


Stigmatization of Mental Self-Regulation under Ideological Governance:

Transcendental Meditation and the Politics of Interior Life in Socialist Romania

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Abstract

Introduction: Mental self-regulation practices are not socially neutral; their legitimacy is shaped by political, normative, and institutional frameworks that define acceptable forms of interior life. Under ideological governance, practices oriented toward inner calm and attentional regulation may become objects of suspicion rather than care.

Purpose: The purpose of this study is to examine how mental self-regulation becomes stigmatized and pathologized under ideological governance, using the late socialist Romanian reception of Transcendental Meditation (TM) as a historically grounded case.

Methodology: The article employs a qualitative historical research design based on archival document analysis and critical interpretive methods. The empirical material consists of state-produced documents accessed through the archives of the National Council for the Study of the Securitate Archives (CNSAS), including informative reports, internal correspondence, and institutional assessments.

Results: Archival evidence shows that TM was framed as a “foreign ideological influence” and progressively reclassified through moralizing and medicalized vocabularies. Practitioners’ reports of calm, improved concentration, and emotional balance were recoded as passivity, instability, and diminished ideological vigilance, while universities emerged as key sites of surveillance and sanction.

The findings indicate that stigma functioned preventively, marking inward-oriented autonomy as administratively unmanageable and therefore risky. Mental health language enabled ideological governance to appear scientifically neutral while regulating interior life.

Conclusion: The study clarifies how mental health vocabularies can be mobilized for social control, contributing to debates on mental health governance and the legitimacy of self-regulation practices in contemporary societies.

The Romanian case demonstrates how calm, introspection, and self-regulation become illegitimate when they escape institutional supervision, highlighting the political conditions under which interior life is governed.

Keywords

Mental Health, Health Policy, Social Questions, Health, Discrimination, Governance, Education, Communication

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Introduction

Mental health does not arise solely from individual psychological processes; it is continuously shaped, evaluated, and regulated within social, cultural, and political contexts that define which forms of mental life are considered legitimate. Practices concerned with attention, emotional balance, and inner stability are therefore never socially neutral. They are embedded in normative assumptions about psychological normality, responsibility, productivity, and acceptable modes of self-regulation. As a consequence, the boundaries between care, control, and moral evaluation remain fluid, particularly in settings where mental life becomes an object of institutional scrutiny. From a critical perspective, mental health can be approached not only as a clinical domain concerned with diagnosis and treatment, but also as a field through which conduct, self-relation, and norms of normality are actively produced and governed (Foucault, 1977; Rose, 1999).

Late socialist Romania provides a revealing historical context for examining these dynamics. During this period, the regulation of mental life intersected with broader strategies of ideological governance, generating a climate in which certain forms of mental self-regulation were tolerated only conditionally, while others became objects of suspicion, surveillance, and stigmatization. Practices that could not be fully translated into instrumental or ideologically sanctioned frameworks were vulnerable to reclassification as psychologically or socially problematic, regardless of their experiential or therapeutic value.

Using the case of Transcendental Meditation (TM), this article analyzes how mental self-regulation became stigmatized within the institutional and ideological landscape of socialist Romania. Rather than approaching TM primarily as a spiritual or religious phenomenon, the analysis treats it as a practice of mental self-regulation whose social meaning was shaped through ideological responses and institutional interventions. By combining conceptual analysis with qualitative examination of archival documents, the article explores how inward-oriented mental practices can become targets of stigma and pathologization under conditions of ideological constraint, thereby contributing to broader debates on mental health governance and the political regulation of interior life.

Purpose

The purpose of this qualitative study is to examine how practices of mental self-regulation become stigmatized and pathologized under conditions of ideological governance, using the late socialist Romanian reception of Transcendental Meditation (TM) as a historically grounded case. The study focuses on the institutional reframing of inward-oriented practices—associated with calm, attentional regulation, and psychological balance—into objects of suspicion, psychological risk, and administrative intervention, despite the absence of demonstrable harm.

The central phenomenon examined is the transformation of Transcendental Meditation from a self-presented technique of mental self-regulation into a stigmatized and pathologized practice within official and institutional discourse. Particular attention is paid to how experiential claims related to inner calm, concentration, and emotional stability were reinterpreted as indicators of passivity, vulnerability, or ideological unreliability.

Accordingly, the study addresses the following research questions:

- (1) How was Transcendental Meditation constructed as a deviant or risky practice within official and institutional discourse in late socialist Romania?
- (2) What stigmatizing and medicalizing categories were used to transform a practice of mental self-regulation into an object of surveillance and sanction?
- (3) How did these classifications function as mechanisms of governance over interior life within an ideologically constrained system?

