeutic techniques or pharmacologic treatments for many other patients.

Future studies may help identify a target audience (i.e., patients who may benefit most from "The Work") by examining the effects of individual differences (personality factors, attachment orientation, etc.) as well as the effects of population types (clinical versus nonclinical populations, range of psychologic problems, etc.) on outcomes.

Conclusions

This pilot study was the first to examine the potential effectiveness of "The Work" intervention as a method for alleviating a variety of psychopathologic symptoms. Despite a number of shortcomings that need to be addressed in future studies, the authors were encouraged by the results that revealed that "The Work" intervention improved QoL for people from a general population with diverse symptoms of mental health problems, and that the meditation enhanced psychologic functioning.

Given its short (albeit intensive) duration and long-term favorable effects, "The Work" appears to be a highly promising, cost-effective approach for fostering change. "The Work" approach has the potential to become a promising strategy in the future.

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