

THERAPEUTIC AIMS IN
PSYCHOTHERAPY AND MEDITATION:
DEVELOPMENTAL STAGES IN THE
REPRESENTATION OF SELF

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What follows is an attempt to think through a set of clinical issues that have emerged for me in recent years regarding the development of a sense of self. Questions about the nature and status of the psychological structure we call the "self" have forced themselves on me from two sides. On the one hand, my clinical work with schizophrenic and borderline patients, all of whom suffer from pathological disturbances in their subjective sense of selfhood, has convinced me of the vital importance of developing a sense of continuity, identity and ongoingness in existence. On the other hand, my experience teaching Buddhist psychology and *Vipassana* meditation has made it equally clear that clinging to a sense of personal continuity and self-identity results in chronic discontent and psychic conflict. Every instant of our lives this clinging puts us in opposition to a universe in which nothing lasts for more than a brief moment, in fact where there are no "things" at all in any real sense, but only events on the order of milliseconds. As we now know from psychophysics, this is true of our internal universe of images, thoughts, feelings and sensations as well. As a clinician I do everything I can to help patients develop the sense of an inner cohesiveness, unity and continuity which is so tragically lacking, with such fateful consequences. As a meditation teacher, I work just as hard to help students see through the perceptual illusion of continuity and sameness in their experience-in Zen terms, to realize there is no-self. The issue I have been wrestling with then, as a psychologist practicing in both traditions, is the importance of this sense of self and its fate. I have been

*the
issue
of
'self*

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particularly concerned with the sense of self individuals bring to meditation, its vicissitudes during practice, and above all the sense of self individuals bring away from meditation.

*problems
in
terminology*

*the
psycho-
dynamically
oriented
clinician
and 'ego'*

The difficulty in thinking about this issue is not made any easier by the fact that key terms like "ego" and "self" are used in psychodynamic and Buddhist psychology in very different contexts and with very different values attributed to the development of an ego and the formation of a stable self-structure. (A parallel discussion of these issues, with more emphasis on psychoanalytic aspects, appears in *Psychoanalysis and Contemporary Thought*, Engler, 1983a.) The two terms are also unfortunately losing their anchorage in clearly defined conceptual and semantic traditions. Once upon a time they had a precise meaning and significance. Now they are in danger of becoming jargon, catchwords in clinical reports as well as in spiritual writing. All this makes it more and more difficult to sort out the very issues concerning the psychological structure of the self which our clinical experience and our spiritual practice both tell us in different ways are the core issues in mental illness and health. "Transcending the ego" for instance, which is often proposed to students these days as a goal in meditation, has no meaning for a psychodynamically-oriented clinician. To the clinician, the ego is a collective term designating the regulatory and integrative functions. To "transcend the ego" in this frame of reference would mean to surrender the very faculties which make us human—the psychological structures that make it possible to think, to plan, to remember, to anticipate, to organize, to self-reflect, to distinguish reality from fantasy, to exercise voluntary control over impulses and behavior, to love. It could only refer to a condition of being a robot or a marionette, which is precisely the way very regressed, field-dependent patients with impaired ego capacities experience themselves. From this point of view it takes a fairly mature level of ego organization just to practice meditation, especially forms of meditation based on observing the moment-to-moment mind-body process, and the fears, anxieties, humiliations, rages, depression, despair, self-doubt and even ecstasies which self-discovery entails. Clinically, meditation *strengthens* the ego rather than transcends it. On the other hand, while ego psychologists might think the meditative goal of non-attachment and disidentification from all self-representations a bit odd if not impossible, they do understand the principle that all psychological growth comes about by being able to renounce outworn, infantile ties to objects and to give up or modify self-representations that have become restrictive, maladaptive or outgrown.

In wrestling with these issues, I have found for myself that a *developmental model* seems to be the most appropriate way of interpreting the clinical and meditative data. It also allows us to integrate both perspectives and see them as complimentary instead of competitive. As a starting point for this approach I turned to the *developmental spectrum concept of psychopathology* that is coming to play such a central role in current clinical thinking and practice. The heart of this concept is the notion that the pathogenesis of mental disorder follows a developmental chronology. It derives from increasing evidence in psychodynamic-psychoanalytic research (Mahler, 1975; Masterson & Rinsley, 1980) as well as in genetic-biological studies (Gottesmann & Sehelds, 1972; Kety *et al.*, 1968) that qualitatively different levels of personality organization and ego functioning are rooted in failures, arrests or regressions in different stages of intrapsychic development, above all the crucial line of object relations. This holds true whether the distal etiology is inborn vulnerability (Stone, (980), developmental traumata (Masterson & Rinsley, 1980) or some combination of both. Its corollary is that different levels of personality organization require qualitatively different approaches to treatment.

*usefulness
of a
developmental
model*

When I refer to meditation, I will be referring to Buddhist Vipassana or "insight" meditation, so-called because its aim is insight into the nature of psychic functioning rather than the induction of an altered state of consciousness. Though Vipassana derives from the Theravada tradition of Buddhism, morphologically it is a pure form of one of the two modal types of meditation, concentration and insight (Goleman, 1978). These are differentiated by technique and by state effects. Concentration meditation is practiced by *restricting attention* to a single interoceptive or exteroceptive object and holding it fixed on the object for long periods. Insight meditation *expands attention* to as many mental and physical events as possible exactly as they occur over time. Concentration practice leads to a process of *withdrawal* from sensory input in progressive states of one-pointedness (*samiidhi*) or absorption (*iMina*) characterized by increasingly refined tranquility and bliss. Insight practice leads to a process of *observation of sensory input in progressive states of "knowledge"* (*fiiI;za*) of the impermanent, unsatisfactory and non-substantial nature of all phenomena. From the Buddhist point of view, concentration meditation induces transient states of happiness and conflict-free functioning by temporarily suppressing the operation of the drives and the higher perceptual-intellectual functions; but it is the insight form of practice alone which liberates from

*'insight'
meditation*

suffering by bringing about enduring intrapsychic structural change (Nanamoli, 1976).²

*'bare'
attention*

In its contemporary form, Vipassana is described as training in mindfulness, choiceless awareness or bare attention. This is the practice of a "clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception" (Nyanaponika, 1973:30). Bare attention is defined by two technical paradigms: a particular form of attention deployment and a particular way of managing affect. Cognitively, attention is restricted to registering the mere occurrence of any thought, feeling or sensation exactly as it occurs and enters awareness from moment to moment, without further elaboration. The meditator notes only the succession of thoughts, feelings and sensations as these arise and pass away. In contrast to conventional psychotherapeutic work, no attention is paid to their individual content. Affectively, all stimuli are attended to equally without selection or censorship. Again in contrast to conventional psychotherapy, attention is kept "bare" of any reaction to what is perceived. The meditator attempts to attend to any and all stimuli without preference, comment, judgment, reflection or interpretation. If physical or mental reactions like these occur, they themselves are immediately noted and made the objects of bare attention. Even lapses in attention-distractions, fantasies, reveries, internal dialogue-are made objects of bare attention as soon as the meditator becomes aware of them. The aim is threefold: to come to know one's own mental processes; in this way to begin to have the power to shape or control them; and finally to gain freedom from the condition where one's psychic processes are unknown and uncontrolled (Nyanaponika, 1973).

THE ISSUE OF THE SELF IN OBJECT RELATIONS THEORY AND BUDDHISM

*object
relations
theory
and Buddhist
psychology*

It may come as a surprise that though they value ego development differently, both Buddhist psychology and psychoanalytic object relations theory *define the essence of the ego in a similar way*: as a process of synthesis and adaptation between the inner life and outer reality which produces a sense of personal continuity and sameness in the felt experience of being a "self," a feeling of being and ongoingness in existence. Object relations theory explains this experience of personal continuity and selfhood as the outcome of a gradual differentiation of internalized images of a "self" as distinct from internalized images of objects and the eventual consolidation of these images into a composite schema or self-representation (Jacobson, 1964; Mahler, 1975; Lichtenberg, 1975; Kernberg,

1976). Theravadin Buddhist Abhidhamma explains the emergence of the sense of "I" in a similar way as the end product of a process of identification in which we learn to take one or more of the various components (*khandhas*) which make up our experience of objects as "me" or "myself" (Narada, 1975; Guenther, 1974; Govinda, 1974). It terms this sense of self "*sakkayā-diṭṭhi*" (lit., "personality-belief") which is an exact equivalent of "self-representation" in object relations theory.

