

Object Relations Theory, Buddhism, and the Self: Synthesis of Eastern and Western Approaches

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INTRODUCTION

WHAT IS THIS STRANGE ENTITY known as the "self," which is the object of investigation of most current psychoanalytic thinking? Object relations theory, ego, and self-psychology all suggest different concepts of the self, its development, and the developmental arrests leading to adult personality disorders. Each school presents different treatment modalities based on diagnostic and developmental considerations, as well as differing ideas about what cures in therapy. Other, non-analytic, therapies often avoid developmental issues, but have implicit or explicit models of the self embedded somewhere in their theories.

This same self has also been a focal point of nearly 5,000 years of Eastern metaphysical and religious investigation. The Eastern effort emphasizes phenomenological investigations of the self as present experience, followed by interpretations of that experience based on traditional metaphysical systems. The self's personal history and infantile origins are ignored. The Eastern approach lacks a clinical tradition as we know it, and "self" is often used to denote non-personal, special states of consciousness ordinarily regarded as mystical in the West.

The Hindu self has two levels: Jiva, or the individual soul, and Atman, its universal and spiritual aspect, the experience of which is found in enlightenment. Buddha denied that either self existed, and maintained that the experience of Emptiness was the ultimate phenomenological substratum of both the self and the world. Buddhism attempts a radical resolution to all psychological illnesses by ending their source, the self, and expanding consciousness towards an identification with all of reality.

Efforts have been made to integrate these fundamentally different concepts of self and their derivative therapies,¹ without a great deal of popular acceptance. Current transpersonal syntheses employ the notion of invariant stages of progressive ego development and suggest using different types of therapies for different levels of developmental arrest. This differs from psychoanalytic thinking only in the assumption of developmental stages far beyond the Oedipal stage (see table on pages 65-66). I will argue that an alternative synthesis, combining Eastern

¹Masao Abe, *Zen and Western Thought* (Honolulu: Univ. of Hawaii Press, 1985); Wilber in K. Wilber, J. Engler, and D. Brown, *Transformations of Consciousness* (Boston: Shambhala, 1986); and J. Engler, "Vicissitudes of the Self According to Psychoanalysis and Buddhism: A Spectrum Model of Object Relations Development," *Psychoanalysis and Contemporary Thought* 6 (1983), 29-72.

introspective techniques within the conceptual frameworks offered by object relations theory, self psychology, humanistic therapy, and a Reichian emphasis on body experience, offers greater clinical value and acceptability.

THE BUDDHIST CONCEPT OF SELF

Buddhism originated 500 years before Christ within the context of an even older Hindu society with an oral spiritual tradition extending back before 3,000 B. C. With such a rich and complex set of systems, it is impossible to make accurate generalizations about Eastern philosophy. For purposes of accuracy, I will therefore limit my remarks about Eastern religion to the exposition of a few basic beliefs of Buddhism with a special emphasis on Zen, which in China alone consisted of five major and dozens of minor schools.

One fundamental problem of Buddhism involves understanding the processes of identification, especially how they create and maintain the self in the here and now.¹ How and why do we identify with objects, people, and ideas, and what is the structure of the resulting self? How real is the representational self and the representational systems that comprise our idea of the external world? What is the self and world after these representations have been removed? Buddhism places a heavy emphasis on the quality and existential priority of non-cognitive experience, unconditioned by images, memory, or thinking.

In Buddhism the personal self, the "I," the "me," is generally considered pathological. The I, the ego, the self, and everything personal are all regarded as illusory and the source of all suffering. In Zen, the personal self is more ambivalently treated. Some masters say it has no value, and belief in the self is a result of ignorance. This seems to be the attitude conveyed in popular Zen books and is the substance of most Koan stories about ancient monks and their enlightened insights. There is little concern with the everyday problems and emotional issues that bring most people into psychotherapy, because in Zen *ultimately* there is no personal self. Most Zen masters spend little time discussing emotional problems and talk instead about the "real" nature of mind and the world.²

One exception to this general disregard for the particulars of emotional suffering is Buddhism's deep concern with the pain associated with becoming attached to others and objects in the external world, and then losing them. Abandonment anxiety lies at Buddhism's heart. The Theravadan Buddhist solution is to end the self along with its attachments to others (object relations). In the West we have an old and popular saying, used to urge others to enter romantic relationships despite their fear of them: "It is better to have loved and lost than to never have loved at all." Buddhists disagree, saying it is better never to have loved than to suffer pain of loss of persons or objects. Buddha abandoned his family in order to seek his own escape from suffering. Love, for a Bodhisattva, is not attached, dependent, or romantic—it is non-attached but compassionate.

Unlike most other forms of Buddhism, Zen does leave room for the idiosyncratic and the personal. Zen is not a single system or philosophy, but is comprised

¹Private conversation with Maezumi Roshi during 1986.

