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“Meditation Sickness”  
in Medieval Chinese Buddhism  
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# “Meditation Sickness” in Medieval Chinese Buddhism and the Contemporary West

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## Abstract

A certain percentage of people report experiencing adverse mental and physical side effects from practicing meditation. Contemporary scientific literature and personal reports from meditators are beginning to document the phenomenon, but centuries-old Buddhist texts also warned about the dangers of “meditation sickness.” Writings from medieval China not only identify the adverse mental and physical symptoms that can arise in the course

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of meditation practice, but also explain why these occur and how they can be effectively treated. Might these materials contain important therapeutic information that is relevant for meditators today? What would be required to make this historical knowledge accessible for contemporary practitioners and clinicians? And do our disciplinary norms as religious studies scholars even allow us to ask such questions?

### **Introduction**

In the summer of 2021, a user submitted a post to the Dharma Overground website ([www.dharmaoverground.org](http://www.dharmaoverground.org)) asking for help and advice. 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 12-day solo meditation retreat. They described what was occurring thus:

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.<sup>2</sup>

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<sup>2</sup> [https://www.dharmaoverground.org/discussion/-/message\\_boards/message/22886952](https://www.dharmaoverground.org/discussion/-/message_boards/message/22886952), last accessed July 28, 2023.

This user was not alone. Reports of “energetic symptoms,” “anxiety,” “depression,” “psychosis,” “hallucinations,” and other adverse effects as a result of practicing intensive meditation have been seen frequently on the forum since its founding in 2008. Just a few months later, a different member reported that she was experiencing “kundalini” as a result of “pretty intensively” practicing meditation and qigong, to the extent that witnesses to her experiences 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.<sup>3</sup>

While some reports of meditation side effects have come from meditators who are 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 10-day *vipassana* 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.

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<sup>3</sup> [https://www.dharmaoverground.org/discussion/-/message\\_boards/message/23092082](https://www.dharmaoverground.org/discussion/-/message_boards/message/23092082), last accessed July 28, 2023.

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.<sup>4</sup>

It is not only on Dharma Overground that one finds first-hand reports from meditators in crisis. The website of Cheetah House ([www.cheetahhouse.org](http://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 that arose during a 60-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

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<sup>4</sup> [https://www.dharmaoverground.org/discussion/-/message\\_boards/message/21772129](https://www.dharmaoverground.org/discussion/-/message_boards/message/21772129), last accessed July 28, 2023.

to make its way out of me as it thrashed my body in all different directions. . . . [V]isions, voices, paranoia, I began having trouble walking and holding my limbs in place. All of my senses were incredibly heightened. . . . [S]omething 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.<sup>5</sup>

Similar reports can be found on numerous other websites, forums, sub-Reddits, and social media groups where meditators gather and discuss their experiences. As a historian of medieval Chinese Buddhist healing practices, these first-hand reports from meditators in crisis caught my eye. It was not the first time that I had heard of the possibility of undesirable mental or physical symptoms arising from the practice of meditation. Indeed, I had already written about these phenomena with regard to two different historical texts (Salguero *Translating* 85–86). But, when I read the details in these contemporary accounts of meditators in distress, I was struck by their uncanny similarity to descriptions in the medieval Chinese materials. That in turn prompted me to wonder what, if anything, historical texts might contribute to our understanding of the potential dangers of meditation.

### **Contemporary Western Perspectives on the Potential Dangers of Meditation**

Before exploring what medieval Chinese texts have to say, it is worth dwelling a bit more on contemporary English-language discourses. The positive effects of mindfulness and other Buddhist meditation practices have been enthusiastically studied by many types of researchers for

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<sup>5</sup> <https://www.cheetahhouse.org/rising-falling>, last accessed July 28, 2023.

several decades now. On the plus side, this has resulted in enormous benefit for those seeking stress-reduction techniques. On the downside, this has resulted in something of a popular media juggernaut where mindfulness is often characterized as a panacea (Wilson *Mindful*). While the benefits have gotten all the press, the potential for adverse side effects has received far less attention (Lutkajtis).

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 (e.g., Kornfield 119–156). However, it is only recently that “meditation-related challenges” or “practice-related challenges” have emerged as objects of scientific study. The center of gravity for this new research agenda has been the “The Varieties of Contemplative Experience” project led by Willoughby Britton and Jared Lindahl and named as an homage to the field-defining book of 1902 by William James (1842–1910). Britton and Lindahl have now produced a number of qualitative and clinical studies that have identified a spectrum of potential negative side effects. These range from gastro-intestinal disorders to anxiety, depression, psychosis, delusions, terror, dissociation/depersonalization, and even suicidality (Lindahl et al. “Varieties,” Britton, Britton et al., among others).<sup>6</sup>

As other researchers have joined in the examination of these effects over the past few years, there has been variability in the type of phenomena being measured and the methods being used to measure them. For example, in one study, Britton et al. 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.”

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<sup>6</sup> See a list of additional publications from the lab here: <https://sites.brown.edu/britton/publications>, last accessed July 28, 2023.

Meanwhile, Baer et al. found that 73% 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. found that 32.3% of meditators experienced “meditation-related adverse effects,” with 10% ongoing for a month or longer. Other major survey-based studies include Schlosser et al. and Cebolla et al., but each of these uses divergent terminology and criteria for inclusion. To date there still is no agreed-upon definition of what constitutes a negative outcome and no universally consistent statistics on its prevalence.

An additional complication is that many of the scientific studies present these meditation experiences through biomedical frameworks and terminology, which can seemingly clash with Buddhist meditation theory. For example, Farias et al. (2020) included among their list of adverse events auditory and visual hallucinations, perceptual hypersensitivity, “altered sense of self and world,” and out-of-body experiences—all of which could actually be counted as desirable, or at least unsurprising, signs of meditation attainments by many groups of practitioners (e.g., Ingram’s meditation manual interprets such events as signs the meditator has attained a stage called the second *vipassanā jhāna*).<sup>7</sup> Uniquely, Britton and Lindahl’s project has undertaken extensive ethnographic interviews with Buddhist meditation teachers and practitioners, leading to less biomedically-focused approaches and more inclusion of Buddhist perspectives in their analyses (see, notably, Lindahl et al. “Varieties”; Lindahl et al. “Progress”; Lindahl et al. “Person-Centered”). Their studies are therefore more sensitive to whether certain phenomena are desirable or detrimental, based on the practitioners’ own understandings and expectations.

