

Working with the 'Nonself-Language' in Buddhist-Inspired Therapies



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Abstract

One of the clinical applications of the Buddhist nonself approach (annata) is to encourage patients to put into words their body and mental experiences but avoiding the use of personal pronouns 'I', 'mine', 'me' or 'my'. But annata is a Spiritual matter. It is Scientific and ethical to engage and encourage patients from non-Buddhist religious background to practice of nonself language? My answer is: yes!

Keywords: Therapy; Mindfulness; Yoga; Mindfulness; Nonself, Ethics

Introduction

The Buddhist mindfulness approach to meditation and yoga contemplates "the practice of inner silence", but also the practice of putting our inner bodily and mental experiences into words¹. The Yogachara scriptures teaches that "wisdom produced by thinking is also based on words"² and through purity of speech. Like the Patanjali-Upanishada's yoga tradition the Buddhist Tibetan yoga suggests that speech that one chooses "affect specific organs and chakras of the body"³.

Earliest Buddhist suttas suggest that the sensation of things, persons as though they are permanent self-entities is associated with linguistic clinging or attachment to certain words, expressions and meanings. For instance, the *Milindapañha sutta* points out to the eradication of belief in any substantial, discrete and unchanging entities (such as 'I', 'soul', 'atta'). The lapidary statement 'Nāgasena' is a mere empty sound, suggests that there is not an ontological subject 'I' that corresponds to a grammatical subject 'I'. It implies the cultivation of freedom from this metaphysical assumption.

The *Pothapada Sutta* testifies that the Buddha defies the meditators who assume having experience of the own true self: physical or-astral body, mental body and formless entity. This process of self identifications or acquisitions of a self means the invocation of experiences in terms of 'this is mine' (etam mama), 'this I am' (eso ham asmi), or 'this is my self' (eso me atta). The Buda summarises his reluctant attitude to these

forms of self-identifications by saying: "Citta, these are the world's designations, the world's expressions, the world's ways of speaking, the world's descriptions, with which the Tathagata expresses himself but without grasping to them". It points out that the use of 'I' does not suppose the ontological 'I'.

The *Chachakka Sutta* presents the path of practice leading to the cessation of self-identification by suggesting to say neither 'I see', 'my eyes see', 'I see with my eyes' nor 'the eye's consciousness sees'. On the contrary, the middle approach implies to say: 'depending on the eye and the eye-object, eye-consciousness arises. It is about the use of language but without metaphysical presumptions.

The *Anathapindikovada sutta* portrays that householder Anathapindika is facing terminal death. Sariputta asked him: "You should train yourself in this way: 'I won't cling to...'. It stops to describe the body and mental experiences in terms of 'I who feels'. The householder died and reappeared in the Tusita heaven (the blissful state). This sutta shows how the nonself practice looks like in the context of Spiritual assistance.

The nonself state (nibbana) reported in the Buddhist suttas transcends psychology but "has consequences in the psychological domain"⁴. It is a normal state of no sense of 'I' who feels 'one'⁵. In the West it has been strongly advocated for the integration of Buddhist Spiritual teaching concerning 'nonself' (annata or anatma) in therapies.

¹Jude Frank B (2004) Mindfulness yoga. The awakened union of breath, body and mind. Wisdom publications. Boston, USA, p. 37.

²Thomas C (1999) Buddhist yoga. A Comprehensive Course. Shambhala, South Asia Editions, p. 55.

³Tenzin WR (2011) Tibetan, yogas of body, speech, and mind. Snow Lion Boston & London, p. 80.

⁴Yung Jong S (2016) From self to nonself: the nonself theory. *Front Psychol* 7: 124.

⁵Engler J, Fulton PR (2014) Self and no-self in psychotherapy. In: Germer C, Siegel RD (Eds.), *Wisdom and Compassion in Psychotherapy. Deepening Mindfulness in Clinical Practice*. The Guilford Press, New York, London, pp. 176-188, p. 78.

