

# 2022-04-02 Matthew Brensilver: Mindfulness, Dharma, Mental Health & Science Part 2

## SPEAKERS

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The psychological psychiatric realm is it's kind of it's a messy realm of understanding suffering. In these ways, psychiatric conditions themselves are. It's kind of messy. So with other diseases, the focus is on pathophysiology. And, you know, we don't we don't talk about COVID as the scratchy throat disease, right. We talk about it as its beta Coronavirus, and it attaches to these receptors, and he's these inflammatory effects in this, whatever dysregulated immune response and in the psychiatric realm, we are more talking about signs and symptoms, you know, scratchy throat disease, and it's too much to get into but it like even just the category of something like depression hides an incredible amount of heterogeneity. You know, what that is like that that is a marker for understanding is not not really sufficient, even though there's a lot of utility in having that the diagnostic category. This is a realm characterized of psychiatric distress characterized by equal finality, meaning many, many paths leading to the same outcome. Yeah, we can get to the same place through many different rounds. And multi finality, the same risk factor can lead to very different outcomes. Yeah. See that at the genetic level? I think it's pleiotropic effects where it's like, yeah, the same genetic risk factors can manifest in very different ways. And we see a high degree of, of Pāli genericity. So it's like many, many genetic variations have very small effects. A key you know, cumulatively being meaningful in, in, in psychiatric conditions. And the the causal map, as you can hear, is quite complex. And so let me just just as a kind of illustration. Yeah, here is the kind of the causal map that different factors that are in a twin study, so is an attempt to kind of dis entangled genetic and environmental risk for depression. Yeah, and I show this not so you can absorb it, but so you can be intimidated by it. Yeah. And you see all of the different pathways, the childhood, the kind of early adolescence, the late adolescence, the adulthood, the last year, and then all in, in understanding the depressive app, the occurrence of a depressive episode in the past year. And you see that there, the lines go from not just for one thing to another, it's like they go all over the place. They're amplifying or minimizing the effects of other risk factors, right. And so Mano causal theories like this one risk factor, this trauma caused this like, it's, it's always way more complicated, right? And so, we could call that diagram per teacher Sutta Nipata. You know, we could call it like this is dependent origination. This is like, the complexity that we see in these realms is a testament to the complexity of causality itself. So this has implications for how we think about treatment and healing the nice things and one of the effects is that it has it has moved moved us away. From a kind of purely DSM based

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treatment approach, so so the the kind of psychiatric nosology of whatever 200 odd, you know, clinical conditions. Couple of researchers said the eras of protocols for syndromes is over. Yeah. The era of like, if you have depression, you get this, this protocol, this treatment, if you have generalized anxiety disorder, you get this thing that that's still true to some extent. And that's not a bad thing. But the question is a little bit more is moving towards the focus on core, psycho pathological processes. Yeah, understanding the mechanisms that promote or maintain psychiatric distress. It's a movement, I would say, away from just ever, you know, strictly evidence based treatments to what what one of my teachers called, like, empirically supported principles of change, empirically supported principles of change. So it's less about these kind of trademarked approaches and you know, of well like I gave the example DBT earlier or whatever it's like no, no, what what is actually shared across you know, psychosocial treatments, what are what are empirically supported principles of change in you know, some some, some drugs are known for being highly selective, so the idea of like, SSRI, like selective serotonin reuptake inhibitor, like the idea is it's the drug is supposed to be selective, it's supposed to hit some receptors and not others. Yeah. And no drug is perfectly receptive, but some are more receptive I think Celexa for example is like, more highly selective. Yeah, drug and, and then there are drugs that are not that are sometimes called like dirty drugs, and dirty drugs, they hit a range of different receptor systems and and I would say the dharma is a dirty drunk. Yeah, just to use that as a kind of metaphor, the dharma is a dirty drunk. It who knows what don't we, you know, at the level of the brain, of course, that's being investigated, but I'm using it in a figurative sense, meaning that dharma has elements of many different therapeutic approaches, the range of mechanisms of action again to borrow language from more, you know, pharmacology language like like the mechanism of action is multiple in the dharma. Right. And I would, I would say is the dharma is it has overlap with with at least these and we could say more, so it has an overlap with attentional training. It has overlap with cognitive therapy has overlap, deep overlap with exposure therapy. It is evokes existential therapy in some really important ways. So let me unpack this. So disrupted attention attention is a kind of unifying construct in psychology and Attention, attention is disrupted across a wide range of psychiatric conditions. So in different ways. So in addiction, for example, there is attentional bias to drug cues. Yeah. In obsessive compulsive disorder, post traumatic stress, like there is often intrusive thinking unbidden thoughts that sort of just are disruptive. They are intrusive.

