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Introduction

Western and Buddhist psychologies acknowledge the significant role distorted self-narratives play in poor mental health. But these two disciplines hold divergent views on the utility of “cherishing the self.” Western psychology claims high self-esteem is a requirement for self-confidence, happiness, and success. Buddhist psychology asserts wisdom and compassion are the forerunners of genuine confidence and sustainable personal and collective well-being. It further states that endemic *self-cherishing*—the habitual reification of distorted hyper-egoic self-narratives—is a primary source of mental and emotional affliction. Yet, Buddhist psychology also affirms the innate capacity of all human beings to awaken from *avidyā*, the mental suffering of self-cherishing.

This chapter explicates Western and Buddhist psychological models of self, Buddhist theories of *not-self*, and *conventional and ultimate self-cherishing*, and outlines a clinical approach that help patients recognize self-cherishing mentation and lessen its deleterious effects. Reducing cognitive–affective fixation on self-narratives of exceptionality or brokenness increases capacity for accurate self-evaluation and self-regulation.

This clinical method focuses on imparting the following skills: cultivating greater meta-awareness

and mindful self-reflectivity; engaging in dialogic inquiry to distinguish distorted inner narratives from experiential reality; and sustaining awareness of the actuality of experience through intentional use of *embodied presencing*. The dialectic, somatopschotherapeutic, and experiential quality of these skills make them easy to learn and self-apply. As the chapter’s patient accounts illustrate, cutting through self-cherishing is particularly beneficial for individuals struggling with depressive, anxious, trauma-related symptoms, chronic illnesses, and addictions.

Western Psychology on the Self

William James’ seminal chapter “The Consciousness of Self” (1890) launched psychology’s phenomenological study of the *self*. That approach was eclipsed in the early twentieth century by psychoanalysis and behaviorism (Leary and Tangney 2003). It took several more decades for innovators from object relations psychology (Horney 1950; Adler 1964), self-actualization psychology (Maslow 1973), and cognitive behavioral psychology (Beck 1979) to reignite investigation into the characteristics of a healthy self, and explore the role distorted self-narratives play in neurosis, anxiety, depression, and psychosis.

By the late twentieth century, three new research methods—systems modeling, examining the self in context, and seeking the neural

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correlates of self—led to the current consensus view of *self as a constructed, process-oriented, and context-adaptive system* (Damasio 2012; Northoff 2013). Though these advances proliferated numerous self-function models and a plethora of terms for describing self-processes and self-identities (see Fig. 22.1), the fact is twenty-first century psychology is no closer to definitively isolating a self.

However, sociologists and psychologists have agreed upon five basic categories of *self*: the whole person or unitary self; a personality (all or parts); an experiencing subject “I” or object “Me”; a collection of perceptions, thoughts, and feelings; and an agentic doer. A further simplification delimits all descriptions of self to three basic mentative processes: attention, cognition, and regulation (Mitchell 2003; Baumeister and Vohs 2012).

Another accepted framework distinguishes *self* from *identity*. *Self* is, “a feeling that something is about ‘me’” (Oyserman et al. 2012). *Self-concepts* are the mental supports a person uses to navigate and make sense of the world and their place in it—motivations, goals, expectations, beliefs, and judgments. Self and self-concepts contribute to *identity*—an enduring, yet shifting inner narrative about self (e.g., who I am, was, or will be.) Identity is formed from personal traits, familial/relational characteristics, group memberships, and self-views about personal value and authenticity

over a lifetime (Oyserman and Markus 1998). Most social science theories also accept the stable and variable nature of self. For instance, in mid-life, I am the same being as the 10-year-old Lisa, yet I am also an entirely different person.

Buddhist Psychology on the Self

We all have direct acquaintance with a self, the apparent source of the phenomenal unity of our perceptual and introspective experiences. Yet... it is notoriously difficult to provide an account of just what this thinking, feeling, remembering, planning, experiencing entity called the self *is* (Klein 2012, p. 617).

The self is an intimate enigma. We know it well, yet we know it not. To accomplish direct insight into the phenomenology of mind, the Buddha and successive Buddhist yogi-philosophers trained in various analytical meditation practices, now known as first-person contemplative research tools. The Buddha realized that self is, in actuality, *not-self (anātman)*—a collection of impermanent, interdependently existing cognitive-affective functions (*aggregates*) that together create the appearance of a separate, enduring entity (Bodhi 2000, 2003).

“Buddhist and scientific analyses of consciousness share a certain formal similarity. They both ask how things occur, not what they are—a

Descriptive Terms for Self-processes

Ego	Self-doubt
Ego defense	self-discrepancy
Ego identity	self-esteem
Ego integrity	Self-efficacy
Ego strength	Self-evaluation
Ideal self	Self-identification
Identity	Self-worth
Self-acceptance	Self-schema
Self-actualization	Self-perception
Self-appraisal	Self-regulation
Self awareness	Self-deception
Self-assessment	Self-denial
Self-blame	Self-trust
self-concept	Self-conscious
self-control	Self-regard
self-loathing	Self-care

Descriptive Terms for Self-identities

Psychophysical be-er
Agentive decider and doer
Subjective experienter
Autonomous subjective entity
Belief generator
Social and familial participant
Meaning-maker
Life determiner
Directional motivator
Intuitive being
Instinctual senser
Rational thinker
Emotional relator
Truth seeker
Spiritual striver
Creator and destroyer

(Adapted from Leary & Tangney 2003)

Fig. 22.1 Describing self-process and self-identity

question that is answered by causes and conditions, not by essences or entities” (Waldron 2008, p. 7). Buddhist topology of mind has much in common with theories recently put forth by cognitive neuroscientists and philosophers who envision a self assembled from nested neural-computational layers of increased complexity (Damasio 2012; Siderits et al. 2010).

