

Vipassanā, Therapy and Medicinal Drugs

Bhante Bodhidhamma · Bhante's Essays · 5 min read

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There are two questions concerning the practice of vipassana, insight meditation that arise frequently. Is there a role for therapy in spiritual practice? Is there a role for medicinal drugs?

In the Buddhist Tradition in general, but especially so in Theravada, a student would live close to their teacher, usually a monastic, or live with their teacher in a monastery as a layperson, and as a samanera (lower orders) or a junior monastic would stay with their teacher for at least five years. In other words, the contact would be continuous and most probably long lasting. The relationship would be about a person's understanding of the Buddhadhamma and spiritual growth. Spiritual growth would include vipassana and mindfulness in ordinary daily life where both social difficulties and personal difficulties may arise. When it comes to relationships both within the family, local community, at work or in the wider society, the teacher would be there to consult. And when it comes to personal psychological problems – and any continuous practice of vipassana will unveil unresolved conditionings - the teacher would be the person to approach for guidance.

In the West this system rarely pertains. I, myself, was lucky. I had two very good teachers resident in Birmingham, Ven.Dr.Sayadaw Rewata Dhamma and Ven.Sayadaw U Nynaponika. Over time they became familiar with our western ways and although it was difficult for them to give specific advice they were always there to re-enforce general guidelines and, of course, any problems arising through vipassana were always addressed. However, what normally happens now is that students may go for a week's vipassana course and contact is then lost till the next time which is normally a year. Some go to various teachers, but again rarely see them. In other words there is little or no follow-up support or 'pastoral' care. And I cannot see this gap being filled until teachers, both lay and monastic, settle in cities. Even in my own situation, it would be only the immediate surroundings where I could offer full on-going support, although email and skype do offer greater contact.

In the meantime we have to find solutions. Fortunately these days, there have developed many psychotherapeutic and counselling techniques and many charities and groups have formed to deal with specific sufferings such as grief, anxiety and depression. The danger here is conflict of teachings and guidance. So much depends on the therapist or group leader as to the orientation of their therapy and group. For instance, one of my advanced students was told by her therapist that meditation would do her harm! So beware of therapists who have limited or no understanding or practice of vipassana and have yet formulated clear opinions. I also attended a self-help group for people suffering from depression and from a Buddhist perspective they were actually making things worse for themselves.

So it would seem that a student, who is grounded in Vipassana and perhaps in Buddhadhamma (the

teachings of the Buddha), when they look for help with personal or social problems, needs to find someone who is tuned in to their way of thinking. It may even be the case that for particular problems, a therapy may be even more effective than vipassana. The reason for this is that vipassana is a specific practice aimed at spiritual insights, although it does purify the heart and mind. But, for instance, in the case of severe problems such as alcoholic addiction, vipassana brings insight into the cause of the suffering and allows personal psychological trauma to be healed, but the programme run by AA is credited to be extremely effective in dealing with the psychological and habitual nature of such a problem.

I asked a practising therapist and long time meditator, Richard Gilpin, about seeking a therapist. He replied that ‘the standard party line amongst therapists is that the most important thing is to find the therapist that works for you. This can only be a trial and error process (i.e. check out a few and decide who you want to spill your beans to). The model of therapy your therapist trained in will generally become of secondary importance. It's the relationship that counts, as the old line goes. The other reason for the therapist being more important than the therapy is that most therapists have, to some degree, integrated different models into their own therapeutic style - often one, say, Gestalt therapist's style will be unrecognisable to another for a particular client. Therapy tends to be a lot more idiosyncratic than practice schools, although of course the latter also have huge variety.’ And I agree with him when he goes on to say, ‘I guess this all fits similarly to how one might be drawn to a particular spiritual teacher and how that teacher will offer the teachings in a way quite distinct from another in the same tradition.’ I was surprised when I met other vipassana teachers how varied their methods were, often intermingling techniques from other Buddhist traditions. This would be most rare in the East where each vipassana tradition tends to be seen as whole and entire and where respect for one's teacher would prohibit any experimentation. And I must confess I am guilty myself!

So it would seem that just as hatha yoga and chi kung/t'ai chi complement vipassana both as physical exercises and exercises in calm concentration, so certain therapies may also be good supports. There are certain therapies that are grounded in the Buddhadhamma such as Core Process Psychotherapy, taught and based at the Karuna Institute www.karuna-institute.co.uk, Tara Rokpa, a Tibetan Buddhism based therapy www.tararokpa.org/, Mindfulness Based Cognitive Therapy www.mbct.com/, and Mindfulness Based Stress Reduction and some that are influenced by or have similar understanding to Buddhadhamma such as Focussing, Gestalt, Psychosynthesis and Jungian therapy. I am informed that Cognitive Analytic Therapy (CAT) has interesting Buddhist parallels. Needless to say, I know virtually nothing about psychotherapy since I never had cause to use it myself, though I have had tasters to find out what it's all about.

As for taking medicinal drugs, there was a time it was a no-no in Buddhist circles, but now is seen more as skilful means. The hard line is that all suffering is due to karma and therefore you have to endure. But I think a more skilful and compassionate line is the use of drugs to relieve severe conditions and establish a balance of mind wherein understanding and virtue can grow. For in such severe conditions as

clinical depression, anxiety disorder and schizophrenia, and even for periods when circumstances become intolerable, a person is caught as in a storm and only in exceptional cases are they able to find that objectivity wherein insight can be made as in the film, 'A Beautiful Mind' (highly recommended). Hopefully, in time patients will be able to wean themselves off the drugs under medical supervision. There is a very good article on this very subject in Buddhadhamma, spring 2009 – 'Medicate or Meditate' which centres on depression. Again it very much a matter of finding a therapist or doctor with whom one resonates.

Finally, it is important to acknowledge that whether we practice with a vipassana teacher with or without a therapist, with or without medicinal drugs, it is we who have to do the work. And it is we who heal ourselves. We can only be assisted in the process. The Buddha only points the way. There is no easy way. Alas!

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