

PSYCHIATRIC COMPLICATIONS OF MEDITATION PRACTICE

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One of the more widespread examples of modern adaptations of traditional consciousness training practices is the recent popularity of age-old meditation techniques among both the lay public and workers in the mental health field (Marmor 1980; Walsh, 1980). This comes at a time of relative estrangement between psychiatric and religious ideologies (Bergin, 1980) producing a conceptual gap that threatens an understanding of the meditative experience which may be demanded of therapists by patients or clients affected by these 'consciousness disciplines' (Walsh, 1980). Research on the meditative experience has focused on psychophysiological *effects*, with meditation viewed as a 'self-regulation strategy', while attempts to understand or measure the subjective experience of the meditator have been conceptually and methodologically more demanding (Shapiro & Giber, 1978). Meditation has been proposed as a means of establishing mental health (Goleman, 1975) and as a possible adjunct in psychotherapy (Carpenter, 1977). What has not been made clear, however, is the range of side effects of meditative practices that may present to the clinician as psychological disturbance. Some of these complications have already been noted by Western health professionals, others are only too well known within the meditative traditions. The more obvious misuses of meditation were hinted at by early psychoanalytic investigators, while the *more* subtle abuses and psychological crises of the advanced practitioner have traditionally been handled by the meditation teacher. The authors have observed hundreds of meditators over the past ten years and offer the following observations.

*side effects
of
meditation*

PSYCHIATRIC COMPLICATIONS

general psychiatric complications

Complications of meditation practice have not gone unnoticed by Western clinicians although they tend to be limited to gross pathology in beginning students. Depersonalization and de-realization experiences are reported by many practitioners to be ego-syntonic side effects of their meditations. In some cases, the feelings may be of such intensity as to necessitate psychiatric consultation (Kennedy, 1977) and may, by virtue of their foreignness, precipitate panic attacks. Anxiety, tension, agitation and restlessness may all be paradoxically increased through the practice of Transcendental Meditation (Lazuras, 1976; Otis cited in Walsh, 1978; Carrington & Ephron, KaneUakos & Lukas, cited in Shapiro, 1978). Exacerbations of depressive affect to the point of attempted suicide may also follow Transcendental Meditation experience (Lazuras, 1976). Precipitation of extreme euphoria accompanied by powerfully compelling fantasies and MMPI evidence of 'excessive pressure from unconscious material' followed by 'unbearable' dysphoria is described in a previously well138-year-old woman following beginning practice of meditation (French, Schmid & Ingalls, 1975). 'Grandiose fantasies' evolving into 'religious delusions with messianic content' are described in a 24-year-old male following prolonged meditation in an isolated environment (Levinson, 1973). Three psychotic episodes, characterized by agitation, paranoia and suicide attempts, are described in individuals with a history of schizophrenia participating in intensive meditation retreats associated with fasting and sleep deprivation (Walsh & Roche, 1979). Two psychotic episodes, in young psychiatric patients with previous LSD experiences, are described after TM training (Glueck, in Carpenter, 1977).

early stages

The early stages of meditation practice, then, seem to contain potentially explosive experiences for some individuals. Familiarity with the progress of meditation, to be discussed later in this paper, will facilitate differentiation of pathological from more ordinary responses to meditation, in the early, as well as the more advanced stages of practice.

THEORETICAL CONSTRUCTS

Discussions of the side effects of meditation practice depend to a significant degree on the theoretical approach of the observer. Problems of culture bias and paradigm clash tend to limit the observations of Western behavioral scientists with regard to non-Western 'consciousness disciplines' (Walsh, 1980). Psychoanalytic conceptions of states reached through

meditation tend to be two-fold. The first, expounded by Freud actually alludes to an advanced stage of meditation practice "in which the mind is emptied of all mental contents and the person experiences pure conscious awareness ... filled with the sense of mystical oneness ... " (Nemiah, 1980). Freud associates this 'oceanic' (Freud, 1930) experience with the most primitive stage in the development of the ego, that of undifferentiation between self and mother, or primary narcissism (Kohut, 1966). In this view, meditation is seen as a "libidinal, narcissistic turning of the urge for knowing inward, a sort of artificial schizophrenia with complete withdrawal of libidinal interest from the outside world" (Alexander, 1931, p. 130). The spiritual urge, postulated Freud, seeks a "restoration of limitless narcissism" (Freud, 1930, p. 19), an evocation of the outgrown mother-child bond employed as a kind of 'transitional object' designed to protect against fears of separateness (Horton, 1973, 1974; Rizzuto, 1979).