²Engler in *Transformations of Consciousness*; S. Seung Sahn, *Dropping Ashes on the Buddha* (New York: Grove Press, Inc., 1976); and Abe, *Zen and Western Thought*.

of many individual masters with separate perspectives and experience. This is the gist of a famous Zen Koan in which a master claims that there is no Zen in China, only many great Zen teachers. In the higher forms of Samadhi and enlightenment, the individual is lost in universal merger experiences, but the "small" self always returns and its value is not forgotten by some masters. A few fill their Dharma talks with personal accounts of their own emotional problems from early life and in the present. Two such masters are Sasaki Roshi, whose talks were a constant source of delight for me through the 1970's, and Maezumi Roshi, who constantly emphasized the necessity of facing personal problems in the world.

Buddhism does not have a developmental theory of the self nor does it deal with the commonly recognized disorders of the self, postulated by psychoanalysis, or their attending symptoms such as: 1) depression, inertia, and work inhibition; 2) shame and humiliation; 3) hypochondriacal and psychosomatic disorders; 4) feelings of worthlessness; 5) isolation and loneliness; 6) feelings of emptiness, void, panic at the enfeeblement or fragmentation of the self; and 7) feelings of hurt and rage at not having been understood, loved, appreciated, recognized, or taken seriously. These feelings, which presumably disappear with the disappearance of self, are rarely discussed in Zen. They are not recognized as evidence of any specific constellation of personality problems or disorders.

Jack Engler⁴ claims Buddhist philosophy and practice presumes a normal, non-pathological level of self-development, and is directed towards attaining a trans-normal development of consciousness. Engler cites Freud's pessimistic appraisal that psychoanalysis aims at ending neurotic suffering and replaces it with ordinary human unhappiness. What psychoanalysis considers normal development, according to Engler, is just an advanced case of arrested object relations development which can be repaired by meditation practice. He and Brickman⁵ claim that the existence of the ego itself is an illness and that Freud's normal unhappiness can be transcended through practices beyond psychotherapy.

Other psychologists have suggested that Buddhist and other Eastern religions have origins in cultures and times with different levels of psychological development corresponding to a possibly less differentiated and definitely more tribal self.⁶ It is difficult to believe that Buddhism did not address the emotional needs of its original followers or that Buddha lived in a time of fully developed and differentiated selves. If the early Buddhists suffered from narcissistic disorders, these issues would certainly have been addressed—at least if they had been recognized as a diagnostic problem. But the diagnosis of the narcissistic and borderline characteristic is a recent Western phenomenon. Were there no narcis-

⁴Engler, "Vicissitudes of the Self . . ." and in *Transformations of Consciousness*.

⁵H. Brickman, "Ordinary Human Unhappiness: the Reality Principles of Psychoanalysis and Zen." Pre-publication manuscript (1984) presented at the Southern California Psychoanalytic Society.

⁶E. Muzika, "The Enlightenment Maneuver," unpublished paper, Los Angeles, 1983; E. Muzika, *The Enlightenment Maneuver: Psychology and Psychopathology of Religion* (Los Angeles: self-published, 1986). In a recent conversation. Masao Abe explained that Zen is indeed concerned with the problem of psychopathology, but promised a resolution through ending its source—the self. He believes that Western therapies deal with symptomatic relief of basic human pain by strengthening the self. Abe suggested that these viewpoints are not conflicting, except in cases of simultaneous application. He repeated that we must possess both self and not-self equally.

sistic disorders in fifth-century B.C. India, or were these problems not recognized, or did other character disorders overwhelm the narcissistic manifestations?

Buddha either offered a new way of resolving the prevailing personality disorders of his time, or he offered better defenses against consciousness of their symptoms, such as abandonment anxiety and depression. If the latter, we can regard enlightenment not as a transcendence of normal object relations development, but as a defensive maneuver.

The Buddhist emphasis on abandonment anxiety suggests that the emotional development of early Buddhists was not unlike that of people today, but perhaps emphasized more of what Melanie Klein called the depressive position and Fairbairn called the schizoid position. Western therapeutic research centers on the borderline and narcissistic characters and their symptomatic expressions revolving around maintaining the self, self-esteem, personal recognition, and attaining stable relationships, while the Eastern religions emphasized attachment and bonding issues and the abandonment anxiety associated with them. The latter de-emphasized the reflexive, self-preoccupation of the narcissist and the dread of dissolution of the self of the borderline personality.