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<sup>7</sup> See part IV, section 30.4, <https://www.mctb.org/mctb2/table-of-contents/part-iv-insight/30-the-progress-of-insight/4-the-arising-and-passing-away/>, last accessed July 28, 2023.

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—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 (see Helderman).<sup>8</sup> 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 in order 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 received 22,000 unique visitors in 2021.<sup>9</sup>

Meanwhile, additional public attention has been drawn to these issues through the efforts of Ingram. Founder of the Dharma Overground forum website (which as of the time of writing has over 171,000 posts by 3,700 active users) and a regular guest on podcasts devoted to Buddhism

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<sup>8</sup> See listing of articles at <https://www.cheetahhouse.org/media>, last accessed July 28, 2023.

<sup>9</sup> Lindahl, personal communication on May 27, 2022.

and spirituality, Ingram’s meditation guide strongly warns readers about the “difficult” experiences meditators can encounter as a result of “hard-core” practice.<sup>10</sup> Ingram, who is 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.”<sup>11</sup> 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 “weirdness” that may arise as a result of spiritual practice—whether experienced positively or negatively by practitioners.

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.<sup>12</sup> He expresses the wish that practitioners be aware of “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 intervention. The Cheetah House website vision statement similarly states that “We envision an environment where communities and professionals are equipped with the knowledge and skills to prevent and mitigate adverse meditation experiences,” and

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<sup>10</sup> Ingram, available in open access updated version online. See particularly part IV, section 30.5–10, 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>, last accessed July 28, 2023.

<sup>11</sup> See <https://www.emergencebenefactors.com> and <https://theeprc.org>, respectively. See a detailed introduction to the goals of these organizations at <https://www.youtube.com/watch?v=Q1F2eTYVvr0&t=3840s>, last accessed July 28, 2023. In the interests of full disclosure, I should note that I joined the research consortium in 2021.

<sup>12</sup> See e.g., <https://hypernotes.zenkit.com/i/UFIY1UO1cp/WUSs7pr1o/ethics-and-informed-consent>, last accessed July 28, 2023.

highlights the need for informed consent and trauma-sensitive conduct in the meditation industry.<sup>13</sup>

While the potential dangers of meditation are thus coming under increasing scrutiny in research labs and growing more widely known by the public, a number of Western Buddhist teachers and leaders have weighed in with contrary viewpoints (a range of opinions are summarized in Love, Agsar, Anālayo “Dangers,” Rosenthal). 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 have adequate measures in place to screen out practitioners who may potentially be harmed, such that no further safeguards are necessary.

As neither a clinical researcher, a Buddhist, or a participant in long-term retreats, I do not have a strong personal stake in the outcome of these particular debates. However, as a historian of Buddhism and

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<sup>13</sup> <https://www.cheetahhouse.org/about-us>, last accessed July 28, 2023.

medicine in Asia, I take the position that both researchers of adverse effects and defenders of meditation would stand to gain from changing their current practice of almost exclusively centering Western voices. Commentators may periodically cite famous Asian meditation teachers as authorities (e.g., S.N. Goenka, Mahāsī Sayādaw, and others), or introduce 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 (e.g., Lindahl, Cooper et al., Lindahl et al. “Person-Centered”). Notwithstanding, neither side has thus far deeply engaged with non-Western, non-English-speaking practitioners 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 that this should be a priority in moving the conversation forward.

I myself have not conducted formal fieldwork, but I have observed that the topic is discussed freely by contemporary Buddhists in the Chinese language context. In Chinese, one term for the negative side effects of spiritual or energetic practices (*zouhuo rumo* 走火入魔) has even entered the lexicon as a popular idiom meaning “madness” or “obsession,” a sure indication that there is a broad cultural recognition of the risks of intensive spiritual practice more generally.<sup>14</sup> 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 that is discussed openly within monastic institutions in Asia.<sup>15</sup> A study of Asian meditation teachers that translated their

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<sup>14</sup> See [https://en.wikipedia.org/wiki/Zou\\_huo\\_ru\\_mo](https://en.wikipedia.org/wiki/Zou_huo_ru_mo), last accessed July 28, 2023.

<sup>15</sup> See also the discussion published by the well-known Taiwanese monk Shengyan (1931-2009): <http://www.book853.com/show.aspx?id=66&cid=160&page=28>, last accessed July 28, 2023.

knowledge about the prevention and treatment of meditation-related adverse effects would be of immense value. At the very least, such a study would lay to rest the notion that this is a problem that only affects “culturally unprepared” Western practitioners.

While this kind of systematic ethnographic research remains a desideratum, some of these missing voices are already available individually through the works of academic historians and ethnographers. While not a comprehensive list, extant scholarship that has touched on the adverse effects of spiritual practice includes studies of premodern Buddhist writings on “meditation sickness” (Ch. *chanbing* 禪病; Jp. *zenbyō*) from East Asia (Ahn “Malady,” Ahn “Getting Sick,” Ahn “Meditation Sickness,” Salguero “Healing,” Greene “Healing,” and *Secrets* 61–73 and *passim*, Curley), descriptions of “wind disorders” in a premodern meditation manual from Southeast Asia (Mettanando), and ethnographic studies conducted among Tibetan Buddhists (Deane *Tibetan Medicine* and *From Illness*, Samuel). Casting the net more widely, there may also be some value in comparing the side effects of Buddhist meditation with those that reportedly can result from Daoist “inner alchemy” (Eskildsen), qigong (Chen), Christian prayer (Luhmann & Morgain, Fisher), and other forms of intensive spiritual practices.

Surveying this literature, some common themes emerge. Problematic experiences such as strange sensations, unexplained pains, psychological instability, undesired hallucinations, sexual anomalies, uncontrollable behaviors, demonic possession, suicidality, and so forth seem to be quite well-known and well-documented across traditions. They often seem to be understood as the unfortunate but not entirely surprising results of intensive spiritual practice. Moreover, these traditions frequently claim to have knowledge of preventative or therapeutic practices. Buddhist texts from medieval China, for example, contain a large amount of information about the diagnosis, treatment, and prevention of

undesirable meditation symptoms. Reading these historical accounts alongside the contemporary clinical research and first-hand reports of Western meditators in crisis, one might reasonably ask whether medieval sources could speak to contemporary concerns.

