



The Institute for
Meditation and Psychotherapy

Cushion and Couch

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From the Editor

Cushion and Couch is IMP's quarterly e-journal, featuring articles, interviews and book reviews written by and for members of our community. If you would like to contribute pieces or offer feedback, please reach out by [e-mail](#).

Alex Gokce, MSW
Editor, *Cushion and Couch*

On Not Knowing

by Edward R. Ryan

Many years ago, I was introduced to the eminent Burmese Buddhist teacher U Pandita by my friend and teacher Joseph Goldstein. Joseph mentioned that I was a clinical psychologist on the faculty of the Yale Medical School, and had studied Buddhism for several years. U Pandita told me that if one reads about, thinks about, writes about, and discusses Buddhism, one will hit the target. It will be, he said, like throwing pebbles at the target: some will hit it. But, he added, "if one wishes to penetrate the target like an arrow, one must practice."

As I began to practice seriously, meaning regularly, and as I began attending meditation retreats, my mind was filled with all the ideas about Buddhism. In a way it was like attending a college course. I liked the dharma talks because there were often many good ideas, and I was happy to be expanding my intellectual knowledge. It was what I knew, and in my experience, the more one knew the better.

And as I practiced, actually sat and walked for hours, day after day, on retreat, I could always entertain myself by reflecting on the concepts. But as time went on, something happened—I ran out of concepts. There was just sitting, bringing the attention to the breath, gently noting as experiences arose, and bringing the attention back to the breath. As I was encouraged by my teachers, I persevered. Minute after minute, hour after hour, day after day. Somehow, without realizing it, I had lost contact with knowing. Even the usual pleasant mental vacations—elaborately planning a trip or an extended sexual fantasy—became, when I realized I was lost in them, merely experiences to note before returning to the breath.

At some point, I asked myself: so what am I doing? I didn't know. I was just doing it. One night at a retreat in her dharma talk, Sharon Salzberg said that practicing meditation was like planting seeds: you don't have to do anything except plant the seeds. The flowers will just come. I can't say I thought about that—I just did it. I gave up trying, I gave up thinking, I gave up—without realizing it—consciousness of myself. I just sat and walked, paying attention to the experience from moment to moment.

One late winter afternoon on a retreat, after tea but before the dharma talk, sitting in my room, an experience arose. I didn't think it, I can't even say that I knew it. It happened. It was as if I was being told, "this is not your body." It was not a voice, nor was it something outside of me. It was just an awareness that I guess one could say came to me. It was followed by an experience of deep relief, and I felt a smile on my face—all of which I noted.

So, it seems that I was in a state of not knowing, and in retrospect, thus open to awareness. In fact, I think that knowing would have been an impediment to that awareness. My awareness that this is not my body has continued, it's always there. Other thoughts, concepts, and concerns easily fill my mind about my health, my body, and my mortality. But I can always rest in that awareness, that aspect of the dharma.

Similarly, psychoanalysis is something I read a great deal about when I was in my twenties. I began reading Freud in high school and really liked what he had to say. And in the late '50s and early '60s, there were many other analysts—some Freudian some not, some European, some American—whose books I enjoyed. I felt I knew a lot about psychoanalysis when I then began my own analysis. My analyst was warm, friendly, and talkative, and in the beginning, I would talk with him about my ideas and about psychoanalytic concepts. But gradually, as I simply laid on the couch and paid attention to whatever came to mind, my knowledge gave way to not knowing. My thinking my way gave way to just being open. Naturally, this involved a wide range of experiences, from loving my analyst to quitting a few times. Through all of this I did not know what was going on. I was, as Sharon Salzberg later said, just planting seeds. I was simply trying to stay open to whatever came to mind and whatever awareness I might experience. Just as in meditation, there were long periods when it seemed nothing was happening. But there was a joy as I became—gradually, over time—to simply be aware of what was coming to mind—and saying it. Many times, it made no sense. I didn't care. I guess in retrospect, I might say I had developed faith in the practice. At one point, my analyst responded to what I was saying, and it occurred to me that he was an idiot and that he was wrong. So I said that too. And I continued feeling and saying that over a number of our meetings. At one point he said: "I'm doing the best I can, Dad." I laughed as I became aware that I had become my father. It was not a thought. It was an awareness. It was the truth and I felt it. I did not try to think my way through this. I didn't do anything. The awareness permeated my mind, my body, my life.

In both meditation and psychotherapy then, it does not appear necessary to know. In fact, knowing can be either an illusion or an obstruction to awareness. In a way, what is true cannot be known. Rather it seems to come to us when we have freed ourselves from knowing.