These models postulate a *minimal self* receiving, processing, and responding to sensory inputs from the body and its environs to accomplish basic life functioning. Much of this activity is unconscious and autonomic. The next level is a *primitive egoic self*: a pre-reflective phenomenal self-awareness capable of determining boundedness (e.g., This is me, that is not me.) This nascent ego is the basis of the fully formed “I” (Vago and Silbersweig 2012).

Buddhist psychology advanced an analogous topology of self, elucidated in great detail in the historical Buddha’s teachings on *Dependent Origination (paticca-samuppāda)* and in later Yogācāra teachings on the structure of consciousness (Miller 2014). In these models, the minimal self is a *mere subjective receiver* and the primitive egoic self is *manas*, the “I”-“you” delineator and dispositional determiner.

Without contemplative training, the human mind naïvely attributes thingness to the felt-sense of a self (Garfield 2014). And who could blame us for this error? This illusory self appears to really exist inside a body, possess a stable autobiographical identity, have agency and capacity for directed action, and spew forth a continual stream of personal thoughts, feelings, opinions, and desires. And while all this mentation might feel very intimate and true, its self-possession is as illusory as the apparitional entity from which it supposedly emanates.

In the midst of such apparencies, Buddhist psychology questions the usefulness of cherishing the mentative output of what it considers a deluded mind. More importantly, Buddhist psychology considers this fundamental confusion—*avidyā (primordial ignorance or self-cherishing)*—and its concomitant cognitive-affective afflictions (*kleśas*) and distorted mental proliferations

(*papañca-saññā-sankhā*) the root cause of all human suffering (Tsering 2006; Miller 2014).

That conclusion is grounded in a primary tenet of Buddhist psychology, which holds that all phenomena (internal and external) can be understood both conventionally and ultimately (Garfield 2014). Conventional descriptions of objective reality affirm mundane, broadly agreed-upon properties of entities and objects. Conventional truths are the product of ordinary apperception, or what Buddhist psychology calls *obscured perception*. Ultimate truths represent unobscured, nonordinary ontological insights into the compounded, interdependent nature of objective reality and its myriad manifestations—including the self and its views (Brown and Ryan 2004). “Each of us is constructing our own reality, and understanding how we do this becomes crucial to our ability to experience happiness and meaning in our lives.” (Olendzki 2003, p. 17).

Western Psychology on Distortions of Self

Introspection produces self-views—the lens through which we perceive and construe experience (Swann et al. 2003). This skill requires the subjective “I” to reflexively contemplate itself as an object of perception (Northoff 2013). Sincere introspection and accurate self-evaluation are essential for mental health. Conversely, excessive rumination and distorted self-appraisals foster depression, anxiety, egocentrism, and self-and-other harming. Chronically depressed people hold disproportionately aversive narratives about self and world that amplify mental anguish and anxiety, and undermine self-efficacy and life satisfaction (Mendlowicz and Stein 2014; Beck et al. 2011). Individuals with schizophrenia and dissociative disorders suffer tremendously from fragmented self-representations and distorted worldviews (Westin and Heim 2003). Disrupted attachment and childhood trauma can instigate ruptures in the self, causing emotion dysregulation and various personality disorders (van der Kolk 1987; Briere and Scott 2014).

Buddhist Psychology on Distortions of Self

We must see that the root of all our suffering, all our pain, all our confusion is our own self-clinging, our sense of self-importance (Ponlop 2010, p. 87).

We are fragile beings; subject to the vicissitudes of human existence. It is a stark reality human beings tend to avoid. Though pain and pleasure are an inherent part of life in a human body, we are inclined to meet these experiences reactively rather than responsively. Pain induces aversion and withdrawal. Pleasure stimulates wanting and approach. *Suffering is the mental and emotional distress produced by an agitated mind overwhelmed with reactive resistance and longing.* Restated in Buddhist psychological terms: resistance to pain causes *aversion (dosa)*; longing for pleasure causes *craving (lobha)*; overwhelm arises from not recognizing the pervasive *self-delusions (avidyā)* which give rise to all afflictive mind states (*kleśas*).

No wonder the self's distorted narratives of omniscience, significance, and supremacy seem so enticing. How comforting to believe we are the master controller! "Humans seem to be unique in their preference for such self-delusions. In fact, humans would make better choices... if they did not believe that they personally could control what are, in actuality, chance outcomes" (Baumeister and Vohs 2012). So much human suffering results from this fundamental mis I'identification, known in Buddhist psychology as *self-cherishing* (Tsoknyi and Swanson 2012).

