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Mending The Mind With Dharma

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MENDING THE MIND WITH DHARMA

By

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ABSTRACT

Anxiety, depression, and tragedy are all unavoidable aspects of existence that we find ourselves grappling with at some point in our lives. In those darker moments we often look beyond ourselves for a means to cope with our struggles in the hopes of transcending into enhanced states of being. The world's religions have provided various answers to problems of mental and physical affliction. Across cultures and throughout history, numerous techniques for "mending the mind" have emerged, conditioned by a number of factors, including the normative values of a society as well as the scientific advances and technologies available for therapeutic application. Buddhism encompasses a broad tradition of beliefs, practices, and philosophies that, taken together, aim at eliminating suffering from the human experience. It is suggested that anyone who comes to understand and practice Buddhist teachings—Dharma—will rise out of the life of suffering and into a condition of awakening or *nirvana*. With this as an intended goal, a person who is unfulfilled in their life or who is experiencing feelings of depression will, it might be assumed, find great potential in turning to Buddhism as means for alleviation of these states. In contemporary western society, however, the most common route for eliminating emotional distress is to take antidepressant medication, which aims for immediate relief of the negative feelings and experiences that arise from depression. As I will argue, while this may be a successful approach to masking unwanted feelings, it in fact fails to treat the actual roots or cause of the undesirable experiences. Moreover, such a "therapeutic" approach lacks any aspect geared towards developing a consistently rewarding lifestyle. I will argue that the incorporation of Dharma—both a set of ideas and as a form of practices—into daily routines and modes of thinking provides the means for a balanced lifestyle, allowing the individual to relieve suffering and depression in a manner that the narrow scope of western medicine cannot provide.

I. Introduction

Anxiety, depression, and tragedy are all unavoidable aspects of existence that we find ourselves grappling with at some point in our lives. In those darker moments we often look beyond ourselves for a means to cope with our struggles in the hopes of transcending into enhanced states of being. The world's religions have provided various answers to problems of mental and physical affliction. Across cultures and throughout history, numerous techniques for "mending the mind" have emerged, conditioned by a number of factors, including the normative values of a society as well as the scientific advances and technologies available for therapeutic application.

Buddhism encompasses a broad tradition of beliefs, practices, and philosophies that, taken together, aim at eliminating suffering from the human experience. It is suggested that anyone who comes to understand and practice Buddhist teachings—Dharma—will rise out of the life of suffering and into a condition of awakening or *nirvana*. With this as an intended goal, a person who is unfulfilled in their life or who is experiencing feelings of depression will, it might be assumed, find great potential in turning to Buddhism as means for alleviation of these states. In contemporary western society, however, the most common route for eliminating emotional distress is to take antidepressant medication, which aims for immediate relief of the negative feelings and experiences that arise from depression. As I will argue, while this may be a successful approach to masking unwanted feelings, it in fact fails to treat the actual roots or cause of

the undesirable experiences. Moreover, such a "therapeutic" approach lacks any aspect geared towards developing a consistently rewarding lifestyle. I will argue that the incorporation of Dharma—both a set of ideas and as a form of practices—into daily routines and modes of thinking provides the means for a balanced lifestyle, allowing the individual to relieve suffering and depression in a manner that the narrow scope of western medicine cannot provide.

To demonstrate the therapeutic potency of Dharma, this thesis begins with an analysis of the core teachings of the Buddhist tradition. Sources referenced to generate this analysis include scholarly interpretations of the traditional components that synthesize Dharmic teachings. Here essential aspects of the teachings such as the Four Noble Truths and the Eightfold Path to the cessation of suffering are discussed in order to pave the way for a demonstration of the efficacy provided by the embodied techniques of Buddhist meditation. I refer to various scientific studies in order to demonstrate evidence for the benefits associated with meditation. Finally, I discuss some of the history and theories behind the use of antidepressants in order to expose the weaknesses of the mainstream western model for tackling depression and other forms of mental and emotional suffering. This analysis leads to a juxtaposition between these two models for mental health, shedding light on the potential advantages of an alternative approach rooted in Dharma.