By addressing these questions, the study clarifies the conditions under which mental self-regulation becomes illegitimate when it escapes institutional supervision. It contributes to debates on mental health governance by demonstrating how stigma and pathologization can operate as instruments of social control rather than as responses to psychological dysfunction.

Methodology

This article employs a qualitative historical research design based on archival document analysis and critical interpretive methods. The primary empirical material consists of documents produced by state and institutional actors in late socialist Romania, consulted at the archives of the National Council for the Study of the Securitate Archives (CNSAS), Bucharest, and dating primarily from the late 1970s to the early 1980s. These materials include informative reports, internal correspondence, and institutional

assessments concerning Transcendental Meditation and related practices of mental self-regulation.

The analysis follows a document-centered approach, treating archival texts not as transparent reflections of social reality, but as discursive artifacts shaped by specific institutional logics, power relations, and normative assumptions. Documents were examined for recurring patterns of categorization, evaluative language, and implicit psychological judgments through which meditative practices were framed as ideologically, socially, or psychologically problematic.

Rather than reconstructing individual biographies or organizational histories, the study focuses on how mental self-regulation was conceptually reclassified within official discourse. Particular attention was paid to moments where experiential descriptions of calm, concentration, or emotional balance were reinterpreted as indicators of passivity, instability, or ideological vulnerability. This interpretive strategy allows for the identification of stigmatization and pathologization processes as mechanisms of governance rather than as responses to demonstrable psychological harm.

To contextualize the archival findings, the analysis is situated within a broader theoretical framework drawing on critical mental health studies, sociology of stigma, and governmentality scholarship. This combination of archival analysis and conceptual interpretation enables an examination of how mental health practices were evaluated, regulated, and delegitimized under conditions of ideological constraint.

Ethical considerations

This study is based exclusively on the analysis of archival documents and publicly accessible historical materials. It does not involve human participants, living subjects, or the collection of personal data through direct interaction. As a result, ethical approval from an institutional review board or ethics committee was not required for the present research. All sources were consulted and cited in accordance with applicable archival regulations and academic standards of research integrity.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

No generative artificial intelligence tools were used to create research data, fabricate sources, or generate substantive scholarly claim.

Results

This section presents the findings of the archival analysis concerning the institutional framing and administrative management of Transcendental Meditation (TM) in late socialist Romania. Across the examined documents, a consistent pattern emerges through which inward-oriented practices of mental self-regulation were rendered problematic and governable through stigmatization and medicalization, despite the absence of demonstrable psychological harm.

Archival materials indicate that Transcendental Meditation was not initially treated as an explicit political threat, but as an anomalous practice that resisted established categories of ideological surveillance. Unlike religious movements or organized dissent, TM lacked formal organizational structures, identifiable leadership, or articulated doctrine. This classificatory indeterminacy generated institutional concern, as the practice could not be easily located, monitored, or neutralized through conventional mechanisms of control. The perceived risk lay not in hostile intent, but in the emergence of a mode of mental self-regulation unfolding primarily at the level of interior experience and informal interpersonal transmission. This pattern is consistent with contemporaneous journalistic and documentary accounts, which retrospectively describe Transcendental Meditation as a loosely organized, informally transmitted practice that attracted institutional attention precisely because of its diffuse character and limited ideological legibility (Jela, Strat, & Albu, 2004).

Early security reports demonstrate that stigmatization preceded any evidence of concrete political activity. TM was repeatedly described as a "foreign ideological influence" capable of undermining vigilance among students and intellectuals, despite the absence of explicit political messaging or coordinated action. Such language constructed a diffuse moral threat, implicitly associating inner calm, introspection, and reduced reactivity with ideological weakness and susceptibility to external influence. In this way, stigma operated pre-emptively, marking particular forms of mental experience as potentially dangerous rather than responding to demonstrable deviance (Goffman, 1963; Link & Phelan, 2001).

A recurrent pattern in the archival material is the systematic reinterpretation of practitioners' experiential accounts. Reported experiences of calm, improved concentration, or emotional balance were recoded as signs of passivity, disengagement, or diminished ideological

alertness. Rather than being assessed in relation to psychological well-being, such states were evaluated against implicit norms of productivity, vigilance, and ideological responsiveness. This interpretive reversal constitutes an early stage of pathologization, in which inward-oriented self-regulation itself became a marker of deviance, even in the absence of diagnosable disorder (Conrad, 2007).