Conventional Self-cherishing

Do not equate self-cherishing with accurate self-regard or basic human goodness. *Self-cherishing is deeply painful mentalizing; an all-consuming cognitive-affective fixation on distorted, hyper-egoic self-narratives.* As you read these descriptions, bear in mind that though mental health clinicians primarily work with people struggling with severe presentations of self-cherishing, because *avidyā* is intrinsic to the human condition, we all suffer its deleterious effects to a lesser or greater extent.

Conventional self-cherishing is: (1) putting one's importance and interests above that of others; (2) a strong belief in or over-identification with feelings of separateness and/or animosity toward other beings; (3) unawareness of the mechanisms by which distorted self-narratives cause inner and outer harming (Jinpa 2011; Mitchell and Wiseman 2003).

Conventional self-cherishing has both positive and negative manifestations:

Positive self-cherishing is: (1) pervasive self-schemas of arrogance, exceptionality, and entitlement; (2) heedless, reckless, impudent, self-satisfying conduct; (3) obsessive fixation on one's superiority and specialness; and (4) compulsive affirming of inner exceptionality.

Negative self-cherishing is: (1) pervasive self-schemas of brokenness, inferiority, self-loathing, self-blaming, and unworthiness; (2) fearful, over-cautious, acquiescent, self-repudiating conduct; (3) obsessive fixation on one's inferiority and insignificance; and (4) impulsive affirming of inner brokenness.

Is Conventional Self-cherishing Comparable with Self-esteem?

I grapple with this question each time I do an intake with a new patient visibly struggling with negative self-cherishing. Inevitably at some point in our first encounter they will exclaim with great sincerity, "I know all my problems come from low self-esteem. If I had high self-esteem everything would be fine." I understand why they cling to this supposed remedy. For the last twenty-five years Western psychology and the American educational system have touted high self-esteem as a cure for all manner of deficiencies. But is it?

Research has delineated two types of self-esteem: *explicit*—conscious self-evaluation derived from external boosts and prompts, and; *implicit*—unconscious internally derived dispositional self-evaluations.

(1) Though self-esteem has some relationship with psychological well-being, no direct causal link has been found between happiness and high self-esteem (Baumeister et al. 2003). In fact, the pursuit of high

self-esteem turns out to be quite problematic (Neff 2011). Adults who test high in self-esteem claim to be more likable, attractive, and have better relationships than those with low self-esteem. But objective measures disconfirm most of these self-views (Judge and Bono 2001). *That suggests the presence of positive self-cherishing.*

- (2) Low explicit self-esteem can predict later depression. But depression has no effect on levels of implicit self-esteem (Orth et al. 2008; Brown 2014). Depressed individuals crave self-esteem boosts, but react with strong aversion when self-esteem prompts are offered. Moreover, excessive wanting of self-esteem is a predictor of poor mental health outcomes (Bushman et al. 2012). *That suggests the presence of negative self-cherishing.*
- (3) How about self-esteem in education? Though today's young adults place more value on receiving self-esteem boosts, explicit self-esteem exerts no influence on improving K-12 or later academic performance. Enhanced academic achievement is an outcome of self-discipline and self-regulation (Di Giunta et al. 2013; Valentine et al. 2004).

So what is the actual effect of self-esteem boosting? Research shows a direct causal relationship between high explicit self-esteem and narcissism (Bosson et al. 2008; Campbell et al. 2002). In fact, data on levels of narcissism gathered over a 30-year period from 15,000 American college students showed significantly higher levels of narcissism in those tested in the 2000s (recipients of K-12 self-esteem curricula) than those tested in the 1980s and 1990s (Twenge et al. 2008). Of greatest concern is the finding that high self-esteem in combination with high narcissism produces higher levels of aggression (Bushman et al. 2009).

Based on these findings, it seems reasonable to correlate high and low self-esteem with

positive and negative self-cherishing. And if the goal is to help patients free themselves from the suffering of conventional self-cherishing, replacing one self-fixation for another is not the appropriate psychotherapeutic intervention.

A Culture of Self-cherishing

War, crime, pollution, racism, income disparity, exploitation, and hunger thrive in societies where self-evaluation and self-regulation are undervalued (Strauman and Goetz 2012). Americans are now, more than ever, engrossed in the pursuit of personal welfare and the enterprise of indiscriminately generating good feelings about it—no matter the action or result. Our culture's normalized narcissism and assumed entitlement (Konrath et al. 2011) trump empathic concern and wise introspection.

On the one hand, we are imperfect beings; on the other hand, our imperfect perception allows us to experience the awe-inspiring beauty of ordinary existence. Yet by and large we don't. Most modern people live disaffected, disembodied lives, desperately seeking distraction in a miasma of work, relationships, substances, devices, and possessions. It is a sad state of affairs, particularly so, since an ordinary human mind and body are the necessary elements for achieving liberation from suffering. Buddhist psychological methods for transforming delusion into wisdom and self-centeredness into compassion are designed to awaken a *culture of self-cherishing* to its own-and-other suffering (Jinpa 2011).

