



MEDITATION SICKNESS

A Sourcebook on the Dangers of Buddhist Practice

EDITED BY **C. PIERCE SALGUERO**

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Introduction

C. PIERCE SALGUERO

In the summer of 2021, a user submitted a post to the Dharma Overground website (www.dharmaoverground.org) asking for help and advice.¹ Founded by Daniel M. Ingram, the author of a popular Buddhist meditation guidebook, this online discussion board's home page describes itself as a forum and support group for "pragmatic" and "diligent" meditators. The user wrote seeking help with recent difficulties that had arisen in their "heart chakra" after participating in a twelve-day solo meditation retreat. They described what was occurring:

I have this anxious ball of energy on my spine leveled around the nipples. Maybe size of a fist, localized, always there. If I focus on it, it intensifies, one time even got a round burning feeling on the spine. Usually radiating this anxious energy to my chest, giving the general feeling of anxiousness.²

This user was not alone. Reports of "energetic symptoms," "anxiety," "depression," "psychosis," "hallucinations," and other adverse effects from practicing intensive meditation have been seen frequently on the forum since its founding in 2008. Just a few months later, another member reported that she was experiencing kundalini as a result of "pretty intensively" practicing meditation and qigong. It was bad enough that witnesses had called paramedics for her on at least one occasion:

I started having what I can only describe as seizures. . . . The energy starts pumping through my heart and forcefully through my navel area and this sets off all kinds of spontaneous movement, a lot of uncontrollable shaking, eyes roll in the back of my head, big intakes of breath, big vibrations up my central channel. Inside I feel quite ecstatic and also vulnerable as people around me often are a little freaked out.³

While some reports of meditation side effects have come from meditators practicing on their own without supervision from qualified teachers, such effects have also been noted within the context of formal retreats. For example, another long-term meditator on the forum reported that he had been hospitalized

due to symptoms that began during a ten-day *vipassanā* meditation course. The insomnia and energy flows intensified when he returned home, ultimately leading to pronounced “sexual weirdness” and bizarre behavioral symptoms:

Suddenly my body starts rolling around on the bed all on its own. . . . Pretty soon I’m up off the bed and dancing. Then I’m spinning my arms all around. . . . Then I felt strong hands push me onto the bed and begin to ravish me sexually. . . . I could feel my gender changing from male to female and back again. . . . All night long I had these bizarre sexual experiences with my ghost lover even though I was exhausted. . . . What the hell was going on? . . . Was I possessed by a fucking spirit? . . . [Sleep was] impossible, and on the third day I had my friends take me to the hospital. . . . A week later I was discharged with a prescription for a powerful antipsychotic in hand. After a month or so I could sleep without the drugs but I became severely depressed. It’s only in the last few weeks I’ve felt like I’ve come out of the depression and started meditating again.⁴

It is not only on Dharma Overground that one finds firsthand reports from meditators in crisis. The website of Cheetah House (www.cheetahhouse.org), an organization that describes itself as offering “resources and support for those with adverse meditation experiences,” features a number of self-reports as well. One of the anonymous accounts on that site tells of terrifying symptoms during a sixty-day retreat in Myanmar:

Within the first few days my body began an intense physical purge, I experienced deep states of concentration, began hallucinating and experiencing visions of what I can only describe as past traumas resurfacing. I experienced myself transforming into a bird and an extremely dark disturbing figure, I felt sensations in my brain that almost felt like it was being reprogrammed. . . . The sensations would become so intense it was almost as if something was trying to make its way out of me as it thrashed my body in all different directions. . . . Visions, voices, paranoia, I began having trouble walking and holding my limbs in place. All of my senses were incredibly heightened. . . . Something felt terribly wrong. . . . I began to fear for my life. The mental health states I began to experience were terrifying. I cried a lot. Everything became dark and depressing.⁵

Similar reports can be found on numerous other websites, forums, sub-Reddits, and social media groups where meditators gather and discuss their experiences. Perhaps the most well-known account of meditation gone wrong, which has been repeated and referenced in the media many times, is the story of Megan Vogt, a young woman who committed suicide after undergoing a mental breakdown during a meditation retreat.⁶ The specter of Vogt’s experience seems to be raised most frequently as an example of the worst-case scenario: the potentially deadly combination of irresponsible teachers, negligent retreat centers, and vulnerable practitioners.

What is going on here? Isn't meditation supposed to be good for the mind, body, and spirit, as we constantly have been hearing in the popular media? Isn't it "beneficial in the beginning; beneficial in the middle; beneficial in the end," as the Buddhist sutras put it? How can people be having such distressing experiences? How can meditation possibly go this wrong?