II. Analysis of Buddhist Teachings on the Roots of Suffering

1. Traditional Buddhist Interpretations of Suffering

In order for an individual to benefit from Dharma, one must first come to an understanding of its core teachings. While there are exceptional diversity among Buddhist schools and sects, the foundations of Dharma are widely accepted by Buddhists throughout the world. From a Buddhist perspective, the goal of examining these teachings is to embed the ideas and concepts into the experience of everyday life. In other words, the intent for these teachings is existentially integrated or "realized" rather than simply "understood." Dharma focuses on the concept of *suffering*—including both its origination as well as its cessation—and identifies it as an element characteristic to all existence. The word suffering is generally accepted as the English translation for the ancient Sanskrit term *duhkha*. It is important to note that this translation is inexact, since *duhkha* is rooted in a variety of classical Indian Buddhist concepts, many of which are not denoted by the English word "suffering." Having said that, there are enough parallels that we can cautiously employ the term here. As I will show, traditional Buddhist interpretations of *duhkha* as "suffering" can be related to the psychological/physiological condition of depression and low mood that many individuals today experience in their day-to-day lives.

These ideas are expressed in the *Digital Dictionary of Buddhism*'s (DDB) explanations of *duhkha*. In addition to translating it as suffering, *duhkha* can also be understood as "anxiety" or "vexation." These alternative translations imply a mental focus to the concept of *duhkha*. Anxiety is a feeling or mind set experienced by an

individual on a subjective level. Suffering is something that can include experiences of both mental and physical pain and is often used in the context of a state endured as a result of external affliction. Specifically, Dharma breaks down suffering into three different forms. These are traditionally understood as: 1) suffering one experiences from contact with unpleasant objects (as one experiences in the conditions of from sickness or hunger); 2) suffering caused by change; 3) suffering experienced due to the destruction of conditions pleasing to the subject. The first form is the condition of suffering that results from external affliction that may include, for example, the sensation of pain resulting from contact with an object on fire. This form of suffering seems to be the most straightforward to relieve as all that would require is the termination of the painful contact. The second and third forms of suffering are more complex in the way that they deal with internal experiences of self-affliction and worry. As a result, traditional Buddhist teachings place considerably more emphasis on these two forms of suffering, which occur in response to an individual determining a situation as undesirable or uncomfortable.

The second form, which contains the general idea of reaction and response to change, is the form of suffering that is given the most emphasis, as its cessation is key for the Buddhist goal of mental liberation or awakening. The inability or unwillingness to deal with change is a symptom of one of the primary roots of suffering identified as attachment. Dharma identifies three of these primary roots or "poisons" that are listed in the DDB as "covetousness [attachment], antipathy [hate], and folly [ignorance]." Attachment and change are closely tied to an additional component of suffering that the

DDB identifies as “impermanence... everything, including joy, will ultimately pass into extinction.” The reality of impermanence holds the potential to instigate fear in an individual if he or she is attached to notions such as the self or happiness, which are both subject to inevitable extinction. In this light it seems that the primary focus of the Buddhist idea of *duhkha* is in viewing suffering as a negative state of mind experienced in response to undesirable conditions, circumstances, or fates. The third form of suffering specifically targets the desire or attachment to pleasurable experiences. The second form indicates that all things, good or bad, are bound to change or suffer extinction. Finally, it is the craving for and attachment to pleasurable experiences, targeted by the third form of suffering, that Dharma seeks to mend.