Cutting Through Conventional Self-cherishing

The Buddha taught that liberation from suffering arises spontaneously in a mind devoid of craving, aversion, and delusion; freed from self-cherishing. If that sounds like a tall order the Dalai Lama reminds us that, "Overcoming these afflictions takes place not in one instance of

awakening to not-self... one can gradually overcome... acquired afflictions... that are more naturally and deeply embedded” (Kabat-Zinn and Davidson 2012).

Working from within a frame of sudden *and* gradual awakening expands a clinician’s range of beneficial psychotherapeutic interventions. Using tools that alleviate mild-to-moderate discomfort *and* stimulate mindful inquiry, empowers therapist and patient to examine everyday concerns while lessening more endemic and distorted self-processing.

The first step is to help patients recognize the habitual, dysfunctional, self-schemas they tend to orient to and fixate upon. Over time, these self-narratives habituate, reify, and become affectively stickier (Myers and Wells 2015; Hillis et al. 2015). This may explain why most people unquestioningly believe the mind’s *self-cherishing content* and blindly follow its bidding; seemingly unaware of how these dysfunctional thoughts and feelings effect their daily life.

Pointing out the difference between distorted thoughts and actual occurrence cuts through experiential fusion and reveals the cognitive reification (Lutz et al. 2015) of believing thoughts are anything more than representational mental events (Condon et al. 2015). While this may sound like decentering and cognitive perspective taking (Butler et al. 2006), those interventions reify the substantiality of “alternative, more accurate” thoughts. Here the therapist helps a patient develop meta-awareness so they can directly perceive the insubstantial nature of all thoughts and land in the actuality of phenomenal experience.

Below are two examples of cutting through conventional self-cherishing in the midst of psychotherapeutic dialogue:

Patient: I was in my exercise class and the teacher mimicked the incorrect way to do the move and then said, “Don’t do the exercise like this.” That was exactly how I had done it! The thoughts of how I can’t get anything right came (*habitual negative self-cherishing*) and I felt that awful melting in my belly and legs (*somatic distress*

response) because I couldn’t do what the instructor asked.

Lisa: What was the first thing you remember feeling when you heard him say, “Don’t do the exercise like this.”

P: I felt fear. (*An automatic response arising from negative self-cherishing*)

L: He scared you? You felt threatened? (*Inviting inquiry into the actuality of experience*)

P: No... I immediately smiled and said, “That’s exactly how I did it!” (*A direct authentic response*)

L: That sounds spontaneous, almost childlike... Not fearful. (*Pointing out the discrepancy between distorted narrative and actual experience*)

P: Well that was probably the “good girl” talking (*Reifying the conventional self-cherishing identity*)

L: Even when you said it right now, it sounded and looked spontaneous and genuine. You were smiling and excited. No sign of fearfulness. (*Naming conventional reality as it actually is*)

P: Well, I guess I was just embarrassed... and only listening to my inner story about how I always do everything wrong. (*Cutting through conventional self-cherishing*)

Another example from my textbook on Buddhist psychology (Miller 2014, pp. 79–80):

Patient: I kind of taught myself to meditate from books and I’ve listened to a couple of CDs. I get so bored with the breath. My thoughts are just so much more fascinating that I end up giving into them instead.

Lisa: (smiling) Yes, the mind can be very attracting! All those fascinating scenarios, ideas, narratives, and images. Who would want to be with ordinary breath? (*Joining in the distorted narrative to increase awareness of it*)

P: Exactly! Breath is so ordinary and boring.

L: Well, the ordinary is pretty extraordinary if we are willing to experience it devoid of our mental constructions about it. (*Naming conventional reality as it is*)

P: What do you mean? I experience breath when I think on breath?

L: Yeah, that’s the thing... most people think about breath when they “meditate on breath” instead of experiencing the physical activity of breathing.

P: I don’t see the difference. Thinking about something is the same as experiencing it.

L: Pick an object in this room. Any object. (We are not in my office.)

P: Okay... that notebook on the shelf.

L: Which one?

P: The one that says, Codes and Stipulations.

L: Can you describe what you see? (*Inviting them into the actuality of experience*)

P: It is a green notebook and when I see Codes and Stipulations I get really angry because it reminds me of all the years I spent going through pages and pages of regulations for my job. I am sure that notebook is full of pages of grief! (*Positive self-cherishing narrative takes over*)

L: Did you notice how your mind constructed a story about that notebook based upon your past history of dealing with regulations? And how it colored your experience of that object? How convinced you are that you know exactly what it is and that it is filled with pages and pages of grief? (*Directly pointing out the narrative distortions*)

P: Well what else could it be? That's the way they always are. (*Reifying the habitual, distorted self-cherishing*)

L: Shall we look and see what is inside?

P: Why not, I know what is going to be in there. (*Positive self-cherishing*)

L: (I reach for the notebook. When I open it, there is one page with about six sentences.)

