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# Unreality and Loss of Self: Dissociative Experiences in Buddhist Practitioners

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# UNREALITY AND LOSS OF SELF:
# DISSOCIATIVE EXPERIENCES IN BUDDHIST PRACTITIONERS

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## Introduction

On the surface, the Buddhist idea of emptiness and experiences of depersonalization and derealization seem to have significant overlap. Meditations on emptiness in the Buddhist tradition seek to lead meditators to observe the ego as illusory and empty of inherent content as one step in the journey to liberate oneself from suffering. Conversely, dissociation is generally an involuntary, automatic response to severe trauma that can become more common or chronic in an individual over time. Topographically, these experiences may look similar; both include a sense of unreality of the self and often of the broader world.

However, differences in stimulus value and function make these experiences quite distinct. While emptiness is a sought-after, flexible, illuminating state for many Buddhist practitioners, dissociative disorders may be distressing or even debilitating. For Buddhist practitioners predisposed to specific psychological difficulties, it is possible meditation may contribute to dissociative episodes. This paper aims to explore the treatment of dissociative disorders, as well as to describe how principles of Buddhist practice may be incorporated into psychotherapy to help individuals work through dissociation and trauma.

## Depersonalization/Derealization

Dissociation describes a phenomenon wherein experiences from an individual's life, including thoughts and feelings, are not integrated into memory in a typical way (Bernstein & Putnam, 1986, p. 727). These memories are processed as compartmentalized, isolated fragments, which are split off from one's integrated life narrative (Van der Hart, van der Kolk, and Boon, 1996). The individual avoids distressing internal and external events by keeping pieces of their

experiences which are deemed intolerable separate from their understanding of themselves, others, and the world (Kennedy et al, 2004).

The medical model describes three main classes of dissociative experiences: depersonalization, derealization, and dissociative identity. Each is characterized by a disconnection between the observing self and the observed. Within the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association, fifth edition (DSM-V), these patterns of perception are broken into Depersonalization-Derealization Disorder and Dissociative Identity Disorder (American Psychiatric Association, 2013). Similarly, Van der Hart, van der Kolk, and Boon (1996) described a spectrum of dissociative pathology, including a fragmented processing of traumatic events, experiencing events without fully connecting with their emotional salience, and the development of alternate personalities. An inability to connect emotional salience to events may be mapped onto Depersonalization-Derealization Disorder, while a development of alternate personalities may be mapped onto Dissociative Identity Disorder. Although there is no clear line of distinction between dissociation and either the repression or memories or the denial of present thoughts and emotions (e.g., alexithymia), both entail a lack of integration of the parts of the self into a coherent narrative.

While dissociative disorders are often associated with severe trauma, the function is generally to protect the ego (the part of the self identified as “I”) when it is faced with a situation it cannot reconcile with its current understanding (Kennedy et al, 2004). For example, if an individual holds a core belief that the world is generally safe and people are generally good, and the individual experiences an event that is a significant contradiction to this, they may respond by avoiding some elements of reality through dissociation. If an individual’s beliefs about their self differ significantly from their actual experiences of their self, they may avoid parts of their

self through dissociation. This experience is common and needs not rise to the level of a clinical disorder. To quote Nietzsche, “Memory says, ‘I have done that.’ Pride says, ‘I cannot have done that.’ Eventually memory yields.” (2022, pp. 49)

Despite their protective function, dissociative defenses may lead to the development of psychological disorders, meaning increased distress and impairment to the individual. An individual may experience a range of symptoms alongside dissociation including the sensation of leaving one’s body, observing events from one’s life at a distance, an inability to access thoughts and/or feelings, flashbacks, nightmares, feelings of isolation, and the continued use of dissociation to manage stress.

Within the context of trauma, Van der Hart, van der Kolk, and Boon (1996) propose that treatment for dissociation should focus on symptom reduction of physiological responses to trauma, acceptance of the experiences deemed intolerable, and reconnecting to one’s social community and sense of self-efficacy. This provides insight into where they deem the main problems with dissociation to lie: changes in physiological reactions, avoided stimuli, and feelings of disconnection from oneself and the world. While dissociation may exist outside the context of Post-Traumatic Stress Disorder (PTSD), the symptoms associated with dissociation map closely onto PTSD and other trauma-related disorders.

Biologically, dissociation serves an important function. When the body perceives itself to be at risk of inescapable threat or stress, it shuts down the emotional system to prevent one from feeling overwhelmed. It releases opioids to create a sense of calm, or even slight pleasantness, and to prepare for death (Lanius et al., 2018). This mechanism can help a person push through a dangerous situation. For example, a person escaping a burning building may not realize they have been injured until afterward, as their body has flooded them with pain-killing opioids. Only

after they have reached safety will they take account of their body and notice the pain and feelings of fear or panic.