In both psychologies then, the sense of "I," of personal unity and continuity, of being the same "self" in time, in place and across states of consciousness, is conceived as something which is not innate in personality, not inherent in our psychological or spiritual makeup, but as *evolving developmentally out of our experience of objects and the kinds of interactions we have with them*. In other words, the "self" is literally *constructed* out of our experience with the object world. This "self" which we take to be "me" and which feels so present and real to us is actually an internalized image, a composite representation, constructed by a selective and imaginative "remembering" of past encounters with significant objects in our world (Bruner, 1964). In fact, the self is viewed in both psychologies as a representation which is *actually being constructed anew from moment to moment*. Even as a representation, it is not a fixed entity or engram, but a temporal succession of discrete images, each representing a new construction, a new synthesis, in the present moment of experience. But both systems also agree that the self is not ordinarily experienced this way. Our normal sense of self is characterized instead by a feeling of temporal continuity and sameness over time, by a sense of consistency in interpersonal interactions, by others' recognition of this continuity and consistency, and by our own perception of their confirming recognition that I am the same "me" (Erikson, 1950).

*the
constructed
self*

The fate of this self is *the* central clinical issue in both psychologies. Investigation into the doctrine of *anatta* and the nature of selfhood has been the focus of Buddhist teaching and practice from its origins in the sixth century B.C. In the history of psychoanalytic thought, the importance of the sense of self has been a rather belated discovery. As long as classical psychoanalytic thinking was dominated by a theory of development, conflict and treatment that was essentially derived from a model of neurosis, the importance of the self-structure could not come into view (Tolpin, 1980). Historically, negative therapeutic results with patients who did not suffer from a typical Oedipal neurosis (Freud, 1937) eventually led to the discovery of *two distinct levels of object relations development and psychopathology*: (1) a failure in early object

*the
central
clinical
issue*

relations, especially in the differentiation between self and others and integration of a cohesive sense of self; and (2) a later defensive struggle of an already differentiated and integrated ego against repressed impulses and their Oedipal objects (Fairbairn, 1953; Guntrip, 1961, 1969; Winnicott, 1965; Kernberg, 1975, 1976; Blanck & Blanck, 1974, 1979; Horner, 1979). Guntrip has referred to this finding as "perhaps the major discovery of research into personality problems in this century" (1971:147). In the last ten years this finding has led to the notion of a developmental diagnostic spectrum (Rinsley, 1981) according to which the various clinical syndromes are viewed as originating in specific phases of development. The new understanding of what are now called the borderline conditions and personality disorders, lying between psychotic and neurotic levels of functioning, has in fact focused current clinical attention on the separation-individuation process in preoedipal development, a stage in which the differentiation of an individuated, integrated and object-related self is the primary task, and its success or failure the main determinant of a normal or abnormal course of development.

*the
fate of the
self
as the
nub of the
problem*

As noted in the beginning, the fate of this self is an issue on which clinical and meditative perspectives seem diametrically opposed. This is the nub of the problem. The deepest psychopathological problem from the perspective of psychoanalytic object relations theory is the *lack* of a sense of self. The most severe clinical syndromes—infantile autism, the symbiotic and functional psychosis, the borderline conditions—are precisely failures, arrests or regressions in establishing a cohesive, integrated self (Kohut, 1971, 1977) or self-concept (Kernberg, 1975, 1976). In varying degrees of severity, all represent disorders of the self (Goldberg, 1980), the inability to feel real or cohesive or "in being" at all.

In contrast, the deepest psychopathological problem from the Buddhist perspective is the *presence* of a self and the feeling of selfhood. According to Buddhist diagnosis, the deepest source of suffering is the attempt to preserve a self, an attempt which is viewed as both futile and self-defeating. The severest form of psychopathology is precisely *attavadupadana*, the "clinging to personal existence" (Nanamoli, 1976; Nyanatiloka, 1972).

*re-growing
vs,
dis-identifying
from a
self-structure*

The therapeutic issue in the clinical treatment of the severe disorders is how to "regrow" a basic sense of self (Guntrip, 1969), or how to differentiate and integrate a stable, consistent and enduring self-representation (Kernberg, 1976). The therapeutic issue in Buddhist practice is how to "see through" the illusion or construct of the self (*aud-diuhi*), how to dis-identify from "those essential identifications on which the experience of

our personal identity is founded" (Jacobson, 1964:xii). The two great developmental achievements in the all-important line of object relations according to ego psychology-identity and object constancy-are seen by Buddhist analysis as the root of mental suffering.

The fate of the self in processes of transformation therefore became a kind of test case for me. Were the two therapeutic goals mutually exclusive, as they appeared to be? Or from a wider perspective might they actually be compatible. Indeed, might one be a precondition of the other? The latter is the view I eventually arrived at. Put very simply, *you have to be somebody before you can be nobody.*

*self
as
precondition
of no-self*

I once had the good fortune to overhear a fascinating discussion between a clinical psychologist and an Asian meditation teacher concerning their respective treatments of an anorectic patient which helped to point me in this direction. The meditation teacher was visiting the U.S. for the first time and was very interested in Western psychotherapeutic approaches to mental illness. The clinical psychologist was describing a very difficult case of an anorectic woman who was proving refractory to treatment. The teacher quickly became engrossed in the case and asked many detailed questions about the illness and the treatment. When the psychologist finished, I asked him why he was so interested. He said a woman had once come to the meditation center in Burma where he was teaching with the same presenting problems. In addition she was suffering from chronic insomnia. She wanted to learn to meditate, presumably believing that might bring some relief. I asked him if he taught her. To my surprise, he said "No." For six weeks he merely let her come each day and pour out her complaints against her husband, her children, her parents and the injustices of life in general. He mostly listened. He also talked with her but he did not describe precisely how. This first part of her "treatment" then was conducted in effect through the medium of a special kind of interpersonal relationship. He also encouraged her to sleep. Within a short time she began to sleep 4, 8, 12, 14, 16 and finally 18 hours a night-at which point she came to him and said, "I have slept enough. I came here to learn meditation." "Oh," he replied, "you want to learn meditation. Why didn't you say so?" I interrupted to ask if he taught her Vipassana, the type of insight meditation practiced in his Theravada lineage. "No," he said to my surprise again, "no Vipassana. Too much suffering." What she needed was to experience some happiness, some joy, some tranquility and relief from so much mental agitation first, before she would be able to tolerate the deeper insight that *all* her psycho-physical states were characterized by change and were associated with suffering, not simply the

*a case
of
anorexia*

obvious vicissitudes in her personal life history. Since concentration forms of meditation lead to one-pointedness, serenity and bliss, he instructed her in a simple concentration exercise of following the breath instead. She began to sleep 16 hours a night, then 14, 12, 8, 4 and finally two hours a night again, this time because two hours was all she needed. Only at this point did he switch her over to Vipassana and have her observe the moment-to-moment flux of mental and physical events, experiencing directly their radical impermanence, unsatisfactoriness and the lack of any self or subject behind them. Within another three weeks her mind opened and she experienced the first stage of enlightenment (*sotapatti*). The anorectic symptoms disappeared. She has not been anorectic since.

This is hardly a clinical case study. Nevertheless, it demonstrates the principle that there are different levels of psychopathology; that these are rooted in distortions, failures and arrests at different stages of psychological development; and that each level of pathology requires a different treatment approach or a different type of therapy.

*ego
psychologists
and
'developmental
lines'*

Actually ego psychologists no longer think in terms of stages of development in a global sense, but in terms of different "developmental lines" (Anna Freud, 1963) for different psychological functions with the relationship between them constituting the organization of the psyche at any given point in time. Among the diverse developmental lines, there is good reason to believe that the line of object relations is the single most important and reliable determinant of the level of development, mental health, psychopathology and therapeutic potential (Mahler, 1975; Kernberg, 1976; Blanck & Blanck, 1974; Horner, 1979; Rinsley, 1981). Object relations refers to the sequence and quality of one's experiences with interpersonal objects, especially with primary caretakers; and the internalization of these interactions in a representation of "self" and a representation of the "object" which are linked by an affect and coded in memory traces as "good" or "bad." Multiple self and object representations are gradually consolidated into composite schemas of the self and objects. It is believed that these representations in turn become the basis for the development of intrapsychic structures, above aU for the development of a sense of self. I think that this developmental perspective, particularly the development of object relations, provides a clue to positioning the Buddhist and psychodynamic systems within an integrated model of therapeutic interventions. It also explains the apparent contradiction in their methods and goals.

Let me start with several observations from my teaching

experience about the types of students drawn to Buddhist practice and the course their practice often seems to follow.