P: Wow... I wonder how much I do this with everything else in my life? (*Cutting through conventional self-cherishing*)

Cutting through the distortions of conventional self-cherishing allowed these individuals to loosen internal fixation on false notions of inferiority and grandiosity. Experiential awareness is the great uncoupler and facilitator of a clarity of mind I call *provisional not-self*, which is unobstructed, accurate knowing of conventional reality.

This experience from a patient (2015) with a long history of PTSD illustrates the liberative effect of realizing *provisional not-self*: "For the first time in my life I feel like me as I truly am, without the constant feelings of threat and worry. This week I even had one day when I felt a strong wave of frustration, which before would have frozen me with anxiety. Instead I found myself just getting to know it. It was amazing! That made it possible to simply ask myself why I might be feeling frustrated? It was easy to figure out the reason and then determine what I could and could not do about it. That calmed me down and gave me a direction to follow. *None of the*

negative thoughts about myself came up like they normally would and there was no anxiety."

Embodied Cognition

Cognition is not an event happening inside the system; it is the relational process of sense-making that takes place between the system and its environment (Thompson and Stapleton 2009, p. 26).

Identity is not just thought-based. Self-schemas are also shaped by repeated nonconscious interactions between the body and its surround (Vago and Silbersweig 2012). Theories of grounded cognition (Barsalou 2008) and enactivism (Colombetti 2010) are beginning to move cognitive neuroscience away from its long-held brain-centric views and toward a contextual approach to thinking, emoting, and sense-making.

Similarly, Western psychology and psychiatry have maintained a mind-brain-centric stance by largely ignoring the vital role bodily systems play in the cause and remediation of mental health disorders. Enactive approaches to mental health like Somatic Experiencing™ therapy (Levine 2010) and integrative psychiatry (Oulis 2013) consider central nervous system dysregulation and gut-brain-microbiota imbalances possible contributing factors in mental health disorders (Porges 2007; Luna and Foster 2015). Complementary approaches and somatosensory awareness techniques empower patients to employ mind-body skills in their daily lives (Payne and Crane-Godreau 2015; Horowitz 2014; Tang 2011; Staples et al. 2011).

I incorporate Somatic Experiencing™ interventions with psychotherapeutic dialogue, and when appropriate, offer targeted qigong practices. Both methods calm autonomic overactivation (Levine 2003; Sawynok and Lynch 2014; Payne et al. 2015) and teach patients to deliberately shift attention from anxious/ruminative mentation to actual objects of awareness (e.g., environmental stimuli and bodily sensations). Mind-body mental training is critical for increased attentional control and self-regulation (Tang and Posner 2012; Schmalzl et al. 2014; Johnson et al. 2014; Clark et al. 2015). Greater capacity for mindful embodiment

means more presence and aliveness and that means less conventional self-cherishing.

Embodied Presence

I've been having strong awareness of being in my body, in my own boundaries. It is a visceral, embodied experience of self-worth rather than a mental or emotional understanding of self-worth. It feels fully contained and deeply self-reflective. — patient comment

The next step in cutting through conventional self-cherishing is facilitating a patient's somatosensory awareness of basic aliveness—what I call *embodied presence*. Somatosensory awareness is a healing balm for the narrative absencing of conventional self-cherishing. Experiential focus (EF) (Farb et al. 2007, 2013) is the primary mechanism of embodied presence. EF is a “deliberate opening to the natural flow of sensory stimuli, body sensations, thoughts, and emotions, during which self-referencing is momentary and contextually integrated within an ever-shifting continuum of experience” (Miller 2014, p. 59).

Interoceptive attending to bodily and mental stimuli, and exteroceptive attending through the five senses to environmental stimuli, shows us what aliveness is like from the body's perspective. The physical system effortlessly navigates each moment *embedded* in, *extended* out into and *enactively* participating in its world (Di Paolo 2009). I call this hypo-egoic aliveness *organismic wisdom*—an innate intercorporeality that confers clarity, openness, confidence, and tranquility; even in the midst of distress.

Here a patient (2012) describes the calming and empowering effects of embodied presencing:

I woke up about 3:00am with a fast heart rate and thoughts of impending doom. As I became aware of the bodily feeling of anxiety, I realized I was just relaxing into the experience of anxiety. My mind was with the reality of my bed, the warmth and comfort of being in the dark. No threat, no danger; just seeing mind for what it was. Reality was in my body. The thoughts of sudden death, impending doom, and things I'd done wrong, cycled through. But I stayed with them and they felt just like racing thoughts. Then I returned awareness to my body, my refuge.

The greatest benefit of embodied presence is *it empties the mind of self-narratives* (Vago and Silbersweig 2012). A patient (2015) who came to work with me after years of failed talk therapy for childhood sexual trauma and a resulting eating disorder describes it thusly:

I never understood that what my mind creates isn't a current danger. I knew I was really scared all the time of everything, but didn't understand my mind was using the memory of abuse to flavor everything. Now I can play with or hear how the fear isn't real right now. The mind is the prison, the world is safe, and I am not the craving.” That is the blossoming of organismic wisdom.