In the short term, dissociation is a highly effective defense mechanism. However, when children begin to use this defense regularly in response to trauma, their regulatory system may begin to over-rely on dissociation and avoidance. As they grow up, they may be more primed to respond to minor threats with dissociation or may even develop a continuous sense of detachment or dissociation. This may interfere with their ability to feel strong emotions and to connect with their sense of self and the world around them (Baily & Brand, 2017).

Mild dissociative responses are not uncommon or even inherently unhealthy. Spacing out and allowing one's mind to wander may allow one to engage with imagination and creativity (Beaty et al., 2015). In some settings, such as working out a response to interpersonal conflict in the shower, this skill is useful. In fact, many individuals fully engaged in something they are good at, such as art, music, or sports, describe experiences of "losing themselves," feeling "in the zone," losing track of time, and not noticing the world around them. This flow state may actually help them to improve performance (Csikszentmihalyi, 1990). However, when overused, dissociative responses may become more automatic when an individual is bored. They may begin missing important parts of conversations or losing time through even greater portions of their day.

Among healthy individuals, the nervous system upregulates in response to a perceived threat as the threat becomes more imminent. While a threat may initially be processed by the executive system of the prefrontal cortex, the brain shifts to processing it with the more primitive defenses of subcortical brain regions as a threat becomes closer and more immediate. The threat

shifts from theoretical to actual, allowing an individual's sympathetic nervous system to take charge (i.e., fight, flight, or freeze). For individuals experiencing the chronic downregulation associated with dissociation, the same shift often does not take place, leading one to feel emotionally detached from a sense of danger (Lanius et al., 2018). This can lead one to respond more slowly or passively to threats, or even to not respond at all.

There are some situations where a chronically dissociative response may be adaptive. For example, if an individual is regularly exposed to a threat which requires them to think calmly and logically to survive, such as living in an abusive household, splitting off one's defensive response may allow them to better navigate the situation. However, threats which require an active, quick, engaged response style may present an exceptional challenge for individuals experiencing dissociation.

## Buddhism and Emptiness

Nearly three millennia ago, Shakyamuni Buddha is said to have walked the earth (About Buddhism, 2007). His incredible life and spiritual journey to find an enlightened way of being by changing one's relationship with pain and suffering paved the way for a philosophical tradition practiced by approximately 7% of the world population by the 2010's (Pew Research Center, 2012).

Buddhism is inherently phenomenological in that practitioners believe that the reified secondary qualities composing self and the world are empty of inherent reality, are created in dependence on other qualities which may be broken down infinitely into their component parts, and the oneness of all sentient beings is the true nature of reality (Kornfield, 2018). One of the

most common sutras across traditions, The Heart of the Perfection of Wisdom Sutra, reads, "Form is Emptiness. Emptiness is Form. Emptiness is not other than form; form is also not other than emptiness. In the same way, feeling, discrimination, compositional factors, and consciousness are empty" (Kopan Monastery, 2013, pp. 7). It is important to note that Buddhism is a religious tradition, and that the concept of emptiness is closely linked to spiritual concepts of reincarnation and nirvana; however, this is beyond the scope of this paper.

By extension, for Buddhists, the ego or self as a fixed, intrinsically existing state is an illusion. The way we view the self is seen as a form of attachment that prevents us from achieving "no-self" or emptiness, a crucial stage in the path to enlightenment (Kornfield, 2018). Badya (2003, pp. 15) describes this phenomenon with humor; "Let's imagine ourselves as a big piece of Swiss cheese, including all the holes. The holes are our identities, mental constructs, desires, blind spots, stuck places—all those aspects of ourselves that seem to get in the way of realizing our 'cheese nature'…When we finally see the little holes for what they are, then we see they are truly holes—that is, of no substantial reality." Therefore, while Buddhism does not say that the self is not real, it teaches that the ways be label and perceive the self are not based in substantial, individualistic reality. Instead, connection with the part of oneself which transcends individuality and is connected with other living beings is a desirable aim.

This is an interesting contrast to much of psychology's conceptualization of self and ego. Early modalities of psychological conceptualization such as ego psychology worked to preserve the ego against breakdown through insight and secure attachments (Mollon, 2018). More contemporary branches of psychodynamic psychotherapy work to expand and strengthen the ego. Within self-psychology, Kohut describes a fear of a fragmented self, or disintegration anxiety, that arises from a fear of a "breakdown of structure…of the self." He saw unconscious

drives and impulses as “merely the shrapnel of disintegration and defenses against this” (Mollon, 2018). A breakdown of structure of the self closely parallels the conceptualization of dissociation discussed above. While these parts of the self may be fragmented, split off, or hidden, they remain present with the individual.