CLINICAL FEATURES OF MEDITATION PRACTICE

Several features stand out. First, measured in terms of the classical stages (*nanas* of insight (Nanamoli, 1975), *progress is relatively slow*. Dr. Dan Brown and I confirmed this in a Rorschach study published earlier in this journal (Brown & Engler, 1981). After three months of continuous intensive daily Vipassana practice, fully half of the N-group of 30 showed very little change on either the post-test- or on teacher ratings.⁵ This finding is further supported by my own research in India and Burma (Engler, 1983b) in which Asian practitioners progressed much more quickly, even though they spent considerably less time in intensive practice in retreat settings. The majority had done only one or two 2-week retreats before experiencing First Enlightenment.⁶ The rest of their practice was carried on at home in the midst of daily activities.⁷

*slow progress
of Western
students*

Secondly, Western students appear to *become fixated on* what may be called *a psychodynamic level of experience* (Brown & Engler, (1981). Their practice continues to be dominated by primary process thinking and "unrealistic experience" (Mau-pin, 1965), as well as by an increase in fantasy, daydreaming, reverie, imagery, spontaneous recall of past memories, depression of conflictual material, incessant thinking and emotional lability, including dramatic swings in mood (M. Sayadaw, 1973; Walsh, 1977, 1978; Kornfield, 1979; Kapleau, 1965).⁸

*fixation
on
psychodynamic
levels*

Thirdly, *strong transferences develop to teachers*. These often seem to be of Kohut's mirroring or idealizing types. In the first, a need for a source of accepting and confirming "mirroring" is revived in the context of the teacher-student relationship; in the second, a need for merger with a source of "idealized" strength and calmness emerges (Kohut & Wolf, 1978).⁹ There is another kind of transference sometimes encountered which is more chaotic in nature, subject to rapid and extreme oscillations between omnipotence and devaluation.

*transference
and
teachers*

What to make of these observations? How might they be explained? Meditation teachers generally attribute them to several factors in the students' psychology.

The first is usually the students' *inability to develop sufficient concentration*. A specific degree of concentration, characterized by non-distractibility and one-pointed attention, is

problems
in
'concentration'

necessary before the mind-body process can be observed closely enough to attain the type of insight Vipassana meditation aims at. The ability to keep attention fixed and steady on each mental and physical event as it presents itself to awareness, technically called "Access Concentration" (*uphcarasamadhi*), was emphasized for instance by the head of this Theravada lineage, the Ven. Mahasi Sayadaw (1973), because it is the prerequisite for entering the stages (*nanas*) of insight meditation proper (Vajiranana, 1975).

fascination
with
content of
consciousness

Teachers also point to *the tendency to become absorbed in the content of awareness rather than continuing to attend to its process*. Students become preoccupied with individual thoughts, images, memories, sensations, etc., rather than keeping their attention focused on the essential characteristics of all psychophysical events, whatever the content: their impermanence, their inability to satisfy even the simplest of desires, their lack of enduring substance, and their dependence on conditions which also change from moment to moment. Dwelling on content is a definite temptation in early stages of practice when the meditator is introduced, perhaps for the first time, to the vast, strange, often frightening, but also enticing and seductive world of his inner experience. In fact, it is probable that the beginning meditator's introduction to his inner world is not essentially different from that of the naive subject who begins exploration of other hypoaroused states, e.g., self-hypnosis, reverie, and free association. For example, using the Rorschach, a similar increase in primary process thinking has been reported for hypnotized subjects (Fromm, Oberlander & Gruenewald, 1970) and for patients who had undergone psychoanalysis (Rehyer, 1969). Adaptation to the internal milieu may be a common feature of any hypoaroused state of consciousness and may have little to do with the "specificity" (Tart, 1975) of meditation per se. With the "triumph of the therapeutic" (Rieff, 1966) in Western culture, there is also a tendency to confuse meditation with psychotherapy and to analyze mental content instead of simply observing it. This is a classical hindrance (*nivarana*) in all meditative traditions, East and West. In addition, certain cultural factors may contribute to the tendency to become absorbed in content. A longer period of adaptation to the flow of internal experience may be necessary as well as anxiety-producing in a culture that lays so much stress on external adaptation and reality-boundness at the expense of imaginative involvement (Hilgard, 1970). One possible explanation is that Western students do not necessarily meditate in a formal sense when they are "meditating." A visiting Asian teacher of Vipassana was recently asked what they were doing. He replied, "Many Western students do not meditate. They do therapy. They do not go deep with mindfulness. "

Third, in being transplanted to the West, meditation has been lifted out of its larger context of a culture permeated by Buddhist perspectives and values where it is also part of a total system of training (*bhavana*) and a way of life. When this therapeutic context is eliminated, meditation is *practiced as an isolated technique*, with disregard for many other important behavioral, motivational, intrapsychic and interpersonal factors such as right livelihood, right action; right understanding and right intention. The Buddhist Eightfold Path of *bhiiivani* or development includes the cultivation of conceptual understanding, proper motivation, ethical behavior, appropriate livelihood and the correct type of effort in addition to the specifically meditative skills of mindfulness and *concentration*. This was also cited as a contributing factor by the Burmese sayadaws.

*lack
of supportive
cultural
context*

As a clinically trained teacher, however, I have been led to make a different kind of observation. In many students I see a particular vulnerability and disturbance in their sense of identity and self-esteem. At best, this appears to reflect stage- and age-appropriate developmental problems of identity formation (Erikson, 1950, 1956). This is particularly true of two major groups who become interested in Buddhism and appear at retreats: those in late adolescence and the period of transition to early adulthood, and those entering or passing through the mid-life transition (Levinson, 1978). Individuals in these two groups often seem attracted to Buddhist practice as a short-cut solution to the developmental tasks appropriate and necessary to their stage of the life cycle. The Buddhist teaching that I neither have nor am an enduring self is often misinterpreted to mean that I do not need to struggle with the tasks of identity formation or with finding out who I am, what my capabilities are, what my needs are, what my responsibilities are, how I am related to other selves, and what I should or could do with my life. The *anatta* (no-self) doctrine is taken to justify their premature abandonment of essential psychosocial tasks.

*two
major
problem
groups*

At their worst, these vulnerabilities and disturbances of personal identity are pathological disturbances in the subjective sense of self-what Kohut (1971, 1977) would call "self pathology" or "structural deficit pathology." Though it is necessary to be cautious in the absence of formal clinical assessment, my suspicion is that many of these students function at or close to a borderline level of ego organization. I am taking the "borderline" designation here in its psychostructural sense to refer to a *level* of personality organization and functioning rather than to a specific personality type or character disorder. ¹⁰ It represents a group of "stably unstable" (Schmiedeberg, 1947) personality trait disorders which are

*borderline
personality
organization*

symptomatically and developmentally transitional along a continuum between the psychoses and the psychoneuroses. This group of disorders shares a core symptomatology, has similar internal object relations, and is believed by many researchers to have a common etiology in deviations or arrests during the separation-individuation process in early object relations development (Mahler, 1975; Masterson & Rinsley, 1980). The main feature of borderline personality organization according to one important school of thought is *identity diffusion* (Kernberg, 1976).

*the split
object
relations
unit*

Integration fails in borderline personality organization. Internalized object relations take the form of a so-called "split object relations unit" (Masterson & Rinsley, 1980). One's self, others and outside events are perceived as either "all-good" or "all-bad" in accordance with the pleasure principle: all-good if they appear to satisfy and provide; all-bad if they appear to withhold, frustrate or deprive. The result is sharply contrasting, even contradictory attitudes toward important aspects of oneself and others, which are actively dissociated from each other and held apart by the primitive defense of splitting. This produces a confusing alternation of opposite ego states and of experiences of self and the object world: now magically powerful, beneficent and good; now frustrating, devouring, threatening and bad. This all-good, all-bad perceptual dichotomy is accompanied by varying degrees of incomplete self-object differentiation. Fluid boundaries between self and world leave the borderline personality vulnerable to depersonalization and estrangement, and to regressive refusions of self and objects, or what terms "brief reactive psychosis," under conditions of stress. Failure of repression leads to similarly fluid internal boundaries between parts of the person. Primitive drives, affects, and self and object representations have ready access to consciousness. "Inside" and "outside" are therefore dealt with by reliance on primitive defenses such as denial, projective identification, primitive idealization, and especially splitting (Rinsley, 1981).

THE ATTRACTION OF BUDDHISM FOR PERSONS WITH SELF-PATHOLOGY

In my experience, Buddhism can exert a special attraction for individuals with borderline organization. In part the attraction seems to be precisely the *anattii* or no-self doctrine. It helps explain and rationalize, if not actually legitimate, their lack of self-integration, their feelings of inner emptiness, of not having a cohesive self. I recall a student in one of my courses on

Buddhism at the University of California at Santa Cruz who could not understand any difference between his own state and the state of enlightenment. Meditation was superfluous—he was already enlightened. By his own description, he lived continually in a profound state of "egolessness." Our classes were as stormy as his oscillating perceptions of me. In one class I was the idealized and all-knowing teacher who alone would appreciate the depth of his passion and the originality of his mind and its pressured stream of insights; the next class I was, angrily devalued for being unappreciative of his suffering, for being like all the rest in not understanding his unique contribution, and for being no help whatsoever. He either clung to me, or snubbed me with aloof superiority, bent on demonstrating his total self-sufficiency. For these personalities, there is something like Hartmann's (1958) "preadaptive fit" between the psyche and its expectable environment, in this case between the Buddhist concept of no-self (*anand*) and their actual self-concept. The teaching of non-attachment is also heard by these individuals as rationalizing their inability to form stable, lasting, satisfying relationships.