Buddhism, including Zen, adheres to Buddha's Fourfold Noble Truth: 1) Life is suffering. Birth, death, sorrow, lamentation, pain, grief, despair, and not getting what one wants are suffering. 2) The origin of this suffering lies in attachments, craving, and seeking pleasure, but most especially in the belief in the existence of a self that does the seeking and attaching (attachments are always ended, causing pain). 3) Suffering can be ended by ending attachments and ending the belief in the existence of a personal self. 4) This is done by practicing the eightfold path, especially the last step of which is the state of Samadhi, attained through meditation, which leads to enlightenment. In enlightenment, we see through the illusion of self and its attachments, desires, and suffering by attaining true emptiness in which every object, idea, emotion, and the self are seen to be transitory, non-coherent, and insubstantial.'

There are several stages of enlightenment, depending on the tradition, and at each stage, a higher degree of detachment from the self and its "defilements" is attained.

The illusion of self, according to Buddhism, arises because we do not examine our experience closely enough. We look only at the surface—the phenomena of life—to find desires, feelings, ideas, and memories which comprise the self. We also become identified with our resulting superficial viewpoints and cognitive mappings. But if we detach from immersion in feelings and in our illusory self, and watch these phenomena come and go, we begin to see "space" between them. These previously "dense" phenomena become "stretched out" into a spectrum of associated feelings, ideas, memories, and somatic sensations. This spaciousness, attained through a non-attached awareness, results in enlightenment in which all phenomena are seen to be unsatisfying, empty, and without meaning. We then awaken to Emptiness, which is consciousness itself, without

These three theories comprise the range of contemporary psychoanalytic thought. A common element in them is that the self is considered to be a representation composed of image, idea, and memory. This idea of self and the associated ideas of others pass through stages of developmental structuralization. Buddhism shares this concept that self is an idea-image.

the subjective content of thoughts, desires, the self, and we can identify with this new perspective. This is the Big Mind or the Original Self of Zen.

The problems of self-esteem, depression, despair, fragmentation, worthlessness, and loneliness, if examined as a clinical condition by Buddhists, would be considered a subset of the more general problem of having a self. Even having a strong positive self-esteem would be to suffer from the pain of birth, death, and loss.

WESTERN CONCEPTS OF SELF

There are over two hundred varieties of psychotherapy. Few of these believe that self is an illusion. Most work at strengthening the self and make it more able to bear pain and let in pleasure.

For the purposes of this paper, I will describe five types of metapsychologies that fairly represent a wide range of Western psychotherapies.

1) Ego psychology (Freud, Anna Freud, Hartmann, Horner) emphasizes the development of capabilities and attributes of the ego, such as Piaget's stages of thinking ability, the abilities to walk and talk, the self-organizing and regulating capabilities of the ego and superego, and Margaret Mahler's stages of self and object differentiation.

2) Object relations theory (Melanie Klein, Winnicott's Guntrip, Jacobson, and Kernberg) focuses on the changes in the relations of the developing infant and client in therapy, with the objects of the world, especially other people.

3) Self psychology (Kohut) emphasizes the development of the phenomenology of the self both in the infant and in therapy. It explores the self's experience of itself and of the other from the subjective viewpoint.

4) Reichian (Reich) and bioenergetic developmental psychology (Lowen) maintains a psychoanalytic theoretical orientation, but emphasizes that the self and feelings are primarily of the body. Character disorders, self-esteem problems, neuroses, etc., are caused by developmental deficiencies and trauma which fix development at pathological levels when the child learns to block out the painful feelings of neglect, hurt, lack of empathy, love, and recognition by blocking awareness of his body through muscle armoring. Therapy involves bringing feeling back into the body and feeling the original pain that led to its deadening.

5) Cognitive-behavioral therapy deals with the cognitive aspects of inappropriate self ideas, images, and ideas about what we want out of life. Therapy works by changing attitudes about the self and becoming aware of self-destructive "scripts." Changes in the self-image can be attained through an Ericksonian reprogramming, rationality, reframing of problems, or a hundred other techniques.

All these theories aim at lessening symptoms, leading to a deeper peacefulness and self-acceptance. Paradoxically, the first four attempt to do so with well-structured egos ("normal" people) by increasing their awareness of their own pain and building a tolerance to it. The initial stages of therapy, lasting perhaps several years, may dramatically increase the amount of pain, isolation, fear, and anger that the patient experiences. They strengthen the ego so that it can feel and express more feelings, attaining a deeper and more articulated self. The self differentiates through introspection and verbalization.

With less strongly formed egos—psychotics and borderline individuals—which

are easily overwhelmed by rage, fear, hurt, and envy, these therapies do not try to deepen experience of feelings, but try to build up the defenses and ego structures in order to diminish them. Repression, suppression, emotional distancing are encouraged while the therapist soothes the patient through emotional holding and offers metapsychological "teachings" (meaning) about the self and the world which help contain anxiety and bad feelings. The therapist can also serve as a role model in how he handles the patient's rage, hurt, and fear, teaching new ways of tolerating those feelings.