It may be argued that psychodynamic therapies are inherently mindful. The therapist and patient work together collaboratively to observe a patient’s thoughts and emotions arise in the moment, acknowledge them, and let them go. This stance of openness to whatever arises in the space allows patients to become more accepting of their own internal states and eventually may help them to learn to hold the ego more lightly.

Similarly, Cognitive Behavioral Therapy (CBT) works with patients to challenge negative beliefs about the self, others, and the world, in an effort to improve the relationship between the individual and their self and environment (APA Div. 12., 2017). Radical behavioral therapies also aim to improve the relationship an individual has with their thoughts. The radical behavioral modality Acceptance and Commitment Therapy (ACT) recognizes the existence of an observing self, and helps patients connect with that part of themselves in a flexible and dynamic way (Moran, 2020). Dialectical Behavioral Therapy (DBT) emphasizes the benefits of engaging in a regular mindfulness practice and observing one’s own experiences in the present moment without judgment (Chapman, 2006). Systems theories span many modes of conceptualization and practice, including a focus on relationships within a family, social system, or the world more broadly, but have in common a focus on the interconnectedness of parts to make up a larger whole (Sexton & Stanton, 2016). Thus, many psychological theories have overlap with elements of Buddhist philosophy and practice in respect to the concept of emptiness.

Buddhism views the true nature of the "self" as interconnected with all other sentient beings, and that the illusion of separation is a primary cause of suffering. Recognizing the dependently-arising self as empty of inherent content and separation is viewed as a key part of achieving an enlightened state (Kornfield, 2018). From a cognitive psychology perspective, Castillo (1990) suggests this experience may occur during some types of meditation by providing a form of sensory deprivation, which "short circuits" automatic emotional and cognitive functioning. This may facilitate a breakdown between the boundaries separating self, others, and the outside world.

Buddhism recognizes the functional nature of the self and conventional reality in daily life. Thus, emptiness is considered to be a temporary state for most practitioners which one may flexibly access during mindfulness practice and return from at the conclusion of the practice. While the understanding of emptiness is often a sought-after lesson by Western practioners of Buddhism, permanently remaining within an experience of emptiness as a lay person is not considered to be functional. A reified self allows us to survive in daily life by creating an instinct toward self-preservation; Buddhist practice teaches an individual to hold this self lightly and to flexibly embody it without a sense of attachment. The purpose of emptiness is to dismantle false constructs while leaving the true, interconnected nature of the self intact. In some respects, this is more similar to Karen Horney's (1950) goal to dismantle the neurotic constructs of the idealized self through honest exploration, leaving the real self in their wake.

As dissociation is conceptualized as a breakdown of the self, and Buddhist practice seeks to facilitate an understanding of the lack of reality of this self with a mission to loosen an individual's attachment to it, it follows that one may question whether Buddhist practices may sometimes lead practitioners to experience dissociation. Acknowledging the self as empty of

inherent content may create distance between the observing self and the ego. When experienced flexibly, this may empower an individual to feel more present and connected, and perhaps to take themselves less seriously. When experienced rigidly, one may inhabit an experience similar to dissociation.

For some meditators, especially those from Western-European cultures, a distance between observing self and ego may not be problematic; they may experience the distance as one sometimes "forgets oneself" when engrossed in a sport or creating art. They may find themselves again afterward, integrating the experience of emptiness into the cohesive narrative of their life. Even intense spiritual experiences may feel congruent with their way of seeing themselves. For other meditators, this distance from their ego may be experienced as startling; the defenses holding the pieces of themselves together may not be able to withstand the realization that the self is unreal. A steadfast belief in the idealized self may not survive an honest look at it without rose-colored glasses. When the glue is insufficient, the ego may fragment. As stated on Twitter, "that's a load bearing neurosis, you move it and this whole thing comes down around us" (Caldwell-Kelly, 2017).

## Dissociation in Buddhist Practice Among Western Practioners

Lindahl et al. (2017) published a qualitative study discussing the various adverse experiences Western practitioners of Theravāda, Zen, and Tibetan Buddhist meditation traditions have experienced. Though participants ranged in experience level, nearly half had greater than ten thousand hours of meditation experience when surveyed. Many adverse experiences fell into the categories of dissociation, including those representing symptoms of depersonalization and

derealization. Additionally, participants reported distress and disturbance across areas of functioning.

Baer et al. (2019) also cite several studies describing meditators from across Buddhist traditions experiencing significant adverse effects, including psychosis, mania, depersonalization/derealization, and resurfaced traumatic memories. It should be noted that the majority of participants were Western practitioners. These symptoms show significant overlap with Lindahl et al.'s findings. The paper shows that meditation clearly increased the level of distress and disturbance experienced by these individuals. Additionally, it discusses reports that meditation exacerbated existing psychological symptoms for some meditators.

