The dark side of Dharma: Why have adverse effects of meditation been ignored in contemporary Western secular contexts?

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Statement of Originality

This is to certify that to the best of my knowledge, the content of this thesis is my own work. This thesis has not been submitted for any degree or other purposes.

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

Anna Lutkajtis
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Abstract

In contemporary Western society, meditation techniques that were previously taught within the context of Eastern religious traditions are now increasingly being practiced in secular settings. So-called ‘secular forms’ of meditation first came to mainstream public awareness in the early 1960s, when Hindu-inspired Transcendental Meditation (TM) gained popularity in the United States. In the 1970s, vipassana, a standardized residential 10-day meditation retreat undertaken in a secular format, also became popular among Westerners. More recently, ‘mindfulness’ meditation, a form of secular meditation derived from Theravada Buddhism, has found widespread use as both a therapeutic intervention and a mainstream self-help tool. ‘Meditation as self-help’ has become a booming commercial industry, and alongside these practices there now exists a variety of secular meditation courses, apps, podcasts and meditation-related wearable technologies. While the boundary between the secular and the religious is blurred, popular mainstream meditation techniques such as TM, vipassana and mindfulness are generally promoted as being derived from Eastern religions, but inherently non-religious, and suitable for a general audience.

The popularity of secular meditation has been due in large part to its acceptance within the scientific community. Over the past forty years, thousands of research studies have been conducted suggesting that there are many psychological and physiological benefits associated with meditation. As a result, various meditation techniques have been incorporated into a number of therapeutic interventions and used as tools for the treatment of a variety of clinical issues. Interest in meditation has also grown as a result of mainstream media attention, particularly coverage of TM and mindfulness. The media has played a crucial role in driving public acceptance of meditation by positioning the practice as an inherently secular, side-effect free, therapeutic technique that is ‘good for everyone.’

Although the scientific studies and popular media coverage of secular meditation have been overwhelmingly positive, meditation has not gone without some criticism. In particular, a small but growing literature indicates there could be adverse effects associated with meditation practice, in both clinical and non-clinical settings. Close examination of the scientific literature reveals that even in early meditation research, adverse effects, including profound but de-stabilising insights, problematic spiritual emergencies, and the exacerbation of pre-existing mental health issues, were identified. In religious traditions, these types of difficulties associated with meditation are acknowledged, and are usually understood to be milestones on the path to enlightenment, the result of improper practice or due to individual differences. Additionally, in traditional contexts, meditation teachers are equipped to deal with complications that may arise. However, in a Western
secular context, negative effects associated with meditation have largely been overlooked or ignored in both the academic literature and in the popular media.

Why have meditation adverse effects been ignored in secular settings? This question is particularly relevant given the current popularity of secular meditation practices in a large variety of non-traditional settings including therapy, education and the workplace. If meditation has adverse effects, and these adverse effects are underreported, this has significant implications for the safe delivery of meditation practices in these settings, including the consideration of factors such as teacher competency, participant screening, ongoing monitoring and informed consent.

This thesis argues that meditation adverse effects have been ignored in secular settings as a result of three factors related to the secularisation process: first, in contemporary Western society the goal of meditation has shifted from enlightenment to symptom relief and personal transformation, leading to the assumption that meditation is harmless and ‘good for everyone;’ second, secular meditation has been decontextualized and divorced from the religious literature and contemplative practitioners who could shed light on possible difficulties associated with meditation; and third, the image of meditation in popular media has been manipulated to fit contemporary market demands for a secular Westernised therapeutic technique that can be commodified.

This thesis comprises an analysis of pop cultural sources and a close reading of clinical research sources regarding meditation in the modern West. This project incorporates data from a variety of meditation studies obtained from the scientific literature, including experimental studies, qualitative studies, unpublished PhD dissertations and case studies. It also considers ‘traditional’ religious sources on meditation, including stages of the path literature, Buddhist meditation manuals and spiritual autobiographies.
Chapter 1. Introduction

Thesis Chapter Outline

This thesis attempts to answer the question of why meditation adverse effects have been ignored in Western secular settings. It is divided into three sections, preceded by an Introduction. Chapter one, the Introduction, provides a background that discusses how Eastern-derived forms of meditation became a mainstream practice in the West. In particular it considers the history of meditation from the early twentieth century onwards, in both clinical and non-clinical settings. It also provides a review of the existing literature on meditation adverse effects, and gives an explanation of some key terms and definitions that will be used in this thesis.

Chapter two considers the differences between ‘religious’ and ‘secular’ meditation, and describes how in the West, the goal of meditation has shifted from enlightenment to symptom relief and personal transformation, leading to the assumption that meditation is harmless and ‘good for everyone.’ This chapter examines the different ways that meditation has been reconceptualised in clinical settings and in Western therapeutic culture, and how this reconceptualisation has led to meditation-related adverse effects being overlooked.

Chapter three discusses how contemporary secular forms of meditation have been viewed as detachable techniques that can be decontextualized and divorced from their traditional religious origins. It considers the processes involved in the attempt to secularise meditation, and how this may lead to meditation adverse effects being ignored. In particular, this chapter discusses how meditation adverse effects are well known and acknowledged in ‘religious’ contemplative traditions, but this information is often lost or overlooked in secular settings.

The fourth and final chapter examines the role of the media in driving public acceptance of meditation by positioning the practice as an inherently secular therapeutic technique that is beneficial for everyone. It discusses how the presentation of meditation in the media has been overwhelmingly positive due to factors such as poor scientist-journalist communication, celebrity endorsement, and market demands for a secular Westernised therapeutic technique that can be commodified.

Background

Meditation in the West: Mainstream

The practice of meditation (or contemplation) is found in most if not all, major religious traditions. Ancient traditions throughout the world have used meditation as a technique to go beyond
conscious thought and experience the inner depths of the mind. In Eastern religions such as Buddhism this practice has continued unbroken over centuries. In the West, however, the living tradition of meditation largely disappeared with the destruction of classical civilisation (although the Eastern Orthodox churches have a rich and varied contemplative tradition), and interest in meditation only began to gain mainstream traction in the West when Eastern meditative practices were reintroduced by Asian meditation teachers.¹

Ideas about Eastern meditation began to infiltrate Western popular culture before the American Revolution, through various European esoteric Christian sects.² However, until the eighteenth century, Western engagement with Eastern religions was sporadic and occurred primarily through missionaries, travel and trade.³ It was during the nineteenth century, particularly the period between the 1840s and the 1880s, that Eastern religious philosophy and meditation practices started to have a significant influence on Western ideas regarding spirituality and mental healing. In Mindful America, Jeff Wilson argues that the beginnings of American interest in Buddhism are usually dated to 1844, when Edward Salisbury (1814-1901), an American Professor of Arabic and Sanskrit languages, read his “Memoir on the History of Buddhism” to the American Oriental Society, and the Transcendentalist journal Dial published Elizabeth Palmer Peabody’s (1804-1894) translation of an extract from the Lotus Sutra.⁴ During this period popular writers and transcendentalists such as Ralph Waldo Emerson (1803-1882) and Henry David Thoreau (1817-1862) were influenced by Eastern scriptures on meditation and their works reflected a new and influential paradigm for the understanding of different religions as pointing towards a common universal metaphysical ‘truth.’⁵ This perennial philosophy (philosophia perennis) was also promoted by The Theosophical Society, an organisation founded by Helena Blavatsky (1831-1891) and Colonel Henry Steel Olcott (1832-1907) in New York in 1875, which greatly influenced the spread of Hindu and Buddhist ideas in the West. Blavatsky introduced Eastern concepts into American spiritualist groups and published texts on meditation, making them available in popular form to English-speaking audiences. Similarly, New Thought practitioners (followers of the American spiritual teacher Phineas P. Quimby [1802-1866])

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also included meditation techniques such as guided visualisations and mantras as part of their healing therapies.\(^6\)

The nineteenth century also saw notable visits to the West by Eastern spiritual leaders, such as Swami Vivekananda (1863-1902), the Zen roshi Soen Shaku (1860-1919), and Paramahansa Yogananda (1893-1952), all of whom founded societies and institutions for the distribution of their meditation techniques and philosophical teachings. In particular, scholars have argued that the Parliament of the World’s Religions, held in Chicago in 1893, was the landmark event that increased Western awareness of meditation, as this was the first time that Westerners on Western soil received Eastern spiritual teachings directly from Asian teachers.\(^7\) Carole Cusack writes that the event, which ran from 11 – 27 September, is now viewed retrospectively as the first instance of interfaith dialogue and religious pluralism.\(^8\) The Buddhist delegation at the Parliament was one of the more influential groups, and speakers such as Sri Lankan preacher Anagarika Dharmapala (1864–1933), Shaku Soen and Swami Vivekananda were all very positively received. As a result, Cusack notes that Buddhist sympathisers like the German American Paul Carus (1852-1919) “initiated programmes to disseminate Buddhism among Westerners, through personal relationships with both the high-profile Dharmapala, and especially Soen.”\(^9\)

Despite this initial interest, meditation remained a relatively fringe activity in the West until the late 1960s, when there was a wave of interest in Eastern spiritual practices fuelled by the counter-cultural climate. Factors such as youth unrest (triggered by opposition to the Vietnam War), suspicion of organised religion, a focus on individualism and experiential knowledge, and widespread experimentation with psychedelic drugs, combined to create a cultural climate where meditation was welcome and thrived.\(^10\) In particular, the youth of the Western counter-culture, who were largely brought up and educated within a Christian environment, became disillusioned with the externally imposed moral constraints and absolutist belief systems of organised religion.\(^11\) Instead, they began to gravitate towards psychological theory and personal experience as a way to make sense of the world.\(^12\) As a result, there was an increased popular interest in, and idealisation of,

\(^7\) Murphy and Donovan, The Physical and Psychological Effects.
\(^9\) Cusack, “The Western Reception of Buddhism,” 305.
\(^12\) Parsons, “Psychoanalysis Meets Buddhism,” 198-99.
Eastern religions and their seemingly more liberal, diverse and experiential frameworks.\(^{13}\) Westerners were attracted to Eastern religious concepts such as non-duality and *karma*, ideals of non-violence and peace, and the focus on the individual spiritual experience. Paul Oliver notes that young Westerners were also attracted to stories of the mystical achievements and abilities of yogis and meditators, which were so different from ‘normal’ experience in the West.\(^{14}\) Within this context, meditation began to be appreciated as both an Eastern religious technique that could be used to directly experience the divine, and a secular tool for psychological growth and development.

During the 1960s and 1970s the mainstreaming of meditation continued to be influenced by the arrival of Eastern religious teachers from Asia.\(^ {15}\) During this period several highly influential Eastern religious figures visited the West, including neo-Hindu guru and founder of the International Society for Krishna Consciousness (ISKCON) Srila Prabhupada (1896-1977), controversial Tibetan lama Chogyam Trungpa (1939-1987), Vietnamese monk Thich Nhat Hanh (b.1926) and Tenzin Gyatso (b.1935), the fourteenth Dalai Lama of Tibet.\(^ {16}\) While these spiritual teachers all played a significant role in dispersing ideas related to meditation, Maharishi Mahesh Yogi (1918-2008), the founder of Transcendental Meditation (TM), arguably had the most substantial impact on the popular reception of meditation in the West.\(^ {17}\) Like Vivekananda and Yogananda before him, Maharishi had a Western-style education, was fluent in English, and posited that meditation was compatible with Western science. However, Maharishi’s unique contribution was his ability to connect with the mainstream media, in particular the youth market. At the time, almost half of the American population was under the age of twenty-five and according to Philip Goldberg “whatever captured their fancy reverberated throughout society.”\(^ {18}\) Hence, when Maharishi taught TM to The Beatles and other popular celebrities, he obtained “the gold standard in endorsements,” along with a tremendous amount of media coverage.\(^ {19}\) Goldberg writes that “every mention of the Beatles and meditation seemed to increase demand on campuses, where students flocked to introductory lectures, sometimes by the thousands.”\(^ {20}\)

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The popular news media ran numerous articles on TM, including a 1975 TIME magazine cover featuring an image of Maharishi along with the headline: “Meditation: The Answer to all Your Problems?”21 Maharishi also made appearances on national television, which resulted in an unprecedented amount of US media attention for an Eastern meditation teacher. Goldberg writes:

The mother lode was two nationally televised interviews, one with Johnny Carson on The Tonight Show and one with Joe Garagiola on Today. Likely no spiritual teacher, except perhaps the pope or Billy Graham, had ever been heard by that many Americans at once ... Probably very few viewers understood what he was talking about. But the words, ‘more energetic,’ ‘more productive,’ and ‘happier’ no doubt registered...22

Additionally, books about meditation and Maharishi gained mainstream popularity. The book TM: Discovering Inner Energy and Overcoming Stress (1975) remained on the New York Times bestseller list for six months and sold well over a million copies.23

The popularity of TM could be said to have reached its peak in 1976, when more than one million people had allegedly learned to meditate using the TM method, and scientific research into meditation, and the legitimization of meditation in general, was established. However, in the same year the cultural impact of TM began to decline.24 Scholars of religion argue that this happened for several reasons, including competition from the arrival of new Eastern gurus, the high cost of the introductory TM course, and a shift in the focus of the TM movement away from basic meditation and towards a new practice called the ‘TM-Sidhi technique’.25 Further, despite the persistent framing of TM as scientific and secular, it still included religious elements, such as guru-teachers, initiation ceremonies, Sanskrit mantras derived from Tantric Hinduism, a connection to ideas such as reincarnation and God-consciousness, and alleged supernatural benefits such as the ability to levitate. These factors decreased the ability of TM to penetrate into some secular areas of society, and attracted criticism from both liberal and conservative Christians.26

As interest in TM declined, mainstream interest in a new type of meditation – ‘mindfulness’ meditation – increased. In Mindful America, Jeff Wilson identifies the 1970s as the decade when mindfulness meditation first began to flourish in Western culture. He writes:

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21 Goldberg writes: “Pre-cable and pre-Internet, a story in a national magazine was maha exposure, and Maharishi had several of them.” Goldberg, American Veda, 159.
22 Goldberg, American Veda, 158.
23 Goldberg, American Veda, 167.
24 Williamson, Transcendent in America, 94.
25 Williamson, Transcendent in America, 94-97. Wilson, Mindful America, 79.
26 Wilson, Mindful America, 79-80.
When the decade opened, mindfulness was a marginal practice within Western Buddhism, associated with a handful of books and pamphlets, most of them by Asians or Europeans. By the end of the decade, the major players in American mindfulness were all in place, and permanent institutions dedicated to the promotion of mindfulness were beginning to make their mark. The center of the mindfulness movement was shifting toward the United States, which would soon emerge as the dominant player in the mindfulness game.\(^{27}\)

Wilson identifies several key sources of mindfulness teaching that appeared in the 1970s and that drove the contemporary Western mindfulness movement. Firstly, a number of Westerners trained in Asia in the *vipassana* meditation method, and brought the teachings home in the form of workshops and retreats for Western lay practitioners. Many of these Western teachers had both formal scientific training in disciplines such as psychology and medicine, and an extensive personal experience of meditation. Hence, this period saw the rise of a new type of Western meditation teacher; one who was trained in science but sympathetic to Eastern religions, and also personally engaged in meditation practices. In particular, Jack Kornfield and Joseph Goldstein have been highly influential in the mainstreaming of mindfulness teacher; one who was trained in science but sympathetic to Eastern religions, and also personally engaged in meditation practices. In particular, Jack Kornfield and Joseph Goldstein have been highly influential in the mainstreaming of mindfulness.\(^{28}\) In 1976, Kornfield and Goldstein (along with Sharon Salzberg and Jacqueline Schwartz) founded the Insight Meditation Society (IMS). Later, in 1981, Kornfield moved to California where he founded the Spirit Rock Meditation Center. Both IMS and Spirit Rock are highly influential organisations, and have cultivated a large number of students and teachers of mindfulness meditation across America.\(^{29}\)

The second source that contributed to the mainstreaming of mindfulness meditation was the modernist Vietnamese monk Thich Nhat Hanh, who became, along with the Fourteenth Dalai Lama, one of the most influential Buddhist teachers for non-Buddhist popular audiences. Officially exiled from Vietnam in 1973, Hanh began to teach meditation to Westerners in the mid-1970s. His teachings, drawn from both Mahayana and Zen Buddhism, emphasised the practice of mindfulness, coupled with dedicated engagement with the world, a viewpoint that appealed to many lay Westerners. Wilson argues that Hanh is the most important figure in Western Buddhism in terms of direct influence, number of students taught, and impact on the language of contemporary Western Buddhism. Hanh has taught at Princeton and Colombia Universities, published more than 100 books.

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\(^{27}\) Wilson, *Mindful America*, 31.

\(^{28}\) These teachers integrated meditative insights with Western psychology, and argued for the importance of psychological healing as part of the spiritual path. For example, Kornfield, a clinical psychologist, wrote his PhD dissertation of the phenomenology of the *vipassana* meditation experience and has argued for the need to integrate the individual psychological self into meditation practice. J. Kornfield, “Meditation and Psychotherapy: A Plea for Integration,” *Inquiring Mind* 5, no. 1 (1988).

\(^{29}\) Wilson, *Mindful America*, 32.
in English, including the 1976 book *The Miracle of Mindfulness*, and established a wide network of Buddhist practice groups known as the Community of Mindful Living.\(^{30}\)

Finally, the “universally acknowledged turning point” for the mindfulness movement’s mainstreaming, and in particular its relationship with science and medicine, is 1979, when scientist Jon Kabat-Zinn founded the Stress Reduction and Relaxation Program (SR & RP).\(^{31}\) Now referred to as mindfulness-based stress reduction (MBSR), Kabat-Zinn’s program was based primarily on *vipassana* courses that he had attended at IMS. The central aspect of the program is the practice of ‘mindfulness’ meditation, defined by Kabat-Zinn as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.”\(^{32}\) Mindfulness practice generally begins with observation of the breath, and then expands to include awareness of physical sensations, thoughts, and emotional states as they arise in the present moment. The shift in focus from the breath to a variety of phenomena is what distinguishes mindfulness meditation from purely concentrative forms of meditation such as TM. While both mindfulness and TM involve initial concentration on a specific object (in mindfulness, the breath; in TM, a mantra), with mindfulness meditation this focus is then directed toward the entire field of awareness.

While Kabat-Zinn’s work on mindfulness has been primarily clinical, it has filtered into the mainstream. In particular, his pragmatic and ‘secular’ definition of mindfulness has proved to be highly appealing to non-clinical lay audiences. Kabat-Zinn has authored several popular books on mindfulness including the bestselling *Full Catastrophe Living* and *Wherever You Go, There You Are*, which have sold 400,000 and 750,000 copies respectively to date.\(^{33}\) Further, Wilson argues that not only has mindfulness meditation picked up where TM left off, it has gone well beyond TM in terms of successful integration into mainstream Western society.\(^{34}\) Unlike TM, mindfulness has been effectively (and lucratively) applied ‘off-the-cushion’ to a variety of everyday Western middle-class needs. As a result, ‘meditation as self-help’ has become a booming commercial industry.\(^{35}\) For example, a recent report by IBISWorld estimated that in 2015, meditation-related businesses in the

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\(^{30}\) In 2012 the Community of Mindful Living listed 357 official affiliated groups in the United States. Wilson, *Mindful America*, 34.

\(^{31}\) Jon Kabat-Zinn changed the name of his mindfulness program from Stress Reduction and Relaxation Program to Mindfulness-Based Stress Reduction (MBSR) and removed the word “relaxation” from audiotapes and handouts. Wilson, *Mindful America*, 78.


\(^{34}\) Wilson, *Mindful America*, 79.

United States generated $984 million in revenue. Along with the traditional categories of books and CDs, there are now also meditation apps, podcasts and wearable technologies that measure brain activity during meditation practice. Apps like Headspace and OMG. I Can Meditate, have partnered with airlines to offer in-flight meditation options. The large majority of these products and services have been influenced by mindfulness meditation.

Mindfulness is also taught in secular settings such as the workplace and in schools. A 2017 study of US workers (n = 85,004) found that approximately 1 in 7 reported engagement in some form of mindfulness-based activity. Employers such as Nike and Google offer relaxation rooms for meditation practice, and there has been an increase in the number of consultants offering corporate mindfulness training. Recent data from MeditationCapsules and Smiling Mind, two Australian organisations that provide mindfulness training to schools, demonstrates that more than 7500 teachers are using mindfulness meditation in pastoral care classes, dedicated well-being classes, or as a preparatory tool at the start of academic classes.

The media reporting on mindfulness has also been overwhelmingly positive. ‘Mindfulness’ has become a buzzword that has generated an explosion of interest and enthusiasm and has permeated

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39 Mindfulness-based practices have been shown to ameliorate the negative effect of stress on employees, leading to improved employee health, increased productivity, and reduced costs for employers. For example, M. Klatt, B. Steinberg and A.M. Duchemin, “Mindfulness in Motion (MIM): An Onsite Mindfulness Based Intervention (MBI) for Chronically High Stress Work Environments to Increase Resiliency and Work Engagement,” *Journal of Visualized Experiments* 101 (2015): 1-11.
42 For example, the non-profit Search Inside Yourself Leadership Institute, a mindfulness training program incubated at Google, offers two-day workshops to Fortune 500 companies, including Ford and American Express. J. Wieczner, “Meditation Has Become a Billion-dollar Business,” *Fortune*, March 12, 2016, accessed March 23, 2018: http://fortune.com/2016/03/12/meditation-mindfulness-apps/.
the discourse of popular culture. For example, in 2014 TIME magazine ran another meditation related cover, this one titled “The Mindful Revolution” along with an accompanying story detailing the extent to which mindfulness meditation has spread into the largest sectors of modern Western society. In the same year the Huffington Post, a popular American news site which has its own Mindfulness news section, declared 2014 the “Year of Mindful Living.” Hence, via mindfulness, secular meditation has been able to reach into nearly every institution of Western society. In 2007 there was an estimated 20 million meditation practitioners in the United States, and hundreds of millions worldwide. Meditation is now one of the world’s most widely practiced and researched psychological disciplines.

Meditation in the West: Clinical

Scientific studies of meditation can be traced back to the 1930s, with initial research focusing on the effects of meditation on autonomic function. In 1935 French cardiologist Therese Brosse travelled to India to conduct systematic studies of the physiological changes that occurred as a result of yogic and meditative practices. Brosse used a portable electrocardiogram to obtain measurements from at least one yogi who claimed to be able to voluntarily stop his heart by using meditative techniques. Her data showed the yogi’s heart potentials and pulse wave decreasing in magnitude to approximately zero, where they stayed for several seconds before they returned to their normal magnitude. This result was believed to support the claim that the yogi was able to voluntarily control his heart to approximate cessation of contraction. Similar studies were conducted in the 1950s by Gus Wenger, a physiologist from the University of California. Wenger examined four Indian yogis who also claimed to be able to voluntarily stop their heart or pulse, and reported that while the

47 In 2007 a government survey reported that more than 20 million Americans used meditation for health reasons, and recent reports suggest that one million Americans are taking up mindfulness meditation each year. J. Michaelson, “What If Meditation Isn’t Good for You?” *Daily Beast*, November 1, 2014, accessed March 23, 2018: http://www.thedailybeast.com/articles/2014/11/01/what-if-meditation-isn-t-good-for-you.html.
49 Brosse undertook her studies at Kaivalyadham, a yoga institute at Lonavala near Pune, India. See Paranjpe, “Indian Psychology,” 1-26.
subjects did not control the heart muscle directly, they were able to induce changes in certain circulatory variables by using muscular and respiratory control.51

In the 1950s there was also a growing interest in the potential use of meditation in psychotherapy. This was informed by an ongoing dialogue between Buddhism and psychoanalysis, which centred on the work of influential Neo-Freudian psychoanalysts Karen Horney (1885-1952) and Erich Fromm (1900-1980), who were both students of renowned Zen scholar Daisetz T. Suzuki (1870-1966). Influenced by their association with Suzuki, both Horney and Fromm viewed Buddhism as a culturally distinct, but comparable, form of therapy to Western psychoanalysis.52 This view was based on perceived similarities between the two systems, most notably the idea that both Buddhism and psychoanalysis share a common aim (the alleviation of suffering and the attainment of insight) and that both use introspection as a method to achieve this goal. Within the psychoanalytic context, meditation (in particular mindfulness, zazen and breathing techniques) was seen as a therapeutic tool that could increase an individual’s access to their unconscious mind and help to resolve psychopathology.53

In the 1960s and 1970s, meditation research continued to focus on both physiological and psychological effects, and researchers started to conceptualise meditation in terms of current constructs in experimental psychology such as self-regulation, addiction and stress management. Notable studies from this period include those by Japanese researchers who conducted extensive electroencephalographic (EEG) studies of Zen meditators, observing changes in brain waves and testing reactions to external stimuli. These studies suggested that zazen (a Buddhist form of seated meditation) induced a calm but alert state that could potentially improve social confidence, increase emotional stability and treat drug addiction.54 This period also saw the birth of the humanistic and transpersonal schools of psychology. Abraham Maslow (1908-1970) and Anthony Sutich (1907-1976) founded the Journal of Humanistic Psychology (in 1961) and the American Association of Humanistic Psychology (in 1963) in an attempt to establish a “Third Force” in American psychology; that is, an

51 Wenger conducted studies at Kaivalyadhram, and at the All India Institute of Medical Sciences in Delhi. See Wenger et al., “Experiments in India,” 1319-1325.
52 Parsons, “Psychoanalysis Meets Buddhism,” 192.
53 A prevailing idea in psychoanalysis was that unconscious conflicts were the root cause of psychopathology. It was thought that meditation could ‘loosen’ a person’s defences and allow formerly repressed unconscious material to surface and be resolved. One popular view saw meditation as a free association technique that could be used to reveal the interior contents of the unconscious mind. For an explanation of possible processes see I. Kutz, J. Z. Borysenko and H. Benson, “Meditation and Psychotherapy: A Rationale for the Integration of Dynamic Psychotherapy, the Relaxation Response, and Mindfulness Meditation,” American Journal of Psychiatry 142, no. 1 (1985): 1-8. Also G. Bogart, “The Use of Meditation in Psychotherapy: A Review of the Literature,” American Journal of Psychotherapy 45, no. 3 (1991): 383.
approach that focused on future-oriented self-actualisation rather than past-oriented psychopathology. Transpersonal psychology provided a “Fourth Force” that focused on the transpersonal and spiritual dimensions of human existence. The transpersonal movement emerged out of the encounter between Western psychology, Eastern contemplative traditions, and the psychedelic counterculture of California in the 1960s. Both humanistic and transpersonal psychology acknowledged the importance of spirituality, and utilised meditative techniques such as self-awareness and mindfulness in their practices.

The 1970s also saw a significant upsurge in research on TM, with studies indicating that this form of meditation could decrease blood pressure, respiratory rate, and anxiety, while increasing self-actualisation and other positive behavioural outcomes in a large variety of domains. In particular, TM was to establish an enduring presence in Western medicine and psychology during this period via the work of cardiologist and academic Herbert Benson. Benson coined the term “relaxation response” to describe the physiological and psychological effects that occur during TM, and his work greatly influenced the modern Western conceptualisation of meditation as a scientifically-endorsed stress reduction technique. As Goldberg writes:

> [TM] was presented as a scientific procedure, with results as predictable as those of any medicine, and no bad side effects. This rebranding of meditation was the first step in the secularisation and medicalisation of yogic disciplines.

Goldberg notes that the relaxation message impressed both the general public and the scientific community, and quickly overshadowed any more “profound” reasons for meditating. Hence, by 1976 the TM movement had enough data to be able to publish a seven hundred page volume of

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61 Wilson, *Mindful America*, 80.
research papers, from fifty-one institutions in thirteen countries, reinforcing meditation’s new role as a health and wellness intervention.64

The late 1970s was also a critical period for the scientific study of mindfulness meditation. As discussed above, mindfulness was first incorporated into medical care in the form of what is now known as MBSR, an eight-week program developed by Jon Kabat-Zinn in 1979. Initially designed to treat chronic pain, the program produced promising results, and over the next three decades mindfulness replaced TM as the most researched form of meditation. More recently, the success of MBSR has stimulated the development of other mindfulness-inspired clinical interventions including mindfulness-based cognitive therapy (MBCT),65 acceptance and commitment therapy (ACT),66 dialectical behaviour therapy (DBT),67 mindfulness-based relapse prevention (MBRP),68 mindfulness-based eating awareness training (MB-Eat),69 and mindfulness-based therapeutic community treatment.70 These therapies have shown efficacy in the treatment of a number of conditions including depression,71 anxiety,72 chronic pain,73 substance abuse,74 eating disorders,75 addiction76

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64 Goldberg, American Veda, 164.
and more recently psychosis. Today, MBSR is an established practice in hospitals, and a large number of clinicians have undertaken training in mindfulness-based interventions. Additionally, mindfulness meditation research has expanded from looking at how mindfulness can improve outcomes for a variety of illnesses, to looking at how mindfulness might improve performance enhancement in healthy populations.

While the majority of meditation research is still on mindfulness, the field has also expanded to include the study of other Buddhist-derived meditation techniques, such as practices aimed at the cultivation of compassion (for example, metta, or loving-kindness meditation), and other analytical styles of meditation (for example, deity visualisation practices). New areas of research (for example, technological approaches to mindfulness training) are emerging and discussions are taking place regarding the field of 'contemplative science,' and how to best define, classify and study a variety of meditation practices. In recent years there has been an increased interest in the study of contemplative practices within neuroscience, psychology and the health sciences, which has resulted in the development of several new academic journals, including Mindfulness, The Journal of Compassionate Healthcare and the Journal of Contemplative Inquiry.

The Meditation Backlash

The media coverage and general acceptance of secular meditation has been overwhelmingly positive, although there has been some criticism. In particular, critics have raised concerns regarding whether meditation can ever be truly secular, the integrity and effectiveness of so-called secular

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78 In the United Kingdom mindfulness has also been adopted by the NHS, with many primary care trusts offering and recommending the practice instead of cognitive behavioural therapy. Dawn Foster, “Is Mindfulness Making Us Ill?” The Guardian, January 23 (2016), accessed March 24, 2018: https://www.theguardian.com/lifeandstyle/2016/jan/23/is-mindfulness-making-us-ill.


approaches,\textsuperscript{86} and whether Buddhists and Hindus might be covertly imposing their religious views in the guise of healthcare or psychology.\textsuperscript{87} Additionally, the scientific research on meditation has not been universally accepted, with critics pointing to a variety of methodological flaws, including inadequate control groups, small sample sizes, demographic homogeneity among participants, inattention to gender as a variable, and researcher bias.\textsuperscript{88} Finally, some meditation teachers and researchers have begun to discuss potential adverse effects associated with secular meditation practices, including profound but de-stabilising insights, problematic spiritual emergencies, and the exacerbation of pre-existing mental health issues. In \textit{Meditation, Buddhism and Science}, David McMahan and Erik Braun write: “A note of caution has emerged regarding recommending extensive meditation for all, no matter what one’s psychological condition.”\textsuperscript{89} It is this last point regarding the potential adverse effects of meditation that this thesis will focus on.