Other psychoanalytically oriented observers of meditation experiences, noting that primitive thoughts, feelings and fantasies of all kinds arise during meditation, including but not limited to 'oceanic' ones, emphasize the concept of 'regression in service of the ego' first proposed by Kris (1936; Shafii, 1973; Maupin, 1965; Allison, 1968). According to this view, the meditation experience offers the opportunity to ego-syntonic ally reexperience and reexamine unresolved conflicts and drives embodied in material which unfolds through the practice of meditation (Fingarette, 1958). These 'adaptive' regressive states have been differentiated from pathological regressive states by virtue of their transitory, quickly reversible nature and their ability to increase self-esteem (Allison, 1968). In this view, meditation can be seen as an arena in which to uncover primitive material, with side effects resulting when ego strength is not sufficient to withstand the force of such material.

With this emphasis on the regressive nature of an experience seen as "intermediate between normality and frank psychosis" (GAP, 1976, p. 731), however, it becomes easy to ignore the possibility of transformation of ego structure so often alluded to in the traditional literature (Fingarette, 1958; Deikman, 1977; Podvoll, 1979; Walsh, 1980). To do this means committing "the fallacy of assuming that the mystical state is 'nothing but' a pathological manifestation" (Runions, 1979, p. 149). Conversely, practitioners of meditation, often swimming in the rhetoric of transformation, may fail to recognize the regressive nature of much of their experiences. These two mutually exclusive world views have been labelled the "pre/trans fallacy" (Wilber, 1980). Succumbing to this fallacy often brings about

*psychoanalytic
orientation*

*"pre-trans
fallacy"*

"a mixture and confusion of pre-egoic fantasy with trans-egoic vision, of pre-conceptual feelings with transconceptual insight, of prepersonal desires with transpersonal growth, of pre-egoic whoopee with trans-egoic liberation ... " (Wilber, 1980,p. 58).

*meditation
as
developmental
process*

In fact, meditation experiences may embody all of the above. Confusion arises when meditation is analyzed as one discrete state, rather than as a developmental process. Just as in psychoanalysis, beginning stages involve regression, but higher stages are progressive and only accessible when the practitioner's ego is sufficiently intact to withstand the regressive upsurge (Fingarette, 1958). Similarly, some intermediate stages of meditation do indeed have a narcissistic flavor, but not all practitioners have the ego needs to interpret these experiences solely in narcissistic terms, and are able to move beyond these experiences.

*"cosmic
narcissism "*

Indeed, Kohut alludes to the potential metamorphosis of primitive narcissistic feelings into ones of "cosmic narcissism" whose "bounds transcend the individual" (Kohut, 1966), a possibility criticized by some (Hanley & Masson, 1976). "A genuine decathexis of the self can only be achieved slowly by an intact, well-functioning ego; and it is accompanied by sadness as the cathexis is transferred from the cherished self upon the supraindividual ideals and upon the world with which one identifies" (Kohut, 1966,p. 267).

Thus, an understanding of the developmental nature of the meditative experience, coupled with traditional descriptions of side effects, will enable a comprehensive view of both the limitations and applicability of the analytic models of meditation-induced psychiatric disorders.

DEVELOPMENTAL MODELS

*two
developmental
models*

Two different developmental models are helpful in understanding the range of meditation-induced side effects. The first, from traditional Buddhist sources (Nyanamoli, 1976; Mahasi Sayadaw, 1965; Goleman & Epstein, 1980; Goleman, 1977; Brown, 1977; Brown & Engler, 1980), indicates the range of meditation experiences possible and puts these experiences in a developmental framework. The second, from the schools of ego psychology (Vaillant, 1971, 1977; Loewinger, 1976; Wilber, 1981), indicates stages in the development of the self and the mechanisms of defense or adaptation utilized at each stage. Thus, any meditation experience is prone to interpretation by the individual according to where he rests along the continuum of ego development.

Meditation may be conceptualized as a process of attentional restructuring wherein the mind can be trained both in concentration, the ability to rest undisturbed on a single object, and in mindfulness, the ability to observe its own moment to moment nature, to pay attention undistractedly to a series of changing objects. This perceptual retraining allows a finely honed investigation of the rapidly changing self-concepts that perpetuate the sense of self.