Edward Ryan, PhD, is a clinical psychologist in New Haven, CT, and serves on the faculty of the Yale Medical School. He has also served on the board of directors of the Insight Meditation Society. He and his wife, the poet Sylvia Forges-Ryan, published [Take A Deep Breath: The Haiku Way to Inner Peace](#).

Anxiety: A Love Story (an open letter to colleagues)

by Douglas Baker

How did anxiety get such a bad rap? This harmless feeling is widely feared, and has been pathologized by the DSM as a “disorder.” Well-meaning PCPs regularly write prescriptions to help their patients banish it. As mindfulness-oriented clinicians, we may find ourselves, oddly, as ambassadors of anxiety.

Abraham Lincoln famously described defanging his enemies by making them his friends. How Mindfulness is that? He understood the power of shifting out of struggle, and into a new relationship with difficulties.

How can we help our clients to love, or at least befriend, the feeling they fear? For some of our clients, it may begin with entertaining a simple thought like, “Maybe the way I’ve been thinking about anxiety isn’t helpful.” Awakening, for some, may simply be coming to see that there is another way to relate to their experience.

Years ago, I quietly dropped the word “disorder” when discussing anxiety with clients. Instead, I encourage them to consider it as a universal human feeling—not always a sign that something’s wrong. (Similarly, I encourage clients to refer to acute anxiety as “panic feelings” rather than a “panic attack.” There is no attack—that word is an inflammatory embellishment.)

How we think about feelings matters—and our thoughts about them often cause more distress than the feelings themselves. But this view requires a flexibility of mind that stretches many of our clients, especially those conditioned by perspectives, including much therapy, that assume anxiety is a problem and the goal of treatment is eradicating it.

In Tibetan Buddhism there is a teaching called “Too close, too easy, too vast, too wondrous.” It means that the idea that vast and wondrous changes could come from a small shift in perspective or thinking seems “too easy” from the conventional view.

Perhaps then one of our main challenges is helping clients deal with how relatively simple mindfulness is. Maybe we should make it more complicated. The western cultural influence that teaches us to roll up our sleeves and attack the problem can be a central hindrance. The nuance of the method—that relief comes in letting go, of reducing the struggle with experience—is counterintuitive, and countercultural.

Often a key piece of treatment is helping clients direct their work ethic in a productive way. From struggling with anxiety, or trying to make something happen in meditation, we may shift to actively strengthening what one of my teachers calls the love muscle: Actively nurturing kindness, patience and compassion. It’s something the client can “do.” From offering passersby a silent wish (“May you be happy.”) to bringing a half-smile to an anxious feeling, we begin to cultivate more constructive doing, without struggling.

Similarly, we may help clients proactively create new narratives about feelings. One I often offer is from Thich Nhat Hanh, who writes that our feelings are our children, and we must hold them with tenderness.

In the complex relationship to our feelings, awakening starts with seeing that there is in fact a relationship there—a pattern of responding when feelings arise. From awareness, mindfulness, acceptance, and perhaps other steps along the way, we may ultimately arrive at love. Sometimes, perhaps all that's missing is someone in a position of authority—like a therapist—to endorse—with a sprinkle of formal diagnostic language—the efficacy of love.

The other night, drifting off to sleep in a playful reverie, I imagined a future time when Mindfulness-oriented clinicians had further claimed their collective voice and published a Mindfulness Diagnostic Manual.

I imagined a client telling a loved one about our first meeting.

"Oh dear, I've been diagnosed with a Flabby Love Muscle."

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The Power of Naming Your Experience During the Pandemic

Do you feel dispirited?

by Susan M. Pollak

Key points

- Labeling the experience during COVID-19 may help reduce PTSD.
- Neuroscientists, health psychologists as well as meditation teachers support the health benefits of labeling how an experience feels.
- Reactions to the Delta variant dovetail with B.F. Skinner's work on Intermittent Reinforcement.

We were about to head off to a much-needed family beach vacation when we found out that our destination had become the epicenter of COVID-19's Delta variant on the east coast of the US. What to do? One of us had a compromised immune system. A baby was visiting, as well as a few unvaccinated children. We called friends and colleagues who were already there to get a sense of how they managed and whether we should cancel the trip.

"I'm dispirited," one of my extremely articulate colleagues told me. "Totally dispirited." Her words stopped me. This friend is one of the most astute observers of American life that I know, and her words resonated with me. "That's it," I thought, "that is exactly how I'm feeling."