Several factors may account for the difference in which practitioners experience adverse effects of meditation, specifically dissociation. Importantly, the above studies focus primarily on Western practitioners of Eastern Buddhist meditation. Thus, there seems to a relationship between those from a culture that includes Western conceptualization of self and the experience of dissociation while engaging in Buddhist meditative practice. As mentioned, dissociation is a defensive response occurring when an individual cannot reconcile their worldview and conflicting experiences.

Ringel (2018) emphasizes that while Buddhism and contemplative practices train individuals to let go of self-concepts as a means to reduce suffering, self-concepts are useful and important for most laypeople to function in daily life. From a psychological perspective, a significant difference between no-self and depersonalization is the flexibility with which an individual can choose to use their self-concept after putting it down, even if they continue to

recognize these attributes as temporary and impermanent. One may also consider the seriousness with which one considers the self in day-to-day life.

From an attachment perspective, individuals become susceptible to dissociative experiences during childhood, when an insecure attachment with primary caregivers teaches them to compartmentalize parts of themselves or the world deemed to be unacceptable. Sudden confrontation with these unintegrated parts during contemplative practice may lead to a dissociative response on the part of the individual, making reconnection to their more limited self-concept difficult (Ringel, 2018).

However, it is possible that the overlap between Western meditators and those experiencing dissociation is a matter of correlation, not causation. Across three studies, Burris (2016) explored the relationship between a history of dissociative experiences in individuals and the belief that after death, a person's consciousness continues on, though personal identity does not remain intact. These studies took care to use identification with Buddhism or Hinduism as rule-outs for research participants, as these beliefs are already typically adopted by members of these religions. The studies found that the frequency of dissociative experiences experienced by an individual predicted strength of belief in Eastern postmortem beliefs. The author points out that experiencing dissolution of the ego seems to make beliefs about death consistent with Buddhism and Hinduism more believable, including reincarnation changing one's identity despite the continuation of consciousness. This suggests those with a history of dissociative experiences may be disproportionately drawn to Buddhist practice; if this is the case, a predisposition toward dissociation may account for dissociative experiences after meditation more than the meditative practice itself.

It is possible, given these studies, that individuals with a history of dissociative experiences are searching in the realms of philosophy and religion to create meaning of their experiences. If their experience of dissociation is reframed as a strength in meditating, a misunderstanding of the nuance of Buddhist philosophy among Westerners seeking help, then these people may be more apt to study Buddhism while inadvertently applying misconceptions and then having additional dissociative experiences. For others with histories of mental illness and related persistent negative beliefs about themselves, the idea that the self as a fixed state is an illusion may be quite appealing. It is also possible that those in psychological distress may be more likely to choose a practice focused on the present, such as meditation, to enable them to avoid being reminded of painful moments in the past or worry about what will happen to them in the future.

Finally, Fulton (2013) points out that for many clinical patients, their first experience with meditation may be in their therapist's office. While a therapist who does not explicitly specialize in Buddhist practice is unlikely to encourage them to meditate on the unsubstantial nature of reality and the self, one reason individuals with preexisting mental health conditions may continue exploring meditation on their own may simply be that their therapist originally suggested it. This may lead them to independent Buddhist practice based on information they are able to piece together from various sources.

Dissociation during Buddhist meditation practice is largely only reported by Western practitioners. Traditional Eastern Buddhist meditation is coupled with many other aspects of the religious practice. In addition to basic mindfulness skills and relying on the guidance of a teacher, Buddhist practice emphasizes learning Buddhist doctrines and ethics, including compassion, loving kindness, and composure of mind, to increase the mind's sense of

groundedness and stability. Additionally, mindfulness skills are taught in more depth, so practitioners learn and remember their own patterns of body, mind, and emotions. This helps prepare practitioners to navigate a meditative state. Finally, it is important for practitioners to understand the purpose of their practice. These elements allow individuals to cultivate attention in a way that allows them to free themselves from suffering and attachment to impermeant entities, such as the self (Lee, 2018).

## Implications and Treatment

Lindahl et al. (2017)'s study on the adverse experiences of Buddhist meditation on Western practitioners may be taken as a warning that mindfulness practice is not necessarily the cure-all espoused by many therapists and medical professionals. Participants reported increases in dissociation, psychosis, depression, anxiety, mania, and suicidal ideation following Buddhist meditation. The paper discusses the risks of recommending meditation in clinical practice and suggests that psychologists rarely use these types of interventions with the consideration that meditation can actually harm patients. Whether the prevalence of Western meditators experiencing dissociation is caused by or simply correlated with meditation, therapists may have a duty to be mindful of the possibility of harm at a minimum. It is also possible that many therapists and medical professionals do not fully understand the difference between meditation and Buddhist practice, and thus refer patients to Buddhist practices that were never designed as a treatment for psychological dysfunction and might even be considered by Buddhists to be contra-indicated for these purposes.

