

PSYCHOTHERAPY, BUDDHIST MEDITATION AND HEALTH

Dr. Han de Wit

*This article is an edited version of a chapter that will appear in a forthcoming book called *Psychotherapy, Meditation and Health; a Cognitive-Behavioral Perspective*, M.G.T. Kwee (Ed.) to be published by East West Publications, London/The Hague. The first edition of this book will be published in Dutch and this English translation is printed here with permission of the publisher. [Editor's note]*

INTRODUCTION

It is quite challenging to explore the relationship between therapy, meditation, and health. The relationships between these terms are rather complicated for several reasons. I shall mention two of them by way of introduction to the issues I would like to present.

First of all, we do not seem to possess clear or univocal definitions of these three terms. There are almost as many definitions of therapy as there are therapies. There are numerous meditation techniques and also the concept of health is viewed differently depending on the discipline—medical, psychological or social—that it is embedded in. That already makes it difficult to specify the relationship between the notions of therapy and meditation and to assess their value and purpose in relationship to health.

Secondly, there is another even more fundamental reason that makes it difficult to assess the relationship between psychotherapy and meditation. That reason is that although psychotherapy and meditation both bear upon the mind and life experience of human beings they nevertheless speak in quite different languages.

The concepts of psychotherapy are framed in the language of the scientific tradition, whereas the concepts of meditation are expressed in the language of the contemplative tradition. In our West-

ern culture, the scientific tradition and the contemplative tradition have parted ways. They both have developed their own ways of speaking about reality, man, and mind. Western science, which includes scientific psychology, has emancipated itself purposely (and partly for good reasons) from the religious context to which the contemplative traditions still belong. As a result of that emancipation, there doesn't seem to exist a common language that would enable us to speak about meditation and psychotherapy without distorting the meaning of either of these terms in one way or another.

We appear to be forced to either use standard psychological terminology when we speak about meditation or we find ourselves confronted with and confounded by the rather unknown or even esoteric terminology that the contemplative traditions use when they speak about mind and meditation. Let me give a few examples of that. The meaning of a term like "ego" as it is used in quite a few psychotherapies is very different from the meaning of this term as it is used in some meditative traditions. The term "consciousness" has a specific meaning within most psychotherapies and particularly within psychoanalysis, whereas this same term when used in the contemplative traditions derives its meaning from meditation practice and from other spiritual disciplines that as a rule are unknown to academic psychologists. Also, most contemplative traditions maintain that we need to know ourselves and, in particular, our mind in order to be able to meet with ultimate or absolute reality. However, what contemplative teachings mean by "knowing ourselves" or "knowing the mind" is often quite different from what psychologists conventionally mean by it. Likewise, the methods in the form of spiritual disciplines that are supposed to lead to that kind of knowledge may be quite different than the techniques used in psychotherapies.

Thus, although we find a lot of seemingly familiar psychological terminology within the contemplative traditions, the actual meaning of this terminology has been molded or colored by its specific function or purpose. We need to analyze and assess this shift of meaning in psychological terminology within contemplative traditions in order to construct some kind of common language—a lan-

guage that is both psychological in the conventional sense and incorporates at the same time the approach and view that we find in the contemplative traditions of the world religions. How can we do that?

Developing a Common Psychological Language

An approach that seems to be promising is to excavate and make visible the kind of psychological thinking that is hidden within the contemplative traditions themselves. As a first step we should let the contemplative traditions speak for themselves on psychological issues and listen carefully. A second step would then involve trying to systematize what has been said into a semantically clear and syntactically consistent theory. By taking these steps we might end up with a psychology in its own right, a psychology that we could well call a “contemplative psychology” (de Wit, 1986, 1987, in press).

Of course, the various religious traditions do not all have an equally full-fledged terminology to speak about mind and its functions. They differ in that respect. However, we certainly do find some indigenous psychological terminology within all the great religions, although it is rather different from the terminology that is used in academic psychology or in psychotherapy for that matter.

In this article I will present what my personal excavations in the field of contemplative psychology have brought to the surface, with reference to the topics of meditation and health. Secondly, for reasons of space and in order to be able to be more concrete, I would like to narrow the discussion of the concept of meditation, using a specific context: the contemplative psychology of Buddhism. Lastly, I will review the relationship between meditation, therapy, and health from the perspective of the Buddhist tradition.

Contemplative Psychology

Within most of the great spiritual traditions, there is an understanding and knowledge about how to walk on and be guided on the contemplative path. This understanding clearly has a psycho-

logical flavor; it is meant to help the practitioner work with his mind and experience in a concrete way as he journeys on the spiritual path. Stated differently, the teachings of most spiritual traditions clarify the phases and stages—the obstacles and challenges that happen to be part of the path—of realizing the ultimate nature of reality, and along with that, of recognizing the nature of one's mind. The psychological understanding and methods that are part of the contemplative traditions are called "contemplative psychology."¹

Contemplative psychology contains the accumulated understanding of generations of practitioners of meditation and of other spiritual disciplines. Every great religion has its own contemplative psychology. This contemplative psychology can be viewed as distinct from the particular spiritual theory which accompanies it. All of these contemplative psychologies have the same object: the human mind. Thus, we can refer to contemplative psychology as anthropocentric. Because of that they all share a lot of common views, much more so than their theologies do. Theologies diverge considerably due to the variety of gods or divine principles that have their place within the religions. A common theological basis can hardly be found, as evidenced through much of the interreligious dialogue that has occurred. The anthropocentric outlook of contemplative psychology, however, forms a complement to the theocentric outlook of theology. Its anthropocentric outlook naturally provides for common ground between the different contemplative psychologies of the various religions. That is why we can speak of a general contemplative psychology. Within some religions this psychology has been formulated explicitly, whereas in other traditions it is used implicitly and their psychological understanding is only active as a "tacit knowledge" (Polanyi, 1958). In the case of Buddhism, its psychology has been condensed into a systematized and explicit form which contains a genuine theory of mind. Also, its spiritual methods or disciplines have been systematized into what we today could call a contemplative methodology for the investigation of mind, mental events, and experience.

KEY NOTIONS OF CONTEMPLATIVE PSYCHOLOGY

One of the central notions we find in almost every contemplative tradition is the notion of a spiritual “path” or “journey” or “way.” If we try to indicate what the metaphor of a path refers to, the crucial point seems to be that our way of being and of experiencing reality changes and that this change has a direction. With the help of spiritual disciplines, this direction can lead to what the contemplative traditions consider the ultimate fulfillment of human life. The psychological aspect of this fulfillment could be called “absolute” or “ultimate” health.

The contemplative traditions all stress that without the practice of these spiritual disciplines the direction of our way of being and experiencing reality is more or less left to chance. The vicissitudes of life might make us resentful or neutral, conceited or honest, fearful or brave, dreamy or realistic, hard or caring. Whether we go on a so-called spiritual journey or not, in any case our experience of reality, our attitude towards life, will change over time. Just as our experience of reality that we lived in as a child is gone and has changed into what we experience now as reality, so our present experience of reality will pass and change into something different that we will later call reality—our existence. The contemplative traditions claim to be able to direct this change through spiritual practice. Put differently, they claim to be able to guide us through a sequence of stages of being and experiencing that finally lead to what they see as the ultimate goal.

Although the traditions favor different theological formulations of the ultimate goal, they are often in agreement with each other when they formulate the ultimate goal in contemplative psychological terms—the path should lead one toward a way of being that manifests as unconditional compassion or love for the world, joined with perfect insight or wisdom. The unity of compassion and insight entails freedom from any form of resentment and ignorance about human reality and human nature.

Contemplative psychology could therefore be characterized as a spiritual developmental psychology. The development it speaks about is not necessarily correlated with chronological age, as is the

case in Fowler's *Stages of Faith* (Fowler, 1981). His approach is rooted in the developmental psychology of the scientific tradition of experimental research. The development that contemplative psychology speaks about is rather one of going through stages of increasing loving care for and realism about human life by means of the contemplative disciplines. These stages reflect levels of spiritual maturity.