Within the internal forms of suffering that lead to anxiety and worry, a crucial contributing factor to suffering is the root of ignorance or misconceptions. A principal misconception identified by Dharma is the acceptance of a static, permanent idea of the self. The belief and perception that there exists a stable, substantial self that undergoes undesirable conditions is a primary aspect in the manifestation of internal, negative response. Dharma suggests that in order to eliminate the experience of internal suffering and angst, one must come to understand and put into practice (i.e., “realize”) the doctrine of “no self.” Donald Lopez expands upon this in *The Story of Buddhism*, where he explains that this doctrine “declares that a permanent, indivisible, autonomous self is an illusion and that the belief in such a self is the cause of all suffering” (Lopez 24). Attachment to and belief in the idea of the self creates the fear of and desire to avoid situations that would be uncomfortable to the unchanging, static conception of a self.

Lopez demonstrates that the Buddhist doctrine of no self teaches "to put an end to suffering, it is necessary to perceive an absence, to see that the self that seems so real was never there in the first place" (26). In this light one can see that Dharma points to ignorant conceptions of the self as playing a large role in the origination of suffering. The perception that the self holds a definite and indivisible existence creates feelings of attachment and reason to worry or undergo experiences of anxiety. Thus, it is clear that Dharma teaches suffering or *duhkha* as an internal experience, originating from misconceptions of being, and is manifested as experiences of attachment, angst, anxiety, and fear. This misconception of the nature of the self frequently occurs in the minds of individuals and it is often difficult to overcome the idea of the self as existing as anything but a permanent and stable entity. The Buddhist nature of the self is a difficult concept to grasp not only in today's society, but also was quite a revolutionary concept at the time of its introduction. A primary reason for this was the fact that some religions, particularly Hinduism, encapsulated an Upanisadic view of the self as atman, a distinct entity seeking unity with the cosmic principle of Brahman.

In terms of mental or emotional suffering, *An Introduction to Buddhist Psychology* by Padmasiri de Silva provides in depth analysis and insight on the traditional Buddhist conception of the psyche. De Silva writes "It is only when the three roots of unwholesome behavior are properly comprehended and the addiction to these latent manifestations of attachment, hatred, conceit, and ignorance are eliminated that a person is regarded as an end-maker of anguish" (de Silva 38). Here, de Silva directly identifies the three negative qualities of attachment, hatred, and conceit as serving as the

root of suffering. An individual experiencing mental anguish suffers from addiction and attachment in a way that prevents her from experiencing mental clarity. In such a case, the mind is focused on satisfying the craving for things—including pleasure and social status. De Silva goes on to suggest: "Anxiety is caused by an attachment to the belief in 'I' and 'me' which instead of giving us a feeling of security, creates worry and anxiety" (de Silva 49). The attachment to idea of the self creates an overwhelming pressure to satisfy such cravings to the extent that adverse mental reactions occur in response to leaving these cravings unsatisfied or even just the fear of having such cravings left unsatisfied. The need to satisfy certain cravings for survival is an accepted fact and Dharma does not suggest that elimination of all desire is the answer to happiness. Since the problem is not *desire* but *craving* of *addiction*, the Buddhist approach is actually more realistic: "When the basic needs go beyond their biological function and take possession of the whole personality, such obsessions and attachments over power man and cripple his personality" (de Silva 35). These emotions result in negative effects and lead an individual to suffering as a result of anxiety or worrying over how these desires can be fulfilled.

2. Buddhist Teachings on the Cessation of Suffering

The ultimate goal of incorporating Dharma into daily experience is to move towards *nirvana* or awakening, which is generally defined as the cessation of suffering. The path towards this cessation involves a process of understanding and thus undercutting the roots

and causes that lead an individual to experience suffering. It is essential for one to cultivate an awareness of these roots in order to understand how they can be overcome. The core teachings on eliminating suffering are contained within the Buddhist conception of the *Arya Satya* or Four Noble Truths. These four points provide insights that seek to both make the perceiver aware of the causes as well as the cure for suffering. Peter Harvey lists the Noble Truths as follows:

> 1) The processes of body and mind and the experience of life are *duhkha*: unsatisfactory, frustrating and productive of suffering, whether in a gross or subtle form;
> 2) this situation is caused by 'craving', demanding desires which lay one open to frustration and disappointment, and keep one within the round of rebirths, with its attendant ageing, sickness and death;
> 3) this situation can be transcended by destroying craving, and associated causes such as attachment, hatred and delusion, in the experience of Nirvana. Once this is attained during life, a person will no longer be reborn, but will pass into final Nirvana at death, beyond space, time, and *duhkha*;
> 4) the way to attain this goal is the 'middle way' consisting of the Noble Eightfold Path. (Harvey 31)

The first two of these Noble Truths refer back to the nature and root of suffering. Craving is identified as the primary cause that presents itself in the form of strong, demanding desires that overtake the focus and priority of an individual's mind. In addition, craving is closely related to the three poisons, also deemed responsible in the experience of suffering. The third Noble Truth enters onto the pathway towards the cessation of suffering, which involves taking means to rid oneself of craving and these three related poisons of attachment, hatred, and delusion. The destruction of these causes is determined to be the method by which one reaches the state of *nirvana*, or the state in which suffering has been fully transcended. Nirvana is understood as an awakening from the ignorance and misconceptions that hold one down in the continuous cycle of suffering (*samsara*). Through this awakening an individual reaches a liberated condition, in which suffering is no longer experienced. In the fourth Noble Truth, the specific path towards obtaining this goal is declared by introducing a supplemental set of teachings known as the Eightfold Path.

In essence, the Eightfold Path is a culmination of eight characteristics that an individual must develop in order to actualize the cessation of suffering. Dharma teaches that under these eight conditions, an individual is able to cultivate the wholesome states necessary to transcend the bounds of suffering. These eight factors are divided into three separate sections of trainings are normally identified as *ethics*, *meditation* and *wisdom*. It is widely accepted by practicing Buddhists that the training and cultivation of all three of these categories is essential for achieving the perfection of *nirvana*.

Harvey identifies the first two of these eight essential factors as pertaining to the cultivation of wisdom. The first condition of wisdom is characterized by Right View or Understanding. With this factor or training, one is called to come to a full and proper understanding of Dharma and particularly the basic ideas of The Four Noble Truths. Harvey defines Right View as "true wisdom, knowledge which penetrates into the nature of reality in flashes of profound insight, direct seeing of the world as a stream of changing, unsatisfactory, conditioned process" (38). Right View calls for the proper intellectual grasp of the way in which things exist and an awareness of the origination of suffering. This deep and profound understanding is perfected and confirmed by authentic experiences of the individual that generate an insight able to closely connect one with the views taught by Dharma. The second part of the path categorized under the subsection of wisdom is that of Right Resolve. Right Resolve involves cultivating the proper attitude, drive, and determination in striving for liberation from suffering. In perfecting Right Resolve an individual takes responsibility for their emotions and employs the proper focus necessary for successful practice of Dharma and the Noble Eightfold Path.

The next element of training taught by the Noble Eightfold Path is that of ethics and moral virtue, which contain specific codes of conduct for how one should interact with others in the world. The basic Buddhist teaching on ethics compels individuals to eliminate attitudes and behaviors that reflect the "poison" of hatred or antipathy. The three factors pertaining to ethics focus on control of speech, body, and action in relations with other people. Lopez conveys the importance of such practice: "It is commonly stated that it is impossible to control one's mind—the essential task of meditation—until one is

able to control the coarser operations of body and speech" (38). Engaging in virtuous activity is a training that better enables one to bring the mind to the awakened state of *nirvana*; this is accomplished by practicing the self-discipline that is also reflected in the serious commitment of Right Resolve.