There is a great consensus that language conditions the experiences even at neurologic-encephalic level. For instance, the recurrent use the word 'angry' decreases the amygdala response and increase the experience of anger. Researches of the Wellspring Institute for Neurosciences and Contemplative Wisdom suggest the influence of language in the brain-neuro plasticity. The field of Mindfulness-Based Therapies (MBTs) works with above mentioned premises in order to promote an impersonal and non-judgmental awareness of present mental states.

It has been demonstrated that undesirable mental states used to be associated with the use of personal pronouns I, me, my or mine. These terms reflect the personal ownership and the sense of 'I' or ego. " . The Mindfulness-Based Stress Reduction (MBSR) takes the experience of a kind of Zen meditation where the meditator repeatedly asks himself questions such as "What is this?" "Who is there?" "Who is hearing?" "Who is feeling?" "Who is thinking?", etc. In order to stop the process of personal identification with experiences, the meditator has to say to himself: "I am not my cancer" or "it is not me," or, to verbalize the mental states in impersonal terms, for instance: 'It is anger', 'It is sadness' 'It is pain', 'It feels', etc. It is a challenge for promoting awareness, sense of empathy, acceptance and compassion⁶. The practices with impersonal pronouns are prescribed. It is recommendable also the use of sentences which evoke positive, dynamic and constructive experiences. The compulsive, exaggerate self critical language and imperative ('if I', 'I cannot') is associated with psychological rigidity.

There is a great consensus that Spiritual belief influences in therapeutic relationship and process. But we have to be sure that we practice this in a competent manner. The Buddhist nonself teaching is a Spiritual matter. It is scientifically and ethically to engage and encourage patients from non-Buddhist religions background (for instance, theist) to practice of nonself language? My answer is yes!

First, the Buddhist dependent arising doctrine as a middle doctrine means do not cling to extreme views about the world (neither eternalism nor annihilationism; neither materialism nor spiritualism; neither monism nor dualism, neither determinism nor indeterminism; neither subjectivism

nor objectivism; neither nihilism nor scepticism). It further excludes all extreme attitudes with respect to liberation from suffering: neither clinging to sensual pleasure (self-indulgence or hedonism; nor clinging to self-mortification; neither clinging to the past nor clinging to the future). In the *Alagaddupama sutta* the non-self assumption excludes as well all extreme views about language and common parlance (neither strict adherence nor transgression). Therefore, there is not seat for absolutism in the Buddhist annata perspective.

Secondly, I call attention the following statement in *Alagaddupama sutta*: «Monks, I will teach you the Dhamma compared to a raft, for the purpose of crossing over, not for the purpose of holding onto ... you should let go even of Dhammas, to say nothing of non-Dhammas». A view-dependency (*ditthi-nissaya*) leads to sorrow, lamentation, pain, grief, and despair. It should not be forgotten that in *Atthaththa sutta* the Buddha remains silent while facing the Vacchagotta's question: 'there is self' or 'there is no self'? It is to keep distance from eternalism and annihilationism as well.

Thirdly, Buddhist nonself approaches could be refrained in terms of the getting rid of selfish pattern (obsession, narcissism, egoism...) and the virtue cultivation: Love or Loving-kindness (*metta*); Compassion (*karuna*); Sympathetic Joy (*mudita*); Equanimity (*upekkha*). These virtues (sublime states, Brahma vihara) are promoted in Buddhism and in other religions⁷.

Conclusion

The Buddhist Dharma postulates that there is inter-conditional relationship between verbal clinging, belief in self and non-self. The nonself therapeutic linguistic strategy should not be implemented dogmatically. Through cultivation of selflessness and virtues, it can be beneficial in therapeutic assistance to people including non Buddhist affiliation. This is precisely an important framework of fruitful collaborations between Buddhist clinic and other religion-inspired clinics.

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⁶Kabat Zinn J (2013) Full Catastrophe Living: The Program of the Stress Reduction Clinic at the University of Massachusetts Medical Center. (2nd edition), Dell Publishing, New York, USA, p. 994.

⁷James L (2016) The new focus on theistic psychotherapy. J Psychol Clin Psychiatry 5(2): 00276.



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