

Meditation Sickness

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Abstract and Keywords

Buddhists commonly assumed the path to liberation to require perfect concentration or supernatural insight, or the combination of the two. Concerns were therefore often voiced about the inability to attain concentration and the possibility of insight going awry. Buddhists came to regard these undesirable conditions as sickness and called them meditation sicknesses. This chapter provides an overview of canonical Buddhist discourses about these two meditation sicknesses. It begins with a discussion of the hindrances to the attainment of concentration and then proceeds to discuss concerns about insight, which were voiced mainly in Mahayana and Chan and Zen sources.

Keywords: five hindrances, emptiness, Zen illness, koan, dhyāna, Vimalakīrti

Introduction

Buddhism emerged as part of a larger *śramaṇa* (“one who strives”) non-Vedic movement in India that charted a distinctively ascetic path toward felicity and salvation. Rather than accept Brahmanical claims about the importance of ritual purity and the household sacrificial fire, the individuals and communities who gave shape to this movement ethicized ritual action (Sanskrit *karman*) by framing it in retributive terms and pursued, as their socio-religious ideal, the homeless life of a wandering ascetic or renouncer (Skt. *saṃnyāsin*). The pursuit of this new ascetic ideal was also accompanied by the development of a variety of new techniques for attaining liberation (Skt. *mokṣa*). The Jains, for instance, strove to attain liberation from karma through the cessation of all mental and physical activity and the continued practice of severe austerities (Skt. *tapas*). In keeping with an example ostensibly set by the historical Buddha himself, Buddhists rejected such extreme forms of asceticism and chose to seek liberation through seated meditation and/or liberating insight instead (Bronkhorst, 2000). It is in this context of experimenting with new theories and techniques of liberation that the issues addressed in Buddhist discourses about meditation sickness began to crystalize.

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Two broad categories of meditation sickness became the most common sources of concern for practitioners of Buddhist meditation. These sicknesses were products of the way in which Buddhists structured their path(s) to liberation. Buddhist sources are in general agreement that the cultivation of an extraordinary form of absorption (Skt. *dhyaṇa*) in a state of perfect concentration (Skt. *samādhi*), the attainment of a supernatural insight into the nature of reality (enlightenment), or the combination thereof, is a necessary condition for attaining liberation (de La Vallée Poussin, 1936–1937; Vetter, 1988). To attain concentration it was generally assumed that one had to calm the mind. Buddhist sources that emphasize concentration therefore tend to voice their concerns about the mind that stays agitated, restless, and unfocused during seated meditation. This was one common form of meditation sickness (Chinese *chanbing* 禪病). In Buddhist sources it is listed as one of the five hindrances (see the following section).

Other sources that emphasize the attainment of supernatural insight tend to voice their concerns about a different kind of problem. They claim that there is the possibility of becoming deludedly attached to the insight that everything is empty and devoid of inherent existence, an insight that is ironically supposed to free one from all attachments. This was another common form of meditation sickness (Ahn, 2007). Unlike the former meditation sickness, the latter was unique to Buddhism. New techniques were developed to tackle this sickness. The Chan/Sōn/Zen practice of koan meditation is a noteworthy example.

In Buddhism meditation sickness can also refer to the inability to wake from meditation (Griffiths, 1986) or to specific symptoms that trouble meditators such as hallucinations, terror, depression, lethargy, heaviness, dizziness, itchy hands, pain, pride, excessive heat or coldness in the body, and nocturnal emissions (caused by demonic possession), but canonical Buddhist sources do not make frequent references to these forms of meditation sickness. Rather than provide an exhaustive list of all the symptoms and cures mentioned in the various Buddhist discourses about meditation sickness, this chapter focuses on the two kinds of meditation sickness most commonly discussed in canonical sources. It begins with an explanation of how the five hindrances and their remedies are understood in Pali sources associated with Theravada tradition and also fifth-century texts about Buddhist meditation associated with the Sarvāstivāda tradition in Kashmir. The rest of the chapter focuses on the attachment to insight or emptiness, which is a meditation sickness that is mentioned most frequently in canonical sources associated with Mahayana Buddhism and the Chan/Sōn/Zen traditions. Brief explanations of the sundry symptoms of meditation sickness are provided when necessary.

Hindrances to Concentration

Lists of hindrances (Skt. *nīvaraṇa*) to the attainment of concentration are not difficult to find in Buddhist sources. These lists vary in size and content. But one that does appear with some frequency in Buddhist sources is a list of five hindrances: sensual desire, hatred, sloth, restlessness, and doubt. Doubt, here, can refer to, among other things, an incapacitating wavering, indecisiveness, sense of loss, fear of the unknown, and consequent

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lack of sustained thought. This list appears in such authoritative and influential sources on Buddhist meditation as the *Foundations of Mindfulness Sutra* (*Satipaṭṭhāna Sutta*, DN II: 301–302), *Path of Purification* (*Visuddhimagga*, Vism IV, pp. 79, 86, and 104), and *Great Calming and Contemplation* (*Mohe zhiguan*; T46.1911.44c6–47a24). The five hindrances are not, however, always presented as issues that pertain only to Buddhist meditation. The same list of hindrances was also often invoked in contexts where Buddhists were trying to define their meditative system(s) vis-à-vis other non-Buddhist systems (e.g., DN I, p. 246; DN III, pp. 49–51; MN II, p. 203; and MN III, p. 14). In these contexts, the five hindrances were treated not as obstacles peculiar to Buddhist meditation but as generally disturbing psychosomatic conditions (Gethin, 2004, p. 208), which were assumed to be disturbing not only to Buddhists but non-Buddhists as well. In some instances, the five hindrances were invoked specifically for the purpose of ridiculing the rote learning of the Vedas: a brahmin with knowledge of the *Ṛg-*, *Sāma-*, and *Yajurvedas* who claims to know the path leading to union with Brahmā without ever having seen Brahmā himself is, for instance, likened to someone who is entangled in the five hindrances (DN I, p. 246). What these criticisms of Vedic learning assumed was that the five hindrances could be recognized by anyone and so gave an easily grasped sense of the possibility of directly or personally experiencing liberation—a *śramaṇa* movement ideal.