However, this does not necessitate that therapists throw the Buddha out with the bathwater. As the field of psychology increasingly moves toward integrating other mind-expanding therapies into more traditional practice, having a guide seems to be a key to successful practice. For example, psylocibin, ketamine, LSD, ibogaine, and MDMA are being used experimentally in conjunction with therapy. When used in combination with a protocol, these substances may be helpful for the treatment of posttraumatic stress disorder, obsessive-compulsive disorder, depression, anxiety, and substance use disorders (Schenberg, 2018). When used independently and without the guidance of a therapist, each of these substances, like meditation, is capable of causing extreme distress. It is also important that anyone recommending Buddhist mediation understand the purpose and function of different kinds of meditation in order to effectively use specific practices as interventions.

Considering patient characteristics when recommending treatment is also important. In this case, the risk of adverse reactions when meditating may be mitigated by considering which populations are most vulnerable to experiencing dissociative episodes following meditative practice. This is supported by a meta-analysis which suggests those already at risk of psychosis are more at risk for the adverse effects of meditation (Sedlmeier et al., 2012). Russ Harris (2019) points out that many individuals with a history of trauma spend considerable effort avoiding their thoughts and feelings related to the event. He continues that meditation may put individuals in contact with these thoughts and feelings, often without the skills to handle this contact effectively. It is possible this may lead to dissociative experiences. Van der Kolk (2015, pp. 244) states that these experiences may only be effectively processed if the brain regions prone to shutting down during dissociation remain functional. Exposure to such memories is unhelpful and begets further dissociation if an individual is not able to use skills to remain present.

While Buddhist practitioners are generally trained in techniques to accept uncomfortable situations, including distressing feelings likely to arise during meditation, Western practitioners may be more likely to take a “cafeteria approach," using pieces of various practices that seem interesting or useful while leaving behind others. Focusing on reaching a state of emptiness, considered to be an advanced practice in Buddhism and one not attempted without prior intensive study and practice, may be engaged in without first learning fundamental techniques. Harris suggests teaching distress tolerance skills which overlap with Buddhist practices, including grounding, acceptance, and self-compassion, prior to encouraging formal meditation practice, especially for Westerners (Harris, 2019).

Another route to preparing oneself for formal meditation practice is to work through experiences of trauma in formal psychotherapy. The American Psychological Association (APA) strongly recommends cognitive and behavioral therapies, cognitive processing therapy, and prolonged exposure for the treatment of PTSD, as these techniques allow an individual to make contact with past traumatic experiences through exposure (American Psychological Association, 2020). It is important to note that these modalities are recommended when compared with others due to the extent they have been researched, not due to their effectiveness alone (Norcross & Wampold, 2019). However, a problem therapists must face while working with traumatized patients is preventing them from dissociating while recounting these experiences. Many individuals report experiences of depersonalization, where they feel numb or blank, and are no longer aware of their own subjective experience, or derealization, where the world around them becomes unreal, while processing trauma (Peebles, 2012).

Ringel (2018) advocates teaching patients mindfulness techniques to attend to their own subjectivity when feeling detached or dissociated from it either while recounting traumatic

experiences or during a more general intersubjective attunement with a therapist. The author continues that a focus on one's physical subjective experience is much more important than the details of the traumatic narrative itself, as a focus on physical states allows an individual to engage more actively with their sense of self and avoid depersonalized responses during the recounting. During these moments, both patient and therapist may simply allow subjective thoughts and emotions to arise within the patient without any intention to change or fix it (Fulton, 2014).

One common technique to prevent dissociation while processing traumatic memories is eye movement desensitization and reprocessing (EMDR). This method of practice allows a patient to keep emotional parts of their mind active while processing trauma in an effort to integrate traumatic experiences which have been split-off from the patient's broader narrative (Van der Kolk, 2015, pp. 244). Like Harris suggests, EMDR builds a patient's ability to emotionally stabilize and cope with these traumatic experiences by first increasing their psychological resources using a variety of visualization, relaxation, breathing, and mindfulness techniques, in addition to considering adjunct therapies. These are shown to improve problems with dissociation, impulsivity, and self-destructive behaviors while processing past trauma (Leeds, 2009).

However, Van der Kolk also acknowledges trauma may be processed through mindful connection with avoided thoughts and emotions, acceptance of them, and taking actions which challenge beliefs about one's narrative following a trauma (2015, pp. 114). Zerubavel and Messeman-Moore further elaborate that mindfulness and present-moment exercises may allow an individual to increase their ability to predict and control their own symptoms of dissociation by helping them become more familiar with their own patterns of moving toward avoidance.