Most therapies try to strengthen the self until it reaches the point at which it can introspect and self-examine. Eventually, the self gets strong enough that it is not in constant pain, does not feel worthless, inadequate, and frightened, and therefore is not constantly self-reflexive. It can become a transparent self which can successfully love another and has a purpose in the world. Some therapists have suggested that the No-self of Buddhism is identical to the strong self of Western psychotherapy, a self that has become invisible to itself.⁸

Thus we see a basic conflict between Buddhism and psychotherapy. Buddhism aims at ending the self and considers it the source of all suffering, while psychotherapy attempts to rescue the lost and brutalized child-self through re-owning the pain and suffering and building a tolerance to it.

THE TRANSPERSONAL SYNTHESIS

The transpersonal psychologists attempt to reconcile this "apparent" contradiction. Ken Wilber⁹ proposes that all psychological evolution progresses in hierarchical stages, which are invariant and successive, each stage being "higher" than the preceding stage. This is not unlike Margaret Mahler's model of individuation or Piaget's cognitive stages of development where the infant is presented with a succession of developmental problems that arise from a maturing cognition, and which must be resolved if the self is to progress.

Margaret Mahler envisions several developmental stages which precede the "birth of the self."¹⁰ The first stage is one of complete oblivion of the distinction between the inner and outer world, a stage called primary narcissism or autism. Autism must give way to a recognition by the infant of the existence of something

other than himself (mother), but which is an extension of himself: "I and my mommy are one," in this second state of symbiosis. At about seven months, the infant's symbiosis gives way to a differentiation and development of the body image, followed by a practicing sub-phase where the infant begins to manipulate and move around his/her world. Each of these sub-phases has a subjective emotional concomitant, such as elation and the joy of his power in the practicing phase. Each stage also has a possible pathology if the developmental and emotional agenda of that stage is not successfully completed.

For example, if the toddler begins to run away and show independence from mother, and the mother feels abandoned and angry, the infant's trust in his own

⁸Ed Wortz, Ph.D., former vice-president of the University of Oriental Studies, suggested this in a private conversation.

⁹Wilber in K. Wilber, *The Spectrum of Consciousness* (Wheaton, IL: Theosophical Publishing House, 1979), and in *Transformations of Consciousness*.

¹⁰Margaret S. Mahler, *The Psychological Birth of the Infant* (New York: Basic Books, 1975).

abilities to remain independent without arousing the mother's wrath is never developed. He may become very insecure with regard to the external world, and be susceptible to phobias and develop into a dependent personality. The infant needs to know that mother encourages his activity and exploring, and delights in his growing strength.

But this independence leads to the recognition of his own separation from mother and his own relative impotence compared to her great power. He begins to fear separation from her and runs back to see if his abandonment has hurt her and whether she will still be there for him.

Later, he recognizes that despite separations she will be there for him when he needs her, but also recognizes that his own actions have an impact on her. This is a period both of a gradually arising sense of guilt, which becomes the super ego, and of a need to "make nice" and repair the separation and the damage his rage at being dependent has caused.

At each stage, if something goes wrong, the child's development can be arrested and fixed, leading to an adult who has not fully developed a sense of self, or who fears losing his fragile or fragmented self either in the presence of someone else or in his absence.

Wilber calls these the pre-personal stages of development that correspond to the personality levels and pathologies investigated by psychoanalysis. He then postulates three levels of development which follow attainment of a sense of self. These he calls the personal levels; they in turn are followed by three post-personal or transpersonal and contemplative levels of development where the self is transcended. Each of his nine levels of development has a developmental problem or "fulcrum" which must be resolved before the next level can be attained.

(Table Derived from *Transformations of Consciousness*)

Structures, Psychopathologies and Treatment

Structures of Consciousness	Character Pathologies	Treatment Modalities
<i>Pre-personal Level Development and Pathologies</i>		
Undifferentiated Matrix	Psychoses	Pacification/drugs
Sensoriphysical	Narcissistic-borderline	Structure-building
Phantasmic-emotional Rep-mind	Psychoneuroses	Uncovering techniques
<i>Personal Level Development and Pathologies</i>		
Rule/role	Script pathology	Script analysis
Formal-reflexive	Identity neuroses	Introspection
Existential	Existential pathology	Existential therapy
<i>Transpersonal Levels of Development and Pathologies</i>		
Psychic	Psychic disorders	Yoga
Subtle	Subtle pathology	The path of Saints
Causal	Causal pathology	The path of Sages

Expanded Examination of the Pre-personal Stages (Mahler)

Level of Development	Developmental Fulcrum	Pathology
Autistic-symbiotic	Developing attachment	Schizophrenia, schizoid
Differentiating practicing rapproachment integrated mind/body	Individuating and articulating the self	Borderline/narcissist
Oedipal phase	Sex, pleasure, work,	Neurotic

According to this transpersonal model, the first three stages of development are involved with finding, articulating, and individuating the self. This is the level of psychoanalysis, object relations, ego, and self psychology. The therapy techniques to be used are ego building, empathy, and support for the borderline personality, and free association, dream analysis, interpretations and analysis of ego defenses, and impulses for people with more structured or defended egos, such as the neurotic and highly functional narcissistic personality.

