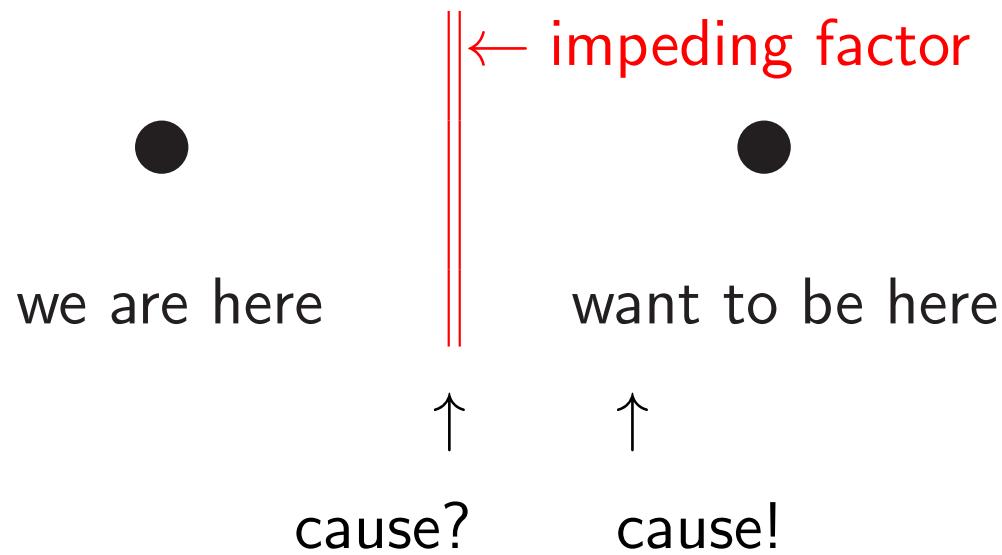


# Three models of mental suffering

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For physical suffering the first cause usually is relevant

Has to be addressed by changing the situation, if possible

For mental suffering the second cause may need to be addressed

*Lord, give me the power to change what can be changed  
the patience to undergo what cannot be changed  
and the wisdom to distinguish between these two*

Thomas Moore, Prayer of the Tower

Buddhist tradition: *Do what is suitable, possible, and sets you free*  
4 Clear Comprehensions and be not disillusioned by *things going their way*

Various forms of conditioning: ■, ■ dysfunctional, ■ wholesome

prevalent area	clinical symptoms	daily life	rare daily life
<u>moods</u>	depression, mania, fears	unfriendly	compassion
<u>cognition</u>	psychosis	stubborn	creative
<u>actions</u>	ADHD, OCD	impossible	love in action

with physiological repercussions

## Models

1. Medical dysregulation of neuro-transmitters/peptides
2. Psychotherapeutical inner conflicts, traumas
3. Cover-up hiding existential truth; “R. May: modifying fear for nothing into fear for something”

These models will be described

The sick brain: the fine balance of coupled homeostats is dysregulated

Genetic tendency and life conditions disturb this balance

Therapy

Medication (often for the rest of patient's life)

Active placebos (with similar side effects) also work

Drawback

There are strong side effects of this form of medication

Neuroreceptors modify themselves, making necessary other medication

Patient: person in need for external help to function adequately

There may be a hidden cause that the patient doesn't see even if others speaks about it

Therapy

Clear insight in the hidden cause may resolve the problem

The hidden cause is not so much in just the environment, but in its interaction with the sufferer's personality

Drawback

Even having resolved a problem, other ones may pop-up

It may be difficult to catalyze insight in the hidden causes

A problem 'solved' on the couch may be reinforced by relatives

The basic hidden cause is not related to any personal situation  
it is the view of self/ego as a fixed powerful entity, which is illusory  
Although there are daily many occasions illustrating this illusion  
we are good in covering-up this fact  
It is this covering-up that often is dysfunctional:  
greed, aversion, ignorance; leading to  
obsession, addiction  
fear, hatred, nausea  
missed opportunities

## Therapy

Insight meditation (concentration meditation is a form of cover-up)

## Drawback

Insight will cause mental instability (Auden: “The only way out is *through*”)

One needs to develop ‘*courage deluxe*’, which takes an effort

Loving kindness, including (self-)compassion  
Faith/trust (Buddha, Dhamma, Sangha)  
Metaphysical assumptions (like the existence of God)  
Nibbana ( $\approx$  pure awareness  $\neq$  consciousness)

} cover-up

One differentiates consciousness from awareness thus:

consciousness: distinguishing this from that, (daily-)being

awareness: (ontological-)being

Paul Grossman [2010] Mindfulness for Psychologists:  
Paying Kind Attention to the Perceptible, Mindfulness 1, Springer, 87-97.

Behavioral Science Paradigm	Consciousness Disciplines
Verifiable phenomena central	Consciousness is central concern
Normal, waking consciousness optimal	Usual consciousness extremely suboptimal
Variety of states of consciousness ignored or pathologized	Multiple states of consciousness exist
Skepticism or denial of higher states of consciousness	Higher states of consciousness achievable
No tradition of consciousness training	Extensive mental training necessary
Goal: ME happy (some traditions of self-actualization)	Ultimate goal of liberation, awakening
Happiness = stimulation, novelty, activity, accumulation, and power	Happiness = peace, equanimity, compassion; freedom from attachment and accumulation
Psychotherapy and healthy ego stand central	Psychotherapeutic aspects largely neglected
Ultimate assessment must be scientific, intellectual, and behavioral	Approach inherently introspective
Optimal and only path to knowledge thru intellect	Language and abstract thought insufficient for understanding
Exclusively based on self-reports or observation of others	Completely grounded in personal experience
Self-report and observational measures often nave, limited	Range and depth of personal experience
Clear ego boundaries, psychological stability, and individuality	Buddhism: fundamental concepts of no-self, impermanence
Corrective: modify avoidant, evaluative and dysfunctional behavior	Constructivist: expands range and flexibility of capacities
Clear separation of cognitive, emotional, and moral realms	Fluid integration of cognitive, emotional and moral realms

## Models

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## Therapies

1. medication psychoactive drugs (carefully dosed)
2. psychotherapy increasing (the right) mental stability
3. meditation increasing mental flexibility (after stability)

Ideally a therapist should be familiar with all three (like Podvoll †)

My hope is that in this century a synthesis will emerge

山河不在鏡中一觀上  
黒火洞然黒暗光  
百億須彌空斷腸

Poisonous words by Hakuin (1685-1768)

*A black fire that burns with the obscure brilliance of a gem  
desiccates the wide heaven and earth of their natural colour*

*In the mirror of the mind one can see  
neither mountains nor rivers*

*Billions of worlds in agony, without obtaining insight*

**Cantar de la alma**

Qué bien sé yo la fonte que mana y corre:  
aunque es de noche.

Aquí se está, llarnando a las criaturas,  
y de esta agua se hartan, aunque a oscuras,  
porque es de noche.

Bien sé que suelo en ella no se halla,  
y que ninguno puede vadealla,  
aunque es de noche.

Juan de la Cruz

**Song of the soul**

How well I know the spring that flows and runs  
even if it is night.

'Come here' it calls all creatures  
they drink from its water, even in the dark  
because it is night

Well I know its groundlessness  
and that no one can conquer it  
even if it is night.

John of the Cross (1542-1591)

Music: Sergio Militello; Tenor: Emiel Hoefnagel; Oboe: Lidia van der Vegt;

Flute: Appolona Klarenbeek; Harp: Heleen Venekamp