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In Generalized Anxiety Disorder, there's we are entangled in worry, and the failure to to manage the worry and process the attention moves into the realm of, you know threat amorphous sense of threat. In depression there there are a number of attentional effects. So there's concentration problems, their memory effects, there's you know, over general autobiographical recall, they like a number eight, there's attentional bias to negative information. Yeah, there's a number of attentional kinds of components to depressive phenomenology. Attention Deficit Hyperactivity Disorder, like right there in the, the, the diagnostic label is attention. And, and even in subclinical distress, okay, we don't meet criteria for a clinical condition. But just think about like moments of real distress for you. The attention there is a kind of pinball effect of the attention, it's moving from past or future to, you know, kind of unpleasantness in the the effect of systems in the body. And then that sort of springs us into narratives and autobiographical storytelling, and the attention is not stabilized in distress, you know. And so, how to think about this is this maybe just epiphenomenal, meaning that the attention, disruption is not so

important, that's possible, and maybe that's just the the steam coming off the engine of psychiatric illness. But it may be worth exploring this attentional training, you know, if we, if we learn as we do learn, to stabilize attention to bring some measure of, of, kind of even small bits of Samadhi, of concentration of tranquilizing the the kind of inner field of experience, maybe this is useful, maybe this is useful for the forms of distress. dharma is a cognitive therapy, it's a cognitive therapy, you know, a lot of what the Buddha does is tell us how to think this is not a popular trope, you know, exactly, we sort of tried to hide the rhetorical gestures of the dharma behind the claims that it's self evident, you know, just see for yourself a PepsiCo, you know, but it's not it's not we're being told what to think a lot. A lot. Right View is the foundation, right? This is the foundation with wrong view, what follows wrong intention, wrong speech, wrong, action, wrong, mine was wrong. Everything, right view. dukkha is like this. We're being invited into ways of understanding that reduce suffering, and it's really it's quite foundational, and a lot of what dharma teaching is is a kind of invitation to new ways of seeing new ways. Of construing experience in the clinical literature, you would call it cognitive reappraisal. Yeah. So in the, in, in the contrast between mindfulness based cognitive therapy that's sort of like very highly derivative from MBSR. Along with you know, that sort of graphs in you know, cognitive therapy and it was originally designed as a

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as a treatment to prevent the relapse into depression. Depression is a chronic relapsing condition. And okay in remission It remitted cases like, how do you sustain that well-being? Right. And so mindfulness based cognitive therapy was an attempt to become mindful of early depressive genic. Thinking. Yeah. So with that kind of kindling function before we're actually actually in, in a depressive episode we are. We are, yeah, where there's kind of some some lead up to that, right. And NBCT was an attempt to, you know, was an attempt to minimize the threat of that early depressive genic thinking, by knowing thought as thought that's familiar to all of you, right? It's like not disputing the contents of that thought, right? Of like, oh, this, this, this day, this day is going terribly. Like, you know, like, you're really you're just leaving out so much, Matthew, and you're like, really effing this up and like, Okay, that's a thought arising in my mind. Yeah. Not, and it's not challenging the content. It's like, no, no, no, that one person said, it wasn't that bad. And you know, like, well, you've done this before. And you know, like, it's not challenging the content is just like, the I am hearing of sound in my own head. That's telling me this is going badly. That's right. It's thought as thought, yeah, thought as. That's the classic contrast between NBCT and cognitive therapy, right. But there's a lot of overlap right, with between mindfulness based approaches and cognitive therapy, we are being invited into a system of beliefs. dukkha can be redeemed. Goodness, has a kind of force to it. The potency of awareness, we could go on there, like many things that were invited into ways in which we're reframing experience. We're reframing pleasant and unpleasant. We're thinking about our life in dramatically different ways. And over the course of a dharma practice, we come to construe the entirety of our life in light of the dharma. Like how we understand our own suffering, and our own longings and our own goodness is like in light of these teachings. And I think that the the, the benefits early and practice the benefits that we see in these short treatment, intervention studies, they those benefits are largely cognitive benefits. I feel I was alluding to this earlier, that the idea that like, like, that we're we're really deepening into and getting like profound attentional Samadhi ish benefits of practice at week eight is not tenable. Some people are gifted that way. I certainly was not many people are not many people. That has to mature over much longer spans of time. And yet you see, kind of like robust demonstration of the benefits of these short interventions.

What accounts for that? I think it is, a lot of it is like, the D stigmatization of dukkha. You know, the way in which we start to feel ashamed of our pain, the normalization of the intensity of the human condition. These are of profound benefit, and many others, you know, many others ways up, were being invited into RE appraise our distress reappraise our psychiatric symptoms. And so, the secular distinction that that is a technique, you know, mindfulness is a technique not a