On these personality levels as manifest in adult pathology, the basic problems concern attachments, fear of bonding, learning to love, to self-accept, and to let in the "good stuff" as well as the bad, namely, symptoms of hurt, rage, anxiety, depression, tumultuous relationships, and helplessness. This requires attaining a solid sense of self despite failures resulting in self-disgust, compensatory grandiosity, idealization of self and others, and denigration of and rage towards others when they fail to support the person's needs for perfect acceptance and nurturing.

The personal level problems, according to Wilber, revolve around attaining a role in life and a system of rules to live by, exploring one's inner world through introspection, and attaining a philosophy and meaning of life. Most self psychologists would insist that establishing one's sense of purpose, direction, and mission in life is also an integral part of establishing a self, and thus is a "pre-personal" issue. For Kohut," the self has two aspects: one, the ability to love and the other, the ability to do and to self-regulate within an adequate personal map of the world.

In Wilber's scheme, the self is to be transcended; object relations and attachments to people, ideas, and one's own sense of self and path in life are to be abandoned in favor of attaining higher states of consciousness through the stages of contemplative evolution.

THE EXISTENTIALIST CRITIQUE

The existential/phenomenological psychologists, such as Rollo May, Kirk Schneider, and to a large extent the author, do not accept this transpersonal analysis.

First, the existentialist orientation is towards healing the self by making it stronger and better able to tolerate the painful side of life and the existential tension of having a self. The author holds that the basic polarities and dualities created by maintaining a sense of self is necessarily painful apart from the pain

¹Heinz Kohut, *The Restoration of the Self* (New York: International Universities Press, Inc., 1977).

that is found in the self when it is looked at. The reflexivity of consciousness that creates the dualities of inner-outer, subjective-objective, body-not-body, and self versus not-self itself creates a tension by maintaining boundaries that divide the primal, undifferentiated experience. In addition, more pain will be found when the self, previously defended against pain, will enter awareness and begin to introspect its own subjective self experience.

Secondly, the existential/phenomenological psychologists hold that one must retain a personal sense of self in order for the other to be meaningful. Relationships can exist only between separate, sensitive, and empathic selves. It takes two distinct selves before communion can take place.

Thirdly, they hold that the transpersonal levels of consciousness are either not attainable or not relevant to the problems of depression, self-esteem, hurt, feelings of despair, and helplessness of the clients with whom they deal. These levels, the levels of self-disorders, are quite low in the developmental hierarchy of the transpersonal therapists.

The author, having both personal and clinical-research experience of these states, holds that they are definitely attainable, but 1) they are often used as defenses against disorders within the self; 2) they do not mean what the Buddhists and transpersonal therapists think they mean—that is, the same altered states of Samadhi, Satori, and enlightenment can have very different interpretations from those in Buddhist and Wilberian models; and 3) they are states which can be attained by meditation practice or during personal crises, but which have little effect on the development or healing of the ego or the self. The contemplative states may be a different developmental line involving consciousness itself, and not a transcendence or continuation of an evolution of self.

Rollo May, Schneider, and Muzika¹² all point to the plethora of scandals involving major Eastern religious teachers who supposedly have attained enlightenment and transcended their selves. These scandals involve fraud, embezzlement, murder, rampant sexuality, endless lying, and deceit. The names of fallen gurus are legion: Rajneesh, Muktananda, Da Free John, Richard Baker Roshi, Maezumi Roshi, Trungpa Rimpoche, "Zen Master Rama," leaders of the Hari Krishna sect and Scientology, Swaggert, and Jim Bakker. We are all asking: If these gurus have transcended the self, why do they act as if they have a very pathological self?

The transpersonal psychologists may respond that these gurus are either bogus or are acting from an incomprehensible state of wisdom. Further, they say that the existentialists have not attained the transpersonal levels of consciousness and thus cannot speak about that which they do not know. The existentialists respond by asking how much of the transpersonalists' theory comes from their own experience and how much comes from a literature analysis. They ask the same question of the transpersonalists.

Rollo May, even more emphatic, calls the transpersonal synthesis a narcissistic defense of identifying with states far beyond what everyone else is doing.

¹²Rollo May, "Answers to Ken Wilber and John Rowan," *The Monitor* (California State Psychological Association) (1987); Kirk Schneider, "The Deified Self," *Journal of Humanistic Psychological* 27, no. 2 (1987); and E. Muzika, *Exploring the Inner World: Therapeutic Introspection and the Healing Self* (Los Angeles: self-published, 1987).