Contemporary Western Perspectives on the Potential Dangers of Meditation

The positive effects of mindfulness and other Buddhist meditation practices have been enthusiastically studied by many types of researchers for several decades now. On the plus side, this has resulted in enormous benefits for those seeking stress-reduction techniques. On the downside, something of a popular media juggernaut has occurred in which mindfulness is too often characterized as a panacea.⁷ While the benefits have gotten all the press, the potential for adverse side effects has received far less attention.⁸ Nevertheless, the potential troubles arising from intensive meditation have been acknowledged in Buddhist literature written in English for many decades, including in guidebooks by some of the most popular meditation teachers.⁹

Recently, those "meditation-related challenges" or "practice-related challenges" have become more prominent in the popular consciousness. A big part of the reason for this is a recent uptick in scientific attention to this phenomenon. The center of gravity for that new research agenda has undoubtedly been the Varieties of Contemplative Experience study led by Willoughby Britton and Jared Lindahl (see chapter 21). Britton, Lindahl, and colleagues have now published a series of qualitative and clinical studies identifying a spectrum of potential negative side effects from meditation, ranging from gastrointestinal disorders to anxiety, depression, psychosis, delusions, terror, dissociation, depersonalization, and suicidality.¹⁰

As other researchers have joined in the examination of these effects over the past few years, the types of phenomena being studied and the methods being used to measure them have varied, leading to differences in their findings. For example, one study by Britton et al. (2021) found that adverse effects "with durations of 1 day to 1 week were reported by 11 (14.1%) participants, with durations of 1 week to 1 month by seven (9.0%) participants, and with durations of 1 to 5 months or ongoing by five (6.4%) participants." Meanwhile, Baer et al. (2020) found that 73 percent of participants in their study reported "having unpleasant experiences associated with mindfulness practice at least 'occasionally' during the 6-week follow-up period." Goldberg et al. (2021) found that 32.3 percent of the meditators in their study experienced "meditation-related adverse effects," with 10 percent ongoing for a month or

longer. Other major survey-based studies include Cebolla et al. (2017) and Schlosser et al. (2019), but each of these uses divergent terminology and criteria for inclusion. To date there is still no agreed-upon definition of what constitutes negative outcomes and no universally consistent statistics on their prevalence.

An additional complication is that many of these scientific studies have presented meditation experiences through biomedical frameworks and terminology, which can often clash with Buddhist meditation theory. For example, Farias et al. (2020) included among their list of adverse events auditory and visual hallucinations, perceptual hypersensitivity, an “altered sense of self and world,” and out-of-body experiences—all of which many groups of practitioners could actually count as desirable, or at least unsurprising, signs of meditation attainments.¹¹ Uniquely, Britton and Lindahl’s project has undertaken extensive ethnographic interviews with Buddhist meditation teachers and practitioners, enabling less biomedically focused approaches and more “person-centered” perspectives in their analyses.¹² Their studies are therefore more sensitive to whether certain phenomena are desirable or detrimental, based on the practitioners’ own understandings and expectations.

All this research is still in a nascent phase. However, it seems safe to say that despite some variance, a consensus is emerging that intensive meditation practice may not be a good fit for everyone. Rather than a universal panacea or a completely safe spiritual practice, it seems clear that some people are in danger of experiencing unwanted mental, physical, and behavioral side effects from meditation—beyond the normal and expected challenges of the practice—and that sometimes these symptoms can be terrifying, debilitating, and even life-threatening.

In tandem with the emerging academic research, public awareness of the potential dangers of meditation has also recently risen. High-profile media outlets as varied as *Harper’s*, *Esquire*, *Daily Mail*, *Vice*, *The Atlantic*, and *The Guardian* began featuring meditation-gone-wrong stories as far back as the mid-2000s, and the frequency of such reports seems to have increased over time.¹³ Public awareness has been fueled in part by Britton and Lindahl themselves, who have distributed press releases about their research and appeared on podcasts, social media, and in other popular media venues. Britton herself founded the aforementioned Cheetah House to help meditators in crisis connect with resources, video consultations, and personalized guidance for dealing with their symptoms. This organization is also involved in raising public awareness of the potential problems connected with meditation practice through social media campaigns and other methods of outreach. While still a relatively new organization, its website was on average receiving 73,000 visits from 56,000 unique visitors annually, and its consultants were seeing about 150 cases per month in 2024.¹⁴

Meanwhile, additional public attention has been drawn to these issues through the efforts of Ingram. The founder of the previously mentioned Dharma Overground forum (which at the beginning of 2024 had over 178,000 posts by nearly 3,900 users) and a regular guest on podcasts devoted to Buddhism and spirituality, Ingram's widely read meditation guide strongly warns readers about the "difficult" experiences they can encounter as a result of "hardcore" practice.¹⁵ Ingram, a retired emergency physician, founded a research consortium in 2020 and a charitable organization in 2021 dedicated to promoting and financially supporting scientific and academic research focused on "emergent phenomena."¹⁶ Echoing the notion of "spiritual emergence" pioneered by Christina and Stanislav Grof, Ingram's term explicitly encompasses energetic symptoms, kundalini, visions, spirit possession, and other "highs, lows, and weirds" that may arise as a result of spiritual practice—whether interpreted positively or negatively by practitioners.¹⁷