Perhaps for this very reason, Buddhist sources tend not to offer explicit explanations of the relationship between the removal of these hindrances and the attainment of concentration and absorption. The two could be understood as two sides of the same experience, or the former could be regarded the cause or condition of the latter. Either way, sources that speak of the hindrances to concentration are in agreement that overcoming the hindrances is an integral part of the path to absorption and liberation.

According to the *Aṅguttara Nikāya* of the Pali Canon, the Buddha criticized the pursuit of severe austerities—the practices of rival *śramaṇa* groups—and promoted instead the life of a celibate monk (AN II, pp. 205–211). One should, the Buddha explained, maintain good conduct (P. *sīla*), find a secluded place, and begin to practice seated meditation by removing the five hindrances. If the hindrances are removed, then the monk is expected to enter the first absorption (P. *jhāna*). The monk can further remove initial thought (P. *vitakka*), discursive thought (P. *vicāra*), joy (P. *pīti*), and happiness (P. *sukha*) in this state of absorption to eventually reach the fourth absorption, a state of perfect concentration or one-pointedness of mind where he can see the four noble truths and attain liberation. Noting that the *Sāmaññaphala Sutta* of the *Dīgha Nikāya* (DN I, p. 74) is the first sutra (P. *sutta*) in the Pali Canon to use the above schema to explain the meditative path, Rupert Gethin (2004, p. 202) calls it the “*sāmañña-phala* schema.” This schema occurs with considerable frequency throughout the Pali Canon.

In the *sāmañña-phala* schema hindrances to concentration are treated as things that need to be removed. In other contexts, however, they are treated as things that need to be prevented. Again, in the *Aṅguttara Nikāya*, a monk who wishes to attain liberation is advised, for instance, to maintain a balanced approach while practicing seated meditation (AN I, pp. 256–258). He should give equal attention to concentration, exertion (P. *paggaha*), and

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equanimity (P. *upekkhā*), for attending only to the sign (P. *nimitta*) of concentration can result in sloth, attending only to the sign of exertion can result in restlessness, and attending only to the sign of equanimity can lead to improper concentration. A monk who gives equal attention to concentration, exertion, and equanimity is likened to a goldsmith who from time to time blows on, sprinkles water on, and examines molten gold in a crucible. Just as this goldsmith can make whatever he wants with gold that is prepared with such care, the monk who maintains a balanced approach in seated meditation can also achieve his desired goal, namely the attainment of liberating insight.

So, in these early texts, the five hindrances represent a stage on the path. Gradually, however, they tend to be regarded more and more as being in the nature of pathologies that are to be removed, the path being presented in a quasi-medical model. Discussions of their removal often invoke a set of meditative techniques or methods considered more or less as remedies. These include “the contemplation of the foul,” cultivation of loving-kindness, and the practice of awareness of the breath. Each method was often understood to be particularly effective in removing a specific hindrance, thus yielding a system of diagnosis and remedy.

The *Aṅguttara Nikāya* offers a detailed explanation of how to remove hindrances to concentration (AN I, pp. 3–4, cited in Shaw, 2006, pp. 48–49). Here, it is explained, for instance, that an image of the foul (P. *asubhanimittam*)—the image of a decomposing corpse—can remove sensual desire, loving-kindness (P. *mettā*) can remove hatred, strenuous effort (P. *āradhaviṛiya*) can remove sloth; a calmed mind (P. *cetaso vūpasamo*) can remove restlessness, and careful attention (P. *yonisomanasikāro*) can remove doubt (AN II, pp. 354–358).

A similar account can be found in a sutra about a monk named Meghiya who once experienced sensual, malicious, and cruel thoughts while trying to meditate under a mango tree by himself (AN IV, p. 356). As a remedy, the Buddha recommended, among other things, a good friend (P. *kalyāṇamitta*)—that is, a teacher—and the maintenance of good conduct. After the removal of sensual, malicious, and cruel thoughts, the Buddha also further recommended that Meghiya use an image of the foul to abandon sensual desire, loving-kindness to abandon hatred, mindfulness of breathing (P. *ānāpānasatti*) to cut off restlessness, and the perception of impermanence (P. *aniccasaññā*) to remove the conceit “I am” during seated meditation. If Meghiya could remove these hindrances, then he would, according to the Buddha, experience nirvana in this very life.

Meditation Sicknesses: Five Paths and Five Gates

Early Sources

The Pali Canon is not the only place where relatively early information about meditation sickness in Buddhism can be found. Some of the earliest datable sources on Buddhist meditation are, in fact, extant only in their Chinese translations. These sources place heavy emphasis on the explanation of the various methods for removing hindrances to concentration and the attainment of absorption or *dhyāna*, which in China was better known by its transliteration *chan* 禪. These sources include:

- *The Scripture on Seated Meditation Samādhi* (Zuochan sanmei jing 坐禪三昧經; T15.614; Yamabe & Sueki, 2009)
- *Essential Methods for Practicing the Five Gates of Meditation* (Wumen chan jingyao yongfa 五門禪經要用法; T15.619)
- *Dharmatrāta's Meditation Scripture* (Damoduoluo chan jing 達摩多羅禪經; T15.618)
- *Scripture on the Secret Essential Methods of Meditation* (Chan miyao fa jing 禪秘要法經; T15.242)
- *Secret Methods for Curing Meditation Sicknesses* (Zhi chanbing miyao fa 治禪病秘要法; T15.620).

They were translated in the fifth century, when a sustained effort to develop *chan* into a legitimate field of religious training and expertise was made for the first time in China (Greene, 2012, pp. 15–41).

Prior to this period, access to knowledge about Buddhist theories of *chan* were limited to a handful of sources attributed to the Parthian An Shigao 安世高 (fl. 147–168). According to scholarly consensus, the texts introduced to China by An were products of a community of meditators or *yogācāras* affiliated with, or at least cognizant of, the Buddhist Sarvāstivāda (and, more specifically, Vaibhāṣika) tradition in Kashmir (Deleanu, 1992). The texts translated by An tend to focus on two preparatory practices for entering the path to the attainment of *dhyāna* and eventually liberation. These, again, are contemplation of the foul and mindfulness of breathing. There is a text called the *Abhidharma mahāvibhāṣa śāstra*—whence the name Vaibhāṣika is derived—which explains that one enters the path with these two practices, which it calls the two “gates of ambrosia” (C. *ganlu men* 甘露門; Skt. *amṛta dvāra*; T27.1545.348b16–17).