Schneider, too, says that these states of perfect peace and harmony, without conflicts, boundaries and perspectives, must grow quite boring. As a matter of fact, Sasaki Roshi once said, "Enlightenment can be quite boring, but I wouldn't have any students if I told you that." The author has had similar experience in that after many years of experiencing Samadhis and Satoris, the everyday life of "washing ones bowls" and fighting with his wife became increasingly appealing.

Transpersonal psychology has little to offer those who are suffering from depression, hurt, loss, feelings of loss, despair and worthlessness because their therapy emphasizes the transpersonal and refers to disorders and problems beyond self development. For depression and self-esteem problems, the client is still working at pre-personal levels and must do psychodynamic therapy or other therapies aimed at repairing and building a self. Transpersonal therapy has nothing different to offer at the level of personal problems and self-esteem since the preferred therapy at these levels is modeled on psychodynamic therapy, not on meditation or on other spiritual techniques."

According to and often repeated by transpersonal therapists, you must first attain a self before you can lose it. That is: first you must resolve issues of feelings such as fragmentation, depression, hurt, worthlessness, or confusion by the prepersonal techniques of psychoanalysis; then you can deal with career issues through transactional analysis, become introspective, and find your own meaning in life—the so-called existential issues. Finally, and only then, can you begin to transcend the self—after it has been found, strengthened, repaired, and given a direction and meaning. Rollo May¹⁴ calls this system an affront to all other therapies, because it claims to be beyond problems of confusion, existential fear, and feelings of failure, despair, and worthlessness. That is, before you begin contemplative practice, you must have no personal problems left in order for that practice to be successful. Otherwise, your meditation and enlightenment will be short-lived and false as you are dragged back into unresolved personal issues. How many people are ever ready to begin such exalted practice?

Wilberian transpersonal psychology has nothing new to offer therapeutically except on the three transpersonal levels of psychic, subtle, and causal pathologies, which are peculiar to yogis who have already transcended the self. Meditation, Vipassana, the Maha Mudra techniques are not useful except to overcome the illusion of self once the self has become strong enough to "let go of itself." At this level, there are no problems of self-esteem, excessive fearfulness, or worthlessness. Meditation practiced before attaining the fullness of self can lead to regression and decompensation. It is not appropriate for self-esteem problems.

THE THERAPEUTIC USES OF MEDITATION

I am not so pessimistic as the transpersonal psychologists who advise against using transpersonal techniques, such as meditation, to alleviate personal suffering, despair, depression, and inadequacy feelings.

I do not share their rigid, hierarchical stage model of development, but agree with psychoanalytic theorists that everyone has unresolved developmental issues.

¹⁴Wilber and Engler in *Transformations of Consciousness*. "
May, "Answers to Ken Wilber and John Rowan."

Melanie Klein⁵ emphasized that most people experience a life-long struggle with depression, while Fairbairn and Guntrip⁶ emphasized that schizoid tendencies (to withdraw into fantasy rather than face the terrors of life and relationships) underlie even the most healthy personalities. Kernberg⁷ expressed his belief that better than 60 percent of all people suffer from some degree of borderline or narcissistic disorder.

So everyone has some degree of personality disorder with the consequent symptoms of generalized anxiety, fear, depression, worthlessness, and inadequacy feelings, fears of relationship, being devoured or destroyed by neediness; and they need not fear a generalized decompensation and self-disintegration from the practice of meditation. They have attained a sense of self although it may lack stability, clear boundaries, or self-regulating capabilities and may be overwhelmed at times by the world or its own feelings. I think only the true schizophrenic, schizotypal, and borderline personalities need to avoid meditation altogether.

Zen itself uses different forms of meditation for different stages of practice and for different purposes other than enlightenment. Philip Kapleau⁸ has created a hierarchy of Zen practice and the accomplishments of that practice. Sasaki Roshi has said that Zen can help anyone except the hopelessly insane.

Zen means Zazen, or sitting meditation. Meditation, especially Shikantaza, or just sitting, is 70 percent of Zen. The rest—chanting, breath watching, Koan work, meeting with the Roshi—are all secondary to just sitting and watching. Krishnamurti calls this "bare or choiceless awareness."

Sitting itself can have a great calming effect for those who are overwhelmed by feelings, especially if combined with the calming meditations of breath watching and feeling the body. Shikantaza and Koan work can also take one's mind off one's pain or make the pain an object of introspection.