Personal Reality as Conceptualized Experience

The understanding of the path as a sequence of realities which we live in and live through has far-reaching implications for our view of health. It suggests a relative concept of health that is related to the experience of reality which belongs to a particular stage on the contemplative path. I want to clarify this concept of "realities that we live in and live through."

Each of the realities we live in and live through as we travel on the contemplative path have their own experiential texture. These textures come about through conceptualizing our experience in a certain way. This conceptualized experience presents us with what we could call "the world as we know it," which is a shorthand way of referring to the world or our environment as we think it to be. Psychologically speaking, this world as we know it is the reality we live in. Every aspect of this world is permeated by our way of (both correctly and mistakenly) cognizing it. So the realities we live in and live through are mental in the sense of being impregnated by our mind or mental attitudes. For instance, an aspect of experience that might be conceptualized by you and me as a desk could be conceptualized by a little child as a hiding place. We might conceptualize treatment by a dentist as healthy, whereas a child might conceptualize it as an assault on his physical integrity. If we see somebody approaching us, we conceive this person in a certain way. This conception can change dramatically at the moment we recognize this person as our close friend Mark or as our enemy Fred. At such a moment all our memories and expectations of that person blend with our sensory mediated perceptions into a conceptualized experience of this person. So we are not talking about a small matter

here, but about a kind of mental activity that profoundly affects every aspect of our life experience.

The world as we know it—our personal reality—changes not only from person to person, but it also changes within us continuously. Although our experience of reality is relative, i.e. relative to us or to what our mind does, it is at the same time real to us, whether we are a child or an adult, whether we suffer from it or enjoy it. The personal relativity of reality therefore doesn't make our experience less real. Quite the contrary; it is real to us, even if it is based on mistaken views.

However, fundamentally it is an act of confusion to hold the world as we know it for real, although we experience it that way. We therefore have a fundamental psychological paradox here, which comes from the fact that the "world as we know it," which denotes psychologically the reality we live in, is not necessarily the same as the "world as it is." So the paradox is that we actually live in the world as we know it, but the world as we know it is not necessarily the world that we actually live in.

The phrase "the world as it is" denotes here reality as it appears to us when our view is free from confusion, that is, free from fixating on and identifying with the world as we know it. We have to be careful when we speak of "free from." That phrase does not refer to the absence of confusion; it refers to *not being bound or taken in* by one's confusion. In other words, the world as it is appears to us when the world as we know it is seen clearly as it is—a world recognized as partly our own mental construction. Clear seeing therefore means seeing one's confusion clearly. Anything short of this would mean simply replacing another or a different relative view of reality with our previous one. So in terms of contemplative development, the issue is to see the true nature of one's confusion rather than to try to reach some "real" reality *behind* the confusion. If we see our confusion clearly, are we then confused or clear? If we see our conceptualized experience, our world as we know it, for what it is, do we then see the world as we know it or do we see the world as it is? The answer is that the distinction does not apply any more. We now see the world as we know it for what it is. That kind

of clear seeing is the cognitive aspect of what I have called “ultimate health.”

Relative Health

Within the world as we know it there exists also “health as we know it.” Just as we have a conceptualized experience of reality, we have our conceptualized experience of health. We could call this conceptualized experience of health the experience of relative health, as it is relative to our mental activity of conceiving our field of experience. Just as our relative reality is experienced as real, our relative health is experienced as real health. This is the case for everyone who lives in a relative reality whether one is a psychotherapist or a client. Let me give a few concrete examples of the effect of our conception of health on our sense of health. If we think that heavy physical exercise is healthy, we will feel an increased sense of health after having worn ourselves out physically. If we think that having sexual intercourse at least twice a week is a sign of healthy sexuality, our sense of well-being might well decrease if we do not live up to this idea. We might feel we have a problem and worry about it. If we have certain thoughts about what constitutes health or sanity, we will experience ourselves and others as healthy when their way of being complies with our thoughts.

Advertising is the art of dressing up in attractive concepts the bare experience of the product one wants to sell. The fact that advertising can work tells us something about the nature of our mind. What seems healthy in the world as we know it might even be detrimental to us. For instance, if smoking cigarettes is conceptualized as related to being strong, alive, young, and relaxed, then the act of smoking might rouse in us the conceptualized experience of health. It becomes very important not to rely blindly on what we conceive as health and what we experience as health. Our conceptualized experience of health is an aspect of our own way of experiencing the reality of human life. According to the contemplative traditions, everyone who has not attained complete freedom from the world as he or she believes it to be is bound to experience relative

health, for there is an element of confusion and ignorance in this experience.

Our experience of relative health will develop toward or away from absolute health depending on whether we personally are able to see through our conceptualized experience and to let go of our fixation and identification with it. In as much as we hold onto our conceptualized experience of health (or of anything) as real we are imprisoned by our ignorance about reality and suffer from it. Because it is fabricated and fantastical, such ideas of health will ultimately fail us, in much the same way that belief in an advertiser's claim for his product might ultimately fail us.

From the contemplative point of view, the path on which we wear out our conceptualized experience of reality also erodes our interest in holding onto our conceptualized experience of health. The possibility that we could even be sick in a healthy way begins to dawn on us. Along with this comes the suspicion that absolute health is not something which is very remote from us but it is in fact part of our being, part of who we are, even though it is obscured by who we think we are. Any conceptualization of health or who we are becomes fundamentally suspect.

From the standpoint of contemplative psychology, the crucial point is to see and to understand how we actually create, maintain, and hold onto our conceptualized experience, our world as we know it. How do we come to concretize into reality that which is a product of idiosyncratic and shared conceptual assumptions?

Confluence of Thought and Experience

I have stated that the world as we know it is in fact the world as we think it to be. That world comes about by conceptualizing our experience. But what do we concretely mean by "conceptualizing our experience?" What do we do when we "conceptualize" our experience?" How or what do we do when we create such a mentally-made world? We create it and maintain it in and through the stream of thoughts that we produce from the time we wake up until the time we go to bed. During that period our thinking activity mixes in with the perceptual or sensory activity of our five senses. These

six types of activity all mix together, resulting in our ongoing personal experience of reality or in what we have called “conceptualized experience.” For that reason, quite a few contemplative psychologies speak about six instead of five sense faculties as conventional psychology does. These six are the five sense faculties of sight, sound, smell, taste, and touch that have external objects and a sixth faculty that has internal phenomena like thought or mental events as its object.

In our Western way of psychological thinking we tend to look at our thinking as something that takes place *outside* of our experience in some kind of isolated spot called “our mind.” From that spot we think about our experience. As a result we tend to feel that we can think *about* our experience without influencing it. The contemplative approach with its theory of six faculties goes exactly against that idea. It emphasizes that mental activity is as experiential as the activity of the other senses. I will come back to this issue later because it has many important implications.

The concept of mental activity or thinking can be made more specific by giving an operational definition of it. I define mental activity as the changes in our field of experience that we still can notice when we keep our sensory-mediated experience of our external environment more or less constant. If we keep that environment constant, we can notice that there is still something that moves; we could call that our “mind” or our “stream of thought” as William James did. When we are awake, this stream of thought, which contains images, memories, emotions, inner discursive dialogues, etc., is confluent with the stream of sensory-mediated experience. Our thoughts happen along with the five modes of sensory experience, thus forming some kind of emulsion. This emulsion is not a transparent one, which is to say that we usually do not keep track of what each of our six faculties contributes to the resulting experience that we happen to have. We usually do not exercise our discriminating awareness to that effect.