Another patient (2013) with a history of severe anxiety and depression extolls the benefits of knowing reality through the refuge of embodied presence:

Though I'd done two years of CBT, when I was emotionally sunk with terror I still couldn't believe my own commonsense thoughts about what I was experiencing. *I was so used to knowing my body through the stories my mind told me about it, not the actual experience of it.* Now I soften into the uncomfortable sensations, calm down and realize it's actually okay. Irrational thoughts and emotions subside and I feel actual relief. I have been using these techniques daily and amazingly the panic episodes and depressive terrors lessened in frequency and intensity and now I don't have them anymore. I no longer automatically believe the stories my mind tells me about myself. *Now I seek out actual experience and trust in that.*

Resistance to impermanence is ego-created and adventitious. The bodily system perceives and willingly participates in the phenomenal interplay of moment-to-moment co-arising, co-existing and co-dissolving. This embodied intersubjectivity (Di Paolo and De Jaegher 2015) enables the system to know its boundaries while perceiving the surround as both other than and a part of itself. This is what I call *organismic compassion* (Fig. 22.2)—an intrinsically hypo-egoic altruistic inclination for equanimity, willingness, and connectedness (Sato et al. 2015; Warneken et al. 2007; List and Samak 2013).

A patient (2014) with chronic depression, anxiety, and a debilitating physical illness describes the interaction of naturally occurring

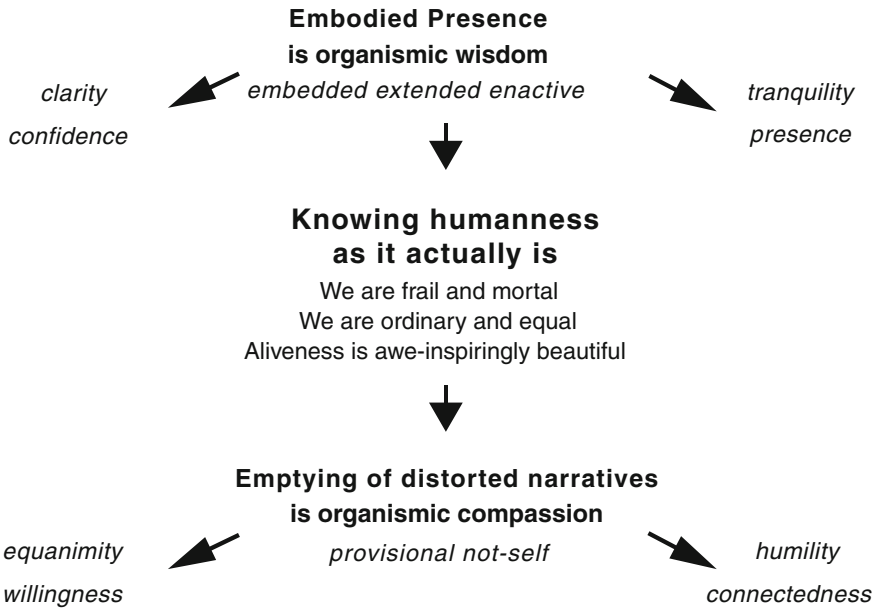


Fig. 22.2 Organismic wisdom and organismic compassion

and intentionally cultivated organismic wisdom and organismic compassion:

I've had moments today where I've been able to relax into the moment more than in the past. Just now the melancholy tried to swallow me up; I used to always go with it and get drawn in by it. This time I was aware of it and did not get drawn in. I allowed myself to feel the little sadness but did not get hooked by the melancholy. I never realized I had a choice. This is where the new habit really begins. I can feel sad that it's Friday night and my only choice is to hang out alone in the living room with the dog, while my family is out having fun. Or I can feel the safety of this room, look out at the trees, feel the freedom to write, listen to the soft music and enjoy the companionship of a loving and devoted animal. I can feel sympathetic joy as she chews on her bone or nestles in her pillow. I should be able to do this any time, even when I'm not well rested. I just have to deliberately go this way instead of the other older way.

Another patient (2013) with a history of self-medicating severe social anxiety with alcohol had this experience:

I arrived at the gathering and was not feeling anxious, like I normally do. I poured myself a glass of ice water and started saying hello to people. It was so strange I've known many of them for years and have intense opinions about them—lots of it

negative or fearful. But I found myself not judging them. Just being with them as they are. I let them talk and really listened without the stream of anxious negative self talk. I was actually with them! After some time, the hostess asked if I would like a glass of wine. Normally I would have already had at least one or two glasses of wine by that time to lessen the anxiety of talking to people. I said yes, but it didn't really make much of a difference in how I felt about them or me. I realized the story I had been telling myself about my anxiety and what alcohol did for me, why I needed it, was completely false.

Notice the ease of being in a challenging situation emptied of the strain and judgmentality of conventional self-cherishing. A mind with less conventional self-cherishing actively transforms delusion into wisdom and self-centeredness into compassion. But is *provisional not-selfing* the same awakening the Buddha experienced and taught? Conventionally, yes. Ultimately, no.

Ultimate Self-cherishing

The patients who have generously shared their experiences in this chapter are a mix of meditators and nonmeditators. Their accounts suggest that as long as one is cultivating embodied awareness and applying real-time analytical

inquiry, conventional self-cherishing is easily identified and cut through in the midst of lived experience.

