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Epilogue: Your Ordinary Mind Is the Way

Barry Magid , M.D.

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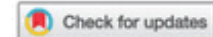
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Epilogue: Your Ordinary Mind Is the Way

One thing we did not foresee when Jeremy Safran's book first came out was the explosive growth of the mindfulness movement. The unfolding dialogue between Buddhism and psychotherapy increasingly has become narrowed down to a mutual admiration fest between those touting the benefits of meditation, often armed with the latest scans brought back from the frontiers of neuroscience, and therapists almost all of a cognitive behavioral stripe, well versed in an "evidence-based" approach to short term psychotherapy. Psychoanalysis' role in this dialogue has been increasingly diminished, if not marginalized. If for nothing else, the establishment of an Institute for the integration of Buddhism and Self Psychology comes as much needed counterbalance to this trend. Not so many years ago, I was invited to be part of another panel on Buddhism and psychotherapy, that was attended by over 500 participants. To my surprise, I discovered that for 95% or more of those in attendance, it was taken for granted that Buddhism was synonymous with mindfulness and therapy meant cognitive behavioral therapy or one of its offshoots. Other panelists cited study after study that trumpeted the benefits of meditation for a host of psychological and medical difficulties. It was taken for granted that meditation was done in order to reap these benefits. In my talk I ventured to say, to the contrary, meditation – at least as practiced in my Zen tradition – was *useless*. In fact, the very essence of meditation as a religious practice was that it opened up a space outside of our usual *means-to-an-end* thinking, and that the reduction of the cultural and ethical complexity of Buddhism to an instrumentalized mindfulness was something of a travesty, on par with listening to Bach to lower your blood pressure. There is something particularly Western and particularly misguided about turning meditation into one long self improvement project. This critique eventually culminated in a book I (2016) edited with fellow Zen teacher and psychologist Robert Rosenbaum, called "*What's Wrong with Mindfulness (and what Isn't)*" that outlined all the ways in which Buddhism had become deracinated, secularized and instrumentalized in its Western reincarnation so as to become what has been ironically labeled McM mindfulness (Purser, 2019).

I want to take this opportunity to briefly outline my own understanding of Zen practice and how it differs both from Kulka's metaphysical vision and from the instrumentalization of meditation represented by mindfulness. These differences demonstrate that Buddhism, just as much as psychotherapy and psychoanalysis, is far from having universally agreed upon unified set of theories and practices, and the relative harmony or disharmony of our dialogue may well be a function of which school of Buddhism is attempting to engage with which flavor of psychoanalysis or psychotherapy.

For me, both Zen and psychoanalysis are *ritualized disciplines of attention* to our moment to moment experience. In psychoanalysis, the therapeutic relationship serves both as the container and the field of observation. In Zen meditation, which may appear to an outsider to be a solitary, inner directed activity, the actual practice involves immersion in an ongoing performative group activity, in which, as the great Zen master Dogen (1200–1253) taught, we collectively enact enlightenment through our *zazen*. The identity of practice and realization, according to Dogen, is the ultimate alternative to *means-to-an-end* thinking. In practice this means that one does not become enlightened as a result of having purified the mind of defiling thoughts or feelings or once one has cultivated extraordinary states of oneness or compassion, but that one sits with the paradox that our "ordinary mind is the Way."

Psychoanalysis and Zen, then in the most radical sense, allow us leave everything just as we find it. Thus, the Zen adage, "Don't remove delusion, don't even seek the truth." The patient or student who arrives in a constant state of judging, fixing, expelling, improving, denying etc. etc. needs to learn to literally sit still. Whether we attribute this initial state of unrest to mechanisms like repression,

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