A metaphor might clarify what is meant here. When we look at a movie we know (or at least the producer knows) how much our visual impressions and the natural sounds that belong to what we see can be influenced by the kind of background music that is being

played. A take of an old house in the distance on a noisy, stormy day can look desolate or hospitable depending on the emotional quality of the music that is being played at the same time. We are usually not aware of how all these experiences blend together into the resulting experience. If we were we would probably feel that the movie was badly made. Suppose a narrating voice is part of the movie. What the narrator says might or might not have a direct relationship with the pictures and the music that are presented. Nevertheless, the narration blends in with the other experiences to produce what we perceive as some kind of reality which catches our mind. It is hard to tell which aspect—the visuals, the sound, the music, the narrator—sucks us into the “reality” of the movie. The producer could tell us since he used his discriminating awareness and skills exactly to bring about this engrossing quality of the movie, which actually makes us live *in* the movie to some extent. In this metaphor the narrator and the music represent our mental activity, our stream of thoughts. The pictures and sound represent the external stream of our sensory-mediated experience. Catching our experience of the movie itself represents our conceptualized experience. The producer represents our six faculties working together. The metaphor is somewhat misleading here, for behind our life experience there is no “producer” who first puts the whole sequence of experiences together and who then presents it, as there is behind the experience of a movie. In fact, the flow of our conceptualized experience simply rolls on unprepared, so to speak; our inner commentary (narration) and our emotions (music) are improvised on the spot. Who knows what is going to happen next? Nobody knows.

The Root of Neurosis

It is left to our narrating mental activity to keep some kind of convincing or reliable reality together which is our world as we know it. This mental activity runs constantly through our waking experience and also it furnishes our dreams. Although it shapes our experience in crucial ways that determine our experience of suffering and of health, this mental activity is so habitual that we are only seldom aware of it. Nevertheless, it is the source of our lack of

realism and of the pain that results from it. Not being aware of the nature of our continuous mental activity, we easily mistake its resulting display of images, feelings, expectations, and commentaries for reality and thus we end up living in the world as we think it to be. Living in that world obscures our absolute health or sanity. Because we hold on to this self-conceived world as real and because we try to find happiness and try to escape suffering within that world we cannot be fundamentally successful. Our attempts bring ongoing pain, fundamental anxiety about our struggle to keep the deceit going, which is the root of neurosis from a contemplative psychological viewpoint.

Obviously, our stream of experience contains happy and sad narrations, fearful and hopeful ones, destructive and creative ones, beautiful and ugly ones, that blend with our sensory-mediated experience. We can easily imagine therapeutic strategies that aim at improving people's ways of conceptualizing experience by changing their mental habits of painful and destructive thought formation into more healthy ones. That is a valid and valuable approach, obviously. But from a contemplative psychological point of view both the happy and the sad thought formations alike are part of our self-conceived solipsistic reality. They can bring relative health but not absolute health. For if we do not cut through this self-conceived reality—that is, if we mistake our thoughts about reality for reality itself—we continue our self-deception and we will not have cut through the root of neurosis. Even if we are cured we might relapse when our “world” changes again. No real and more lasting results will be attained.

THE BUDDHIST APPROACH

The next task is to put this notion of “basic sanity” into its proper context by outlining what the contemplative psychology of Buddhism has to say about health and meditation. After that it will be easier to review how this psychology relates to meditation. The central view of Buddhism on human life—expressed both in the sutras (texts ascribed to the Buddha) and in the *shastras* (later commentaries) and more explicitly in philosophical schools like the

Yogachara—is one that we find in many contemplative traditions. It is the view that I have already described: although there is a reality, the way we conceive each and every aspect of it is mind-made. Experience is our experience and in that sense human beings live in a solipsistic world. This way of experiencing creates the experience of unenlightened beings. The mind-made world that thus appears is called *samsara* in Buddhism. The experience of the *samsaric* world has as many shades and modes as our mind is able to imagine or conceive. Therefore it is said that *samsara* is as endless as we can imagine.

According to Buddhist tradition, the Buddhas, or enlightened ones, have left this mind-made solipsistic world behind. They are no longer spellbound by it but recognize the true nature of conventional reality. This nature is self-deception. Thus they see *things* as *they are*. In that sense they are said to be omniscient and completely free from delusion. This does not imply that they see another, in this case completely “pure” world that is somehow separate from *samsara*. But according to the intention of all Buddhist traditions, and in particular, according to the Mahayana traditions, they still see the same world as unenlightened beings do (*samsara*), but they see *samsara* as it is. Seeing *samsara* as it is amounts to seeing *nirvana*. Hence, the Buddhist teaching regarding the inseparability of *samsara* and *nirvana*. *Nirvana* is the world as it appears in the enlightened view. Seeing *samsara* as it is, opens up that world. Seeing *samsara* as it is, is experiencing *nirvana*. Not seeing *samsara* as it is, is experiencing *samsara*. Reality as it appears to the enlightened ones and the deluded ones is one and the same reality, but seen under different perspectives.

As I've previously stated, there are endless ways we can mentally construct or conceive our personal experience and take it for real. From the absolute point of view of enlightenment itself it does not matter very much what kind of *samsara* we construct; or what kind of world we conceive mentally as reality, for all these worlds are fundamentally based on delusion or self-deception. This delusion results in our efforts to avoid pain at all cost. Emotional or physical pain becomes our enemy. The more we strategize against it the more powerful it becomes. Pain is no longer merely an experience; it

becomes solidified into pathology. That experience of pain as pathological or unhealthy makes us want and attempt to get out of it. These attempts, roughly equivalent to Western psychology's defense mechanisms, are like fighting against windmills, fighting against ghosts. They are fundamentally unhealthy and counterproductive, as they are based on the erroneous belief in the reality of samsara. These attempts result in solidifying samsara so that it becomes our reality. This is the breeding ground of insanity and neurosis.

Pain, the Starting Point of Neurosis

It is said that the essence of samsara is ignorance or self-deception and that its manifestation is pain or suffering. As there are two ways of looking at samsara—the enlightened way and the deluded way—there are also two ways of reacting to the pain of samsara.

If we feel personally threatened in our existence by the pain we see or experience, we react with aggression, resistance, or retreat. In short, we react with strategies of self-defense. These strategies form much of the basis for the conceptualizations or stream of thoughts described above. If we do not feel personally threatened by the pain we see or experience, we react to the world with caring. The Buddhist assumption, based upon thousands of years of experience with meditation, is that when a person is unfettered by preconceptions, they are free to relate directly to what arises. Selflessness or a lack of self-centeredness results in a naturally arising concern for others. In short, we then react with compassionate action to suffering.

What makes us hesitate to rescue somebody who is drowning? It is the conflict between holding onto our own existence and our immediate urge to alleviate suffering. So the number of instances in which we act compassionately is closely related to how many aspects of our world we perceive as necessary to maintain our personal existence. If we feel that the whole world or our whole life experience is necessary as a support for our sense of personal existence and safety, we might not be able to manifest any compassion at all. Every change in our world could then threaten our personal existence. Our self-interest would then always arouse self-defense.

Conversely, if we would be free from any sense of personal existence, then our reaction to pain would always take the form of compassionate action. We would not feel threatened. In the Buddhist view, compassionate action is a manifestation of our humanness; it is an expression of our basic sanity. In this view, the growth of compassion is closely related to the development of selflessness. This relationship is acknowledged and emphasized by most religions.

The inverse relationship between our sense of personal existence and compassion vis a vis pain gives us a clue as to how we could cultivate our basic sanity and the open-mindedness, compassion, and insight that belong to it.