### **Medieval Chinese Perspectives on Causes and Symptoms**

There are a number of texts in the Sino-Japanese canon that mention the potential dangers of meditation. Here, I will briefly survey four to provide a representative sample. All four are known to have been highly influential in their time and are widely cited in other sources. They also have the advantage of being available (or, in one case, soon to be) in scholarly English translations. The reader is encouraged to consult those publications, in order to consider them in more detail than I can do here.

Discourse no. 797 from the *Samyukta-āgama* (*Za ahan jing* 雜阿含經; T 99)

Though the Chinese translation of this text dates from 435–443 CE, this is an early Buddhist discourse with multiple parallels in the sūtra and vinaya literature in Pāli, Sanskrit, and Tibetan in addition to the Chinese. Different editions have been compared and analyzed, and the text translated in full, by Bhikkhu Anālayo (“Suicide”).

The text recounts an episode when the Buddha spoke to a group of monks about the practice of “meditation on impurity” (Skt. *aśubha-bhāvanā*), a type of meditation widely praised throughout the canon, in which the practitioner is instructed to reflect on the human body as being loathsome and disgusting (Greene “Death” 26–29, Dessein, Salguero “Fathom” 249–55). However, the sūtra relates that, as a result of fervently

engaging in this practice, members of the monastic community were driven to commit suicide *en masse*:

Having cultivated [meditation on impurity], the monks then exceedingly loathed their bodies. Some killed themselves with a knife, some took poison, some hanged themselves with a rope or committed suicide by throwing themselves down from a crag, some got another monk to kill them (Anālayo “Suicide” 12).

Later, when the Buddha’s assistant Ānanda requested a more suitable teaching for these distraught monks, the Buddha recommended mindfulness of the breath instead:

The Buddha said to Ānanda: “Therefore I will now teach you step by step [how] to abide in a subtle abiding that inclines to awakening and that quickly brings about the stilling of already arisen and not yet arisen evil and unwholesome states.... It is this: abiding in mindfulness of breathing.” (14)

The problem presented in this sūtra, according to Anālayo, appears to be that the monks engaged in this particularly ascetic kind of practice too intensely. The text represents mindfulness of the breath as something of an antidote to more extreme forms of practice. On this point, it is important to note that meditation on impurity is introduced as one of the primary forms of “mindfulness of the body” in the foundational Pāli scripture on mindfulness, the *Satipaṭṭhāna-sutta*. This implies that it may be changing the object of mindfulness from impurity to breathing that leads to the alleviation of unwholesome states, rather than mindfulness per se being an antidote.

The *Śūraṅgama-sūtra* (*Da foding rulai miyin xiuzheng liaoyi zhupusa wanxing shoulengyan jing* 大佛頂如來密因修證了義諸菩薩萬行首楞嚴經; T 945)

This is an 8th century apocryphon, or a domestic Chinese composition that is made to look like it is a translation of a Sanskrit text. The historical context of the *sūtra* has been previously analyzed by James Benn (Benn), and he is currently engaged in translating it into English.

Much of this text concerns the Buddha's teachings on the proper way to engage in meditation. In its concluding section, after having given detailed instructions, the Buddha warns about certain dangers that can arise for advanced practitioners:

I have now preached to you the methods of true cultivation and practice. But you are still not aware of the subtle demonic events that can occur when you cultivate *śamatha* and *vipaśyanā*. Demonic phenomena will manifest before you, but you will not be able to discern them correctly. They will sweep your mind into error, and you will fall into perverse views. Some of you may have demons within your aggregates, or it may be a celestial demon. Some of you may be possessed by a ghost or a deity, or some may encounter a goblin.

When you practice *dhyāna* and adorn *samādhi*, the essence of your mind merges with the minds of the bodhisattvas of the ten directions and with the minds of all the great arhats, who have ended outflows. That place is profoundly placid. Then all the demon kings together with ghosts, deities, and all the general gods, see their palaces collapse without cause. The earth shakes and trembles. The creatures who move through water, on land, and in the air are all alarmed. . . . How could they be happy that you

destroyed their abodes? Thus gods, ghosts, and all celestial demons, goblins, succubae, when you are in *samādhi* will come to torment you.<sup>16</sup>

The Buddha goes on to list fifty “demonic states” (*mojing* 魔境) in which meditators can become stuck. The majority of these represent doctrinal heterodoxies deviating from Chinese Mahāyāna viewpoints, such as believing that death is final, believing that buddhas and bodhisattvas could be female, denying causation, making false apocalyptic prophecies, becoming a follower of another sect or religion, or even just being satisfied with abiding in the attainments of an *arhat* or *pratekyabuddha*. Other demonic states include developing a grandiose or narcissistic self-image, seeing oneself as greater than the buddhas, becoming a charismatic leader of a heterodox sect, or cultivating special powers and abilities. Additionally, interspersed among the rest are several conditions that parallel the adverse effects of meditation found in the contemporary clinical literature and self-reports discussed above. These include hallucinations, extreme sorrow, despondency, anxiety, euphoria (including laughing, dancing, and singing uncontrollably), suicidal thoughts, and possession by ghosts or demons.

*Secret Essential Methods for Curing Meditation Sickness (Zhi chanbing miyao fa*  
治禪病祕要法; T 620)

If the first two examples above focus primarily on mental and emotional imbalances and their behavioral manifestations, the next example equally highlights physical ailments. This is a sūtra that was reputedly

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<sup>16</sup> Translation by James Benn, which I am grateful to be able to reproduce here with his permission. All other information about the text in this section is based on materials he has generously shared with me.

encountered in Khotan and translated into Chinese by Juqu Jingsheng 沮渠京聲 in 455 CE. This text, which I will refer to as simply *Secret Essentials*, represents a type of literature that I have elsewhere called a “transcreation” (Salguero *Translating* 82, following Lal). That is, it is a hybrid of both Indian and Chinese materials that lies in-between translation and creation. The sūtra also is a composite, constructed by combining two previously independent texts. Its complex history has been written about extensively, and the text translated in full, by Eric Greene (*Secrets*).