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religion or something, is that not really viable? We really cannot separate the view from the technique. There. In other words, there's no viewless technique. Right? There's always something being implied. Even if you just say pay attention to your breath. There's a whole elaborate kind of edifice of of ideas underlying that that are articulated in even rigorously secular interventions. Yeah. Mindfulness as a cognitive therapy, mindfulness as exposure therapy, so exposure therapy is a kind of key mechanism in a range of different therapeutic approaches. It's not just, you know, the exposure therapy and the narrowest sense of it. The way, you know, exposure therapy for post traumatic stress disorder has been evaluated empirically. It's like, most every therapeutic approach relies on mechanisms of exposure. So what is this some good proportion of our distress is maintained by experiential avoidance, experiential avoidance, the unwillingness to be, to encounter to be present for private events and efforts to take steps to alter the form or frequency of those events. And the context is medication them. So this is very prominent in anxiety, where it's like, our avoidance of the feared object eventually starts to like, narrow our life, and we it starts to feel claustrophobic. And, and anxiety, like thrives on some measure of avoidance. Yeah. And this is Michelle Kraske. Sort of major, you know, exposure therapy, person, researcher, she says, We argue for moving away from immediate fear reduction and towards fear, toleration as the primary goal of exposure therapy, fear, toleration, as that sound familiar as like, patience, the pāramitā, of patience, of equanimity of allowing, of approaching. Yeah. Now, in the therapeutic realm, there's usually an attempt at systematic systematic desensitization, meaning you sort of like, okay, you know, in very simple kind of case, like somebody gets into a car accident, and has, you know, is afraid to drive, you know, as post has Post Traumatic Stress Disorder. Okay, well, the first step might be drawing a car, you know, and then then it might be sitting in a car, something like this and not moving that it might be going for a ride in a parking lot, right? And each time, you know, like, becoming desensitized, you know, draining some of the effect of charge, from that mastering that level of learning, you know, and then graduation is being able to drive on the highway at rush hour or something like that. That's that success, right. And so we say it's systematic, systematic exposure therapy. In the dharma world in mindfulness practice. It's unsystematic. Exposure therapy. Yeah. Everything, anything that can disrupt your peace. Well, yeah, that's the bad news. And the good news, actually, like we don't wait yeah, I joke like, we don't say that on the flyers, insight, retreat, anything that can disrupt your peace will. Please join us, you know, but that's real. That is what it is you said enough.

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And in a way, it's our good fortune that our pain re arises that are clinging re arises, that our greed and our hate and our delusion re arises. Anything that can disrupt our peace will we set enough we practice enough, it will. And sometimes we get too big a dose of pain in our practice. Not often, but sometimes we do. The idea in exposure therapy is to get the right doses of pain, the right level of subjective distress. Too little, we don't learn too much, we're flooded, we don't learn. So we play at the edge of our own threshold and own tolerance.

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and in our dharma practice, too, we are really becoming habituated, we are desensitizing to the impelling forces of clinging.

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This is the purification side of practice, we call it the path of purification. What is that in clinical language, that is exposure therapy for everything. And this is, to my mind, like one of the most powerful dimensions mechanism mechanisms of action of the dharma, how it actually functions to reduce the stress. And we don't see this necessarily a lot of the fruit of dharma practice, we don't see we don't see ourselves the moment something, let's go, we don't see the habituation in a very, you know, explicit way. We just wake up someday and recognize, like, oh, I don't suffer in that way anymore. And I don't know where it went, or when it went, but I feel different, and I feel freer. And that's of profound value. So dharma practice, this is this approach orientation, and approaching that which might be avoided. And the fact that we're training our attention that we're training in love makes the approach especially deep, yeah. So it's like, how, how do I get close to my avoidance? How do I get close to it? How do I approach the loops of pain in me? Well, if I'm not a practitioner, I can kind of be guided by some therapeutic, you know, therapist or something. The dharma helps us get really close we're like pouring the awareness into the circuits of avoidance into the the patterns of you know, entanglement and we're just like really getting like close yeah, this is part of how the those loops of pain lose become desensitized. We get really close we move against the tide of avoidance into approach and and love care, willingness surrender, this is the deepest form of approach. So, this is one side of practice. This is the exposure therapy side, we also have the tranquilizing side, which is meant to make the exposure side bearable. Yeah. Without any begins in clinical situations, people get anxiety reducing strategies before they begin some of the exposure stuff. Okay, I can I can do diaphragmatic breathing, I can do progressive muscle relaxation, I can do different things that like I can meditate. This is Sue then this is Sue then. Yeah. dharma practice is a kind of dialectic between the tranquility and the exposure dimensions of our practice. And there's sometimes a risk I don't see that often but there is a risk that one just gets wedded to the tranquilizing side of practice, and uses that, that is in listed as a mechanism of avoidance itself. Yeah. Right where it's like I'm gonna, and some people have natural predilections towards quiet and samādhi in this kind of thing. And that's usually great and leveraged for growth. But sometimes sometimes if it's not, the practice is not understood. That's just a place to hang out, in avoidance, basically, and the encounter with our own dukkha is not made and people can practice actually, for a long time. And some of their core there's benefit from just hanging out in tranquility. But some of the core behavioral patterns, speech patterns are untransformed, because the practice has been in listed as a tool in avoidance. So this is a risk just listen to Flack. If we're sincere,

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we wise up sooner or later. dharma has elements of an existential therapy. Yeah, so existential therapy, I don't know much about it, but associated a lot with Yalom. And it hypothesizes that the failure to meet existential questions, challenges of any human life, the failure to meet those challenges adequately,