These exercises can support individuals not only with formal dissociative disorders, but also those prone to spacing out and spending little time in the present, to gain control over dissociating, reduce reliance on avoidance, and to learn to use an observer position to cultivate mindfulness instead of contributing further to dissociative experiences. This understanding provides an individual more flexibility and freedom to stay in the present and remain in contact with these avoided experiences (2013).

Similarly to other studies, a review of the literature on depersonalization and meditation by Castillo (1990) shows that meditation may cause symptoms of depersonalization and derealization; however, it also suggests that these experiences need not cause clinically significant distress or impairment. A meditator's relationship with the experience of being outside of themselves may mediate whether these experiences rise to the level of clinical diagnosis. It is suggested that an acceptance of one's state of depersonalization may allow it to arise without distress or impairment. One way of accomplishing this is by reframing the experience of observing oneself or being outside oneself as a sought-after state or transcendent religious experience. Another route is to help the individual increase acceptance for themselves as a whole.

The resulting decrease in anxiety may reduce the severity of symptoms of dissociation, or at minimum reduce distress and impairment. Given that one of the major differences between depersonalization/derealization disorder and a Buddhist experience of emptiness is clinically significant distress or impairment, reducing the negative salience of these experiences may actually reduce symptomatology which reaches a clinical level according to a medical model and the DSM.

However, regardless of whether one is distressed by their own sense of avoidance, it is important to also consider the function of this behavior. An individual may not notice distress or impairment so long as they maintain a lifestyle which does not require them to engage fully in the present moment. This is likely to perpetuate a pattern of avoidance resulting in one's world remaining quite small. While Castillo's point that an acceptance of dissociative experiences may decrease a sense of distress, it may also contribute to one's ability to ignore an important problem impeding growth in their life.

## Cultural Considerations

The focus of this paper has largely centered on attachment and avoidance to parts of the ego and self due to experiences of trauma, and more broadly due to the human experience. It would be a mistake to omit a discussion of systems of power and oppression within these considerations, as they shape many individuals' ways of viewing and responding to parts of their identities. While the struggle with how to hold one's identity components is often a part of the human condition, identification with marginalized identities may compound the effects of attachment and avoidance.

Internalized oppression is a belief by individuals with historically oppressed identities that the negative biases and stereotypes taught about their group by the dominant culture are true. This phenomenon includes a belief that one's own group is inferior, while the corresponding group in power is superior (Webb, 2017). A strong belief in the negative meaning of one's identity elements may lead one to avoid and even to split off these pieces of identity as unacceptable, leading to dissociated parts of oneself. Conversely, these parts may be held onto

even more tightly, as they provide a reason for the negative beliefs one has adopted about themselves.

Undoing the damage caused by internalized oppression often takes significant work. This may include cultural identity development, learning more about one's culture, and many forms of advocacy. It can be argued that the significant effort required to develop a positive salience for one's marginalized identity elements creates additional awareness and attachment to them. Taking these identity elements less seriously may feel like a betrayal to oneself or to one's group. It is in many ways a privilege to avoid thinking about one's cultural identities. Therefore, one may conclude it is no coincidence that Shakyamuni Buddha, the first recorded individual to achieve no-self and enlightenment, was the most privileged individual of his time (Karson, personal communication, May 13, 2022).

## Conclusion

It is important that we consider the differences between experiences of dissociation and the Buddhist concept of emptiness before jumping to the assumption that depersonalization and derealization are equivalent to emptiness, or that they are sustainably functional experiences. Whereas in Buddhism, the experience of emptiness is liberating and has the purpose of bringing one closer to the true nature of their interdependently arising, infinite self, dissociation is a distancing from ones self, and may be a chronic symptom that interferes with one's functioning. In particular, individuals who dissociate may struggle to leave a state of perpetually downregulated emotional and visceral responses, which may lead to underdeveloped brain regions when dissociation starts young.

Dissociation may also cause problems in one's life in a way emptiness meditations typically do not. It may affect the ability to remember events and integrate them into one's life narrative. It may create feelings of numbness and disconnection from others, arguably the opposite of what many people report experiencing from meditations on emptiness. Dissociation may also result in a denial of parts of oneself, leading to compounded anxiety and depression. Individuals with dissociative experiences often report being unable to access thoughts and feelings related to a trauma, and sometimes related to daily life when the dissociation is chronic. These avoided percepts may manifest within nightmares or flashbacks. Emptiness meditation is not intended to facilitate feelings of distress is the ways dissociation does; Buddhism teaches skills to prepare for a dissolution of the self, while dissociation is often a defense functioning to avoid distress by suppressing parts of the self. This avoidance may lead to further isolation, withdrawal, and disengagement in the type of valued living that may allow one to heal.

