

BUDDHIST TEACHERS' EXPERIENCE WITH EXTREME MENTAL STATES IN WESTERN MEDITATORS

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In the past thirty-five years, Buddhism and its sophisticated meditation practices have attracted a large number of Western students, especially those in search of a psychologically oriented spirituality. Based on descriptive and qualitative research, this paper focuses on extreme mental states that can occur in emotionally fragile Western students undergoing intensive meditation and the adaptations that teachers have made to deal with these difficulties. Implications for the clinical use of meditation will also be addressed.

BUDDHIST BASICS

Goals and Methods of Practice

Freud approached Eastern practices with misgiving, equating mystical states with "oceanic feelings" and a search for "restoration of limitless narcissism" and the "resurrection of infantile helplessness" (Freud, 1961, p. 72). As Epstein (1986, 1988, 1995) points out, Freud was unaware of Buddhist methods and goals which involve the dismantling of narcissism and the notion of inherent selfhood. The process of reaching *nirvana* or the "Absolute" (italicized terms are defined in the glossary) is far from blissful, and *nirvana* is far from narcissistic grandiosity and self-absorption.

Buddhist training involves moral discipline (*shila*) to increase wholesome states of mind, training in concentration and mindfulness (*samadhi*), and training in wisdom or insight into the true nature of phenomena (*prajna*) (Brown, 1986; Goleman, 1988). The ultimate fruit of training is to end suffering by realizing the Four Noble Truths: that life is basically unsatisfying, that suffering is caused by attachment arising from ignorance about the nature of reality, that suffering can cease with release from clinging, and that freedom is realized by living the Noble Eightfold Path: right

understanding, intention, speech, action, livelihood, effort, mindfulness, and concentration. The three major defilements conditioning worldly existence, namely attachment (lust, desire, greed), aversion (hatred, anger, and aggression), and ignorance are overcome with realization of *shunyata*. Shunyata or "emptiness" is difficult to describe and explain, and there are doctrinal differences as to its meaning (Hopkins, 1983). It involves the "middle way" in that both inherent or independent existence and total non-existence are refuted. Through insight into the components of experience, one realizes that there is no "inherently existing I" and appreciates the representational and relative nature of reality (Epstein, 1989, 1990). One adopts neither an absolutistic stance involving belief in an eternal principle (godhead, self, eternal beyond) nor a nihilistic stance involving belief in voidness. One realizes that phenomena are interdependent and mutually condition each other. Realizing *shunyata* and interdependence, one lives with equanimity, wisdom, and compassion, fearless and awake to each moment of life. "In its true state, mind is naked, immaculate ... not realizable as a separate thing, but as the unity of all things, yet not composed of them; of one taste, and transcendent over differentiation" (Evans-Wentz, 1969, p. 211). It should be noted that there are degrees of enlightenment, and full enlightenment is more an ideal than an attainable reality. Brown and Engler (1986) found it extremely difficult to find people who had attained the last two paths of enlightenment (Non-returner and Arhat) as outlined in early (Theravadan) traditional literature.

Buddhist meditation can be divided into two major branches, *samatha*, which stabilizes the mind, and *vipassana*, which is uniquely Buddhist and the basis of insight (Goleman, 1972a, 1972b; Gunaratana, 1985/1992; Lodro, 1992; Sole-Leris, 1986). Samatha practices involve concentrating on a prescribed object to attain tranquility and absorption. The mind gradually withdraws from all physical and mental stimuli except the object, and the usual conceptual mode of thinking is suspended. Mindfulness is used to guard against active senses and thoughts, which, on the one hand, scatter the mind, and, on the other hand, lend to a passive dullness which prevents clarity and focus. Body and *mind* become pliable as one progresses, and, in the end, one experiences *samadhi* or dwelling effortlessly, mind unified with object. In the Theravadan tradition, once adequate mindfulness and concentration are achieved, *vipassana* meditation begins. This involves paying "bare attention" to the rising and passing away of phenomena. One fully and precisely examines sensory and mental processes, moment by moment, to realize the nature of phenomena-impermanent (*anicca*), unsatisfactory (*dukkha*), and lacking inherent essence or self (*anatta*). It is said that one of these marks of existence can serve as the gateway to *nirvana* and liberation from suffering.

As outlined by the *Yisuddhimagga* (a fifth-century work that supposedly collects the Buddha's teachings on meditative states), the process of realizing *nirvana* is fraught with troubling and sometimes excruciating states (Brown & Engler, 1986; Namto, 1989; Nyanamoli, 1976). 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, tranquility, and bliss can be accompanied by frightening *images*, uncomfortable body sensations such as itching, heat, and stiffness, and 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. Finally, as equanimity is achieved and mindfulness and concentration become balanced and natural, practice becomes smooth and one may be able to meditate for hours.