### Adverse Effects: Meditation Research

Historically, research into meditation has tended to emphasise beneficial outcomes rather than the processes involved or potential adverse effects. However, there is a growing body of evidence that suggests there may be risks associated with meditation practice, in both clinical and non-clinical settings. Close examination of the scientific literature reveals that even in early meditation research, adverse effects were identified in therapeutic contexts. Notably, renowned psychologists Arnold Lazarus (1932 – 2013) and Albert Ellis (1913 – 2007), co-founders of Cognitive Behaviour Therapy (CBT), both expressed concerns regarding negative side effects associated with therapeutic meditation. For example, in 1976 Lazarus reported that some of his patients had severe disturbances after practicing TM, including depression and suicidal ideation, leading in one case to a serious suicide attempt. He wrote:

\begin{quote}
For example, Hindu purists accused the founder of TM, Maharishi Mahesh Yogi, of watering down the tradition and of “selling mantras.” Goldberg, \textit{American Veda}, 160.
\end{quote}

\begin{quote}
\end{quote}

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These criticisms apply to all meditation studies, including those that have found adverse effects. For example, Goyal et al. conducted a systematic review and meta-analysis of 47 mindfulness studies and found no evidence that meditation programs were better than any active treatment (such as medication, exercise, and other behavioural therapies). M. Goyal, S. Singh, E.M.S. Sibinga et al., “Meditation Programs for Psychological Stress and Well-being: A Systematic Review and Meta-analysis,” \textit{JAMA Internal Medicine} 174 (2014): 357-368. Also, see S.R. Bishop, “What Do We Really Know About Mindfulness-Based Stress Reduction?” \textit{Psychosomatic Medicine} 64, no. 3 (2002): 71-83.
\end{quote}

\begin{quote}
\end{quote}
[meditation] is not a panacea. In fact, when used indiscriminately, there are clinical indications that the procedure can precipitate serious psychiatric problems such as depression, agitation, and even schizophrenic decompensation.\textsuperscript{90}

Lazarus was also one of the first researchers to argue that individual differences should be taken into account when deciding whether meditation is an appropriate intervention, noting:

Scientific psychology has emphasized the significance of \textit{individual differences}. Folklore is equally aware that “one man’s meat is another man’s poison.” Yet popular systems and movements from psychoanalysis to Transcendental Meditation (TM) generalize and universalize, present their views and findings in absolutistic rather than probabilistic terms, and depart from established scientific pathways in several other respects. Their procrustean deftness at fitting everyone to their system damages the integrity and individuality of persons who are temperamentally and otherwise unsuited to their procedures.\textsuperscript{91}

In 1984, Ellis also expressed concerns regarding the therapeutic use of meditation, arguing that it had the potential to be more harmful than many other psychological techniques because of its association with spirituality and religion. Specifically, he argued that the traditional spiritual goals associated with meditation (such as transcendence or the experience of a higher consciousness) were probably “illusory” and “highly disturbed,” since no human was likely to achieve them.\textsuperscript{92} Therefore, he conceded, meditation combined with mysticism “includes highly dangerous, anti-therapeutic elements.”\textsuperscript{93} However, Ellis was broadly supportive of the use of secular meditation in therapy, but like Lazarus, argued that the practice could be harmful for certain groups of individuals, particularly those with obsessive-compulsive and ruminative tendencies, noting: “A few of my own clients have gone into dissociative semi-trance states and upset themselves considerably by meditating.”\textsuperscript{94} Interestingly, Ellis argued that the greatest potential danger of meditation was that it was “a highly palliative procedure;” that is, a diversionary technique that helped people to feel better temporarily, but that ultimately distracted them from developing the necessary skills required to make significant positive change in their lives.\textsuperscript{95}

\textsuperscript{91} Lazarus, “Psychiatric Problems,” 601.
\textsuperscript{93} Ellis, “The Place of Meditation,” 672.
\textsuperscript{94} Ellis, “The Place of Meditation,” 672.
\textsuperscript{95} Ellis, “The Place of Meditation,” 672.
A more severe example of the potential adverse effects of meditation was reported in a 1975 case study by Alfred French and colleagues. The authors describe the case of a 39 year old woman who, several weeks after starting TM practice, experienced altered reality testing and behaviour. While the patient had no pre-existing clinical issues, after starting meditation she experienced euphoric fantasies with mystical elements, dysphoric moods and unusual behaviour that resembled psychosis. The authors argued that the continued presence of an altered state of consciousness (which began within days of starting TM), and the occurrence of “waking fantasies” (which began shortly after), suggested a causal relationship between meditation and the subsequent psychosis-like experience, and cautioned that “this form of meditation carries the risk of psychosis-like and potentially dangerous regression.” However, the authors also emphasised that the psychosis-like symptoms appeared to be the result of a specific meditation-induced phenomenon, and were distinct from standard clinical definitions of psychosis, writing: “such ‘trips,’ while often clinically psychosis-like, are distinct clinical entities from functional psychoses.”

Another study of TM by Leon Otis noted that adverse effects such as pervasive anxiety and depression occurred in a significant percentage of people who practiced TM (slightly less than half of the 1,900 subjects), and that the probability of such effects occurring was higher among psychiatric populations. Of particular interest is Otis’s finding that more adverse effects occurred among long-term meditators and TM teacher trainees than among novice meditators. He writes:

> These data suggest that the longer a person stays in TM and the more committed a person becomes to TM as a way of life (as indicated by the teacher trainee group), the greater the likelihood that he or she will experience adverse effects. This contrasts sharply with the promotional statements promulgated widely by the SIMS (Students International Meditation Society), IMS (International Meditation Society), WPEC (World Plan Executive Council), and related TM organisations that TM is a simple, innocuous procedure.

Additionally, Otis noted that some participants in his study continued to practice meditation despite experiencing adverse effects, and had “compared meditation to a drug addiction ... not wishing to continue but unable to stop.”

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100 Otis, “Adverse Effects,” 204.
Dissociative symptoms have also been reported as a result of meditation practice. Arthur Deikman reported cases in which depersonalisation and derealisation occurred in individuals practising an experimental procedure based on classical descriptions of contemplative meditation. Raymond Kennedy also reported two meditation-related cases in which patients experienced depersonalisation and derealisation, including out-of-body experiences, and required psychiatric treatment. Additionally, Richard Castillo conducted interviews with six TM meditators and concluded that meditation can cause both depersonalisation and derealisation, and that the depersonalised state can become an apparently permanent mode of functioning.

Adverse effects have also been found among meditation retreat participants. For example, Deane Shapiro conducted a study on a non-clinical population (n = 27) at a vipassana meditation retreat and found that 62.9% of participants experienced at least one adverse psychological effect from meditation, including feelings of anxiety, panic, depression, confusion and disorientation. Two participants (7% of the sample studied) experienced symptoms so severe that they stopped meditating; one participant said the retreat left him “totally disoriented ... confused, spaced out,” while the other participant reported “lots of depression, confusion ... severe shaking and energy releasing.” Shapiro also found a trend that, while not statistically significant, lent support to Otis’s earlier finding that meditators who had practiced the longest (in this case, over 8.5 years) reported the highest frequency of adverse effects.

More recently, Tim Lomas and colleagues conducted a study on the effects of secular meditation (including mindfulness techniques) in a non-clinical population (n = 30) and found that while meditation was portrayed overall as a beneficial activity, all participants found it challenging at least


103 The terms ‘depersonalisation’ and ‘derealisation’ are distinguished from what Buddhists call ‘non-self.’ In psychiatry, depersonalisation/derealisation disorder (DP/DR) is considered a dissociative disorder and is characterised by disruption or discontinuity in the normal integration of consciousness. DP/DR can potentially disrupt every area of psychological functioning. In Buddhism, ‘non-self’ is generally viewed as a desirable state or trait. *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (Washington, DC: American Psychiatric Publishing, 2013), 291.


105 R. J. Castillo, “Depersonalization and Meditation,” *Psychiatry* 53 (1990): 158-168. However the author noted that this permanent mode of depersonalisation can occur without there being any significant anxiety or impairment in social or occupational functioning - the meanings the meditator attributes to the experience will determine to a great extent whether anxiety is part of the experience.


107 Shapiro, “Adverse Effects,” 64.
some of the time.\textsuperscript{108} Additionally, one quarter of participants in the study encountered “substantial difficulties” with meditation, including troubling experiences of self, troubling thoughts and feelings which were hard to manage, the exacerbation of mental health issues such as depression and anxiety, and in two cases, psychosis requiring hospitalisation.\textsuperscript{109}

Several recent studies have also looked at the re-experiencing of trauma as a potential adverse effect of meditation. Specifically, there has been recognition that meditation might cause emotional flooding\textsuperscript{110} or re-traumatisation\textsuperscript{111} in certain individuals. Jane Compson argues that in particular, intensive, silent meditation retreats may leave meditators at risk for traumatic activation, which manifests as panic, anxiety, rage and insomnia.\textsuperscript{112} In his book \textit{Trauma-Sensitive Mindfulness} David Treleaven argues that mindfulness meditation, practiced without an awareness of trauma, can exacerbate symptoms of traumatic stress, leading to flashbacks, dissociation and retraumatisation.\textsuperscript{113} Treleaven also describes a specific meditation-induced phenomenon he terms “contemplative dissociation,” which he defines as “a disconnection between thoughts, emotions and physical sensations that is exacerbated by contemplative practice.”\textsuperscript{114}

In a comprehensive review of meditation adverse effects, M. Kathleen Lustyk and colleagues consulted seventeen primary publications and five secondary reports and literature reviews, including several of the studies mentioned above. The authors found that the most frequently reported meditation adverse effects were mental health issues, with the more serious cases including severe affective and anxiety disorders (for example, mania and PTSD), temporary dissociative states, and psychosis.\textsuperscript{115} They also reported meditation-related adverse effects on physical health, including increased epileptogenesis (risk of seizures), somatic discomfort arising from holding a meditation postural position, and potential problems associated with loss of appetite, health, and mobility.

\textsuperscript{109} Lomas et al., “A Qualitative Analysis,” 848-860.
\textsuperscript{114} Treleaven, “Meditation, Trauma,” 20.
reduced food intake, and difficulty sleeping.\textsuperscript{116} The authors also referenced studies in which adverse spiritual health effects were reported, most notably, cases of religious delusions.

It is unclear whether the effects of meditation practices alone can be compared directly with meditation practices in the context of mindfulness-based interventions (MBIs). There are very few reports of adverse effects in MBIs, however some studies do exist. For example, Leigh Burrows conducted a study examining the mindfulness meditation experiences of community college students ($n = 13$) and found that the majority of students reported negative experiences including increased heart rate, depersonalisation, disorientation, disconnection, self-other boundary dissolution, a loss of spontaneity, a loss of sense of self, and emotional flooding.\textsuperscript{117} Burrows noted:

\begin{quote}
Results from this small qualitative study showed 12 of the 13 participants who chose to participate reported a range of unusual perceptions, sensations, and altered states and experiences of self as a result of mindfulness meditation. Only one participant reported unambiguously positive effects such as increased relaxation, focused attention, productivity, and reduction in stress and worry.\textsuperscript{118}
\end{quote}

Other recent studies of mindfulness meditation have reported increases in perceived stress and depression,\textsuperscript{119} feelings of exhaustion or disorientation,\textsuperscript{120} increased false memory susceptibility,\textsuperscript{121} and links to criminal thinking.\textsuperscript{122}

In one of the most comprehensive studies of meditation phenomena to date, Jared Lindahl and colleagues investigated meditation-related experiences that are normally underreported, “particularly experiences that are described as challenging, difficult, distressing, functionally impairing, and/or requiring additional support.”\textsuperscript{123} The authors employed a mixed-methods

\textsuperscript{116} The authors also note that some people may fear violating their own religious principles by engaging in secular meditation practices that were originally derived from Buddhism or other religions.


\textsuperscript{120} Dobkin et al., “For Whom,” 44-50.


\textsuperscript{122} In this study ‘criminal thinking’ refers to ‘criminogenic cognitions,’ which are defined as thought patterns used to reduce the dissonance between moral standards and behaviour, rationalise deviant behaviour, and minimise negative consequences. J.P. Tangney, A.E. Dobbins, J.B. Stuewig and S.W. Schrader, “Is There a Dark Side to Mindfulness? Relation of Mindfulness to Criminogenic Cognitions,” \textit{Personality and Social Psychology Bulletin} 43, no. 10 (2017): 1415–1426.

approach that included qualitative interviews with Western Buddhist meditation practitioners and experts from the Theravada, Zen, and Tibetan traditions. From this study the authors were able to delineate 59 meditation-related experiences across 7 domains: cognitive, perceptual, affective, somatic, conative, sense of self, and social. Whether a meditation-related experience was interpreted by the expericer as adverse depended on a number of influencing factors related to the meditation practitioner, their practice, relationships and health behaviours.

Finally, neuroscientist and meditation adverse effects expert Willoughby Britton has reported that in addition to the above research studies, there exist numerous anecdotal reports of meditators in both clinical and non-clinical populations experiencing psychological and physical disturbances that appear to be directly related to meditation. Some of these instances were severe enough to require medication and hospitalisation and many were serious enough to have become a clinical problem that lasted, on average, for more than three years.\textsuperscript{124}

**Central Research Question**

It is clear from the above literature review that there are adverse effects associated with meditation, and that these adverse effects have been largely overlooked by the academic literature on meditation, and until very recently, largely unheard of in the mainstream media. This raises serious concerns regarding the possible risks associated with the use of meditation in secular clinical and non-clinical populations.\textsuperscript{125} If meditation has adverse effects, and these adverse effects are underreported, this has significant implications for the safe delivery of meditation practices in secular settings, including the consideration of factors such as teacher competency, participant screening, ongoing monitoring and informed consent.


\textsuperscript{125} The US National Center for Alternative and Complementary Medicine considers meditation to be safe, except possibly for those who have a psychiatric condition. It does not acknowledge that healthy people may suffer meditation-related adverse effects. “Meditation: In Depth,” US National Center for Complementary and Integrative Health. Accessed May 2017: https://nccih.nih.gov/health/meditation/overview.htm. In Australia, the Meditation Association of Australia states: “in a relatively small number of cases, meditation can activate reactions of panic, depression and anxiety. In some more extreme cases, mania and psychotic symptoms have been reported. These cases are rare but require further investigation and care. In acknowledgment of this concern, the Meditation Association of Australia (MA) has created a sub-committee to investigate and raise awareness of these risks.” Accessed 20 May 2018: http://meditationaustralia.org.au/risks/.
This issue is particularly relevant given the current popularity of secular meditation practices in a large variety of non-traditional settings including therapy, education, and the workplace. While many meditation-based interventions are run by qualified practitioners with clinical training, systematic evaluations of their safety have not been reported in the literature. Additionally, meditation teaching is an unregulated industry, meaning that there are an unaccounted for number of teachers who practice independently and without any safeguards. Further, many people now self-refer to meditation (for example, via the internet) and seek meditation in highly variable settings outside of clinical programs, for example in the form of performance improvement services (such as coaching) or apps.

Given the current popularity and proliferation of secular meditation-related products and services, it is important to understand why meditation adverse effects are being overlooked and under-reported. Hence this thesis attempts to answer that question.

Explanation of Key Terms

‘Secular Meditation’

As noted by Michael Murphy and Steven Donovan, the attempt to extract the common characteristics of ‘meditation’ from a variety of religious traditions in order to come up with a generic definition is a uniquely modern Western phenomenon. In religious contexts, the term meditation does not refer to one distinct technique; rather it is an umbrella term that refers to a variety of practices that are intended to cultivate a particular state of being, and that promote self-transformation along a religiously defined path. More specifically, meditation practices attempt to develop a particular state or trait via the regulation or alteration of cognitive, affective, and perceptual faculties.

Meditation techniques are found in most, if not all, of the world’s major religious traditions. Meditation is found in Christianity (in the form of contemplation), Hinduism (from which Transcendental Meditation is derived), Buddhism (from which mindfulness and vipassana meditation originated), Judaism and Islam. Religious texts describe many meditation techniques that range from sitting quietly (such as Buddhist concentration practices) to physical movement of

127 Murphy and Donovan, The Physical and Psychological Effects of Meditation, 2.
the body (such as Hindu-derived Hatha Yoga) or scriptural reading and prayer (such as in the Christian practice of *lectio divina*). Approaches to meditation also differ based on the object of meditation (for example, a concrete object versus more abstract thoughts, feelings, images, or qualities such as compassion or peace), type of attention cultivated (for example, focused attention versus open monitoring), cognitive processes involved (simply observing thoughts versus deliberately modifying them) and the desired outcome or goal (for example, a state of calm versus a state of excitation). However, defining meditation is difficult and there is disagreement regarding what type of practices constitute meditation. For example, movement-based practices such as yoga, qigong and tai chi may be considered a form of meditation by some, while others define meditation in a stricter sense to refer only to internal mental practices that focus on attention and concentration.

It is important to note that religious meditation techniques are culturally embedded within very specific contexts. Religious studies scholar Ann Taves writes that religious traditions that include meditation have “created data of various sorts, including philosophical discussions of meditation, rituals that include meditation, and, especially in the modern era, post hoc accounts of experiences that occurred during meditation.” Therefore, to simply refer to ‘Christian meditation’ or ‘Buddhist meditation’ is not very meaningful, as both religions contain a vast range of different philosophies, traditions and lineages. It follows that meditation practices are best understood within the context of certain schools of thought, individual teachers and specific texts. Hence, this thesis will, where possible, attempt to distinguish between specific types of meditation techniques.

Further, it is also important to consider that although meditation is often identified today in the West as an essential (if not, the essential) component of some Eastern religious practices, historically, relatively few people have meditated. For example, McMahan notes that in the

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131 For example, B. Awasthi mentions the example of the *Vigyan Bhairav Tantra*, a single text that describes over one hundred different meditation methods, including silent sitting, breath observation, mental imagery, vigorous chaotic breathing, intense activity and sexual excitation. B. Awasthi, “Issues and Perspectives in Meditation Research: In Search for a Definition,” *Frontiers in Psychology* 3 (2013): 4.


134 Several factors may influence whether sitting meditation increases or decreases arousal, including dose, practitioner expertise level and contemplative trajectory. See W.B. Britton et al., “Awakening is not a Metaphor: The Effects of Buddhist Meditation Practices on Basic Wakefulness,” *Annals of the New York Academy of Sciences* 1307 (2013): 64-81.


contemporary West, meditation is popularly considered to be the “heart of Buddhism.” However, while meditation has always been considered essential to the Buddhist goal of enlightenment, only a small minority of monks and ascetics have practiced meditation in a serious way. The vast majority of Asian Buddhists do not meditate, but practice their religion through adherence to ethics, and engagement in ritual and service to the sangha (monastic community). In some circumstances provisions have been made for lay people to practice meditation, but generally it has been considered “an arduous endeavour taken up by a small number of monastics who specialise in contemplative practice.” Prior to the colonial era, even the majority of Buddhist monks did not meditate, but rather functioned as clerics and priests, engaged in scholarship or ritual, and acted as punnakhetta (‘fields of merit’, or recipients of charity).

Likewise, in Hindu traditions, meditation, as distinct from other devotional activities like puja or kirtan singing, was a fairly rare practice until the twentieth century Western middle class movements.

Today, of course, throughout the world many people practice meditation, and here an important distinction must be drawn between ‘religious’ meditation and ‘secular’ meditation. While meditation has religious roots, the practice has become increasingly secularised, particularly in the past 50 years. While in contemporary religious studies, the term ‘religion’ is viewed as problematic and vague, a distinction is commonly made between what is ‘religious’ and what is ‘secular.’ Secularism is differentially defined depending upon the context within which it is discussed (for example, secularism as a philosophy versus secularism as a political stance). However, it is broadly identified as a separation from, and movement away from, religion. There is statistical evidence of secularisation in almost all European countries since the end of World War II, a trend which has developed alongside modernisation. Some sociologists of religion debate whether ‘secularisation’ has been happening or whether there has been a return of religion, or a turn towards ‘postsecular’ themes. Nevertheless, in the modern West, secularism is a widely accepted paradigm, and

139 McMahan, The Making, 184.
140 Braun, The Birth of Insight, 3-6.
141 The practice of postural yoga, which is closely linked to meditation, was also rare and mainly the domain of sadhus until the early twentieth century. The modern Western use of the term ‘yoga’ to mean primarily postural yoga - the asana or physical exercises - is misleading, as yoga in earlier times was a generic term covering mind-body practices. The main point of the physical asana was to assist in the practice of meditation. For example, see G. Feuerstein, The Yoga Tradition: Its History, Literature, Philosophy and Practice (Chino Valley, Arizona: Hohm Press, 2008). Also, M. Singleton, Yoga Body: The Origins of Modern Posture Practice (New York, Oxford: Oxford University Press, 2010).
143 Habermas, “Religion in the Public Sphere,” 1-25.
mainstream meditation is presented primarily as a secular activity.\textsuperscript{144} As a result, a growing number of people practice what is commonly described as ‘secular’ meditation. The distinction between ‘secular’ and ‘religious’ meditation is, of course, partially an arbitrary one. The only way to distinguish between secular meditation versus religious meditation is to focus on the end goal of the practice (that is, whether it is a religious goal or a non-religious goal), and on claims to secularity (that is, what different scholars, teachers and religious practitioners have claimed about both meditation practices and their end goals). For example, contemporary meditation practitioners such as Kabat-Zinn, who apply meditation in a purely clinical way, view meditation practice (in this case mindfulness meditation) as secular simply because it is employed towards clinical goals (such as the alleviation of chronic pain). Likewise, the Transcendental Meditation technique created by Maharishi Mahesh Yogi is defined as secular because its goals are this-worldly, physiological and health-related; for example the alleviation of stress.\textsuperscript{145} Further, TM adherents are “free to follow other religions, are not given a dogmatic code of ethics to follow and do not belong to a “real” or visible “community,” but rather seek to benefit themselves through their practices;” all factors which have been used to support its purported secular status.\textsuperscript{146}

While there has been much debate regarding whether meditation can ever be truly removed from its religious context, an in-depth analysis of this issue is beyond the scope of this thesis.\textsuperscript{147} For present purposes, it is useful to distinguish between secular meditation and religious meditation to the extent that it helps to identify a particular discourse, while also keeping in mind that the boundary between the secular and the religious is both arbitrary and porous. This thesis will, for the most part, narrow its focus to three types of secular meditation: Transcendental Meditation (TM), mindfulness, and \textit{vipassana}. These are the meditation practices that have been studied the most in Western clinical and research settings, and for which the most data exists. They are also the practices that are most commonly presented as ‘secular.’ Other forms of meditation that are practised within the context of an organised religious tradition (for example, a school of Buddhism) will be referred to as ‘traditional meditation’ or ‘religious meditation.’

\textsuperscript{144} For example, a study by Sharon Lauricella demonstrates that meditation is presented by the news media primarily as a secular activity, with 87\% of the news articles in her data demonstrating a secular tone. S. Lauricella, “The Ancient-Turned-New Concept of ‘Spiritual Hygiene:’ An Investigation of Media Coverage of Meditation from 1979 to 2014,” \textit{Journal of Religion and Health} 55, no. 5 (2014): 1748-1762.
\textsuperscript{147} As Lockwood notes, “the purported position of a group does little to silence the debate surrounding its religious elements.” Lockwood, “Religiosity Rejected,” 248. See also, R.H. Sharf,“Is Mindfulness Buddhist? (and Why it Matters),” \textit{Transcultural Psychiatry} 52, no. 4 (2015): 470-484.
‘Transcendental Meditation’

Transcendental meditation (TM) is a form of meditation that uses a mantra to centralise cognitive focus.\(^{148}\) Research studies on TM often define the technique as a concentration practice, however the TM organisation states that TM is not a concentration practice, but rather a ‘self-transcending’ technique. The TM technique is associated exclusively with the teachings of Maharishi Mahesh Yogi, is derived from Vedantic Hinduism, and references texts such as the *Rig Veda* and Patanjali’s *Yoga Sutra* (a foundational text of *yoga*, one of the six orthodox systems of Hinduism).\(^{149}\) Despite its Hindu roots, TM is described as a secular practice that is not associated with any religion or belief system. The TM website states: “The TM technique is not a religion, philosophy, or lifestyle. No belief or expectation is needed for it to be effective.”\(^{150}\)

‘Mindfulness’

Mindfulness derives from Theravada Buddhism, and is usually associated with the teachings of the Burmese monk Mahasi Sayadaw (1904-1982), and the canonical text *Satipatthana Sutta* (the Discourse on the Foundations of Mindfulness), Buddhaghosa’s *Visuddhimagga* (Path of Purification) and other Pali sources.\(^{151}\) The *Satipatthana Sutta* is generally regarded as the canonical Buddhist text with the most comprehensive instructions on the system of mindfulness meditation. In its clinical use, mindfulness is conceptualised as a type of ‘open monitoring’ practice whereby the practitioner is attentive, moment by moment, to anything that arises in experience, without focusing on any explicit object.\(^{152}\) Open monitoring involves non-reactively monitoring the contents of experience, primarily as a means to recognise emotional and cognitive patterns. While there are disagreements regarding how to operationally define mindfulness, a commonly accepted definition is taken from the work of Jon Kabat-Zinn, where mindfulness is described as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.”\(^{153}\) It is important to note that, when

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\(^{148}\) Transcendental Meditation website, accessed 27 October 2018: https://www.tm.org/meditation-techniques.

\(^{149}\) Williamson, *Transcendent in America*, 95-100.

\(^{150}\) Transcendental Meditation website, accessed 27 October 2018: https://www.tm.org/wellness-program/what-is-tm.

\(^{151}\) Sharf, “Is Mindfulness Buddhist?” 472.


considered in the format of MBSR, Kabat-Zinn’s definition of mindfulness includes influences from Mahayana Buddhism, Zen, Vedanta and select Neo-Hindu gurus.\textsuperscript{154}

‘Vipassana’

‘Vipassana’ refers to residential \textit{vipassana} meditation courses, which teach mindfulness meditation. The \textit{vipassana} course is a standardized, residential 10 day course that is presented in a secular retreat format.\textsuperscript{155} It is based on Buddhist philosophy and practices derived from the Theravada Buddhist tradition. Szekeres and Wertheim offer a brief description of a \textit{vipassana} course:

Participants meditate 10 hours daily, refrain from reading and religious practices, eat vegetarian foods twice daily and remain silent during the course (except during question periods). These processes eliminate distractions that could prevent being present to moment-to-moment experiences, thereby helping to settle the mind and fostering openness to the meditative practices. During the first 3 days, students observe the natural flow of incoming and outgoing breath to develop focused attention and present-moment awareness. From day 4, students practise \textit{Vipassana}. On day 10, loving-kindness meditation is taught.\textsuperscript{156}

The \textit{vipassana} tradition could be said to exist on a spectrum of secularity, with claims to secularity varying according to the specific \textit{vipassana} organisation. For example, the American organisation Spirit Rock,\textsuperscript{157} is explicit regarding its connection to Buddhism, but it also draws on a number of other spiritual and psychological traditions and has what could be described as an East-meets-West integrative approach. The Insight Meditation Society\textsuperscript{158} has a reputation for being more conservative and preserving their Theravada lineage, but notes on their website “While the context of our meditation retreats is the Buddha’s teachings, the practices are universal.” Finally, \textit{vipassana} in the tradition of S. N. Goenka\textsuperscript{159} claims to be completely non-religious and refers to its teaching as an “art of living.” In general, \textit{vipassana} meditation articulates a relatively secular approach to Buddhist philosophy and practice. As David Treleaven notes:

\textsuperscript{154} Kabat-Zinn, “Some Reflections.”
\textsuperscript{156} Szekeres and Wertheim, “Evaluation of \textit{Vipassana},” 376.
\textsuperscript{157} Spirit Rock website, accessed 27 October 2018: https://www.spiritrock.org/about.
\textsuperscript{158} Insight Meditation Society website, accessed 27 October 2018: https://www.dharma.org/about-us/.
\textsuperscript{159} Vipassana Meditation as taught by S.N. Goenka website, accessed 27 October 2018: https://www.dhamma.org/en/about/qanda.
Judging by the infrequent number of times the word “enlightenment” appears in WVM [Western Vipassana Meditation] texts, it appears that most WVM teachers, while still drawing upon foundational teachings such as the Eightfold Path, deemphasize the term in lieu of secular values that can inform and improve the quality of one’s life.\textsuperscript{160}

Hence, for the purposes of this thesis, \textit{vipassana} is defined as a secular meditation technique.\textsuperscript{161}

‘Meditation Adverse Effects’

Negative effects related to meditation have been described across a variety of religious traditions, and in Western psychology. Terms such as ‘Dark Night of the Soul,’ ‘Kundalini Crisis’ and ‘Spiritual Emergence’ have all been used to refer to periods of difficulty associated with contemplative practice. The use of the term ‘adverse effects’ in Western meditation research can be traced back to Leon Otis, who used the term in his 1984 study of TM meditators, and Deane Shapiro who referred to adverse effects in his 1992 study of \textit{vipassana} meditators.\textsuperscript{162} More recently, Lindahl and colleagues have described meditation adverse effects as meditation experiences that are “challenging, difficult, distressing, functionally impairing, and/or requiring additional support.”\textsuperscript{163} In their recent study \textit{The Varieties of Contemplative Experience}, the authors note:

> Meditation-related effects that are not health-related benefits or that are reported as distressing have been classified as “side effects” or “adverse effects” (AEs), especially in clinical psychology research.”\textsuperscript{164}

In this particular study the authors describe a “taxonomy of 59 meditation-related experiences across 7 domains: cognitive, perceptual, affective, somatic, conative, sense of self, and social.”\textsuperscript{165} These experiences range from very positive to very negative. While a detailed discussion of the many adverse effects reported in this study is beyond the scope of this thesis, the term ‘adverse effects’ will be adopted for its utility, as it encompasses the widest possible spectrum of negative outcomes that may occur with meditation. Further, it is a relatively value-neutral term (as opposed to ‘Dark

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\textsuperscript{161} However, it is important to acknowledge that a strong argument for the opposite position – \textit{vipassana} as religious – can, of course, also be made. For example, recent work by scholar Renee Lockwood, argues that the boundaries of what constitutes a religion could be expanded to include groups such as Landmark Education. A similar analogy could be drawn with \textit{vipassana}. R. Lockwood, “Religiosity Rejected: Exploring the Religio-Spiritual Dimensions of Landmark Education,” \textit{International Journal for the Study of New Religions} 2 no. 2 (2011): 225-254.