*Secret Essentials* contains what I believe is the earliest known descriptions of the tantric subtle body network of channels and winds in the East Asian context. It is also the earliest to present a detailed examination of the etiology, diagnosis, and treatment of “meditation sickness.” The sūtra opens with the following vignette:

Five hundred monks of the Śākya clan were dwelling in the bamboo grove cultivating the forest dweller’s practice. Cultivating their minds through meditation on the twelve [links of dependent origination], while performing breath meditation they entered the beryl *samādhi*. Near the edge of Jeta’s grove, [Prince Virūdhaka and friends] put on a *naluo* performance, got their elephants drunk, and staged an elephant fight in which a troupe of black lotus elephants made horrid roars, like thunderclaps interspersed with the faint screeching of a cat.

The Śākya monks, including Nandi the Meditator and Upanandi, were startled, their hair standing on end, and being immersed in the contemplation of the wind element, were driven mad. Emerging from trance, they were unrestrained, like drunken elephants. The venerable Ānanda ordered the other monks: “Lock the doors! These Śākyas

have gone mad and might cause harm!” (Greene *Secrets* 249–250)

The rest of the text presents different types of meditation sickness—both mental and physical—highlighting their causes, symptoms, and the therapeutic interventions that can counteract or eliminate them.

As an historian of medicine, I find this text fascinating as a melting pot of medical models. None of these are extremely detailed descriptions of symptomatology, but there are sections that explain the causes of meditation sickness by drawing on tantric physiology: stimuli registered by the sensory organs agitate the winds in the central channels of the subtle body, thus provoking madness, unusual speech, singing, dancing, and strange behavior. Elsewhere, the text focuses on symptoms caused by imbalances of the Four Elements (*mahābhūta*), the constituents of the body according to Indian philosophy and medicine. These symptoms include emotional turmoil, digestive issues, backache, headache, skin problems, sensory issues, and other problems. Certain sections present indigenous Chinese medical models, such as one passage that describes how “reversed qi” can lead to stagnation in the chest, leaky joints, roiling blood, eruptions of qi, headache, swollen back, and seized tendons. Still other portions of the text describe how demons can attack the meditator, causing madness, unpleasant sounds and visions, erratic behavior, blurry vision, pain, itches, fluttering, twitching, numbness, erotic sensations, and nocturnal emissions. Additional ailments described throughout the text include psychological and behavioral symptoms such as an excessive desire for sex; obsessive thoughts about music, beauty, singing, and poetry; fixation on personal gain, grandiosity, narcissism, and falsely representing attainments; and the repeated breaking of moral precepts.

“Contemplating the Objects of Disease” from the *Greater [Treatise on] Śāmatha and Vipāśyanā* (*Mohe zhiguan* 摩訶止觀; T 1911)

Our final example is a section of a lengthy meditation manual by Zhiyi (538-597) that discusses the physical ailments that can arise from meditation practice. The full text has been translated and discussed in detail by Paul Swanson (*Clear Serenity* and *In Search*). In addition, I have translated an abbreviated restatement of this material that appears in Zhiyi's *Shorter [Treatise on] Śamatha and Vipāśyanā* (*Xiao zhiguan* 小止觀; T 1915; translated in Salguero "Healing").

Zhiyi's discussion begins with a general analysis of the relation of illness (*bīng* 病) to Buddhist doctrine and practice, as well as a discussion of the causes of disease according to the Five Viscera (*wuzang* 五臟; i.e., an indigenous Chinese medical system) and the Indian Four Elements. After analyzing illness more generally, the text then focuses on the subject of illness caused by "unregulated meditation." Here, Zhiyi enumerates six main causes of symptoms (Swanson *Clear Serenity* 1257–1261):

1. Breathing in a way that is not in sync with the quality of the sensations that are arising. This passage identifies eight different body sensations, matching each to one of the Four Elements and to a particular way of either inhaling or exhaling. If the meditator does not coordinate these things properly, this gives rise to illness.
2. Exclusively focusing on *śamatha* and neglecting other forms of meditation. Depending on where and how you fixate your attention, this can provoke diseases associated with one or another of the Four Elements.<sup>17</sup>

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<sup>17</sup> While Zhiyi does not list symptoms associated with imbalance of the Elements in this particular chapter, in his *Shorter Treatise* (T 1915) mentioned above, he specifies that the 404 ailments of the Elements include swelling, weight gain, emaciation, phlegm, bloating, indigestion, abdominal disease, diarrhea, alternating bouts of hot and cold, fever, painful limbs and joints, loss of the sense of taste, nasal congestion, incontinence or blockage of the bladder and bowels, exhaustion, trembling, aching, itching, distention, vomiting, coughing, agitated breathing (Salguero "Healing" 384).

3. Being “unregulated” or “one-sided” when practicing *vipāśyanā*.<sup>18</sup> Here, Zhiyi switches between the indigenous Chinese medical model of the Five Viscera and the Indian model of the Four Elements, correlating a number of kinds of meditation phenomena with specific etiologies. Readers who are versed in Chinese and Indian medicine may find it worthwhile to read this section, as it presents these correlations in great detail.<sup>19</sup>
4. Attack by demonic spirits causing physical symptoms. Here, Zhiyi notes that “demons are not rampant in making people diseased” (Swanson *Clear Serenity* 1261). But he warns that ailments arise because of “perverse thoughts” or because people become fixated on the supernatural.<sup>20</sup>
5. Attack by *māra*-demons causing mental symptoms. This also depends on the practitioner’s mindset: “If they have evil thoughts of personal profit, *māras* will appear [and offer] various clothing, drink and food, the seven jewels, and other material things, and people will accept them and rejoice. Thus [these demons] enter the mind and cause disease” (Swanson *Clear Serenity* 1261–1262, with my edits).
6. Karmic consequences of one’s actions. Illness can be caused by moral lapses in past lives as well as in this one. Perhaps

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<sup>18</sup>We should note that Zhiyi means something different by *vipāśyanā* than many Western practitioners associate with the term *vipassanā*. See discussion of the term *guan* 觀 in Swanson *Clarity*.