The first factor in this set of ethical teachings is the practice of Right Speech. An individual practicing this exercise is instructed to refrain from lying and to avoid speaking in a manner that may offend, hurt, or upset another person. This requires one to be mindful of the words they choose when engaging in conversation with others. The second of the three ethical factors, Right Action, again requires mindfulness, but this time in controlling the body. This includes abstaining from inappropriate acts including killing and stealing. It is important to note that Dharma not only instructs one to refrain from killing other humans, but also equally emphasizes the avoidance of harming any living being. The third factor of Right Living or Right Livelihood calls for the cultivation of an overall lifestyle rooted in good habits. Harvey conveys that such a lifestyle includes "avoiding ways of making a living which cause suffering to others" (38). Specifically under the practice of Right Living an individual should stay away from jobs, pursuits, or hobbies that involve deception and greed.

The last three factors of the Eightfold Path pertain to the training of *samadhi* or mental concentration. *Samadhi* primarily focuses on the practice of meditation, which will be explored more in depth later on. Harvey specifically characterizes these three factors pertaining to *samadhi* as addressing "meditative cultivation of the heart/mind" (Harvey 37). The first of these factors, Right Effort or Endeavor, aims at taking command

of thoughts in the avoidance of unwholesome states of mind and the cultivation of positive states of mind; specifically, states of mind that reflect the poisons of hatred, attachment, and delusion are targeted as those necessary to avoid. The second factor of Right Mindfulness focuses on developing an awareness of both physical and mental experiences and their relationship to the individual. The third factor of Right Concentration, Unification, or Meditation focuses on the cultivation of calmness or "*jhana*s: states of inner collectedness" (Harvey 38). Through these meditative trainings one able to develop the pure state of mind necessary in the pursuit of transcending suffering.

3. Application of Buddhist Teachings to Therapy for Depression

Depression can occur in an individual for a great number of reasons and to a wide variety of degrees. Many people may experience feelings of depression throughout their life in response to common situations such as the loss of a loved one, the ending of a relationship, or more enduring psychological problems such as low self-esteem. These negative feelings can come as a passing mood in a less severe instance, but in other cases an individual's life and functions can become crippled by constant subjection to despondency and sadness. Depression can arise in particular cases as a result of negative experiences, but certain individuals may face more serious conditions or disorders such as manic-depression, which can lead to consistent low moods. In the Buddhist perspective on the development of these depressive states, two factors that play a large role are the inability to deal or cope with impermanence and attachment to the "self."

These two factors are major contributors to the experiences of suffering and mental anguish associated with depression. As noted above, Dharma specifically targets these factors in their contribution to the experience of *duhkha* or suffering. Therefore, in a therapeutic context Dharma offers a potential for the cessation of the suffering and mental anguish associated with depression.

Experiences such as the loss of a loved one or the ending of a relationship are certainly situations that any individual would like to avoid. However, Dharma characterizes life and existence as bound to a transitory nature. Therefore one is forced to encounter change, both positive and negative, regardless of what attachments may be present. When faced with such an undesirable situation, a practitioner of Dharma is able to be mindful of this unavoidable nature of existence. Cultivation of the wisdom provided by Dharma allows one to traverse through life with an attitude of acceptance towards the inevitable experiences of life. Of course, developing this wisdom and integrating Dharma into an individual's everyday life requires both understanding and practice. The primary practice of Dharma that provides therapeutic effects for an individual is the practice of meditation. This includes the last three factors of the Eightfold Path pertaining to cultivating the mind. These factors of Right Endeavor, Right Mindfulness, and Right Concentration train the mind to deflect negative states of mind and to develop a sense of calmness and awareness. Through practicing meditation one is, therefore, able to foster a mindset that resists depressive conditions. It is noteworthy that meditation by lay Buddhists in the practice of Dharma is a modern idea. Traditionally it was only monks that engaged in meditation, but today meditation—Buddhist and otherwise—holds a

practicality and significance for a greater variety of individuals. Incorporating these ideas and practices into everyday life can be valuable for any individual striving to end various forms of mental, emotional, and physical suffering.