\textsuperscript{162} Otis, “Adverse Effects.”

\textsuperscript{163} Lindahl et al., “The Varieties of Contemplative Experience,” 1.

\textsuperscript{164} Lindahl et al., “The Varieties of Contemplative Experience,” 3-4.

\textsuperscript{165} Lindahl et al., “The Varieties of Contemplative Experience,” 1.
Night of the Soul’ or ‘Spiritual Emergence’) and is not tied to any specific religious tradition (like ‘Kundalini Crisis’).

Theory and Methodology

This thesis comprises a discourse analysis on pop cultural sources and a close reading of clinical research sources regarding meditation in the modern West. As supporting evidence for both the positive and adverse effects of meditation, this project incorporates data from a variety of meditation studies obtained from the scientific literature, including experimental studies, qualitative studies, unpublished PhD dissertations and case studies. It also considers ‘traditional’ religious sources on meditation, including stages of the path literature, Buddhist meditation manuals and spiritual autobiographies. Additionally, this thesis draws on a number of new media sources such as blogs and podcasts. These new media sources (particularly podcasts such as Buddhist Geeks and 10% Happier) have been at the forefront of discussions of meditation adverse effects, and often feature lengthy interviews with prominent figures (for example meditation researchers, psychologists and teachers) in the modern contemplative field, providing a rich source of information. Ann Gleig posits that Buddhist Geeks is reflective of a new, distinctly postmodern stage in the wider assimilation of Buddhism in America. While the thesis attempts to situate these sources in a secular context, it also acknowledges that meditation practices have both historical and living connections to religious lineages, and that complete separation from these traditions is difficult if not impossible.

This thesis draws on a number of theoretical studies that examine the historical conditions that have led to the widespread adoption of meditation in the West. The concepts of ‘secular meditation’ and ‘Buddhist modernism’ are foundational to the arguments presented, and hence David McMahan’s The Making of Buddhist Modernism provides a fundamental analysis of meditation and modernity.

In particular, McMahan’s discussion of the relationship between meditation, Buddhism and key discourses of modernity, including scientific rationalism, perennialism, romanticism and transcendentalism, provides a supportive theoretical context for this work. The impact of socio-
cultural phenomena such as the subjective turn, the privatisation of the self, and Western individualism are all also directly relevant to the arguments presented in this thesis and are discussed at length in McMahan’s work. Jeff Wilson’s *Mindful America*, a historical study of the religious and sociocultural factors that have led to the current Western mindfulness movement, also considers a number of issues that are central to this thesis.169 Of particular importance is Wilson’s discussion of the factors that have led to mindfulness meditation being made available for appropriation, and modified to suit scientific and therapeutic culture. Wilson provides a significant analysis of how mindfulness has been de-contextualised, simplified and re-contextualised in relation to modern Western middle class values. In addition to McMahan and Wilson’s analyses, two other recent works provide an important perspective regarding the mainstreaming of meditation. Erik Braun’s *The Birth of Insight* provides a detailed study on the development and rise of *vipassana* meditation, and Philip Goldberg’s *American Veda* charts the history of Indian spirituality’s impact on modern Western culture.170 Both of these works examine the factors that have led to the mainstreaming of what are now viewed as common secular meditation practices, that is, *vipassana* and TM respectively.

Theories of Western psychology, particularly psychoanalysis, humanistic psychology and transpersonal psychology are also foundational to the arguments in this thesis. The work of psychologists such as Erich Fromm, Karen Horney, Abraham Maslow and Fritz Perls greatly influenced Western ideas regarding the private psychological self, personal transformation, and the role of meditation in the search for ‘wholeness’ and healing. The pioneering work on ‘spiritual emergence’ by transpersonal psychologists Stanislav and Christina Grof, now almost thirty years old, still provides one of the most comprehensive and effective Western psychological frameworks within which to understand adverse meditative experiences.171 Similarly, Jack Engler172 and Jack Kornfield’s173 early theories regarding the integration of the Western individual psychological self with Eastern contemplative concepts of ‘non-self’ is still highly relevant today. Their work provides a critical analysis of the similarities and differences between meditation and psychotherapy, and how an unconsidered conflation of the two practices may lead to adverse effects.

169 Wilson, *Mindful America*.
In their book *Selling Spirituality*, Jeremy Carrette and Richard King detail the emergence of a commodified 'consumerist' or capitalist spirituality, whereby “religion is rebranded as ‘spirituality’ in order to support the ideology of capitalism.”¹⁷⁴ In this context, the primary function of ‘spiritual’ practices is the perpetuation of the cycle of consumption, and meditation is conceptualised as a tool that is used for self-improvement and personal gain. Self-improvement is a dominant narrative in modern Western culture, and the idea of bettering oneself, often in relation to one’s resilience and productivity, is central to contemporary Western neoliberal values. The link between meditation and self-improvement/self-transformation is a focal point of this thesis and Richard Payne’s recent work provides a theoretical basis for this position.¹⁷⁵ Other scholars such as Terry Hyland¹⁷⁶ and Peter Doran¹⁷⁷ provide a similar cultural critique, arguing that when meditation is viewed as a commodity to be used in the pursuit of increased productivity and performance improvement, rather than oriented towards a wider social and ethical framework, it loses its core transformational function; that is, its ability to alleviate fundamental suffering for individuals and communities. The position of critics of commodified forms of meditation (sometimes referred to as “McMindfulness”) have been central to this thesis.

Chapter 2. From Enlightenment to Symptom Relief and Personal Transformation

The least recognised time bomb of the 20th century may be contact between the Asian meditation traditions and Western culture. At their best, these traditions offer a portal into a radically new (lived) understanding of what it is to know, to be, to act, and to be an embodied self in time. Western approaches have so far tended only to nibble around the edges of these traditions - Eleanor Rosch.¹

This chapter argues that meditation adverse effects have been ignored in Western clinical settings because the interaction between meditation and Western psychology has changed the goal of meditation from enlightenment to symptom relief and personal transformation. Specifically, when examining the historical interaction between Hindu and Buddhist-derived forms of meditation and Western psychology, some key themes emerge: the conceptualisation of meditation as an exalted psychotherapeutic tool, the equation of meditation with relaxation, and the belief in the ability of meditation to heal and enhance many aspects of the conventional psychological self. This chapter discusses how these themes can provide insight into why meditation adverse effects have been largely ignored in Western secular applications. It also considers how the scientific study of meditation within psychological research settings may have contributed to adverse effects being overlooked. The chapter will begin with a brief discussion of the role of meditation in Hinduism and Buddhism. However, it is important to note that religious meditation techniques are culturally embedded within very specific contexts. Therefore, to simply refer to ‘Hindu meditation’ or ‘Buddhist meditation’ is limiting, as both religions contain a vast range of different philosophies, traditions and lineages.² However, while recognising this limitation, for the purposes of this thesis, a broad discussion of the use of meditation in these two traditions serves as a basis of comparison to secular Western meditation.

The Role of Meditation in Religion

Hindu Approaches to Meditation

Defining Hinduism is difficult. As Klaus Klostermaier notes, “The long history, the vastness and the heterogeneity of Hinduism offer enormous challenges to each and every description of the tradition.”³ Some scholars argue that the term ‘Hinduism’ covers such a diversity of traditions that it

has no meaning. However, for the purposes of this thesis, the most useful way to define Hinduism is as an umbrella term for all the traditions that adhere to the sacred scriptures of the Vedas; ancient Indian texts in Sanskrit that cover psychology, religion, and philosophy, and that date back to approximately 3500 B.C.E. The Vedas, the Upanishads (c. 800 - 600 B.C.E.), the Bhagavad Gita (c. 500 - 300 B.C.E.), and the Yoga Sutras (c. 200 B.C.E. - 300 C.E.), are the major source texts regarding Hindu forms of meditation. These scriptures contain references to meditation practices embedded within a religious and philosophical context that addresses issues such as ethics, prescriptions for living, and theories regarding the existence of God. In Hinduism, this combination of meditation and context is often referred to as yoga. It should be noted that this usage of the term ‘yoga’ is different to modern postural yoga as it is taught in the West today, which has its origins in techniques of proprioceptive relaxation developed in nineteenth- and twentieth-century Europe and America.

Traditional Hindu texts refer to a variety of meditation practices. For example, the Upanishads mention techniques that utilise cosmic contemplation, Vedic religious symbolism, avatara (images understood to be a physical presence of a deity or God), and mantras (words or sounds that have special religious significance) like the OM. Various positive physiological and psychological effects are also mentioned in the Hindu scriptures, however health benefits tend to be the outcome of preparatory and purification practices (kriya) rather than of meditation itself. For example, body postures (asana) and breath control (pranayama) are preparatory cleansing techniques used to maintain health, prevent disease and increase the life span. However, the intention behind the cultivation of these health effects is religious; that is, the primary goal of asana and pranayama is to prepare the individual to sit comfortably and motionless for protracted periods of meditation.

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5 In Indian languages, the preferred description of Hinduism is Vaidika dharma, the “Vedic Law”. Klostermaier, A Survey, 15.
7 Feuerstein argues that in Hinduism, the distinction between philosophy and religion is not as clear-cut as it is in contemporary Western culture. Feuerstein, The Yoga Tradition, 72.
10 Klostermaier writes: “That health and religion go hand in hand is a commonly accepted truism among the Hindus.” Klostermaier, A Survey, 140-141.
11 The Yoga Sutras mention effects (vibhutis, or properties of yoga) such as the attainment of “an excellent body with grace, strength, perfect complexion and lustre” and a temperament that is “friendly and
Sometimes kriyas contain meditative elements, such as in the case of trataka, which is both a purification practice and a form of concentration meditation.\(^{12}\) Trataka involves concentrated gazing at an object (usually a candle flame) and is said to confer a wide range of health benefits, including the treatment of eye conditions, depression, insomnia, allergies, anxiety, and postural problems.\(^{13}\)

When practiced correctly, trataka also induces a meditative mental state and, with time, is said to improve memory and concentration.\(^{14}\) However, like the other kriyas, while trataka has many alleged therapeutic effects, its primary purpose as a cleansing technique is connected to a religious goal; that is, to purify and prepare the body for the demands of prolonged meditation.\(^{15}\) Hence, while meditation is utilised in contemporary Western secular settings primarily for health promotion and symptom relief, in the traditional Hindu context, physical and mental wellbeing are prerequisites to begin meditation practice, not its goal.

Scholars note that although many discrepancies exist between traditional Hindu texts, they all point towards a common theme; that is, if an individual practices meditation with dedication, for a prolonged period of time, it should eventually lead to a state of enlightenment (moksha, or mukti, liberation). This is the primary goal of Hindu meditation.\(^{16}\) Although described as a state of being that is ultimately ineffable, in Hinduism, the term ‘enlightenment’ refers to both liberation from the cycle of rebirth (samsara),\(^{17}\) as well as the ability to gain access to and dwell in ‘pure consciousness’ (purusha; also sometimes translated as true person or true self).\(^{18}\) According to Vedanta philosophy, all human suffering results from ignorance of, and separation from, the pure consciousness state.

\(^{12}\) Trataka is mentioned in the *The Hatha Yoga Pradipika* (c. 900 – 1000 B.C.E.), the first important written work to depict the asanas used in the Hatha Yoga tradition. See Swami Muktibodhananda (ed.), *Hatha Yoga Pradipika: Light on Hatha Yoga* (Munger, Bihar, India: Yoga Publications Trust, 2012), 212.

\(^{13}\) Swami Muktibodhananda, *Hatha Yoga Pradipika*, 212.


\(^{15}\) For an overview of the kriyas see Swami Muktibodhananda, *Hatha Yoga Pradipika*.

\(^{16}\) However, Klostermaier notes that the terms moksa or mukti are hardly ever used by the Upanishads to describe the ‘ultimate condition;’ they prefer terms like immortality, bliss, or becoming brahman. Klostermaier, *A Survey*, 178.

\(^{17}\) The general Indian and Buddhist worldview is that humans (and all sentient beings) are subject to an apparently endless cycle of rebirth or reincarnation. For example, R. Gethin, *The Foundations of Buddhism* (Oxford, NY: Oxford University Press, 1998), 17-18.

\(^{18}\) Sedlmeier and Srinivas write that “gaining access to pure consciousness and dwelling therein is, in fact, the highest aim [of meditation]... the result of having gained access to pure consciousness and dwelling therein is known in the literature as ... ‘enlightenment’ or ‘realisation.’” P. Sedlmeier and K. Srinivas, “How Do Theories of Cognition and Consciousness in Ancient Indian Thought Systems Relate to Current Western Theorizing and Research?,” *Frontiers in Psychology* 7 (2016): 3-4. Many other definitions of this state exist including ‘to see reality as it is,’ or to realise the equivalence of the small individual self (Atman) with one’s true (eternal) Self (Brahman). According to yoga philosophy, Brahman is ineffable. In the Upanishads it is described as neti neti (not this, not that). For example, see Sedlmeier et al., “The Psychological Effects,” 1139-1171.
Pure consciousness is always present, but the conscious mind, with its constant fluctuations (vritti), presents this state from being accessed.\(^{19}\) If, however, the mind is able to be stilled via meditation, then the connection between the limited human intellect and pure consciousness can become strong enough to enable the individual to access the pure consciousness state and abide there.

There is a complex religious literature that details the process that leads to enlightenment, however for the purposes of this thesis it is suffice to say that meditation works by intercepting the flux of ordinary mental activity and allowing the mind to access states of meditative absorption and concentration (Sanskrit: \textit{samadhi}) that lead to eventual liberation.\(^{20}\) Koneru Ramakrishna Rao summarises:

- Meditation in the classical tradition has a single acceptable application, which is the transformation of the person to realise herself in a state of total transcendence and freedom from all the existential constraints.\(^{21}\)

**Buddhist Approaches to Meditation**

Like Hinduism, Buddhism also refers to a vast and complex religious and philosophical tradition that originated approximately 2500 years ago, and is oriented around the teachings of the historical Buddha, Siddhartha Gautama (c.480 – c.400 B.C.E.) who is believed to have lived and taught mainly in the eastern part of ancient India.\(^{22}\) Buddhism emerged out of Upanishadic traditions (what is often referred to now as ‘Hinduism’) as a breakaway sect, and may be viewed as a form of ‘unorthodox Hinduism.’ Living Buddhism is divided into three broad traditions (\textit{yanas}, paths/vehicles): the Theravada tradition of Southeast Asia, the Mahayana schools and the Vajrayana tradition of Tibetan Buddhism.\(^{23}\) These traditions all have various schools and sub-traditions and each approaches meditation differently. However, as in the Hindu approaches, despite superficial differences, the schools of Buddhism all share a common goal: to lead the individual to a state of enlightenment (\textit{nirvana}, or cessation of suffering). In Buddhism, this involves following a path that incorporates ethics (\textit{sila}), the cultivation of wisdom (\textit{prajna}) and the practice of meditation. Buddhism also

\(^{19}\) Klostermaier writes: This freedom is “not a new acquisition, a product, an effect or result of any action, but it always existed as the Truth of our nature; we are always emancipated and always free.” Klostermaier, A Survey, 178.

\(^{20}\) For an overview of Patanjali’s eight-fold path to enlightenment, see “The Eight Limbs of the Path of Self-Transcendence,” in Feuerstein, The Yoga Tradition, 244-254.


\(^{23}\) For an overview of the three major traditions, see Gethin, The Foundations of Buddhism, 1-6.
contains rituals and belief in mythical cosmologies that include magic, other realms, and unseen supernatural beings who respond to prayers, invocations and offerings.\textsuperscript{24}

The meditation component of the Buddhist path consists of both concentration practices, and insight practices, which are sometimes referred to as right concentration and right mindfulness.\textsuperscript{25} Concentration (or calm abiding) practices (Pali: \textit{samatha}) are generally regarded as preliminary meditations that calm and stabilise the mind. However, unlike in Western contemporary applications, calmness is not cultivated as an end in itself, but rather as preparation for insight meditation practice (Pali: \textit{vipassana}). When the mind has achieved a requisite degree of stable concentration, the individual is able to pay close enough attention to moment-to-moment mental occurrences to see into their true nature, which is the basis of \textit{vipassana}, or ‘penetrating insight’ practice.\textsuperscript{26}

According to Buddhist philosophy, human suffering results from a distorted perception of reality that leads the individual to live in a constant state of illusion and reproduce a never-ending cycle of rebirth (\textit{samsara}). The path to enlightenment involves correcting these perceptual distortions and seeing reality as it really is: impermanent (\textit{anicca}), productive of suffering (\textit{dukkha}) and devoid of self (\textit{anatta}).\textsuperscript{27} However, while Buddhist philosophy explains in detail the cause of suffering and its cure, enlightenment cannot be realised from discursive intellectual thought alone; it must arise through direct experience of the truth of the Buddha’s teachings. This requires the individual to look deeply into their own experience of reality, something that is not possible for those who have unfocused and uncultivated minds. It is only through the practice of meditation that direct insight becomes achievable. In a discussion of the integration of concentration and insight meditation, Richard Thurman and David Gray write:

\begin{quote}
the mind, which is initially highly resistant to concentration meditative exercises, can initially be focused only via tremendous effort, which gradually gives rise to intermittent and finally unbroken focus of the mind on a single object. Mastery is achieved when this focus can be maintained ‘naturally,’ i.e., without any conscious effort ... From the basis of this mastery of
\end{quote}


\textsuperscript{25} Sedlmeier, “The Psychological Effects,” 1143.

\textsuperscript{26} For example, in \textit{Bhavanakrama I}: “One cannot know things as they really are with an unequipoised mind, for the Bhagavat [the Buddha] has proclaimed, 'The man whose mind is equipoised knows things as they really are.'” Cited in J.B. Hollenback, \textit{Mysticism: Experience, Response, and Empowerment} (University Park, PA: Pennsylvania State University Press, 2000), 598.

\textsuperscript{27} For example, S. Ledi, \textit{The Manual of Dhamma} (Igatpuri: VRI, 1999), 273.
the mind gradually achieved through quiescence exercises, one’s Insight analysis is no longer purely intellectual, but is experiential, involving one’s entire psychophysical complex.28

Like Hinduism, Buddhism teaches that enlightenment involves freedom from human suffering and rebirth (samsara) as well as the recognition of an ultimate reality. However, in Buddhism, the experience of ultimate reality is the insight that all phenomena arise and pass away as a chain of conditions that ultimately can be reduced to nonexistence or emptiness (sunyata). Although this definition seems quite different to the Hindu concept of a pure consciousness state, as the term ‘enlightenment’ is ineffable, scholars argue that it is possible that both traditions are speaking of the same experience; that is, that the experience of pure consciousness may be the same as that of pure emptiness.29 Even within the various schools of Buddhism there are disagreements regarding what enlightenment means, and what experiential states refer to true realisations of nirvana.30 For example, Tibetan Buddhism speaks of a ‘primordial wisdom’ (a basic state of knowing that is beyond the conceptual mind), while Zen Buddhism refers to ‘original mind’ and ‘no mind.’31 However there is one commonality that exists among all the traditions. As Eleanor Rosch writes: “All agree that ‘this’ is our original, natural, fundamental state, what we are right now, not any particular or special experience.”32

In summary, both Hinduism and Buddhism view meditation as a practice that has short term (state) and long term (trait) transformational goals.33 However, unlike in Western secular applications, the short term state changes (calming of the mind) produced by Hindu and Buddhist meditation are

29 Sedlmeier et al. argue that while on the surface the Buddhist approach to meditation may seem quite different to the Hindu approach, the effects an individual can expect from both practices are similar. Sedlmeier et al., “The Psychological Effects,” 1143.
30 For example, Burmese meditation master Mahasi Sayadaw of the Theravada Buddhist tradition maintains that nirvana “can be seen inwardly as the cessation of all phenomena.” Alternatively, some schools of Tibetan Buddhism view enlightenment as the ability to see “all phenomena as truly beyond suffering, as an inseparable emptiness-luminosity-bliss state.” J.H. Davis and D.R. Vago, “Can Enlightenment be Traced to Specific Neural Correlates, Cognition, or Behavior? No, and (a qualified) Yes,” Frontiers in Psychology 4 (2013): 870. Even within Theravada Buddhism there is disagreement regarding what experiential states refer to realisations of nirvana and which are merely deep states of concentration (jhana).
32 Rosch, “How to Catch,” 32.
33 It should be noted that ‘state’ and ‘trait’ are psychological concepts deriving from scientific psychology, especially psychometric research on personality and intelligence. However more recently modern meditation teachers who are influenced by Western neuroscience and psychology have adopted these terms in order to differentiate between short-term and long-term changes that result from meditation. For example, Y. Tang, B.K. Hölzel and M.I. Posner, “Traits and States in Mindfulness Meditation.” Nature Reviews. Neuroscience 17, no. 1 (2016): 59.
cultivated as part of a much larger transformational aim; the realisation of enlightenment, or a fully transformed consciousness. Both traditions consider the everyday state of consciousness and the conventional sense of a ‘self’ to be inaccurate, limited, and the cause of human suffering. This suffering can be overcome by following a prescribed religious path that includes many components (including ethics, ritual and renunciation), and of which meditation is a key ingredient.

**Meditation as a Western Therapeutic Intervention**

The popular conceptualisation of meditation in the West has been heavily influenced by its affiliation with various streams of psychology. The idea that meditation has therapeutic potential can be traced back to 1934 when eminent psychiatrist and psychoanalyst Carl Jung posited that Zen Buddhism and psychotherapy shared a common goal (that is, the alleviation of human suffering via psychological means), and that the Buddhist teacher and psychoanalyst fulfilled a similar role in facilitating an individual’s healing.34 Since then there have been numerous attempts to link meditation with psychology, including the ideas that mystical experiences associated with meditation are therapeutic, and that meditation can enhance or even replace psychotherapy.35 Historically, almost every school of psychological thought has been used to support these claims, and working definitions of meditation have evolved alongside developments in psychology.36

**Meditation as a Panacea: “The Answer to All Your Problems?”**

A key theme that emerges from the historical interaction between meditation and psychology is the view of meditation as a type of panacea; an exalted technique with a therapeutic potential that transcends conventional Western psychotherapy. This view can be traced back to the early dialogue between psychoanalysis and Buddhism, and in particular to psychologist Erich Fromm (1900 - 1980), who reformulated psychoanalytic theory to propose a more positive definition of health as ‘well-being,’ rather than just the absence of illness. While Freud’s psychoanalysis was concerned with only one aspect of the unconscious – that dealing with psychopathology – Fromm argued for a humanistic psychoanalysis that went beyond symptom relief and included the “full recovery” of the

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unconscious. Informed by his correspondence with Suzuki and his analysis of Zen Buddhism, Fromm believed that meditation could be used as a tool to aid psychotherapy in not just the elimination of neuroses, but the “more radical aim of a complete transformation of the person.” This perspective provided the basis of a Western conceptualisation of meditation that has proved to be enduring: the optimistic view of meditation as an exalted technique that has the power to provide healing beyond traditional forms of psychotherapy.

Another reoccurring theme that has contributed to overly positive Western perceptions of meditation is the idea that there is something inherently healing about present moment ‘awareness;’ a key state cultivated by meditation, and in particular mindfulness meditation. For example, Shauna Shapiro and colleagues note that “attention has been suggested in the field of psychology as critical to the healing process.” This is a theme that can be traced back to noted psychiatrist and Buddhist sympathiser Fritz Perls (1893-1970), the founder of Gestalt therapy, who claimed that “awareness – by and of itself – is curative.” Perls designed experiments in self-awareness which were designed to bring to consciousness the thoughts and bodily activities which were considered to be creating ‘unconscious blocks,’ resulting in psychopathology. Similarly, renowned psychologist Carl Rogers (1902-1987) defined psychologically healthy, fully functioning people as “allowing awareness to flow freely in and through their experiences.” Humanistic psychotherapists saw personal transformation instead of symptom relief as the end result of successful therapy, and this was brought about through awareness and acceptance. Dryden and Sill posit that many humanistic psychotherapists were “familiar with and probably influenced by Buddhist ideas, though this is rarely made explicit in their theory or practice.”

This positive view of awareness persists in psychology today, however it is expressed in the cognitive-behavioural language reflective of current psychological thought. For example, Roger Walsh and Shauna Shapiro write:

43 Dryden and Still “Historical Aspects of Mindfulness,” 14.
Dramatic heightening and continuity of awareness are said to allow meditators to recognise and disidentify, not just from a problematic subset of thoughts, emotions or images, but from all of them. The result is said to be the ability to observe all experiences with imperturbable calm and equanimity, in a state of mind variously described as ‘transcendental consciousness’ (TM), ‘mind-body drop’ (mind-body disidentification – Zen), Xujing (calm stillness – Taoism), ‘divine apatheia’ (Christian contemplation) or equanimous ‘witnessing’ (yoga).44

The authors go on to discuss the potential of meditation to enhance more sophisticated psychological capacities including emotional intelligence, equanimity, moral maturity and lucidity during both waking and sleeping states. The idea that meditation can access human potentials that go beyond the levels currently recognised by conventional Western psychology (what Abraham Maslow called “the farther reaches of human nature”) is an idea that developed within transpersonal psychology, and that was explored extensively by theoretical psychologist Ken Wilber who created a developmental model that spans the full spectrum of human growth from infancy to enlightenment.45 Within this model, the earlier levels refer to the developmental territory studied by conventional psychology, and the higher ‘transpersonal’ levels of consciousness refer to developmental stages that can only be accessed via spiritual practices such as meditation.46 This idea was also developed by psychologist and meditation teacher Jack Engler, who argued that psychology and Buddhism map discrete states of a single developmental sequence, which starts with lower stages of conventional development (the domain of psychotherapy) and leads to more subtle stages of contemplative development (the domain of Buddhism).47 Engler has since revised his theory

44 Walsh and Shapiro, “The Meeting,” 232. One recent critique of medical mindfulness goes so far as to argue that the mindfulness movement portrays a failure to pay attention (i.e., lack of awareness) as the principal cause of disease: “The specific culprit is inattention to the present moment.” K.K. Barker, “Mindfulness Meditation: Do-it-Yourself Medicalization of Every Moment,” Social Science & Medicine 106 (2014): 171.


47 J. Engler, “Therapeutic Aims in Psychotherapy and Buddhism,” in Transformations of Consciousness, eds. K. Wilber, J. Engler and D. Brown (Boston, MA: Shambhala, 1986). The view that meditation is a technique that reaches beyond conventional psychotherapy can be found throughout the psychology literature. Other notable examples are here listed. Mark Epstein describes Buddhism as something that “reaches beyond therapy, toward a farther horizon of self-understanding that is not ordinarily accessible through psychotherapy alone.” M. Epstein, Thoughts Without a Thinker (New York: Basic Books, 1995), 130.
regarding a linear developmental model, but still believes that Buddhist theory and practice address a type and range of functioning and well-being that go beyond traditional Western clinical practice.  

While both transpersonal psychology and psychoanalysis have been criticized for lacking conceptual, evidentiary and scientific rigor, contemporary Western psychology is now exploring the relationship between meditation and human potential through a positive psychology lens. For example, recent studies have shown that mindfulness meditation promotes both hedonic and eudaimonic well-being. Hedonic well-being is associated with pain relief and increased pleasure, while eudaimonic well-being means living a meaningful, self-realised and fully-functional life.

One of the factors that has contributed to meditation adverse effects being overlooked in psychological and clinical settings is therefore quite straightforward: meditation is seen as a therapeutic intervention and therapeutic interventions are supposed to help, not harm. A review of the psychoanalytic and psychotherapeutic literature from the 1960s onwards reveals that meditation has largely been viewed as a harmless psychotherapeutic technique, and any adverse effects that have occurred have been attributed to either the therapeutic process or the individual undergoing therapy. Some Western researchers in psychology have attempted to map meditation difficulties (the best known example being the “spiritual emergency” literature), but most secular Western meditation texts have very little to say about adverse effects. This is reflected in early TM studies, where negative effects associated with meditation were simply attributed to “unstressing,” a term used by the Students International Meditation Society (SIMS, the parent organisation of TM), to describe an initial, transient process whereby the problem areas in the meditator’s life are solved.

Daniel Goleman writes: “I conceptualise meditation as a “meta-therapy;” a procedure that accomplishes the major goals of conventional therapy and yet has as its end state a change far beyond the scope of therapies... an altered state of consciousness.” D. Goleman, “Meditation as Meta-therapy: Hypotheses Toward a Proposed Fifth State of Consciousness,” *Journal of Transpersonal Psychology* 3 (1971): 4.  


or “normalised.” Similarly, in psychotherapy, difficulties that occur during meditation have generally been attributed to ‘normal’ psychotherapeutic processes such as catharsis or “working through” issues. For example, Roger Walsh and Shauna Shapiro write that from a Western psychological perspective:

growth at any stage can be challenging, but many challenges may be potentially therapeutic, and clinicians have therefore described them as, for example, ‘crises of renewal’, ‘positive disintegration’, ‘creative illness’, and ‘spiritual emergencies.’

While humanistic and transpersonal views of growth and transformation entail change that, regardless of whether initiated by meditation, will be experienced as difficult by many people, it is important to note that the ‘adverse effects’ this thesis is referring to are quite literal. The term adverse effects is not, in this particular context, simply a metaphor for the emotional discomfort involved with personal growth. It would be quite unusual, for example, to expect auditory hallucinations, involuntary movements, or psychosis to result from psychotherapy, yet these effects have all reportedly been associated with meditation. Further, meditation adverse effects that are long lasting and functionally impairing are unlikely to be the result of a normal process of psychological growth. However, it is possible that despite the sometimes obvious differences in symptom presentation, in some clinical situations genuine meditation adverse effects may be conflated with psychological discomfort arising from therapy and hence the link between meditation and the adverse effect is not identified.