<sup>19</sup>Again, Zhiyi gives more specific details in the *Shorter Treatise* about the symptoms associated with dysregulation of the Five Viscera, including cold, hot, achy body, dry mouth, bloating, achy limbs, mental troubles, nasal congestion, euphoria, anxiety, unhappiness, melancholy, anger, headache, dim eyesight, “wandering winds running over the surface of the body, head, and face,” numbness, itchiness, pain, lack of taste, throat obstruction, bloated abdomen, and plugged ears (Salguero “Healing” 384–385).

<sup>20</sup>I have departed from Swanson in my translation of certain terms here and elsewhere in this paper.

counterintuitively, even keeping the precepts can result in disease, since moral rectitude in this life can hasten the effects of previous negative karma to become manifest.

The next portion of the text continues to outline a range of therapies for these ailments, which I will return to below. This is followed by a section presenting Zhiyi's understandings of how to position illness within a Buddhist worldview, and how moral discipline empowers the patient to overcome illness. A final section then presents ten contemplations on illness that generate a further understanding of emptiness, compassion, skillful means, forbearance, detachment, and other virtuous mental states—in other words, using the occasion of illness as an opportunity to propel the meditator further in their Buddhist practice.

### **Medieval Chinese perspectives on treatments**

We saw in the narrative presented in the *Samyukta-āgama* that the Buddha teaches mindfulness of the breath as an antidote to the overly intensive practice of meditation on impurity, which caused a large group of his followers to become suicidal. The other texts introduced above also agree that meditation-related ailments can be alleviated with more meditation. When experiencing the onset of symptoms, a well-informed meditator should pivot from their current practice to another technique that acts to counter and dispel the adverse effects. Two of the texts introduced in the previous section, *Secret Essentials* and Zhiyi's meditation manual, provide a great amount of detail on such remedies. We will focus on those recommendations here.

### *Secret Essentials*

*Secret Essentials* mentions a number of therapeutic interventions throughout the text that do not specifically involve meditation. For example, for practitioners who experience troublesome imagery arising in their meditation because they had previously broken the precepts, the text prescribes confession and repentance rituals like cleaning the monastic toilets and other menial tasks as part of the remedy. Elsewhere, the text advocates bathing, limiting one's diet, and chanting the name of Uttaraga (Yuduoqie 鬱多伽 or Yuduoluoqie 鬱多羅伽), the "god of the Himalayas," in order for him to appear and heal a meditator's diarrhea. In another section, the Buddha provides a *dhāraṇī* incantation for treatment of "the 404 illnesses of the heart," unpleasant visions, karmic obstructions, and other challenges. Late in the text, a different incantation is given to banish hallucinations and nocturnal emissions caused by a demoness named Buti 埠惕.

These examples notwithstanding, the vast majority of *Secret Essentials* is mainly concerned with overcoming the symptoms of meditation sickness using the practices of "contemplation" (*guan* 觀) or "imagination" (*xiang* 想), which generically could be considered forms of visualization meditation (see discussion in Greene *Secrets* 29–33, Greene "Visions"). Interestingly, one of the techniques the text recommends is in fact a type of meditation on the impurity of the body, similar to the practice that is criticized in the *Samyukta-āgama*. This suggests it is not that particular meditations are inherently helpful or harmful, but rather that the context in which they are being practiced is of utmost concern.

Here, the Buddha teaches meditations on impurity specifically to overcome obsessive and uncontrollable lust arising in meditation, which he describes as being "possessed by *guimei* 鬼魅 demons" (Greene *Secrets* 264). The remedy for this condition involves a series of visualizations

where the female and male genitalia are contemplated as disgusting and infested with parasites. Likewise, a therapeutic meditation is given for treatment of obsessive greed for personal gain wherein the practitioner sees the things they are craving as “hundreds of thousands of iron nails,” “worms with iron beaks that will devour you,” “boiling feces,” “poisonous snakes,” “millions of brambles,” “rivers of fire,” “pus and blood,” and other repellent things (Greene *Secrets* 268–69). Similarly inauspicious and unpleasant images are to be contemplated by meditators suffering from obsessive indulgence in music, melodic chanting, or poetry.

The idea in all of these cases, simply put, is to address the meditator’s problematic mental or behavioral symptoms with a counterbalancing visualization—in Chinese known as an “inverse contemplation” or “inverse imagination” (*yiguan* 易觀 or *yixiang* 易想; Greene *Secrets* 34–35). Lust is overcome by disgust, greed by repulsion, pleasure by distaste. While much of this seems like typical Buddhist advice for avoiding certain hindrances that arise in meditation, the same logic also undergirds a series of meditations the Buddha teaches in order to counteract symptoms of illness that arise when the Four Elements become unbalanced. For example, heat-related symptoms due to an elevated Fire Element can be overcome by imagining cooling gemstones associated with the moon or vases of water; feeling that one’s body has been overwhelmed by the Earth element can be treated by imagining and contemplating the inherently empty or insubstantial nature of mountains; being flooded by the Water element can be ameliorated by contemplating a vase-like fountain that channels the liquid; and greatly agitated bodily Winds can be appeased either by imagining a huge wheel (a contraption similar to a windmill) or a multi-headed nāga dragon that sucks all the winds into itself.

As common in this text as counterbalancing is the visualization of therapeutic procedures conducted by divine beings of various kinds. All kinds of beneficent entities are imagined to be healing the meditator’s

body, including Buddhas and bodhisattvas, exalted disciples of the Buddha, Brahmā and other *devas*, cherubic “divine boys” (*tiantongzhi* 天童子) in various colors, *nāgas*, *garuḍas*, and other wondrous creatures. The visualized therapies they perform include acupuncture, massage, trephination, applying topical medicines to the skin and hair, lancing with needles or other blades, and irrigating the physical body and/or the subtle channels with milk, butter, ghee, a concoction of medicinal herbs, or other liquids or salves.