Ego, the Source of Pain

One of the most crucial Buddhist tenets is that our belief in our personal existence is a hoax. If we look sharply at our experience we might notice sights, sounds, smells, tastes, physical sensations, thoughts with their emotional coloring, but we will not notice a so-called "me," something that has or holds all of these experiences. Of course we are in the habit to intellectually postulate a beholder of these experiences, but that does not make it into an empirical fact or reality. It only makes it into something we hold and keep up in our thought. This Buddhist view on the nonexistence of ego is called the *anatman* view. The Sanskrit word *atman* stands here for ego and *anatman* refers to egolessness. The realization of egolessness, that is, seeing the truth of it in one's concrete life experience from moment to moment, manifests as unconditional unwavering compassion. The enlightenment of the Buddhas involves being free from the delusion of believing in the reality of ego and therefore being free to manifest compassion unconditionally. Conversely, again, the root of confusion in ordinary human beings is precisely the belief in ego. It is this belief that creates and sustains samsara with all its aggression and pain. Samsara is reality seen through the filter of ego.

The term "ego" is a very nebulous one in academic psychology. So let me clarify further what is meant by it in the context of the

contemplative psychology of Buddhism. Fundamentally, "ego" refers to the idea of a beholder of experience. Psychologically it refers to the idea that I am someone who has certain more or less permanent qualities. These qualities partly extend to my environment; there are aspects of the environment that are like extensions of me and that I call "mine" and sometimes even "me." It is my psychological territory. The assumption of the truth of egolessness is that we can just *be* without trying to be *somebody*. This "somebody" that we think we are is what is called ego. Ego is mental construction, a fantasy that leads to neurosis and pain.

The view of egolessness obviously leads to an extremely radical approach to health and its cultivation. The idea that the belief in a self is a hoax goes against what seems completely self-evident in our conceptualized experience, in our world as we know it, and in conventional psychology. Such an extreme assumption finds no support in our individualistic (often an euphemism for "egoistic") experience.

The idea that we project onto our environment all kinds of imagined qualities and that we distort our perception of reality in that way is of course familiar to conventional academic psychology. But the idea that this projecting goes so far that even "me" and "mine" and "other" could be exposed as projections onto our experience goes beyond conventional psychology. Nevertheless, that idea is the basis of the contemplative psychology of Buddhism and the basis of its approach to sanity.

Western psychology has developed the concept of "self-image." That concept provides another entry into understanding the Buddhist concepts of ego and egolessness. Our self-image is a conception of ourselves that we tend to keep in our mind. Our self-image is supposed to be an image of something: me. But is it really? Is there really something this image is an image of? Maybe our self-image is us or rather maybe this self-image is all we have. Do we need a self-image in order to be? Does it do any good? Can we not just be? If somebody threatens our self-image, our idea of who or what we think we are, we seem to feel threatened and we will react in self-defense with fight or flight. Thus we perpetuate our delusion and aggravate our life in samsara. Does it not sound fundamentally

healthy not to be bothered by preoccupations and concern with that “somebody” we think we are: me?

According to the Buddhist view our conventional reality is not only a mind-made solipsistic world but it is also an egocentric world. Is it surprising then that it is the source of confusion and egoism and not the source of basic sanity?

Let me add a little note of caution here. Egoism and aggression are not viewed as the opposite of altruism and compassion. On the one hand, the energy of egoism is viewed as a form of compassion; it is compassion misunderstood; it is perverted compassion. Whenever our natural unconditioned sense of care and compassion becomes conditioned by our belief in ego, it takes the form of self-interest and self-defense. As such it becomes the energy of neurosis. On the other hand, unconditioned compassion is not necessarily peaceful or friendly in its manifestation. It can take a seemingly aggressive, wrathful and unconventional form as well. Out of true compassion, we might hit somebody in an attempt to awaken them from their confusion. However, when our compassion comes under the sway of ego its energy becomes the energy of neurosis and disease. Let us look at how this energy then manifests according to the Buddhist theory of neurosis.

A Buddhist Theory of Neurosis

Buddhist contemplative psychology contains a theory of neurosis which describes the neurotic states of mind in terms of six styles or six realms called *lokas*. Loka is the Sanskrit word for location or place. These lokas are psychological environments or personal realities that one feels one is bound to live in. In that sense they are also described as “styles of imprisonment” (Trungpa, 1976). The six realms form a more detailed description of samsara. They describe six ways of being in the world, six ways of conceiving reality based on the fundamental self-deception that the conceptualized experience of “me” and “what is around me” is real. Each of the six styles of neurosis expresses a particular style of “me” relating to “other.” I will characterize each of these styles shortly below.

Before doing this it would be helpful to describe in more general

terms the notions of “me” and “other” and their relationship. Although we do not under all circumstances identify ourselves (our ego) with our body, we nevertheless tend to conceive of our ego as some kind of solid entity, like our body, with some kind of location somewhere. Consequently, we tend to see ego’s relationship to its environment to some extent as being similar to a relationship between entities or bodies. Bodies can bump into each other and damage each other. They can attract each other and support each other or they can be too distant from each other to have any relationship at all. In psychological terms, “me” tends to see “other” as something to be brought into its own territory or vice versa. At other times it might see “other” as something to be kept out of its territory by fighting against it or fleeing away from it. Or else ego might ignore “other” when it is neither desirable nor a threat. In Buddhist psychology these three attitudes of ego are called the three poisons (Sanskrit: *kleshas*): passion, aggression, and ignorance. They poison our experience of reality and lead us to suffering from neurosis. These three emotions are the basic emotions of ego and they determine its psychology. Arguably they determine all psychology. (For example, it seems likely that the psychology of the three poisons of passion, aggression, and ignorance provide much of the basis for the three psychoanalytic approaches of respectively, Freud, Adler, and Jung.)

The six realms come about as a further proliferation of the three poisons. I will characterize the realms briefly in terms of their predominant emotion and the distortion of reality that this emotion leads to.

If our life experience is permeated by the sense of an overwhelming aggressive environment that we have to fight against, then we are said to live in the Hell Realm. In this realm pain is met with aggression. This aggression is toward those whom we see as perpetrating our pain, and it might include aggression toward ourselves. Like all the other names of the six realms, “Hell Realm” is used metaphorically. It does not refer to a hell somewhere out there, but at the same time it is meant very literally because living in this realm is hell. The predominant emotion is aggression and the real-

ity distortion that comes with it is the conceptualized experience of an inimical world.

We live in the Realm of the Jealous Gods when our life experience is permeated by the idea that our own competitiveness and exercise of power toward others can overwhelm them and conquer whoever we perceive as above us. In that way we believe it will bring us what we would like to achieve in the world. This realm is ruled by competitiveness, display of power, and ambition. The attempt in this realm is to make the world submit to our will and thereby avoid pain. The predominant emotion is jealousy and one's world is distorted into a battlefield.

If our life experience is permeated by the feeling that there is no way for us personally to satisfy our passions, even though we might consume endless riches from our environment, then we live in the Hungry Ghost Realm. The strategy here is to avoid pain by constantly enriching ourselves and those around us. Pain recurs though, and so there is never enough. What seems to satisfy others does not satisfy us. We feel fundamentally poor. The predominant emotion is hunger and the world is distorted into a place that is rich but fundamentally ungenerous or unsatisfactory to us.

If our basic attitude towards life is that through following one's passions we can achieve whatever we might desire, then we are in the Human Realm. The predominant emotion is passion. The perception of the world is distorted into a seemingly endless field of possibilities and choices for pleasure and entertainment. The possibility of a physical, social, and spiritual land of Cockaigne is its secret dream.

If we feel that the best or safest way to go through life is by noticing as little as possible, by just muddling through like a pig that only sees what is right in front of its eyes, then we are in the Animal Realm. Ignorance here takes the form of stupidity, which is its predominant emotion. Our perception of reality is distorted in a way that makes us live in an uninteresting, boring world.

If our life is permeated by the feeling that our environment or existence actually is a paradise, which is made to serve us and elevate us into a state of oblivion, then we are in the God Realm. There is a secret belief that our specialness will save us from a painful

existence. Here we forget about "those poor people down below" who suffer and do not know what it is like to be "on top of the world." We do not understand what and why people suffer. We do not even see them. The predominant emotion that ignorance turns into in this realm is pride. The distortion of reality here turns the world into a blissful and perfect world.