In a Western psychotherapeutic context, difficulties associated with meditation may also be misattributed to the individual meditator. Willoughby Britton notes that when it comes to meditation adverse effects there have been various instances of “victim blaming” and a tendency to

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54 However, Otis (1984) found “unstressing” to be an inadequate explanation of adverse effects in TM, as his study found that it was experienced meditators, not novices, who experienced the most adverse effects. L.S. Otis, “Adverse Effects of Transcendental Meditation,” in Meditation: Classic and Contemporary Perspectives, eds. Deane H. Shapiro, Jr and Roger N. Walsh (New York, NY: Aldine Transaction, 2009 [1984]).

55 For example, Parsons writes that from a psychoanalytic perspective, meditation can be problematic if “unearthed unconscious content is simply observed (as meditation advises) and not worked-through.” Parsons, “Psychoanalysis Meets Buddhism,” 205. Also, Bogart writes that de-repression of unconscious material may occur in meditation. G. Bogart, “The Use of Meditation in Psychotherapy: A Review of the Literature,” American Journal of Psychotherapy 45, no. 3 (1991): 397.

56 Walsh and Shapiro, “The Meeting,” 234.

assume that any problems encountered with meditation are the meditator’s fault.\textsuperscript{58} This is a perspective that can also be found in the psychological literature. For example, religious studies scholar Jeffrey Kripal writes that in the 1960s and 1970s, people who showed interest in various altered states of consciousness – what psychologist Abraham Maslow termed ‘peak experiences’ – were routinely diagnosed by the Freudian-influenced medical establishment as displaying signs of mental disorder.\textsuperscript{59} Even relatively recently, psychologist John Suler has argued that people who are drawn to meditation display a range of psychological problems: “from a fear of autonomy and refusal to assume adult responsibility to issues concerning incapacity for intimacy and passivity/dependency needs.”\textsuperscript{60} Other scholars have argued that in some situations meditation may be used as a form of ‘spiritual bypassing,’ a technique used by individuals to avoid dealing with unresolved emotional issues or unfinished developmental and psychosocial tasks.\textsuperscript{61} It is likely that most meditation adverse effects involve an interaction between the practice of meditation and the individual meditator.\textsuperscript{62} Hence, in therapeutic contexts, where meditation is used to treat a variety of conditions that affect mood and cognition, it can be challenging to identify what difficulties are due to pre-existing or latent psychopathology and what might be caused by the meditation technique itself.

Meditation and the Relaxation Response

One of the first theories that attempted to explain the effectiveness of meditation in clinical settings was that meditation helps produce a state of relaxation.\textsuperscript{63} Certain physiological changes have been consistently reported during meditation studies, including reduced heart rate, decreased oxygen consumption and carbon dioxide elimination, decreased blood pressure, increased skin resistance and increased regularity and amplitude of alpha brain waves. As these physiological signs are typical


\textsuperscript{59} J.J. Kripal, \textit{Esalen: America and the Religion of No Religion} (Chicago, IL: University of Chicago Press, 2007), 138. Also, Bogart writes “Freud considered all forms of religious experiences as attempts to return to the most primitive stages of ego development.” Bogart, “The Use of Meditation in Psychotherapy,” 396.


responses that occur during relaxation, early researchers hypothesised that meditation produces a ‘wakeful hypometabolic state’ of relaxation. In 1974, cardiologist Herbert Benson coined the term ‘relaxation response’ to describe the physiological and psychological effects that occur during meditation. The attainment of a relaxation response during meditation has been replicated by many subsequent studies, and as a result, meditation practices are often reduced to and equated with (particularly in the popular media) other relaxation techniques such as hypnosis, progressive relaxation, guided imagery and biofeedback.

Today, the relaxation view of meditation has been recognised by scholars as overly reductionist and incomplete; however, the association between meditation and relaxation has prevailed. Scholars have argued that this is because defining meditation as a relaxation technique allows it to fit more easily into secular therapeutic paradigms. For example, Gordon Boals posits that the relaxation view of meditation initially gained popularity because it demystified meditation and divorced it from its Eastern religious roots, “thereby countering the apparent secrecy and cultishness that have risen around most meditation procedures.” When reconceptualised as relaxation, meditation became more familiar, acceptable and accessible to the scientific community.

One of the problems that arises when meditation is equated with relaxation is that it leads to unrealistically positive expectations regarding meditation outcomes. For example, a common popular misperception about meditation is that it always leads to the attainment of blissful states or the transcendence of one’s day-to-day reality. Perceptions such as this contribute to the view of

67 There is recognition amongst scholars of both psychology and religion that the relaxation model is not by itself an adequate explanation of the therapeutic effects of meditation, and attempts have been made to promote a more balanced view of meditation. Notably, Jon Kabat-Zinn changed the name of his mindfulness program from Stress Reduction and Relaxation Program to Mindfulness-Based Stress Reduction (MBSR) and removed the word “relaxation” from audiotapes and handouts. See W.B. Britton et al., “Awakening is Not a Metaphor: The Effects of Buddhist Meditation Practices on Basic Wakefulness,” Annals of the New York Academy of Sciences, 1307 (2013): 64-81. Also, A. Nathoo, “From Therapeutic Relaxation to Mindfulness in the Twentieth Century,” in The Restless Compendium: Interdisciplinary Investigations of Rest and its Opposites, eds. F. Callard, K. Staines, and J. Wilkes (Durham, UK: Palgrave MacMillan, 2016), 71-80.
68 Boals, “Toward a Cognitive Reconceptualization,” 149.
69 Lustyk, et al., “Mindfulness Meditation Research,” 20-30. While it is true that some meditation practices may lead to states of tranquility and relaxation, others may lead to states that are challenging or unpleasant. For example, the goal of mindfulness meditation as defined by Kabat-Zinn is to pay attention, on purpose, in the present moment, non-judgementally, and according to this definition, meditation may include paying
meditation as a panacea and have implications for the under-reporting of meditation adverse effects by practitioners. When meditation is presented as a harmless relaxation technique this creates a situation that meditators may be reluctant to question or challenge, and meditators may be afraid to speak up about difficulties. An article in *Spectator* describes the case of a meditator who:

> tried out a mindfulness course because he was having some trouble falling asleep. While doing the course he became aware of negative thoughts, which wouldn’t disappear no matter how much he accepted and tried to ‘let them go’. After eight weeks his anxiety levels had increased from something barely noticeable to an everyday problem which he found hard to manage. ‘Is it my fault?’ he wanted to know — and this is a common question for those who don’t feel the wellbeing, relaxation, happiness kick one might expect to get when meditating. Let’s not add stigmatisation to the list of adverse effects. It is no one’s fault when meditation goes wrong.\(^{70}\)

Hence, meditators who do not experience relaxation, or worse, experience adverse effects, may attribute these experiences to their own perceived inadequacies as practitioners and be reluctant to speak up. Contributing to this effect is the fact that even in Western secular contexts it is common for meditators to practice in silence in order to enhance the deepening of concentration and awareness.\(^{71}\) Limiting social interaction and encouraging uninterrupted practice may create conditions that contribute to meditators’ reticence to speak about adverse effects with teachers. For example, it is possible that the common instruction in therapeutic mindfulness practice to “just sit with it” may create an implicit pressure on the meditator to endure any adverse effects in silence, leading to an under-reporting of adverse effects.\(^{72}\)

The relaxation view of meditation has also greatly influenced the way in which scientific studies report the effects of meditation. Scholars have argued that studies of meditation may emphasise or 


\(^{72}\) For example, D. Treleavan, “Meditation, Trauma and Contemplative Dissociation,” *Somatics* 16, no. 2 (2010): 20–22.
deemphasise certain effects in order to fit within acceptable modern paradigms, such as that of Western therapeutic culture. So far, studies of meditation have emphasised its relaxation effects, however, the evidence that meditation can lead to a state of relaxation is based primarily on studies of only two types of meditation; TM, and mindfulness techniques derived from the Theravada stream of Buddhism. Interestingly, a number of studies exist that show that other forms of meditation, such as those from the Vajrayana and Hindu Tantric traditions, produce a state of arousal, not relaxation. For example, a study by Ido Amihai and Maria Kozhevnikov demonstrated that different types of meditation are based on different neurophysiological mechanisms, which give rise to either a relaxation or arousal response. An interdisciplinary review by Willoughby Britton and colleagues also lends support to meditation’s arousing effects, providing further evidence that the common characterisation of meditation as a relaxation technique is incomplete. The evidence from this review suggests that not only do different types of meditation techniques lead to either relaxation or arousal, but that paradoxical arousal effects may occur even with meditation techniques that were traditionally thought to be relaxing; specifically, Buddhist meditation can actually promote greater wakefulness and lower sleep propensity depending on dose and expertise of practitioner. As meditation adverse effects are by definition arousing and not relaxing, research studies that focus only on the relaxing effects of meditation risk ignoring other categories of phenomenological experience that may include adverse effects.

Issues of Self and Non-self

Attempts to integrate meditation into Western psychotherapy have focused on the therapeutic benefits of meditation as a technique to help a person address psychopathology and develop a healthy sense of self. Secular meditation-based therapies are therefore concerned with individuals

73 Britton et al., “Awakening is Not a Metaphor,” 64-81.
74 The lumping together of very different meditation techniques from disparate traditions can be traced back to the Theosophical Society, who mixed Hinduism and Buddhism so that both became ill-defined terms. It is also due in part to the Asian teachers who came to the West and presented only the meditative aspects of their religions, aligning them with science. Also, William James’ seminal work The Varieties of Religious Experience provides a classic account of religiosity as situated within the private psychological self. W. James, The Varieties of Religious Experience (New York, NY: Barnes & Noble, 2004 [1902]).
77 Britton et al., “Awakening is Not a Metaphor,” 64-81.
and their adjustment to their social context; a context which scholar Geoffrey Samuel describes as “deeply invested by the Western sense of the separate individual.” Yet, contemporary therapeutic meditation practices such as mindfulness and TM derive from modernist versions of Buddhism and Hinduism; religious traditions which emphasise the deconstruction of the individual self, or the realisation of non-self. In Hinduism this is referred to as self-realization (atma-jnana) and is equated with knowledge of the true self beyond identification with material phenomena. Similarly, Buddhism denies the existence of the sense of self (atman) as a stable and continuous entity. Samuel writes: “For Buddhists, the human sense of oneself as a coherent, stable individual is ultimately artificial and mistaken … This is not an optional extra for Buddhists; it is a central assertion of the tradition.” Thus, in these religious traditions, meditation is seen as a vehicle for realising that the conventional sense of self is an illusion.

This presents an interesting challenge for therapeutic meditation with its current individualistic orientation. While Western meditation literature describes a helpful shift in perspective that arises from basic mindfulness practice, the idea of non-self as defined by Buddhism fits poorly into the contemporary Western therapeutic context, which focuses on the fulfilment of the individual’s personal desires and the gratification of the psychological self. Further, the contemporary psychological self is the product of the last three or four hundred years of Western civilisation; scholars have argued that the concept of an independent and autonomous selfhood was unknown in the Buddha’s day. However, whether the Buddha recognised a psychological self or not is actually beside the point. A problem arises because in Western therapeutic approaches, meditation is seen simply as a technique whereby “one’s old notion of self can better get what it wants.” However, as a contemplative practice, the goal of meditation is not self-gratification or self-fulfilment, but rather

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82 The Western mindfulness literature notes helpful changes in perception such as “standing back” from one’s identity (“reperceiving”; Shapiro et al., 2006), disidentification (Walsh and Shapiro, 2006), decentering (Safran and Segal, 1990) and cognitive defusion (“self as context” versus “self as content”; Hayes 2004).
83 Some scholars have argued that the modern Western conceptualisation of the self as a unique individual is foreign to traditional Asian cultures. There is evidence to suggest that Asian cultures do differ from Western cultures in that they are more collectively oriented and less concerned with individuality. Therefore, it is possible they may find teachings of non-self easier to integrate, and that insights of non-self associated with meditation may present unique concerns to contemporary Western individuals who have a strong sense of separate personal identity self. For example, M. Mines, “Conceptualising the Person: Hierarchical Society and Individual Autonomy in India,” in *Self as Person in Asian Theory and Practice*, eds. R.T. Ames, W. Dissanayake and T.P. Kasulis (Albany, NY: State University of New York Press, 1994); A. Roland, *In Search of Self in India and Japan: Towards a Cross-Cultural Psychology* (Princeton, NJ: Princeton University Press, 1988); H.C. Triandis, “The Self and Social Behaviour in Differing Cultural Contexts,” *Psychological Review* 96, no. 3 (1989): 506-520.
84 Rosch, “Is Wisdom,” 222.
the deconstruction of the individual self. While psychotherapy seeks to modify the self, the original goal of meditation in a traditional religious context is to experience a consciousness beyond the cognitive structures and constructs of the conventional self.

That Western psychotherapy and the Eastern religions from which contemporary forms of meditation originate have fundamentally different ideas regarding the self is a fact that has been largely ignored in the scientific literature on meditation. It is possible this is because there is an implicit assumption that both psychotherapy and the contemplative traditions share a common goal – the alleviation of human suffering – and that notions of non-self are seen as irrelevant in contemporary secular pursuits of this goal. While this may be true to an extent, the definition of ‘suffering’ differs significantly according to context. In psychological terms, suffering is equated with psychopathology, or problems associated with the individual self. In Buddhist and Hindu traditions, suffering is caused by the illusion of the individual self. For example, in Buddhist philosophy, any relief from suffering that is provided by an attempt to adapt to external conditions - arguably the goal of most forms of psychotherapy - would be temporary; true alleviation of suffering would only come from realising the illusory nature of self. As C.W. Huntington Jr. writes:

Both Buddhism and psychotherapy are directed toward the problem of human suffering, but nibbana—the goal of Theravada Buddhist practice—and the therapeutic goal of “mental health” are grounded in two distinct understandings of the nature and scope of human suffering. While psychotherapy aims at the alleviation of symptoms experienced as extrinsic or peripheral to the patient’s underlying core sense of self, Buddhism addresses a form of suffering (dukkha) considered intrinsic to the experience of the personal self as an

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85 Bogart notes that from the Buddhist perspective, in contrast to Western psychology, identity constancy represents a point of arrested development; self-coherency is achieved in order to be transcended. Bogart, “The Use of Meditation in Psychotherapy,” 399.
87 Asian meditation teachers such as Mahasi Sayadaw and the current Dalai Lama have admitted to being surprised by the unfamiliar psychological problems they find in Western meditation students. Sayadaw has referred to psychological problems as a new form of dukkha, one that he termed “psychological suffering.” Similarly, the Dalai Lama was reportedly surprised to hear that Western students suffer from self-hatred, as there is no equivalent Tibetan concept matching this psychological issue. Hence, there seems to be a categorical difference between Western conceptions of psychological suffering and Buddhist conceptions of suffering. However, there is evidence to suggest that depression, anxiety and psychosis exist in Tibetan cultures and hence these types of claims must be scrutinised and should not be taken at face value. For example, R. Hogendoorn, “Caveat Emptor: The Dalai Lama’s Proviso and the Burden of (Scientific) Proof” Religions 5, no. 3 (2014): 522-559.
88 This definitional issue is also reflected in the ideological split between Joseph Goldstein and Jack Kornfield. Goldstein argues that the highest Buddhist aim of liberation from suffering has been replaced by more humanistic psychological concerns. He writes: “I see a tendency to let go of that goal and become satisfied with something less: doing good in the world, having more harmonious relationships, seeking a happier life. That’s all beautiful but in my view it misses the essential point.” Quoted in Gleig, “Wedding the Personal,” 136.
independent agent defined by its capacity to analyze and think, to judge, choose, act and be acted upon. Buddhist teachings associate these two forms of suffering with two distinct but interrelated truths about the self and its world: the first is ‘conventional’ truth (sammuti-sacca), which governs day-to-day, practical affairs, where appearances are all that matters; and the second is ‘ultimate’ or ‘absolute’ truth (paramattha-sacca), which reveals the illusory nature of these same appearances.

The practice of psychotherapy is, accordingly, dedicated to a method of healing that leaves the conventional structure of self-as-agent intact as the focal point of attention, whereas Buddhist spiritual practice engages in a sustained, methodical dismantling of our customary preoccupation with self-centered experience.\(^89\)

This key difference in definitions of suffering may be another factor contributing to meditation adverse effects being overlooked in secular therapeutic contexts. That is, secular therapeutic forms of meditation may induce effects that go beyond symptom relief; specifically, changes in the meditator’s sense of a stable individual self. A review of the literature shows support for this idea, and also indicates that such experiences of insight into the impermanent nature of the self during meditation may be extremely challenging. For example, in his pioneering phenomenological study of insight meditation practitioners, Jack Kornfield describes the challenging aspect of non-self experiences in vipassana meditation:

> Deep practice also involves mindfulness of death-like experiences, reported as feeling a dying of the body, death of illusions, of self-images, of ideals, of past and future, and the idea of one self as permanent or solid at all. One of the experiences most commonly described as powerful or transformative is the insight into the moment-to-moment changing nature of the self. Students report experiencing themselves as simply a flowing process of sense perceptions and reactions, with no sense of a fixed self or person existing apart from this process at all.\(^90\)

Similarly, Jack Engler writes:

> Discovering that there is no ontological core to consciousness or self that is independent and enduring and no stable ‘objects’ of perception ... no ‘I’ or ‘thing’ enduring across the gap between one construction and arising of the next – this is a profound shock. It is experienced as a free fall into a looking-glass world where, as the Mad Hatter tells Alice, ‘Things are not


as they seem!’ It so turns our normal sense of self and reality on its head that, as Niels Bohr once remarked about quantum physics ... if you don’t get dizzy thinking about it, you haven’t understood it.  

A recent study by psychologist Tim Lomas and colleagues also reported on the difficulties that meditators can encounter with non-self experiences. When describing one participant’s experience, the authors write: “the deconstruction of the self (which is the goal of the practice) was experienced as a frightening dissolution of identity, rather than as a sense of liberation (which the practice is arguably designed to invoke).” Other participants in the study described their non-self experiences as disorienting, frightening, alienating and disturbing. Sean Pritchard’s qualitative study of vipassana meditators supports these findings, with participants comparing insights into non-self as a “death experience.” Additionally, scholar Andrea Grabovac argues that some participants in secular mindfulness-based interventions appear to progress through the Theravadan Buddhist stages of insight, even during a relatively short period of time, such as an eight week program. This involves experiences that can be extremely psychologically challenging (including experiences of non-self), and that may become clinically significant. Hence, it seems that even when secularised and applied in Western therapeutic contexts, meditation may cause the concept of a stable, permanent psychological self to be challenged, and this may result in adverse effects.

In summary, it is clear that while psychotherapy and meditation share some similar goals and functions in the enhancement of individual well-being, there are also major philosophical differences that must be acknowledged. Some scholars have gone so far as to argue that the Buddhist and Hindu goal of meditation (the realization that the individual self is illusory) is fundamentally irreconcilable with the Western therapeutic goal of facilitating the development of a cohesive psychological self.

95 Other Western contemporary qualitative research describes the “non-conceptual perception of self” (Full et al., 2013), a “transcendence beyond self” (Gifford-May and Thompson, 1994), a progression of understanding including “self, self and mind, and non-self” (Healy, 2001), a “dis-identification with emotions and thoughts” (Pruitt and McCollum, 2012), and “experiencing oneself as a changing process, not as a solid unchanging entity” (Kornfield, 1977). All cited in S.M. Pritchard, “Mindfulness and Beyond.”
96 Some scholars argue that the goal of meditation (the realization that the self or ego is illusory) is irreconcilable with the therapeutic goal of facilitating development of a cohesive ego, and that although meditation and therapy both work to enhance individual well-being through the development of present moment awareness, there are major philosophical differences between the two that make separation
Others have argued that a more balanced approach may be to maintain a clear distinction between Western psychotherapeutic aims and the goals of Eastern meditation, and to admit the differences between the stated aims of each technique. While the idea of completely excluding meditation from psychotherapy seems unnecessary and extreme, the literature suggests that it would be impossible to make a clear distinction between ‘Western psychotherapy’ and ‘Eastern meditation’ in modern contexts, because they have co-arisen and been developed in a mutually informing way. Hence, it is up to secular clinicians and meditation teachers to recognise that non-self experiences may occur, even with secular meditation, and that these experiences are distinct from psychopathology.

Research Methods in Meditation Studies

A final factor to consider is that the scientific study of meditation has occurred primarily in clinical trials and self-report surveys (psychometrics) that have focused on quantitative, bio-neurological investigations into the effects of meditation. While clinical trials are the most reliable method for acquiring accurate information about the effects of meditation, their design does not specifically seek to test for side effects or adverse effects. Currently there is no standard method for identifying adverse effects in clinical trials, and the vast majority (>75%) of meditation studies do not actively assess adverse effects, but rely on patients to spontaneously self-report any negative experiences that occur. However, research into the nature of self-report has demonstrated that participants in clinical trials are unlikely to volunteer information about negative reactions to treatment without being directly asked due to the influence of social desirability effects and demand characteristics.

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P.G. Bacher, “An Investigation into the Compatibility of Existential-Humanistic Psychotherapy and Buddhist Meditation,” (Doctor of Education, Boston University School of Education, Massachusetts, 1981). Also, Parsons raises the point that in Western culture “we repress the fact of an unconstructed non-core to existence.” The addition of Buddhist practices to psychotherapy may therefore require the individual to “work-through an even deeper level of mourning: that of the existence of a continuous, stable, enduring self.” Parsons, “Buddhism and Psychoanalysis,” 202. Pritchard also notes that several participants in his study recognised the need for conventional psychotherapy as a useful adjunct to their meditative practice. Pritchard, “Mindfulness and Beyond,” 81.


Therefore it is probable that the prevalence of adverse effects in clinical trials, including meditation studies, is greatly underreported.  

Additionally, as quantitative clinical trials de-emphasise the subjective experience of participants, very little research exists on the ‘lived experience’ of meditators, resulting in a skewed and incomplete perspective that focuses mainly on the positive effects of meditation. The small number of qualitative research studies on meditation that do exist indicate that there is a comprehensive phenomenology of meditation experiences that commonly includes negative effects. For example, Jack Kornfield’s mixed methods study of meditators during a three-month *vipassana* retreat reported several adverse effects including intense negative emotions, involuntary movements, abnormal somatic sensations, and altered state experiences. More recently, a qualitative study by Tim Lomas and colleagues found that one quarter of participants encountered substantial difficulties with meditation including troubling thoughts and feelings which were hard to manage, exacerbation of depression and anxiety, and in two cases, psychosis requiring hospitalisation. Additionally, Sean Pritchard examined the qualitative experience of advanced *vipassana* meditators and found that disturbing emotions such as anger, fear, anxiety and shame often occurred during certain stages of meditation practice, along with challenging shifts in perception of self. Finally, Leigh Burrows, in describing her small qualitative (*n* = 13) pilot study of young adult mindfulness meditators, writes:

> the finding that many of the 13 participants had negative or unusual experiences raises a more fundamental issue—why is it that such an unusually high number of participants experienced negative emotions in this study and not in the vast majority of randomized controlled trials? Obviously, better controlled research is clearly needed to tease out whether the findings in this preliminary, uncontrolled study are unique to this study or generalizable to other mindfulness-based interventions.

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101 Pritchard, “Mindfulness and Beyond.”


104 Pritchard’s research suggests that while changes in perception of self may ultimately be productive and help facilitate positive transformational change, there are also challenging aspects and associated risks. Pritchard, “Mindfulness and Beyond.”

All of these qualitative studies suggest that meditation adverse effects may in fact be a common and normal part of meditation practice that is being overlooked in clinical studies.106

Another methodological challenge in meditation research is the relatively high rates of attrition. Dropout rates often approach 25% in healthy populations who seek meditation practice and are even higher among populations with depression or anxiety. While these attrition rates are comparable to other medical interventions, high dropout rates still pose a significant problem for meditation research, and only a few studies have examined the factors that lead people to withdraw from meditation studies. One large study found that among 784 individuals entering a MBSR program following physician referral, the differences between completers (n = 598) and dropouts (n = 186) were levels of chronic pain (higher among dropouts) and obsessive-compulsive tendencies (higher among completers).107 Certain personality traits and cognitive habits, such as self-efficacy, emotion regulation, and neuroticism, may also influence dropout rates among meditators. Hence, difficult or frustrating experiences may lead to abandonment of a meditation intervention, and these adverse effects are unreported.108

It is worth noting that meditation-related adverse effects have also been reported in clinical and medical case reports, including descriptions of meditation-induced psychosis,109 depersonalization,110 de-repression of trauma,111 and mania.112 However, as anecdotal case reports are concerned with single instances they are often regarded as unscientific and less worthy of consideration. While case reports are not as scientifically rigorous as randomised control trials, they are still a key mode of transmitting knowledge and have played a significant role in the evolution of academic psychology and psychotherapy in the area of religious and spiritual issues.113 For example,

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106 This thesis does not provide an exhaustive list of the factors that may lead to the under-reporting of adverse effects in meditation studies. For example, other research limitations include short-term follow up periods, small sample sizes, and suboptimal controls. For a critical review see R. Baer, “Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review,” Clinical Psychology: Science and Practice 10 (2003): 125-143.


Kathryn Hunter argues that case reports have an important epistemological function, as over time they accumulate into a body of knowledge which then guides clinical practice and suggests where research should turn to next. She writes: “they [case studies] are frequently the as-yet-unorganised evidence at the forefront of clinical medicine.” Therefore it would appear that case reports on meditation, while sparse in quantity and less scientifically rigorous than clinical trials, do lend support to the idea that meditation adverse effects exist for some groups and are worthy of further investigation.

A final point worth considering is that an overly positive view of meditation may have developed within Western psychology because a large number of influential psychologists and psychotherapists were, and continue to be, meditation practitioners themselves; what William Parsons terms “cultural insiders” and David McMahan refers to as “Buddhist sympathisers.” Certainly, many authors who have written significant studies of Buddhist meditation and psychology (for example, Jack Engler, Mark Epstein, Paul Cooper, Jeffrey Rubin, Jeremy Safran, Jack Kornfield, Joseph Goldstein and Jon Kabat-Zinn, to name a few) represent a baby-boomer generation who were attracted to Eastern religions, went on meditation retreats, worked closely with gurus and then integrated meditation practices into their own therapeutic work. In *Mindful America*, Jeff Wilson notes that most early MBSR instructors were Buddhists, or directly involved in formal Buddhist meditation practice. Similarly, Roger Walsh and Shauna Shapiro note that many of the early TM studies were published by “enthusiastic advocates using self-selected subjects.”

Throughout the history of medicine, scientists have selectively interpreted or ignored data that fails to confirm a favoured research hypothesis. This is commonly described as a confirmation bias, and “connotes the seeking or interpreting of evidence in ways that are partial to existing beliefs, expectations, or a hypothesis in hand.” While rigorous experimental design and the peer review

114 K.M. Hunter, “’There Was This One Guy . . .’: The Uses of Anecdotes in Medicine,” *Perspectives in Biology and Medicine* 29, no. 4 (1986): 623.
115 Parsons, “Psychoanalysis Meets Buddhism,” 199.
121 Nickerson, “Confirmation Bias,” 175.
system aim to minimise this type of bias, there is evidence that it still exists in academic
psychology. There is also evidence to suggest that the confirmation bias may be especially harmful
to objective evaluations of nonconforming results, and that data that conflict with the researcher’s
expectations may be rejected as unreliable, producing the ‘file drawer problem.’ In the case of
meditation studies, such bias may lead to the under-reporting of adverse effects. While standards of
meditation research have now improved considerably since the early TM studies, questions still
remain regarding the objectivity of researchers who are also ardent supporters of the meditation
practices they study. In particular, it is important to consider whether conflicts of interest or
expectancy effects might be contributing to an overly positive view of meditation that overlooks
potential adverse effects.

Conclusion

This chapter has examined how psychologists have viewed meditation, not as a way to achieve
enlightenment, but as a form of psychotherapy. During the historical relationship between
meditation and Western psychology some key themes have emerged and these help to explain why
adverse effects of meditation have been overlooked. Firstly, viewing meditation as a type of panacea
means that adverse effects may be misattributed to the therapeutic process or to the individual
meditator. Similarly, reducing meditation to ‘relaxation’ leads to both a narrow focus in meditation
research and overly positive expectations regarding meditation outcomes. The view of meditation as
a panacea and a relaxation technique may also lead to the underreporting of adverse effects by
meditators whose experiences do not match the perceived ideal outcomes. There is anecdotal
evidence to suggest that meditators who don’t experience relaxation, or who experience adverse
effects, may blame themselves and be afraid to speak up.