It is possible that meditation, including meditations on emptiness and the practice more broadly, may lead to dissociation under certain conditions. Several articles suggest those with a history of trauma and mental illness are more likely to experience dissociation within the context of meditation. Others take this point further, exploring a possibility that those with such histories are more likely to be drawn to meditation and contemplative practices, perhaps in an effort to make sense of their experiences. While some practitioners see this as grounds enough to avoid suggesting meditation to psychotherapy patients, this paper discusses the idea that discomfort and distress are often normal parts of the therapy process when exploring difficult topics. Overcoming distressing emotional responses in therapy may even strengthen the therapeutic rapport, in the same vein of rupture and repair.

A variety of treatments exist for dissociation, which generally include helping an individual to connect with past experiences of trauma as well as current reality while preventing them from moving into a dissociative state. One common treatment currently is EMDR, though a variety of cognitive and behavioral psychotherapies may also be effective in combatting symptoms of trauma and dissociation. A general principle within EMDR and other types of psychotherapy is to first teach a patient skills to stay in the present moment and tolerate distress prior to directly confronting the traumatic narrative. These skills may include mindfulness, relaxation, paced breathing, visualization, grounding, acceptance, and self-compassion. Many of these skills are similarly taught early in Buddhist practice prior to suggesting an individual undertake meditations on emptiness. These skills may prepare an individual to face the avoided thoughts and feelings likely to emerge both in treatment for trauma as well as during some types of meditative practices.

Additionally, psychotherapy more broadly may be helpful in treating dissociation. The therapeutic relationship may allow patients to begin to accept a sense of self beyond their own constructs. They may learn to relate to themselves in a more flexible, dynamic way over time by lessening their reliance on an idealized self. Accepting that they are a flawed human being creates a path to allow the parts of themselves previously deemed unacceptable and to integrate these into a broader narrative.

## References

About Buddhism. (2007). *History of Buddhism*. July 9, 2018, from http://www.aboutbuddhism.org

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2020, June). *Treatments for PTSD*. American Psychological Association. Retrieved May 2, 2022, from https://www.apa.org/ptsd-guideline/treatments

APA Div. 12. (2017, July). *What is cognitive behavioral therapy?* American Psychological Association. Retrieved May 9, 2022, from https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral

Baer, R., Crane, C., Miller, E., & Kuykenb, W. (2019, January 7). Doing no harm in mindfulness-based programs: Conceptual issues and empirical findings. *Clinical Psychology Review*, 2019, ISSN 0272-7358, https://doi.org/10.1016/j.cpr.2019.01.001.

Bailey, T. D., & Brand, B. L. (2017). Traumatic dissociation: Theory, research, and treatment. *Clinical Psychology: Science and Practice*, *24*(2), 170–185. https://doi.org/10.1111/cpsp.12195

Bayda, E. (2003). *Being Zen*. Boston, MA: Shambhala Publications, Inc.

Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability, and validity of a dissociation scale. Journal of Nervous and Mental Disease, 174, 727–735. doi:10.1097/00005053-198612000-00004

Beaty, R. E., Benedek, M., Barry Kaufman, S., & Silvia, P. J. (2015). Default and executive network coupling supports creative idea production. *Scientific Reports*, *5*(1). https://doi.org/10.1038/srep10964

Caldwell-Kelly, A. [@AliceAvizandum]. (2017, August 29). THERAPIST: do you want to talk about ME: no no nO doc that's a load bearing neurosis, you move it and this whole thing comes down around us [Tweet]. Twitter. https://twitter.com/AliceAvizandum/status/902428958653911041?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E902428958653911041%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fwww.buzzfeed.com%2Fkaylayandoli%2Fhilarious-therapy-tweets

Castillo, R. J. (1990). Depersonalization and meditation. *Psychiatry*, *53*(2), 158–168. https://doi.org/10.1080/00332747.1990.11024497

Chapman, A. L. (2006, September). *Dialectical behavior therapy: Current indications and unique elements*. Psychiatry (Edgmont (Pa. : Township)). Retrieved May 9, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/

Csikszentmihalyi, M. (1990). Flow: The psychology of optimal experience. Harper & Row.

Fulton, P. R. (2013). Contributions and challenges to clinical practice from Buddhist psychology. *Clinical Social Work Journal*, *42*(3), 208–217. https://doi.org/10.1007/s10615-013-0469-7

Harris, R. (2019). *Is Mindfulness Meditation Safe When Working With Trauma? A Practical Guide for ACT Therapists*. I'mLearningACT. Retrieved 2019, from imlearningact.com.

Horney, K. (1950). *Neurosis and human growth*. W.W. Norton.