Meditation gives the ego a technique by which it can learn to deal with feelings by observing them rather than being overwhelmed by them. With mastery of this observing ego position, there comes a sense of security over feelings. This observational capacity leads to an inner "vision" of somatic sensations and feelings, splitting their perception into two experiential modes: feeling the experience through the body and "watching" that same experience through an inner seeing. This splitting diminishes the painful impact of just feeling negative emotions or painful body sensations, while remaining fully conscious of them.⁹

Just sitting with feelings and internal mental phenomena develops a stability of self and an ability to stay with painful feelings and pain in the body. This can lead to a greater familiarity with feelings, and this familiarity diminishes fear of them, which ultimately allows us to feel those feelings rather than just watch them. I have developed this process into a dialectical technique I call microanalysis, which I will discuss in the next section.

⁵M. Klein, *Envy and Gratitude* (New York: Dell, 1975).

⁶W.R.D. Fairbairn, *Psychoanalytic Studies of the Personality* (London: Tavistock Publications, 1952), and H. Guntrip, *Schizoid Phenomena, Object Relations and the Self* (New York: International Universities Press, 1968).

⁷Otto Kernberg, *Severe Personality Disorders* (New Haven: Yale Univ. Press, 1984).

Kapleau, *Three Pillars of Zen* (Boston: Beacon Press, 1965).

⁹E. Wortz, "Applications of Awareness Methods in Psychotherapy," *Journal of Transpersonal Psychology* 11 (1982): 61-68.

Lastly, meditation can lead to an experience of the first enlightenment state of boundless awareness. This is a fantastic experience wherein one experiences the world and self as fully intermingled, along with a tremendous sense of freedom and sometimes of power and joy from merger, with, for example, the wind or the sound of a bell. It also gradually leads to what Krishnamurti calls an awakening of intelligence, which results in a radical independence of thought and an increased reliance on one's own experience.

Engler and Wilber advise against the practice of formless meditation by people who have a weak sense of self, poor control over emotions, a major depression, or who have great dependency feelings because the meditation states can lead to a destruction of the barriers that prevent these feelings from overwhelming the self, leading to a regression to psychosis. This is indeed a possibility.

Currently I am treating a diagnosed paranoid schizophrenic who did have his sense of self "blown away" 17 years ago by practicing meditation under a local guru. He has been on medication and been recurrently hospitalized since that time.

WHAT ARE SELF BOUNDARIES?

I believe this "disappearance of self" phenomenon is an important clinical and spiritual topic of investigation which promises to yield exciting discoveries in the future. Phenomenologically, the chaotic and permeable boundaries of the schizophrenic, and to a lesser extent the borderline personality, are similar to aspects of the no-self states attained through meditation. In both cases, various experiential boundaries become permeable or temporarily non-existent.

It is easy to talk about transcending the boundaries that comprise the self, but what are these boundaries, how are they maintained, and how are they undone? With regard to the boundaries that contain the self, we must first distinguish which self we are talking about: the representational self of image, idea, and memory of the object relations theorist; the body-self of Reichian therapy; or the pure subjectivity of the Gestalt model?

Psychoanalytic development psychology has emphasized the stages of self and object development as representation, and ascertained a tentative sequential schedule of the development of ego defenses from the earliest (denial) to the later and more complex (repression, sublimation). It has not examined at all the mechanisms by which the self maintains its separation from the rest of its experiential reality, such as the external world. It assumes, along with Piaget's scheme, developmental stages as givens determined by neurological maturation. Such maturation would still be accompanied by subjective, phenomenological mechanisms of boundary maintenance.

Psychoanalysis examines how impulses (arising from where?) and ideas are kept out of consciousness, but now how the self can both perceive itself from the inside and perceive the world as "outside." It examines the mechanism of projective identification that prevents full separation from others in a borderline personality, but not the differentiating mechanisms that separate self from the world and which projective identification sometimes overwhelms thus leading to an emotional merger.

Nor has anyone yet developed a taxonomy of merger experiences which ranges from the emotional mergers with another person, to mystical merger experiences with God, or feeling merged with the world, to a full enlightenment experience where the self and the world become one. Different boundaries and experiential contents must be involved in each sort of merger experience.

It seems likely that some of the thirty-odd ego defenses, which are postulated by psychoanalysis and which separate impulses from the self, probably are involved in the creation of the boundaries that separate self from the world. Perhaps there is an experiential and perceptual equivalent of projection which "projects" external world phenomena to one side of the self boundary, while another set of identification mechanisms creates an inner, subjective world of self.

What effect does meditation have on these mechanisms? Also involved in boundary building are other mechanisms and abilities, such as time-binding, whereby images, memories, and experience are linked together and maintained through time, and reflexive self-consciousness, which helps differentiate inside from outside. Meditation affects the experience of time and reflexivity in such a way that normal divisions of the contents of consciousness by boundaries temporarily cease, leading to the no-self experience. These two mechanisms are seriously impacted by formless meditation, yet are very different from the postulated ego defenses of the psychotic and borderline individuals that Engler and Wilber claim to be exacerbated by meditation.

