

SELF / NO SELF: TWO ARROWS MEETING IN MID-AIR¹

Robert Kaizen Gunn, Ph.D.

Introduction

How well I recall the evening in dokusan (private interview with teacher in Zen) when my first Zen teacher told me that psychology and Buddhism are ever at odds, because psychology is concerned with creating a self and Buddhism is concerned with getting rid of the self and attaining no-self.

His statement was quite upsetting to me at the time, not just because I was a practitioner of both Zen and psychotherapy, but because I had an intuitive sense that the issues were not as simple as “self vs. no-self.” As a person devoted both to healing people who come to me in my therapy practice and to seeking spiritual growth in my own life, I believed that these two powerful practices, both so essential to me, had to have a common source and a common goal.

My Zen teacher’s statement, that psychology and Buddhism were at odds, became a challenge for me. It became my own personal and professional koan: what is the relationship between the self of psychology and the no-self of Buddhism? I feel tremendously warmed and grateful to be in the company of so many people who have also picked up this koan and made it their own. It is not often that one finds companions

on a journey which appears to so many people to be esoteric and irrelevant. We are here, of course, out of our belief in the utterly profound and significant import these issues carry for the individuals, societies, religions and cultures we serve.

Self/No Self: a Contradiction in Terms?

Over the years I was gradually able to discern a common source and common goal shared by Buddhism and psychotherapy. Quite simply, the common source is the experience of suffering and the common goal is to put an end to it. Buddhism and psychotherapy both seek to overcome a sense of alienation and to recover an original vitality that got lost or buried under social conditioning and non-facilitating environments.

While other disciplines may also aim to alleviate suffering, Buddhism and psychotherapy are agreed on the direction they take in order to accomplish that goal. The much-quoted words of Dogen Zen-ji, founder of the Soto school of Zen Buddhism in the 13th century, put it succinctly: “To follow the Buddha way is to follow the self.” That is precisely what psychotherapy and Buddhism aim to do: “to follow the self.” We look within the self for the cause as well as the cure of our suffering and the suffering of others. We have all made a counter-cultural move within our respective cultures. We have “taken the backward step,” as we say in Zen, to look within rather than to continue operating on prevailing social and cultural values/perspectives; we call into question ordinary assumptions about everyday reality.

This way of looking at the problem of suffering is not very popular—at least in the United States. It is easier somehow to look for the cause of our pain and misery outside ourselves, to find other people or circumstances as the cause, to try to escape the direct experience of the pain by any of the many routes of drugs, work or entertainment, or to lapse into a victim mentality.

“Taking the backward step” by looking within and facing oneself directly is not only more difficult but is more potentially dangerous. The potential danger lies in the possibility that to look directly at the source of our suffering may require us to re-evaluate our role in relation to significant others, to society and our culture. If we decide to change our familiar role, others’ lives and expectations of us may be shaken, and relationships may be disrupted.

To follow the self, as Dogen suggests, does not, however, resolve the problem presented by my teacher. In English, “self” is the antithesis of “no-self,” just as “A” is the opposite of “not-A.” Taken at that level, the logic is irrefutable that Buddhism, which espouses “no-self” is opposed to psychology which espouses “self.” But when we look into the meaning of the words translated as “self,” we see that there are different concerns and different dynamics involved in how the two are used.

As my friend, Paul Cooper, said, “When Buddhists say: ‘We do not exist’ or that ‘there is no self,’ this means that there is no ultimate, independent, eternal, permanent self or essence. In other words, there is no self that can be experienced and identified

separately from the many interacting factors such as our body, feelings, thoughts, perceptions, and relations with others.”ⁱⁱ

Is the self which psychology wants to heal and enable to be fully functioning in opposition to the Buddhist no-self? Clearly, no.

The self that psychotherapy aims to heal and strengthen consists of several interacting parts of a person’s psyche. To have a well-functioning self requires awareness, consciousness of choice, the capacity to take risks, to agree or disagree with others, and to imagine things that are not and that might be, however illogical or forbidden. What we aim for is not a permanent, unchanging self, but a “cohesive” self that is in fact able to change, to adapt to changing conditions appropriately with an internal consistency.