Depression is also often a result of fears, anxieties, and attachments that revolve around a focus on the "self"—which Dharma identifies as a misconception. If in possession of a mind rooted in strong cravings, greed, and attachment, an individual's mood is likely to be crippled in the face of not receiving desired states or objects. When focused on the satisfaction of cravings and overly concerned about preoccupations of the self, other negative emotions, such as jealousy, are likely to occur. Practicing Dharma cultivates a mind free of unhealthy cravings and guides one to let go of fears and anxieties created from an over-emphasis on self-indulgence. Other issues related to depression including low self esteem can result from misconceived worries about self-image and social status. Dharma recognizes such worries as a misappropriation of focus and energy, which will do nothing but keep one in a continuous cycle of suffering. In short, Dharma offers a training of the mind that will cultivate awareness as to how one can transcend the ignorance and attachments that lead to suffering and depression.

III. The Practice and Efficacy of Meditation

1. Meditation in Relation to the Cessation of Suffering

Meditation is one of the primary practices engaged in by individuals that actively employ the trainings of Dharma in their lives. It is a practice that focuses on the cultivation of

thoughts, awareness, and mental activity that are necessary for reaching the complete cessation of suffering. As an exercise, it is usually practiced while seated on the floor with legs crossed, though there are variations such as walking and running meditation. Meditation requires discipline, will, and focus for directing the mind into states of concentration, calmness, clarity, and tranquility.

With suffering resulting from misconceptions of the self, attachment, and fears of impermanence, meditation guides an individual towards the ability to concentrate and focus on wholesome states of being. It is a practice that one engages in order to train the mind, with the hopes of gaining clear, centered mindsets that will carry over into everyday life. With this ability, individuals are able to let go of the misconceptions and distractions that lead to negative thoughts and feelings. In *Zen-Brain Reflections*, James Austin writes:

> With practice, the chatter of internal thoughts starts to drop away. Slowly, the benefits of introspection and restraint cut down on the sources of distraction. Gradually, one's interior life itself becomes more simplified. Wants become less urgent. Needs become fewer. Now it is easier to stay concentrated on the real essentials. (Austin 29)

Through the sustained practice of meditation one is able to restrain their mind from falling subject to the distractions of negative thoughts. Introspection and reflection upon the teachings of the Eightfold Path allow one to decipher thoughts associated with

attachment and craving that stem from delusions of the self. In meditating, time is set aside to specifically focus on cultivating these thought processes so that one can filter distractions out of their everyday experiences. Simplification of the internal processes of mind allow for the abandoning of problematic emotions and unwarranted attention that is directed towards satisfying nonessential cravings. By learning to control the mind in this exercise, one is able to focus on positive states of being essential to eliminating suffering—such as equanimity and tranquility.

The particular development of focus and employment of attention is an essential aspect of Right Mindfulness, the seventh element of the Eightfold Path. The significance of this training is made clear by Austin, who notes, "the very root of our judgement, character, and will reside in our faculty of voluntarily bringing back a wandering attention, over and over again" (Austin 29). The deliberate application of attention is developed through disciplined practice of meditation and allows one to attend to wholesome and positive states of mind. One becomes aware of how attention is used and is able to avoid lingering on negative thoughts or obsessing over distractions that deter one from reaching inner calmness. Austin writes, "Paying bare attention to what is going on NOW is the essence of mindfulness" (Austin 31). Mindfulness is characterized by being mentally present in such a manner that allows for abstaining from occupation with fears, anxieties, or desires for things that are inaccessible in the present moment. Mindfulness particularly combats the fears associated with impermanence, which is understood in Buddhism to be a (if not *the*) central root for the experience of suffering.

In *The Story of Buddhism*, Lopez analyzes the practice of meditation and describes the specific manner in which it is performed. The approach that Lopez takes is reflective of a more traditional understanding of practicing meditation. He identifies the central task of meditation as developing the ability to control one's mind.