Finally, perhaps the most common feature of the visualizations introduced in Secret Essentials is what we might simply characterize as protective or soothing imagery. The Buddha teaches meditators to imagine “maṇi pearls” stopping up their ears and celestial canopies and adamantine mountains to provide barriers against unpleasant sounds. Or one can visualize bathing in milk or ghee to relax one’s body. There is also an emphasis on seeing divine beings preaching the Dharma, expounding on the *Brahmavihārās*, or giving other auspicious teachings.<sup>21</sup> In addition, with the exception of the meditations on foulness, all of the other visualizations described above invariably involve intricate sequences of gemstones, flowers, deities, mirrors, suns and moons, and other auspicious and powerful objects in kaleidoscopic or fractal-like arrays.

A sample passage from the text that ties together many of the above themes is found at the beginning of the *sūtra*, where the Buddha teaches the following visualization to heal madness caused by Wind agitating the heart, with accompanying symptoms of singing, dancing, and other uncontrolled behaviors:

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<sup>21</sup> Sometimes, the meditator is instructed to intentionally “contemplate” or “imagine” these entities, while at other times they appear to the meditator as “confirmatory visions”—visions that spontaneously arise as a result of attaining a certain level of practice. For more details on this distinction, see Greene *Secrets* 8-10, 33.

For the heart-cleansing contemplation, the practitioner first contemplates his heart, making it gradually brighter, until it is a fire jewel, its four hundred and four channels, like the leaves of the trunk of a beryl-gold plantain tree, reaching to the tip. The fire jewel emits a vapor [qi], neither cold nor hot, neither thick nor thin, that wafts into the channels. The practitioner now imagines Lord Brahmā holding a *maṇi* jewel mirror, reflecting the practitioner's chest. He sees his own chest [in the mirror] as a royal *maṇi* jewel, beautiful and pure, with a fire jewel as the heart.

Lord Brahmā holds an imperial seal, within which is a white lotus flower. Atop the white lotus flower is a divine boy. Holding up fresh milk in his hands, he emerges from the royal *maṇi* jewel and pours the milk into the channels [of the practitioner's heart]. The divine boy then holds two needles, one golden and one blue. He places two gold flowers against the sides of the heart and runs the needles through them seven times. When he has finished, the heart returns to its former state of relaxation. He further rinses the heart with the milk. (Greene *Secrets* 252–253)

This excerpt is only a partial recounting of the visualization, in order to get a sense of the style of the text, and readers are referred to Greene's translation for fuller context.

#### “Contemplating the Objects of Disease”

Turning to our second text, the section on illness in Zhiyi's meditation manual also suggests that the best way to address the ill effects of

meditation is to modify one's meditation and continue practicing. He makes a clear distinction between ailments caused by one's physical conditions (such as labor, food, and drink), which should be treated with conventional medical and surgical interventions, and those that arise from issues with one's practice. When the latter arise, Zhiyi claims that there is no need to take recourse in outside medical expertise. "If your seated meditation is unregulated and this leads to sickness," he says, "this should in turn require further sitting in meditation" (Swanson *Clear Serenity* 1262–1263, with my edits).

Zhiyi introduces the following therapies for these kinds of meditation-induced ailments, discussing each in some detail:

1. "Using *śamatha*," under which category we find a number of different therapeutic contemplations focusing on specific parts of the body.
2. "Using the six breaths (*liuqi* 六氣)," a practice well-known from medieval Chinese Buddhist, Daoist, and medical texts, which involves exhaling while gently forming the syllables *chui*, *hu*, *xi*, *he*, *xu*, and *si* (see, e.g., Despeux).
3. "Counting the breaths," or the modification of the breath in a number of specific ways to synchronize with the quality of sensations being experienced and to counteract symptoms. Here the text also mentions twelve types of Indian *prāṇāyāma* breathing exercise.
4. "Healing by conventional conceptions (*jiaxiang* 假想)," meaning using techniques that involve the imagination but are not related to the remedies using qi and breath discussed in the previous two sections.
5. "Healing by contemplation of the mind," by which he means the direct contemplation of the emptiness of the illness.

6. “Magical techniques (*fangshu* 方術),” by which Zhiyi chiefly means incantations accompanied by breath retention or other practices.

Each of these six sections introduces a number of specific techniques, which I encourage readers to consult. Due to space, I will summarize here only the methods Zhiyi lists in his first section regarding treating illness with *sāmatha*. Here, he introduces several ways a meditator can focus attention in order to bring unwanted symptoms under control:

- a. Fixing the attention on the navel. Zhiyi quotes a certain “Master Wen” as giving the following teaching:

Link your mind to your navel [and think of it] as if it were a large bean. Unfasten your robe and clearly apprehend [how the navel] is aligned. Then close your eyes and arrange your mouth and teeth, lift your tongue toward the palate, and regulate and calm your breathing. If your mind runs wild and wanders to external matters, contain it and make it return. If your thoughts become imperceptible, rearrange your robe and look at [your navel to regain your concentration], carefully apprehend [how it] is aligned, and repeat as before (Swanson *Clear Serenity* 1263, with my edits).

Zhiyi says that while this practice itself may lead to deeper *dhyānic* concentrations, it is particularly effective in overcoming sensations like pain, a feeling of being stretched, itching, cold, and heat.

- b. Fixing the attention on the *dantian*. Located between the navel and the pubic bone, Zhiyi briefly describes this part of the body as a “sea of qi” that can absorb all disease. By focusing the mind on this spot and calming one’s breath, any disease can be healed. More specifically, Zhiyi quotes “a certain master” as

teaching that this practice is beneficial for:

an excess of upper qi; congestion in the chest; pain in both flanks; pressure on the spine and back; pain in the shoulders; vexing heat in the heart; troublesome pain that causes loss of appetite; swelling of the heart; chill in the lower abdomen; heat in the upper and cold in the lower [parts of the body]; a disharmony of yin and yang; and coughing (Swanson *Clear Serenity* 1264, with my edits).