124 However, it must be noted that many supporters of meditation do also recognise its limits. For example, Jack Kornfield posits that for most people meditation does not “do it all” and there are areas (such as grief, fear and phobias) where Western therapy is a much quicker and more successful intervention than meditation. J. Kornfield, “Even the Best Meditators Have Old Wounds to Heal: Combining Meditation and Psychotherapy,” in Paths Beyond Ego: The Transpersonal Vision, eds. R.N. Walsh and F. Vaughan (New York, NY: Tarcher Penguin, 1993), 67-69. Kornfield also recognises that some psychological issues that arise at retreats cannot be resolved simply by meditating. In A Path With Heart, he notes that at least half of the Western students who undertake three-month vipassana retreats at the Insight Meditation Society are unable to continue with practice because they encounter so many emotional and psychological issues. A. Gleig, “Wedding the Personal and Impersonal in West Coast Vipassana: A Dialogical Encounter between Buddhism and Psychotherapy,” Journal of Global Buddhism 13 (2012): 129-146.
Additionally, in psychological settings meditation is seen as a self-improvement technique; it is used as a tool to heal and improve the individual psychological self. However in Eastern traditions, meditation is used to deconstruct the concept of the individual psychological self and realise non-self or True Self, which is a self that is beyond identification with the material world. There is evidence to suggest that non-self insights occur in secular meditation settings. However, Western psychology does not currently have a framework in which to explain non-self experiences, and hence they may be conflated with dissociative psychopathology, such as derealisation and depersonalisation. Finally, meditation adverse effects may be overlooked because meditation research has focused mainly on short-term quantitative studies that ignore the ‘lived experience’ of meditators. Indeed, the few qualitative meditation studies that exist demonstrate a rich and varied phenomenology of meditation experiences, including adverse effects. There is also the possibility that an overly positive view of meditation may have developed within Western psychology because a large number of influential psychologists and psychotherapists were, and continue to be, meditation practitioners themselves. While rigorous experimental design and the peer review system aim to minimise confirmation bias, there is evidence that it still exists in academic psychology, hence it is important to consider whether conflicts of interest or expectancy effects might be contributing to an overly positive view of meditation that overlooks potential adverse effects.
Chapter 3. Meditation Divorced From Religion

Paradoxically, while meditation is often considered the heart of Buddhism, it is also deemed the element most detachable from the tradition itself ... More than any other facet of Buddhism, meditation and mindfulness are presented as psychological, spiritual, or scientific techniques rather than as religious practices. – David L. McMahan.¹

While there is ongoing debate regarding whether meditation can ever be ‘truly secular,’ there is little doubt that Western forms of secular meditation, in both their clinical and nonclinical applications, are quite different from traditional religious meditation.² As discussed, the most popular forms of contemporary secular meditation studied and practiced in the West to date have been TM, mindfulness and vipassana. These practices utilise meditative techniques appropriated from Hindu and Buddhist traditions, however in their secular applications the techniques have been ‘removed’ or ‘detached’ from their religious context and applied towards more worldly goals.³

The previous chapter provided an overview of how Western contemporary views of meditation have developed along psychological and clinical paths, and how the goal of meditation within this new context has shifted from enlightenment to symptom relief and personal transformation. This chapter will now examine how secular meditation techniques are divorced from their traditional religious contexts, and how this separation has contributed to adverse effects of meditation being overlooked. This chapter will provide evidence that meditation adverse effects are mentioned throughout religious literature; in particular references to adverse effects can be found in classic and contemporary Buddhist meditation manuals, stages of the path literature, practitioner autobiographies, and research studies that examine meditation practice within Buddhist traditions. From these sources, I have identified four factors that have contributed to meditation adverse effects being ignored in secular settings: preparation, supportive context, the role of the meditation teacher, and individual differences. These factors are considered important when meditation is

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³ Some critics of secular meditation have noted that religious elements sometimes remain implicit even in clinical applications of meditation. For example, in Acceptance and Commitment Therapy, one of the goals is to make contact with a ‘transcendent sense of self.’ This notion of ‘transcendence’ is similar to the teachings of Jnana Yoga and Advaita Vedanta, and of neo-Hindu gurus Bhagavan Sri Ramana Maharshi and Sri Nisargadatta Maharaj. See D.Y. Seiden and K, Lam, “From Moses and Monotheism to Buddha and Behaviorism: Cognitive Behavior Therapy’s Transpersonal Crisis,” Journal of Transpersonal Psychology 42 no. 1 (2010): 89-113.
practiced in traditional settings with religious goals, however they are often overlooked or scarcely taken into consideration in secular settings.

**Meditation as a Detachable Technique**

The question for Westerners is usually not, “How can I wake from delusion and free myself from samsara?” but, “How can I use meditation to calm down, feel better, and become more successful?” – Eleanor Rosch.

In contemporary Western culture, discussions about spiritual or religious issues are often seen as “unscientific or problematic,” however paradoxically, religious-derived meditation techniques are being utilised in Western scientific and clinical settings. A key way that researchers and clinicians have attempted to resolve this apparent conflict is by viewing meditation as a ‘detachable’ technique; that is, a technique that can be completely separated from its traditional religious context and re-purposed within a secular scientific paradigm. In the case of Buddhism, McMahan argues that the idea that meditation techniques can be isolated from their wider religious, ethical, social and cosmological contexts was implicit in the nineteenth century, and became explicit in Western discussions of meditation written in the mid-twentieth century. In *The Making of Buddhist Modernism*, McMahan cites the example of Rear Admiral E. H. Shattock, a British naval officer who studied meditation in a Theravada monastery and wrote in his 1958 book *An Experiment in Mindfulness*: “Meditation ... is a really practical occupation: it is in no sense necessarily a religious one, though it is usually thought of as such. It is itself basically academic, practical, and profitable.”

More recently, Jon Kabat-Zinn, the founder of MBSR, was quoted in an interview with *TIME* magazine: “Mindfulness is often spoken of as the heart of Buddhist meditation. It’s not about Buddhism, but about paying attention. That’s what all meditation is, no matter what tradition or particular technique is used.” These comments are indicative of how meditation is now commonly viewed in the modern West; as a pragmatic and inherently secular tool that can be removed from its particular religious context and applied to a variety of practical worldly pursuits. While an analysis of all the factors that have contributed to this view is beyond the scope of this thesis, three key secularisation processes will be briefly considered below; the de-contextualisation, simplification

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5 Possibly because there is little scientific understanding of how spirituality is rooted in biology and physiology. For example, H. Walach, *Secular Spirituality: The Next Step Towards Enlightenment* (London: Springer, 2015), 3.
and re-contextualisation of Eastern-derived meditation practices (TM, vipassana and mindfulness) in modern Western culture.8

De-contextualisation: Privileging Meditation and Marginalising Religious Context

One of the key ways that meditation has been detached and distanced from religion is via the process of de-contextualisation. This involves privileging meditation above other religious elements such as scripture, doctrine and ritual, and marginalising the religious context that normally accompanies meditation practices. Today meditation is often viewed as the central component of modernist interpretations of Eastern religions, however historically, it has not been given this special status.9 Broadly speaking, in both Hinduism and Buddhism, meditation is viewed as simply one component of a multi-faceted path that leads towards enlightenment.10 Moreover, contrary to popular belief, in most Eastern religions meditation is not a particularly common practice. Historically, it was the speciality of a small subgroup of monks or ascetics who lived in forest hermitages or caves, and today meditation plays a minor role in the lives of the majority of monks.11 For example, Buddhist studies scholar Robert Sharf writes that in the Theravada tradition, few monks expect to reach enlightenment in what is currently thought to be the degenerate third age of Buddhism, Mappo, or the Age of Dharma Decline.12 Hence, most Theravadan monks do not meditate, but rather specialise in teaching, scholarship or ritual, and spend their time cultivating moral virtue in the hope of being re-born in better circumstances.13 Similarly, in the Korean Son tradition, only about 5% of the clergy practice meditation. The current Western emphasis on

8 For a comprehensive review, see McMahan, The Making.
9 A number of cultural factors (e.g. the ‘subjective turn’ and the rise of individualism) have combined to create what McMahan terms a “meditation-friendly environment” in the West; that is, a culture that is particularly receptive to the privileging of meditation. This shift in Western consciousness has contributed to an ideological structure in which authority has been given to personal meditative experience rather than traditional religious institutions. While a detailed analysis of these cultural factors is beyond the scope of this thesis, suffice to say that they have contributed to the current conditions under which meditation can be detached from religion, prioritised above other external religious activities, and viewed in terms of more generic personal and psychological development. For a discussion, see the following sources.
10 For example, other factors include merit making, chanting, ritual, devotion and the study of scriptures.
12 Meditation among lay Buddhists was even rarer. Sharf, “Buddhist Modernism,” 253.
meditation is therefore not necessarily reflective of how meditation has been viewed historically or even currently within traditions such as Buddhism.\(^\text{14}\)

However, there have been particular points in history where meditation has been prioritised above other religious elements and activities. Robert Sharf cites examples from eighth century Zen and Tibetan Dzogchen traditions, where meditation teachers replaced traditional forms of meditation with newer styles that were simple enough to be accessed by a lay audience.\(^\text{15}\) These new ‘democratized’ meditation techniques were regarded as direct approaches to enlightenment that avoided the need for extensive training in concentration exercises (samatha), the attainment of advanced contemplative states (such as jhana), mastery of scripture, proficiency in ritual or the renunciation of lay life.\(^\text{16}\) Sharf notes that these Zen and Dzogchen reformers were:

interested in developing a method simple enough to be accessible to those who were unschooled in Buddhist doctrine and scripture, who were not necessarily wedded to classical Indian cosmology, who may not have had the time or inclination for extended monastic practice, and who were interested in immediate results as opposed to incremental advancement over countless lifetimes.\(^\text{17}\)

More recently, the influential Burmese Buddhist monk Ledi Sayadaw (1846-1923) popularised the vipassana meditation technique as part of an effort to promote meditation amongst lay practitioners.\(^\text{18}\) Like the earlier Zen and Dzogchen teachers, Sayadaw designed the vipassana technique as a way to standardise and simplify meditation, and make it widely accessible to a general lay audience who did not have the time or interest to participate in extensive religious training or ritual. However it is important to note that Sayadaw’s privileging of meditation was done out of perceived necessity; he believed that making the vipassana practice widely accessible would help to protect the Buddhist tradition from perceived colonial threat. Hence Sayadaw’s privileging of meditation was aimed at the preservation of the Buddhist tradition, not the secularisation of meditation techniques. While Sayadaw did not completely neglect Buddhist doctrinal or moral issues, Erik Braun argues that his popularisation of meditation did lead to “the elevation of the

\(^\text{14}\) Today, despite the impact of the vipassana movement, meditation plays a “minor, if not negligible role in the lives of the majority of Theravada monks.” Most Theravada monks insist that the development of morality and observance of monastic rule is more essential than meditation. Sharf, “Buddhist Modernism,” 242-244.


\(^\text{16}\) Sharf, “Is Mindfulness Buddhist?,” 475-476.

\(^\text{17}\) Sharf, “Is Mindfulness Buddhist?,” 476.

\(^\text{18}\) In the case of Southeast Asian Buddhism, historical records suggest that meditation practice was limited until the colonial period. E. Braun, The Birth of Insight: Meditation, Modern Buddhism and the Burmese Monk Ledi Sayadaw (Chicago, IL: University of Chicago Press, 2013), 5; 77-101.
layperson’s role in Buddhism and even laid the ground for meditation to detach from the rest of Buddhism as a separate tradition in its own right.”

In contemporary Western culture, the prioritisation of meditation above other religious elements has also been associated with laicisation. In particular, the vipassana movement has gained popularity among lay practitioners and has had a significant influence on contemporary Western meditation culture. Vipassana meditation is taught without most of the religious elements associated with Theravada Buddhism, does not require familiarity with religious philosophy and can be taught in a relatively short period of time, usually in a ten-day retreat format. Meditation has also been prioritised in other modernist versions of Buddhism, in particular, Japanese Zen. David McMahan argues that D.T. Suzuki encouraged the understanding of zazen as detachable from the ritual, liturgy, priesthood and hierarchy of institutional Zen settings, and decontextualized Zen literature in order to incorporate it into a framework of modern Western ideas. A similar de-contextualisation process has occurred with TM, where meditation is the central focus, and ritual and cosmology play a minor role, at least in the introductory TM course.

The privileging of meditation involves a necessary marginalisation of religious context. This is evident in secular settings, where the traditional cosmological and disciplinary language that would usually accompany meditation is routinely dismissed and replaced with modern Western discourses. Many examples can be found in contemporary discussions of mindfulness meditation, where aspects of Buddhist cosmology - which includes gods, ghosts, demons and realms of rebirth - are reinterpreted in psychological, metaphoric and symbolic terms. In Mindful America, Jeff Wilson notes examples.

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20 Western teachers such as Joseph Goldstein, Jack Kornfield and Sharon Salzberg made this meditation technique particularly popular, and vipassana is one of the most commonly practiced styles of meditation in the West and one of the foundational practices of Buddhist modernism.
21 Scholars have argued that Western views of Zen have been disproportionately influenced by the writings of a small group of twentieth-century intellectuals, including D.T. Suzuki (1870-1966), Hisamatsu Shin’ichi (1889-1980) and Nishitani Keiji (1900-1990). The view of Zen perpetuated by these scholars was of a rational, humanistic spirituality that avoided ritual and was based on experience rather than faith. See; Sharf, “Buddhist Modernism,” 246-247.
where, in popular mindfulness texts, the demon Mara is reduced to negative emotion, supernatural entities such as hungry ghosts are seen as metaphoric images for mental states such as desire and craving, and the metaphysical realms like the six realms of existence are re-imagined as “Six Patterns of Stress.” The use of these metaphors is particularly common in applications of mindfulness to addiction recovery and mindful eating. Buddhist cosmology is also reinterpreted in modernist versions of Tibetan Buddhism. In The Myth of Freedom and the Way of Meditation Chogyam Trungpa, one of the most influential Tibetan Buddhist teachers in the modern West, describes the realms of rebirth in psychological terms:

The realms are predominantly emotional attitudes towards ourselves and our surroundings – reinforced by conceptualisations and rationalisations. As human beings we may, during the course of a day, experience the emotions of all the realms, from the pride of the god realm to the hatred and paranoia of the hell realm. Nonetheless, a person’s psychology is usually firmly rooted in one realm.

Maharishi adopted a similar tactic with TM, when he translated Hindu concepts of “gods” into the language of science:

The “gods” mentioned here are the deities presiding over the innumerable laws of nature, which are present everywhere throughout relative life. They are the powers governing different impulses of intelligence and energy, working out the evolution of everything in creation. The existence of gods may be understood by an analogy: each of the myriad cells in the human body has its own level of life, energy and intelligence; together, these innumerable lives produce human life. A human being is like a god to all these small impulses of energy and intelligence, each with its own form, tendencies, sphere of activity and influence, working for the purpose of evolution. (Mahesh Yogi, 1989, pp. 143–44)

Some scholars have argued that meditation must be ‘sanitised’ in this way in order to appeal to a secular Western audience. For example, in the case of mindfulness meditation, Jon Kabat-Zinn has argued that de-contextualisation is necessary in order to make the technique accessible to

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26 Cited in C.A. Humes, “The Transcendental Meditation Organization and its Encounter with Science.” In Handbook of Religion and the Authority of Science. eds. J. R. Lewis and O. Hammer (Leiden, The Netherlands: Brill, 2010), 357. He also appropriated Hindu terms in new spelling so they did not appear to be religious. For example, “siddhi” became “sidhi” and “yajna” became “yagya.”
Westerners who would benefit from the practice but have no interest in Buddhism. Re-interpreting Buddhist ideas within a secular scientific framework helps to avoid associations with religion that would undermine attempts to present mindfulness as an evidence-based and legitimate mainstream medical treatment. Kabat-Zinn writes: “I bent over backward to structure it and find ways to speak about it that avoided as much as possible the risk of it being seen as Buddhist, ‘New Age,’ ‘Eastern Mysticism’ or just plain ‘flakey.’”

Simplification: Psychological, Pathological and Neural Reductionism

While the attempt to define meditation as scientific, or even as secular, has been met with scepticism from scientists and scholars of religion, meditation techniques have still been seen as objects worthy of scientific study. As discussed in previous chapters, there has been a large amount of scientific research conducted on the physiological and psychological outcomes of specific types of meditation, most commonly TM and mindfulness. As a result, researchers have sought pragmatic and simplified definitions of meditation that can be applied in research and clinical practice. So far, attempts to operationally define ‘meditation’ have involved firstly, the removal of any religious associations, and secondly, the reduction of the term ‘meditation’ to refer purely to suggested psychological or neurological mechanisms and processes. Reducing meditation to a biological or cognitive mechanism that is either non-religious (an inherent human capacity) or multi-religious (universal to all religions and therefore more of a generic philosophy or worldview) makes it an acceptable secular object of study. This idea is illustrated in an early comment made by Herbert Benson (founder of the meditation ‘relaxation response’) and colleagues, who write:

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29 There is much debate regarding whether MBIs are secular. For example, during an eight week MBSR course, participants learn Buddhist-derived practices such as *vipassana* meditation, walking meditation, and loving-kindness (*metta*) meditation. MBSR also promotes “choiceless awareness,” a practice popularised by Eastern philosopher Jiddu Krishnamurti (1895-1986). For a discussion see W.S. Hickey, “Mind Cure, Meditation, and Medicine: Hidden Histories of Mental Healing in the United States,” Unpublished PhD Dissertation. (Duke University, 2008).


To understand the psychophysiological aspects of meditation, it should first be conceptually denuded of its cultural and religious biases. This is best achieved by defining meditation as an intentional regulation of attention from moment to moment, a definition that can be applied to all forms of meditation.\(^\text{31}\)

This early comment demonstrates a viewpoint that has, until perhaps very recently, pervaded meditation research; that is, the idea that all meditation techniques can be reduced to an innate human capability (for example, attention regulation) and that religious context is simply an unnecessary by-product. Many similar examples of reductionism can be found throughout the psychological and clinical literature, where meditation has been re-conceptualised as a cognitive distraction technique,\(^\text{32}\) a self-regulation strategy,\(^\text{33}\) or a mental discipline aimed at training attention.\(^\text{34}\) More recently science has turned towards neurological models, and within this framework meditative experiences are explained in terms of concepts such as sensory deprivation, changes in the opioid systems, and by analogy to neural deficits such as amnesia, apraxia or disordered spatial processing.\(^\text{35}\)

While operational definitions are necessary for scientific studies and useful for practical applications, purely mechanistic interpretations of meditation that ignore context and reduce meditative phenomena to nothing but the suggested processes or mechanisms involved can result in inappropriate reductionism.\(^\text{36}\) This has been referred to as \textit{premature parsimony}, and is described by Charles Tart as:

\begin{quote}
\begin{center}
a common cognitive pathology in science where the desire to create a simple and elegant explanation for things results in ignoring important aspects of the actual phenomena.
\end{center}
\end{quote}


\(^{36}\) At the extreme end of mechanistic reductionism, some scholars suggest dropping the term ‘meditation’ entirely. Hayes and Shenk, “Operationalising Mindfulness,” 250.

Other scholars note that meditative terms such as ‘enlightenment’ are imprecise constructs that cannot be reduced to changes in neural correlates, cognition or behaviour. For example, Davis and Vago describe enlightenment as a “profound transformation across ethical, perceptual, emotional, and cognitive domains.” J.H. Davis and D.R. Vago, “Can Enlightenment be Traced to Specific Neural Correlates, Cognition, or Behavior? No, and (a qualified) Yes,” \textit{Frontiers in Psychology} 4 (2013): 870.
Although consciousness research has now become relatively respectable in contemporary psychology and neurology, the lure of premature parsimony is as strong as ever, and the field is rife with oversimplifications.\(^{37}\)

Reducing complex entities such as meditation to the sum of their constituent parts makes them easier to study. However, the cost of this reductionism is that the object that is being studied scientifically, is no longer the object that appears naturally in the world. This is one of the shortfalls of scientific reductionism. In the case of meditation, forcing all types of meditation and all meditative experiences into pre-existing Western categories overlooks how complex meditation practices can be.\(^{38}\) This is particularly obvious in the case of meditation-related altered states of consciousness. For example, Tart posits that various contemplative systems and practices have cognitions, emotions and actions that are only fully accessible in appropriate altered states of consciousness; this is termed ‘state specific knowledge.’ As state-specific knowledge can only be fully accessed in the appropriate altered state of consciousness, trying to study the effects of meditation in ‘normal’ states of consciousness, while valuable, will inevitably overlook some of the important state-specific aspects of the experience.\(^{39}\)

Additionally, there has recently been a growing recognition of the important role of cultural context in meditative experience. Scholars such as Evan Thompson argue that meditation is a social practice; it involves the integration of a variety of cognitive, affective, and bodily skills \textit{in situ}ated \textit{action}.\(^{40}\) Hence, the cognitive functions involved in meditation practice cannot simply be reduced to particular brain areas or networks. This is because firstly, the correct level of description for any cognitive function is the embodied subject or person, not brain areas or networks, and secondly because it is unlikely that there is one-to-one mapping between particular cognitive functions and particular brain areas or neural networks, especially as currently identified by fMRI.\(^{41}\) Donald S. Lopez Jr. also argues this point in \textit{Buddhism and Science}, when he writes: “Even for \textit{vipassana}, the

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\(^{38}\) In \textit{Buddhism and Science}, Lopez opens Chapter 5 with a detailed description of a tantric meditation practice in order to give the reader “some sense of how complicated, and baroque, meditation practice can be.” D.S. Lopez Jr, \textit{Buddhism and Science: A Guide for the Perplexed} (Chicago, IL and London: University of Chicago Press, 2008), 208.

\(^{39}\) Tart, “Accessing,” 137.


\(^{41}\) After examining large databases of neuroimaging data, evidence suggests there is no one-to-one correspondence between particular brain regions and particular cognition functions. Thompson, “Looping Effects,” 51-53.
‘mindfulness’ practice widely studied by cognitive scientists, the goal is something far beyond anything easily measured on an fMRI.”

Finally, Ronald Purser, in his article ‘The Myth of the Present Moment,’ explores some limitations with Kabat-Zinn’s present-moment focused operational definition of mindfulness. Specifically, Purser argues that this definition limits the potential of secular mindfulness practice to investigate the temporal structure and causes of suffering at a fundamental level. Purser posits that the central Buddhist goal of alleviating suffering, both for self and in others, requires the meditator to go beyond concepts of the present moment to examine the nature of all aspects of conditioned existence (i.e. the broader world). Enhancing awareness in the present moment is not an end in itself; it is merely a means to provide the necessary conditions for engaging with the broader world. This engagement also involves a moral and ethical component which arguably cannot be separated from mindfulness practice.

Re-contextualisation: “The Buddha was a Scientist” and the Creation of a Western Meditation Lineage

Another key way that meditation has been detached from religion is through the presentation of meditation as a technique that is compatible with modern Western scientific values. This is usually achieved by emphasising the psychological and philosophical components of Eastern religions as opposed to elements such as ritual or doctrine. Specifically, Buddhist and Hindu scriptures often contain detailed psychological theories that attempt to describe and explain human experience and behaviour, and contemporary Western advocates of meditation tend to focus on these. Hence modern interpretations of Buddhism, for example, tend to present the historical Buddha as someone who taught a philosophy or a way of life compatible with modern science, not a religion. Evidence of this viewpoint can be found in comments made by early Orientalists and Buddhist sympathisers like Paul Carus (1852-1919) and Harold Fielding-Hall (1859-1917), who described the Buddha as the “first prophet of the Religion of Science” and the “Newton of the spiritual world.”

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42 Lopez, Buddhism and Science, 209.
43 Defined as “the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally” R. Purser, “The Myth of the Present Moment,” Mindfulness, 6, no. 3, 680.
45 McMahan, “Buddhism as the ‘Religion of Science,’” 117-140.
46 These theories cover aspects of psychology such as cognition, behaviour, emotion and personality. For example, see P. Sedlmeier and K. Srinivas, “How do Theories of Cognition and Consciousness in Ancient Indian Thought Systems Relate to Current Western Theorizing and Research?,” Frontiers in Psychology 7 (2016): 1-17. Also, Feuerstein notes that in Hinduism, the distinction between philosophy and religion is not as clear-cut as it is in contemporary Western culture. Feuerstein, The Yoga Tradition, 72.
48 Lopez, Buddhism and Science, 154.
The view of the Buddha as a scientist-philosopher, and of Buddhism as a type of science, is still quite prevalent today and is one of the characteristic features of Buddhist modernism. It is also a view that is held in the Western vipassana community, particularly in the Goenka lineage. Contemporary vipassana pioneer S.N. Goenka (1924-2013) referred to the original Buddha as a “super-scientist” who discovered truths about the mind that are only now being revealed by contemporary Western science.  

Similarly, when discussing the historical Buddhist origins of mindfulness meditation, Jon Kabat-Zinn writes:

One might think of the historical Buddha as, among other things, a born scientist and physician who had nothing in the way of instrumentation other than his own mind and body and experience, yet managed to use these native resources to great effect to delve into the nature of suffering and the human condition. What emerged from this arduous and single-minded contemplative investigation was a series of profound insights, a comprehensive view of human nature, and a formal ‘medicine’ for treating its fundamental ‘dis-ease...”

The re-imagining of the Buddha as a scientist naturally re-conceptualises meditation as a mode of scientific enquiry; if the Buddha was a scientist, then Buddhism is not really a religion, and meditation is merely a tool for scientific exploration, free from dogma and institutional authority. Along these lines S.N. Goenka often referred to vipassana meditation as a scientific method of investigating consciousness. Similarly, the influential German born monk Nyanaponika Thera (1901-1994) described Buddhist meditation as a “science of the mind” and equated the bare attention component of mindfulness meditation with the scientific mindset. This view is still very popular with quite a few scholars, although is perhaps retreating as recent meditation research emphasises the critical role of context and social cognition.

Examples of scientific re-contextualisation are also found in TM, which was presented by Maharishi Mahesh Yogi as a secular technique that was compatible with science. Cynthia Humes notes that TM had less-than-secular beginnings; in 1959 Maharishi founded the Spiritual Regeneration Movement

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52 McMahan, The Making, 206. Nyanaponika Thera was highly influential in the development and popularisation of mindfulness in the West prior to the 1970s. Wilson, Mindful America, 25.

53 For example, Jeremy Hayward and Alan Wallace take this view. McMahan, “Buddhism as the ‘Religion,’” 129-130.
in the United States, an organisation whose articles of incorporation explicitly stated “this corporation is a religious one.” However, Humes argues that after several years of “limited response to his evangelism in the West,” Maharishi began claiming that his teachings did not require a belief in God, were not specifically Hindu, and not actually religious at all. Maharishi promoted the TM practice as a ‘natural’ technique that transcended religious dogma and which was part of an essentialist philosophy that he referred to as the ‘Science of Creative Intelligence.’ While Maharishi’s philosophy placed less emphasis on meditation as a technique for systematically studying the mind, it did attempt to give scientific legitimacy to TM via the establishment of universities, journals, and quasi-academic conferences. Maharishi also employed other approaches such as re-describing traditional Advaita Vedanta philosophy and practices in more neutral Western language, using metaphors and analogies based in Western scientific concepts, and claiming parallels between ancient Vedic teachings and the modern sciences of quantum physics and biochemistry.

A final mode of re-contextualisation worth considering is the creation of a modern Western secular meditation lineage via the transference of authority from monks to laypeople. In Mindful America, Jeff Wilson notes that in contemporary Western discussions of meditation, the dialogue is now

56 Modern advocates of Hindu and Buddhist-derived forms of meditation often posit that, like science, these traditions are pointing towards some ultimate perennial truth or reality. For example, D.T. Suzuki presented Zen meditation as a way of realising a universal reality to which all religions, and some secular philosophies, aspire. McMahan, The Making, 186. Similarly, when discussing mindfulness meditation, Jon Kabat-Zinn writes: “Of course, the Buddha himself was not a Buddhist. One might think of dharma as a sort of universal generative grammar, an innate set of empirically testable rules” and hence, mindfulness, “being about attention, is also of necessity universal. There is nothing particularly Buddhist about it.” J. Kabat-Zinn, “Mindfulness-Based Interventions in Context: Past, Present, and Future,” Clinical Psychology: Science and Practice 10, no. 2 (2003): 145. Hence, meditation is detachable because it is not inherently religious, but rather a generic mode of enquiry that points towards a universal interior experience that is accessible to all.
60 Also, Gunther Brown writes: “The TM Book, Transcendental Meditation: How to Enjoy the Rest of Your Life (1975) chastises readers for the ‘absurd’ assumption that ‘just because the TM technique comes from India it must be some Hindu practice.’ Rather, TM workshops teach a technique based on a ‘scientific discovery which happens to come from India,’ a claim apparently substantiated by Maharishi’s physics degree from Allahabad University.” C. Gunther Brown, The Healing Gods: Complementary and Alternative Medicine in Christian America (New York, NY: Oxford University Press, 2013), 170.
clearly dominated by “lay voices.”\textsuperscript{59} In the 1960s and 1970s, popular Western meditation teachers such as Joseph Goldstein, Jack Kornfield and Sharon Salzberg were instructed by ordained monks in Asia, however, today the majority of meditation teachers being trained are laypeople who may have never travelled to Asia, visited a monastery or attended a retreat.\textsuperscript{60} In the case of mindfulness meditation, Wilson writes:

A second generation of lay teachers swiftly began to emerge who had mainly or only practiced Buddhism in America, had personal exposure to only limited selections of Buddhist tradition, and were taught either by a mixture of missionary monks and lay Americans, or only by other Americans.\textsuperscript{61}

As a result, the Buddhist-derived practice of mindfulness has now lost most of its connection to renunciation; there has been a diminishment of the retreat model, and lay teaching and lay practice have been normalised.\textsuperscript{62} Further, in an age where it is no longer even necessary to have a meditation teacher (since meditation can be learned from books, blog posts, internet forums, apps and online courses) monastic institutions may be viewed as unnecessary, conservative and inconvenient.\textsuperscript{63} Lay life is increasingly viewed as the best place to practice meditation and the emphasis is shifting towards pragmatic and efficient techniques that can be practised during daily life “off the cushion.”\textsuperscript{64}

**Meditation Adverse Effects in Religious Traditions**

In the contemporary West, the proponents of meditation techniques such as TM, mindfulness and vipassana have, at times, gone to great lengths to distance themselves from religion and present their techniques as rational and secular. However, this disconnection from traditional meditation teachers, monastic environments, and texts may be a key factor that has contributed to meditation

\textsuperscript{59} For an overview of the historical evolution of this trend in relation to mindfulness meditation, see Wilson, *Mindful America*, 48-50.
\textsuperscript{61} Wilson, *Mindful America*, 50
\textsuperscript{62} Prebish argues that to a large extent American vipassana teachers presented meditation in a context almost wholly removed from association with the Theravada tradition. For example, Kornfield was quoted in a 1995 interview: “We wanted to offer the powerful practices of insight meditation, as many of our teachers did, as simply as possible without the complications of rituals, robes, chanting and the whole religious tradition.” C.S. Prebish, *Luminous Passage: The Practice and Study of Buddhism in America* (Berkeley, CA: University of California Press, 1999), 152.
\textsuperscript{64} The current emphasis is on meditation techniques that can be applied within daily life. Wilson, *Mindful America*, 53.
adverse effects being overlooked. In Eastern religions, traditional commentaries, stages-of-the-path
literature and biographical narratives acknowledge difficulties associated with meditation practice.
For example, Eric Greene writes that Buddhist meditation has been seen as both a high risk and high
reward practice:

Given its frequent presentation in the modern West as a panacea for psychological or even
physical ailments, it might be surprising to find that Buddhist meditation has often been
seen as potentially dangerous. The otherwise highly praised Buddhist meditations on the
impurity of the body can, according to a famous canonical story, lead to suicide; elsewhere
we learn that meditation on the breath—a common introductory meditation practice—can, if
performed improperly, disturb the body’s “winds” and lead to death. The Buddha himself is
said to have been attacked by demons in the form of the hosts of Mara on the eve of his
awakening, precisely on account of his advanced levels of meditative attainment.65

In Theravada Buddhism, adverse effects associated with meditation are well-known and may be due
to the dukkha nanas (Pali: insights into suffering), a series of insights that are characterised by fear,
misery and disgust and which can cause mental distress. These experiences are well documented in
Buddhist manuals such as the Visuddhimagga (The Path of Purification),66 the Vimuttimaga (The
Path of Freedom),67 and the Abhidhamma,68 and are usually interpreted as milestones on the path to
enlightenment.69 Lois VanderKooi provides a concise description of the dukkha nanas:

As outlined in the Visuddhimagga (a fifth-century work that supposedly collects the
Buddha’s teachings on meditative states), the process of realising nirvana is fraught with
troubling and sometimes excruciating states. Initially, confusion, hallucinations, disturbing
feelings, and involuntary movements can occur as one gains knowledge of mental and
physical states through increasing concentration and mindfulness. As samadhi is achieved,
‘pseudo-nirvana’ experiences of rapture, tranquillity, and bliss can be accompanied by
frightening images, uncomfortable body sensations such as itching, heat, and stiffness, and

65 E. Greene, “Healing Sickness Caused by Meditation: ‘The Enveloping Butter Contemplation’ from the Secret
Essential Methods for Curing Meditation Sickness,” in Buddhism and Medicine: An Anthology of Premodern
66 Bhikku Nanamoli, Visuddhimagga: The Path of Purification (Kandy, Sri Lanka: Buddhist Publication Society,
67 N.R.M. Ehara, S. Thera and K. Thera, Vimuttimaga: The Path of Freedom (Kandy, Sri Lanka: Buddhist
69 Thera, A Manual of Abhidhamma, 478. Also, the Vimuttimaga, 299-301.
gastrointestinal problems of nausea, vomiting, and diarrhea. Then, sadness, irritability, extreme fear, and a deep sense of the insipid nature of life may manifest as one becomes more and more aware of the arising and passing away of phenomena. A desire for deliverance can emerge, and one may wish to discontinue practice. For example, the body may itch as though being bitten by ants. Later, when deciding to practice to completion, one may feel odd sensations such as being slashed by a knife.70

The *samatha-vipassana* meditation manual by Sramaṇa Zhiyi (538-597 CE), founder of the Tiantai tradition of Buddhism in China, has a chapter dedicated to the diagnosis and treatment of meditation-related disorders.71 According to this text, meditation-related pathology may develop as a result of imbalance during practice:

> Once the practitioner has established his resolve to cultivating the Path, disorders associated with the four great elements may manifest. Based on one’s present application of the contemplative mind, the breath may be caused to provoke the activation of latent disorders. Sometimes it happens that one is unable to skilfully and appropriately adjust the three factors of body, mind and breath. Due to interferences between the inward and outward circumstances, pathological trouble may develop ... if one is able to skilfully apply the mind, then the four hundred and four kinds of disorders will naturally be cured. If, however, one fails in the correct placement of the mind, then the four hundred and four kinds of disorders may arise on that very account.72

Adverse effects associated with meditation are also documented in Zen Buddhism. For example, there is a category of meditative experiences that may arise during *zazen* practice, called *makyo* (translated as “diabolic phenomenon”, from *ma* (devil) and *kyo* (phenomenon; objective world)).73 Hence, *makyo* are disturbing phenomena, and can include visual, auditory and olfactory hallucinations and involuntary movements.74 In *The Three Pillars of Zen*, American Zen teacher Roshi Philip Kapleau notes that the number of *makyo* which can appear to a meditator are unlimited; in the Ryogon sutra the Buddha warns of fifty different kinds of *makyo*, but these are just the most

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common manifestations, and experiences may vary according to the personality and temperament of the individual meditator.  