These six styles of relationship between ego and its environment are six mind-made forms of neurosis and pain, notwithstanding its moments of illusory happiness in some of the realms. More concretely put, they are made by producing a constant flow of thoughts in which "I" and "my environment" are the main actors and in which the relationship between the two is the main theme.

Obviously there is more to say about the realms, but I will not describe them in detail here (see Trungpa, 1973; Gampopa, 1971). However, a few remarks about the relationship between these six neurotic mental states seems in order. The first one is that people tend to develop mental habits of going through or staying in certain realms. We are not necessarily in one realm all the time; the quality of our life experience changes from one realm into another. We might find ourselves going from the poverty mentality of the Hungry Ghost Realm to the oblivious pride of the Gods. These changes can happen slowly or quickly. They can also happen on a more superficial level that is related to our moment-to-moment life experience and they can happen on a deeper level of how we feel about life altogether.

Secondly, we could say that these six neurotic styles are a kind of adaptive behavior. They are strategies of how to maintain and strengthen ego; strategies of fighting what ego hates, of seducing what ego likes, and ignoring what ego would rather not bother with. We should keep in mind here that in the Buddhist view the term "ego" refers to something that does not exist other than as an illusion or imputation. It has the same kind of "existence" as Santa Claus and the goblins. As much as we believe in them they govern our lives. Similarly, the illusion of ego, like any other illusion, can well govern and structure our experience of reality emotionally and intellectually, precisely because our conventional reality is mind-made.

Lastly, it is said that there is a particular relationship between one of these six realms and our basic sanity, which is as follows: The possibility to see through the mentally-made worlds of ego depends on the lack of intensity of one's involvement in the realm one is in. It is said that the intensity of the pain in the lower realms (Hell, Hungry Ghost, and Animal Realms) is too great to be able to think twice, so to speak. Although the desire to get out of them is intense as well, it does not outweigh the intensity of the aggression, hunger, and stupidity of these realms. In the higher realms of Jealous Gods and Gods, the intensity of the pain is increasingly less and so is also the intensity of the desire to get out of them. Only in the Human Realm does the intensity of the desire to get out sometimes outweigh the intensity of the pain. The reason for this is that the ability to follow one's passion, which is the predominant emotion of the Human Realm, requires some power of discrimination, some kind of intelligence, that is able to tell us whether we are proceeding in the right direction or not. That intelligence allows us to see "how things hang together," how cause and effect are related. This discrimination allows us to have a clearer and more realistic look at our existence. We could say that the discipline of Buddhist meditation hooks onto this discriminating awareness and cultivates it, not to provide ego with a better tool, but to let this awareness completely see through samsaric mind and the illusion of ego and its six realms, thus uncovering our basic sanity.

We should have a closer look now at the practice of meditation and in what way it cultivates our basic sanity. After that, the relationship between meditation and therapy can be described more precisely.

The Psychological Background of Buddhist Meditation

The contemplative traditions emphasize that human beings cannot only notice and explore the movement of their outer environment but they can also notice and explore the inner movement of their mind. Thoughts or mental events are not considered to be something detached from experience but they can be and are experienced as well. We are not only capable of thinking about our

experience but we are also capable of experiencing our thinking. So there is a dual relation between thought and experience.

Conventional psychology tends to put thoughts and experience in mutually exclusive categories. We tend to assume that thoughts are about experience and that they stand above or apart from experience. They happen somewhere away from our experience in a hidden corner, the observer's mind. To think about our experience is obviously a valuable strategy of acquiring knowledge about it. This strategy, which we could call a "conceptual strategy" (de Wit, 1987b, in press), forms the basis of our scientific tradition. Our scientific tradition hardly pays attention to the other side of the dual relationship between thinking and experiencing. However, the fact that we can experience our thoughts suggests the possibility of other strategies of knowledge acquisition, which I call "awareness strategies" (de Wit, 1987b, in press). These strategies are based on sharpening our discriminating awareness of what we experience in our mind—strategies oriented toward experiencing our thoughts. These strategies are primarily used in the contemplative traditions. The practice of Buddhist meditation is a point in case.

The lopsided interest in conceptual strategies in our culture has far-reaching consequences. It creates and maintains a scientific and social climate that is not open to the more fundamental and much more psychological approach to health—the approach of basic sanity—that is offered by the contemplative traditions in the form of a wide variety of mental disciplines.

The Contemplative Practice of Buddhist Meditation

In the case of Buddhism the discipline of meditation involves a training of our mindfulness (or attention, if you like) and our discriminating awareness. This technique is extremely simple. Generally, the technique involves sitting still in a so-called "meditation posture" in a quiet environment, thus keeping our external world somewhat constant. While sitting still we keep our attention on the movement of our breath. When we notice that we are lost in our thoughts we will also notice that we did not pay attention to our breath anymore. We then turn our attention back to the breath.

Naturally there are more refinements to the meditation technique that become relevant when one begins to practice this discipline seriously, but for our purposes this general description of meditation suffices.

What do we actually practice when we apply this technique? With the help of this technique we practice the mental act of stepping out of the *mental mode of being immersed* in our train of thought into the *mental mode of seeing* our thoughts.

The mental mode of seeing the movement of our thoughts implies some kind of distance or detachment from these thoughts. This detachment is lacking in the mode of being lost in one's thoughts. The mental jump from being lost in one's thoughts to seeing one's thoughts is not an intellectual act of distancing oneself. It is not the act of thinking "This is just a thought, I don't need to lose myself in it." It is an act of awareness, in the same sense as waking up is an act of awareness. When that awareness takes place, we have room again to move our attention back to the breath. This waking up again and again out of our being immersed in our stream of thought is what we train in with the help of the technique. Because of our habit of identifying with and living in the contents of our thoughts, we tend to lose ourselves in them. This also happens during meditation practice; our attention shifts to our thought contents, away from breath. We begin daydreaming until we wake up again from it and move our attention back to the breath.

There are two aspects to the discipline of Buddhist meditation, which are technically called *shamatha* and *vipashyana*. Shamatha, which literally means "peace," refers to the aspect of cultivating mental stability in the practice through training one's mindfulness of the flow of one's breath. Vipashyana, often translated as "insight meditation," refers to the aspect of cultivating clarity and insight into the nature of one's mind and one's ongoing stream of conceptualized experience. Shamatha involves working with the excitement and dullness of our mind. It has a quality of taming or disciplining, which is necessary, for we need some kind of stable observation post in order to see the movement of our mind clearly and objectively in vipashyana. If we are completely swept away by

our stream of thought, we are unable to experience the qualities of this stream. A further metaphor might clarify this. Our normal untrained awareness is like a stick floating along in the stream of our thought. There is no rubbing between the water and the stick, which is like being immersed in one's thoughts. One is not even aware of the catching power and force of the stream. If we pick up the stick and plant it firmly in the bottom of the stream and hold it there, then we have established some stability. This planting of the stick is like sitting still and paying attention to the breath; it is the shamatha aspect of our discipline. Because the stick is not floating, we could now notice the force and nature of the stream; how the water pushes and splashes up against our stick and how its force and other qualities vary over time. These observations are the vipashyana aspect of the discipline. We become aware of and get increasing insight into the nature of our stream of thought and its confluence in what we have called our conceptualized experience. It will be clear from this metaphor that shamatha (although the emphasis is on this aspect when we begin to practice meditation) and vipashyana belong and stay together in the further stages of meditative development. The practice of shamatha/vipashyana is the central discipline of Buddhist meditation. Usually it is supported by other contemplative disciplines which one practices after the formal meditation session.