*attentional
restructuring*

Traditional models recognize a series of stages of meditation practice, summarized as follows:

*stages of
meditation
practice*

Preliminary practices. This stage involves the first confrontations of the naive meditator with his or her own psychic contents. In the process of trying to train the mind in rudimentary concentration, cognitive, affective and somatic disturbances arise which tend to distract and *hinder* the establishment of firm concentration.

Access concentration. This stage marks the first experience of fixity in the object of meditation, the first direct understanding of what is possible through meditation. Although the achievement is precarious, at this level sufficient concentration is present to allow either the moment to moment observation of changing mental objects or the transiently undisturbed contemplation of a single object. From the point of view of the beginning student, this stage is often experienced as a great relief, allowing a sense of achievement.

Samadhi. With the single-minded cultivation of the factor of concentration, stages may be reached which are characterized by absorption in the object of meditation. Absorption may be of varying depths and qualities, but it is uniformly associated with a trance-like inattention to the outside world and subjective feelings of contentment, joy and equanimity.

insight. Sustained observation of the moment to moment nature of the mind, which involves noticing of thoughts and feelings from the very instant of their inception to their dissolution, allows the acquisition of new 'knowledge' about the nature of self, according to most meditative traditions. This knowledge, or insight, cannot be obtained without adequate perceptual training.

Rorschach studies of American meditation students and American and Asian meditation teachers tend to validate the stage model of meditation practice (Brown & Engler, 1980), emphasizing the point that the experience of one group, *t.e.* Insight, should not be confused with that of another, *i.e.* Preliminary practices.

*Rorschach
studies*

I. Preliminary Practices

*characterization
of preliminary
practices*

Preliminary practices of meditation are characterized by confrontation with, and a hypersensitivity to, emotional and cognitive material, often flavored with primary process character (Walsh, 1977; 1978). The experience of this stage is one of "adaptation to the flow of internal experience" (Brown & Engler, 1980, P: 170), including "fantasies, daydreaming, pre-conscious mental processes and body perception" (Shafii, 1973, P: 441) which "will occasionally express the drive-dominated content or organization of primary process cognition" (Maupin, 1965). Subjects uniformly report "unusual experiences, visual or auditory aberrations, 'hallucinations', unusual somatic experiences and so on" (Kornfield, 1979). Indeed, meditators who are tolerant of these experiences, who have the capacity for regression and who are able to remain comfortable with these experiences, respond more successfully to the process of meditation than those without that capacity (Maupin, 1965).

*psychotic
and
immature
defense
mechanisms*

There is obviously a range of responses to such experiences. On the more primitive end of the continuum of ego development there are some whose precarious defense mechanisms cannot withstand the onslaught of this internal experience. Thus, the 'psychotic defense mechanisms' (Vaillant, 1971, 1977) of denial, delusional projection and distortion may manifest (*e.g.* Walsh & Roche, 1979; Levinson, 1973; Frenchet *al*, 1975; Lazuras, 1976). Early meditation experiences may also fuel 'immature' defense mechanisms of schizoid fantasy and hypochondriasis in that issues of interpersonal relationships are directed back into the internal meditative experience.

*uncovering
psychological
issues*

Others may uncover unresolved psychic conflicts or unexplored drives and have no means of working toward a resolution or greater understanding of such material. Traditional disciplines do not incorporate analysis of the psychological content of this material—meditators are instructed to focus on 'process' rather than content in the effort to develop attentional capacities. Thus, some will uncover psychological issues and not have a framework in which to work out this material. This lack of appropriate outlet for the resolution of such issues leads to what the meditative traditions recognize as the major side effect of this stage of practice: an excessive fascination with and rumination over such internal experience. Thus, Western students of meditation seem to dwell in the preliminary stage much longer than their Eastern counterparts (Walsh, 1981; Brown & Engler, 1980).

Others use the approach of 'detached observer' of thoughts and feelings taught in most meditative traditions to intellectualize and dissociate themselves from their libidinal drives, or to engage in reaction formation whereby the opposite of *such* drives are embraced as natural products of new-found 'spirituality'. These neurotic defenses (Vamant, 1971, 1977) are common methods of ego adaptation, and both therapists and meditation teachers need to be observant of their use by beginning meditation students. Still others may use more mature adaptive mechanisms of suppression, humor and sublimation with regard to uncovered material and utilize their discoveries in more traditional therapeutic contexts while not letting fascination with such material hinder their progress in meditation.