When Shakyamuni Buddha declared the Four Noble Truths, his concern was with the human tendency to reify not only oneself, but all things into a state of fixedness or solidity that escapes impermanence, old age, suffering and death. By no-self, he did not mean there is no person there, but only that whatever/whoever is there is subject to such constant change that there is no fixed self. Even more important, there is no separate self exempt from cause and effect, from change and death.

The Interworking and Interweaving of Self / No self

What then, is important about the relationship between psychotherapy and Buddhism, between the self of psychotherapy and the no-self of Buddhism?

In the West, ever since the work of Sigmund Freud, the role of the mind in creating perception and reality by means of transference and projection has become increasingly clear. While Freud's critique of religion is hardly adequate to contemporary psychological thought, his basic premise that the mind tends to create what it needs and to project it onto religious forms is important to consider-- even in the case of a non-theist religion such as Buddhism. To fail to examine the ways in which the mind or the unconscious shapes both the form, content and process of a religion is as irresponsible as discarding developments of modern medicine out of hand, and can cause unnecessary suffering.

However, of all the world religions, Buddhism may well be seen as a leader in recognizing the power of the mind. It has been stressing the importance of the mind for 2500 years, and goes so far as to declare "mind is Buddha."ⁱⁱⁱ So what we have, since Freud, is a Western psychology looking at the role of the mind or psyche in religion and life, and an Eastern religion, Buddhism, also devoted to examining the role of the mind in the formation of consciousness in both itself as a religion and in life more generally.

Far from Buddhism and psychology being at odds, they are, at their roots, intrinsically related and mutually beneficial. Insofar as Buddhism is grounded in the Absolute basis of reality and psychotherapy is focused on the realm of the relative, they

fit together and work together “like the foot before and the foot behind in walking,” as the Sutra on the Identity of Relative and Absolute puts it. Buddhism and psychology need each other the better to fulfill their respective functions of transforming consciousness and self-realization.

Two Case Studies

I would like to illustrate some ways in which this can happen with two clinical examples.

Linda came to me for psychotherapy because she was so moved by reading my book^{iv} that she felt hope. She had had several lengthy terms of psychotherapy before at different periods of her life, each of which had proved helpful to some degree, but never fully resolved her chronic experience of anxiety and depression. Those experiences in therapy had taught her, however, to trust her psyche and when she began having panic attacks and deep depression, she wanted someone who would help her work through her conflicts to a deeper resolution. What had impressed her about my book was the trait I identified in the life of Dogen Zen-ji, Thomas Merton and Carl G. Jung of persistently going into their experiences of emptiness to the point of a breakthrough. She wanted a therapist who would help her persist similarly to a more complete resolution.

Over time, Linda used zazen to manage her panic and anxiety states in between therapy sessions. From her experience in a previous analysis and her training as a dancer, Linda used the shikantaza method of Zen meditation to monitor her bodily sensations, her thoughts and images. Shikantaza, with its instruction to be aware of shifting thoughts and

images without attaching to any of them, parallels the function of the analyst's "evenly hovering attention" taught by Freud. With the positive transference to me as her analyst, she found she could sustain this empathic stance toward herself through zazen in between our sessions, and thus mitigate the anxiety that would otherwise have led to splitting and dissociation. Using zazen in this way, she gained strength and confidence in her ability to manage her anxiety and stave off panic attacks. Zazen functioned therefore, as an extension of our analytic sessions, and as a bridge between them.

Interestingly, she tried becoming a formal student of a Zen teacher, but could not sustain the relationship to him. The teacher insisted that she relate to his categories of Zen training and understanding rather than empathically validating her own highly effective method of sitting with her subjective experience.

Additionally, Linda had had what she considered a profound spiritual experience several years before her coming to me for therapy. That experience was marked by what she described as a "penetrating light" in which she felt a wholeness and a connection to God. This experience remained a source of comfort, faith and hope for her, and she wanted to deepen her understanding of what it meant in Zen practice. Unfortunately, her Zen teacher at the time treated it in a rather offhand, cavalier manner as an example of "makyo," the side effect of a deep experience, but nothing to be pursued in its own right. His inability to affirm the significance of this experience for Linda left her feeling "dropped" precisely when she needed to be held. As a result, bonding and mutual trust did not develop between them.

She nevertheless was committed to and continued to practice zazen and to use a Zen perspective in her work with me in helpful ways. It was an essential part of the treatment process that she be allowed to use a method she herself had devised, her own creative integration of zazen and psychoanalysis. Thus Zen Buddhism and the practice of zazen were key elements in facilitating this woman's psychotherapeutic work by giving her a way to remain directly connected to her own experience.