Meditative Development

Looking at shamatha and vipashyana from a developmental point of view, it is said that shamatha, because of its stabilizing effect, tends to lower our mental (and bodily) tension, or stress, if you like. Through shamatha we begin to be able to sit and relax with our mind, irrespective of how wild or sleepy, how elated or depressed our thoughts with all their emotional color and intensity might be. We begin to lose our fear of being overwhelmed by our mental torrents or by having nothing going on. This brings some kind of mental strength or sense of being grounded, which is an aspect of what is called *samadhi*. This strength enables us to stop adding fuel to the fire. That is to say, we are able to stop feeding

our stream of thoughts with further thoughts about whatever we hope for or are fearful of. Thus the current of our thoughts becomes more manageable. Because of that we can examine it more closely during meditation, which is again the vipashyana aspect of our practice. The results of that examination consist of the gradual clarification of our self-deception and confusion, culminating in completely seeing through the illusory existence of ego and its counterpart, samsara. Along with that, the psychological attitudes and emotions that are based on this illusion lose their basis and their energy.

The process of seeing through by means of meditation and other contemplative disciplines is a gradual one; it has various stages which can be painful and even stressing at times. These stages are connected with making transparent the enormous mental complexities that we developed over a long period of time as a result of our belief in the illusion of ego. Our mind continuously and habitually weaves a strong fabric with the threads of egocentric thoughts that all have their own more or less intense emotional coloring. Sitting still in a quiet environment helps to bring the movement of our mind to the fore. That makes it easier to see how its energy weaves the illusory fabric of our mental formations. These mental formations or *samskaras* are the fabric in which we dress our external experiences from moment to moment. Thus we create and maintain our conceptualized experience with all the psychologically complex fuzziness of ego and samsara.

Little by little the process of meditation will cut through this and finally jolt one into a fundamentally different way of being and into a different psychology. This state of being has been called the realization of "buddha-nature" or enlightenment. In this state of being, our ignorance is transformed into complete openness, our passion into compassion and insight, and our aggression into precise and sharp understanding and action in our daily lives. This change in one's way of being goes far beyond coming to an intellectual understanding of neurosis and enlightenment. One's psychology of neurosis has been seen through and this ongoing awareness of the process of our minds leads to basic sanity.

The idea of a completely different way of being in the world that

has its own radically different psychology might seem quite outlandish to many of us. However, from the perspective of contemplative traditions, it is the natural outgrowth of the psychological changes that form the steps or stages on the contemplative path.

After this short introduction to the Buddhist practice of meditation, let us turn to the relationship between meditation and therapy.

THE RELATIONSHIP BETWEEN MEDITATION AND PSYCHOTHERAPY

Because of the possibilities that the Human Realm offers, it is said that this state of being is the most healthy one of the six. It is the only one that provides a basis for the development of basic sanity. In terms of therapy, this obviously means that we could and should conceive of some kind of therapy that aims at establishing people in the frame of mind of the Human Realm. This therapy would not have the cultivation of basic sanity as its aim but the cultivation of a relative state of health or sanity, i.e., the relative sanity of the Human Realm. So for example, in addressing the Hell Realm, Western psychotherapy offers insight and assertive behaviors to tame aggression into a more selfless form of anger where the focus is upon communicating and not on overpowering or winning. Likewise, Western psychotherapy offers the development of good judgment and the appreciation of others in matters of passion, and also offers various disciplines to remain free from mind-numbing addictions as antidotes to the ignorance of the God Realm. Being somewhat established in a state of relative sanity makes the further journey towards the realization of one's basic sanity possible. Relative sanity is still fettered by neurosis, whereas basic sanity is free from it. It seems to me that the disciplines of conventional therapies by and large aim at cultivating relative sanity. The cultivation of basic sanity, however, seems to be the aim of most of the contemplative disciplines and it is in particular the aim of Buddhist meditation.

If meditation and therapy are related in the way I indicated above, it is important that therapists on the one hand and contemplative teachers on the other are aware of the differences in aim and

methods between therapy and meditation. Neither is therapy a form of meditation nor is meditation a form of therapy. There are results therapy can achieve but meditation cannot and vice versa. The reason for that is that meditation aims at awakening unconditional mind and thereby manifesting basic sanity, whereas therapy aims at the conditional mind of relative health. "So we could say that, from that point of view, meditation is not therapy. If there is any notion of therapy involved in the spiritual journey, or in any kind of spiritual discipline, then it becomes conditional." (Trungpa, 1988:3)

Those meditators who secretly wish and expect that their discipline will solve all their psychological problems are adhering to an ill-founded and naive view. These meditators would seem to be at least partially motivated by fantasies of ignorant bliss in the God Realm. This ill-prepares them for living in the Human Realm and having to relate directly with the inherent painful and passionate qualities of human existence. From a psychotherapy standpoint, they are using meditation in the service of omnipotent and narcissistic fantasies. Conversely, the expectation that psychotherapy might lead us out of samsara and establish us in the realization of ultimate sanity is equally naive and misleading.

Although there is no need to assume that the only way to develop our relative sanity is by means of formal therapy, a therapist might well help us to create a psychologically healthy way of living and a psychologically healthy environment for ourselves when we are unable to do that ourselves. To do that is difficult in our highly complex Western culture. The Tibetan meditation master Tai Situ (1989) remarks that it was relatively easy to create a psychologically harmonious lifestyle in the relatively simple monolithic society that existed in Tibet. Parents, aunts, uncles, and other members of the extended family would be available to provide psychological or human support. They would provide the kind of help that families in modern societies cannot offer anymore because in a rapidly changing society grandparents and even parents lack experience with the enormous variety of lifestyles, outlooks, and positions that have developed. According to Tai Situ, the need for and the emergence of professional helpers called "therapists" in the modern pluralistic societies has developed because of this.

The difference in aim and method between therapeutic and contemplative disciplines does not preclude, of course, that the motivation of therapists and their clients on the one hand and the motivation of meditation masters and their students on the other might well be the same. It is said in the Buddhist tradition that all sentient beings want to be happy. If we understand the notion of happiness in its most profound sense of genuine well-being or basic sanity (having more connotations of an insightful, aware, and skillful relationship to experience and fewer connotations of a painless existence), then both therapists and meditation masters (as well as the people they work with) might even have the same motivation. At the same time, they might be well aware of the limitations of their trade.

It is clear that if we help somebody to overcome their fear of flying or their fear of crowded spaces, for instance, then we are contributing to their well-being. But we could ask whether that contribution expresses the ultimate goal of psychotherapy. Some psychotherapists would say yes, others would say no, depending on what they see as the aim of their therapy and depending on what they think about the psychological possibilities of man. It certainly does not express the ultimate goal of meditation as it is understood by the spiritual traditions. Therapists will first work on the immediate life problems that their clients present to them. Of course, that might lead to treatment of underlying problems as well.

The above discussion brings to the fore again a well-known point that is common to both contemplative and therapeutic training: it is absolutely necessary for the spiritual mentor as well as the therapist to each examine closely his own view of life and of man which is maintained when practicing his particular trade. If the therapist has a shallow or superficial view of human life or of what human life could be or could bring, then naturally the direction and results of therapy might be limited. It might be that the therapist achieves what he or she hoped to achieve with the client, and from that point of view the therapy might be called successful. However, from the contemplative point of view this same therapy might be seen as a waste of time. For if that therapy is based on a view of life that is blinded by concepts or ideas that have no connection with the view

of basic sanity, then that therapy could easily bind one further, notwithstanding temporary results to the world of neurosis and pain. Why is that? It is precisely because the temporary results might suggest that there is some relief to be gained within the six realms of suffering. As long as we maintain this expectation we will keep on roaming through these realms.