Zen traditions also acknowledge a prolonged illness-like condition related to meditation, called ‘Zen sickness’ or ‘meditation sickness’. This condition is understood to manifest due to a variety of causes that may be physiological, psychological, karmic, or supernatural in nature. Depending on the cause, Zen sickness may manifest in different ways (for example, as headaches, tightness in the chest or fearful hallucinations), and traditional teachers recommend an assortment of treatments ranging from modern medical and psychological care to traditional mantras, spells and repentance practices.  

In Tibetan Buddhism, nyams (meditation experiences) may include adverse effects such as intense body pain, physiological disorders, paranoia, sadness, anger and fear. Additionally, there is a specific meditation-related condition that the Tibetans call lung. Sometimes described as a “nervous disorder” or “meditator’s disease,” there are several different types of lung that are said to result from the interaction between meditation practice and characteristics of the individual meditator, such as imbalances in the meditator’s constitution or their karma. In Balanced Mind, Balanced Body, Amy Cayton describes various treatments for lung, which come from both Tibetan folklore and more experienced meditators from the lay community. These include bodhichitta and tonglen practice, prostrations, mantras, traditional Tibetan medicine, and changes to diet and sleep. Cayton notes that meditators are advised to consult a qualified teacher or Tibetan doctor to treat lung and that without treatment it can become a chronic state that is difficult to deal with. Cayton writes:

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75 Also, Kapleau writes: “While disciplining himself in meditation the Yogin is liable to be visited by all kinds of evil beings whereby he is constantly assailed by hallucinations of various natures. These are all due to highly-accentuated nervous derangements, and the Yogin is advised to guard himself against them.” Kapleau, The Three Pillars, 45.


78 In Tibetan medicine, lung (or rlung) is sometimes literally translated as ‘wind’ or ‘wind illness,’ and unbalanced or disordered flows of lung are a key way in which psychiatric disorders are explained. For a detailed discussion see M. Epstein and L. Rapgay, “Mind, Disease, and Health in Tibetan Medicine” in Eastern and Western Approaches to Healing: Ancient Wisdom and Modern Knowledge, eds. A. A. Sheikh and K. S. Sheikh (New York, NY: Wiley, 1989), 124-145.


80 A. Cayton (ed.), Balanced Mind, Balanced Body: Anecdotes and Advice from Tibetan Buddhist Practitioners on Wind Disease (FPMT, 2016), 45.

81 Cayton, Balanced Mind, 6; 17; 34; 41.

82 Cayton, Balanced Mind, 5.
When we talk about lung, we must distinguish between acute and chronic lung. In this essay, I’m mainly concerned with acute lung, specifically that which arises in meditation retreats. Acute lung can come from concentrating too hard on the mandala, reciting mantras too fast, working too hard in service or at our jobs, or frustration in relationships. With rest and Tibetan medicine (if we can get it), this form of lung goes away when we finish our retreat or stop doing what was causing our mental stress. Chronic lung, or tsok lung, is what we might label as varying degrees of post-traumatic stress disorder (PTSD). Chronic lung can be treated with herbs, diet, acupuncture, Tibetan medicine, and verbal therapies.

Hindu and Yogic traditions also acknowledge periods of difficulty associated with meditation practice, most often associated with kundalini, which is said to be the biological mechanism behind enlightenment. Classical esoteric literature describes kundalini as a normally dormant force that resides at the base of the spine, and that when awakened, can cause a variety of mental, emotional, physical and spiritual effects. According to Eastern philosophers, kundalini should only be awakened as a gradual process, under the guidance of an experienced teacher. If a kundalini awakening occurs when a meditator is not properly prepared, it can cause negative effects, including fear, disorientation and psychosis. Scholars have argued that because the ancient traditions provided gurus to supervise kundalini awakenings, the classical literature did not focus on problems associated with the phenomena; it was assumed that with proper context and proper guidance, the process would lead to positive outcomes. However, there are modern biographical accounts that report severe problems attributed to kundalini, usually referred to as ‘kundalini crisis.’ The most well-known case is Gopi Krishna (1903 - 1984), an Indian yogi and mystic who wrote about his own long-lasting kundalini crisis which included symptoms of depression, insomnia and psychosis-like states.

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83 Cayton, Balanced Mind, 48.
86 Greyson, “The Physio-kundalini.”
87 G. Krishna, The Awakening of Kundalini (Ontario: Institute for Consciousness Research, 2001): 96-97. Also, in The Healing Gods, Gunther Brown cites examples of kundalini problems related to hatha yoga and pranayama: “Although many instructors tout yoga’s safety, some yoga proponents warn of physical, psychological, and spiritual risks. Swami Swatmarama, of Yoga Vidya Gurukul University, cautions that performing pranayama in hatha yoga awakens kundalini energy rapidly: “But if one is not prepared to take on this high level energy awakening then this may have negative effects on mind and body.” Swami Narayanananda is more specific about what negative effects might entail: “If a person does not know how to check the currents and to bring down the partly risen kundalini shakti to safer centers, one suffers terribly and it may ruin the whole life of a person or lead one to insanity.” C. Gunther Brown, The Healing Gods:
Hence, meditation adverse effects are mentioned across a variety of religious traditions. The literature observes that meditation adverse effects may arise simply as a normal stage on the path of progress towards enlightenment (for example, makyo and the dukkha nanas), or if the practice is not undertaken with adequate preparation, in the right conditions and with proper guidance (such as is the case with Zen sickness, lung and kundalini crisis). However, when secular meditation is disconnected from these traditional religious sources, this knowledge regarding adverse effects is often lost. The next section will now examine four domains of meditation practice and discuss how adverse effects are recognised and managed within each of these domains, in both traditional and secular contexts.

Preparation

Something all the major meditative traditions have in common is a belief in rigorous preparation; that is, in order to safely achieve the desired states and outcomes of meditation, an individual must adequately prepare before undertaking any actual meditation practice. For example, in the Hindu-derived discipline of yoga, preparatory methods consist of several stages and many steps, including moral and religious training (yama and niyama), posture practice (asana), breath control (pranayama), diet changes and behavioural modifications. These preliminary practices are then followed by sense withdrawal practices (pratyahara) and concentration techniques (dharana) which finally prepare the individual for meditation (dhyana) and meditative absorption (samadhi). In Yogic Meditation, Georg Feuerstein describes how for meditation to be successful, certain prerequisites must be met, including correct posture (sitting erect with the spine and neck aligned, riju-kaya), a suitable environment, the development of concentration and self-discipline, and the cultivation of nonattachment (vairagya), which depends on emotional and spiritual maturity. In the yogic traditions, practice must begin with this preliminary training, otherwise progress is not possible. Feuerstein notes:

> Without adequate moral preparation and genuine spiritual aspiration, meditation tends to be experienced as routine, tedious, or impossible. Hence Patanjali’s eightfold path begins with the five moral observances (yama) of nonharming (ahimsa), truthfulness (satya), nonstealing (asteya), chastity (brahmacarya), and greedlessness (aparigraha). A second


foundation is *niyama*, self-discipline, which Patanjali divides into the five practices of purity (*shauca*), contentment (*samtosha*), austerity (*tapas*), study (*svadhyaya*), and dedication to a higher principle, specifically the “Lord” (*ishvara-pranidhana*).\(^9^0\)

Similarly, in Buddhism, meditation is seen as an advanced practice that is only started once an individual has mastered preliminary instruction and discipline.\(^9^1\) In Theravada Buddhism, meditation practice has three components - morality (*sila*), concentration or calm abiding (*samatha*), and insight (*vipassana*) - which correspond to the Eightfold Path. Practice begins with morality, as it is believed that the mind must be purified of ‘unwholesome’ or unvirtuous thoughts in order to facilitate initial concentration.\(^9^2\) For lay practitioners, five moral precepts are taken before beginning meditation practice; abstaining from killing, stealing, lying, sexual misconduct and intoxicants. For novice meditators the list of precepts increases to ten, and for monks there are more than 300 prohibitions and observances that regulate every detail of monastic life.\(^9^3\) Once the meditator has attained a purified mind, the next step is to develop concentration or one-pointedness by fixing the mind on a single object; the meditation subject.\(^9^4\) The ability to concentrate then assists the meditator in the pursuit of insight. Thus, the interaction between morality, concentration and insight cannot be separated; morality facilitates initial concentration, which then enables sustained insight.\(^9^5\)

In religious contexts, morality and concentration training is the foundation of meditation practice and is seen to be a necessary requirement for the development of insight.\(^9^6\) However, modern Western adaptations of meditation often skip these preparatory stages. Both mindfulness meditation and *vipassana* are focused primarily on insight practice and do not offer preparatory training in concentration or ethics.\(^9^7\) Teaching meditation without adequate preparation can lead to adverse effects. For example, Andrea Grabovac and colleagues argue that from a modern psychological perspective, one of the major purposes of ethics in meditation is to reduce the baseline amount of mental proliferation an individual experiences. By leading an ethical life, a meditator should naturally experience less negative affect (such as guilt, doubts, and worries), which in turn supports both

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\(^{91}\) Paine, *Re-Enchantment*, 88.


\(^{93}\) Hickey, “Mind Cure,” 173-174. Also, Goleman writes: “While the practice of purity varies with one’s mode of life, its intent is the same: It is the necessary preparation for meditation.” Goleman, *The Meditative Mind*, 3.


\(^{96}\) Hickey argues that this is because “one cannot have peace of mind if one’s behaviour is unethical.” Hickey, “Mind Cure,” 174. Similarly, former Siddha Yoga official Robert Rabbin expressed: “The seminal spiritual question of ‘Who am I?’ is incomplete without ‘How shall I live?’” Goldberg, *American Veda*, 338.

\(^{97}\) TM is partly exempt from this discussion as it is a concentration technique. However TM is also not taught within an explicit ethical framework and eliminating the ethical basis that traditionally accompanies meditation may also lead to adverse effects. For example, Andrea Grabovac and colleagues argue that from a modern psychological perspective, one of the major purposes of ethics in meditation is to reduce the baseline amount of mental proliferation an individual experiences. By leading an ethical life, a meditator should naturally experience less negative affect (such as guilt, doubts, and worries), which in turn supports both
problems. For example, in *Psychotherapy Without the Self*, Mark Epstein describes a “disturbing trend” noted by Western psychotherapists when observing Western meditators:

> Western students of Eastern spiritual traditions who jumped into intensive meditation with little preparation sometimes experienced emotional distress. Many sincere practitioners, disillusioned with therapy or with the idea of therapy, turned to meditation in the hope of healing psychological issues and found that emotional material was uncovered that neither they nor their meditation teachers were prepared to deal with.  

Contemporary Buddhist meditation teacher Culadasa (John Yates) argues that psychological problems arise when insight meditation is practiced without the cultivation of advanced skill in concentration (*samatha*) or the experience of meditative absorption (*jhana*). As mentioned above, the modern vipassana tradition is a ‘dry insight’ (non-*jhani*) tradition and teaches that insight can be achieved without concentration; thus *samatha* and *jhana* are rarely mentioned, let alone taught, in this popular form of meditation. Culadasa argues that dry insight practices can lead to adverse effects, as *samatha* makes it easier for meditators to confront potentially de-stabilising insights into impermanence, emptiness, suffering and non-self. The joy, tranquillity and equanimity of *samatha* provide an important “lubricating” quality or palliative that relieves the internal friction associated with challenging insights. He writes:

> Without *samatha*, these challenging insights have the potential to send a practitioner spiralling into a ‘dark night of the soul.’ This Christian term comes originally from the writings of St. John of the Cross, who supposedly spent forty-five years in this dark night. The term beautifully captures the feelings of despair, meaninglessness, non-specific anxiety, frustration, and anger that often accompany such powerful realisations.

In both clinical mindfulness-based interventions and vipassana, preparation in concentration is not seen as a necessary prerequisite to begin meditation; hence, teachers of these techniques are

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concentration and mindfulness practices. Other scholars have argued that meditation without ethics can be dissatisfying and frustrating, leading only to superficial calmness but no lasting positive change, and that the inclusion of ethics in secular meditation practices may actually speed up progress and make insights more widely generalizable. A.D. Grabovac, M.A. Lau and B.R. Willett, “Mechanisms of Mindfulness: A Buddhist Psychological Model,” *Mindfulness* 2 (2011): 154-166. Also, there is debate regarding the extent to which ethics is or is not included in secular mindfulness practices. See, S. Stanley et al (eds.) *Handbook of Ethical Foundations of Mindfulness* (Cham, Switzerland: Springer International Publishing, 2018).


unlikely to attribute any adverse effects that might show up to an ‘unbalanced’ insight meditation practice. If meditation adverse effects do occur, they may instead be explained as simply being due to ‘psychological issues.’ For example, on its website, the Australian vipassana organisation states that meditation is suitable for any person “in reasonable physical and mental health who is genuinely interested and willing to make a sincere effort.” There is no mention of preparation, despite the fact that a vipassana retreat involves ten days of seated silent meditation – a physical and mental challenge for most novice meditators.

Further, on its ‘Question and Answer’ page, the website states:

**Can Vipassana make people mentally unbalanced?**

No. Vipassana teaches you to be aware and equanimous, that is, balanced, despite all the ups and downs of life. But if someone comes to a course concealing serious emotional problems, that person may be unable to understand the technique or to apply it properly to achieve the desired results. This is why it is important to let us know your past history so that we can judge whether you will benefit from a course.

Therefore, according to the Australian vipassana organisation, the vipassana technique itself cannot cause psychological instability. The implication is that any adverse effects that occur with vipassana practice are likely to be the result of an individual meditator who has ‘concealed’ their psychological problems and cannot properly understand or apply the meditation technique.

**Supportive Context**

In religious traditions, meditation practices have corresponding psychologies, philosophies and belief systems that work to conceptualise and frame their insights. Traditional texts and cosmologies provide a cartography and context for clarifying different types of meditation experience. In contemporary Western applications of meditation, most or all of the religious context for meditation has been stripped away.

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102 Referring back to the early Zen, Dzogchen and Theravada reformers, Sharf notes that all these traditions have been criticised for “dumbing down” the Buddhist tradition by devaluing ethical training and the role of concentration. Sharf, “Is Mindfulness Buddhist,” 476.


104 The Oxford Mindfulness Centre notes that the most intensive way to practice mindfulness is on meditation retreats and “most reports of adverse effects of mindfulness practice to date come from participants in intensive retreats.” Also, that “Anecdotal evidence suggests that harm is rare, but a few participants have reported severe psychological problems lasting for months or years after the retreat has ended.” R. Baer and W. Kuyken, “Is Mindfulness Safe?,” Oxford Mindfulness Centre (October 2016). Accessed 2 October 2018: http://oxfordmindfulness.org/news/is-mindfulness-safe/.


106 It is worth noting that too much concentration meditation at the expense of insight meditation has also been said to lead to adverse effects, particularly the re-experiencing of trauma. L. Brasington, “Leigh Brasington Interview,” Vimeo (2013). Accessed 27 September 2018: https://vimeo.com/61893225.
practices is reinterpreted, minimised or left out, and research findings on meditation are interpreted almost exclusively within Western psychological frameworks. However, due to cultural and conceptual differences, Western secular frameworks may not be able to provide an appropriate context within which meditators can understand their experiences and frame their insights. In particular, Buddhist insights into emptiness, impermanence, non-self and suffering completely contradict the current Western “operating model” of reality. That is, the dominant Western paradigm for understanding ‘reality’ assumes that objects exist, that an independent, autonomous self exists, and that positive or negative experiences result from the interaction between the two. These beliefs provide the foundation for a sense of meaning and purpose in life, and meditation-induced insights that conflict with these assumptions can be severely disruptive, leading to adverse effects such as anxiety and despair.

Other cultural and conceptual differences relate to states of consciousness. Western culture is predominantly monophasic; that is, almost exclusively focused on the ordinary waking state of consciousness, with perceptual and cognitive processes oriented toward the external world. Traditional meditative cultures, however, tend to be polyphasic; that is, they place importance on other functional but non-ordinary states of consciousness that may be the result of dreams, trance states, meditation states or intoxicants. In religious traditions, meditation is often used to achieve altered states of consciousness (ASC); defined as experiences that produce “a qualitative alteration in the overall pattern of mental functioning, such that the experiencer feels his consciousness is radically different from the way it functions ordinarily.” Scholars of religion note that meditation-related ASCs are considered both attainable and important, and there is a vast literature on these experiences from many, if not all, the major traditions. In religious contexts ASCs allow the individual to access state-specific knowledge that may be used to heal or to serve their community, and people who experience meditation-related ASCs have reported profound and lasting positive changes in their lives, including radical shifts in their values and belief systems. While

110 Meditative disciplines value and cultivate altered states where sense of identity extends beyond the individual self. While Western psychologists may have rediscovered some of these states (for example, Maslow’s ‘peak experiences,’ Jung’s ‘numinous’ experience, Grof’s ‘holotropic’ experience, Fromm’s ‘atonement’ and James’ ‘cosmic consciousness’), without a conceptual framework in which to understand them, these states may be experienced negatively.
111 Walsh and Shapiro, “The Meeting,” 227-239.
ASCs are not the end goal of meditation practice, they appear to change the cognitive and behavioural patterns of the meditator, thereby enhancing well-being and quality of life.

Modern meditation studies suggest that secular forms of meditation can lead to spiritual and mystical experiences, including ASCs.\(^{114}\) However, in modern Western settings, without a conceptual framework in which to understand them, these states may be experienced negatively (for example as psychosis, dissociation, depersonalization, altered perceptions, agitation and muscular tension) leading to what transpersonal psychologists have termed a “spiritual emergency.”\(^{115}\) Spiritual emergency is defined as significant distress associated with spiritual practices and experiences that causes a disruption to psychological, social and occupational functioning.\(^{116}\) Psychologist David Lukoff notes that individuals in the midst of a spiritual emergency may appear to have a mental illness if viewed out of context, but they are actually undergoing a normal reaction to spiritual development that is non-pathological and distinct from psychopathology. Proponents of spiritual emergency argue that symptoms of spiritual emergency may appear similar to, and sometimes identical with, psychopathology, however their causes and significance are very different, and hence treatment should be different.

There is some recognition of spiritual emergency in modern clinical psychology. For example, the Diagnostic and Statistical Manual, Fifth Edition (DSM-V) acknowledges distressing religious and spiritual issues as non-pathological by including a category entitled “Religious or Spiritual Problem” (V62.89).\(^{117}\) The DSM-V also recognises the need to distinguish between psychopathology and meditation-related experiences in instances of depersonalisation/derealisation:

Volitionally induced experiences of depersonalisation/derealisation can be a part of meditative practices that are prevalent in many religions and cultures and should not be diagnosed as a disorder. However, there are individuals who initially induce these states


\(^{115}\) Stanislav and Christina Grof are credited with creating the term in the 1960s in order to define a range of psychological difficulties that were being associated with Eastern spiritual practices being practiced in the West. They posit one of the most important causes of spiritual emergency is deep involvement in various forms of meditation and spiritual practice. S. Grof and C. Grof, \textit{Spiritual Emergency: When Personal Transformation Becomes a Crisis} (New York, NY and Los Angeles, CA: Tarcher, 1989), 8. Further, although they may share some similar features, spiritual and mystical experiences are distinct from psychosis as defined by psychiatry. G. Bronn and D. McIlwain, “Assessing Spiritual Crises: Peeling Off Another Layer of a Seemingly Endless Onion,” \textit{Journal of Humanistic Psychology} 55, no. 3 (2015): 346-382.


intentionally but over time lose control over them and may develop a fear and aversion for related practices.\textsuperscript{118}

However, despite numerous psychologists, academics and medical professionals attesting to the existence of these problems, spiritual issues have been largely neglected in mainstream psychology\textsuperscript{119} and Western health professionals report minimal or no training in dealing with them. This could be for a number of reasons, including bias against religion and spirituality in the field of psychology (for example, research indicates psychologists tend to be much less religious than their clients), and a lack of commonly agreed upon guidelines. An emphasis on establishing psychology as a scientific discipline may have also led to a reluctance to acknowledge the relevance of spirituality and religion resulting in “spiritually avoidant care.”\textsuperscript{120} Lack of training in religious and spiritual diversity may have significant consequences for clinical practice, as not only may meditation-related adverse effects be misdiagnosed as psychopathology, but there is evidence to suggest that psychologists can hold explicit and implicit negative biases based on perceived client religiosity, such as assessing religious clients as having worse prognoses.\textsuperscript{121} However, the increasing popularity of mindfulness-based therapeutic interventions and growing recognition of the diversity of meditation-related phenomenology (both positive and negative) may indicate an imminent paradigm shift in the way that spiritual and religious issues are approached in health settings.\textsuperscript{122}

Teacher and Technique

In traditional religious contexts the ideal meditation training is one-to-one transmission from teacher to student, with practice generally undertaken in isolation.\textsuperscript{123} In Buddhism, the ideal meditation teacher was the historical Buddha, who was said to know the mind and heart of others, and could therefore perfectly match an individual with their appropriate meditation object and setting. In lieu of such a perfect teacher, the Visuddhimagga recommends that a meditation teacher

\textsuperscript{118} Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 304.

\textsuperscript{119} The inclusion of spirituality and religion in the treatment of people with mental illness has been seen as problematic due to the possibility that spiritual and religious ideation may worsen symptoms of disorganisation, trigger harm to self or others, or promote lack of adherence to treatment recommendations. R.D. Fallot, “Spirituality and Religion in Psychiatric Rehabilitation and Recovery from Mental Illness,” International Review of Psychiatry 13, no. 2 (2001): 110-116.


\textsuperscript{123} According to Paine, when Tibetan lamas saw people meditating in groups at American Zen centres, they saw this as being unusual, because in Tibet, meditation was a solitary activity. Paine, Re-enchantment, 214.
should be selected according to their own level of attainment in meditation, with the most highly accomplished being the best teachers. The teacher’s support and guidance is seen as critical, particularly when dealing with issues of technique, altered states of consciousness and the integration of insight.\footnote{Goleman, The Meditative Mind, 9.}

In religious traditions, one of the fundamental roles of a meditation teacher is to give precise instruction regarding correct meditation technique, as incorrect technique can lead to adverse effects. Physical problems may result from improper posture (for example, neck and back pain), unnatural breathing (for example, a stressed diaphragm) or from lack of attendance to the physical environment (for example, inadequate clothing, food and sleep).\footnote{Master Sheng-yen (1930 - 2009) cited in L.W. Nelson, “Chan (Zen) Sickness,” 66.} Additionally, many meditative traditions note that adverse effects may occur as the result of an imbalanced practice; that is, excessive and overvigorous meditation practice at the expense of other activities such as the study of scriptures or physical work.\footnote{Zen teacher D.T. Suzuki also emphasized the need for meditators to engage in physical activity to counterbalance sitting meditation. This may account for the inclusion of physical work practices (for example, gardening) and walking meditation (\textit{kinhin}, which is alternated with periods of \textit{zazen}) in Western Zen Centres. Nelson, “Chan (Zen) Sickness,” 75-78.} Excessive practice may lead to physical problems, as described by Dutch author Janwillem van de Wetering:

\begin{quote}
\textit{Prolonged zazen gave me chronic hemorrhoids. Baba told me the human body is not designed to sit in the double or even the half lotus position for long periods of time. The postures put excessive strain on the rectum. I found that easy to believe. Preparation H is a staple in Zen monasteries, together with Maalox, for eating too hot meals too fast, peer pressure by zealots, too little sleep, and the relentless master’s constant urging to solve a \textit{koan} create mental tensions that ulcerate Zen stomachs.}\footnote{J. Van de Wetering, \textit{Afterzen: Experiences of a Zen Student Out on His Ear} (New York, NY: Thomas Dunne, 1999), 4.}
\end{quote}

Psychological adverse effects may also result from excessive practice. For example, in Tibetan Buddhism, forcing the mind to stay on the meditation object in an overly rigid way is said to induce a psychiatric condition that is similar to an obsessive anxiety state.\footnote{Epstein, \textit{Psychotherapy Without the Self}, 149.} Similarly, in Zen, overly rigorous practice and excessive striving for enlightenment, especially at the expense of engagement with the scriptures, is said to lead to a state described in the literature as “falling into emptiness” (\textit{duokong}), which is associated with “meditation sickness” (\textit{chanbing}).\footnote{Sharf, “Is Mindfulness Buddhist,” 476. Nelson, “Chan (Zen) Sickness,” 63.} In this state, the meditator:
loses touch with the socially, culturally, and historically constructed world in which he or she lives. The practitioner becomes estranged from the web of social relations that are the touchstone of our humanity as well as our sanity.\textsuperscript{130}

Contemporary Buddhist teachers have argued that adverse effects such as \textit{duokang} and \textit{chanbing} result from a misinterpretation of the insight into emptiness (\textit{sūnyatā}). The traditional Buddhist meaning of emptiness is that phenomena have no inherent nature by themselves, however in modern meditative contexts emptiness is sometimes misunderstood as a type of nihilism, leading to feelings of depression, anxiety and dissociation.\textsuperscript{131} Contemporary Buddhist teacher Shinzen Young, claims that difficulty integrating insights into emptiness and non-self (\textit{anatta}) can actually result in adverse psychological effects that present as depersonalisation and derealisation disorders (DP/DR). Young describes this phenomenon as an enlightenment experience gone wrong, or “enlightenment’s evil twin.”\textsuperscript{132} Ordinarily, an insight into emptiness and non-self is experienced as a fulfilling and empowering event, however, in some people, this insight is experienced as a nihilistic dysfunctional state. Young stresses that when insights are experienced as negative rather than empowering, this indicates that the meditator requires intervention and support from a senior competent teacher who knows how to deal with this issue successfully.\textsuperscript{133} Similarly, in \textit{Zen Wisdom}, Buddhist teacher Master Sheng-yen (1931–2009) writes:

\begin{quote}
If the teacher is not around and the person has an experience of emptiness, but not necessarily enlightenment, he or she could develop mental problems or become deeply confused. That is why practice traditions such as Chan, Zen, and Tibetan Buddhism stress the need for a qualified teacher.\textsuperscript{134}
\end{quote}

\textsuperscript{130} Sharf, “Is Mindfulness Buddhist,” 476.
\textsuperscript{131} Richmond writes: “If we can’t understand such a profound concept, we often ‘lazily’ associate Emptiness with Nihilism. The problem begins with the English translation of the original Sanskrit term \textit{Shunyata}. This profound and complex concept is often translated into English as ‘voidness.’ Voidness sounds a lot like ‘nothingness’ and, in my many years of attending teachings, I’ve often heard teachers interchange the word Emptiness, Voidness and Nothingness, so this can be confusing from the get-go. In the same discussion, some teachers will warn against nihilism, but never-the-less use the word ‘nothingness.’” L. Richmond, “What the Teachers Say About Emptiness: Removing “Lazy Nihilism” from Shunyata — or “How Deep the Rabbit Hole goes” and “How Big is the Moon?”” \textit{Buddha Weekly}, accessed 11 April 2018: https://buddhaweekly.com/what-the-teachers-say-about-emptiness-removing-lazy-nihilism-from-shunyata-or-how-deep-the-rabbit-hole-goes-and-how-big-is-the-moon/.