The Fivefold Path

Another important Sarvāstivādin source, the *Abhidharmakośabhāṣya*, also presents the same practices as important preparatory steps for cultivating the foundations of mindfulness (Skt. *smṛtyupasthāna*) and entering “the path of seeing” (Skt. *darśana-mārga*). The path of seeing is the third path in a larger path-scheme consisting of a total of five paths

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(de La Vallée Poussin, 1991, pp. xiv, 916–925). As one would expect of any meditative path-scheme in mainstream Buddhism, the fivefold path begins with (1) the cultivation of good conduct or the path of equipment (Skt. *sambhāra-mārga*). This initial step is followed by (2) the contemplation of the foul for those in whom sensual desire (Skt. *rāga*) is predominant or the mindfulness of breathing for those in whom restlessness (Skt. *vitarka*) is predominant. After concentration is attained through these preparatory practices, one then (3) contemplates the four foundations of mindfulness—body, feeling, mind, and physical and mental processes (Skt. *dharma*)—in order to see that they are impermanent, suffering, empty, and not-self. This is expected to result in (4) the direct seeing of the four truths, the first stage of which is likened to “heat” (Skt. *uṣmagata*). Three more “aids to penetration” (Skt. *nirvedhabhāgīya*) follow heat, namely summit (Skt. *mūrdhan*), acceptance (Skt. *kṣānti*), and the highest ordinary state (Skt. *laukikāgra-dharma*) (Buswell, 1997). These stages of penetrating insight are followed immediately by (5) a direct vision of the four truths in sixteen aspects, that is, the path of seeing (Gethin, 1998, pp. 194–198).

The Importance Attached to Contemplation of the Foul

The explanation of the contemplation of the foul and mindfulness of breathing (most notably the explanation of its “sixteen bases” and “six aspects”) provided in the texts translated by An and also later texts such as *Dharmatrāta’s Meditation Scripture* and the *Scripture on Seated Meditation* Samādhi is largely consistent with the accounts of these practices found in the *Abhidharmakośabhāṣya*, the Pali Canon, and other mainstream Buddhist literature (Deleanu, 1992). There is, however, an unmistakable tendency in the texts translated by An to grant more significance to the contemplation of the foul. Although its title implies otherwise, An’s *Scripture on Mental Restraint through Breathing* (Anban shouyi jing 安般守意經; Zacchetti, 2008), for instance, devotes as much attention to the contemplation of the foul as it does to the mindfulness of breathing, and the contemplation of the foul is presented in An’s scripture as a more advanced practice (Greene, 2014, pp. 155–156). Similarly, An’s *Scripture on the Twelve Gates* (Shier men jing 十二門經; Ochiai, 2004, pp. 195–203; Zacchetti, 2003) places greater emphasis on this practice. The scripture explicitly associates the four *dhyānas* with the mindfulness of breathing, which it presents as having six aspects, that is, counting (C. *shu* 數), pursuing (C. *sui* 隨), calming (C. *zhi* 止), contemplating (C. *guan* 觀), turning away (C. *huan* 還), and purifying (C. *jing* 淨) (Deleanu, 1992, pp. 52–53), but its explanation of the cultivation of *dhyāna* actually focuses on the contemplation of the foul (Ochiai, 2004, p. 198; Greene, 2014, p. 157).

The same scripture also explicitly refers to the “three poisons” of sensual desire, hatred, and delusion as “meditation sicknesses” (C. *chanbing* 禪病) and explains that the four *dhyānas* (the first four “gates”) can be used to counteract sensual desire, the four *apramāṇas* (i.e., loving kindness, compassion, sympathetic joy, and equanimity) to counteract hatred, and the four formless meditations to counteract delusion (Ochiai, 2004, p. 198; cited in Greene, 2014, 158). As Eric Greene points out, the fact that the four *dhyānas* are being used here to counteract sensual desire seems to imply that the author(s) of our scripture largely equated the cultivation of the four *dhyānas* with the contemplation of

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the foul. This emphasis on the contemplation of the foul can also be found in many of the fifth-century *chan* texts mentioned above. One of these texts, however, gives equal attention to both preparatory practices.

A Diversity of Meditation Sicknesses

Dharmatrāta's Meditation Scripture, a compendium of meditative practices translated by Buddhahadra (359–429) from Gandhāra, offers a balanced explanation of the two “gates of ambrosia” in verse form. According to Buddhahadra’s compendium, mindfulness of breathing, if carried out properly, can counteract restlessness, and the contemplation of the foul can counteract sensual desire. But if the mindfulness of breathing is carried out improperly, then the mind can become restless or confused (C. *huoluan* 惑亂) and the meditator can experience headaches and a “whirlwind” (C. *jiaofeng* 絞風) within. Left untreated, the meditator can further experience extreme heat (C. *shaore* 燒熱) and experience even more restlessness (T15.618.302a6–14).

Elsewhere, Buddhahadra’s compendium mentions the following signs (C. *xiang* 相) of backsliding (C. *tui* 退), which also seem to be meditation sicknesses: the mind feels unstable (C. *fu* 浮), floating (C. *piao* 飄), rough (C. *cu* 麤), harsh (C. *se* 澁), or slippery (C. *hua* 滑) (T15.618.302b28; cf. Deleanu, 1992, p. 48). The following signs of backsliding are also mentioned: the meditator feels heavy, confused, dull, sleepy, and sunken (T15.618.302c6). The compendium also explains that extreme views of annihilation and permanence can cause restlessness, resulting in the appearance of signs of “stagnation” (C. *zhu* 住) and the failure to make “progress” (C. *shengjin* 昇進) such as the lack of bliss, happiness, and the enjoyment of calmness. These signs of stagnation—another meditation sickness—are also attributed to the failure to develop a repulsiveness toward the body (T15.618.304b26–c8).