There are many types of meditative practices, and even within the major divisions of Theravada (Southeast Asia), Zen (China and Japan), and Tibetan (Himalaya region) traditions, practices vary. Theravada practices (see e.g., Goldstein, 1987; Goldstein & Komfield, 1987; Kornfield, 1977; Namto, 1989; Nhat Hanh, 1987) usually involve detailed mindfulness of the aggregates which constitute personality, namely those of form (body senses, postures, and movement) and mind (feelings of pleasantness, unpleasantness, or neutrality, perception, mental states and contents, and consciousness itself). Initial practice involves developing concentration and mindfulness by alternating periods of sitting and walking meditation. The meditator focuses on the breath, then other sensations while sitting, and on the components of movement while walking slowly. When the mind wanders, mental noting is used to return to mindfulness. For example, when distracted by sound, the meditator notes "hearing" versus becoming lost in thoughts about the sound. Gradually, as skill develops, other objects are the focus, and the meditator develops "bare attention" or an awareness of phenomena without the usual self-consciousness and conceptual-perceptual elaborations. For example, in seeing or hearing something, one may see only color or hear vibrations.

Zen practices tend to focus more on concentration than detailed mindfulness, at least initially. Meditators are usually instructed to focus on the breath, first counting it and later just being aware of it without letting the mind wander. In the *Rinzai* tradition, once sufficient concentration is achieved, a *koan*, or question impervious to solution by logic, may be assigned. Some well-known initial *koans* are Chao-Chou's dog (Mu), the sound of one hand clapping, and your original face before your parents were born. The meditator becomes absorbed in the *koan* and eventually experiences *kensho* or breakthrough to an intuitive, nonconceptual experience. After that, other *koans* are assigned to deepen and extend the enlightenment experience (Loori, 1992). *Shikantaza* or "just sitting" is an alternative route and involves mindfulness as well as concentration by simply watching thoughts and sensations come and go (Goleman, 1972b). Rather than striving for *kensho*, proper posture and breathing are stressed, both to unify body-mind and to cut through attachment to the thinking mind. In both *koan* and *shikantaza* practices, attachment to thoughts lessens and then stops, and then the thinker too may disappear. Eventually, after years of practice, *shunyata* may be realized, and this realization penetrates daily life.

Tibetans utilize initial practices similar to those of Theravada and Zen except that they do not use *koans* (Gen Lamrimpa, 1992; Gyatso, 1991; Lodro, 1992; McDonald, 1984; Wangchen, 1987). Some schools emphasize philosophical analysis and study of texts, considering these as meditation because they help create wholesome states of

mind and lay a foundation for later realization. Mandalas, visualizations, *mantras*, polytone chanting, and complicated rituals are also used, which in conjunction with Tibetan cosmology and understanding of mind, can make practice complex indeed (Goleman, 1972h). At advanced stages, more esoteric Tantric practices *may* be undertaken. Involving primal energy and emotion, these supposedly are quick paths to enlightenment (i.e., they take only one lifetime) and provoke a wakefulness that is sharp in its ability to cut through habitual mind and pride. Because they can be dangerous and involve psychotic-like experiences, these practices require the guidance of a qualified teacher, and adequate ego strength and foundation in philosophy and meditation on the part of the practitioner.

STUDY RESULTS

Western psychology has usually focused on the short-term physiological and psychological benefits of meditation outside of a Buddhist context (see e.g., Carrington, 1977; Shapiro, 1982; West, 1987). As mentioned above, *this study* focuses on the experience of Buddhist teachers in dealing with problematic states that occur in some students during intensive meditation, some examples of which are described. Traditionally, although dealing with nonordinary states of consciousness (NSC) that occur during meditation, Buddhists did not deal much with extreme mental states, such as psychosis, because very troubled people were restricted from entering practice. With a focus on how *prana* or energy moves through channels in the body, Tibetan teachers probably have the most complex understanding of how extreme mental states can occur during meditation which is improperly done or excessive (Epstein & Rapgay, 1989). Buddhists also have not traditionally focused on dealing with students' personal history, emotions, and relationship problems. These have become more pertinent in the practice of Western students who often turn to meditation for psychological relief and help with problems in these areas. Brown and Engler (1986) note that unlike people in the East, many Westerners practice a form of self-exploratory therapy while meditating and consequently fail to develop the concentration and mindfulness which is necessary for formal meditation.