*borderline
individuals
and the
no-self
doctrine*

Alternating omnipotence and devaluation are further derivatives of such splitting operations which affect self and object representations in the absence of a cohesive and integrated self. The character defense of omnipotence/devaluation does not necessarily indicate the presence of a narcissistic personality disorder. It is common throughout the borderline spectrum because of the characterological inability to integrate all-good and all-bad self and object representations. So once again there is a need for caution in labelling students whom we have not clinically assessed. My impression nevertheless is that narcissistic personalities represent a sizable subgroup of those individuals with borderline levels of ego organization who are drawn to meditation. Buddhism seems to have two unique attractions for this type of personality structure, as well as for individuals in the borderline range generally. The first is the enlightenment ideal itself. This is cathected as the acme of personal perfection with eradication of all mental defilements (*kilesas*) and fetters (*samyojanas*). In other words it represents a purified state of complete and invulnerable self-sufficiency from which all badness has been expelled, the aim of all narcissistic strivings. For this kind of personality, "perfection" often unconsciously means freedom from symptoms so they can be superior to everyone else. The second attraction is the possibility of establishing a mirroring or idealizing type of narcissistic transference with spiritual teachers who are perceived as powerful, admirable beings of special worth in whose halo they can participate. The fact that those types of

*narcissistic
personalities
and
meditation*

transference relationships appear so frequently strongly suggests that meditation often attracts personalities at this level of functioning.

From a clinical point of view then, I have come to believe that the explanation for some of the special difficulties some students have in meditation practice is to be found, not in the usual struggle with the classical "hindrances" (*niviranas*) or in the unique features of our cultural situation, but in the level of personality organization and ego functioning these students bring to practice. Paradoxically, it is precisely their self-pathology, the structural deficits in the formation of whole self and object representations and *their* consequent *lack* of a cohesive, integrated sense of self, that makes meditation practice based on self-detachment difficult, if not impossible.

*self-pathology
and
personality
or character
type*

It is important to recognize that self-pathology does not depend on personality or character type, and still less on symptoms or symptom clusters. Almost all the commonly recognized personality *types* can occur at any level of personality *organization*: healthy, neurotic, borderline or psychotic. Even the more pathological character types—schizoid, paranoid, infantile—can occur within a neurotic structure (Stone, 1980). Stone has suggested that it is clinically more useful to think in terms of a continuum for each character or personality type as it varies from most to least pathological. He has accordingly proposed a promising three-dimensional model of personality typology which crosses personality type, level of personality organization and degree of constitutional or genetic loading. This distinction between structure and character is only beginning to become clear in clinical psychiatry and represents a breakthrough in psychodiagnostic understanding. The classical meditation traditions have always taken personality into account when they have prescribed a specific type of practice for a specific type of individual. The classical example perhaps is the system of the Four Yogas in *Hinduism*—*jnan*, *bhakti*, *karma* and *raj*—for intellectual, devotional, active and experimental temperaments respectively (Vivekananda, 1974). But these typologies, like some earlier Western psychiatric diagnostic categories and classification systems, are specifications of personality type, not level of personality organization. The latter cuts across character, behavior and temperament. If Buddhism were attracting a number of students with borderline or narcissistic personality organization, its traditional ways of thinking about personality in terms of types would not allow teachers or students to recognize it.

*Buddhism and
personality
organization*

Given recent trends in clinical practice, this attraction is not surprising. There has been a marked shift in the prevailing psychiatric symptomatology in recent years. In contrast to the previous prevalence of neurotic and psychotic disorders, borderline and character disorders are being clinically encountered and diagnosed with increasing frequency. As more of these individuals are now presenting themselves for psychiatric treatment, so I suspect more are also attempting to use the newer so-called "innovative therapies" (Walsh, 1980), like meditation, to get help.

*recent trends
in clinical
practice*

A PREREQUISITE LEVEL OF PERSONALITY ORGANIZATION

Buddhist psychology does not have much to say about this level of ego functioning and personality organization, or about this range of psychopathology. It does not take explicit account of self-pathology *with* structural deficits in the ego stemming from faulty early object relations development. Buddhist psychology never elaborated a development psychology in the Western sense. It has no theory of child development. Unlike Hinduism, it has not even elaborated a conception of the human life cycle. Nor does it have a developmental view of psychopathology. That is, it does not explicitly place different levels of mental disorder along a developmental continuum according to etiology. What Buddhist psychology and practice appear to do instead is *presuppose* a more or less normal course of development and an intact or "normal" ego. For its practices, it *assumes* a level of personality organization where object relations development, especially a cohesive and integrated sense of self, *is* already complete. There *is* an obvious danger if this assumption of normal selfhood is not understood, either by students or teachers. Students may mistake subjective feelings of emptiness for *H!iunyatii!* voidness; and the experience of not feeling inwardly cohesive or integrated for *anattii* or selflessness. Teachers may instruct students in techniques which are designed for a different level of personality organization and these may have adverse effects in some students.

*assumptions
of Buddhist
psychology*

Like psychodynamic therapies, insight meditation is an "uncovering" technique (Blanck & Blanck, 1974). As an uncovering technique, it employs technical procedures which resemble those used in psychoanalysis and cognate systems.

1. *Technical neutrality.* Attention is kept "bare," that is, restricted to a bare registration of mental and physical events as

they are observed without reaction (Nyanaponika, 1973; Kornfield, 1977; Goldstein, 1976). Any reactions or further elaborations are themselves immediately made the object of bare attention and are neither suppressed nor pursued.

*four
technical
procedures in
insight
meditation*

2. *Removal of censorship.* Any and all thoughts, feelings and sensations are allowed into awareness, without discrimination or selection. This of course remains to some extent a goal and outcome rather than a technique which can be practiced from the outset, much like the ability to free associate is said to be the result of a successful analysis. Like free association, it must be learned. This is also equivalent to the "basic rule" of free association in psychoanalysis: to impose no principle of censorship. Analysts have been right to point to the extraordinary uniqueness of this situation. However it is not unique to analysis as is commonly thought. The "basic rule" has guided this and other meditative traditions for at least two and a half millenia.

3. *Abstinence.* The goal is observation rather than gratification of wishes, impulses, desires and strivings. Like psychoanalysis. Vipassana discourages mere discharge, abreaction, catharsis or acting out. Both practices depend upon a capacity for delay of gratification for the sake of eventual insight and deeper understanding.

4. *A "therapeutic split" in the ego.* The meditator is instructed to become a "witness" to his own experience. This depends upon the capacity of the ego to be subject and object of its experience at the same time (Sterba, (934), or in non-technical terms, the capacity to step back and observe objectively what you are experiencing while you are experiencing it.!

*ego
capacities
and
successful
meditation*

All four procedures presuppose certain ego capacities which define a normal or neurotic level of functioning and personality organization. For the borderline personality organization, these capacities which most of us take for granted are either lacking or are seriously impaired. Persons with poorly differentiated and weakly integrated representations of themselves and others cannot tolerate uncovering techniques.

Uncovering and interpretation cannot succeed with such persons because with faulty self-object differentiation the observing ego cannot take distance from what it observes. Reliance on primitive defense like projective identification with its vicious circle of projection and reintroduction of bad self and object images also makes it difficult to distinguish between fantasy and reality and leads to a severely diminished capacity

for detached observation (Kernberg, 1972). The ability to distinguish reality from transference is easily lost and this ability is the main prerequisite for all methods of insight therapy (Zetzel, 1971). Persons with these deficits usually can't tolerate for very long the painful affects which emerge in transference reactions. Abstinence and delay also become intolerable since contradictory affects and impulses lie close to consciousness and tend to be expressed and acted on. Since love and hate, desire and fear, remain dissociated and neither polar ego state has a mitigating influence on the raw force of the other, the ego is often overwhelmed by imperious impulses and affects with which it cannot cope. In the absence of a strong integrative capacity, free association tends to become contaminated by primary process thinking which is not subject to rational review and easily leads the person to being engulfed by primitive affects and drives. Unlike the controlled regression in the service of the ego which organized personalities can endure, regression in persons with borderline personality often proves difficult to reverse (Blanck & Blanck, 1979).

As an insight-directed therapy (Dewald, 1972) then, Vipassana presents serious risks to students with this level of functioning. All intensive and/or unstructured therapies present significant dangers to these students (Zetzel, 1971) and run the risk of further fragmenting their already fragile and vulnerable sense of self.