In addition to the self-boundaries, representations, images, and ideas are held together in "dense" associations (such as the self) within the mind by unknown linking mechanisms until examined by bare awareness. Then "complexes" seem to expand and dissolve away. What are these associational glues and linkages that hold complexes of ideas and the self together, and how are they loosened by meditation? Memory? An experiential logic? Primary process logic? For most people who are able to concentrate effectively, and who are not overwhelmed by their feelings, Shikantaza may be used without fear; their borderline, schizoid, and narcissistic disorders are well enough under control to tolerate the emergence of painful memories and feelings. Yet formless meditation usually does not result in the emergence of emotions and feelings except during the beginnings of practice. Once the technique of sitting is mastered, it blocks feelings through the creation of inner seeing, which as mentioned before, splits the experience of emotions into competing perceptual modes, diminishing the impact of feelings.

The Samadhi state can also bring a sense of accomplishment, but, further, it can reinforce a narcissistic grandiosity which causes the meditator to feel especially accomplished through his ability to merge into the cosmos. This accomplishment compensates for underlying feelings of worthlessness not touched by the meditation itself. It is much like a man who makes a million dollars in order to compensate for feeling worthless. He still feels worthless on one level, but he also feels good because he is a millionaire.

This state of accomplishment itself can be so marvelous that the person wants to spend all his free time in it rather than return to ordinary consciousness which feels boring or painful in contrast. Yet the silent, empty mind of enlightenment can itself become boring after a few years.

of rage associated with developing emotional closeness in interpersonal relationships. The consciousness of these linkages allows a "working through" and gradual dissolution of them, allowing better developed, non-pathological attachments.

b. Negative self feelings can be watched, isolated, and detached from the self. The self can become separate from self hate and worthlessness feelings; they can be observed as objects not intrinsic to the self.

c. Introspection in this manner can lead to the formation of new inner linkages which encourage a strengthening of self. Just the ability to introspect makes the self feel stronger—it has discovered and is exploring a whole new world of meaning, thoughts, feelings, and body sensations. Part of the re-linking is to add the body sensations to our representation of self, giving it flesh and depth.

Many people have a very poor awareness of their feelings and their bodies. Well-defended narcissists, neurotics, and even schizoids have little contact with emotions. Their strong ego structures inhibit the experience of feelings. They may also use a defensive stance of "witnessing" their feelings, as opposed to feeling their feelings. Their feelings become buried and embedded in their soma, in their sense of their own bodies, the experience of which, in turn, they defend against.

We must teach these clients first to witness their bodies and then to feel their bodies. These somatic feelings can then be microscopically introspected and "stretched out" so that poorly developed feelings can be seen for the first time in all their complexity and with all their interconnections. Then the therapist can teach his client to feel these feelings and express them which makes them more real and binds the anxiety of their experience through verbal expression.

Therapy is a dialectical process in these cases. First we witness (objectify) and then we feel (subjectify). Then we witness and articulate more deeply, and extract the spectrum of emotions found within the body feeling. Then we subjectify and become those differentiated feelings of previously hidden rage, fear, hurt, and worthlessness. We can train the client to do this dialectical meditation. The therapist can help this process by being a good guide and by engaging in a dialogue which helps the client explore his/her inner world.

The outcome of successful introspection is a loss of fear about one's inner world, wants, needs, and feelings. We see these as new feelings, feel them and express them, and the therapist accepts them. His acceptance gives us permission to feel all those feelings, especially the bad and painful ones. He gives us permission to be and to express our hurt and demanding selves.

Another important question must be asked: What do these enlightened states mean? Are they a higher viewpoint of our ordinary world, as Wilber contends? Are they an alternative viewpoint, not necessarily higher or lower? Or, are they experiences of consciousness itself which provides the field on which the personal self and the world is experienced?

The author²⁰ conceives of the sense of "I" as being a nodal point where consciousness enters our experience of being human. It is the subjective origin of

²⁰E. Muzika, *Exploring the Inner World*.

field of consciousness upon which the flesh of the personal self is added. By focusing our consciousness on the I-ness source located within our more global sense of self, we can enter states of Samadhi and enlightenment. These states concern the nature and experience of consciousness itself and need to be fully explored in any future comprehensive system of phenomenological psychology or religion. I think that here we will find the ultimate reconciliation of the transcendent and the individual.

But the real problems of the self and the person occur on the level of humanity and relationships. The most difficult problem in life is learning how to love and remain in relationship, and, secondarily, how to make a living in the world and be happy doing it. In enlightenment there is no East, West, North, or South. But in the world we live in, maps and distinctions are as necessary and vital as is our separate individuality. This individuality leads to the highest Western religious experience of communion with another soul in a mature I-Thou relationship and to the awakening of a radically different and creative intelligence.