- c. If focusing on the *dantian* does not relieve the discomfort, Zhiyi briefly notes that one can focus on a point on the big toe instead.
- d. If when doing the previous exercise, pain is felt in the waist or legs, then one should focus one's mind on an imagined chasm ten feet deep directly beneath where one sits. He notes that this should be done in a quiet room.
- e. Fixing attention on the feet. Here the text describes how one's mind and sensory faculties are typically engaged with the upper portion of the body. This causes too much water to collect, leading to "various diseases, such as chronic swelling of the legs and feet, and so forth" (Swanson *Clear Serenity* 1265). When attention is brought into the lower regions of the body, he says, this will bring fire from the upper regions to the lower parts of the body, encouraging proper digestion and balancing the internal organs. According to Zhiyi, this technique is the best method of healing and brings many benefits.
- f. Fixing attention on the spot where the symptoms predominate. Practicing like this for three days will bring an end to the symptoms. This is because the attention having a regulatory function on the body is "just the way things naturally are" (Swanson *Clear Serenity* 1266).

There are two more techniques given in this section, which involve fixing attention on the internal organs in order to regulate them according to the generative and counteracting cycles of the Five Phases (*wuxing* 五行), and fixing attention in four different ways in order to heal diseases as understood by means of the Four Elements. Again, readers with knowledge of Chinese and Indian medical systems will find the detail introduced in these passages informative.

### **Putting the past and present into dialogue**

Having briefly surveyed the contents of these four texts, we might turn now to asking how these medieval writings connect with present-day discussions about the potential dangers of meditation, and what role historians may play in the current debates. Let me begin by noting that, as a historian of Buddhism and not a devotee, I treat all Buddhist scriptures, regardless of their origins, not as factual accounts of the activities of a historical Buddha and his followers, but rather as documents produced by particular 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—these four texts are unambiguously communicating the fact that multiple communities of medieval Chinese Buddhists considered meditation to be a potential cause of behavioral anomalies, mental illness, and physical disease.

Medieval understandings of meditation sickness sometimes included heterodox beliefs, behaviors, or proclivities that in the modern context would not always be recognized as conditions necessitating treatment. However, many of the conditions described are indeed legible as illnesses to modern medicine and psychiatry. Though explained according to elemental, demonic, karmic, and Chinese medical models that differ markedly from scientific biomedicine, the medieval texts provide enough

detail that we can understand the symptomatology being described and recognize parallels both with first-hand accounts from contemporary meditators in crisis and with data from contemporary research. Far from being a modern Western problem, such adverse experiences appear to have been common enough in medieval China as to warrant discussion across multiple genres, including translated sūtras, domestic compositions, hybrid composite texts, and a manual by a prominent meditation teacher of the medieval era. (Zhiyi's thoughts on meditation illness were also recorded in at least two of his other texts [T. 1915, 1916], further underscoring their importance.)

Tellingly, for medieval Chinese Buddhists, the possibility of experiencing adverse effects from meditation seems to have had nothing to do with the legitimacy, authenticity, or level of enlightenment of the teacher. Three of the texts above feature the Buddha's direct students getting ill, and, in the *Samyukta-āgama*, his followers become despondent and suicidal as a direct result of following advice given by the Buddha himself. Nor do the medieval sources suggest that it comes down to a question of students being doctrinally, culturally, or psychologically unprepared. Indeed, the *Śūraṅgama-sūtra* warns that meditators will be attacked by various demons and other entities precisely because they have attained high levels of *samādhi*.<sup>22</sup> Meanwhile, *Secret Essentials* indicates that severe side-effects can happen even to someone proficient enough in meditation to have earned the moniker "Nandi the Meditator." (Nandi is introduced elsewhere as an arahant "who had attained realization while in deep trance"; Greene *Secrets* 171). Far from only happening due to the triggering of pre-existing psychological trauma, we are led to believe that these issues occur for a range of reasons that might even include loud noises randomly

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<sup>22</sup>It is worth noting here the fact that in the canonical account of the Buddha's own awakening he had to overcome an encounter with the demon Māra and his demoness daughters.

disrupting a meditator's concentration. It would appear that negative side effects could happen to anyone, and that the practitioner is not to blame.

It is clear then that these medieval texts directly refute the main arguments of contemporary commentators who are dismissive of the dangers of meditation. However, these texts don't just discuss causes and symptoms, they also contribute potentially valuable advice regarding prevention. For example, Zhiyi advises practitioners to properly synchronize their breathing to the body sensations that arise during meditation and insists that meditators not give too much attention to any anomalous occurrences such as visions or auditory hallucinations lest they be exacerbated. The latter sentiment also appears in the *Śūraṅgama-sūtra*. Furthermore, beyond prevention, this collection of texts also contains much valuable information related to treatment. The chief assertion is that symptoms caused by meditation can be addressed within the context of an individual's meditation practice. The details of these remedies differ: in the case of the *Samyukta-āgama*, it is changing the object of mindfulness that is therapeutic; in *Secret Essentials*, it is primarily counter-balancing visualizations; in Zhiyi's manual, it is various therapeutic meditations, breathing techniques, and other contemplative remedies. But the overarching message is that these symptoms can be handled and reversed through the skillful modification of one's own practice.

The specific details of these remedies are expressed in vocabularies drawn from Indian and Chinese religious and medical cultures that are often difficult to decipher from our present-day vantage point. However, we are fortunate to have careful and philologically precise translations created by scholars who are intimately familiar with the cultural worlds in which these texts were written. Even if the details are somewhat complex, we can be confident that scholars understand most of the remedies being presented in these texts, and that they have a sense of how these passages were understood in the particular times and places in which they

were written. At the very least, the underlying rationales of these remedies are clear. For example, Zhiyi's advice to focus the attention on specific parts of the lower body in order to draw down the body's qi seems straightforward—even bearing some similarity to the oft-repeated contemporary advice about the need for “grounding” or “earthing” exercises when experiencing anxiety, trauma, and other psychological difficulties.<sup>23</sup> Likewise, the therapeutic value of the panoply of visualizations introduced in *Secret Essentials* is not difficult to appreciate once one discovers the underlying patterns of counterbalancing undesirable effects with their opposites, imagining deities performing healing procedures, and invoking protective or soothing imagery.

With good translations, the essential cultural background knowledge, and appreciation for the texts' therapeutic logics in hand, why aren't contemporary Buddhist teachers and commentators more familiar with historical texts on the topic of meditation sickness? Don't they have an ethical obligation to be better informed? I would like to argue yes. However, I recognize that significant barriers presently stand in the way of texts such as these being widely accessible and their knowledge being widely applied in the West. One of the main barriers, in my view, is the disciplinary norms that restrict scholars who study historical texts like these from engaging with contemporary issues.