In numerous public interviews, Ingram has stated that one of his chief goals is to ensure that people become aware of the possibilities of emergent phenomena, including potentially adverse effects, before they start meditating. He expresses the wish that would-be practitioners were allowed to give "informed consent" concerning the risks, benefits, and alternatives to meditation based on outcomes data, just as they would when undertaking any other therapeutic activity or medical intervention.¹⁸ The Cheetah House website vision statement similarly reads, "We envision an environment where communities and professionals are equipped with the knowledge and skills to prevent and mitigate adverse meditation experiences" and highlights the need for informed consent in the meditation industry.¹⁹

Whereas the potential dangers of meditation are coming under increasing scrutiny in research labs and growing more widely known by the public, a number of high-profile Western Buddhist teachers and leaders have weighed in with contrary viewpoints.²⁰ In general, these defenders of meditation have acknowledged that practitioners occasionally face challenges but have emphasized the following counterarguments:

1. Adverse effects do not happen when one is properly instructed in the practice of meditation by a legitimate teacher with genuine insight.
2. They primarily affect Western meditators who are too culturally unprepared and doctrinally uninformed to successfully participate in meditation retreats.
3. They are the result of latent psychological issues that may emerge during meditation but are not necessarily caused by it.

The overall message of these doctrinally centered responses is that well-prepared and well-trained practitioners can safely engage in properly structured and well-led meditation retreats without concern for adverse effects. They often also argue that meditation centers already put adequate measures in place to screen out practitioners who may potentially be harmed, such that no further safeguards are necessary.

The Origins and Purposes of This Volume

As neither a clinician, a Buddhist, nor a participant in long-term intensive meditation retreats, I have no strong personal stake in the outcome of the debates over the dangers of Buddhist meditation outlined above. However, as a scholar of Buddhism and medicine in Asia, the more I have read the more I have felt that both researchers of adverse effects and defenders of meditation would benefit from opening up to non-Western voices and perspectives. Commentators have periodically cited famous Asian meditation teachers as authorities (e.g., S. N. Goenka, Mahāsi Sayādaw, and others) or introduced passages from ancient Buddhist scripture or commentaries to bolster their arguments (such as the *Visuddhimagga*, an oft-cited fifth-century Pāli text). Many of the Western meditators interviewed in studies by Lindahl and others use Asian vocabularies and doctrines (qi, winds, chakras, energies, kundalini, etc.) to frame their experiences, and researchers have also used these words.²¹ Notwithstanding, the vast majority of the research subjects participating in these studies have been of European descent, and neither side in the debate has engaged deeply with non-Western, non-English-speaking voices on the question of the potential dangers of meditation. Given that the vast majority of adept Buddhist meditators are now and have always been Asian, it seems to me that this blind spot is a major hindrance to understanding emergent phenomena.

In contrast, as a scholar of Chinese religion I first encountered the notion that undesirable mental or physical symptoms could arise from the practice of meditation long before this research and media attention began. Back in 2010 I had already written briefly about this in my analysis of a fifth-century sutra dedicated to this topic.²² Shortly after that, in 2012, I translated a brief chapter of a meditation manual by the famous monk Zhiyi (538–597) that discusses these dangers in detail.²³ Then, in 2017, I published an edited volume including Eric Greene’s translation of an excerpt from that fifth-century sutra, Juhn Ahn’s translation of Hakuin Ekaku’s (1686–1769) description of his bout with “meditation sickness,” and a republication of my translation of Zhiyi.²⁴

In addition to knowing about historical texts such as these, I was also aware that the dangers of spiritual practice are discussed freely by contemporary

Buddhists in the Chinese cultural context. In the Chinese language, one term for the negative side effects of spiritual or energetic practices (*zouhuorumo*) has even entered the everyday lexicon as an idiom meaning “madness” or “obsession.” The notion that intensive spiritual practice is risky has a broad cultural acceptance in martial arts films and other areas of Chinese popular culture (see the discussion in chapter 17). Anecdotally, whenever I have raised the topic of the potential dangers of meditation with Chinese-speaking monks and nuns, I have invariably been told that this is a well-known phenomenon discussed openly within monastic institutions in Asia.