leads to symptoms. And so death, responsibility. Our solitude, we're connected in a million ways and we are alone, you know, alone born die, live alone in a very important way is and the failure to actually meet those existential questions challenges. Is is, you know, in the according to this, like a source of symptomatology of psychiatric symptoms, the dharma, of course, like, began the right in the mythology of it all, like, the aging sickness, like death like this was, if that is true, if that is true, if it is true, that everything will be lost, what is to be done? That is the animating question of dharma. And indeed, we do find the practice is relevant for this, the practice is relevant for this in a million different ways, I feel But concretely. There is evidence that meditation, Buddhism, you know, reduces our defensive responses to thoughts of death, for example, to get called mortality salience. So if you sort of like make mortality salient in the mind of a research, subject participant, things happen, things happen, a number of which are not good, they become more territorial, more in group favoritism more rigid and ideology. It has effects, it seems. And, and you can see, I think it cuts both ways. Sometimes, mortality salience actually can make us love. It's like groundlessness can make us hate, or it can make us love. And we're training such that it makes us you know, it leads us into love, but it often does not. And you see, the way fear in our politics is mobilized. To manipulate people's behavior is very profound. It's a profound lever that can be used and because we're so unconscious, and we're so easily manipulated, it's just used again and again, right? So we actually have to know our inner life in order to make those levers less accessible to the manipulation of profoundly diluted powers you know, So, we wake up to some of this we come into, you know, come into relationship with our own mortality. And yes, some one one study from the summer this is in the called Terror management theory, as you know, kind of research literature, terror not not in terms of terrorism but fear, deep fear. And

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so, couple researchers according to these study, three studies conducted in two countries with participants, with varying levels of meditation experience defensive responses to reminders of death, that were consistently found in the absence of meditation were not found after meditation. present findings are consistent with previous research showing that higher levels of dispositional, mindfulness kind of trait mindfulness, higher levels of trait mindfulness, are associated with lower levels of defensiveness in response to mortality salience. The present finding suggests that responding defensively to thoughts of death, by initially suppressing such thoughts and then defending one's worldview, when they rebound, is not an inevitable response to this existential problem. Not an inevitable response to this existential problem. The notion being that we cling to our ideology and our view as a form of symbolic immortality. Yeah, yeah, I may die. But I'm an American. I'm a Buddhist, I'ma fill it in. Yeah. And so I have this lineage. Right? I have this lineage I remember Frank Zappa saying something when he was dying something like legacy is just like another ego maniacal trip. Yeah. And, and so yeah, maybe we, we, we kind of we claim two, we cling to, you know, whatever, this kind of sense of what was last beyond us. And that's not you know, that's, that's not such a bad thing, we want to just be conscious of how we construe this and not use that as a defense against the truth of our existential condition, it is possible to be softened rather than hardened by groundlessness, it is possible for our hearts to be softened rather than hardened by a niche by uncertainty. So mindfulness, dharma, dirty drug, many different mechanisms operates in many ways. And as teachers, we, we often highlight some mechanisms, rather than others. And, in a way, the most, kind of probably the, you know, some of the most popular teachers popular approaches, zoned in on one mechanism, you know, it gets the kind of boils it down to something simpler. And there's rhetorical force in that, you know, this is the you just

marched to the beat of this drum. That is your practice. There's power in that and naivete also, to my mind, this is a this is, this works in so many different ways. And what that means is we're going to have to talk about it in a range of different ways, which sometimes sound paradoxical or contradictory, but it's like no, this is a dirty drug that acts in a lot of through a lot of different mechanisms. And so you wind up you know, having to articulate the path in more more nuanced ways. Sometimes it's like yes, skillful means skillful means. So the same Okay, let me do another another. Case Yeah, are you are you doing okay? Make a make a sad face if you're frustrated. Okay. Okay. So so another just another piece then we'll pivot somehow. So my sense is that the the interest in mindfulness the interest in mindfulness in the therapeutic world is less about the strength of the clinical trials evidence or the neuroscience stuff and more

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about how mindfulness describes a state that is nearly diametrically opposed to psychiatric distress. Yeah, a moment of mindfulness is like, so, very, very different from a moment of distress. So, how is this so? Well, suffering comes in so many different forms and so many different causes. But if we look at the phenomenology of distress, what what are some of the characteristics of distress? If I were to characterize it, I would say a few things. This echoes some of what we've talked about. So, thoughts, thoughts become absorbing and imposing? They feel really real as a real as piece of furniture, you know. rumination is a transdiagnostic risk factor, you know, so the absorption in thought, this kind of mode of obsessional kind of, very, sort of abstract, you know, it sort of masquerades as existential questions, how did I get here, how, where am I going? But it's, it's really like, this is a risk factor, rumination is not good for our mental health and in rumination thoughts have like a density and a real, you know, like a weightiness that is really prominent in distress, the kind of space of experience narrows it to like a sense of I often talk about as a kind of claustrophobia, you know, and there is, you know, experimental evidence like the attentional field narrows in distress. We, we like start to like literally see, like the peripheral vision, narrows, you know, the sense of space, right? We know those moments of like, the big sky meditation or something like that, or the expansive flavors of awareness. That is, like, utterly missing in moments of distress, right? Have we ever been in a kind of like, the, the, the experience of like, the, the vast expansiveness of awareness, and been deeply distressed? Yeah, not really, really. There's some exceptions to that maybe, but not much. Yeah, this space of experience narrows. in distress, the attention becomes fragmented as I was alluding to, it's pinging all over. in distress, there are alterations in physiological arousal, you know, sometimes hypo, you know, kind of flat, flattened out, numbed, out dissociative kind of, but often hyper arousal. There's experiential avoidance. There are compromises in distress tolerance, a moment of distress is like we're often in deep contention we're fighting with ourselves. And the pain is, is is personalized. It's a commentary on our being. It's commentary, it is a kind of moral fallot dukkha is my own moral family. My depression is my own moral fallot it speaks to the effectiveness of some level of my own being in distress, there is a kind of on an unhelpful rigidity in our predictive models that kind of we are not as responsive, not optimally responsive to new information we fail to learn and to revise our models of self of world of future.