Descriptive and phenomenological research methods were used in this study because of 1) the historical and cognitive-subjective nature of the data, 2) difficulties in measuring such data "objectively" and in using a rigorous research design, and 3) the study's exploratory nature (Polkinghorne, 1989). Semi-structured interviews were conducted with a total of twelve experienced and sanctioned teachers, four each from Theravada, Zen, and Tibetan traditions, and four college-educated meditators who had major difficulties with meditation and volunteered to talk about their experience. Subjects were recruited through therapist and Buddhist contacts in Colorado. The teachers were asked about their meditation techniques and process and their experience with handling both vulnerable meditators and extreme mental states. The meditators were asked about their spiritual and psychological history and about the difficulties they encountered. Besides interviewing these subjects, the author attended nine meditation retreats led by various Theravada, Zen, and Tibetan teachers to gain personal experience *with* the meditation retreat milieu.

Three vignettes are presented to illustrate the range of motivations, personality structure, and experiences that meditators may have, and then teacher experiences are summarized to illustrate how they have adapted meditation practices to deal with mediator difficulties. Identifying information has been changed to protect confidentiality.

Mediator Experience (Three Vignettes)

Cracking the shell: Quest of unraveling. Sara comes from an upperclass, ambitious family, which has no history of major mental illness. Her father, a successful businessman, wanted Sara to follow in his steps. She accordingly began work on a MBA, which was antithetical to her true desire to be an artist. In college, she generally felt depressed, saw a therapist a few times, and frequently turned to alcohol. She had an experience, however, while writing a paper about Blake, that everything was in her mind. This was freeing, and she felt that she had glimpsed a higher state of consciousness. After a year of misery in graduate school, she dropped out and turned to Zen, which was attractive because its simplicity and meditation practice promised freedom of mind despite life circumstances. Also, the Zen meditators seemed to constitute a more like-minded, understanding family than her family of origin.

Sara began working odd jobs and participating in all the activities of her Zen center. She attended morning, evening, and all-night sittings and seven-day retreats. The center was large, and she was "just a beginner," which meant that she did not have a position or duties. The center had a hierarchy of students with senior students playing major roles. Those who had "broken through" wore a special cloth, setting them apart. An "all or nothing" attitude pervaded the atmosphere, and people were encouraged to go to the extreme of practice. It was believed that the harder one worked, the longer and more one-pointedly one focused in meditation, the more likely one would experience *kensho*. The teacher, an American trained in Japan, was generally distant and formal. Sara admired him from afar, and they did not know each other well. She only talked with him during retreat interviews in which the teacher guides and tests each student's progress in meditation.

Sara does not remember whether students were screened in terms of their ability to handle meditation (this was in the mid-1970s). She said that one "had to be a good and devoted sitter" to attend a retreat. She never felt at risk in sitting strenuously and sat at least two hours a day when not in retreat. She had no problems until the retreat that preceded her psychotic break. That retreat occurred after she had seriously meditated for a year and a half. It was a seven-day retreat following another seven-day retreat that had ended a week before.

The retreat was intense. Sara meditated day and night with breaks for meals, chanting, work, and rest during the day and breaks for juice at night. She said that, fiercely intent on going deeper, she was able to sit full-lotus and did not experience pain. She had intense *makyo* (nonordinary sensations, perceptions, and emotions) but did not fear going crazy. The *makyo* involved mostly positive imagery except near the end,

when there were demon-like faces. She also experienced going down a shaft, opening doors to different realities. At the end, she experienced an overwhelming sense of holiness and felt she had tapped into universal mind. She was able to let the *makyo go* and was sure she had broken through, as she could answer most of the teacher's questions, and he hugged her and seemed to appreciate her experience.

Following the retreat, Sara told others that she had broken through. Word got back to her teacher, and he told her otherwise. She thought that he just wanted her to get deeper, so meditated more. She experienced being like a bird in an egg, tapping to get out, and suddenly she heard tapping from the other side. She felt that God was revealing Himself and tapping to free her, and she was ready to "throw herself into the fire of consciousness to break through to His love." That was when she consciously decided to let her mind go. After that, everything seemed symbolic and had cosmological dimensions. She found her mind racing as she tried to figure everything out. She thought and thought and wandered around looking for her teacher, who she believed was God. Finally, she was hospitalized and received antipsychotic medication.

In the next few years, Sara went on and off medication and required further hospitalization. She returned to the Zen Center, but did not heed advice to take her medication, and eventually was not allowed to be there. She thought that she was going through an enlightening experience and did not understand people's concern. She felt hurt that they pushed her away.