Thus, when I initially encountered first-person accounts of contemporary Western meditators in distress, such as those with which this book opens, it was not so much their novelty that struck me as their similarity to the descriptions I already knew from the Chinese contexts. These similarities prompted me to wonder what, if anything, translating historical Chinese perspectives into English might be able to contribute to our contemporary Western understandings of the potential dangers of meditation. In 2023 I published an article that began to map out some of those connections more explicitly.²⁵ As I argued in that piece, translations of what Asian meditation teachers and historical Buddhist writings have had to say about the prevention and treatment of meditation-related adverse effects would likely be of immense value to English-language readers. That idea formed the origin of this book.

Even before the publication of the present volume, some of these missing Asian voices were already sporadically available through the works of individual academic historians and ethnographers. While not a comprehensive list, extant scholarship touching on the adverse effects of spiritual practice has included studies of premodern Buddhist writings on meditation sickness from China and Japan,²⁶ descriptions of “wind disorders” in premodern meditation manuals from Southeast Asia,²⁷ and ethnographic studies conducted among Tibetan Buddhists.²⁸ (Casting the net more widely, comparative material has been published on the side effects that reportedly can result from Daoist “inner alchemy,”²⁹ qigong,³⁰ Christian prayer,³¹ and other forms of intensive spiritual practices around the globe.) Because these preexisting studies do not seem to be influencing the current debates over meditation sickness in any appreciable way, I felt that it would be valuable to bring together in one place a selection of voices from across the Buddhist world on this topic.

With this material already available from humanistic scholars, one might ask why contemporary Western Buddhist institutions, teachers, and practitioners are not more familiar with Asian perspectives on the topic of the potential dangers of meditation. Are they protecting themselves by eliding these viewpoints, or are they simply unaware? Do they have an ethical obligation to be better

informed and to be more forthcoming with the public about the dangers? On the latter question, I would like to argue yes. However, I recognize that significant barriers presently stand in the way of these materials being widely accessible and their knowledge being widely applied in the West. Some of the main barriers, in my view, are the disciplinary norms that deter scholars from engaging with contemporary issues, and I have discussed this problem in more detail in my previous publication on this topic.³² My hope is that this book can begin to overcome some of this compartmentalization by making reliable scholarly translations widely available in an accessible and affordable format. No easy answers lie within these pages, but my sincere hope is that this collection may serve to stimulate conversation and to enrich our Western understanding of the nuances and complexities of meditation.

Overview of Contents

This book is divided into three principal sections, the first containing translations of scriptures, the second historical texts, and the third contemporary ethnographic materials.

Part I includes a cluster of translations from the Buddhist scriptural canons. In chapter 1, Bryan De Notariis translates from the Pāli the Buddha's account of the physical and mental challenges he himself faced when he engaged in excessively austere spiritual practice prior to his enlightenment. Here, the Buddha describes the sound of winds in his ears, headaches, heat, and sweating, but he also makes a point of mentioning that they were temporary afflictions.

In chapter 2, Bhikkhu Anālayo translates one of the most famous accounts of meditation gone wrong from the earliest layer of historical Buddhist writings. This narrative, which appears in a sutra with both Pāli and Chinese versions, tells of the time the community of monks followed the Buddha's meditation instructions and became so distressed that they committed suicide en masse.

A translation from a Sanskrit Perfection of Insight text, which warns of Māra demons attacking meditators who lack resolve, faith, or a proper understanding of doctrine, is the subject of chapter 3. In this context, Charles DiSimone tells us, these demons are to be understood as both external entities and as personifications of one's own unawakened delusions of grandeur, which can lead to becoming an unethical, narcissistic teacher.

Chapter 4 includes Eric M. Greene's translation of a text called *Secret Essential Methods for Curing Meditation Sickness*. This sutra presents a panoply of severe mental and physical ailments that can befall meditators and prescribes complex visualizations to either counteract or soothe the symptoms.

The last chapter in the group, chapter 5, contains James A. Benn's translation of an excerpt from the *Śūraṅgama Sūtra*, an important meditation text in East Asian Buddhism. The passages included here introduce a series of phenomena that can occur during meditation whose misinterpretation can lead one into a "demonic state," which frequently involves mental imbalances.

Part II includes translations of historical commentaries and reflections on the dangers of meditation. This portion of the book begins with two meditation manuals composed by the aforementioned sixth-century master Zhiyi, who founded the Tiantai (Jp. Tendai) school and became highly revered in Chan (Jp. Zen). Zhiyi's *Longer Treatise on Śamatha and Vipāśyanā* is translated in chapter 6 by Paul Swanson. Here the reader is treated to a detailed account of Zhiyi's system, including how to distinguish between ailments caused by medical conditions versus those caused by meditation, the signs and symptoms of the latter, and a range of techniques to treat problems once they arise.