Educational institutions emerged as focal sites of surveillance and intervention. Universities were repeatedly identified as environments in which psychological autonomy was perceived as a threat to ideological formation, and students were described as particularly vulnerable to non-conforming practices of interiority. Interest in meditation was framed less as an individual coping strategy and more as evidence of pedagogical failure. Archival documents further show that scrutiny extended to educators and psychologists who displayed even limited openness toward meditative practices, indicating that professional authority was conditional upon ideological alignment.

The consequences of this surveillance were tangible. Archival evidence documents disciplinary measures, exarticulation, and professional marginalization imposed on individuals associated with Transcendental Meditation. These interventions functioned both as punishment and deterrence, producing a climate of anticipatory conformity in which individuals learned to regulate not only their actions, but also their interests and internal orientations. Mental self-regulation thus became a paradoxical demand: discipline and emotional stability were expected, yet penalized when cultivated outside sanctioned frameworks (Illouz, 2007).

Medicalized language played a central role in consolidating this process. Transcendental Meditation was increasingly framed as a source of psychological instability, associated with vague risks such as emotional imbalance or reduced social usefulness. These claims were not grounded in clinical diagnosis, but relied on the symbolic authority of psychological discourse to redefine deviation as pathology. Medicalization thus functioned as a technique of governance, allowing ideological concerns to be reframed as issues of mental health while preserving the appearance of scientific neutrality (Conrad, 2007; Horwitz, 2002).

Finally, archival materials reveal a tendency to inflate the perceived scale and impact of Transcendental Meditation. Reports frequently referred to “hundreds of adherents” and warned of rapid expansion, despite internal acknowledgments that groups were small,

dispersed, and loosely connected. This numerical exaggeration constructed an image of collective danger that legitimized intensified surveillance and intervention, transforming an otherwise marginal practice into an administratively urgent problem (Douglas, 1992).

Taken together, the findings show that inward-oriented practices of mental self-regulation were rendered governable by being re-described through stigmatizing and medicalized vocabularies. In the absence of demonstrable psychological harm, Transcendental Meditation was reframed as a risk to ideological order, legitimizing surveillance and sanction while narrowing the boundaries of acceptable interior life.

Discussion

The findings of this study demonstrate that the stigmatization of Transcendental Meditation in socialist Romania did not arise from demonstrable psychological harm or clinical concern, but from a structural incompatibility between inward-oriented mental self-regulation and the rationalities of ideological governance. Rather than being evaluated according to criteria of mental well-being or therapeutic efficacy, the practice was reframed through moralizing, medicalized, and security-oriented vocabularies that rendered interior calm and attentional withdrawal politically and psychologically suspect.

The analysis confirms that stigma functioned pre-emptively, marking Transcendental Meditation as risky before any evidence of deviance or dysfunction could be established. Archival materials show that early stages of repression relied on discursive associations between reduced reactivity, introspection, and sustained attention on the one hand, and passivity, ideological weakness, or susceptibility to foreign influence on the other. This finding is consistent with sociological accounts that conceptualize stigma as a classificatory mechanism defining the boundaries of acceptable subjectivity, rather than as a response to pathology already identified (Goffman, 1963; Link & Phelan, 2001). In the Romanian case, stigma did not follow deviance; it actively produced it by redefining inward-oriented practices as normatively incompatible with ideological expectations.

Pathologization emerged as a central mechanism through which this stigmatization was legitimized. Experiential descriptions offered by practitioners—such as improved concentration, emotional balance, or psychological calm—were systematically reinterpreted as indicators of

instability, maladjustment, or diminished social usefulness. This transformation illustrates how medicalized language can be mobilized in the absence of diagnosis, functioning symbolically to convert non-normative practices into objects of expert concern. As Conrad (2007) has argued, medicalization frequently extends beyond clinical necessity and operates as a means of social regulation. In socialist Romania, this process allowed ideological anxieties to be reframed as psychological risk, thereby preserving the appearance of scientific neutrality while legitimizing coercive intervention. The marginalization of experiential knowledge observed here reflects broader dynamics in mental health governance, whereby lived experience is subordinated to institutional expertise (Beresford, 2002).

A key contribution of this study lies in clarifying the distinction between self-regulation as an autonomous, inward-oriented practice and self-regulation as an institutional norm tied to productivity, vigilance, and ideological responsiveness. While socialist discourse officially valorised discipline, emotional control, and self-mastery, these qualities were acceptable only when cultivated within sanctioned frameworks that ensured political alignment. When similar outcomes—calm, focus, emotional stability—were achieved through unsupervised practices, they became grounds for suspicion. This paradox underscores the selective and conditional nature of psychological norms under ideological governance and resonates with analyses showing how modern regimes of self-regulation simultaneously promote autonomy while transforming it into a normative obligation aligned with performance and engagement (Ehrenberg, 2010).