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Yeah, there's a kind of rigidity in in this and, you know, in our beliefs in our schema has this kind of thing. And as a special kind of rigidity in our model of self. Yeah, the model of ourself is like, impervious

to disc, confirming information. This is who I am, these are my problems, you know, and it's like, you know, our re, it's very, our reasoning becomes motivated reasoning, where we're erring on the side of confirming our existing models, rather than opening to not knowing opening to new data opening to new, new new ways of of understanding. These are, we could name more, these are just kind of, from my own thinking like this, these are these are characteristics, these are some of the key characteristics of moments of distress. Okay, what is mindfulness? What is mindfulness? Right? It moves us almost directly against each of the things I just enumerated. Yeah, there is a reduction in experiential fusion. Yeah, cognitive fusion, which is just the way that that some researchers talk about establishing mindfulness establishing some metacognitive awareness, we're not fused with the content of thought we say, identified, you know, oh, you we get identified with thought, you know, and identified with thought means that we are not aware of thought as thought, we are living in the bubble of that thought. And whether that, that train of thought is taking us to heaven or hell, we are going, Yeah, we are going we are nothing but have that energy. Yeah. And that's why it's like, the sense of waking up from the Daydream back to the breathing or something. It's like, we didn't know we were meditating. We didn't know. We were human, we didn't know where we were, we were living in the content of that discursive thought. And mindfulness is breaks, this identification breaks this identification, it is a process of D review of the language they use D reification. Maybe we would say, appreciating the the nature of dukkha not the quality of thought itself. So thoughts that had been really real really imposing I am bad, whatever. Like all the sudden that becomes just another empty phenomena barely even there. Right. There's the the famous well famous in very small circles but famous story of Joseph Goldstein. You know, with a yogi, I think on a three month retreat, who who came in just in like a kind of spasm of self hatred, and and as I recall a story she's just like, you know, you know, this is wrong with me, and that's wrong with me. And you know, even the chipmunks hate me. You know? And, and Joseph's response was even the chipmunks hate me and the sky is blue Okay, what does that mean? Even the chipmunks hate pay and the sky is blue.

The sky is blue.

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Both thoughts made of precisely the same stuff. Yeah. The chipmunks, even the chipmunks hate me. The sky is blue. And so it's like juxtaposing the most innocent, obvious, uncharged statement, the sky is blue, with the most charged spasm of self hatred. Their currency is identical.

Mt. D reification.

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Mindfulness is conjoined with equanimity. You know, in many of the scientific descriptions of, of mindfulness equanimity is is one of the facets its present moment awareness and equanimity. Mindfulness is both. And we know that if we're if we, the energy follows the attention if we attend to something if we start really noticing without equanimity, the attention will amplify that for better or worse. Right. So we all know those moments in meditation or in retreat. We're noticing everything and we're hating everything. Yeah. There's a lot of present moment awareness. We're noticing phenomenon

at a good clip. But there's zero equanimity and that is a very, very dukkha filled state. Equanimity kind of component of the blessing of mindfulness. And equanimity is many things but it's the practice of distress tolerance. In distress and moments of pain, there are compromises. Yeah, in this tolerance in mindfulness, equanimity is the practice of distress tolerance, we are approaching that which is avoided we are exercising all of these exposure based learning mechanisms. And we are learning as Shinzon Jung said, like not to fight with ourselves at any level. What would that be to not fight with ourselves at any level? To turn no experience into an enemy hallmark of mindfulness is the attentional stability, alluded to this, I won't say much about it, but like there are regulatory benefits of a malleable attention of an attention that can stay here and not be so fractured. A moment of mindfulness is almost by definition, a non moralistic moment. Yeah. Right. It's like we're draining the moralism from our emotional life. We're draining the moralism from it. Yeah, this means that about me this sadness, this loneliness, this isolation, this whatever, you know, okay, we make it mean so much and mindfulness, like cuts through all of it. It you know, doesn't mean we go from everything means everything to

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appreciate appreciation of nature, you know, him you know, just like no causes and conditions a million causes and conditions. I am not angry or sad or lonely or this or that. Because of my fault I am. I am sad because of everything ever. You know, that's a teacher Sutta Nipata And there is zero room for more oralism in it. So much of what we do in dharma is D stigmatizing pain. And a lot of blessing comes from that. This is a high hypo, hypo, in, you know, hypo egoic state a moment of mindfulness is the not reified sense of self. We, we are training not to take refuge in ideas of who we are we're training not to look for our redemption in land and in some identity we can acknowledge all of the forces of conditioning, this that all of that and we we sort of give up hope of arriving and a sense of adulthood, you know, like, arriving in the sense of like, oh, yeah, now I'm grown up. Now, this is who I am taking refuge in Yeah, notions of who what I am the practice is a way of, of deconstructing the sense of self. And the practice is a way of, of accessing different states of awareness, where self is much less prominent or very thinned out or very expensive or very impersonal, are lots of different ways this works. But what becomes, you know, the, the kind of fruit, the culmination of all of that stuff is it is no longer tenable to say, I am