Karson, M. (personal communication, May 13, 2022)

Kennedy, F., Clarke, S., Stopa, L., Bell, L., Rouse, H., Ainsworth, C., . . . Waller, G. (2004). Towards a cognitive model and measure of dissociation. Journal of Behavior Therapy and Experimental Psychiatry, 35(1), 25–48. doi:10.1016/j.jbtep.2004.01.002

Kopan Monastery. (2013). *Kopan Prayer Book*. Kathmandu, Nepal: FPMT Education Services.

Kornfield, J. (2018). Identity and Selflessness in Buddhism: No Self or True Self? Retrieved from https://tricycle.org/magazine/no-self-or-true-self/

Pew Research Center. (2012, December 18). *The Global Religious Landscape, Buddhists*. Retrieved from http://www.pewforum.org/2012/12/18/global-religious-landscape-buddhist/

Lanius, R. A., Boyd, J. E., McKinnon, M. C., Nicholson, A. A., Frewen, P., Vermetten, E., Jetly, R., & Spiegel, D. (2018). A review of the neurobiological basis of trauma-related dissociation and its relation to cannabinoid- and opioid-mediated stress response: A transdiagnostic, translational approach. *Current Psychiatry Reports, 20*(12). https://doi.org/10.1007/s11920-018-0983-y

Lee, K. C. (2018). Demystifying Buddhist mindfulness: Foundational Buddhist knowledge for mindfulness-based interventions. *Spirituality in Clinical Practice, 5*(3), 218–224. https://doi.org/10.1037/scp0000133

Leeds, A. M. (2009). Chapter 6. In *A guide to the standard EMDR protocols for clinicians, supervisors, and consultants* (pp. 99–126). essay, Springer.

Lindahl, J. R., Fisher, N. E., Cooper, D. J., Rosen, R. K., & Britton, W. B. (2017). The varieties of contemplative experience: A mixed-methods study of meditation-related challenges in Western Buddhists. *Plos One,12*(5). doi:10.1371/journal.pone.0176239

Mollon, P. (2018). Self Psychology Psychoanalysis: Releasing the Unknown Self. Retrieved from http://www.selfpsychologypsychoanalysis.org/mollon.shtml

Moran, D. J. (2020, August 20). *Self-as-context: A core process in the ACT hexagon model*. Psychotherapy Academy. Retrieved May 9, 2022, from https://psychotherapyacademy.org/acceptance-and-commitment-therapy-the-essentials/self-as-context-a-core-process-in-the-act-hexagon-model/

Nietzsche, F. (2022). In *Beyond good and evil: Prelude to a philosophy of the future* (pp. 49). essay, Aspekt Publishers.

Norcross, J. C., & Wampold, B. E. (2019, April 22). Relationships and Responsiveness in the Psychological Treatment of Trauma: The Tragedy of the APA Clinical Practice Guideline. Psychotherapy. Advance online publication. http://dx.doi.org/10.1037/pst0000228.

Peebles, M.J. (2012). Beginnings: The art and science of planning psychotherapy. 2nd ed. New York: Routledge.

Ringel, S. (2018). Integrating contemplative practice and embodied awareness in the treatment of dissociative anxiety. *Psychoanalysis, Self and Context, 13*(2), 119–131. https://doi.org/10.1080/24720038.2018.1427968

Schenberg, E. E. (2018, July 5). *Psychedelic-assisted psychotherapy: A paradigm shift in psychiatric research and development*. Frontiers in pharmacology. Retrieved April 22, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6041963/

Sedlmeier, P., Eberth, J., Schwarz, M., Zimmermann, D., Haarig, F., Jaeger, S., & Kunze, S. (2012, November). The psychological effects of meditation: A meta-analysis. *Psychological Bulletin*, Vol 138(6). pp. 1139-1171.

Sexton, T. L., & Stanton, M. (2016). Systems theories. *APA Handbook of Clinical Psychology: Theory and Research (Vol. 2).*, 213–239. https://doi.org/10.1037/14773-008

Van der Hart, O., Van der Kolk, B. A., & Boon, S. (1996). The treatment of dissociative disorders. In J. D. Bremner, & C. R. Marmar (Eds.), Trauma, memory and dissociation. Washington, DC: American Psychiatric Press.

Van der Kolk, V. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Webb, S. (2017, January 23). *"yeah, but they're white"*. Learning for Justice. Retrieved May 15, 2022, from https://www.learningforjustice.org/magazine/yeah-but-theyre-white#:~:text=Internalized%20oppression%20is%20the%20belief,inferior%20to%20another%20social%20group.

Zerubavel, N., & Messman-Moore, T. L. (2013). Staying present: Incorporating mindfulness into therapy for Dissociation. *Mindfulness*, *6*(2), 303–314. https://doi.org/10.1007/s12671-013-0261-3