Sara's experience in the mental health system was taxing. Few understood her experience and most were condescending. She felt that her mind was "unraveling," with all the major fears, desires, and "skeletons from the past" emerging into consciousness. She was helped most by a Buddhist psychiatrist who acknowledged the value and spiritual dimension of her experience and helped her remain grounded with medication and questions about mundane things.

Sara received a diagnosis of schizophrenia. In trying to understand her experience, she assumes that she has some genetic, biochemical proclivity for psychosis and that her lack of control over the unraveling resembled schizophrenia. At the same time, the spiritual quest and her sense of release from past karma seemed different. Once the "unraveling" was complete, she felt more stable and peaceful than ever before and was able to discontinue medication.

Currently Sara meditates an hour a day. She follows her breath, thinks about things (though not in the prior searching way), and listens to her inner life. She lives alone and tries to live according to her ideas of simplicity and mindfulness. She believes that more intense meditation would be harmful. She also feels her spirituality is closer to Christianity at this point, in part because of her experience of God tapping at her shell. She says that she does not often *share* her unique, personal, and somewhat mystical spiritual beliefs with others.

Terroralone: Snapping and song yet unsung. Ada grew up in a "workaholic" home with parents too busy and striving to pay attention to a little girl. Sweets were

soothers, and "happy and good" were the ways to be. As an infant, she was left to cry for hours, and she remembers three times of terror as a young child when she did not know where she was while in a familiar place. As a teenager, she experienced ecstasy while intensely writing poetry, which she felt was an avenue to a different type of consciousness.

Ada's involvement in meditation began in 1967 with TM (Transcendental Meditation), which helped calm her after a breakup with the "love of her life," Paul. Nine months later she entered a year-and-a-half practice of Vedanta, a form of Hindu mysticism, which involved meditating on a spiritual passage. Ada "upped the ante" after reading books by Watts (1957) and Kapleau (1965/1989) which describe Zen enlightenment experiences. She began practicing in earnest after meeting a Japanese Zen master in 1970 who was "dear and warm." Paul, also excited about Zen, came back into her life, and they sat and studied regularly with a group. It was a "high" time.

Ada was attracted to the "intensity, high drama, and do or die effort" of Rinzai Zen. It felt good to "bust her butt" and survive the pain of extended sitting. She does not remember which practice her teacher taught, but knows that she pushed herself to the limit. She took his words "just sit" to heart after seeking his help regarding a career in opera and a failed relationship with Paul. Thinking that her problems would be solved if she became enlightened, she meditated as much as possible. She attended at least one extended retreat a month with various teachers. When not in retreat, she sat for at least four hours a day and otherwise tried to remain in the moment. She felt peaceful and loving, more like herself than ever before. Veils fell from her eyes, and she experienced "everything just as it is." Yet, she still was unsure about her career. Conversations with others seemed trivial, and she cut off relationships and discontinued therapy. In retrospect, she thinks that her practice was an evasion of painful feelings, which would make themselves known at some point.

After six months of such practice, Ada attended a ten-day Theravada retreat involving concentration and mindfulness practices done alone in one's room. The teacher checked on each person daily and gave group talks. Ada had intense *makyō* during the retreat: crackling electricity traveled up and down her spine, and she felt profoundly relaxed as she recalled early memories of sounds and sights. Near the end of the retreat, she woke to an "absolute state" that she believed was *kenshō*. First came cosmic pulsation with things flowing towards a single point and erupting back through it. Then appeared a sheet-like image with elements of reality floating. As she looked at them, she realized that they were her and that there was nothing in the universe except her. Rather than joy, she felt extreme fear and loneliness. The next morning, when she yearned for affirmation and advice, her teacher responded, "Now you know that you're afraid of being alone."

After the retreat and during the month prior to her "breakdown," Ada had another unbearable experience of loneliness. She also took LSD for the third time in her life and had a "terrifying trip" that involved disintegrating into bones. She willed herself out of that by refusing to accept it. She also was deeply "grabbed" (influenced) by Janov's "Primal Scream," and thought that if she reached and released her primal energy, she would be free. Then something "snapped." and she felt tremendous grief,

then rage and terror. Only months later did she connect this experience to her grief about losing Paul.

The next few years were like "heavy labor with no rest" and "being in a tunnel without light." Ada could not talk about her pain and felt that people would lock her up if she did. She reentered therapy and tried other things as well: encounter and therapy groups, energy and body work, and Ariea training, which involves meditation, yoga, body work, and psychological processing. The therapies never quite enabled her to reach and release her core problem. She also meditated and attended retreats, but found that her energies were too high to feel safe with meditation. She did not know how to transition back into the world of ordinary experience. She met with a Zen teacher who was also a psychoanalyst, but was not able to heed her advice because she (Ada) was too "freaked out" and emotionally disconnected. This teacher affirmed her *kensho* and "ripe" concentration practice, but advised that she needed more balance-work, singing, and a light meditation practice. Throughout this difficult period, she experienced one sign of hope: a dream of herself holding a tennis racket that resembled an Ankh, Egyptian sign of life.

