Mad about meditation

The Straits Times of 1 June 2011 (page A30) carries an instructive article on “Meditation: Don’t overdo it” by Andy Ho. He refers specifically to two kinds of meditation systems: qigong and kundalini. Qigong is a Chinese form of self-directed meditation using various postures, breathing, visualization and relaxation to guide the qi (breath-energy) around the body or to someone for the purpose of “inner” power or healing.

In the hands of adepts, qigong may work. But novices who overindulge in prolonged qigong meditation may harm themselves. Medical literature, says Ho, attest that such novices have been known to literally go mad. After sitting for three to four hours of qigong meditation, for example, they begin to hear voices and see things, and can, as such, go mad. Fortunately, with proper anti-psychotic medication, such people can usually recover in a few days. The danger remains, however, that improper meditation can unhinge us.

Kundalini is an Indian form of meditation which sees the prana (the breath-energy) as a sort of “coiled up serpent” asleep at the base of the spine. Kundalini psychiatric symptoms, says Ho, are somewhat similar to those of qigong: trances and visions, unusual breathing patterns, convulsions and impossible yoga postures.

Such psychoses have also been noted in many other forms of meditation (including vipassana) when they are abused. Learned journals on psychotherapy, for example, have reported various psychological side-effects in long-term meditators and even experienced teachers.¹ Such studies suggest that meditation may not be recommended for people with psychotic disorders, severe depression, and other serious personality disorders, unless they are also receiving psychological or medical treatment, and closely monitored so that they can receive support whenever needed.²

The vulnerable margin includes those who are under some kind of medication, or have a psychiatric history or some kind of undisclosed serious personal issues. For such people who do unguided or unmonitored long sittings, or attend intensive meditation courses, their situation could worsen or other symptoms could arise. Individuals who are aware of an underlying psychiatric disorder who wish to take up meditation should speak with a mental health professional or experienced instructor before doing so.³

Some critics take issue with the Buddhist notion of “not-self,” especially in regards to cases of the deepest psychopathological problem, where it is helpful for them to achieve an adequate level of personality organization. In other words, quoting Engler, they think that “you have to be somebody before you can be nobody.”⁴ Experienced Buddhist meditation teachers, as a rule, do not begin with methods related to not-self. Not-self might, however, be taught to beginners

² See Meditation & consciousness = SD 17.8c (8.4): Downside of meditation: http://dharmafarer.org.
³ For more details, see Bhāvanā = SD 15.1 esp (14): http://dharmafarer.org.
⁴ See Piya Tan, Revisioning Buddhism, 2011 ch 14: http://dharmafarer.org
as basic theory. In practical terms, “not-self” is best seen as the goal of Buddhist meditation, rather than a meditation method.

Even when not-self is taught as meditation theory, it is explained in relation of the notion of impermanence. Everything, especially the mind, is impermanent; what is impermanent does not have an abiding essence. In other words, all problems are impermanent. There are only problems, not persons. The idea here is to examine ourselves as processes and conditions, and to understand them. The clearer this understanding is, the more effective the self-healing.\(^5\)

The fact remains that the most wholesome contemplative method is Buddhist meditation. “Buddhist” here refers to early Buddhist trainings in ethical discipline, mental cultivation and insight wisdom. If any of these vital Buddhist trainings is removed, garbled, or watered down, there is no guarantee of the benefits that are attested in the ancient texts.

The meditator, troubled by mental hindrances (sensual lust, ill will, sloth and torpor, restlessness and remorse, and doubt),\(^6\) can only “meditate, pre-meditate, over-meditate, out-meditate.”\(^7\) In other words, he is often, even constantly, troubled by greed, by hate, by delusion, or by fear.

Meditation for beginners is likely to be wholesomely effective when the following minimum conditions are present:

1. Participants must resolve their emotional or psychological issues first (such as through counselling or personal meditation coaching).
2. The instructor is an experienced teacher, with sufficient spiritual training.
3. Breath meditation and lovingkindness cultivation are taught in a balanced manner.
4. The beginners’ group is small, comprising not more than, say, fifteen participants.
5. The environment is quiet and conducive, and there are basic standing rules (such as switching off handphones).
6. The length of sitting is flexible, depending on the ability and inclination of the student.
7. The instructor keeps to an ethical code and is easily available for related consultation.
8. Avoid commercial meditation courses: we get only a kick at an exorbitant cost.\(^8\)

The best tool for cultivating inner stillness and self-healing is a hearty selfless meditation.\(^9\)

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\(^5\) See eg Piya Tan, Simple Joys, 2009 ch 8.4: [http://dharmafarer.org](http://dharmafarer.org)


\(^7\) See: Māra Tajjaniya Sutta (M 50.13/1:334) = SD 36.4 (pl) (attacks directed at the Buddha and his monks); Gopaka Moggalāṇa Sutta (M 108.26-27/3:13 f) = SD 33.5. Mahā Cunda Sutta (A 6.46) has pajiḥāyati (“he is consumed in meditation”) (A 6.46.2/3:355 = SD 4.6), a wordplay (reflecting disapproval): see Intro (3.1).

\(^8\) On the dangers of TM (Transcendental Meditation), see [http://www.suggestibility.org/](http://www.suggestibility.org/).

\(^9\) On Buddhist meditation, see Bhāvanā = SD 15.1: [http://dharmafarer.org](http://dharmafarer.org)