Buddhahadra’s compendium does not limit its discussion of basic meditative techniques to the two gates of ambrosia. It also mentions the contemplation of the elements or *dhātu-prabheda*, which can counteract pride (C. *woman* 我慢, S. *māna*) (T15.618.318b2). In its prose sections, which seem to bear little or no relation to the verse sections, the compendium also explains how to counteract hatred with the four *apramāṇas* and ignorance with the contemplation of dependent origination. The prose sections also contain lengthy discussions of the contemplation of the aggregates and the sense bases (Skt. *āyatana*). Like the other meditation techniques, the compendium presents these contemplations as part of the fivefold path but, in this case, not as remedies for specific meditation sicknesses. Buddhahadra’s compendium thus uses the fivefold path to bring together a broad selection of independent *chan* practices that may or may not have always been taught together as a group. This is a strategy that it shares with other *chan* texts transmitted to China in the fifth century, most notably Kumārajīva’s (344–409/413) *Scripture on Seated Meditation Samādhi* and *Scripture on the Secret Essential Methods of Meditation*.

Signs and Visions

A distinctive feature of these fifth-century *chan* texts as well as of Buddhahadra's compendium and Buddhaghosa's *Path of Purification*, is their emphasis on signs or verificatory visions (C. *jingjie* 境界) functioning as evidence of meditative attainment or the lack thereof (Greene, 2012, pp. 48–92). This is something we do not see in earlier *chan*-related texts. The *Secret Methods for Curing Meditation Sicknesses*, a text that exerted a considerable amount of influence in China (Greene, 2012, pp. 77–79), is a good example of a fifth-century *chan* text that emphasizes verificatory visions. Like Buddhahadra's compendium, the *Secret Methods for Curing Meditation Sicknesses* seems to have originated in northwest India. A monk from Kashmir named Buddhasena is said to have transmitted this “Sanskrit” text through oral recitation to Juqu Jingsheng 沮渠京聲 (d. 464), a royal clan member of the Northern Liang (397–439) kingdom who traveled to Khotan in search of the Dharma (T15.620.42b6–14). Juqu's Chinese translation, dated 454, however, is the only form in which Buddhasena's text survives today.

Buddhasena's text is a collection that consists of two sutras. The first sutra, addressed to the famed disciple Śāriputra, offers a detailed description of various (officially 72 in total) preparatory meditative techniques that wilderness-dwelling (Skt. *āraṇyaka*) monks can use to counteract hindrances to concentration. The sutra first features the Buddha's discourse on the mindfulness of breathing as a remedy for restlessness. According to the Buddha in this sutra, if a wilderness-dwelling meditator practicing the twelve ways of cultivating the mind (presumably referring to the four *dhyānas*, the four *apramāṇas*, and four formless meditations) is disturbed by loud noises while practicing the preparatory step of the mindfulness of breathing, the 404 channels in his body will restlessly move about, a powerful wind element will cause insanity, and winds will enter the throat and force the meditator to utter inappropriate words. As a cure, the meditator is advised to first construct and focus on the mental image of his reflection in a mirror. He is then instructed to construct a mental image of two large wish-fulfilling jewels in his ears that transform into milk, which moistens the ears and prevents clamor from entering the mind. The meditator is then expected to have the following visions: a vajra-canopy emerging from these jewels and completely enveloping his entire body and, after that, vajra-mountains tightly surrounding him, leaving no gaps for sound to enter. On top of each mountain, the meditator will also see seven Buddhas expounding the four foundations of mindfulness. With these verificatory visions, the meditator can firmly shield his mind from all external disturbances (T15.620.333b5–b23).

As a remedy for internal “wind” or breath-related disturbances that may cause the heart to beat faster and make the meditator want to sing or dance, the meditator is similarly instructed to practice “washing the mind-and-heart contemplation.” For this contemplation the monk is instructed to focus on visualizing the heart-mind (C. *xin* 心) as a ball of fire that burns away all thoughts. The monk is then expected to have the following vision: a brahmā king appears with a mirror-like wish-fulfilling jewel and a reflection of the heart-mind as a ball of fire appears in it. From the jewel in the brahmā king's palm a lotus and a youth appear. The youth on the lotus pours drops of milk out of a jar into the

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practitioner's heart, intestines, bones, and joints. The vision continues with the image of the practitioner sitting on a lotus in the middle of a pond of milk and taking a milk bath. In this vision the brahmā king cleanses the practitioner's mouth with his own milk and covers the practitioner with a parasol full of marvelous visions. With these verificatory visions, the meditator no longer feels confused and restless (T15.620.333b24–c27).

The next few techniques introduced in the sutra teach the practitioner how to control sicknesses caused not by the mindfulness of breathing gone awry, but by the four elements of meditation. This too involves visions. The practitioner is told, for instance, to seek remedies if he sees a vision of his 336 bones turning into various mountains, mountain gods, and rocks while cultivating "earth *samādhi*" (C. *di sanmei* 地三昧). As a remedy, the practitioner is told to construct a mental image of the dissected body (bones, joints, sinews, and skin) being repeatedly lathered, cleansed, and covered with various medicines and butter (Greene, 2017). Other techniques explained in the sutra similarly encourage the contemplation of pleasant and calming mental images to counteract lust, greed, attachment to music, the urge to break monastic rules, and various kinds of discomfort caused by the four elements. These are techniques, in other words, employed to counteract sensual desire.

The relatively short second sutra, which bears no obvious relation to the first sutra, is addressed to Ānanda and explains how to use the recitation of the names of the seven Buddhas of the past and a *dhāraṇī* spell to cure practitioners of the mindfulness of breathing who are disturbed by a succubus-like demon named Buti. The demon causes nocturnal emissions. Those who are disturbed by this demon are said to also experience unwanted hallucinatory visions (T15.620.341c26–27). The second sutra also explains how to use the contemplation of images of Buddhas and legendary healers to counteract physical (e.g., ear aches, itchy hands, pain in the feet) and mental sicknesses (e.g., hallucinatory visions of ghosts) that disturb the practitioner during seated meditation. These contemplations also consist of mental images of medicinal substances being poured onto the practitioner.