Twenty years later and after even more therapy, Ada still struggles. She believes that she has a borderline personality disorder and agrees with Engler's (1986) idea that you *cannot* go beyond yourself until you have a self. She does not meditate much for fear of what might come up but has worked with a Theravada-Zen teacher who meditated with her, demystified "enlightenment," and gave her feedback about her meditation. The technique of noticing what is prominent in the body and being with it helped her with pain a few times and offers hope. Ada says that when she first practiced, teachers were not psychologically sophisticated enough to ask about students' lives or to process emotional issues. She believes that she could have benefited from a moderate, gentle practice and advice to work, sing, and learn to relate better. HI needed someone to investigate my big hurry and terrible race toward enlightenment, and to say that I was running from something."

Lost in thought: Twenty-Four-hour practice. Rose's family history involves mental illness: two siblings suffered psychosis or suicidal impulses, and her father, a physician and researcher, is riddled with phobias and compulsions. Rose's first psychotic episode occurred when she was nineteen and her second a year later. They were triggered by relationship stresses involving family and two gestalt therapists who she experienced as using her to work on their marital problems. The third occurred at age thirty-seven and the fourth at age thirty-nine. These related to not knowing her limits and becoming overextended and "lost" without realizing it. The last involved meditation, a "twenty-four-hour practice" as Rose calls it.

Rose first read a Buddhist book in her mid-twenties. She likes philosophy, thinking about mind and spirituality, and is interested in other cultures, and found Buddhism intellectually stimulating. Also, she felt frustrated with her psychosis and disliked the "deadening" effects of medication. She saw that TM helped a friend become less flighty and more able to be alone, and she hoped that meditation would help her gain control of her mind and be more content with herself. She did not begin meditating

until her mid-thirties, however. At that time, stress over having a boyfriend in prison and exposure to Trungpa Rinpoche's (1969) *Meditation in Action* prompted her to seek instruction. She was told to follow her breath while sitting comfortably and to label any thoughts that arose as "thinking" and return to her breath.

Rose had two consecutive meditation instructors; she did not feel comfortable with either. She thought one was too strict and pushy about a particular type of training. She felt too intensely about the other and also worried that she was insensitive to him. Generally, she feels hemmed in and controlled by others' instructions. She ended up meditating on her own with little instruction and no supervision. She practiced at most three hours a week and generally did not meditate daily or at the same time every day.

Five years later, Rose met a Tibetan teacher who seemed to her to know what he was doing. He was not pushy about the practice, was careful about the effect of his words, and would stop if someone said he was going too far. He also tolerated doubt and skepticism and wanted people to think for themselves. She went to a weekend retreat that he led and was interviewed. Her only strange experience came before the interview. She felt driven to get up enough nerve to even have the interview and then experienced seeing a series of faces as she looked in a mirror. She had an "ordinary, down-to-earth conversation" with the teacher but did not mention the faces.

Rose did not tell her teachers about her prior psychotic episodes. They may have known about them through her therapist, but, if so, did not mention them to her. Her goal to overcome psychosis through meditation was never clarified.

The Tibetan teacher emphasized a "twenty-four-hour" practice of mindfulness as well as sitting meditation. This appealed to Rose and she began sitting for hours, letting her mind wander while half noticing her breath and other things. She discontinued her antipsychotic medication on her own a few months after the retreat. She also was working less, so she had less structure and contact with people. Moreover, the Los Angeles riots occurring after the Rodney King verdict of 1994 upset her greatly. Due to a foot injury, she then lost her usual way of stabilizing her mind, which was running. Running relaxed her and slowed her mind so that thoughts came more gradually and were more to the point. Around the same time, she saw another face in the mirror and began having intense fantasies involving reincarnation and Christian symbols. These experiences became more important than details of her everyday life, and she lacked her usual awareness and her usual fear that she was going too far. Her psychotic break occurred six months after the retreat.

Rose was hospitalized and she resumed medication. Her diagnosis has been paranoid schizophrenia. She finds the diagnosis hurtful and limiting, a label of being different and "all washed up." It also pressures her to become well and "enlightened." "Psychosis does not mean you're better or worse than others; it's just what has happened to a person in her life."