*significant
dangers*

The "basic rule" in Vipassana to attend to all thoughts, feelings and sensations without selection or discrimination has the effect of creating just such an unstructured situation intrapsychically by plunging this kind of student into an inner world he may be ill-equipped to cope with. Fragile ego boundaries can become further blurred and self and object representation can de-differentiate. The upsurge of primitive drives and affects can then be managed only by still greater reliance on disavowal and splitting mechanisms to keep the good and the bad apart. In their practice these students will tend to oscillate between states of great rage, emptiness and depression at one extreme, and states of great euphoria, bliss or pseudo mystical feelings of unity counterfeiting a genuine experience of self-transcendence at the other. These oscillations further weaken the ego and become an even stronger source of resistance to integrating their contradictory experiences of themselves and others. The narcissistic pathology of some of these students also induces them to form mirroring or idealizing transferences based on their primitive need for idealization and for alternatively seeing self and others as omnipotent and worthless. When the teacher refuses to meet their expectations and they no longer experi-

ence the relationship as gratifying, negative transference reactions can emerge which always threaten regression (Kernberg, 1972).

*negative
transference
reactions
and
meditation
teachers*

Every teacher has encountered this, and has probably been somewhat bewildered by it, not knowing its origins. When interpersonal relations have not yet reached the level of object constancy where the same object can be experienced as both bad and good, frustrating and gratifying, every negative self or object experience is a threat to the stability and structure of the ego and further weakens the person's ability to maintain a relationship with objects on which he depends physically and emotionally, even when they are being experienced as depriving or punitive. Meditation teachers tend not to pay much attention to transference aspects of the teacher-student relationship since what carries the treatment in meditation is not a relationship as it is in conventional psychotherapy. However, a price is often paid for this. It is a repeated observation, for instance in the Psychotherapy Research Project at the Menninger Foundation (Kernberg, Burnstein, Coyne *et al.*, 1972), that when the therapist tries to avoid the latent negative transference relationship, the result is a chronically shallow therapeutic relationship. Patients act out their problems, keeping the treatment setting rigidly split off from the transference with the therapist. (This might partially account for a phenomenon sometimes encountered after and between meditation retreats: a prolonged orgy [the word is not too strong] of sensual gratification quite at variance with the behavior and values espoused during practice. For some this may well be a form of acting out "outside the treatment," as it were, instead of simply a resurgence of suppressed impulses and desires and their explosive discharge.) They engage in pseudosubmission to the therapist which leads to therapeutic stalemate: no change despite years of treatment. At worst then, in borderline conditions the very type of meditation designed to see through the illusion of selfhood may actually contribute to self-pathology. Fortunately, I suspect that the stringent prerequisites of the practice make it too difficult if not impossible for these students to sustain their training. To some extent a self-selective and self-protective mechanism is probably built in.

*'acting out'
and
meditation
retreats*

*a built in
self-selection
mechanism*

*treatment
goal*

Differences in ego structure dictate differences in therapeutic goals and techniques. The goal in the treatment of borderline conditions is building structure, not uncovering repression: facilitating the integration of contradictory self-images, object-images and affects into a cohesive and stable sense of self able to maintain constant relationships with objects even in the face of disappointment, frustration and loss. Since the develop-

mental deficits in these personalities are best understood in terms of those ego structures and functions which are established in early one-to-one relationships, the best treatment is probably through the medium of a new and different kind of dyadic relationship than they were able to achieve during earlier periods of developmental crisis (Zetzel, 1971); not through an introspective and predominantly intrapsychic activity like meditation. It is questionable whether mere observation of contradictory ego states alone will help integrate the dissociated aspects of self, objects and affects. It is questionable whether self-observation in this sense is even possible. What is required is confrontation and interpretive exposure of the split-off object relations units as they occur within a transference relationship (Rinsley, 1977). Meditation is designed for a different type of problem and a different level of ego structure.

*treatment
indications*

My observation is that in order to practice an "uncovering" technique like Vipassana and to achieve the structural changes the practice aims at, it is developmentally necessary to acquire a cohesive and integrated self first. one that is differentiated from others and has a degree of autonomy. If such a self is not established, there is a clear sequence of pathological consequences. In fact, its absence forms the most severe clinical syndromes. Failures in early attachment and bonding lead to autistic and psychopathic personality structures (Bowlby, 1969) and the presymbiotic psychoses (Mahler, 1968). Failures in self-differentiation lead to schizophrenic and psychotic syndromes (Mahler, 1968). Failures in self and object integration lead to the borderline conditions and the personality disorders (Mahler, 1975; Kernberg, 1975; Horner, 1979; Masterson & Rinsley, 1980; Masterson, 1972). All are states of intense suffering for which meditation does not appear to be a viable or even possible remedy. Insight meditation, i.e., Vipassana, does not address this range of psychopathology, is not designed for it, and is probably contraindicated, though certain preliminary practices and concentrative forms of meditation may be of some incidental help in lowering chronic tension states and inducing a greater internal locus of control.

*developmental
necessity
for
integrated
'self'*

*contra-
indications
for
meditation
practice*

A FURTHER RANGE OF PSYCHOPATHOLOGY AND OBJECT RELATIONS DEVELOPMENT

Given the developmental necessity of a cohesive and integrated sense of self, we can still ask if such a self-structure represents the culmination of object relations development or the final possible outcome of a therapeutic process. Of course in a certain sense the process of identity formation is never

*review of
developmental
theory of
object
relations
school*

complete. Mahler (1975) herself describes the outcome of the separation-individuation subphases as "on-the-way-to-object-constancy." Peter Bios (1967) speaks of a "second individuation process" at adolescence. Erikson (1950) projects a life-long identity journey. Nevertheless, in most persons a consolidation of overall intrapsychic structures takes place around the end of the Oedipal period when the repression barrier becomes more or less firmly established. Thereafter identification becomes increasingly selective (Kernberg, 1976). What is ego-dystonic and inconsistent with one's sense of self becomes repressed, a process essential to maintaining self-cohesion. But precisely because of such repression, a new type of psychopathology can emerge at this level of personality organization: the psychoneuroses. The core problem is no longer the lack of self-differentiation and integration but conflict between the ego and instinctual wishes which are unacceptable to the newly consolidated self and are therefore repressed or otherwise defended against. The "qualitative difference" (Blanck & Blanck, 1974) in ego structure and consequently in type of pathology requires a qualitatively different type of therapeutic approach. At this level the task is not to build intrapsychic structure but to integrate repressed aspects of the self, to "reunite with the conscious ego the contents. . . which have been withheld from consciousness by repression" (Fenichel, 1945:570).¹²

*Buddhist
psychology
and a third
structural
level of
psychopathology*

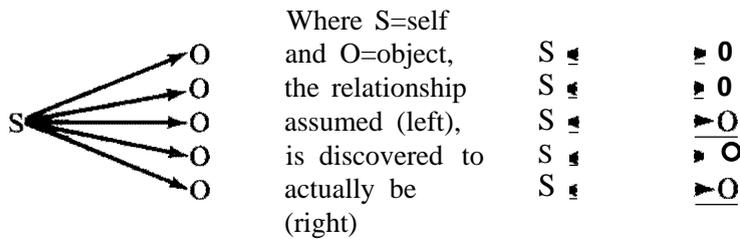
However according to Buddhist psychology a still deeper level of human suffering comes into view at this level of personality organization. This kind of suffering constitutes *a third structural level of psychopathology* which is qualitatively different from the preceding two and is not included in the developmental diagnostic spectrum of contemporary Western psychiatry. Evidently it can come into view and be addressed therapeutically only *after* identity and object constancy have been attained.

*preconditions
for
insight*

Suppose I am capable of technical neutrality or "bare" attention, non-selective awareness, abstinence and the capacity for self-observation. Suppose further that I don't become absorbed in the content of my inner world and don't pause to analyze or interpret it. Suppose instead that I continue to train my attention to merely observe the flow of psycho-physical events in their moment-to-moment manifestation without preference or reaction. Finally, suppose that I can hold my attention absolutely steady without any sort of distraction for extended periods of time. What more will I then discover about the nature of the self and objects?

The first thing to occur is what the classical Theravada meditation texts call "dispelling the illusion of compactness" (Vajiranana, 1975; Nanamoli, 1976). My sense of being an independent observer disappears. The normal sense that [am a fixed, continuous point of observation from which I regard now this object, now that, is dispelled. Like the tachistoscopic flicker-fusion phenomenon which produces the illusion of an "object" when discrete and discontinuous images are flashed too quickly for normal perception to distinguish them, my sense of being a separate observer or experiencer behind my observation or experience is revealed to be the result of a perceptual illusion, of my not being normally able to perceive a more microscopic level of events. When my attention is sufficiently refined through training and kept bare of secondary reactions and elaboration of stimuli, all that is actually apparent to me from moment to moment is a mental or physical event and an awareness of that event. In each moment, there is simply a process of knowing (*nama*) and its object (*rupa*). Each arises separately and simultaneously in each moment of awareness. No enduring or substantial entity or observer or experiencer or agent-no self-can be found behind or apart from these moment-to-moment events to which they could be attributed *ian-ana* = no-self).