A similar interest in visions as verificatory or curative can also be seen in the *Essential Methods for Practicing the Five Gates of Meditation* (Greene, 2012, p. 67). The translation of this text, which is attributed to a Gandhāran monk named Dharmamitra (356–442), appears to consist of a number of independent segments (Greene, 2012, pp. 64–67). The text's interest in visions is most apparent in the segments where an imagined exchange about the recollection of an image of the Buddha (C. *nianfo* 念佛) takes place between master and student. The very first segment of Dharmamitra's text features just such an exchange. After this segment, Dharmamitra's text offers an explanation of how to contemplate, among other things, the foul, white bones, the Buddha (C. *guanfo* 觀佛), and the dharma body (C. *fashen* 法身). These segments are followed by another where master and student engage in a conversation about the verificatory visions that occur during the contemplation of white bones, loving-kindness, and the four elements. If the student fails to see these visions, which presumably means that she is experiencing restlessness, the master again recommends using the recollection of the Buddha.

The Five Gates

But, as its title implies, the *Essential Methods for Practicing the Five Gates of Meditation* actually was meant to serve not as a random collection of texts about meditation but as an introduction to the “five gates.” This, in fact, is stated quite explicitly in the opening sentence of the entire text (T15.619.325c11–13). The text, however, mentions the five gates only briefly after the last segment about the four *apramāṇas*. The opening paragraph of the entire text explains that the five gates should be used to counteract specific meditation sicknesses:

- mindfulness of breathing to counteract restlessness
- contemplation of the foul to counteract sensual desire
- loving-kindness to counteract hatred
- dependent origination to counteract attachment to the conceit “I am”
- the recollection of the Buddha to counteract a “sunken mind-and-heart” (C. *xinmo* 心沒).

This last refers to a lack of concentration or energy, or perhaps even depression (T15.619.325c14–16). But in the last segment, where the five gates are briefly mentioned, a different but familiar list of sicknesses (i.e., five hindrances and three poisons) is cited (T15.619.332b9–14, 24–26, and 332c7). And, curiously, nowhere in the entire text is an explanation of the mindfulness of breathing or dependent origination actually provided. Moreover, for the conceit “I am,” the text actually prescribes not dependent origination but the contemplation of white bones. We can assume, therefore, that some equivalence was assumed between the understanding of dependent origination and the contemplation of white bones, the latter being a graphic and concrete instance of the impermanent and dependent nature of phenomena.

It may be the case that Dharmamitra’s *Essential Methods for Practicing the Five Gates of Meditation* simply assumes that the reader knows what the five gates are. Its purpose, in other words, is not to provide a comprehensive overview of the five gates. Rather, the purpose may have been to promote one particular practice, namely the recollection of the Buddha. This promotion was perhaps necessary because this practice had not always been included in the five gates. According to the *Śrāvaka bhūmi* preserved in Asaṅga’s *Yogācāra bhūmi*, the five gates—the contemplation of the foul, loving-kindness, contemplation of dependent origination, contemplation of the elements, and the mindfulness of breathing—can be used to counteract sensual desire, hatred, the conceit “I am,” pride, and restlessness (Deleanu, 2006, p. 20). No mention is made of the recollection of the Buddha or a sunken mind. Such reference is, however, made in other fifth-century Chinese *chan* texts such as the *Scripture on Seated Meditation* Samādhi. We shall now deal with this scripture in a little more detail.

Kumārajīva's Scripture

The *Scripture on Seated Meditation* Samādhi was prepared by the famed monk Kumārajīva at the request of a Chinese monk named Sengrui 僧叡 (352–436) in 401 (T25.1509.756c9–18). According to Sengrui's biography in the *Biographies of Eminent Monks* (Gaoseng zhuan 高僧傳) and the short preface that he prepared for the scripture, Kumārajīva assembled the scripture from a variety of different sources (T50.2059.364a22–25). Sengrui attributes the first forty-three verses of the scripture to Kumāralāta (T15.614.269c29–270c27) and the last twenty verses to Āśvaghōṣa (T15.614.285c1–286a11). The verses can in fact be found in Āśvaghōṣa's *Saundarananda* (Matsunami, 1967, cited in Yamabe, 1999, p. 79). Sengrui also states that the five gates in the middle of the scripture were culled from the meditation instructions of Vasumitra, Saṃgharakṣa, Upagupta, Saṃghasena, Pārśva, Āśvaghōṣa, and Kumāralāta, whose names are also mentioned in the preface to *Dharmatrāta's Meditation Scripture* (T15.618.301c7–9). The *Scripture on Seated Meditation* Samādhi relies especially on Saṃgharakṣa's *Yogācārabhūmi*, which served as the basis for the scripture's extensive instructions concerning the treatment of sensual desire, hatred, and delusion (Odani, 2000, pp. 198–201). The subsequent section on the mindfulness of breathing, in contrast, is said to be a blend of the theories of various teachers. Kumārajīva's scripture was not, however, a simple pastiche of earlier meditation manuals. Sengrui also claims that the scripture's instructions regarding the bodhisattva's techniques of cultivating *chan* was extracted not from a meditation manual but from a scripture known as the [*Questions of the Bodhisattva*] *Who Holds the World Sutra* (C. Chishi jing 持世經, T14.482).

Following the opening verse attributed to Kumāralāta, Kumārajīva's scripture begins, as one might expect, with the preparatory steps that one must take before actually partaking in seated meditation. One must first seek out a teacher who will ask of him or her to answer a series of important questions such as “have you upheld the precepts,” “have you committed any serious crimes,” and “which among the three poisons trouble you the most” (T15.614.270c28–271a8 *passim*)? The bulk of the scripture, however, is devoted to answering the last of these three questions. For instance, for someone with too much sensual desire, the manual recommends the contemplation of the foul and white bones. If absorption is attained in the realm of form (Skt. *rūpadhātu*) by cultivating these contemplations, then one is to expect three effects: a sense of bliss and suppleness in the body, radiance emitted by the white bones, and quiescent stilling of the mind (T15.614.272a20–29).