*the
"detached
observer"
and
neurotic
defenses*

II. Access Concentration

When the stage of access concentration is reached, a different perspective is gained with regard to the meditative experience. Relief from incessant immersion in the mind's flow is momentarily obtained, with the perceptual power of concentration strengthened to allow the relaxing experience of 'no-thought' or of the ground out of which mental events emerge. By nature a transitory experience, this first strengthening of concentration may become the object of meditative ambition.

*meditative
ambition
and the
increase
of
anxiety*

From the point of view of the meditative traditions, straining too tightly to achieve this state can cause a paradoxical increase in anxiety and mental agitation, associated with such physical symptoms as upper back and neck pain. In Tibetan medical theory, this disorder, specifically defined as an *obsessive-compulsive-like* complication of meditation, is known as a disorder of *sok-rlung* (pron: so-Ioong) or of the 'life-bearing wind that supports the mind' (Epstein & Topgay, 1981). "Contemplating ... too strenuously" (Leggett, 1964, p. 145) is seen as a precipitating factor in 'Zen illness' and has also been linked to "counterproductive reactions" such as agitation (Walsh, 1978, p. 20) in other forms of meditation. The paradoxical anxiety reported in TM practitioners (Lazuras, 1976; Shapiro, 1978) may also be a symptom of this phenomenon. From the point of view of ego psychology, the temporary interruption of instinctual drives may fuel escapist tendencies of narcissistic tranquillity (Ostow, 1967) or of dissociation from inner anxiety provoking stimuli (Vaillant, 1977, p. 179).

The most appropriate use of access concentration, however, is as a stepping stone in the development of further concentration.

tion and insight. There are two major areas of meditative complications at these higher stages, one involving attachment to unusual, tranquil states of luminous clarity and one involving the process of disidentification from traditional ego structures.

III. Samadhi and Insight;

*attachment
to
higher
stages of
meditation*

Higher stages of meditation contain numerous experiences, well catalogued in the traditional literature (Nyanamoli, 1976) and variously involving visions of bright lights, joyous and rapturous feelings of body and mind, tranquillity, lucid perceptions, and feelings of love and devotion. Termed the "ultraconscious" (Dean, 1973), "transcendental experience" (Walsh, 1980), "mystic experience" (Runions, 1979) or "awakening of the kundalini" (Sannella, 1976), these states exert seductive influences which can become quite serious according to the meditative traditions. Termed "pseudo-nirvana" (Goleman, 1977; Goleman & Epstein, 1980) in the southern Buddhist tradition and "Makyo" or "diabolical enticements" in the Zen tradition (Kapleau, 1965), attachment to these states marks a major abuse of the meditative process. It is not until the pride and attachment, themselves, are made objects of meditation that the individual can pass beyond this stage.

*inspection
in search of
the ego*

At higher stages, when the perceptual capacity to discriminate very fine changes in moments of consciousness is developed, regression in service of the ego has become transmuted to inspection in search of the ego. A period characterized by the subjective experience of dissolution is entered where traditionally solid aspects of the personality begin to break up, leaving the meditator no solid ground to stand on. This is traditionally the time of spiritual crisis, characterized by "a great terror" (Nyanamoli, 1976, p. 753), the "Great Doubt" (Leggett, 1964) in Zen, and the struggle to allow a transformation or 'decathexis' of the self.

CONCLUSION

Meditation may be conceptualized as a developmental process that may produce side effects anywhere along the continuum. Some of these side effects may be pathological in nature while some may be temporary distractions or hindrances. Psychiatric complications of the early stages of meditation have been noted in the Western literature, but Western commentary on the 'spiritual crises' of the higher levels is noticeably absent. Most reported cases of pathological responses to meditation are in Western practitioners; no attempts to locate this phenomenon in traditional settings have been reported. Thus,

there are many gaps in our understanding. How can innocuous side effects of meditation be differentiated from debilitating ones? Can the transformative crises of the higher levels of meditation practice be explained using the traditional psychodynamic framework? Are the pathological responses to meditation purely a Western phenomenon, or do such reports exist within the monasteries and ashrams of the East?

*gaps
in
understanding*

Practitioners and therapists alike need to recognize that meditation experiences may be used in both adaptive and defensive ways. It could be helpful for some therapists to develop the capacity to differentiate maladaptive responses to meditation from potentially adaptive ones. In this manner both psychological impediments to meditation development and meditation-inspired hindrances to personal development may be avoided.

*differentiating
adaptive
and
maladaptive
responses*

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