For her practice Rose now uses a Yoga tape that helps induce sleep through relaxation of different parts of the body. She thinks about seeing the Tibetan teacher again but

does not feel ready to face questions about why she wants to meditate and see him. Her spirituality is private. She is trying to regain a sense of wonder and to accept her life, freed from the compulsion to be like everyone else.

Teacher Experience

Understanding of nonordinary states of consciousness (NSC). The Buddhist teachers interviewed in this study (four Zen, four Theravadan, four Tibetan, all teaching in the U.S.) understand NSC as phenomena that often emerge as practice progresses. Similar to the "unstressing" cited in TM literature (Carrington, 1977; Goleman, 1971), NSC common in early phases of Buddhist meditation include disturbing emotions and fantasies, perceptual aberrations and hallucinations, memories, and proprioceptive sensations and movements (see also, Epstein & Lieff, 1986; Komfield, 1979). A Zen teacher noted that NSC at a later "preawakening" phase are different from earlier NSC. They tend to be either very alluring, often involving religious symbols and blissful feelings, or very frightening and evocative of doubt. Two Tibetan teachers noted that in advanced Tantric practices, visions of deified aspects of mind (*vidams*) can resemble psychosis in that they are both real and imaginary, external and internal.

The teachers defined psychosis as a problem of overidentifying with NSC and being unable to disidentify and let go. Also, several teachers said that psychosis involves an inability to function and respond in normal ways. Some Zen teachers noted that *samadhi* and *kensho* can involve a loss of functioning that can last from minutes to hours, however.

The teachers posited various reasons for NSC, some related to meditation and others not. All correlated NSC with deepening concentration, which seems to settle the usual discursive mind and allow other layers of mind to emerge, layers *seen* as tainted by the defilements of existence. The Theravadans especially emphasized that NSC emerge and become problematic when concentration is not balanced with adequate mindfulness, which can cleanse the mind of these defilements. Zen teachers suggested that incorrect posture and breathing also contribute. Tibetan teachers spoke of how an improper use of certain advanced meditation practices leads to an incorrect flow of energy in the body. All of the teachers noted that excessive effort and striving creates problems with NSC; the Asian teachers said that perhaps this was a bigger problem for meditators in the East because they have been culturally conditioned to seek enlightenment. Factors not related to meditation include health imbalances arising from lack of sleep, poor diet, and stress.

Dealing with NSC. NSC are relatively common during intensive, prolonged meditation, and teachers are accustomed to dealing with them. Some Theravadans estimated that during a three-month retreat, about half of the students experience NSC. In dealing with these, teachers generally assure students that such phenomena occur with deepening practice but will pass. They try to help the student just observe the experience without denying, rejecting, or indulging it. They may supportively listen, such as when memories of trauma emerge, or on the other hand, they may make light

of NSC that the student mistakes for enlightenment. Theravadans tend to focus on "mindfulness in the present moment" and may have the student "mentally note" the experience without getting caught up in its content. Zen teachers may correct the student's posture and breathing. A Tibetan teacher noted that he circumvents problems with NSC by checking for health imbalances that cause difficulties and has students start with a short practice and gradually increase time meditating as they gain insight.

When NSC is more extreme, a student may become paralyzed and unable to follow meditation instruction. At this point, most teachers advocate decreasing concentration on the meditative object, such as a *koan* or the breath; instead they ask the student to develop a more panoramic mindfulness of internal and external stimuli. This call mean "lightening up" and just watching the mind without judgment and effort to practice. Theravadans may have the student focus mindfully on the body or what is happening presently in the mind. Zen teachers may switch a student from a more concentrative *koan* practice, which tends to suppress unconscious material, to *shikantaza* or breath practice, which allows material to emerge more naturally and slowly. Teachers may also have more frequent interviews with the student, decrease the student's sitting time, and involve the student in "grounding" physical activities. A Tibetan and Theravadan commented that they sometimes confront a student's NSC as being "crazy." Some Theravadans have found that acupuncture treatment and heavier meals of meat and pasta can be helpful as well.

The teachers identified a number of signs that these extreme NSC could foreshadow a psychotic break. These include obsession with the NSC, more negative, fearful, and bizarre NSC, fear of going crazy, aberrant behavior, and emotionally disconnected "schizoid" states. One teacher thought that people prone to psychosis have more rage and self-pity and fewer moments of sadness and clarity than those who are not prone. Another teacher said that lack of humility is a sign of difficulty. These warning signs generally signal a need to discontinue or lighten up in practice.