Also there is evidence to suggest that misunderstanding emptiness is not a uniquely modern phenomenon. The third century Indian Buddhist master Nagarjuna (150 – 250 CE) taught that emptiness wrongly grasped is like picking up a poisonous snake by the wrong end. G.W. Nishijima and B. Warner, \textit{Nagarjuna’s Mulamadhyamakakarika: Fundamental Wisdom of the Middle Way} (Rhinebeck, NY: Monkfish, 2011).

\textsuperscript{132} S. Young, “Enlightenment, DP/DR & Falling Into the Pit of the Void,” YouTube, 2009, accessed 7 April 2018: https://www.youtube.com/watch?v=9zIKCQwDXsA.

\textsuperscript{133} S. Young, “Enlightenment, DP/DR & Falling Into the Pit of the Void,” YouTube, 2009, accessed 7 April 2018: https://www.youtube.com/watch?v=9zIKCQwDXsA.

\textsuperscript{134} Cited in Nelson, “Chan (Zen) Sickness,” 91.
This view is also supported by findings from Sean Pritchard’s qualitative study of vipassana meditators. Pritchard found that skilful guidance and conceptualisation by a teacher allowed students to successfully frame difficult meditation insights both in practice and within daily life.\(^{135}\) Pritchard cites an example of a student experiencing an extreme case of the dukkha nanas, which was then put into an appropriate context by the teacher:

I actually became suicidal and I was afraid to tell V. [teacher], that he’d never allow me to come back. I was in the dukkha-nanas. I was in the misery, and I thought, I never had this. And then I went and I saw V. when it was time for me to go for the interview. And he said this is common in this particular time and that other yogis had gone through it too ... Then once I got to V., I think just being with him and him kind of making light of it, it was, like, this is just the practice. He gave me a context of that and, like, this is good. The stronger it is the better. “This is good fear. Go back and practice.” For some reason it really worked.\(^{136}\)

Pritchard argues that practical, technical advice and clear specific instructions from a qualified teacher can prevent extreme negative mental states from lasting, whereas unguided, meditators might become stuck in states of fear, anxiety, terror, depression or psychosis for extended periods that could last from days to years.\(^{137}\)

Experienced meditation teachers are also able to recognise, and provide guidance and contextualisation regarding, altered states of consciousness. In a qualitative study, Lois VanderKooi interviewed twelve Buddhist teachers (four Zen, four Theravada, four Tibetan, all teaching in North America) regarding their experiences with extreme mental states in Western meditation students. All of the teachers understood altered states of consciousness as phenomena that often emerge as meditation practice progresses, and all had various strategies for effectively dealing with these states.\(^{138}\) The teachers’ strategies included providing assurance that the experience is normal and will pass, adjusting the meditation technique, checking for correct posture and breathing, decreasing

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\(^{135}\) Pritchard, “Mindfulness and Beyond,” 178.
\(^{136}\) Pritchard, “Mindfulness and Beyond,” 73.
\(^{137}\) Pritchard, “Mindfulness and Beyond,” 178.
\(^{138}\) ASC are common in early stages of Buddhist meditation and include disturbing emotions and fantasies, perceptual anomalies and hallucinations, memories, proprioceptive sensations and movements, and psychotic-like experiences. Theravada teachers estimated that during a three-month long retreat about half of the students experience ASCs. VanderKooi notes that though these teachers are dealing with non-ordinary states of consciousness, they did not often encounter extreme adverse effects, due to adequate preparation and support. VanderKooi, “Buddhist Teachers’,” 34-4. Also, as William James (1902-1985) noted, spiritual experiences in general and ritual experiences in particular can be connected with different forms of dissociative experiences. He wrote that ASCs are the “root and centre” of individual religious and spiritual experience. Cited in S. Demmrich, U. Wolfradt and M. Domsgen, “Dissociation in Religion and Spirituality: God Images and Religious Rituals in the Context of Dissociative Experiences among a Sample of German Adults,” *Journal of Empirical Theology* 26, no. 2 (2013): 229.
sitting time, adding ‘grounding’ physical activities, conducting more frequent interviews with the student, and recommending changes to diet.\textsuperscript{139} The teachers were also able to identify warning signs that an extreme ASC may lead to a psychotic break, and knew when meditation practice should be discontinued and medical advice sought.\textsuperscript{140}

In secular mindfulness meditation settings, the importance of the role of the teacher in identifying and dealing with adverse effects is acknowledged. As stated by the Melbourne Academic Mindfulness Interest Group, short-term adverse experiences can be a transient part of the MBI process, and “the skill of the instructor in dealing with such eventualities may be important in determining whether they become valuable learning opportunities or, alternatively, adverse events.”\textsuperscript{141} Burrows also argues that “anyone leading mindfulness activities needs to have enough experience of the practices to be able to guide others in their own journey of introspection and support them when they encounter any obstacles.”\textsuperscript{142}

However, Baer and Kuyken note that in reality, mindfulness meditation teacher training is in its infancy, and standards are less than ideal:

Contemplative traditions have long recognized that intensive mindfulness practice can lead to challenging emotional or bodily experiences that require expert guidance. The developers of secular, evidence-based mindfulness programs also emphasize the importance of competent mindfulness teaching. Unfortunately, interest in mindfulness classes has become so widespread that not enough qualified teachers are available. Some teachers have very little training and may be unprepared to help participants with either the normal and expected unpleasant experiences that arise or the more atypical unexpected side effects of mindfulness practice. They may do little screening and assessment to determine if people are suitable and ready for programmes at different levels of intensity. Teacher training programmes are themselves still developing, including with regard to how best to ensure the protection of those learning mindfulness. The field is only just beginning to develop good practice guidelines and listings of qualified teachers.\textsuperscript{143}

\textsuperscript{139} VanderKooi, “Buddhist Teachers”, 40-41.
\textsuperscript{140} A Tibetan teacher noted that advanced meditators need a qualified teacher to help differentiate between psychotic states and true spiritual visions. VanderKooi, “Buddhist Teachers”, 41-42. Less teacher supervision can lead to incorrect practice leading to adverse effects such as psychosis. Marx, “Accessibility Versus Integrity,” 1157-1158.
\textsuperscript{141} Cited in P.L. Dobkin, J.A. Irving and S. Amar, “For Whom May Participation in a Mindfulness-Based Stress Reduction Program be Contraindicated?” Mindfulness 3 (2012): 47.
The authors also delineate different levels of mindfulness practice according to intensity, from low intensity (such as “bringing friendly awareness to the tastes and textures of food”) to moderate intensity (techniques used in therapeutic mindfulness-based interventions) and high intensity practices (meditation retreats). While low to moderate intensity meditation practices are of less concern (particularly when taught in a one-on-one therapeutic relationship with a qualified medical professional), problems are more commonly reported in modern Western retreat settings. Baer and Kuyken write:

The most intensive way to practice mindfulness is on meditation retreats, where participants typically meditate for many hours each day, often entirely in silence, for a week or more at a time. Contact with a teacher may occur only once every day or two. Most reports of adverse effects of mindfulness practice to date come from participants in intensive retreats. The best retreat centres are operated by meditation teachers with comprehensive knowledge of the retreat centre’s orientation (e.g., Christian, Buddhist etc.), extensive experience in offering the teachings in those settings, and knowledge of the difficulties that may arise during intensive mindfulness practice. Teachers at these centres will frame the difficulties they encounter within their own orientation and experience and the best will undertake some degree of screening, have a safeguarding policy and ways of referring to treatment centres when appropriate.¹⁴⁴

Unfortunately not all meditation retreat centres are able to operate at such high standards, and extreme adverse events have been reported at, or following, some vipassana meditation retreats. A recent example cited in the media concerns Megan Vogt, a young woman who returned from a ten day Goenka style vipassana retreat incoherent and in psychosis; ten weeks later she committed suicide.¹⁴⁵ An article in the Pennsylvania Real-time News reported:

The center that Vogt attended in Claymont Delaware, the Dhamma Vipassana Meditation Center, uses the traditional teachings of the spiritual leader Goenka, who died in 2013. His daily lessons have been videotaped and are played nightly for meditators at retreats. So there is no "main teacher" on site. Instead, volunteer assistant teachers are supposed to guide meditators on site but their qualifications are unclear. There is generally one lead assistant teacher who is supposed to be trained. The woman who led Vogt's retreat said she

¹⁴⁴ Baer and Kuyken, “Is Mindfulness Safe?”
was from Cambodia. The other volunteers may have no training. The only requirement is that they have attended at least one previous meditation course.146

This particular case highlights another key factor that contributes to meditation adverse effects being overlooked: post-retreat follow-up. Many meditation adverse effects occur after a retreat, or ‘off-the-cushion,’ so may go unnoticed by teachers who are largely unavailable for practitioners to talk to post-retreat. Mark Epstein notes that meditation teachers are in general not only untrained in psychotherapy and unprepared for the extreme distress that could arise in Western practitioners, but also uninterested in maintaining long-term personal relationships with students who might attend a workshop or retreat.147 Daniel Ingram also mentions this issue in Mastering the Core Teachings of the Buddha, noting that problems can arise when meditation students are unable to engage in “long, deep conversations with harried and over-committed Jet Set Dharma Teachers.”148 Megan Vogt reportedly emailed the meditation retreat centre she had attended several times in the weeks leading up to her death, but was unable to speak with a teacher regarding the difficulties she was experiencing.149

Individual Differences and Psychopathology

While transient adverse effects, and difficulties integrating insights may occur as a normal part of meditation practice, it is also possible that some of the more extreme adverse effects that have recently been reported in the popular media are the result of an interaction between meditation practice and pre-existing or latent psychopathology. In Buddhist texts on meditation, there is recognition that not all meditation techniques will suit all individuals. For example, the Visudhimagga recommends forty different meditation subjects along with a variety of diverse physical surroundings that can be tailored to individual meditators:

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146 Vendel, “She Didn’t Know.”
147 Epstein, Psychotherapy without the Self, 14.
148 D.M. Ingram, Mastering the Core Teachings of the Buddha: An Unusually Hardcore Dharma Book (InteractiveBuddha, 2007), 379.
149 In the case of Megan Vogt, it seems that the psychosis she experienced was triggered by the meditation retreat. The article notes that “she told her parents that she recalled having problems about halfway through the retreat and by day seven, she didn’t know who she was or why she was there. Yet no one called her parents or intervened. Instead, the center assigned a volunteer to watch Megan as she continued to meditate for three more days.” This is an example of where an experienced meditation teacher should be able to recognise that a problem is escalating and know if/when to refer on to a psychiatrist. Vendel, “She Didn’t Know.”
The lustful meditator, for example, should be assigned a cramped, windowless hut in an ugly location in the neighbourhood of unfriendly people; the hateful type, on the other hand, is to be given a comfortable and roomy cottage in a pleasant area near helpful people.\textsuperscript{150}

Further, in some religious traditions it is understood that meditation \textit{in general} is not suited to every individual. Some scholars have argued that traditionally physical and mental wellbeing, along with a stable personality are prerequisites to meditation, and “troubled” people have been restricted from entering the practice.\textsuperscript{151} For example, regarding kundalini crisis, Sri Aurobindo (1872–1950) in \textit{Letters on Yoga} writes that kundalini itself does not induce psychosis in previously healthy individuals. Rather kundalini crisis is the result of a constitutionally weak nervous system that is already predisposed to emotional problems and hence decompensates under the stress of a kundalini awakening. Psychotic decompensation due to kundalini awakening may therefore be less common in cultures and contexts where proper screening and preparation are prerequisites for yogic training.\textsuperscript{152}

Additionally, psychological therapy is not an explicit concern in Buddhism or Hinduism, and meditation in these traditions has not focused on an individual’s personal history, emotions or psychological issues.\textsuperscript{153} For example, despite the modern equation of suffering with psychopathology, depression in the clinical sense is not mentioned in Buddhist literature. The fifty-two mental factors of the \textit{Abhidhamma} (third century BCE) list negative emotions such as greed, hatred, conceit, envy, doubt, worry, restlessness and avarice, but do not include sadness “except as a kind of unpleasant feeling that can tinge other mental states. Depression is not mentioned.”\textsuperscript{154} In the Tibetan Buddhist tradition, medical authorities recognise mental illnesses which correlate with Western diagnoses of depression, melancholia, panic, bipolar and psychosis, and for these they recommend pharmaceutical treatment, as it is understood that meditation can make these conditions worse.\textsuperscript{155} While the Buddhist tradition holds that the ultimate cure for every kind of suffering is enlightenment, attainable through extensive meditation, Tibetan healing recommends against the use of meditation as a therapy for mental illness as it could lead to even greater anxiety.\textsuperscript{156} Although this seems paradoxical, it points towards the diverse and complicated uses of

\textsuperscript{150} Goleman, \textit{The Meditative Mind}, 9.
\textsuperscript{152} However, a note of caution is advised as it is easy to romanticise ‘traditional cultures’ as being wiser than our own. Greyson, “The Physio-kundalini Syndrome,” 47.
\textsuperscript{153} Sedlmeier and Srinivas, “How Do Theories,” 7.
\textsuperscript{154} Epstein, \textit{Psychotherapy Without the Self}, 144-45.
\textsuperscript{155} Epstein, \textit{Psychotherapy Without the Self}, 149.
meditation in various schools of Buddhism; meditation is recognised to be able to both harm and heal.  

This is in direct contrast to how meditation is generally taught in contemporary secular Western settings. Today in the West, meditation is regularly used within the context of psychotherapy and meditators often come to the practice in search of psychological relief. However, more recent research is starting to reveal the complexities and problems associated with using meditation as a broad spectrum solution to treat psychopathology. For example, there is evidence to suggest that meditation may act as a stressor in psychologically vulnerable individuals. In *Psychotherapy without the Self*, Mark Epstein discusses unique meditation-related challenges that may arise for those with a diagnosis of borderline personality disorder, narcissistic personality disorder, schizoid personality, or depression. Other scholars have argued that meditation may be contraindicated in those who have obsessive-compulsive disorder, a history of trauma, or who are emotionally fragile. Additionally, the official standards of practice for MBSR state that the treatment should exclude those who are suicidal or have a psychiatric disorder.

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157 An in depth consideration of the treatment of mental illness in Buddhist traditions is beyond the scope of this thesis, but some notable examples are listed here. For example, Jacobson notes that symptoms that Western biomedicine would term “psychiatric” are most prominent in the Tibetan “wind illnesses” (*lung*, discussed above) and in some demonic illnesses. Symptoms of demon possession correlate with Western psychiatry’s descriptions of psychosis, however in Tibetan medicine this symptom is treated with exorcism rituals as well as medications. E. Jacobson, “Life-Wind Illness” in Tibetan Medicine: Depression, Generalised Anxiety, and Panic Attack,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. M. Schremf. Leiden, Boston: Brill, 2007. (Proceedings of the 10th Seminar of the International Association for Tibetan Studies (PIATS), Oxford Sept. 6-12 2003), 228.


160 F. Didonna, “Mindfulness and Obsessive–compulsive Disorder,” in *Clinical Handbook of Mindfulness*, ed. F. Didonna (New York, NY: Springer Publishing, 2009), 189-220. The author notes that individuals who suffer from pathological “feelings of emptiness” should also work with a therapist as meditation may lead to intense reactions; for example, dissociation, panic, or the need to escape.


As mentioned earlier, there has been a tendency in Western psychology to conflate meditation adverse effects with pre-existing or latent psychopathology. Indeed, one of the most difficult problems facing contemporary Western psychology may be how to dis-entangle ‘conventional suffering’ (the suffering treated by psychotherapy) from the more existential distress that can occur as the result of meditation practice (for example, the experience of the dukkha nanas or the insight into emptiness) or specific meditation-related conditions (such as anxiety that is exacerbated by meditation). Attempts to resolve this issue may have to be informed by a more direct dialogue between religion and psychology. This is an area that is ripe for future research.

Conclusion

This chapter has considered how Western contemporary secular forms of meditation have been significantly divorced from the religious contexts from which they originate, and have focused instead on clinical and health applications. While the distancing from religion is understandable, given that connecting meditation to Eastern religions could severely limit the generalisation and acceptance of these practices in healthcare and other secular areas, this is a factor that has contributed to adverse effects being overlooked. Knowledge of meditation adverse effects exists within the Buddhist and Hindu yogic traditions. Within these traditions adverse effects are identified, managed, and do not usually become a major problem. However, in Western secular settings, knowledge regarding meditation adverse effects is either simply unknown (for example, knowledge regarding the role of concentration in preparing for practice), unable to be adequately applied (for example, knowledge regarding best standard teacher training) or lost within the Western psychotherapeutic paradigm (for example, when adverse effects are conflated with psychopathology). While consulting religious sources may prove controversial, and it is not recommended that classic meditation manuals are to be taken at face value, it is worth considering that a better familiarity with the traditional literature may help to identify what adverse effects are normal and expected, how to deal with extreme or non-ordinary states of consciousness, and how to prevent unnecessary difficulties from occurring and escalating.

Chapter 4. Meditation, Commodification and the Media

The popularity of secular meditation has been due in large part to its promotion in the Western media. Since Maharishi Mahesh Yogi taught Transcendental Meditation to the Beatles in 1968, stories about meditation have captured the attention of a Western audience receptive to narratives around spirituality, healing, self-help and wellness. Additionally, the familiarisation and positive reception of meditation in the West has been heavily facilitated by celebrity influence. The view of meditation that is portrayed by the Western media is, however, radically simplified and incomplete. Specifically, it is an overwhelmingly positive view, which at its most extreme, promotes meditation as a type of panacea or cure-all. Some scholars have argued that as media coverage of meditation has grown, so too have misunderstandings about what meditation is, who it can help, and how it affects the mind and brain. The overly positive positioning of secular meditation in the media is often blamed on poor scientist-journalist communication and sensationalistic reporting. However, the commodification of meditation, and the creation of meditation-related businesses and services, has also helped to create a popular view of meditation as a ‘simple’ and ‘side-effect free’ solution for a variety of common problems. This chapter discusses how the image of meditation in popular media has been manipulated to fit contemporary market demands for a secular Westernised therapeutic technique that can be commodified, and how this has led to meditation adverse effects being overlooked.

All Good News Stories

Over the past two decades, stories about meditation have saturated the popular media. However, there is growing concern, particularly among the scientific community, that the media portrayal of meditation is incomplete and at times inaccurate. There appears to be a disconnect between scientific research on meditation and media reporting, and many news stories fail to accurately present research, exaggerate the benefits of meditation, and ignore potential adverse effects. An analysis of media news stories about meditation reveals a clear positivity bias. For example, a recent study by Sharon Lauricella analysed 764 mainstream print media articles about meditation that were published between 1979 and 2014. The author employed frame theory analysis to understand how meditation is presented in print media. From the sample of articles, only six reported on negative aspects of meditation. Lauricella writes:

2 Van Dam et al., “Mind the Hype,” 36-51.
It is important to note that of all 764 articles included in this analysis, all but six reported on meditation positively. The six articles recounting the negative aspects of meditation included two reports that scientific research on meditation was poorly done, two reports cautioning the public’s interpretation of scientific results relative to meditation studies, one article which addressed a priest’s objection to meditation being considered prayer, and one article which cautioned against the use of meditation in schools because it may be considered prayer. Overall, the data reflected near ubiquitous positive coverage of meditation and its potential benefits to practitioners.4

The study found that almost half of the news stories analysed spoke of meditation’s positive effects on physical ailments (such as asthma, headaches, chronic pain, inflammation, and cardiovascular disease), and 88% spoke of the emotional benefits of meditation (including improvements in work relationships and family life, greater empathy and sensitivity, an increased sense of calm, and “stress relief”).5 Lauricella posits that these results indicate that articles about meditation “reflect the health and wellness challenges present in contemporary culture, together with a desire for personal relief from such issues.”6

Lauricella also argues that the data support the conceptualisation of meditation as a form of spiritual self-care, a concept which she terms “spiritual hygiene.” At its most basic level, spiritual hygiene is described as a spiritual practice that, like physical hygiene, can relieve the practitioner of negative effects; “much like brushing one’s teeth reduces the likelihood of cavities, washing the body prevents infections and unpleasant odors, and grooming the body assists in one’s overall sense of wellness and confidence.”7 However, spiritual hygiene also serves an additional and greater restorative function as a method for returning a practitioner to ‘wholeness.’8 If spiritual hygiene, like physical hygiene, can indeed help to alleviate common negative health problems, and possibly provide a salvific purpose, then it follows that meditation would be a topic of popular media interest.9 Hence, the conceptualisation of meditation as a form of spiritual hygiene may help to explain both the large increase in popular media coverage of meditation, as well as the widespread adoption of secular meditation practices.

Meditation is also portrayed by the media as a pathway to happiness, and recent popular news headlines include “How Meditation Increases Happiness,”10 “Meditation Will Make You Smarter (and Happier)”11 and “Grow Your Own Happiness: How Meditation Physically Changes the Brain.”12 This trend has likely been informed by the “happiness turn” of the past two decades, whereby the scientific study of happiness has become a popular research topic and has been widely reported on in the mass media.13 There has been a growing interest in concepts such as ‘wellbeing,’ ‘happiness,’ and ‘life satisfaction’ and this has in turn likely influenced the Western perception of meditation; that is, many people believe that practising meditation will make them happy. This is most obviously seen in media presentations of Buddhist-derived forms of meditation. For example, scholar Robert Sharf argues that in the West, Buddhism is commonly seen as a “science of happiness” and “Buddhist practice is reduced to meditation, and meditation, in turn, is reduced to mindfulness, which is touted as a therapeutic practice that leads to an emotionally fulfilling and rewarding life.”14

Well-known spiritual leaders and meditation teachers are also promoted by the popular media as symbols of happiness. For example, TM founder Maharishi Mahesh Yogi was dubbed ‘the giggling guru,’ and news stories often featured images of Mahesh laughing.15 More recently, French-born Buddhist monk Matthieu Ricard has been referred to by journalists as “the happiest person in the world.”16 Ricard has been given this title because brain scans have demonstrated excessive activity in his brain’s left prefrontal cortex, indicating an abnormally large capacity for experiencing happiness and a reduced tendency towards negativity. However, Ricard himself says that while he is a generally happy person, the title “happiest person in the world” is a media-driven headline that he

finds “absurd.” Nevertheless, such sensational headlines bestow scientific authority onto the idea that meditation increases happiness, and ‘increased happiness’ has become one of the key ways in which secular meditation is marketed.

The ‘tranquil meditator’ is another popular media trope. Scott Mitchell coined this term to describe a reoccurring character in US media representations of Buddhism. The tranquil meditator is usually presented as a Western female, seated in a version of the lotus position, meditating by herself in solitude. Mitchell argues that this character points towards a “vague and ill-defined Asian spirituality or mysticism that is directly tied to a calm, centering, and relaxed state of mind.” Seen across a variety of media, the tranquil meditator reinforces the popular mainstream view of meditation as a seated practice that is associated with happiness and relaxation, and engaged in for secular pragmatic purposes.

While it is true that numerous scientific studies have shown a correlation between some meditation practices and increased levels of happiness and wellbeing, media headlines tend to exaggerate positive outcomes and obscure the challenges that occur in meditation research. As discussed earlier, there are methodological issues in meditation research, including difficulties in operationally defining meditation, and limitations regarding technology such as magnetic resonance imaging (MRI) and magnetoencephalography. While such problems are not limited to meditation research, and are in fact common to psychological science and neuroscience in general, the media’s disregard of these issues has led to two rapidly diverging discourses regarding meditation: scientific consensus and the popular press coverage regarding that consensus.


18 Per Drougge writes: “It is not that not long ago since Western textbooks would describe Buddhism as a life-denying, pessimistic, or nihilistic religion. While it is easy to dismiss such descriptions today, we should perhaps ask ourselves if our current image of Buddhism has not gone too far in the opposite direction. In recent decades, Buddhism has often been presented as a kind of ‘happiness project,’ symbolized by laughing monks rather than stern, emaciated ascetics.” P. Drougge, “Notes Toward a Coming Backlash: Mindfulness as an Opiate of the Middle Classes,” in Handbook Of Mindfulness: Culture, Context and Social Engagement, eds. R.E. Purser, D. Forbes and A. Burke (Cham, Switzerland: Springer International Publishing, 2016), 175.


21 Van Dam et al., “Mind the Hype,” 37; 51.

Scholars have argued that this disparity is partly due to communication issues between scientists and journalists. Over the past 30 years, ‘science’ (in the form of scientific organisations and their members) has developed a closer relationship with the mass media, and is more responsive to the priorities and needs of media organisations. Additionally, with the growth of online media, there has been a personalisation of scientific communication whereby scientists can increasingly bypass traditional media channels and convey information directly to the public via personal websites, blogs, and social media networks. These more direct personal communications avoid the regular barriers associated with specialist communication with the mass media, and content is controlled by the scientist-communicator. As a result, the tone of this type of communication is often more conversational, and there may be an emphasis on pragmatic applications and personal experiences, rather than published research findings.

In the case of mindfulness research, it has been noted that many scientists in this area have a ‘double identity’ both as scientists and practitioners of the meditation techniques that they study. Further, these scientists may differ in their professional and popular communications regarding mindfulness. For example, the research literature suggests there is a lot of uncertainty concerning the benefits of mindfulness, and studies often emphasise the existence of knowledge gaps, poor methodological design, and the preliminary nature of many research findings. Further, where positive psychological and physiological effects of mindfulness are reported, the neural mechanisms underlying these effects are still regarded as being largely unknown and poorly understood, and researchers admit that the neuroscientific study of meditation is “still in its infancy.” Hence, academic papers on mindfulness commonly point out methodological flaws and limitations, and call for more methodologically rigorous studies.

However, this level of uncertainty is not present to the same degree in more personalised, popular scientific accounts of mindfulness meditation, which generally give the impression that mindfulness is unquestionably effective. Popular scientific accounts often emphasise the “revolutionary” and “cutting edge” nature of meditation research, and suggest that with neuroscientific studies of

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23 This increasingly personalised relationship between science and the media has been criticised by some as a movement towards marketization and politicisation, and concerns have been raised regarding the possible increased risk of hype and dishonesty in science-journalist communication. For example, Eklöf posits that being visible in the media may help scientists gain social and political legitimacy, boost scientific citations, and serve as a way to publicly settle academic disputes.


26 Eklöf, “Saving the World,” 327.
meditation, we are “witnessing something like a paradigmatic revolution in science and medicine.”

Rather than pointing out methodological limitations, popular accounts of mindfulness use science as a symbol of validity; self-help books, blog posts and websites commonly note that mindfulness meditation is “science based” and has been tested in the “rigorous” setting of the neuroscience laboratory. Additionally, a common theme that runs throughout the popularised scientific mindfulness literature is that meditation practice is an integral part of the lives of those conducting or communicating the research. Eklöf cites the example of Richard Davidson’s book *The Emotional Life of Your Brain*, in which the author recounts his own personal story of “coming out of the closet” as a meditator, and his “personal and scientific transformation” as a result of meditation practice. Such personal endorsements from highly accomplished and esteemed scientists provide further legitimacy to the effectiveness of meditation and help to eclipse the shortcomings of actual scientific research. As Eklöf writes:

> the [scientist] communicators become bridges between the inner and the outer spheres of science, between knowledge production and its reception, and between supposedly pure science and the specific tools, techniques, and practices offered for use in medicine and everyday life. This “practical” neuroscience is presented as being evidence-based, even though research in the field is judged to be in its infancy. The personal experiences of the experts therefore play an important role for negotiating whether these practices are “scientific enough.”

In the article ‘Mind the Hype,’ Van Dam and colleagues call for more “truth in advertising” from contemplative researchers, particularly regarding the limitations of mindfulness studies. However, even when scientists caution about the limitations of meditation research, journalists who are seeking a sensational headline may ‘cherry pick’ research that supports their agenda, or greatly oversimplify scientific studies. For example, in an interview with *Tricycle* magazine, neuroscientist Catherine Kerr cites the example of Sara Lazar’s 2005 paper “Meditation Experience is Associated with Increased Cortical Thickness.” While the findings from this paper were preliminary, Kerr argues that it was oversold by the media. In an article on career website *The Muse* titled ‘A Neuroscientist-Approved Brain Trick That Can Help You Make Better Career Decisions,’ Lazar’s

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31 Van Dam et al., “Mind the Hype,” 51.
32 Van Dam et al., “Mind the Hype,” 38.
research study is cited as support for the claim that meditation can lead to a “stronger brain.” The article notes:

Neuroscientist Sara Lazar found that regular meditation is associated with increases in the brain’s cortical thickness—in other words, likely a stronger brain—in regions related to cognitive and emotional processing.34

Examples such as this demonstrate how oversimplified reporting of meditation research findings can result in captivating headlines, but also lead to exaggerated claims that are not supported by the underlying science. Further, sensational stories tend to get circulated virally via social media channels. Kerr writes:

The Huffington Post is the worst offender. The message they deliver becomes a ubiquitous, circulating meme that people put up on their Facebook pages and that becomes “true” through repetition alone. The Huffington Post features mindfulness a lot and tends to represent only the positive findings (and in the most positive light imaginable) rather than offering a balanced reading of the science.35

In terms of real-world effects, the exaggeration of meditation’s benefits may lead to an ‘undue societal urgency’ to take up secular meditation practices.36 Specifically, overly simplified media reporting may mislead people to think that meditation is a broad-based panacea, when in fact, specific interventions may only be helpful for particular people in certain circumstances. As a result, meditation could be viewed as more effective than it really is, or utilised for conditions that it was never designed to treat. People who self-diagnose based on media reports, and seek meditation to treat unrelated problems may be at best wasting their time and money, and at worst, putting themselves at risk of adverse effects.37 Most worryingly, when the media portrays meditation as a universal cure-all, it can lead people to abandon effective and appropriate medical treatments and replace them with un-tested meditation practices. Kerr says:

I’ve heard reports of people who have abandoned chemotherapy to do mindfulness. I don’t know if that has really happened. Certainly there are people who go off their antidepressants or lithium and think that mindfulness is going to manage their serious depression or bipolar disorder. That’s a concern we have with the current hype around

35 L. Heuman, “Don’t Believe the Hype.”
36 Van Dam et al., “Mind the Hype,” 51.
37 Van Dam et al., “Mind the Hype,” 51.
mindfulness. People might see it as being more active than it really is. It doesn’t resolve those situations.38

Sensationalistic reporting on meditation creates larger problems for secular meditation and meditation-based interventions as a whole. Specifically, there is the risk that misinformation and excessive hype could eventually lead to a backlash and widespread public mistrust of meditation. Indeed, the few popular news headlines regarding possible adverse effects of meditation have been equally as sensationalist as the positive ones. Recent examples from major news sites include “What Mindfulness Gurus Won’t Tell You: Meditation Has a Dark Side,”39 “Is Mindfulness Making Us Ill?,”40 and “Dangers of Meditation.”41 While sensationalist stories that promote meditation as a cure-all may result in adverse effects for some specific groups, headlines that promote fear mongering at the expense of informed debate could equally lead to adverse effects in that many people who would actually benefit from meditation will miss out. Hence, balanced media reporting on meditation reduces harm for all involved.