In chapter 7, David Carpenter translates passages from Zhiyi's *Sequential Gate of Meditation* that distinguish between the signs of proper meditative absorption (Skt. *dhyāna*; Pāli *jhāna*) and the signs of "deviant practice." Taken together, these two chapters paint the fullest picture we have of a premodern author's understanding of how to recognize, treat, and prevent the dangers of meditation.

After these chapters focusing on Zhiyi are four texts written in the second millennium of the Common Era. In chapter 8, Michael R. Sheehy presents translations from Tibetan obstacle-elimination (*geksel*) texts dating from the twelfth to the fifteenth century. These brief instructions for advanced meditators provide pithy advice for dealing with all kinds of troubles one may encounter in the course of spiritual practice, including various ailments.

Next, in chapter 9, Juhn Ahn provides a translation of the abovementioned text by Hakuin, a famous passage in which he describes both his symptoms of meditation sickness as well as the "butter meditation" he learned in order to cure it. In a portion of the text not translated here, Hakuin traces the lineage of this practice back to Zhiyi, and beyond, to the sutra translated in chapter 4.

Coauthors Leslie E. de Vries and Leo W. Lok move us forward to the seventeenth to nineteenth century in chapter 10. Here, we are introduced to two texts from the classical Chinese medical tradition that clearly indicate that meditation-induced ailments were known to and treated by formally trained Chinese physicians in the premodern period.

In chapter 11, Swe Swe Mon and Daniel M. Stuart translate some of the teachings of one of the most significant forefathers of modern Western Buddhism, the *vipassanā* teacher Sayagyi U Ba Khin (1899–1971). The stories U Ba Khin tells in these passages reveal his understanding of *vipassanā* as a purificatory practice and

indicate some of the highly uncomfortable experiences beginning meditators might have in releasing their impurities during his trainings.

In chapter 12, Melissa Anne-Marie Curley translates a chilling memoir written by the Japanese author Kurata Hyakuzō (1891–1943). Kurata describes how meditation-induced obsessive thinking drove him to the brink of madness, as well as his personal quest to overcome this condition.

Finally, chapter 13 presents three short translations of monastic experts' teachings about the dangers of meditation by Francisco Figueroa Medina, Dixuan Chen, and Trang T. D. Nguyen. The first of these is an excerpt of a book by the Rinzai Zen master Yamada Mumon (1900–1988), the second a chapter from a book by the revered Taiwanese meditation master Sheng Yen (1931–2009), and the third a transcript of a YouTube video by the venerable Thích Nhật Từ (1969–), a monastic reformer in Vietnam.

Part III of this book contains ethnographic materials, interviews, and other contemporary accounts. In this section, instead of being presented chronologically, the chapters are clustered by cultural zones. In chapter 14, Céline Coderey starts off the first batch of chapters pertaining to Southeast Asia with some field notes about an episode of meditation-induced madness—or was it an attack by evil spirits?—that she witnessed during her time in Myanmar. This chapter portrays a community's struggles to deal with and to make sense of extreme spiritual experiences in terms of traditional religious and medical ideas.

In chapter 15, Daphne Weber takes us to Thailand, where a female monastic meditation teacher shares her insights into the visual phenomena that can arise during practice (Pāli: *nimitta*). By skillfully navigating these experiences—and, importantly, by not taking them literally—Luang Pi teaches meditators how to avoid problematic occurrences.

Chapter 16 then takes us to Japan, where Nathan Jishin Michon interviews Asahi Seichō, a Shingon priest and abbot of a temple in Hiroshima. This chapter presents a glimpse into esoteric Japanese Buddhism's repertoire of deities, rituals, and other practices to prevent and manage problems caused by meditation.

In chapter 17, Kin Cheung introduces the perspective of a Cantonese-speaking community ritualist and healer who lives in the New York City area. The conversation centers on the abovementioned Chinese notion of *zouhuorumo*, which literally translates to “losing control of the fire and entering a demonic state” but commonly refers to cases of madness caused by meditation, qigong, martial arts, and other spiritual practices.

Chapter 18 then takes us to the Tibetan cultural area of Amdo, where Susannah Deane presents excerpts from six interviews she conducted with Buddhist and medical specialists in the region. Here we learn about the physical

and mental health dangers of tantric practices as well as the Tibetan theoretical models used to explain and manage such phenomena.

Tibetan cultural understandings continue as the focus in chapter 19, a contribution by Ben P. Joffe. This time the translation is of an extended interview with the well-known Buddhist teacher and traditional medical doctor Nida Chenagtsang, who shares his perspective on how best to mitigate harm to participants in intensive meditation.

In the penultimate chapter 20, Ira Helderman interviews a biomedical doctor and researcher, Pawan Sharma, who shares stories about his encounters with the adverse effects of meditation in India and Nepal. Sharma's reflections point to important cultural differences in how meditation is understood even within the biomedical establishment and how such understandings can influence medical research and the treatment of patients.