These days, humanistic scholars tend to focus on reading historical texts exclusively in order to learn more about the cultures and societies in which they were written, while avoiding speculating upon what they may have to contribute to present-day concerns. In the discipline of the history of medicine, where I earned my PhD, the primary approach for some decades has been to treat diseases as social constructs that cannot

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<sup>23</sup> See, e.g., <https://www.verywellmind.com/what-is-earthing-5220089>, <https://www.healthline.com/health/grounding>, <https://www.medicalnewstoday.com/articles/grounding-techniques#when-to-use>, all last accessed Jun. 23, 2023.

be equated across time or culture (see Wilson “Disease-Concepts,” Cunningham, Rosenberg; specifically on Chinese medicine see Leung, Smith). Recently, some scholars of the history of medicine have argued for the value of using modern medical categories to elucidate historical events (Packard), but the notion that texts over a thousand years old might inspire modern clinical interventions would no doubt be roundly criticized as naïvely presentist.

Meanwhile, in the history of religions, where I make my second intellectual home, a few innovative scholars have recently used historical sources to intervene in contemporary social and political issues, including Joy Brennan’s use of Yogācāra texts as a tool for deconstructing whiteness (Brennan “Phenomenology” and “Deconstructing”) and Amy Langenberg’s readings of vinaya texts to comment on sexual abuse in contemporary Buddhist communities (Langenberg). These examples notwithstanding, the state of the field is such that historians of religion are typically encouraged to write about historical sources in critical terms and to focus on historical and social contextualization rather than contemporary applications (e.g., McCutcheon, Walters).

In contrast to these disciplinary norms, I would like to assert here that the therapeutic approaches in the medieval Chinese texts discussed above—and the many others like them—are likely to be able to be adapted for use in the modern time. For instance, I believe that these texts might provide meditation teachers with practical and actionable techniques that could be taught to students in retreat settings in order to help prevent or ameliorate the kinds of disastrous side-effects discussed in the first part of this paper. I believe it may 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 it may be possible that medical doctors, psychiatric professionals, and practitioners

of contemporary Asian medical systems such as acupuncture and yoga therapy might be able to adapt some of these methods to help patients manage adverse effects in lieu of hospitalization or anti-psychotic drugs. I believe that these texts could possibly also contribute to the development of diagnostic models to help modern clinicians discriminate between normal signs of meditation progress, adverse effects indicating that meditation is being done incorrectly or to excess, and genuine psychiatric disorders.

I am obviously not suggesting that all of these benefits can be straightforwardly gained merely from reading a few passages written in the first millennium. There is a lot of interpretive work to do first. The critical role that extensive ethnographic research among contemporary Asian teachers and monastics should play in any such effort has already been mentioned above. It no doubt would also be instructive to compare across religions to see how Buddhist advice for meditators in crisis compares with recommendations found in Hindu, Christian, Muslim, Daoist, and shamanic traditions, among others. Rigorous clinical examination of any interventions derived from religious texts would also be essential. Of course, it is a distinct possibility that following premodern Buddhist advice could be found to be counterproductive for contemporary Western meditators—either because these remedies are found to exacerbate symptoms, because they are impossible to fit within modern secular medical contexts, or for any number of other reasons. How helpful the knowledge in these texts would be in practice remains to be determined. The principal point I wish to make here is that historical texts from across the Buddhist world have an important role to play in contemporary conversations about the potential dangers of meditation, and, by extension, that the historians who study them are poised to make important contributions to that discussion.

In my opinion, where historians can help the most is in the building of conceptual bridges between past and present. An immense cultural and linguistic gulf separates much of the discussion of symptoms, diagnoses, etiologies, and therapies in historical Buddhist sources from present day medical knowledge. In my view, what is most urgently needed to even begin to work with these texts in the contemporary context are accessible translations and interpretations of those ideas. Building such bridges will require historians to eschew our typical fetish with arcana and our inscrutable “Buddhist hybrid English” (Griffiths). Instead, we will need to start producing work that attempts to explain historical concepts in present-day language in ways that are comprehensible to contemporary medical professionals, non-academically-trained meditation teachers, and everyday practitioners. As an historian specializing in translation myself (e.g., *Translating*), I am aware that what I am proposing represents a razor’s edge. A fast-and-loose approach would of course be disastrous for such a project. But I am saying that it would be just as unhelpful if the end product of our work is sinological tomes full of philologically sound but abstrusely inaccessible jargon.

There are many complex theoretical and practical questions about cross-cultural translation that remain beyond the scope of the current paper. Whether it is even possible to translate and interpret historical Buddhist texts in ways that render them clinically useful without doing irreparable epistemic violence to them remains an open question, as is the matter of what kind of translation strategies would best foster dialogue between historical worldviews and modern practical applications. In my view, what is needed to address these kinds of questions is a transdisciplinary team of collaborators that includes ethnographers, clinicians, Dharma teachers, meditators, and scholars who can bring different perspectives to bear. My argument here is simply that historians of religion should take our seat at that table.

The moral stakes of successfully translating these materials for wider audiences are high. As meditation becomes ever more popular in the West—and as it is being learned primarily via apps, websites, workplace workshops, self-retreats, and countless other ways outside of traditional Buddhist institutional structures—a growing number of practitioners will inevitably experience mental and physical symptoms that are caused or exacerbated by practices they were led to believe could only be beneficial. To read the first-hand reports quoted at the beginning of this paper is to be moved by the palpable anguish and long-term harm that such experiences can cause. At the same time, we historians of religion find ourselves in possession of rare and hard-won philological skills that are directly relevant to understanding this phenomenon and that may help in developing solutions. Will we stay on the sidelines, allowing the disciplinary norms of the academy limit our ability to play any role other than observer or critic? Or could we embrace, in the words of literary scholar Rita Felski, a “post-critical reading” that looks beyond a “hermeneutics of suspicion” (Felski), and thereby open up new possibilities for transdisciplinary humanistic scholarship? As for me, at least when it comes to meditation sickness, I believe that it is an ethical imperative that we climb down from the ivory tower, roll up our sleeves, and get engaged with this contemporary issue.

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