Following this discussion on the antidote for sensual desire, the scripture goes on to prescribe antidotes for the other two poisons, namely hatred and delusion. Like other texts that explain the five gates, what the scripture recommends are contemplation of compassion for the former (T15.614.272b1–c9) and the analysis of the chain of dependent origination—a causal explanation for the origination and eradication of suffering that traditionally consists of twelve links (ignorance, karmic activities, consciousness ... rebirth, old age, and death) (T15.614.272c10–273a11). To these three poisons, or what it calls the “gross sicknesses” (C. *cubing* 麤病), the scripture also adds the “subtle sicknesses” (C. *xibing* 細病) of restlessness and dividedness (C. *dengfen* 等分) (T15.614.273b2). There are,

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the scripture explains, six kinds of restlessness (i.e., sensual desire, hatred, delusion, [restless thoughts about] relatives, land, and deathless ones), which themselves can be divided further into gross and subtle forms (cf. de La Vallée Poussin, 1991, p. 852). As expected, the scripture recommends using the mindfulness of breathing to counteract these different forms of restlessness. The subtle sickness of dividedness, which appears in place of pride, refers to actions of the conscious faculties and senses that generate karma. The eyes, for instance, perceive form and create corresponding karma (de La Vallée Poussin, 1991, pp. 108–111). For this sickness, the scripture recommends the mindful recollection of the Buddha.

Although this scripture distinguishes between gross and subtle sicknesses, there is no indication that they are to be cured in any sort of sequence. If anything, the antidotes or remedies outlined in the scripture seem to be equally efficient, preparatory techniques for attaining concentration. An explanation of these preparatory techniques in the scripture is followed or accompanied by, among other things, an explanation of the four absorptions, the four formless realms, the four *apramāṇas*, the five supernatural powers (i.e., the divine eye, divine ear, knowledge of previous lives, knowledge of others' minds, and ability to do anything and go anywhere at will), and the four foundations of mindfulness.

The scripture's explanation of seated meditation is thus largely in keeping with earlier Sarvāstivādin schemes of the path. It does, however, diverge from these earlier schemes in one important way in that it also introduces the meditative techniques of a bodhisattva. However, with the obvious exception of the vow to attain Buddhahood and to save all living beings, the techniques associated with the bodhisattva are for the most part a reworking of earlier techniques. In reference to sensual desire, for instance, the scripture simply reiterates the importance of contemplating the impurities of the body, but also adds that the bodhisattva should not therefore come to espouse hatred toward the world (T15.614.281c17–18). In keeping with this pattern of appropriation, the manual prescribes the cultivation of compassion for those bodhisattvas who harbor too much hatred while underscoring the importance of increasing this compassion until he or she can offer the bliss of the Buddha's Way and nirvana to all people (T15.614.282b10–11).

Bodhisattvas are, however, said to suffer the most from ignorance, which they must counteract with the contemplation of dependent origination (T15.614.282c11–12). Bodhisattvas suffering from restlessness are also encouraged, like their *śrāvaka* counterparts, to mindfully observe their breathing and thereby attain concentration (T15.614.285a6–9). This, the scripture explains, will also allow the bodhisattva to eradicate the five hindrances. But, in order to enter the path of seeing, the scripture insists that the bodhisattva should cultivate what it calls the three endurances. By doing so, the bodhisattva will attain the perfection of wisdom and a meditative state known as *pratyutpanna samādhi* wherein the practitioner finds himself standing face-to-face with the Buddhas of the present.

Meditation Sickness as Sickness of Insight

As particular meditative techniques, such as washing-the-mind-and-heart contemplation, contemplation of the elements, recollection of the Buddha, and so on either gained or lost favor among mainstream Buddhist communities, the kinds of meditation sicknesses that most concerned these communities changed as well. These changes notwithstanding, meditation sicknesses continued to be generally understood as unwanted psychosomatic and spiritual conditions that had to be cured or removed to make progress along an elaborate path toward perfect absorption, a direct vision of the four truths, and eventually arhatship (i.e., enlightenment).

There are, however, Buddhist sources that speak of a very different kind of meditation sickness. Some of these sources—Mahayana sources such as the *Aṣṭasāhasrikā prajñāpāramitā-sūtra* and *Vimalakīrti nirdeśa*—were produced by Buddhist communities whose central concern was less the attainment of absorption or arhatship than the attainment of supernatural insight and Buddhahood. These communities were critical of those who, as a means to reform mainstream Buddhism, favored the ideal of wilderness dwelling (Boucher, 2008, pp. 56–61). But other Mahayana sources that voice their concerns about the same sickness such as the *Kāśyapaparivarta* of the *Mahāratnakūṭa* (Great Pile of Jewels) speak favorably of this ideal. Regardless, in other words, of their attitude toward wilderness dwelling, Buddhist sources influenced by the development of Mahayana thought shared a common concern about this type of sickness.

This influence can also be seen in the *Scripture on Seated Meditation* Samādhi. In its description of the meditations of a monastic bodhisattva we find what appears to be an intrafraternal debate about the contemplation of impermanence (T15.614.283c13–29). The debate begins with this passage from the *Mahāprajñāpāramitā* (Great Perfection of Wisdom) of the Mahayana: “the various dharmas are unborn and do not perish; they are empty and without existence; [they bear but] the one mark of no mark—this is called right view” (T15.614.283c11–12; cf. T25.1509.222b27–28). If so, why then would the contemplation of impermanence be called right view? Impermanence, the *Scripture on Seated Meditation* Samādhi explains, can be used to destroy the mistaken view of permanence. But impermanence, like permanence, must eventually be destroyed lest it become an object of attachment itself. The scripture here raises an important question: does the contemplation of something necessarily imply attachment to that thing? In lieu of a straightforward answer, the scripture explains the rationale for practicing the contemplation of impermanence, and the argument is made that once the contemplation has fulfilled its intended purpose it has to be abandoned. The scripture likens this to using medicine to eradicate sickness and then also doing away with the medicine. If medicine is not done away with, then later the medicine itself becomes a sickness.