But to be perfectly clear, the endgame of Buddhist psychology is not less conventional cognitive–affective affliction. Awakening out of *avidyā* or primordial unawareness, is the definitive objective. That can only be accomplished by cutting through the underlying, pervasive delusion of *ultimate self-cherishing*.

Though Western and Buddhist psychologies agree that unconscious drives, impulses, and feelings influence self-schemas and identity formation these two disciplines hold quite different conceptualizations of the unconscious. Fortunately, modern neuroscience is moving Western psychology away from solely equating the unconscious with subliminal urges (Bargh and Morsella 2008) and toward an embrace of a phenomenal, continually constructed unconscious (Eagleman 2011; Damasio 2012).

That notion has long been held by Buddhist yogi/philosophers who, “systematically examined and analyzed how unconscious processes determine the shape of our experiences and delimit the autonomy of our actions... since these observations arose out of traditions that had long before deconstructed any autonomous ego... the loss of an autonomous self proved a gain in understanding of self” (Waldron 2008, p. 1). Such profound self-understanding comes when the mind clearly comprehends unconscious material through direct awareness of its occurrence and results.

At this point, it might help to restate Buddhist psychology envisages an individual, “as a matrix of dependently related events in a state of flux” (Wallace 2009, p. 109) and construes the interdependent co-arising of mind-body with causes and conditions. Furthermore, the felt-sense of a self results from mere conceptual imputation. “That is, on the basis of either some aspect of the body (e.g., “I am tall”) or some mental process (e.g., “I am content”), the self is conceptually imputed *upon something it is not*” (Wallace 2009, p. 109). Here Buddhist psychology points

out the basis of self-delusion: the habitual innate reification and mindless imputation of solidity and separateness to a compounded, identityless, entityless self.

Ultimate self-cherishing is: (1) Not recognizing the harmful effects of *innate reification*—the embedded habit of reflexively perceiving self and outer phenomena as separate, permanent, and substantially existent (Garfield 2014); (2) not recognizing all harm perpetrated upon oneself occurs because other beings are similarly suffering the delusion of innate reification; and (3) not recognizing all phenomena, including self, are mere appearances of the basic luminosity of mind (Ponlop 2010).

Buddhist psychology posits the possibility of liberation from ultimate self-cherishing because: (1) Wisdom and compassion are intrinsic characteristics of human consciousness; (2) every human being has the capacity to awaken from primordial unawareness and attain wise understanding of *not-self*; and (3) this is accomplished through steadfast practice of ethical conduct, vigilant contemplation, and direct recognition of the inseparability of awareness and emptiness (deathless, *śūnyatā*, *rigpa*)

Those suppositions might provoke one to question if cutting through ultimate self-cherishing belongs in the context of psychotherapy? The National Institute of Mental Health (2015) describes psychotherapy as, “a way to treat people with a mental disorder by helping them understand their illness. It teaches people strategies and gives them tools to deal with stress and unhealthy thoughts and behaviors.” Though that description implies psychotherapists work primarily with conventional self-cherishing, psychotherapy often involves uncovering and healing more deeply entrenched psychological distress.

Recognizing ultimate self-cherishing exposes the unconscious anxiety of self-reification (Dahl et al. 2015)—a mental agitation, so pervasive we rarely question the dualism, egotism, separatism, animosity, and avarice it spawns. That is the very inner unsettledness which gives rise to every

form of conventional self-cherishing and this makes the line between conventional and ultimate self-cherishing quite permeable. Cutting through the permeability of self-reification requires a disruptive healing technology: one capable of producing a quiescent, diamond-like mind that clearly comprehends both gross and subtle levels of perception. *Only dedicated contemplative research can accomplish that task.* That means daily practice of formal meditation such as, concentration (*shamatha*), insight (*vipassanā*) and compassion (*karuṇā*) practices.

Concentration meditation develops attentional focus, mental stability, and serenity (Brefczynski-Lewis et al. 2007; Lutz et al. 2009; Wallace 2011). Insight meditation hones the mind's capacity for inquiry and deconstruction (Tang et al. 2015; Thera 2005; Goldstein 1993). *Shamatha* and *vipassanā* offer direct insight into the compounded, ever-shifting nature of all internal and external objects of perception.

Lovingkindness, *tonglen*, and equanimity meditations (Miller 2014) are critical for decreasing self-fixation (Dambrun and Ricard 2011). These practices lessen mental time spent judging, blaming, and hating others and oneself and create more inner space for the arising of genuine happiness and altruism (Shonin et al. 2014; Hoffman et al. 2011; Desbordes et al. 2012). Knowing the true source of our own suffering catalyzes deeper insight into other suffering (Singer and Klimecki 2014; Halifax 2012). Understanding that other beings may not know the source of their suffering or how to alleviate it, elicits empathy and compassionate motivation to help (Ozawa-de Silva et al. 2012). More than once I have witnessed a trauma survivor or a perpetrator startled by a spontaneous wave of compassion for the other's suffering. These are moving and astonishing experiences, an inspiring example of the power of self-dereification.