*'dispelling
the illusion
of
compactness'*



In other words, the individual "frames" appear which had previously fused in normal perception in a tachistoscopic manner to produce an apparently solid and fixed image of a "self" or an "object."¹³The only observable reality at this level is the flow of mental and physical events themselves. There is no awareness of an observer. There are just individual moments of observation. ¹⁴

*insight
into the
nature of
moment-to-
moment
events
and no-self*

Once attention is stabilized at this level of perception, a further refinement of this insight into the underlying nature of self and object representation becomes apparent. I observe how a self-

*insight into
process
nature of
reality*

representation is constructed in each moment as a result of an interaction with an object! and only as a result of such an interaction; and conversely, how an object appears not in itself (whatever that might mean) but always relative to my state of observation. I see how preceding causes operate to condition each moment of self-object representation, and how each moment conditions the next moment. In this way I begin to perceive that there are strictly speaking *no constant end-products of representation; there is only a continual process of representing*. I discover that there are actually no enduring entities or schemas at all; only momentary constructions are taking place.¹⁶

*retraversing
the stages
of the
making Of
'self*

As I become still more practiced in non-reactive and unbroken observation, I next observe the stream of consciousness literally break up into a series of discrete events which are discontinuous in space and time. Each mental and physical event is seen to have an absolute beginning, a brief duration, and an absolute end. Each arises only after the one preceding it has passed away. Representation and reality construction are therefore discovered to be discontinuous processes. In terms of information-processing theory, what the meditator is actually experiencing is the temporal nature of perception prior to pattern recognition, before stimuli are built up into the recognizable percepts of ordinary experience (Brown, 1977). He is experiencing the original packet of stimulus information which has been preattentively segregated into a figural unit separate from the background of other incoming stimuli and which has a real and absolute duration in time. He can distinguish the individual "psychological moments" in which those stimuli which arrive concurrently with relatively equal intensity are grouped into the same energy packet. His phenomenological experience at this stage of practice, that one event occurs only after the preceding one has totally ceased, reflects the fact that at the level of preattentive synthesis (Neisser, 1967) stimuli are processed and segregated in a temporally discrete and discontinuous fashion. From this point of view, what the meditator has actually done is *reverse-retraverse-i-the key stages in the representational process*, which yields individual self and object representations only as the end-products of a very long and complex reworking of stimulus information.

*insight
into
radical
impermanence*

When this total moment-to-moment "coming to be and passing away" (*udayabbaya*) is experienced, there is a profound understanding of the radical impermanence (*anicca*) of all events. Not only do I no longer perceive any durable "objects," but even the processes of thinking, feeling, perceiving and sensing themselves come to be and pass away without

remainder. In this experience of perpetual and discontinuous change, such notions as a solid body, a durable perceptual object, an internal representation, or even a fixed point of observation no longer appear tenable. I come to understand the lack of any intrinsic durability anywhere; I become aware of the selflessness (*anattii*) of mind, body, external objects and internal representations. Not only does everything change all the time; there are no "things" which change.¹⁷

A DIFFERENT LEVEL OF PSYCHOPATHOLOGY

At this point, *an entirely different level of psychopathology* comes into view. First, at this level of perception, the normal affective and motivational bases of behavior are experienced as pathogenic and sources of great suffering. This becomes particularly clear in observing the painful effect of normal reactive tendencies in this state of awareness. Any affective reaction, even the simplest and seemingly innate responses of attraction and aversion, liking and disliking, preferring the pleasant and avoiding the unpleasant, wanting this and not wanting that-irrespective of their particular aims and objects -is experienced as an extraordinarily painful and misguided effort to block the flow of events. Such desires are now seen to be futile attempts to deny and resist the process of change-to hold onto this and push that away. Secondly, any attempt to constellate enduring self and object representations, or to preferentially identify with some self-representations as "me" and expel (psychotic, borderline) or repress (neurotic, normal) others as "not-me" is experienced as an equally futile attempt to interrupt, undo or alter self and object representations as a flow of moment-to-moment constructions.

According to classical psychoanalytic metapsychology, the most primitive and enduring law of psychic life is the pleasure principle: the desire to maximize pleasure and minimize pain. According to more recent object relations theory, even more basic is the principle of object relatedness. Both are considered part of our constitutional endowment. In the meditative perspective however, the striving for sense gratification and for selfhood, which have been the basis of mental life up to and including the stages of identity and object constancy, are seen as *the next potential point of arrest* and source of suffering. Both strivings are included in the Buddhist diagnostic category of "*taijhii*" or "desire." Buddhist psychology ranks them in the same order. "*Kdma-tanhii*," for instance, is the "thirst" for sense gratification and includes both attraction to pleasure (*sukhakama*) and aversion to pain (*dukkhapatikkula*).¹⁸ "*Bhava-tanhi*;" describes the "thirst" for existence and be-

*insight
into
basic
source of
suffering*

*thirst
for life
as source of
suffering*

*thirst
for death
as source of
suffering*

coming. This refers to the desire to perpetuate life and self and to avoid death. In one form, it is the desire for self-preservation and self-perpetuation; in another form the desire for rebirth; in still another form, the desire for immortality; in yet another, the desire for continued differentiation and new experience. "*Vibhava-tanhi*" denotes the "thirst" for non-existence. Again, this term denotes a range of motivations: the desire to end life and becoming; the desire for states of inertia and homeostasis; the desire to de-differentiate, ward off and regress. These latter two together constitute both sides of the object-seeking propensity in Fairbairn's (1952) sense: (a) the desire for continuity of the self and its relationship to the object; and (b) the defensive withdrawal of the self from object relations and the object world. Precisely these strivings are now experienced as the immediate cause of psychic suffering.

*delinking
of two
components
of affect*

But according to meditative experience, *these strivings are not innate*. The precondition of "desire" is another aspect of affect, "feeling" (*vedana*). Buddhist psychology de-links two components of affect in a way psychoanalytic theory and contemporary theories of emotion still do not: (1) the purely spontaneous sensation of pleasure or unpleasure which accompanies every experience of an object; 19 and (2) the tendency to respond to or act on that sensation with approach or avoidance (*ta."hij*). This distinction has been confirmed by empirical findings in contemporary studies of motivation and the phenomenology of the emotions (Arnold, 1970a, 1970b; Young, 1969; Pribram, 1970; Schaeter, 1970; Leeper, 1970). Normally the experience of pleasure/unpleasure leads to an "action tendency" (Arnold, 1970b) to approach the pleasant and avoid the unpleasant. Ordinarily this sequence is experienced as having drive-characteristics and is thus conceptualized in psychoanalytic theory as being innate, automatic, spontaneous, natural; as an autonomic nervous system response-sequence beyond voluntary control. 20 In contrast, trained meditative observation shows that the motivational component of affect (i.e., the tendency to act on pleasant or unpleasant experience, which is the origin of all psychic drive states; cf. Kemberg, 1976) is a *volitional* activity and in principle subject to self-regulation." De-linking *vedana* and *taI;tha*. the experience of pleasure or unpleasure (*vedana*) and the tendency to act on these central state affect dispositions (*tanha*). is a fulcrum point in meditation training. It returns a previously conditioned response to voluntary control and introduces an important principle of delay.

*innate
vs.
volitional*

What, in turn, accounts for the operation of the pleasure principle-this impulsive tendency to cling to pleasure and avoid pain-s-and for object-seeking behavior, especially if

these are regarded as ego functions subject to self-regulation and not as instinctual drives? According to Buddhist analysis, the cause of pleasure principle dominance is faulty reality testing. Desire (*tanha*) is conditioned by "ignorance" (*avijja*). Like desire, ignorance refers to an ego function: the capacity for reality testing. Ordinary reality testing is not only faulty; it is based on a particular type of misperception which inverts (*vipallasa*) the real order of things. We misperceive what is impermanent (*anicca*) as permanent; what is incapable of satisfying (*dukkha*) as satisfactory; and what is without substance or enduring selfhood (*anattii*) as substantial and having selfhood. In other words, owing to faulty reality testing we ordinarily perceive and experience ourselves and objects to be *just the opposite* of the way they really are (*vipall'asa* = "inverted view"). In this sense the critical diagnostic question in Buddhist meditation practice is the same as in Western clinical practice: is reality testing intact? Clinically, this criterion differentiates normality and neurosis from psychosis (Kernberg, 1977). But in the meditative perspective, normal as well as abnormal conditions are deficient in reality testing. This is the reason why Buddhist psychology can describe the normal state of ego functioning as "deranged" (*ummattaka*) and give the term the same technical meaning it has in clinical usage: the construction of a delusional system, or a world of non-veridical percepts of self, others and the physical world. Meditation reality-tests this representational world; clinical psychiatry takes it for granted in a commonsense manner.