In retrospect, had the Zen teacher had an awareness of some of the psychodynamics involved in personal transformation, he could have been more effective in sustaining a teaching relationship to her. In essence, she left Zen training because of empathic failures. While not every Zen teacher can be an analyst, a basic understanding of the dynamics of transference, projection and the need for empathy might make teachers more effective.

In another case, **Mary**, was a young woman whose mother died within a few months of her having become a novice monk. The mother left Mary a substantial inheritance. Trying to be faithful to her vows of poverty, Mary gave the entire inheritance to the Zen center, which the teacher accepted as appropriate conduct according to her vows. The effect of her action on herself, however, was the experience of an overwhelming sense of loss of self as a person, in the psychological sense, because of unresolved identification issues with her mother, and her own untreated and unresolved grief. Lacking the requisite sense of herself psychologically, she fled the Zen center in the middle of the night, never returned and never contacted anyone there again.

One cannot help but speculate on the possible alternative outcomes, had the teacher and advisors been trained to anticipate to some degree the precarious psychological state of vulnerability she was in at the time. Amid the trauma of losing her mother, for her to receive more money than she had ever dreamed of, but then, to be required to relinquish it before she ever had time to experience having it, constituted a gross disregard of the tumult she felt inside. In the absence of such understanding, that inner tumult was overwhelming. Had the teacher understood what was at stake for her, space and time might have been made for a process of discernment and a working through of her experience. Whether she remained a monk or not, she might have avoided the extremity of panic and the abrupt severing of ties with her teacher and sangha, resulting in a great deal of unfinished psychological and spiritual business. With some awareness of psychology, the Zen teacher and the center itself might have served as a successful container for her in such an extremely important time of transition, coming to terms with the loss of her mother, as well as understanding its impact on her own identity and sense of self.

The first case presented demonstrates the potential value of a spiritual practice for depth psychological work, and both cases demonstrate the potential value of a psychoanalytically informed empathy in spiritual training.

Buddhist practice can be a crucial complement to the individual focus of psychotherapy. When the Buddhist teacher and sangha can appropriately hold people in

their process of transformation and development, it can add the dimension of human family as well as the spiritually transcendent dimension, constituting a felicitous coming together of the horizontal (sangha community) and the vertical (spiritual depth) that exponentially amplifies and supports people in their spiritual unfolding process. What happens in the psychotherapy consulting room is then not an isolated process, but part of the larger reality, the universe itself.

When we look closely at the complex interactions in the relationship between a student and a teacher and between a patient and an analyst, we do not see contradictions between what is needed in one case versus the other. What we see in both relationships is the complexity of dealing with individual people whose process and stories need to be understood and responded to with the finest awareness we can muster. It is not a case of “self” versus “no-self”; it is a question of what is needed at the time. The psychodynamic understanding of empathy can serve as an “upaya”– a “skillful means” --for manifesting compassion in the student/teacher encounter. A spiritual practice can serve as a bridge between the psychotherapeutic experience and everyday life, and it can augment the potentially isolating experience of individual therapy with the community of fellow travelers. They can work together like two arrows meeting in mid-air.

ⁱ This paper was originally given at the Kyoto 2006 Conference on Self and No-Self in Psychotherapy and Buddhism: Continuing the Dialogue between Buddhism and Psychotherapy, May 16-19, 2006, Hanazono University, Kyoto, Japan.

ⁱⁱ Paul Cooper, “The Formless Self in Buddhism and Psychotherapy,” in *Psychotherapy and Religion: Many Paths, One Journey*. New York: Jacob Aronson, 2005. p. 23.

ⁱⁱⁱ Zenkei Shibayama, *The Gateless Barrier: Zen Comments on the Mumonkan*, Case No. 30. Boston: Shambhala Pubs. 1974. I leave for another discussion the fuller meaning of this koan,

especially when taken up alongside Cases 27 (“Neither Mind Nor Buddha”) and 33 (“No Mind, No Buddha”).

^{iv} Robert Jingen Gunn, *Journeys into Emptiness: Dogen, Merton, and Jung and the Quest for Transformation*. Mahwah, NJ: Paulist Press, 2000.