The teachers found that psychosis, estimated to occur in far less than one percent of meditators, can develop at either initial or advanced stages of practice. During initial stages, it can rather easily occur in people with a history of psychosis; it relates to the student's inability to use meditation practices to stabilize the mind as defenses are relaxed. A Zen teacher said that he knows of a few cases where psychosis occurred after a retreat. He finds that stripped of their usual defenses, students can become depressed and overstimulated when they reenter ordinary life. In more advanced stages, psychosis is very rare because meditators have developed more equanimity or ability to observe and let go of mental content. Psychosis at advanced states usually relates to excess concentration and overexertion. The Tibetans called this a "*sok-rlung*" disorder, which involves energy moving improperly in the body. Several teachers noted that Western meditators tend to give up meditation when they encounter difficulty. Few reach advanced stages of practice where meditation-related psychosis can occur.

If psychosis occurs in initial phases of practice, the student is asked to discontinue meditation and may be asked to leave the retreat or be hospitalized if they cannot

return to ordinary functioning. A Theravadan said that, for more advanced meditators who develop true meditation-related psychosis, he may ask the student to focus on the state of mind as an object of mindfulness. If that fails, he may try to get at the deeper meaning of the problem or change the object of mindfulness. A Tibetan advised that advanced meditators need a qualified teacher to help with the practice used and to differentiate between psychotic states and true spiritual visions. Another Tibetan noted that advanced practices are meant to provoke confusion and extreme states. He tries to help people find balance between withstanding discomfort and knowing their limits so that they do not damage themselves.

Adapting to Western students. The teachers reported that they have learned more about psychology in working with Western students, some with major mental illness and many with motivation to deal with psychological problems. Several teachers noted that they consult with mental health professionals regarding severe psychological problems in their students. Teachers who were demanding of students twenty years ago have become more moderate and gentle. They now believe that vigorous approaches help some students, but that in general, pushing students to "break through" does not facilitate integration of enlightenment experience and can damage students who are psychologically fragile. They emphasized knowing students so that practice can be tailor-made for each student's temperament and needs. Teachers with students who have a major mental illness said that they advocate moderation, teach initial mindfulness-breath practices, and increase their monitoring of the student's practice. Two said that *metta* or loving-kindness meditation can help as well, because such students often suffer from poor self-esteem. Many also encourage utilization of Western medication and therapy and restrict such students from attending retreats that last more than two days. Teachers also have instituted screening questionnaires and interviews to assess students' ability to handle meditation, asking about things such as prior history of psychosis and health status. Such screening has virtually eliminated problems with students becoming psychotic during initial practice, even though some students lied about their history. Teachers still have difficulty assessing students who do not have a history of psychosis. One noted that he knows of several high-functioning, articulate, and humorous people who had brief psychotic episodes during advanced Tibetan practices. Generally, teachers reported that too much effort and too much or too little anxiety can signal difficulties and that high-strung, emotionally volatile people have more intense and frequent NSC. The teachers tend to deal with these people by supportively listening and guiding, paying more attention than before to psychological issues. The Zen teacher who noted students' vulnerability after retreats has also started checking on fragile students a few days after a retreat.

DISCUSSION

It is apparent that Buddhist teachers have become more psychologically sophisticated in working with Western students over the past thirty-five years and have adapted traditional meditation practices to deal with extreme mental states that may arise during intensive meditation. The meditator vignettes illustrate some of the difficulties that can occur when a student's life, motivations, and vulnerabilities are not well understood, and when a student leaves the monitored and protected retreat milieu. The

experiences of Sara and Ada suggest that narcissistic issues around grandiosity and borderline issues around abandonment can be activated in more advanced stages of meditation. They also illustrate how extreme effort to attain enlightenment can itself be a symptom and can create harmful imbalance in the mind and daily life. With such students, teachers may need to emphasize other aspects of Buddhist training besides meditation, e.g., relationships in the community (*sangha*) and moral precepts (*shila*). Rose's experience suggests that it may be difficult for students with a major mental illness to openly discuss their concerns with a teacher. Teachers may need to be more active with such students in discussing mental illness and being clear and supportive in their suggestions for practice. They can also foster community understanding and support.

Implications for the Clinical Use of Meditation

Meditation can enhance self-awareness and self-regulation, goals of most psychotherapies in working with a broad range of patients. Similar to expressive psychotherapies that aim at uncovering the unconscious, meditation has "derepressive" and destabilizing effects (Wilber, 1986). In both meditation and psychotherapy, one must deal with issues of personality structure, motivation, resistance, and relationship as the mind opens up to itself and becomes more integrated and stable.