Egolessness and Liberative Insight

When we reach the point of having “looked” deeply and extensively into both body and mind

and are unable to find the existence of a self, we'll experience a gap. At that point, we can rest our mind in a moment of pure openness, which we call nonconceptual awareness. That's the beginning of our discovery of selflessness (Ponlop 2010, pp. 86–87).

Egolessness in Buddhist psychology does not mean no ego. It means directly perceiving the essence of *not-self*—nonconceptual, pristine awareness. Like a mirror, the clarity and open-heartedness of nonconceptual awareness accurately, unbiasedly reflects whatever comes. Yet awareness remains unperturbed and unaltered, vivid and vibrantly illuminating reality (Mingyur and Swanson 2010). A unified mind, uncoupled from the habit of dulled, distorted perception, readily recognizes, “The entire phenomenal world is nothing other than empty appearance. It is not how we believe it to be—singular, permanent, intrinsic, and solid. That is ignorant mind's designation of things” (Kongtrul and Schmidt 2009).

Patients who regularly practice formal meditation do have direct insight into *not-self*—in and out of psychotherapy sessions. Here is a great example:

I am starting to see directly, or at least glimpse now and then, that the whole constellation of sensation and experience is *not* actually real or external or permanent, but workable.—patient comment

To cut through ultimate self-cherishing, Tibetan Buddhist teacher Thubten (2015) suggests:

Do not seek your problems in the body, your circumstances, or others. In the end you will find all your suffering resides in your own mind. This is the most profound insight one can have. Always be aware of what is occurring in the mind, vigilantly minding the contents, and always keep the benefit of others as the supreme guide for all actions. Many traditions talk about finding the space between thoughts. That is where there is no more storyline about who you were, are or will be; no more fantasies, anxieties, dreadful memories, depressions, hopes or fears. This is the sacred space within; where all struggles cease for a single moment. And for that moment complete belief in the mind is suspended and awe-inspiring reality is apparent. That is the healer for all wounds.

Conclusion

By *revolution* I mean turning over the system that has made you go into analysis to begin with (Hillman and Ventura, 1992, p. 38).

Buddhist psychology is a revolutionary analytical and experiential therapeutic method. One that seeks to liberate the human mind from its deepest affliction: the delusion of self-cherishing. Facilitating an individual mind to free itself from its own ignorance, greed, and hatred is truly revolutionary when therapist and patient are motivated by selflessness. That psychotherapeutic work has the power to liberate not just the patient, but also all beings with whom that person interacts and by extension the society in which they reside.

That said Buddhist psychology was introduced to the West through the lens of an existing psychotherapeutic tradition more interested in healing individual selves than generating collective healing and societal transformation. This has led to Buddhist psychological interventions that are palatable to a self-focused therapeutic community. Additionally, America's disjointed and paltry mental health system mainly serves those who can afford treatment and are pursuing relief from the distress of modern living. "De-stress, love yourself, be happier" is how the mental health system markets and dispenses clinical mindfulness and clinical compassion interventions and even Buddhist psychology.

I am reminded of a recent much-touted randomized controlled trial of mindfulness-based cognitive therapy (MBCT) that showed MBCT is not superior to maintenance antidepressant treatment for the prevention of depressive relapse (Kuyken et al. 2015). Put that finding in context with the fact that antidepressants have repeatedly been shown to be no more effective than placebo. Moreover, a 2012 study found, "Increased capacity for decentering and curiosity may be fostered during MBCT," but also stated, "It is currently unknown whether the studied mediators and proposed mechanisms such as

mindfulness, rumination, compassion and decentering are unique to MBCT... Other therapies such as CBT [Cognitive Behavioral therapy], IPT [Interpersonal Psychotherapy], and antidepressant medicine (ADM) may also impact these variables" (Bieling et al. 2012).

But let us suppose these mediators and mechanisms do turn out to be unique to mindfulness-based interventions (MBIs) like MBCT. Should we then infer that reductions in reactivity, pain unpleasantness, and brain area activation, or increased awareness, calm, and self-compassion signals a fundamental movement from hyper-egoism to hypo-egoism, or the emergence of profound insights into the causes of self-and-other suffering? In other words, does lessening of mind-body symptoms indicate similar decreases in self-centeredness and self-separateness? I suspect that without delivering an analytical framework for wisdom and compassion, symptom relief becomes just another source of self-cherishing. Definitive answers to these questions might come from comparing MBIs to a standardized intervention that delivered similar meditation practices along with Buddhist psychological and philosophical teachings on impermanence, unsatisfactoriness and not-self.

In conclusion, the purpose of cutting through *conventional self-cherishing* is to eliminate all distorted self-narratives of exceptionality or brokenness and land intentionally and virtuously in intercorporeal engagement with mind and world. Cutting through the delusion of *ultimate self-cherishing* is the work of going beyond all concepts—fearlessly dereifying the self until all that remains is the innate luminosity of nonconceptual awareness. With that realization, one is able to wisely, compassionately and skillfully enact the total workability of each moment. Thus liberated from the suffering of *avidyā*, one's life energy naturally turns toward ending the suffering of all other beings. That revolutionary transformation is the penultimate aim of Buddhist psychology.

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