Last but by no means least, chapter 21 provides the reader with a glimpse into the data collected by the aforementioned Varieties of Contemplative Experience Study at Brown University, the preeminent Western study of meditation-related challenges. Jared R. Lindahl, Nathan E. Fisher, David J. Cooper, and Willoughby B. Britton provide transcripts of three interviews from their dataset, introducing us to three Western meditators who detail their harrowing experiences.

These contents, while expansive, are unavoidably limited to the scope and expertise of the contributors who agreed to participate in the current project. We are under no illusions that we have managed to represent all Buddhist perspectives on the dangers of meditation. Conspicuously missing are materials from Korea, Mongolia, Bhutan, Cambodia, Laos, and Singapore, as well as from Asian diasporic communities in most parts of the world. Of course, there are millions of practitioners of Buddhism of all races and cultural backgrounds around the globe whose ideas about this topic would be valuable to include alongside the translations offered here. It is hoped that the present volume inspires scholars to conduct future research and produce translations that will continue to add more voices to the conversation.

Macro-Level Observations

Having briefly surveyed the contents of this volume, permit me to conclude this introduction with a general consideration of how these materials might, in the aggregate, contribute to the contemporary Western conversation about the potential dangers of meditation. Let me begin by noting that as a scholar of Buddhism and not a devotee, I treat all Buddhist texts, regardless of their origins, not as unassailable spiritual truths but rather as documents produced by

particular authors and communities in certain times and places in order to pursue specific rhetorical purposes. Seen through that lens—and despite whatever other messages they were intended to convey—the materials translated in this book are unambiguously communicating the fact that an overwhelming number of Buddhists across space and time have considered spiritual practice to be a potential cause of behavioral anomalies, mental illness, and physical disease. Adverse experiences that cross the line from expected challenges to acute problems appear in scriptures and early commentaries written in Pāli, Sanskrit, Chinese, and Tibetan and in interviews with contemporary Burmese, Chinese, Japanese, Nepali, Thai, Tibetan, Vietnamese, and American practitioners. They appear in practice manuals, case studies, oral teachings, autobiographies, YouTube videos, and everyday conversations among neighbors.

In almost all the historical and contemporary discourses recorded here, the potential adverse effects of meditation are explained according to elemental, demonic, karmic, and traditional medical models that differ markedly from scientific biomedicine and modern Western psychology. Occasionally, the definition of meditation-induced sickness expressed in these sources includes heterodox beliefs, behaviors, or proclivities that in the modern Western context would not be recognized as conditions necessitating treatment. However, most of these sources provide descriptions of symptoms that seem to jibe with modern Western descriptions of obsessive-compulsive disorder, anxiety, psychosis, and other mental and physical conditions. This cross-cultural similarity raises many complex theoretical and practical questions about the translation of disease categories that remain beyond the scope of the current volume. Sorting through these issues in a rigorous way would necessitate detailed study by a transdisciplinary collaboration of historians, ethnographers, clinical researchers, medical professionals, Dharma teachers, longtime meditators, and other interested parties.

Even while this kind of research team is still a desideratum, we can nonetheless identify similarities in the phenomenology of the symptoms being experienced by meditators in distress across time, space, and cultural divides. We can plainly see that adverse experiences such as strange sensations, unexplained pains, psychological instability, undesired hallucinations, sexual anomalies, uncontrollable behaviors, demonic possession, suicidality, and so forth have been well-known and well-documented across the Buddhist world.

What are the implications of this information? In my view, at the very least, we need to lay to rest once and for all the notion that adverse side effects are a problem that affects only “culturally unprepared” Western practitioners who naively jump into serious meditation. Far from being a modern Western problem, it is not at all a stretch to say that the physical, mental, and emotional dangers

of meditation are well-known among communities of Buddhists everywhere—and always have been. In addition, we can clearly see that while many Asian Buddhists stress the importance of having good teachers, the possibility of experiencing adverse effects from meditation is not entirely mitigated by the teacher’s legitimacy, authenticity, or level of enlightenment. If teachings coming from the Buddha himself can cause suicidality (see chapter 2), then no teacher is above the possibility. Nor do these sources suggest that it comes down to the question of students being doctrinally, culturally, or psychologically unprepared. While meditation can trigger preexisting psychological problems, the majority of the sources introduced here suggest that unwanted side effects can happen to anyone. If they can occur to Siddhartha Gautama himself on his way to becoming the Buddha (see chapter 1) and to other masterful meditators who were his direct disciples (see chapter 4), then surely the practitioner is not to blame. I think any reasonable reader will agree that these sources clearly refute the main arguments of contemporary Western commentators who are dismissive of the dangers of meditation.