that person,

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I am a failure, it's like, language doesn't even make sense in the same way. And the layer of the way the kind of underbelly of self is shamed, the underbelly of sokkia did de is shame and to take, to claim the territory of I am Ness, you know, is to make a very fertile ground for shame. And so, we start to sense of self becomes more porous, more fluid, flexible, attenuated, open, empty. And in some ways, you could say, the ego is becoming healthier, you know, and then we just like keep going, we keep going, we keep, you know, saying yes, to the arising of, of self experience, we keep going, gets more and more spacious, more and less and less charged with clinging, less and less defense of so much of this happens, not by doing therapy on ourselves, but just practicing, and we encounter the pain of self identification. We encounter the pain of it, there is pleasure in it sometimes, but it's the pleasure of cotton candy. You know, it's the pleasure of cotton candy. Like, don't eat much of that. And you taste it,

and then it's gone. Like, what where does that go? And then maybe we're just craving more. We just become less enchanted, you know, by that kind of endless shell game of the egoic charade. And we're never going to become what we think we are. And we're never going to land in a in a self that feels like home. We come to know this, we come to notice. And that changes our goals and what we put in time delay. And it changes who we are in relation to others who we are in relation to ourselves. A moment of mindfulness is diametrically opposed to the kind of many of the hallmarks of distress. And so how could, you know, clinicians and if mental health professionals not be at least curious, you know, what has the Buddha articulated here, moment, mindfulness. This is mindfulness and it's multifaceted presentation, you know, we can define it, it's present time awareness, and equanimity or something like this is, this is really what it is. This is, you know, I think in some, some kind of visions of ABI dharma is like, no, mindfulness is almost tantamount to like, freedom, you know, like, it's free of defilements. Yeah. So this, this to my mind is, is, is kind of key of why there's so much interest in the mental health world in in this construct. And

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so we have been sitting for a while. So let's just take a short, short, let's say, come back at 1010 past just strategy is the bathroom, come back in eight minutes. And finish finish out together. So. Okay, thank you for your your attention, all the CO sañña Pheh.

Okay.

### **Matthew Brensilver**

So I think, got a bunch of great questions and reflections in the chat. And I think rather than moving forward with other things want to open it, open it up for for questions and dialogue and question about getting a transcript of this. I think I think we I think that's available that should be available. Yeah. So let's, yeah, if you wish to put your voice in the room for question. Is still okay. Yeah. Laurie.

Hi, Matthew, thank you for that. mind expanding. Morning, as usual. What's coming to mind is the difference between will two things between set being with the dharma for therapeutic value or relaxation or learning value. And being with other types of therapy, I have never had cognitive behavioral therapy. But I have had union therapy, and certainly have been to doctors. And in that case, there's an interaction between myself and the medicine or the doctor or the there's a, there's a constant of another person. Whereas dharma dharmic practice is pretty self regulating. I think, most of the time. I mean, we do have the, the sangha, if we're lucky, and the teacher if we're lucky, and we have the Buddha, but, but we're sitting there for long periods of time just talking to ourselves. And so that, that interaction, for me, at least, has the potential and the danger of becoming delusional and lazy. And, and I can just sit there and like you said, just, you know, feel very relaxed, but I'm not going to learn anything. And I'm not going to confront myself about anything. So that is one part of it. And the other part is that in the east, I think, having Buddhism and meditation, maybe just Buddhism as a cultural, ubiquitous cultural phenomenon. Everybody talks about it in, or at least everyone knows about the has the common cultural understanding of the dharma has the common cultural understanding of the inner world, the inner life and interacting with the outer life, we don't have that so much here, we're pretty, I think we're

pretty outer. We're Don't you know, and so we don't have that cultural. Every day understanding that other people in our environment, have the same practice that we do, are going through the same, you know, studies that we're doing so I wonder if you have any comment on that, and how to, in the West, not become diluted, and too lazy?

### **Matthew Brensilver**

Yeah, well, I, I feel like every, every practice, every teaching, can be used or misused. Yeah. And so it can be, you know, a lot of what we're talking about, you know, sort of like the misuse of meditation of mindfulness, as a way of, actually recapitulating greed, hate and delusion that is possible, it is possible to do that, it is possible to kind of rationalize our own defilements and act them out, you know, in the name of the dharma or something, what stops us from doing that is to things around sincerity. And other people, the mirror of other people, you know, and and so we, this path is, you know, investigation investigation, it is, we have to get like really curious and how our practice is functioning, potentially, to reinforce our own greed and delusion, you know, that's like, because it's not like, we just, we just practice meditation, and we sort of check our habits at the door. Now, the way we practice is the way we do everything else. And sometimes it's going to practice is going to be sort of recruited as a way of insulating ourselves, you know, and I think, yeah, teachers are, you know, and sangha is good at, at helping support us detect that, and but we're, but it really is kind of our own sincerity that is vital, you know, and meaning that we are really willing to look at the are the zones of our own hypocrisy, you know, like the zones of our own, you know, the gap between the our public and our private self, you know, we're willing to look at, like inconsistencies in our own behavior. Yeah, I get to, I get to teach, I hear myself. And I have to be like, accountable to those words, you know, right. So I'm, like, very aware of what I'm saying. And then any zones, where it's like, that's kind of like, do what Matthew says, not how he is in his private life or something. It's like, oh, if I feel any of that, that gap, that is unsettling, to me, that is unsettling to me. And it's like, okay, I want to rise up, like, bring some of my own courage. And, you know, like, let me let me investigate this. And a friend of mine says, if we want to know, we will, and if we don't, we won't know. And so it's like, Are we committed to just the end, some of this is tied into the self too. Because if I feel like my discoveries are the deepest commentary on who I am, then, as Mark Twain says, not all Self knowledge is good news. You know, it's like if we feel that way, it's short circuits, the investigation, right? And so no, it's like, I just want to see and it's gonna be ugly in there. It's gonna cause at least some shutters of shame and whatever something it is like, I want to see it. Yeah, cuz it is of the nature of not-self You know, and so we get bolder with this and, and some forms of pain and all of that. It's like, I don't know it runs deep and we can never be totally sure Sure, you know, it's like it is I have had the thought like maybe I have just like incarnated into this whole world of Buddhism and dharma and now I teach it and I live that life. And maybe this is just like, the path of least resistance for my own weird habits and style and my shyness and Nieto, all these different things like maybe, you know, so Okay, I just welcome that thought. Hmm,