*Buddhist
analysis of
pleasure
principle
dominance*

*reality
testing:
clinical
and
meditative*

THREE LEVELS OF MENTAL DISORDER

Though Buddhist psychology is not developmental, there is a classical diagnostic paradigm in the Abhidhamma which seems to suggest that it does in fact distinguish between three different levels of suffering which spring from different levels of object relations experience. (1) *Dukkha-dukkha* or "ordinary suffering" corresponds to neurotic conflict between impulse and prohibition within a stable self-structure and whole-object relations, as well as to "ordinary human unhappiness" which Freud once said was the exchange for resolution of neurotic suffering. (2) *Dukkha-viparinama* or "suffering caused by change" corresponds to the borderline conditions and the functional psychoses where disturbance in the sense of self-continuity, fluctuating drives and affects, contradictory and dissociated ego stages, lack of a stable self-structure, and lack of constant relations with the object world are the core problem. At this level of personality organization, prior to identity formation and object constancy, change is the deepest and most pervasive threat to the fragile self. Every experience

*Abhidhamma's
diagnostic
paradigm*

*normality
as
pathology*

of separation and loss threatens the reality and cohesion of the self, which *still* depends for its felt existence on the immediate presence and benevolent regard of its objects. (3) *Samkhra-dukka* or "suffering as conditioned states" represents, to Western psychiatry, *an entirely new category of psychopathology* which is pervasive. At this level, object-seeking as such is experienced as pathogenic, contradictory as that may sound in terms of normal developmental theory, The very attempt to constellate a self and objects which will have some constancy and continuity in time, space and across states (Lichtenberg, 1975) emerges as the therapeutic problem. The two great achievements in the all-important line of object relations development-s-identity and object constancy-still represent a point of fixation or arrest. A cohesive and integrated sense of self, like the earlier paranoid and depressive part-object positions (M. Klein, 1946; Fairbairn, 1952), is seen as a developmental "position won in order to be moved beyond" (Guntrip, 1969:118f). From this perspective, *what we take as "normality" is a state of arrested development.* Moreover it can be viewed as a pathological condition insofar as it is based on faulty reality testing, inadequate neutralization of the drives, lack of impulse control, and incomplete integration of the self and the object world.

THE THERAPEUTIC PROVINCE OF MEDITATION

*current
confusion*

This is the level of personality organization and psychopathology that insight meditation appears to be specifically designed to address. Buddhist psychopathology and diagnosis seem to acknowledge, presuppose and even partially address the first two kinds of suffering. But as a system of therapy, its major and proper concern is the third. I believe much of the confusion has arisen because this has not been clearly understood by either Buddhist or psychodynamic psychology, nor by current research paradigms. These two systems sometimes have been viewed as either competing at worst, or as alternative treatment modalities at best, for the same range of problems. One tendency, for example, is to contrast respective treatments and outcomes as mutually exclusive and to view them as a forced choice: psychotherapy *or* meditation, the attainment of a cohesive sense of self *or* liberation from it. Clinical psychiatry tends to view meditation as an invitation to a psychotic de-differentiation of hard-won ego boundaries. Buddhist psychology critiques the notion of "self" or "ego," points out how it leads to suffering, and sees psychotherapy as perpetuating and reinforcing the illusory self-concept and making enlightenment that much more difficult. And the two systems also have been seen as vaguely complementary but

without a clear awareness of the differences in their respective methods, aims, outcomes and the problems they seek to remedy. Thus the phenomenon, which seems peculiar to traditional Buddhists, of the so-called "adjunctive" use of meditation in psychotherapy (Naranjo, 1971; Assagioli, 1977; Luthe, 1970; Carrington & Ephron, 1975). In actual fact, techniques from all the major meditative traditions have either been incorporated intact or adapted for use in both in-patient and out-patient psychiatric treatment settings with reported success (Deatherage, 1975; Glueck & Stroebel, 1975; Bloomfield, 1977; Carrington & Ephron, 1975; Candelent & Candelent, 1975; Reynolds, 1976; Shapiro, 1976; Vahia *et al.*, 1973; Kabat-Zinn, 1982; Boorstein, 1983).

Insight meditation, like psychoanalysis and psychoanalytic psychotherapy, is an intervention designed *to set ego and object relations development in motion again* from a point of relative arrest (Loewald, 1960; Fleming, 1972). As in psychoanalysis, the process of "separating from outgrown levels of self-object ties" (Calef, 1972) is brought about by a controlled and partial return to more elemental ways of perceiving, conceptualizing, feeling and behaving. In psychoanalysis, this is a regression which takes form in an interpersonal relationship, the transference. The "return" that occurs in the classical stages of insight meditation however does not take the form of transference. It is not a re-living or re-experiencing of past stages of internalized object relations. It is *a controlled retracing of the stages in the representational process as such, as this occurs in each present moment*. Viewed forward, the meditator is observing the perceptual-cognitive-affective pathways by which the "self" and "object" and an entire object relational world (which is the only world we ordinarily know) are constructed and come into being as a result of object-seeking and the operation of the pleasure principle. Viewed backward, the meditator is watching the de-construction or decomposition of "self" and "object" into their elementary components, processes or events (*dharmas*); Insight meditation "reverses the way the world appears" (Eliade, 1969).²²

*difference
in
psychoanalytic
regression
and the
'return'
of Buddhist
insight*

A FULL-SPECTRUM MODEL
OF OBJECT RELATIONS DEVELOPMENT

But you have to be somebody before you can be nobody. The issue in personal development as I have come to understand it is not self *or* no-self, but self *and* no-self. Both a sense of self and insight into the ultimate illusoriness of its apparent continuity and substantiality are necessary achievements. Sanity and complete psychological well-being *include both, but in a phase-*

*not 'self'
or 'no-self'
but
self
and
no-self*

appropriate developmental sequence at different stages of object relations development. The attempt to bypass the developmental tasks of identity formation and object constancy through a misguided spiritual attempt to "annihilate the ego" has fateful and pathological consequences. This is what many students who are drawn to meditation practice and even some teachers seem to be attempting to do.

*what
Buddhist
psychology
lacks*

What I think is needed, and what has been missing from both clinical and meditative perspectives, is a *developmental psychology that includes the full developmental spectrum*. From a clinical point of view, Buddhist psychology lacks this. It has little to say about the earlier stages of personality organization and the types of suffering that result from a failure to negotiate them. There are dangers when this is not understood. As in the classical period of psychoanalysis, before the self-disorders were properly understood, the prerequisites and limitations of the treatment will not be clearly recognized. There will be similar therapeutic failures, including "interminable" treatments (Freud, 1937), which will bewilder and frustrate and sadden teacher and student alike.

*what
Western
psychology
lacks*

Western psychology in general and psychoanalytic theory in particular do not address the other end of the developmental spectrum. Their definitions of maturity and health reach no further than psychosocial identity>object constancy, mutuality in object relations, and more adaptive, less conflicted rearrangements of impulse and defense.

*Buddhist
'developmental'
practices*

According to current clinical thinking, therapy does not treat a disease entity in the older Kraepelinian medical model, but reinstates a derailed, arrested or distorted developmental process. Vipassana addresses the developmental process which it views as arrested at the level of identity and object constancy, and sets it in motion once again to reach a more ultimate view of the self and reality. There is no term "meditation" in Buddhist psychology. The term used instead for this body of practices and their outcomes is "*bhavana*" or "development" (Vajiranana, 1975). These practices can be, and were probably meant to be, in the service of effecting a continuation of object relations development. For Mahler as for other object relations theorists, the separation-individuation process is "never finished; it can always become reactivated; new phases of the life cycle witness new derivatives of the earliest process still at work" (1972:333). If, however, it is seen that both "self" and "objects" are functions of a certain level or stage of object relations development, and that in a more inclusive perspective there are no objects whose loss need be mourned and no self to mourn them, if *all* self-object ties have finally been "out-

grown," then perhaps not only object relations development but mental suffering itself comes to an end (Engler, 1983b).

CONCLUSION

That, at any rate, is the conclusion I have come to at this point. My hope is that as Buddhist, Western and other ethnopsychiatric systems of clinical practice confront each other in our culture, often for the first time, a more integrated, full-spectrum model of human development, its vulnerabilities and the therapeutic interventions necessary to repair them, may result. From Freud's psychosexual stage-theory to Erikson's life cycle theory to Mahlerian object relations theory, this has been the thrust and aspiration of psychodynamic thought. Part of this thrust has been implicit but not articulated in Buddhist thought. The one tradition has emphasized the importance of becoming somebody; the other, the importance of becoming nobody. As I have come to understand it as a psychologist in both traditions, both a sense of self and a sense of no-self seem to be necessary-in that order-to realize that state of optimal psychological well-being which Freud once described as an "ideal fiction" and the Buddha long before him had already described as "the end of suffering" (*Cula-Meivunja-sutta*, M.63) and the one thing he taught.

*the importance
of becoming
somebody
and the
importance
of becoming
nobody*

NOTES

1All the meditative and yogic traditions are extremely sophisticated in differentiating genuine extinction of the causes of suffering from its counterfeit forms, suppression and repression, and designate each psychic process by a different technical term. They recognize that functioning can be experienced *subjectively* as conflict-free in states of intense concentration. For instance, though the latent sources of conflict will become reactivated when concentration falls below a specified level.