In terms of the specific causes of meditation ailments, there is no consensus between all of the perspectives presented in these chapters. One of the causes most commonly mentioned in these pages is overly strenuous practice that exceeds one’s natural capacities, especially when a single technique is practiced to an extreme level. Other common causes include giving undue importance to passing phenomena that arise during the course of practice, mismanaging bodily energies, experiencing the effects of unfortunate karma, and being assailed by spirits.

It is crucial to underscore that nearly all forms of Buddhism acknowledge difficulties or challenges will arise along the path to enlightenment. There is an expectation that meditation will bring up latent traumas, difficult memories, strong emotions, and other “mental imprints” (Skt. *saṃskāra*) or “defilements” (Skt. *kleśa*)—indeed, the release or purification of such materials is often considered to be the very point of meditation. But there is also recognition across Buddhist cultures that sometimes a line can be crossed. Sometimes, people experience radically destabilizing results that can be classified as illnesses needing treatment. The texts translated here remind us that it is important to discriminate between expected difficulties or challenges versus true health crises. The fact that different authors draw that line in different places due to varying cultural, doctrinal, and other sensibilities suggests that there are no universal answers to such questions.

Whatever factors they identify as the causes of medical crises and however they distinguish these from ordinary meditation challenges, many of the texts in this volume also provide a panoply of potentially valuable advice on prevention

and treatment. Some texts prescribe specific meditation techniques or visualizations as antidotes to certain types of ailments. Understanding the potential signs of danger enables the practitioner to switch up their practice as soon as symptoms arise, thereby nipping in the bud more serious disorders. These texts also advise rituals, meritorious actions, shifts in perspective, conventional medical treatments, and other interventions. Many underscore the preservation of a stable foundation of morality (*sīla*) as the essential prerequisite for any contemplative practice. Despite this range of possibilities, alas, these pages offer no easy answers or infallible formulas for success. The purpose of this volume is not to narrow the field of solutions down to a “silver bullet” that will be universally applicable. Rather, the goal is to present a wealth of different opinions and approaches to meditation-induced illness, to explore the resources and repertoires other cultures have to offer for understanding and coping with these conditions.

The details of cross-cultural translation are complex, the barriers to understanding are formidable, and the Buddhist world is not univocal in its understanding of meditation ailments. Nonetheless, while giving all those caveats, I personally feel that some of the knowledge contained in the translations in this book may be able to be adapted for use in the contemporary West. For those who prefer to work within Buddhist frameworks, I believe that some of these texts might provide meditation teachers with practical and actionable techniques that could be taught to students in retreat settings to help prevent or ameliorate the kinds of disastrous side effects discussed in the opening of this chapter. I believe it may also be possible for meditators to self-administer these or similar techniques at the first sign of symptoms, before they are overcome by anxiety, depression, psychosis, and other severe psychological and physical ailments. Likewise, I believe that those working outside Buddhist frameworks—whether medical doctors, psychiatric professionals, or practitioners of contemporary Asian medical systems such as acupuncture or yoga therapy—might also be able to adapt some of these methods to enhance their current repertoires of interventions. I believe that these texts could also contribute to the development of diagnostic models that help modern clinicians and researchers discriminate between normal signs of meditation progress, adverse effects that can be managed by making changes to the meditation regimen, and genuine psychiatric crises.

I am obviously not suggesting that all those benefits can be straightforwardly gained merely by reading the pages of this book. Much cross-cultural and transdisciplinary interpretive work remains to be done. Nor should we assume that Buddhism necessarily has all the answers. The tradition is not univocal, and texts often contradict one another. Moreover, it is a distinct

possibility that following advice from Asian Buddhists could be counterproductive for contemporary Western meditators—either because these remedies are simply impossible to fit within mainstream Western worldviews or for any number of other reasons. How helpful the approaches presented in these texts will be in practice remains to be determined. The principal point I wish to make here is simply that these historical and contemporary perspectives from across the Buddhist world can and should play an important role in any conversation about the potential dangers of meditation taking place in the West.

To read the firsthand reports quoted at the beginning of this chapter and elsewhere in this volume (see, particularly, chapters 12, 14, and 21) is to be moved by the palpable anguish and long-term harm that such experiences can cause. As meditation becomes ever more popular in the West, it is being learned primarily via apps, websites, workplace workshops, self-retreats, AI guidance, and countless other ways outside traditional Buddhist institutional structures. That means that a growing number of practitioners will not only inevitably experience mental and physical symptoms caused or exacerbated by practices they were led to believe could only be beneficial, but also that they will not necessarily turn to Buddhist teachers or communities for support or remedies to their ailments.