This study has a number of implications for therapists who "prescribe" meditation or work with patients who meditate as a spiritual practice: 1) Most people will not have difficulties with meditation unless they meditate intensively. This is consistent with Glueck and Stroebel's (1975) findings that psychiatric patients benefited from TM at prescribed twenty-minute periods twice a day, but were prone to psychosis when meditating more. 2) Some meditative practices are more appropriate than others, depending on a patient's needs. Initial concentrative practices that focus on the breath can help patients calm themselves but, if engaged in over an extensive period of time, may result in NSC that are experienced as troublesome. Initial mindfulness practices involving breathing, mental noting, and awareness of body sensations may help patients become more grounded in the present. Metta meditation (Salzberg, 1995) can help develop a sense of kindness towards oneself and others. Any physical activity, including martial arts and yoga, can be an antidote for overwhelming thoughts and emotions. 3) Most meditators will discontinue meditation when frustrated or remain beginners because of the dedication, perseverance, and time it takes to develop meditation skills. As Allen (1995) points out, meditation and other self-regulation techniques are simple but require motivation and practice. Because of self-hatred, patients often fail to do things to care for themselves. Thus, resistance to self-care must be explored and encouragement to begin and maintain practice must be given. 4) Although Westerners tend to focus on Buddhist meditation, other aspects of Buddhist training, such as being a member of a community and practicing moral precepts, may be equally or more helpful for psychological and spiritual development.

In sum, Buddhist practices, as being adapted by teachers in the West, seem to offer a promising avenue of psychological and spiritual development. Possibilities for further study of the interface between Buddhist practice and Western psychology

abound. For example, one could focus on the nature and use of transference in student-teacher relationships. A teacher in this study noted that he treats students differently at different stages of their practice: he is a parent in initial phases, a guide as the student becomes more independent, a spiritual friend who can also learn from the student, and finally not a teacher at all. Sexual relationships and the power differential between teachers and students have been topics of animated discussion and could be studied as well.

GLOSSARY

kensho-Zen expression for the experience of awakening or breaking through normal consciousness to realize one's true nature and the nonduality of the "Absolute" (*nirvana*) and "Relative" (*samsara*).

jhana (Pali) (*dhyana*, Skt.)-a degree of absorption on a continuum (eight jhanas altogether), beginning with a full break with normal consciousness that is characterized by absorption in the meditative object to the exclusion of other thoughts and sensory awareness.

koan-Zen teaching phrase or story that presents a paradox unsolvable through logic or reason. In concentrating on a *koan* and attempting to solve it, one is forced to transcend discursive thinking and realize a world beyond dualism. It is used to promote initial *kensho* and subsequently, to deepen realization.

makyo-Zen term for the deceptive, illusory sensations and feelings that arise in meditation.

nirvana (*nibbana*, Pali)-the "absolute" or unconditioned, uncreated, unformed realm beyond and underlying consensual, phenomenal reality (*samsara*), Awakening to *nirvana* and realizing it in *samsara* is the goal of meditation.

prajna (*panna*, Pali)-"insight wisdom." The definitive moment of *prajna* is insight into emptiness [*shunyata*], which is the true nature of reality.

prana-life force. "wind," or energy that in Eastern thought circulates through channels in the body and supports life processes.

Rinzai-one of the two major schools of Japanese Zen. Koans are an integral part of its practices.

samadhi-nondualistic state of consciousness reached when the mind becomes absorbed in an object through focus on the object and calming the mind.

samatha (Pali) (*shamatha*, Skt.)-"calm abiding" or "dwelling in tranquility." One of the two major branches of meditative practices in Buddhism. *Samatha* calms the mind and culminates in *samadhi* and *jhana* levels of absorption.

samsara-the "relative" or conventional, phenomenal reality conditioned by the three "unwholesome" roots (attachment, aversion, ignorance) that tie beings to worldly existence, which involves birth, sickness, old age, and death.

shikantaza- "just sitting." A form of Zen practice that involves a neutral, mindful observation of thoughts and sensations as they come and go.

shila (*sila*, Pali)-precepts or ethical guidelines for those on the Buddhist path. More broadly speaking, it refers to morality based on insight-wisdom.

shunyata (*sunnata*; Pali)-"emptiness." Central notion of Buddhism that phenomena, including "self," have no inherent or independent existence.

vipassana (PaU) (*vipashyana*, Skt.)-"special insight" or "clear seeing." One of the two major branches of Buddhist meditation practices. Vipassana develops *prajna* or insight-wisdom. It is sometimes used to describe Theravada meditation practices, which involve careful cultivation of mindfulness in early stages

of practice. Technically, true *vipassana* does not begin until mindfulness and concentration are well-developed and balanced.

vidam-*"deity"* that practitioners visualize in advanced Vajrayana practices. Yidams involve primal energy and emotions.

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