2In Theravadin Buddhist psychology (Abhidhamma), intrapsychic changes have been catalogued with great care in traditional lists of reported outcomes following the different stages of enlightenment. These changes are classified differently in different lists, but the lists are remarkably specific and internally consistent. They have also remained stable and uniform over the long course of Abhidhamma development. They can be consulted in Narada (1976) and Nanamoli (1976).

3This issue has been obscured by the structuralist language of object relations theory and traditional psychoanalytic metapsychology with its tendency to reify functions and treat self and object representations as fixed, discrete entities with powers of their own (Schafer, 1976). Representations are actually memorial *processes* of representing which only occur in the present (Rizzuto, 1978).

4The only differences were a slight decrease in productivity across subjects and a noticeable increase in drive-dominated responses for some subjects.

"The remaining half achieved some proficiency in concentration but only three

mastered "access level" concentration (*upacira-samiidhja*) and progressed through some of the formal stages of insight. Only one of these advanced to the stage of Equanimity (*Sankhii rupekkha-iiifja*) the stage prior-to enlightenment (Nanamoli, 1976; M. Sayadaw, 1973).

"There are four distinct stages of enlightenment in insight meditation practice. Each is entered on through a momentary cessation experience (*magga-phala*) as the culmination of a preceding series of discrete and invariant stages of practice. In each of these four moments, specific sets of pathogenic mental factors and behaviors are said to be sequentially and irreversibly "extinguished" (*nirodha*), until by the fourth stage (*Arahaua*) all the possible sources of mental conflict (*kilesas*) are said to be entirely removed (see Nanamoli, 1976; M. Sayadaw, 1973).

7 Interviews with the head of this teaching lineage, the Ven. Mahasi Sayadaw, and with his associate sayadaws (teachers) at the Thathana Yeiktha center in Rangoon, also revealed a rather remarkable difference in rate of progress between students there and students in this culture. Though there is reason to believe that Thathana Yeiktha may be a somewhat exceptional case even among Asian Buddhist centers (Jack Kornfield, personal communication), a more rapid rate of progress in Asian centers generally seems to be a widespread finding based on interviews with their resident teachers and with Western students who have studied in them.

8 This was reflected in the increased evidence of drive-dominated content as well as significant changes in the formal aspects of Ss' verbalizations in our Rorschach study (Brown & Engler, 1981). Likewise, Davidson, Goleman & Schwartz (1976) report an increase in state-anxiety for the beginning meditator, in contrast to a decrease for the advanced meditator. These results are consistent with Maupin's (1965) finding that an increase in primary process thinking and tolerance for unrealistic experience predicted successful response to meditation, while attentional measures did not. Maupin apparently was not aware however that this finding is specific to the early stages of practice only.

9 The development of the transference relationship would have to be observed over time before concluding that these narcissistic transference manifestations indicated the presence of a narcissistic personality disorder. I have not yet been in a position to do this myself; nor have other teachers systematically monitored transference manifestations in practice since Vipassana as a technique does not work through the medium of a transference relationship. This is an important area for future research.

10 That is, as it is understood for instance in DSM-III, and by psychiatric researchers such as Klein (1975) and Akiskal (1977) who are not psychoanalytically oriented. The concept is used by Kohut (1971) and his school of psychoanalysis (Goldberg, 1980) in still a third sense as a designation for non-analyzable patients who are nevertheless not delusional.

11 In a strict sense, a therapeutic split between observing and experiencing in the way that is usually meant occurs only in the preliminary but not in the final stages of meditation practice. Beginning with the formal stages of insight (the "*nanas*" or "knowledges") which constitute insight meditation proper, the illusion of the observer or witness is seen through and observation is experienced now as merely a mental process or function instead of an activity of an agent "self." The observer is no longer separate from the thing observed, but in quantum mechanical terms experiences "himself" as part of the observation as well as the object observed.

11 Because of its similarities to psychoanalysis as a technique, repression will be lifted to varying degrees in the earlier stage of Vipassana practice. To what extent psychodynamic insight and conflict resolution occurs in insight meditation depends on a number of factors, some of them cultural. Classically however this stage of the meditative process is considered preliminary and

transitional. It is hardly attended to as the practice is cultivated in the traditional centers of south and southeast Asia because the lifting of repression and psychodynamic insight is not specific to meditation and is not the level of insight aimed at. The far greater attention given to this phenomenon in Western practice is attributable in part to our greater psychological-mindedness and cultural predisposition to attend to psychodynamics, but perhaps especially to our confusion about the proper goals of meditation, since our currently dominant spiritual and therapeutic systems do not include this range of experience and psychological functioning in their models of health and development.

IJTachistoscopic research on advanced Vipassana practitioners is currently being undertaken by Dr. Daniel P. Brown of Cambridge Hospital, Harvard Medical School, to empirically test this very point. Preliminary findings confirm a perceptual discrimination capacity well beyond hitherto reported norms, and tend to support the hypothesis that meditators are actually discriminating temporal stages in high-speed processing *prior* to the build-up of stimuli into durable percepts (D.P. Brown, personal communication).

14The technical term for this is "*nama-rupa-paricceda-noIJaṃ*" "analytical knowledge of the distinction between form (*rupa*) and mind (*n-ama*). The term "*mind-and-form*" (*niima-rupa*) is meant to exclude any ontological assumption of matter existing as a substance behind perceptible forms. Aristotelian and Newtonian physics contrast matter, form and mind: mind gives form to pre-existing matter. Buddhist physics, like twentieth century quantum physics, eliminates the notion of "matter" or substance altogether, except as a non-veridical percept on a macro-level of observation. Instead it contrasts mind (*nama*) and form (*rupa*) only, where "form" denotes the percept constructed out of sense data, not hypothesized "matter" existing independently of perception and its constructive activity. "Form" (*rupa*) designates appearance only, without postulating any principle of substance behind appearances.

15This tends to confirm Kernberg's controversial assumption, which is otherwise difficult to substantiate on the level of clinical observation, that internalization is an ongoing process. The present moment of experience is always being internalized in the form of linked self and object representation, not merely significant events or the cumulative impact of events as most other object relations theorists imply.

"The technical term for this stage of practice is "*paccaya-pariggaha-kdna*," or "knowledge of conditionality," The central Buddhist doctrine of Co-Dependent Origination has its origin at this level of practice.

17The technical term of this stage of practice is "*sammasana-hana*," or "knowledge by comprehension." This perception that each individual form is ultimately void of substance and, further, that the uniqueness of each form arises from the fact that it exists, and only exists, in relation to every other form is systematically formulated in the most central of all Buddhist teachings in both Theravada and Mahayana, the doctrine of Co-Dependent Origination. This is the quantum mechanical vision of the universe which underlies modern physics (see also, Whitehead's ontological notion of "actual occasion").

is *Kama-tal* *hi* corresponds to libido and aggression and the dynamics of the Pleasure Principle in the older metapsychology based on dual instinct theory. In object relational terms, it corresponds to the wish to possess the exciting (Fairbairn), gratifying (Kernberg) or good (Jacobson) object; and the desire to expel the rejecting (Fairbairn), frustrating (Kernberg) or bad (Jacobson) object.

19Neurophysiological and experimental psychological research support a conception of affects as primarily "central state" phenomena: that is, primarily subjective states of pleasure/unpleasure which are crucially involved in psychic motivational systems rather than "peripheral" discharge phenomena.

Kernberg (1976) has recently made the most ambitious attempt yet to integrate this view of affect into psychoanalytic theory.

20 This has misled psychoanalytic metapsychology in general and object relations theory in particular—as well as common sense psychology—into conceptualizing these behaviors as innate "drives."

11 Though this is a novel idea in terms of traditional psychoanalytic thinking, Kernberg's (1976) recent integration of a central state theory of affect and biological systems thinking with psychoanalytic dual instinct theory allows of this possibility in principle. It explains the drives not as blind, innate forces pressing for discharge but as psychic motivational systems which are actually built up and organized developmentally on the basis of central state affects of pleasure and unpleasure in response to experience. By accepting the distinction between hedonic appraisal and hedonic impulse as the two components of affect, it also admits of the possibility, at least in principle, of de-conditioning the automaticity of the usual stimulus-response relationship between them. Neither psychoanalysis nor other contemporary therapies train for that, so Kernberg, like experimental researchers, does not consider the possibility. The meditation traditions do, because they have developed appropriate techniques to decondition this response sequence.

21 Analysts would not disagree with this as a description of the course of psychoanalytic therapy. An analogous "reversal of appearances" at the level of whole object relations results from interpreting and resolving the transference which is precisely not "yathibhutam" or "in accordance with reality," i.e., with the way the therapist really is.

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