Several weeks ago, psychologist Adam Grant wrote an essay for the New York Times about the pandemic, arguing that we were "languishing," what he called "the neglected middle child of mental health." The word didn't work for me; it didn't capture the "gut punch" that I was experiencing. It also didn't work for my clients, who joked that it didn't describe the angst and despair they felt. One quipped, "languishing for me is a Victorian lady on a chaise lounge, drinking tea in a bone china cup, with a hand on her forehead because of a headache," she sneered. "For me, this feels like life or death."

Lest you roll your eyes at our field's obsession with finding the right word to describe our experience accurately, clinicians have found that one of the best ways of managing emotions is to name them. Psychiatrist Dan Siegel has a saying that I like, which is "name it to tame it."

Our great writers would concur. Anton Chekhov wrote that "the task of a writer is not to solve the problem but to state the problem correctly." And it turns out there is great wisdom in doing so.

Meditation teachers have a practice called “noting,” which involves labeling what you are feeling. The research suggested that this technique can move us out of the amygdala, our brain’s alarm center, into the pre-frontal cortex, where we can access a greater degree of executive function. Shifting out of this fight or flight response can give us a sense of perspective and containment of our anxiety and dread. Joseph Goldstein, a well-regarded mediation teacher, compared it to putting a “frame” around a picture.

Neuroscientist Lisa Feldman Barrett finds that people who can construct finely-grained experiences tend to go to the doctor less often, use less medication, and spend fewer days hospitalized for illness.

As I reflect more deeply on what many of us are experiencing with the onslaught of the Delta variant, I found myself thinking about experimental psychologist B.F. Skinner’s work on intermittent reinforcement. In short, when things are reinforced in unpredictable ways, it increases our anxiety and heightens our tendency to react rather than respond. This is precisely what so many of us are experiencing. We thought Covid was behind us. We thought that the vaccine would be effective. We thought that we would be able to return to our lives. Yes, this is indeed dispiriting.

Yet what most concerns me goes beyond word choice. It is something that dovetails with what Adam Grant was seeing—that those of us who are languishing, or dispirited if you prefer, are at higher risk for PTSD. In January, I think of a patient who had stopped drinking, stopped smoking, and increased her exercise. She was feeling motivated to get through those dark days. The vaccine gave her hope that things would get better. This week she was discouraged—she was drinking daily, had gained 10 pounds, and didn’t feel like getting out to see friends or exercising.

Another patient told me she felt like she was living in what she called the “non-time of airports and waiting rooms.” Her dreams captured this sense of dislocation, being suspended in time. “In a recent dream, or was it a nightmare, I was at an airport, my hands were gloved, and I didn’t know if I should go to the arrivals or the departures. I couldn’t find my luggage. Where are we?” she asked poignantly. “I feel so trapped, like this will never end.”

So, as clinicians, what can we do?

I’m drawing on the skills of mindfulness and compassion to help my clients. Again, noticing and naming what you are experiencing is a good way to start. And having someone to listen and hear you make a difference as well. As Dan Siegel puts it, we need to “feel felt.” One client this week, when I told her the story of my friend feeling dispirited, said, “Yes, that’s it, it’s like I’ve lost my spirit. That is helpful.”

I also draw on the research and practice of Self-Compassion. One of my favorite practices is called a Self-Compassion Break. We note that things are difficult in this practice, rather than going into denial or eating, or drinking or distracting ourselves with substances. We acknowledge that we are not alone and that right now, at this

moment, thousands, if not millions of others, are feeling the same way. And finally, we bring some kindness or compassion to ourselves. This practice and these three steps can make a huge difference in building resilience.

We don't know when this will end. That is true. But we can reflect on what we need to proceed. So try this. Spend a few moments labeling what you are feeling, and then reach out to someone who can hear you, so you feel less alone. And finally, bring in some self-compassion and kindness.

One story that I return to in difficult times is told by the Zen Master Thich Nhat Hanh, who would talk about the destruction he witnessed in Vietnam. When you get knocked down seven times, he said, get up for the eighth time.

May we all aspire to this resilience and determination.

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About the Institute for Meditation and Psychotherapy

The Institute for Meditation and Psychotherapy (IMP) is a non-profit organization dedicated to the education and training of mental health professionals in the integration of mindfulness meditation and psychotherapy.

The vision of IMP is practice-based, and all teaching faculty have extensive personal and professional experience in the practice of mindfulness meditation or other mindfulness practices. Most educational programs offer CE credit for psychologists, social workers, licensed mental health counselors, licensed marital and family therapists, and nurses. Secondary activities of IMP include psychological consultation to meditation centers, clinical supervision, psychotherapy referrals, and networking for interested clinicians.

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