Morality in the Therapeutic and Contemplative Approaches

Even though therapists might direct their therapy toward solving deeper levels of psychological suffering, they will usually not claim that they are going to save somebody's soul. This modesty or reluctance on the part of therapists is not only related to the fact that most therapists nowadays do not believe in the possibilities of spiritual development (a very real possibility in contemplative traditions). It is also related to the fact that most therapists do not want to be moralistic. After having helped to reestablish some state of relative health, they want to leave it up to the individual to determine his or her own course of life. "Let them decide for themselves what is good or bad or what might satisfy them or not." Through this moral abstinence, psychotherapy sets itself apart from the spiritual traditions that emphasize the spiritual value of moral conduct. Even the practice of meditation, which in itself has no moral allegiance, is therefore often presented within a context that emphasizes moral value.

Interestingly, the Buddhist contemplative tradition maintains another form of moral abstinence. This abstinence is expressed in the view that within samsara or within the profane or materialistic way of life itself there is fundamentally no preferred position. Of course, one position might be less painful than another one and therefore some positions seem to be happier ones as compared to others, but none offers fundamental happiness or sanity insofar as these positions lack an ultimate or profound understanding which could cut through the ignorant aspect of suffering and neurosis. Fundamentally, there is no need to cultivate any of these positions. However, practically speaking, there are positions that are easier to see through and from where it is easier to connect again with the

discriminating awareness and compassion of our basic sanity. These positions are favored not for their moral value but for the practical value that they have as steps on the contemplative way.

Can Meditation and Psychotherapy Support Each Other?

Even though Buddhist meditation and psychotherapy seem to have the same motivation, the motivation to relieve suffering, they are nevertheless different disciplines with different aims and different methods. We therefore need to address the question as to whether these two disciplines could somehow be of help to each other. Let me put this question in a Buddhist framework again. We have defined therapies primarily as a means to bring people out of the state of mind of the other five realms into the state of mind of the Human Realm. Thus they would gain some relative health within samsaric existence. Can meditation practice help to bring this about?

From a Buddhist point of view the answer has two sides. If we refer to the deeper level of one's mind, the answer is no. If one deeply and fundamentally feels that "life is hell," for instance, then meditation could not help, or rather, one would neither be able nor willing to take up a discipline like meditation. Therapy is indicated here. Meditation cannot penetrate this realm. The other side of the answer is this: it is said that within the Human Realm we do go through—though in a less intense and more superficial way—neurotic upheavals that are like the states of being of the other five realms. We will still say at times that life is hell but at other times we will say that we didn't mean it. We will still at times play deaf and dumb to our own pain and that of others but at other times we follow our desire to do something about it. In short, we are relatively sane, although we still have our moments of losing perspective or decency. The neurotic upheavals that take place within the context of the Human Realm are the experiences that the practice of meditation can work with. Strictly speaking, psychotherapy as defined above is not necessary here. In this case, going into therapy could even be a step backward; it could become a means to make

a more permanent basis or even a solid realm out of one's temporary neurotic upheaval.

Although all of this may seem to suggest a rather sharp division of labor between psychotherapy and meditation, there is a question that brings the two close together again. That question is, of course, how do we know whether a person is in one of the other five realms (in which case therapy would be indicated) or in the Human Realm while going through a strong neurotic upheaval (in which case meditation could help one to work through it)? Maybe one way to answer that question could come from assessing first the solidity (intensity and duration) of the neurotic affliction and secondly the psychological openness toward the experience of pain.

Let me clarify this. At the extreme deep end of solidity lies the psychotic experience of the realms. Here the realms are solidified into literal realities, discordant with our consensual realities. I will not elaborate on the Buddhist approach to psychosis here (see Podvoll, 1985; Clifford, 1984; the Maitri Program, 1989; *Journal of Contemplative Psychotherapy*, 1988). In the middle, between an extremely stubborn, concrete stance and a more open, insightful, but neurotic view, lie the intense experiences of the lower realms, which because of their intensity provide a very solid but terrible experience of reality. This solidity is much less brittle in the already "shaky" and uncertain reality experience of the Human Realm, which lies at the lighter end of the dimension of intensity. The intensity of the lower realms is said to have a generally muting effect on our awareness of pain. The solidity of these realms is in fact established by becoming insensitive to one's pain. In psychotherapeutic terms, in these realms there is little "insight." Because one's discriminating awareness is to some extent available in the slightly less intense Human Realm, we become more aware of our and others' pain and more aware of where we are psychologically. So the qualities of this realm give us some hint as to where and when to indicate therapy or meditation. The discipline of meditation presupposes a) a willingness to let go of the solidity of one's mentally conceived existence, a willingness to allow some uncertainty in one's attitude to life, and b) a willingness to allow for an uncovering and acknowledging of one's pain. If this willingness is completely

lacking in one's state of mind, or if it is strongly counteracted by the urge to hold on and to fortify one's existence against the threat of pain, then the practice of meditation cannot penetrate such a state of mind, whereas certain forms of therapy can.

This fact again reflects that Buddhist meditation serves a different purpose than finding some kind of balance in the world of samsara. It serves the purpose of getting out of it by getting into it with one's discriminating awareness. That is the contemplative way. If meditation is used to find a safe corner in the samsaric world, it is deprived of its spiritual purpose and its use is perverted into what Chogyam Trungpa has coined "spiritual materialism" (Trungpa, 1973). Spiritual materialism is ego's approach to spirituality; it is a kind of mental body building by means of spiritual disciplines in order to strengthen and maintain one's ego, instead of seeing through its illusory existence. In particular, the so-called God Realms, which by their name indicate the proud wish not to be touched any more by the painful realities of human life, are closely associated with the spiritual materialistic use of contemplative disciplines for self-complacency and personal aggrandizement.

Buddhist Meditation and Transpersonal Psychotherapy

Is it fair to say that psychotherapies serve to find a psychologically safe and somewhat happy corner within the world of samsara? It is certainly true that a lot of therapies aim at leading people to a better, more healthy existence—the Human Realm as we call it here—within the world of samsara. These therapies, such as behavioral therapies, do not particularly aim at turning their clients into saints or into enlightened beings. They aim at changing their clients' mental habits and behavioral patterns in such a way that they can at least function somewhat normally again and maybe even lead a little happier life.

However, do not transpersonal psychologies and the therapies related to them suggest aims that are similar in some respect to the aims of the contemplative disciplines? I think they intend to. But can they reach those aims? Or rather, can they do it better than the contemplative traditions that they seem so similar to? For the near

future, there are reasons to answer in the negative. I will mention a few of them.

First of all, transpersonal psychology derives its main concepts from our Western psychology. Even its central idea of a psychology that transcends ego has firm roots in our psychology, beginning with its founders Wilhelm Wundt and William James. However, the Western approach to an egoless psychology is rather intellectualistic. It grew out of the wish to develop a psychology that is not based on the logically problematic assumption of a little man or homunculus living somewhere in our mental or physical apparatus. It did not grow out of the wish to cut the root of neurosis by overcoming the erroneous belief in ego that we find in most human beings. As a result the Western approach has not led to much interest in the systematic development of mental disciplines to transcend such ingrained belief. These disciplines and understanding of them are lacking.

Secondly, the contemplative traditions and notably Buddhism have always been searching for practical means to overcome ego. As a result, they did not limit themselves to developing an egoless contemplative psychology and psychotherapy which aims at bringing people to what we have referred to as the Human Realm. But they also developed a great variety of means and methods to first lead people to the relative sanity of what we have called the Human Realm and then on to the realization of egolessness, that is, to the openness and warmth of basic sanity. Those means and methods have been tested for their effectiveness by generations of practitioners, often for more than two millennia. The psychological know-how that has thus been accumulated about the stages of meditative development are much more precise and sophisticated than what is offered by transpersonal psychologists who offer self-designed techniques of meditation as a means for personal growth.