Celebrity Gurus and Celebrities Meditating

It is worth briefly mentioning that the familiarisation and positive reception of meditation in the West has been heavily facilitated by celebrity influence. From the late nineteenth century to the present, Western meditation has had a strong association with celebrity, in the form of both celebrity gurus and celebrity meditators. The Theosophical Society, one of the earliest Western proponents of Eastern meditation, was founded in New York in 1875 by Helena Petrovna Blavatsky (1831-1891) and Colonel Henry Steel Olcott (1832-1907), who were both celebrities of the era.42 Western meditation narratives have also tended to focus on charismatic spiritual leaders and meditation teachers such as Maharishi Mahesh Yogi, Bhagwan Shree Rajneesh (also known as Osho; 1931-1990), Daisetz T. Suzuki, Chogyam Trungpa and His Holiness Tenzin Gyatso, the Fourteenth Dalai Lama. These individuals have been portrayed by the media as exceptional characters, endowed with extraordinary qualities, and have become celebrities themselves.43

38 L. Heuman, “Don’t Believe the Hype.”
TM has had a large celebrity following which began with The Beatles, and has continued more recently with Hollywood filmmaker David Lynch, who has established a charitable foundation dedicated to fund the teaching of TM, and other high-profile celebrity supporters including Katy Perry, Russell Brand, Hugh Jackman, Jerry Seinfeld, Moby, and Naomi Watts. In 2003, actress Goldie Hawn created The Hawn Foundation, which teaches mindfulness practices to children, and she has published three popular books on mindfulness: *A Lotus Grows in the Mud, 10 Mindful Minutes*, and the follow-up, *10 Mindful Minutes: A Journal*. Athletes also tout the benefits of meditation. Stephen Curry, an American professional basketball player reportedly practices mindfulness exercises, and LeBron James famously meditated during a timeout in the 2012 NBA playoffs. Meditation is also popular amongst high profile CEOs, including hip-hop mogul Russell Simmons, hedge fund founder Ray Dalio, and Rupert Murdoch, who in 2013 tweeted that he was “trying to learn transcendental meditation.” Scientists themselves - usually white male middle-class American neuroscientists, such as Richard Davidson or Rick Hanson - can also become popular celebrity figures, or ‘secular priests.’ The majority of these celebrities promote meditation as a secular practice, removed from any particular religion. Popular celebrity accounts are also focused on ‘success’ stories - how meditation has contributed to increased health, happiness and success - and not stories of how meditation has failed people.

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The reason this is of interest, is because celebrities are important sources of influence, and hence affect the way that meditation is represented and understood in contemporary Western society. Historically, news coverage of celebrities was mainly confined to tabloids, magazines and special sections of newspapers. However today, with the recent democratisation of the media and the rise of the twenty four hour news cycle, celebrity news is a widespread phenomenon and can be found across the entire media landscape. Scholars have argued that celebrity news has become pervasive to the extent that it constitutes a “new normality,” and stories about celebrities are often presented in the popular media as if they were as significant as traditional news. Because of their fame, celebrities are able to “spotlight” issues; that is, they generate large amounts of attention and publicity due to their high visibility, public interest, and the perceived newsworthiness of their message. In addition to being able to gain the public’s attention, studies have shown that messages delivered by well-known celebrities also achieve a high degree of recall for some consumers and hence may lead to an increased intention to purchase a celebrity-endorsed product or service. For example, in the case of Tibetan Buddhism, Jeffrey Paine argues that the Dalai Lama “has worked like a billboard for Tibetan Buddhism and created a ‘market’ for it where there was none.”

Additionally, when celebrities speak about issues of public importance, they often have a level of credibility and influence that rivals or exceeds traditional sources including scientists, politicians and medical professionals. Celebrities may be successful influencers because consumers see in them attributes they admire and want to emulate. For many people, celebrities possess attractive qualities and high status, and represent important social or cultural meanings. Marketing researchers posit that a celebrity’s attractive qualities are symbolically ‘transferred’ to the product they endorse, making it appear more desirable; a process that marketers refer to as ‘meaning transfer.’ People will then consume the product in the hopes of acquiring the celebrities’ positive traits. Some researchers have also described a ‘halo effect’ whereby the predominant positive trait of a celebrity biases how all his or her other traits and behaviours are perceived. This combination of publicity and influence explains how celebrities successfully persuade audiences and directly influence public

61 Hoffman and Tan, “Biological, Psychological,” 5.
Celebrities can act as powerful agents in the dissemination of information, and hence celebrity endorsement is a highly effective vehicle for the positive promotion and mainstreaming of meditation techniques. While celebrity endorsement of meditation is no doubt well-meaning, the combined factors of high visibility and influence, perceived credibility, and ubiquitously positive content all contribute to an overly positive view of meditation that overlooks adverse effects.

Meditation as a Commodity

The overly positive image of meditation in the popular media has also been influenced by market demand for a commodified form of secular meditation. Scholars have argued that as the traditional religious institutions that, until recently, provided meaning and guidelines for how to live, are now losing their influence, the remaining void is being filled by the consumption of therapeutic goods and services. Additionally, while the influence of organised religion is declining there has been a growing commercialisation of ‘religion’ in the form of ‘spirituality,’ resulting in the emergence of a spiritual marketplace. Further, the proliferation of popular news media articles about meditation, together with a focus on the physical and psychological benefits of the practice, suggests an “enthusiasm on the part of the public” to learn how to alleviate their personal issues with a ‘spiritual but not religious’ meditation practice. For example, Lauricella argues that the popularity of news stories that position meditation as a form of ‘spiritual hygiene’ may be indicative of a sociocultural shift whereby meditation is becoming increasingly accepted, encouraged, and practiced. As a result of these factors, secular meditation has found a place in both therapeutic culture and the spiritual marketplace, and ‘meditation as self-help’ is a booming commercial industry, generating hundreds of millions of dollars in annual revenue.

Outside of the purely clinical domain, mainstream commodified meditation is generally presented as a technique for either self-care or self-improvement. In medicine, the term ‘self-care’ originated in

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63 Rieff argues that a decline in faith has left Westerners without transcendent goods, with nothing larger than themselves to provide values and meaning. Hence, personal happiness is the supreme goal. P. Rieff, The Triumph of the Therapeutic: Uses of Faith After Freud. (Wilmington, DE: ISI Books, 2006 [1966]).
67 While this thesis focuses on meditation for self-care and self-improvement, meditation may also be undertaken as a form of spiritual ‘seeking;’ that is, as a strategy for uncovering an ‘authentic self.’ For example, Lockwood (2012) discusses how in the West, cultural shifts of late modernity have resulted in an internalising
reference to the self-management of illness; namely, its treatment and prevention. However, more recently the term has become a popular buzzword used to refer to a variety of democratised strategies for attending to the self, with the goal of maintaining or optimising health. The discourse around self-care has emerged as part of a broader cultural interest in ‘wellness,’ indicated by a collective shift away from total reliance on the medical establishment in matters of health, and toward the idea that the individual can take responsibility for their own wellbeing. The interest in wellness and self-care is reflected in the current contemporary Western fascination with natural products, and the rising popularity of complementary and alternative medicine (CAM). Within this context, meditation is often viewed as a self-care practice, similar to engaging in regular exercise or having a relaxing bath.

In the spiritual marketplace, secular meditation is also promoted as a tool for self-improvement. Self-improvement is a dominant narrative in modern Western culture, and the idea of bettering oneself, often in relation to one’s resilience and productivity, is central to contemporary Western neoliberal values. The link between meditation and self-improvement can be traced back to early interactions between Buddhism and the West. For example, Richard Payne posits that since its earliest introduction into Western society, Buddhism has been integrated as a form of self-improvement. He writes:

of the sacred, and “a soteriological relocation from a salvation based in eternity and proffered by external grace to one that is imminent, worldly, and obtained through internal experience.” In this context, commodified forms of meditation may be used as techniques for finding a sacred or ‘authentic’ self. R.D. Lockwood “Pilgrimages to the Self: Exploring the Topography of Western Consumer Spirituality through ‘the Journey,’” Literature & Aesthetics 22, no. 1 (2012): 108-130.

68 Democratised in the sense that these strategies are no longer the sole domain of the medical establishment. See C. Partridge, The Re-enchantment of West: Alternative Spiritualities, Sacralization, Popular Culture and Occulture (London: T&T Clark International, 2004), 4.
69 Scholars have also attempted to explain the turn towards the holistic through themes of dis-enchantment with Western medicine, romanticised New Age orientalism, and a desire to find a substitute for the meaning and solace that was once found in traditional religion. There is also an implied neoliberal subtext in the self-care discourse; one must be as ‘well’ as possible in order to be able to produce as efficiently as possible, and hence produce a sustainable profit. R. Kuang, “The Neoliberal Trap of the Self-Care Rhetoric,” Huffington Post, 22 April (2016). Accessed 4 October 2018: https://www.huffingtonpost.com/robert-kuang/the-neoliberal-trap-of-th_b_9751594.html.
70 This is part of a widespread lifestyle shift that has been informed by a number of factors including increased environmental awareness, distrust of pharmaceuticals, and improved access to health information. See C. Gunther Brown, The Healing Gods: Complementary and Alternative Medicine in Christian America (New York, NY: Oxford University Press, 2013).
The culture of self-improvement has appropriated Buddhism as a part of a century and a half long fascination with the exotic in general, and the “Mystic East” and its “ancient wisdom” in particular. And, Euro-American proponents of Buddhism have themselves made use of the self-improvement culture as a ready-made vehicle for promoting Buddhism. Some might justify this by claiming that since the origins in the sangha that formed around Śākyamuni, Buddhism has been a self-improvement program, or perhaps even the original self-improvement program.\footnote{R.K. Payne, “Mindfulness and the Moral Imperative for the Self to Improve the Self.” In Handbook Of Mindfulness: Culture, Context and Social Engagement, ed. R.E. Purser, D. Forbes and A. Burke (Cham, Switzerland: Springer International Publishing, 2016): 126.}

While no longer explicitly linked to Buddhism, secular commodified forms of meditation are now frequently presented as tools or resources upon which people can draw on in order to improve themselves and their lives. A variety of coaches, counsellors and personal trainers all sell secular meditation-based products and services, and popular self-improvement tropes position meditation as a form of ‘mind hacking’ or ‘mental fitness.’ Secular meditation is particularly prevalent in the ‘life hacking’ or ‘quantified self’ movement. Individuals who identify with these movements have the ultimate goal of enhancing themselves, and they track various aspects of their lives in order to improve (or “hack”) them.\footnote{A. Wexler, “The Social Context of "do-it-Yourself" Brain Stimulation: Neurohackers, Biohackers, and Lifehackers.” Frontiers in Human Neuroscience 11, (2017): 224.} Specifically, lifehackers engage in the collection and analysis of personal information, as this data is thought to provide an important source of knowledge regarding the self. Within these movements meditation is often viewed as a form of ‘brain training’ and at the time of writing, a search for the term ‘meditation’ on the Bulletproof blog of popular performance-improvement entrepreneur and ‘biohacker’ Dave Asprey returned 413 results.\footnote{Bulletproof Blog, website accessed 4 October 2018: https://blog.bulletproof.com/} The association between meditation and ‘mental fitness’ is also a common theme, and analogies are often drawn between mental fitness and physical fitness.\footnote{Bulletproof Staff, “The 7-Day Resilience Challenge: Build Mental Toughness for a Happier Life,” Bulletproof Blog, 18 April (2017). Accessed 10 October 2018: https://blog.bulletproof.com/7-day-resilience-challenge-build-mental-toughness-happier-life/} For example, an article on meditation website Headspace notes:

like physical fitness, mind fitness can be strengthened through attention and concentration practices (i.e. meditation) that literally change the brain structurally and functionally – a process called neuroplasticity. Just like you build up muscle strength to prevent injury or
weakness, mind fitness builds resiliency that leads to faster recovery from psychological stress ... Think of it like hitting the gym.\textsuperscript{76}

In this context meditation is practiced in the pursuit of mental strength and resilience; it is a tool for dealing with the demands of society, and a technique for developing attention, concentration and self-discipline, which can then be put towards enhanced productivity.

Critics of commodified forms of meditation (sometimes referred to as “McMindfulness”) have argued that meditation, when used in order to achieve specific operational objectives such as increased productivity and performance, loses its core transformational function; that is, its ability to alleviate fundamental suffering for individuals and communities.\textsuperscript{77} While this is a valid concern, and is broadly related to the topic of meditation adverse effects, this thesis will not go into detail regarding this argument here since others have written about it at length elsewhere.\textsuperscript{78} However, there are two issues related to the commodification of meditation that are directly relevant to the question of why meditation adverse effects have been ignored. The first is the issue of profit versus quality control. A basic consequence of ‘meditation as commodity’ is that meditation-related businesses exist primarily to make a profit. While meditation-related businesses may profess their desire to alleviate suffering, help others or change the world, the potential for profit is generally the primary motive for any entrepreneurial activity. Further, meditation-related businesses operate in a highly competitive industry with relatively low barriers to entry, and these conditions make it essential to stay competitive at all costs. As a result, it is often the meditation-related businesses and apps that are the most successful at marketing that succeed - not necessarily the ones that are the most well-informed. As Jeff Wilson notes:

\begin{quote}
Quality control becomes ever harder to enforce as profits accrue to those who can best gain customers through savvy marketing and product design—these do not necessarily mean that the products are of low quality, but customers flock to products that have the slickest ads or apps with the nicest interface, which are not guaranteed to be those with the most reliable instructors or deepest understanding of meditation.\textsuperscript{79}
\end{quote}


Particularly in the case of meditation apps, the focus is on providing a superior user interface experience, and not on informing the public about the complex nuances of contemplative techniques. For example, the Calm app (which promotes itself as “The #1 App for Meditation and Sleep”), has a ‘Help Center’ page that is concerned with topics regarding technical trouble shooting, subscription management, and billing; at the time of writing this article there was no mention anywhere on the website of possible contraindications or adverse effects associated with meditation. Within the Calm app, secular meditation is promoted as a technique “that strengthens mental fitness and tackles some of the biggest mental health challenges of today: stress, anxiety, insomnia and depression.”  

In a recent interview with The Guardian, Calm founder, Michael Acton Smith, describes meditation as a “relatively simple ancient skill” that is equivalent to “mental fitness.” Further, a recent CNBC article about Calm notes the ways in which the business plans to grow:

As of three months ago, Calm had about 20 employees running what Acton Smith described as a very profitable digital business with grand ambitions to expand well beyond guided meditation and become a giant consumer brand. Physical world products like books, clothing, a Calm Hotel and perhaps a Calm Island someday are all part of the vision. He called Calm the "Nike of the mind."

The company already has a $30 sleep mist, "which users can spray on their pillow to aid sleep, while listening to a bedtime story specifically designed to accompany it," according to a press release from July. Acton Smith also published a book called "Calm" in 2016.

Articles like this demonstrate that when secular meditation becomes a business, the focus is on brand building and diversified revenue streams. Currently, meditation apps and businesses appear to give little attention to the complexities associated with meditation practice, including potential contraindications and adverse effects. Perhaps this is because it is commercially advantageous for meditation-related businesses to promote meditation to the media as a simple panacea and to avoid discussing any negative side effects. As one of the few recent news articles on meditation adverse effects notes: “Meditation and mindfulness are big business, and distressed meditators aren’t a

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80 Calm website. Accessed 17 October 2018: https://support.calm.com/hc/en-us/articles/115002474527-
What-is-Calm-.  


good sales pitch.” The article goes on to cite scholar and meditation adverse effects expert Willoughby Britton, who suggests that commercial interests are a contributing factor in the under-reporting of meditation adverse effects: “One of the teachers told me that it’s not good advertising to talk about these side-effects, so it has been under-reported,” Willoughby said.

However, it is also possible that secular meditation businesses portray an overly positive image of meditation simply due to a lack of knowledge and experience regarding meditation practices. In the marketplace, the highly experienced and ordained meditation teacher is regularly being replaced by the coach, counsellor or entrepreneur, and secular meditation instructors come from a variety of spiritual, personal development and other backgrounds. In commercial contexts, anyone can call themselves a meditation teacher, and business acumen may be more relevant than years of personal meditation experience and deep knowledge regarding the complexities of practice. The spectrum of secular meditation teachers varies considerably. There are teachers such as Shinzen Young, who has studied meditation for over fifty years, holds a PhD in Buddhist Studies and has lived as a Shingon (Japanese Vajrayana) monk for three years at Mount Koya, Japan. Alternatively there are teachers who may have substantially less personal experience and who have learned how to teach meditation in a four day teacher training ‘intensive.’ Hence, given the varying experience and diverse backgrounds of secular meditation teachers, it is likely that many teachers have limited knowledge or training in the area of meditation adverse effects and are simply unaware of the full variety of possible meditative experiences. These teachers may have the capacity to teach the beginning levels of meditation practice, but lack experience regarding more complicated issues such as contraindications, possible complications and adverse effects.

Conclusion

This chapter has discussed several factors that have led to an overwhelmingly positive portrayal of meditation in the popular media, and how these factors have contributed to meditation adverse effects being overlooked and under-reported. Specifically, the media has tended to present meditation as a simple, celebrity-endorsed, side-effect free pathway to happiness and wellbeing. This view has been influenced by both popular scientist-practitioner accounts of meditation and sensationalist reporting by journalists. Additionally, the commodification of meditation, or

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84 Lauder, “Nothing Bad Can Happen.”

85 Shinzen Young, website accessed 10 October 2018: https://www.shinzen.org/.

86 An online search for meditation teacher training courses reveals a variety of courses ranging from 4 days to 6 weeks or more in duration.
‘meditation as commodity’ has also played a role. Meditation-related businesses and services also tend to promote meditation as a type of panacea that is harmless, suitable for anyone, and that may be of particular help to those with mental health issues. While this is likely based in good intentions, meditation-related businesses that prioritise profits over quality control and that focus on marketing rather than an in-depth knowledge of the meditation practices that they promote, also contribute to both an inaccurate portrayal of meditation and the ignorance regarding meditation adverse effects.
Chapter 5. Conclusion

Thus, my point is that meditation is no panacea – it is strongly indicated in some cases, mildly in others, and clearly contraindicated in others. The precise guidelines for these discriminations have yet to be worked out. – Arnold A. Lazarus.  

An analysis of the available data suggests that there are adverse effects associated with meditation, and that these adverse effects have been largely overlooked by the academic literature on meditation, and until very recently, largely unheard of in the mainstream media. Evidence from a variety of sources suggests that meditation may be associated with distressing and challenging side effects that in many cases appear similar to, but may be fundamentally different from, psychopathology. An under-reporting of meditation adverse effects raises serious concerns regarding the possible risks associated with the use of meditation in both clinical and non-clinical populations. This issue is particularly relevant given the current popularity of secular meditation practices in a large variety of non-traditional settings including therapy, education and the workplace. Hence, it is important to understand why meditation adverse effects have been overlooked or ignored.

This thesis has argued that meditation adverse effects have been overlooked in so-called secular settings because in these settings, the goal of meditation has shifted from the traditional religious goal of enlightenment, to a focus on symptom relief and personal transformation. This shift has been informed by the relationship between Western psychology and Eastern contemplative practices. An examination of this relationship reveals a number of themes that have informed how meditation is viewed in the contemporary West. Firstly, within the psychological context, meditation has been conceptualised as a type of panacea; that is, a technique with potentials that go beyond traditional psychotherapy. Viewing meditation in this way has meant that any meditation-related adverse effects that might occur are possibly misattributed to the therapeutic process or to the individual meditator. Secondly, within the clinical context there has been an incomplete, but prevailing view of meditation as a ‘relaxation technique.’ As a result, reducing meditation to ‘relaxation’ has led to both a narrow focus in meditation research and overly positive expectations regarding meditation outcomes. The view of meditation as either a panacea or a relaxation technique may also lead to the underreporting of adverse effects by meditators whose experiences do not match the perceived

ideal outcomes. There is anecdotal evidence to suggest that meditators who don’t experience relaxation, or who experience adverse effects may blame themselves and be afraid to speak up.

While Western psychotherapy and Eastern-derived meditation techniques share some similar goals and functions in the enhancement of individual wellbeing, there are also major philosophical differences that must be acknowledged. Specifically, attempts to integrate meditation into psychotherapy have focused on the therapeutic benefits of meditation as a technique to help a person address psychopathology and develop a healthy sense of self. Secular meditation-based therapies are therefore concerned with individuals and their adjustment to their social context; a context which, since the birth of modern psychology, has been heavily invested in the idea of a separate psychological self. Yet, contemporary therapeutic meditation practices derive from modernist versions of Buddhism and Hinduism, religious traditions which emphasise the deconstruction of the individual self, or the realisation of non-self; that is, a self that is beyond identification with the material world. While ‘secular’ therapeutic meditation and ‘religious’ meditation are differentiated by these very distinctive goals, there is evidence to suggest that non-self insights can occur in secular meditation settings, including clinical settings.

This presents an interesting challenge for therapeutic meditation with its current individualistic orientation. While Western meditation literature describes a beneficial shift in perspective that arises from practice, the idea of non-self as defined by Buddhism (or True-self as defined by some schools of Hinduism) fits poorly into the contemporary Western therapeutic context, which focuses on the fulfilment of the individual’s personal desires and the gratification of the psychological self. In the West the psychology paradigm is so naturalised that any challenges to the notion of a fixed private individual self may pose problems. Specifically, because Western psychology does not currently have an explicit framework within which to explain non-self experiences, they may be conflated with dissociative psychopathology, such as derealisation and depersonalisation. While it is likely that most meditation adverse effects involve an interaction between the practice of meditation and characteristics of the individual meditator, the issue is complex, and adverse experiences are not limited to people who have a history of, or proclivity towards, mental illness. Western individuals’ experiences with meditation (both positive and negative) demonstrate that there are other ways of thinking about the self and that these views may not fit neatly within the current Western psychological paradigm.

Meditation adverse effects may also be overlooked due to factors related to meditation research. Specifically, meditation research has focused mainly on short-term quantitative studies that ignore the ‘lived experience’ of meditators. Indeed, the few qualitative meditation studies that exist demonstrate a rich and varied phenomenology of meditation experiences, including adverse effects.
In particular, Lindahl et al.’s recent study demonstrates an incredibly diverse range of meditation-related experiences, and acknowledges that the valence associated with these experience is influenced by factors such as the individual meditation practitioner, their specific practice, relationships and health behaviours. It is important to note that meditation research may also be subject to a particular type of bias. That is, an overly positive view of meditation may have developed within Western science because a large number of influential psychologists, psychotherapists and researchers were, and continue to be, meditation practitioners themselves. While rigorous experimental design and the peer review system aim to minimise confirmation bias, there is evidence that it still exists in academic psychology, hence it is important to consider whether conflicts of interest or expectancy effects might be contributing to an overly positive view of meditation that overlooks potential adverse effects. The use of meditation in medicine and psychology has no doubt been a positive development, as it has stimulated a new and dynamic discourse regarding the healing power of the mind, and a renewed interest in non-pharmacological approaches to the treatment of a variety of health issues. However, defining meditation purely in terms of symptom reduction and personal transformation means that a large spectrum of experiences associated with meditation practice are ignored.

Another key factor that has contributed to meditation adverse effects being ignored in secular settings is the distancing of meditation techniques from the religious contexts from which they originated. While scientific and clinical interest in mindfulness has seen a dramatic increase in the past several decades, there has been surprisingly little deep engagement with the traditional Buddhist literature by contemporary clinical and scientific proponents of meditation. The distancing of meditation from religion is understandable, given that any connection to religion challenges claims to secularity and could severely limit the generalisation and acceptance of meditation practices in healthcare and other secular areas. The de-contextualisation and simplification of meditation has allowed it to be studied by science and applied in a pragmatic way to a variety of real life issues. However, re-contextualisation within an exclusively Western scientific and philosophical framework also has its limitations. Completely divorcing meditation from religion can lead to a limited, distorted and ethnocentric view that ignores the rich history, cosmology and context that accompanies meditation techniques, and this is another factor that has led to adverse effects of meditation being overlooked.

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The religious lineages from which secular meditation practices derive all warn about possible problems associated with meditation. In particular, meditation adverse effects are well-known and acknowledged within certain Buddhist and Hindu yogic lineages. Religious texts such as meditation manuals and stages of the path literature note that meditation adverse effects may arise simply as a normal stage on the path of progress towards enlightenment, or if the practice is not undertaken with adequate preparation, in the right conditions and with proper guidance from a qualified teacher. Evidence suggests that within these traditions adverse effects are able to be identified and managed, and do not usually become a major problem. However, in Western secular settings, this traditional knowledge regarding meditation adverse effects is either simply unknown (for example, knowledge regarding the role of ethics and concentration in preparing for meditation practice), unable to be adequately applied (for example, knowledge regarding the important close involvement of the meditation teacher) or lost within the Western psychotherapeutic paradigm (for example, when adverse effects are conflated with psychopathology).

While consulting religious sources may prove controversial, and it is not recommended that classic meditation manuals are to be taken at face value, it is worth considering that a better familiarity with the traditional literature may help to identify what meditation-related adverse effects are ‘normal’ and expected, how to deal with extreme or non-ordinary states of consciousness, and how to prevent unnecessary difficulties from occurring and escalating. Additionally, in therapeutic contexts, where meditation is used to treat a variety of conditions that affect mood and cognition, it can be challenging to identify what difficulties are due to pre-existing or latent psychopathology and what might be caused by the meditation technique itself. In these situations, traditional sources may be particularly valuable as they may help to delineate between challenging contemplative phenomenology (for example the dukkha nanas) and clinical issues such as depression and anxiety. It is hoped that the increasing popularity of mindfulness-based therapeutic interventions and the growing recognition of the diversity of meditation-related phenomenology (both positive and negative) may indicate an imminent paradigm shift in the way that these issues are approached in secular settings.

Finally, one of the key factors that has contributed to meditation adverse effects being overlooked is the overly positive presentation of meditation in the popular media. Specifically, the media has tended to present meditation as a panacea; a simple, celebrity-endorsed, side-effect free pathway to happiness and wellbeing. This view has been influenced by popular scientist-practitioner accounts of meditation, sensationalist reporting by journalists, and widespread celebrity endorsement of meditation. The overly positive and simplistic portrayal of meditation is reflected in popular media tropes such as ‘spiritual hygiene,’ the ‘happy monk/giggling guru’ and the ‘tranquil meditator.’ Such
depictions are not only inaccurate and/or incomplete, but they create problems for secular meditation and meditation-based interventions as a whole. Specifically, there is the risk that misinformation and excessive hype could eventually lead to a backlash and widespread public mistrust of meditation. While sensationalist stories that promote meditation as a cure-all may result in adverse effects for some specific groups, headlines that over-hype adverse effects could equally lead to problems in that many people who would actually benefit from meditation will miss out. Indeed, the popular news headlines regarding possible adverse effects of meditation have been equally as over-hyped and sensationalist as the positive ones. Hence, balanced media reporting on meditation reduces harm for all involved.

The commodification of meditation, or ‘meditation as commodity’ has also played a role in the under-reporting of meditation adverse effects. A proliferation of meditation-related businesses and services also tend to promote meditation as a type of panacea or performance enhancement tool that is harmless, suitable for anyone, and that may be of particular help to those with mental health issues. While this type of promotion is likely based in good intentions, meditation-related businesses that prioritise profits over quality control, and that focus on marketing rather than an in-depth knowledge of the meditation practices that they promote, also contribute to both an inaccurate portrayal of meditation and ignorance regarding meditation adverse effects.

Scholars have argued that the quantity of media coverage about meditation in a variety of frames indicates a cultural acceptance of, and/or an active desire for information about, meditation. As such, consumer demand for secular meditation is a trend that is likely to continue. Many people now seek meditation in highly variable settings both within and outside of clinical programs, and many individuals self-refer to meditation teachers and courses, often via the internet. Meditation teaching is currently an unregulated industry meaning that no prerequisite training standard for meditation teachers exists, and there are an unaccounted for number of teachers who practice independently. As such, because meditation is fashionable at the moment, it may be taught by well-intentioned but inadequately-trained teachers who have limited experience with meditation adverse effects. Hence, it is advisable that there is regulation around meditation teacher training, screening processes for potential or pre-existing psychopathology, ongoing support structures for potential meditation-related difficulties, and informed consent for meditation practitioners. As recognition and acceptance of the diversity of meditation experiences increases, it is hoped that meditation teachers and businesses will implement these standards and practices.

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In conclusion, there is a growing body of evidence to suggest that secular meditation is not beneficial for all people, all of the time. While the occurrence of meditation adverse effects may be rare (although at this stage the frequency of adverse effects is unknown), they do exist and are worthy of further scientific investigation. Future meditation research needs to investigate the full range of phenomenological experiences that occur for meditators, both positive and negative. Meditation teachers and texts from religious lineages might also prove to be a valuable source of information regarding meditation adverse effects. Additionally, both scientists and the media have an important role to play in providing a balanced and non-sensationalist view of how meditation works and who it may benefit. Finally, rather than continuing to simplify meditation techniques in order to fit current Western secular paradigms, it might be wise to instead develop a dialogue with some of the Eastern religious traditions from which these practices evolved in order to advance a greater understanding of the role of context in meditation.
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