I am in no way arguing that people should stop meditating. The physical and mental health benefits of Buddhist and Buddhist-derived meditation practices such as mindfulness have been exceedingly well-documented for decades now. The spiritual benefit of these practices goes without saying. Let us not hold to the black-and-white position that either meditation is an unassailable good or it should be thrown out entirely just because there may be some undesirable side effects. That being said, given the materials presented in this volume, I do believe it is an ethical imperative that researchers, teachers, and practitioners educate themselves about the dangers and reflect on how Asian perspectives might inform contemporary Western approaches to meditation. I also believe that discovering within these pages new frameworks that make sense of anomalous meditation experiences may benefit sufferers. Just knowing that meditators from Buddhist traditions all over the world have, through no fault of their own, encountered challenging experiences and found solutions may, in itself, be therapeutic. In these many ways, I hope that this book can serve as a catalyst for a wider discussion to take place and thus contribute to the alleviation of suffering.

Notes

1. This chapter is based on Salguero (2023).
2. Dharma Overground, accessed January 28, 2024, https://www.dharmaoverground.org/discussion/-/message_boards/message/22886952.

3. Dharma Overground, accessed January 28, 2024, https://www.dharmaoverground.org/discussion/-/message_boards/message/23092082.
4. Dharma Overground, accessed January 28, 2024, https://www.dharmaoverground.org/discussion/-/message_boards/message/21772129.
5. Cheetah House, accessed January 28, 2024, <https://www.cheetahhouse.org/rising-falling>.
6. See, e.g., Kortava (2021).
7. Wilson (2014).
8. Lutkajtis (2020).
9. Kornfield (1993, 119–156).
10. See Lindahl et al. (2017) and other publications from the Brown University lab listed here: <https://www.cheetahhouse.org/vce>, last accessed January 28, 2024.
11. For example, Ingram’s meditation manual interprets such events as signs the meditator has attained a stage called the second *vipassanā jhāna*. See Ingram (2018, pt. 4, sect. 30.4), available in an open-access updated version, accessed January 28, 2024, at MCTB.org, <https://www.mctb.org/mctb2/table-of-contents/part-iv-insight/30-the-progress-of-insight/4-the-arising-and-passing-away/>.
12. See, most notably, Lindahl et al. (2017, 2020, 2021).
13. See a listing of articles at Cheetah House, accessed January 28, 2024, <https://www.cheetahhouse.org/media>. See the discussion and analysis in Helderma (2024).
14. Lindahl, personal communication with author, January 11, 2025.
15. Ingram (2018). See, particularly, pt. 4, sect. 30.5–10, accessed January 28, 2024, beginning at <https://www.mctb.org/mctb2/table-of-contents/part-iv-insight/30-the-progress-of-insight/5-dissolution-entrance-to-the-dark-night>.
16. See Emergence Benefactors, <https://www.emergencebenefactors.com>, and Emergent Phenomenology Research Consortium, <https://theeprc.org>, respectively. See a detailed introduction to the goals of these organizations in the YouTube video, <https://www.youtube.com/watch?v=Q1F2eTYVvr0&t=3840s>, accessed January 28, 2024. In the interest of full disclosure, I should note that I joined the research consortium in 2021.
17. See a discussion of the affordances provided by this term in Sandilands and Ingram (2024).
18. See e.g., EPRC White Paper, “Ethics and Informed Consent,” accessed January 28, 2024, <https://hypernotes.zenkit.com/i/UFiY1UO1cp/WUSs7pr1o/ethics-and-informed-consent>.
19. Cheetah House, accessed January 28, 2024, <https://www.cheetahhouse.org/about-us>.
20. A range of opinions are summarized in Love (2018); Agsar (2021); Anālayo (2021b); Rosenthal (2021).
21. See, for example, Lindahl (2017); Cooper et al. (2021); Lindahl et al. (2021).

22. The discussion of the *Secret Essentials for Curing Meditation Sickness* appeared in Salguero (2014, 85–86).
23. Salguero (2012), edited and republished in Salguero (2017).
24. Salguero (2017).
25. Some of that publication is repeated here in this introduction but not the portion of the paper that analyzes four medieval Chinese sources on meditation sickness and its remedies (Salguero 2023). All four of the texts discussed in the earlier version of the essay are translated in this book. However, some valuable points were made in my discussion in the previous publication that are not repeated here, and thus I encourage the reader to access the original.
26. In addition to the works cited in note 22–24, see also Ahn (2007, 2021); Curley (2024).
27. Mettanando (1999).
28. Deane (2018, 2025); Samuel (2019).
29. Eskildsen (2008).
30. N. Chen (2003).
31. Lührmann and Morgain (2012); Fisher (2021).
32. Again, see Salguero (2023), particularly pp. 200–201.