### **Matthew Brensilver**

let me see. Let me say, yeah. And we, delusion is endless. It's endless. We can never stop asking if we're deluded, because delusion, until it feels like delusion, it feels like the truth. And so we've habituated to our own our own confusion, and that is part of why we need others because we will never have a 360 view of ourselves. But there are some people that have us down, you know, like that they

can see something. And it's like, Matthew, you're your, this is neurotic, you know? Or this is whatever, you know, and he's like, yeah, yeah.

Yeah, I want to be able to see that myself, though. I want to be able to see that on the cushion. Say, what you're thinking now. It's just nuts. Oh, no, no, it's nuts. But it's, it's, you know,

**Matthew Brensilver**

I get it, I get it. I think I think the firm in my experience, it comes more in the discontinuity is between what you know, our values and our behavior. You know, that's where we really want to get interested. And, and I don't think we can see it all we do count on others. So

difficult people. Thank you.

**Matthew Brensilver**

Yeah. Thanks, Chris, please.

Um, see, can you hear me? Yeah, we

**Matthew Brensilver**

got you.

Okay, great, Matthew, thanks so much. Um, I'm gonna step up, use what Ron said, I see your name, and you're presenting something. And it's like, I'm in Greece, it's 300 BC, I'm at the sto and Matthew stock. And today, let's go ahead over there because he didn't get me worked up. And thinking about all sorts of stuff. You've already given me two things to think about, right? The beginning a down payment on my continued existence. And something about Buddha's speaking to my ear. Um, I've worked as a nurse for over 30 years now. And a big part of that portion of that was working with homeless, the street dwellers you see in the streets of downtown San Francisco, speaking of themselves, and if there's one thing I've been able to sort of bring, as far as the dark practice, just to a quick remedy is getting the old hand when they come to triage and they're babbling to themselves or my sister's babbling to herself, or I'm babbling to myself to take that old hand, and put them assembler chest and just sort of breathe. And I'm getting sort of reminded by that. I spent the whole week when tick, not Han died, watching the ceremonies surrounding him, and being sort of reintroduced to his sort of simple practices really spending a lot of time on the Plum Village website looking at stuff and he continually talks about those painful moments that we feel those ruminations that, that dukkha that's hitting you really hard, where you can't even think straight, and he just talks about bringing center, take to your breath, the refuge, which is centered in your body, and just breathing and taking that step forward and moving. So I'm continuing to use that and it works well. It's a quick fix. There's a lot of mindfulness there. There's a lot of parasympathetic stimulation, certainly, too. And I don't know what I'm yapping about right now. But um, thank you again, for your for your presentation this morning. You've given me a lot to think about.

**Matthew Brensilver**

Yeah, yeah. Thank you. Thanks, Chris. Yeah, and I mean, yeah, on the one hand, it's it's simple, simple, or gimmick or something like that. But it's, it's actually not because I can hear the way you're talking about it and describing it, I can feel your practice in it. And I can feel that it's not. It's not a gimmick, actually. Like it's tied into a whole raft of kind of wisdom and compassion in you. And so, that's not trivial for you to say that to the homeless person with schizophrenia or something like that, you know, it's like, I could just I got the hit of it, you know, just hearing it, you know, I could get the hit of it myself and feel it in my own heart. Yeah. And that's animated by your own practice. And

the answer the two, you offered out that continued rumination for all of us about am I just taking cherry picking the good parts of Buddhism and, you know, taking it in and worse my guilt related to that sort of, you know, Buddhism was happening for four or 500 years, and then it's in India Mahayana was starting to be created, the Chinese came down kumara Jeeva, I think was the one that translated into Chinese. The Chinese already had their own philosophical systems, with the Tao systems, the Confucian systems that started so they had the words, but it was their own words similar to our own therapeutic history with Maslow and stuff that we could take these beautiful practices and allow them to still, which were just trickles at the beginning that Jack and Joseph brought in through the Peace Corps actually going there and Peace Corps, they kind of brought that in now. There's just huge streams of this wandering around. Some of it's sort of simplistic, others just extremely beautiful. So I'm just going to add that out. So I think that's happening now. In the West.