Strength and Limitations of the Study

Limitations of the Study

Several limitations of this study should be acknowledged. First, the analysis relies exclusively on archival documents produced by state and institutional actors, which reflect the classificatory frameworks and strategic concerns of authorities rather than the perspectives of practitioners themselves. As a result, experiential accounts of Transcendental Meditation are accessible primarily through mediated and often distorted representations.

Second, the historical scope of the study is confined to late socialist Romania, which constrains the generalizability of the findings to other political or cultural contexts. While the mechanisms identified may resonate with broader discussions of mental health

governance, their specific configuration is shaped by the institutional and ideological conditions of Romanian socialism.

Importantly, the archival corpus analyzed is itself a product of ideological governance and therefore tends to reproduce the language of power more readily than dissent or ambivalence. The relative coherence of the discursive patterns identified should thus be understood as a structural feature of the archival field rather than as empirical exhaustiveness. The absence of practitioners' direct voices should not be read solely as a methodological limitation, but as an effect of stigmatization itself, since silencing and indirect representation formed part of the mechanisms through which mental self-regulation was rendered governable.

Finally, the study does not aim to assess the psychological efficacy or clinical outcomes of Transcendental Meditation. Its focus lies on institutional framing and political regulation; therapeutic effectiveness therefore falls outside the scope of the present research.

Strengths of the Study

Despite these limitations, the study offers several important strengths. By combining archival research with critical mental health theory, it bridges historical analysis and contemporary conceptual debates on stigma, medicalization, and governance. The use of primary archival sources allows for a detailed reconstruction of institutional logics and discursive strategies through which mental self-regulation was problematized, moving beyond retrospective or anecdotal accounts.

Moreover, by conceptualizing Transcendental Meditation as a practice of mental self-regulation rather than as a religious or spiritual movement, the study avoids reductive interpretations and foregrounds the political significance of interiority itself. This analytical framing enables the article to contribute not only to Romanian historiography, but also to interdisciplinary discussions in mental health studies, sociology, and political theory

Practical and Social value

The findings of this study have relevance beyond their historical context. They highlight the need for critical reflection on how mental health practices are evaluated, legitimized, or marginalized within institutional frameworks. By demonstrating how inward-oriented self-regulation was stigmatized when it escaped supervision, the Romanian case cautions against narrowly instrumental approaches to mental health that privilege productivity, compliance, or

measurability over subjective well-being and autonomy.

From the perspective of Global Mental Health, the study underscores the risks associated with deploying mental health vocabularies as tools of normalization and control rather than as resources for care. It draws attention to the importance of safeguarding pluralism in mental health practices and recognizing experiential and inward-oriented forms of well-being that may not align neatly with institutional metrics. These insights are particularly pertinent in contemporary educational, organizational, and policy contexts, where mental health discourse increasingly intersects with governance agendas and where the boundary between support and regulation remains fragile.

Conclusions

This article has examined the stigmatization of mental self-regulation under ideological governance through the case of Transcendental Meditation in socialist Romania. Drawing on archival evidence and critical theoretical perspectives, the analysis has shown that the marginalization of TM was not driven by demonstrable psychological harm, but by its capacity to cultivate autonomous forms of interior life that eluded institutional supervision. Mental health discourse was mobilized as a regulatory instrument, transforming inward-oriented calm and attentional withdrawal into markers of psychological and social risk.

By situating the Romanian case within broader debates on stigma, medicalization, and governance, the study demonstrates that stigma functioned pre-emptively as a mechanism for defining the boundaries of acceptable subjectivity. Practices associated with introspection and emotional balance became problematic precisely because they disrupted dominant models of vigilance, productivity, and ideological responsiveness. What was at stake was not belief or doctrine, but the possibility of cultivating inner states resistant to standardized monitoring and normative assessment.

The findings further highlight the contested status of interiority in ideologically governed systems. The repression of Transcendental Meditation reveals a structural anxiety toward practices that relocate regulation from external authority to the individual. In this sense, the Romanian case illustrates how psychological autonomy itself can become stigmatized when it threatens established regimes of governance.

Beyond its historical specificity, the analysis offers insights relevant to contemporary mental health frameworks. While overt repression has

largely been replaced by subtler forms of normalization, the conditional acceptance of self-regulation persists. Mental health practices are often legitimized insofar as they enhance adaptability and performance within existing institutional arrangements, leaving limited space for inward-oriented autonomy. Recognizing these dynamics is essential for developing approaches to mental health that genuinely respect pluralism, subjective well-being, and the autonomy of interior life.

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Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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