Similar arguments can be seen in other sources influenced by *prajñāpāramitā* or perfection of wisdom literature. For instance, writing sometime in the seventh century, the Indian exegete Candrakīrti offers the following parable in his *Prasannapadā* (Lucid Exposition): If one were to mistake emptiness (Skt. *sūnyatā*)—the absence of views (Skt. *dṛṣṭi*)

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and of own being (Skt. *svabhāva*)—for a real entity (Skt. *bhāva*), this is “as if a shopkeeper were to say, ‘I have nothing to sell you,’ and would receive the answer, ‘Very well, then just sell me this—your absence of goods for sale’” (La Vallée Poussin, 1992, pp. 247–248; trans. Huntington, 1989, p. 29). Shortly after relating this parable Candrakīrti claims that even “the greatly wise, the tathāgatas, having diagnosed this sickness with their great art of healing, reject it.” Candrakīrti was prompted to speak of the parable of the shopkeeper by a specific verse from Nāgārjuna’s influential work the *Mūlamadhyamakakārikās* (Verses on the Principles of the Middle), also known as the *Madhyamakāśāstra* (Treatise on the Middle). The verse in question goes as follows: “Emptiness is declared by the victorious ones as the exhaustion of all views; those who take emptiness [itself] as a view are called incurable (*asādhya*)” (La Vallée Poussin, 1992, p. 247). As if to provide scriptural support for this verse and his own reading of it, Candrakīrti also makes reference to an influential passage from the *Kāśyapaparivarta* of the *Mahāratnakūṭa* (Great Pile of Jewels):

It is not, Kāśyapa, that emptiness leads to the annihilation of personhood; persons themselves are empty and emptiness itself is empty, absolutely empty, empty in the past, empty in the future, and empty in the present. You must rely, Kāśyapa, on emptiness, not on the person. However, those, Kāśyapa, who rely on emptiness with an objectification of emptiness I speak of as lost and vanished from this teaching. The speculation on the existence of the person in which one’s reliance has been placed, be it as great as Mount Sumeru, is indeed better than the speculation on emptiness into which the conceited have settled. Why? Emptiness is the way out for those who engage in items of wrong speculation on the person, but by what means will they find a way out who hold to the speculations on emptiness? (64)

It is just like this, Kāśyapa. Should some man be sick, and should a physician give medicine to him, and should that medicine, having evacuated all his diseases, not [itself] come to be cleared from his viscera, what do you think, Kāśyapa? Shall that sick man be freed of that sickness if that medicine, having evacuated all the diseases settled in his viscera, would not itself depart his viscera?

Kāśyapa said: “No, Blessed One. The disease of that man would be more serious if that medicine, having evacuated all the diseases, was settled in all his viscera and would not depart.”

The Blessed One said: “Just so, Kāśyapa, emptiness is the remedy for all items of wrong speculation, but then, Kāśyapa, one for whom emptiness itself becomes a wrong speculation I speak of as incurable.

(Silk, 2004, pp. 353–354)

Emptiness Sickness

Another well-known source that speaks of the attachment to emptiness as sickness is the *Vimalakīrti nirdeśa*. In this sutra, the layman Vimalakīrti claims that “the root of illness” (C. *bingben* 病本) lies in the deluded attachment to the notion of a self (T14.475.545a1–12 passim). To rid oneself of this stubborn attachment one must rid oneself of dualisms. This can be done, Vimalakīrti explains, by treating all things, even such unlikely bedfellows as self and nirvana, as “equal” (C. *pingdeng* 平等). This, he adds, is possible precisely because all dualisms (and discriminations) are empty. However, “Once one has acquired this kind of equal outlook, one will be freed of all other illness and will have only the illness of emptiness, and the illness of emptiness too is empty” (Watson, 1997, p. 69; T14.475.545a12–13; cf. T14.474.526a23–24).

Echoes of these claims about emptiness sickness (C. *kongbing* 空病) found in the *Prasannapadā*, *Kāśyapaparivarta*, and *Vimalakīrti nirdeśa* can also be heard in later Chinese and Japanese sources associated with the Chan and Zen traditions. One particularly noteworthy instance is the work of Chan master Dahui Zonggao 大慧宗杲 (1089–1163). According to Dahui, many Chan students foolishly believed that they could attain a state of calm and relaxation and quite literally have “no mind” (C. *wuxin* 無心) by shunning the objects of the senses and maintaining a state of absolute tranquility. In the absence of mind, these students also believed that they would encounter the radiance of inherent Buddhahood. Dahui was skeptical. In his sermons and letters, Dahui repeatedly urged his students—monks, nuns, and prominent laymen and laywomen—to refrain from seeking such “special states” outside the hustle and bustle of everyday life. Instead, he claimed that one should realize that “the very place where one cannot escape [from the turmoil of everyday life] is meditative-work (T47.1998A.923c6–7). To see otherwise and become attached to quietude, Dahui also claimed, was nothing but a grave sickness: “The Buddha cured this [i.e., sickness of attachment] with the medicine of tranquility-*pāramitā*. The sickness is gone but the medicine stayed, and this sickness is even worse” (T47.1998A.926b22–24).

The Koan Method

The notion of meditation sickness sometimes even entered into disputes between different schools of practice. Dahui voiced these concerns about the tendency to seek calm and relaxation as a practice called “silent illumination” (C. *mozha* 默照) gained popularity, especially among lay practitioners of Chan meditation. This practice is often associated with the Song dynasty Caodong Chan tradition (Schlütter, 2008; Shinohara, 1997, p. 181). These heretics, Dahui complained, teach people to follow objects and “fasten [their mind]” (C. *guandai* 管帶) on them, to forget emotions and silently illuminate, and to illuminate and fasten their minds on objects as they come and go. Students may thus reach a state of no-perception and no-knowing through this form of relaxing, but this state, according to Dahui, was actually a kind of meditation sickness (T47.1998A.918a25–b24 passim).