A good example of this sophistication is the recently translated meditation manual of Takpo Tashi Namgyal (Takpo 1987), written in the 16th century in Tibet. This manual, which is still widely used, contains the systematized insights and instructions in the practice of Buddhist meditation of shamatha and vipashyana from the beginning levels up to the level of *mahamudra*, realization or

enlightenment, collected over more than a millennium. As is the case with any other manual, this one is also expected to be used under the indispensable guidance of a qualified meditation master. Just as we cannot learn—without making unnecessary mistakes—the methods and techniques of experimental research from a book alone, similarly we cannot do without a meditation master when learning to practice the mental “research methods” of Buddhist meditation. The manual of Tashi Namgyal illustrates very well the technical and psychological sophistication of his tradition that goes well beyond the speculative and often highly naive approaches to meditation that we find in our young transpersonal psychologies.

I am not saying this to discourage people working in transpersonal psychology. Quite the contrary. I just want to point out that there is fortunately a lot to learn from contemplative traditions like that of Buddhism. It seems a good strategy for the development of a mature transpersonal psychology to study sincerely with a contemplative tradition and to thoroughly take part in the mental training they provide. This may require that we are willing to leave our conventional psychology behind at least for a while. In that way, we can be careful not to limit our understanding of the contemplative way by reinterpreting its approach in terms of our familiar psychological or psychotherapeutic notions.

Lastly, we do not have in our Western psychology a well-established tradition of introspection. Although psychology was originally designed by Wundt and James as a science of mind, the failure to design reliable methods of introspection has led the development of psychology in the direction of researching human behavior. While the interest in “mental behavior” and “concept formation,” for instance, has returned with the emergence of cognitive psychology, the scientific community at large still does not feel that introspection could be a reliable method of exploring mental phenomena. Consequently, we still do not have many scientifically-trained psychologists who are also well-trained in the introspective methods of which Buddhist meditation is an example. Moreover, those who are trained both in scientific and in contemplative methods often experience such a big gulf between the two that they see no way to bridge it. They fear that any attempt to

bridge the gap will plunge them head over heels into the muddy waters of the "New Age" or into the "Sea of Aquarius." In exploring the nature of the human mind, the dialogue between the scientific approach and the contemplative approach is still in its early beginnings.

CONCLUSION

I have discussed the concept of health from a contemplative point of view and have explored to some extent the relationship between meditation and psychotherapy from the contemplative point of view of Buddhism. At the beginning of this discussion I pointed out that from the developmental perspective of the contemplative psychologies there is not *one* way of understanding health, sanity, and meditation. Rather, our understanding and our method change as we travel on the path. There is not one static contemplative psychology, but as our image of man, of ourselves, and of the world changes, our psychology changes as well.

From this point of view, it is understandable that some psychologists are inclined to explore meditation, psychotherapy, and health from the perspective of conventional psychology. However, one should be aware of the limitations of the specific perspective one employs. From the perspective of a hedonistic psychology we could, for instance, ask what kind of satisfaction does meditation bring? From the perspective of a utilitarian psychology we could ask what measurable change occurs from practicing a contemplative discipline. An evolutionary psychology might try to answer what the value of meditation is in terms of survival. Does it make people more able to defend themselves, etc.? Or we might try to examine the practice of Buddhist meditation in terms of behavioral therapy. It seems, for instance, that the shamatha aspect of meditation, the development of a certain mental stability, could well be described in terms of desensitization and relaxation training. The vipashyana aspect, the development of insight through discriminating awareness, might be found to have something in common with the approach of psychoanalysis.

From the contemplative point of view itself, these kinds of de-

scriptions and comparisons could only be useful as a small steppingstone to some further understanding of meditation. However, to remain standing on the stone of behavioral therapy or psychoanalysis would definitely prevent us from really coming to understand the contemplative way, its methods, and its psychology.

The general issue here is that we should be aware of the fact that the questions we ask and the answers we get reflect our psychological approach to meditation. Those approaches do not necessarily coincide with the contemplative psychological approach of basic sanity. We run the risk that we are editing what we hear about the contemplative disciplines in terms of our familiar psychological preconceptions. Thus we will only seem to hear what we already know. No real learning takes place. Obviously we also run this risk when we explore the fuzzy relationship between psychotherapy, meditation, and health. If our understanding of these three concepts is limited because of psychological beliefs that are firm and well-established for us personally, then the results we might attain will turn out to be limited as well.

Since today there is such a rapid increase in understanding the effect of our mind on our physical, social, and mental well-being, it seems fruitful to examine thoroughly, personally and with an open mind all those contemplative traditions that have for so long specialized in the means of understanding the nature of mind and in cultivating a compassionate way of life.

Finally, insight, clarity of mind, and compassion are absolutely indispensable when one works as a psychotherapist. The degree of insight and compassion that he can muster determines how good a therapist he will be. Therefore it is necessary that the therapist cultivates his own clarity of mind and his own compassion as much as he can. My final conclusion might then well be that the practice of Buddhist meditation is primarily helpful and beneficial to the psychotherapist. Meditation is not psychotherapy. For the client meditation might come later. It comes when, through the help of a clear-minded and compassionate psychotherapist, the client has established himself in a state of relative sanity in the Human Realm. That is when therapy is over.

REFERENCES

- Asanga. *The changeless nature*. Kagyu Samye Ling, Eskdalemuir, Dumfriesshire D.G. 13 0Q1, Scotland, 1979.
- Clifford, T. *Tibetan buddhist medicine and psychiatry; The diamond healing*. York Beach, Maine: Samuel Weiser, Inc., 1984.
- De Wit, H.F. On contemplative psychology. J.A. van Belzen & J.M. van der Lans (Eds.) *Current issues in the psychology of religion*. Amsterdam: Rodopi, 1986.
- De Wit, H.F. *Contemplative psychologie*. Kampen: Kok-Agora, 1987.
- De Wit, H.F. On the methodology of clarifying confusion. In W.J.M. Baker, M.E. Hyland, H.V. Rappard & A.W. Staats (Eds.) *Current issues in theoretical psychology*. North Holland: Elsevier Science Publishers BV, 1987b.
- De Wit, H.F. *Contemplative psychology*. Pittsburgh, Pennsylvania: Duquesne University Press, (in press).
- Fowler, J.W. *Stages of faith*. New York: Harper & Row, 1981.
- Gampopa. *The jewel ornament of liberation*. Trans. H.V. Guenther. Boston: Shambhala Publications, 1971.
- Journal of Contemplative Psychotherapy*, 1988, 5.
- Maitri Program. Prof. Dr. E. Liebhardt, Rollwiesenweg 32, D-3550 Marburg/Lahn, West Germany. The Naropa Institute, 2130 Arapahoe Ave. Boulder CO, USA, 1989.
- Podvoll, E.M. The experience of dreaming and the practice of awareness, *Naropa Institute Journal of Psychology*, 1985, 3.
- Polanyi, M. *Personal knowledge: Towards a post-critical philosophy*. London: Routledge & Kegan Paul, 1958.
- Tai Situ. Therapie im Osten und Westen. *Dharma Nektar*, 1/89 D-5353 Mechernich: Kamalashila Schloss Wachendorf, 1989.
- Takpo Tashi Namgyal. *Mahamudra: The quintessence of mind and meditation*. Boston, Shambhala Publications, 1987.
- Thrangu Rinpoche. *Buddha nature*. Kathmandu, Nepal: Rangjung Yeshe Publications, 1988.
- Trungpa, C. *Cutting through spiritual materialism*. Boston, Shambhala Publications, 1973.
- Trungpa, C. *The myth of freedom and the way of meditation*. Boston, Shambhala Publications, 1976.
- Trungpa, C. Is meditation therapy? *The Vajradhatu Sun*, 1988, Aug/Sept. 10;6. 1345 Spruce Street, Boulder, CO, USA.
- Vergote, A. *Het Meerstemmige Leven. Gedachten over mens en religie*. Kampen: Kok-Agora, 1987.

NOTES

1. Editor's Note: The author has used this term extensively in his writings and talks. However, the similar term "contemplative psychotherapy" in the journal name was arrived at through avenues and lines of thought distinct from the author's.