**Matthew Brensilver**

Yeah. Thank you. Thanks. Thanks, Chris. Thanks for sharing. Yeah. Great. Dan, please.

Matthew, thank you. I was wondering if you could comment briefly, um, you said something about renunciation, and sila as being two different approaches to sort of scientific Buddha and the MBSR, I think, and then the more monastic and I find with the dharma, a lot of the translations are lost on me. And I find an understanding either with people like you or, for example, I've never understood what citta was, but I the closest type comment is similar to what Dr. Porges does with the polyvagal theory and ventral or ventral vagus regulation. Another example of this is the brahmavihāra is going on retreats for those sends me straight to hell. Because I really have trouble with near and far enemies. I have no idea what to do with that. And then one day I heard orange a Sofer describe the brahmavihāra as as being there to protect me, and just that phrase, turn me 180 degrees. So renunciation is something I've not touched. Because I don't understand it. And I heard you once give a definition of wisdom that I keep with me, always. So I,

**Matthew Brensilver**

what did i What did I say? Do you remember what I said? I'm always afraid when people quote me back, I'm like, Oh, my God, what did I say? What did I say be embarrassed by it? But yeah,

no, it was, it was beautiful. It you, you. It's like a gift with two beautiful handles on it. You said and this is my interpretation or my take on it. You said x, or thoughts or words of wisdom, you know, that they're wise, when they set people free when they create liberation. And so that's now my guide. Graham, I, you know, am I am I right? Or am I free? Am I sending out? You know, rightness and wrongness? Or am I creating freedom for everybody?

### **Matthew Brensilver**

Got it. So, so just briefly, and then I'll take take the last one and close so yeah, so one principle is just like, we got to have like working definitions of things. Don't get too caught up, you know, because anybody who wants to define mind is like, incredibly, like guilty of grandiose thinking, you know, it's like, anybody wants to define citta or something in some, like, ending the conversation there? It's like, no, no, it's like this is like we kind of get get us a sense of it. But it's like, you know, we we work our way into deeper understandings of it and and they become more nuanced. And so yeah, we have to define mindfulness to start a practice kind of, but it is like no to understand what mindfulness is, is the fruition of practice, not the beginning point. Yeah. And what I was alluding to with renunciation and sila renunciation, is you know, is the the sense of renunciation is under emphasized in a lot of the secular articulations of practice. And it's at the heart of the Buddhist lineage. The Buddha was a monk as As has been noted, you know, and and so yeah, we, we just in differentiating some of the secular approaches from the Buddhist approach is that what sila shared, you know, ethics are shared across that line of difference. But a lot of times renunciation is minimized in the secular realm. And so it's a little like, yeah, we're grafting in mindfulness to my existing life. And that is not the real gesture of the dharma heart. So. Okay, oh, I gotta I gotta stop. But last one row. Yeah, please.

So, I wanted to just pull up one, one framework of thinking about this intersection of the dharmette in the mental health profession, which is, is there ways by holding them both together, that one might be able to help in arenas in which one or the other may be lacking on their own. And in the mental health profession, I think that's fairly self evident, there's a lot of lack. And in the dharma, the particular area that I'm thinking of is trauma, that I'm just briefly in my working through trauma, I often would read a line to dharma book saying, this is contra indicated for people who have, you know, strong childhood trauma. But then I couldn't find very much else that helped me through that. And I also found problems in the mental health profession and dealing with this. But somehow, by having the two I was able to patch something together, that I don't think I would have gotten solely either way. So I just wanted to throw out that idea and see if you have any thoughts about it?

### **Matthew Brensilver**

Yeah, yeah. Thank you. Yeah, I appreciate what you're saying. And I do think the the two traditions can kind of help inform inform each other, certainly, we're seeing a kind of more psychotherapeutic ties dharma being articulated. And I think with some benefits, and some some pros and cons to that, but but certainly some important benefits. And then yeah, dharma can feed into mental health, and I didn't get into any thing. You know, there are a whole dimensions of the dharma as being supporting the welfare of, of, of the mental health clinicians of supporting the general clinical skills of, of mental health clinicians have deepening their, their kind of the interventions that they might deliver. And so lots of lots of cross fertilization, and, and I'm glad to hear that you found your own way and with with, you know,

sort of grafting together the different approaches, and I do feel like in the realm of trauma, there's I'm very enthusiastic about the potential of the practice of dharma practice around that that's not Yeah, I think, I think we don't want to underestimate our pain, nor do we want to underestimate our resilience and the capacity of our own heart and especially in the as so forth, insofar as the the discourses around trauma. So anyway, we're we're over time, thank you for your, your understanding there. And thank you. Thank you, Rob, for having me and sati Center and for your, your attention, everyone. Just nice to mix it up around all of this. And if I trespassed in any way, on your heart during this morning, I asked your understanding that, you know, a, we normally do ask forgiveness at the end of a retreat or something like that. And, and, and, in talking about these themes, it's it's not it's not unskillful ness is maybe inevitable. Yeah. And so, so to the extent that I have been unskillful in any way, ask your your understanding. And yeah, we'll see you soon. You're on the dharma trail somewhere okay

okay thanks everyone