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Often Dahui also used canonical understandings of meditation sickness as sloth and restlessness to explain this sickness to his students: “nowadays not only practitioners of Chan but also the literati, who are intelligent, sharp, and extremely well read—each and every one of them suffer from two general sicknesses. If they aren’t [suffering from] attachment to thoughts (C. *zhuoyi* 著意) then they are [suffering from] forgetting feelings (C. *wanghui* 忘懷).” As he explains, “to forget feelings is to fall into the ghost cave underneath a black mountain—in the teachings this is referred to as sloth (C. *hunchen* 昏沈); to be attached to thoughts is to have [your] consciousness whirl around in confusion—one thought continues to another, [but] even before the former thought has come to cease the next thought continues [in its place]—in the teachings this is referred to as restlessness (C. *diaoju* 掉舉)” (T47.1998A.884c17–21). Sloth and restlessness correspond to two of the five hindrances discussed earlier.

Dahui’s proposed remedy for the sickness of silent illumination was a practice called “observing the phrase” (C. *kanhua* 看話). He often instructed his students to study the stories of ancient Chan masters—koans—and focus on a single “critical phrase” (C. *huatou* 話頭) from those stories. Dahui was particularly fond of giving his students Chan master Zhaozhou’s 趙州 (778–897) famous dog koan: “Does a dog have Buddha nature? Zhaozhou answered, ‘no.’” Dahui urged his students to try approach this koan without relying on discursive reasoning and conceptual dichotomies such as existence and non-existence. He also warned against using existing written studies of this koan to make sense of it (Ahn, 2017).

Similar claims about the heresy of silent illumination and the importance of curing this sickness with the practice of observing the critical phrase were also made by the Japanese Zen master Hakuin Ekaku 白隱慧鶴 (1686–1769), who is most commonly remembered for his efforts to revitalize his own Rinzai Zen sect, and for his popular writings on meditation (or Zen) sickness. Although Hakuin relied heavily on the teachings of Dahui, the unique historical conditions under which the Japanese Zen master wrote about Zen sickness enabled him to advance new theories about the subject (Ahn, 2008). Hakuin wrote about the subject at a time when an ethos of diligence and concomitant concerns about exhaustion swept through the Tokugawa populace and a vibrant Japanese print industry made medical texts imported from China more accessible.

Unlike Dahui, Hakuin used his newly acquired knowledge of traditional Chinese meditation to explore the distinctly physical aspect of meditation (or Zen) sickness in his writings such as the *Yasenkanna* 夜船閑話 (Idle Talk on a Night Boat; Yoshizawa, 2000; Waddell, 2002). Often presenting his thoughts on this subject in the form of an autobiography, Hakuin claimed that the experience of Zen sickness entails the following: a “fire” mounting in the upper body followed by parched lungs, cold feet, fear, depression, ringing in the ears, constant perspiration, and hallucinations. Lest his experience of Zen sickness seem unrelated to tradition, Hakuin made sure to attribute his sickness to the misguided practice of silent illumination. Naturally, he recommended the practice of observing the critical phrase as a cure.

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In his *Yasenkanna*, however, Hakuin also claimed that Zen sickness can be cured with something called “inner contemplation” (J. *naikan* 内觀), a teaching he purportedly received from a mysterious recluse named Hakuyū 白幽. Citing classical sources on Chinese medicine, Hakuyū is said to have explained to the young Zen monk that one could cure Zen sickness by bringing the mind down to the lower body and nourishing vital energy (J. *ki* 氣). In addition this method of inner contemplation and the Chan or Zen practice of observing the phrase, Hakuin also recommends using something he calls the soft butter pill (J. *nansogan* 軟酥丸) method, a method that he seems to have devised on the basis of his reading of a similar method described in the *Secret Methods for Curing Meditation Sicknesses* (Greene, 2017).

Conclusion

In sum, although meditation sickness can refer to a variety of different symptoms and psychosomatic conditions in the context of Buddhism, canonical sources tend to speak most frequently of two specific kinds of meditation sickness. Because Buddhists commonly assumed the path to liberation to require perfect concentration, supernatural insight, or the combination of the two, concerns were most often voiced about the inability to attain concentration and the possibility of insight going awry. Various lists of hindrances to the attainment of concentration can be found in canonical Buddhist sources, but no list was invoked more frequently than that of the five hindrances: sensual desire, hatred, sloth, restlessness, and doubt. As for the attachment to insight, this concern was voiced mainly in Mahayana sources.

As Buddhists continued to borrow and develop new meditative techniques, the way they voiced their concerns about meditation sickness, especially its symptoms, changed over time. In order to highlight the continuity that we can see in the various Buddhist discourses about meditation sickness, this chapter has inevitably not been able to cover the whole range of different views, practices, and theories. It would, however, be a mistake to take the continuity of ideas described in this chapter as evidence of Buddhists always sharing a common experience across time and space. As Robert H. Sharf (1995) has shown, the contemporary approach to meditative experience in Buddhism was the invention of twentieth-century Asian reform movements. Things have often changed over the years. Canonical sources, moreover, offer not a descriptive but a prescriptive account of Buddhist meditation and the path to liberation. The legitimacy of the claims made in these sources were sought, in other words, not in the personal experiences of their authors but in their “filiality to the canon” (Sharf, 1995, p. 239).

This, however, is not to say that Buddhist discourses about meditation sickness were fated to be nothing more than reproductions of orthodox texts. As Hakuin’s example makes clear, historical contingencies that necessitate innovative reinterpretations of tradition have continued to serve as a powerful motor of change in the history of Buddhism. These contingencies have not only made new experiences of meditation sickness possible, but they also have made the invention of new techniques, such as the practice of observing

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the critical phrase, possible as well. In both theory and practice Buddhist meditation may at first appear to be resistant to change and innovation, but this, as the present chapter has tried to show, is an assumption that is open to much critical examination.

Abbreviations

AN
Morris & Hardy, 1885–1900
C
Chinese
DN
Rhys Davids, Carpenter, & Stede, 1890–1911
MN
Trenckner & Chalmers, 1888–1902
P.
Pali
Skt.
Sanskrit
T
Takakusu & Watanabe, 1924–1932
Vism.
Buddhaghosa, 1991

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