> Meditation refers to a state of concentration in which the mind remains focused on a chosen object for an extended period of time. Such mental stability only occurs as the result of extensive training, for the mind in its ordinary state is out of control, described variously in Buddhist texts as a wild elephant and a drunken monkey. (Lopez 49)

In meditation, concentration is practiced by deliberately directing the attention towards one chosen object of focus, which can include a mantra, chant, certain image, or even the process of breathing. This act of concentration helps to develop one's ability to control the mind, which otherwise would run rampant with little to no direction. Different states of concentration are reached through practicing meditation. Lopez identifies the target condition in the following manner: "The ever-deepening states of concentration that result from sustained focus on the chosen object are delineated in great detail in Buddhist texts, resulting in a state of concentration sometimes identified as serenity" (Lopez 49). This condition of serenity is the state of mind that allows one to fully experience the reality Dharma directs one to awaken to. Lopez identifies the essential aspect of this reality, experience of which is correlated with the cessation of suffering, as

the absence of the self. This realization becomes the essential goal and effect of meditation: “It is impossible to destroy the seeds for future suffering and rebirth until one understands the lack of self at a deep level of concentration, specifically the level of serenity” (Lopez 50). Reaching serenity through meditation allows one to fully understand and experience this fundamental aspect of lack of self as put forth by Dharma.

Beyond this more traditional interpretation, the tradition of Zen meditation, or *zazen*, has become a widespread means of practicing Dharma. Sōtō Zen master Shunryū Suzuki (1904–1971) provides an examination into this tradition and demonstrates the differences between the more traditional Buddhist understanding of meditation. Suzuki targets one of the primary differing factors in that Zen “puts an emphasis on Shikan Taza or ‘just sitting’” (Suzuki 72). As opposed to conceiving meditation as a rigorous exercise in which concentration is deliberately employed in order to enhance the power of the mind, Zen meditation is a simpler act in which no lofty goal is placed in front of the meditator. Rather, fulfillment is found through *zazen* in the moment, through the simple practice of sitting with proper posture. The emphasis is not placed on striving for an enlightened state of mind, but rather a realization of the already present and sufficient state Suzuki refers to as the “Beginner’s Mind.” This concept of beginner’s mind is explained as follows:

> The practice of Zen Mind is Beginner’s Mind. The mind of the beginner is empty, free of the habits of the expert, ready to accept, to doubt, and open to all

> possibilities. It is the kind of mind which can see things as they are, which step by step and in a flash can realize the original nature of everything.

Suzuki describes the Beginner's Mind as an innocent, open state of mind that allows one to easily reach tranquility and equanimity. This state of mind does not call for complex instructions or practice, but focuses on realizing the perfect condition of a simple mental clarity. This attitude is fully awakened through the acceptance of being in present moment, with no further goals sought after.

By playing down the importance of meditation as a goal-oriented exercise, Suzuki's concept of Beginner's Mind seeks to emphasize the power and fulfillment found through *practice* itself. The mind is not directed to engage in any particular effort for reaching alternate states. The only effort involved in practicing *zazen* is in maintaining the proper posture; i.e., the seated, cross-legged lotus position with a straight spine and hands held in the cosmic mudra pose. "When you have this posture, you have the right state of mind, so there is no need to attain some special state" (Suzuki 26). In practicing *zazen*, right posture correlates to right state of mind. There is no goal one seeks to achieve in practicing *zazen* and therefore there is no paralleling starting point or condition that one seeks to overcome. Suzuki conveys this simplicity of the practice in the following manner: "If you do something in the spirit of non-achievement, there is a good quality in it. So just to do something without any particular effort is enough" (Suzuki 59). This idea of non-achievement removes one from the attachment of acting or practicing for the sake of attainment. Thus, the way and aim of *zazen* is simply to continue practicing.

According to Suzuki, “Our understanding of Buddhism is not just an intellectual understanding. True understanding is actual practice itself” (Suzuki 97). In Zen meditation, the fulfillment of Dharma is found simply through the continuation of practice.

2. Practical Benefits of Meditation

From meditating, an individual can find great benefit when insights are carried over into daily life. In his writings, Vietnamese Zen master and socially engaged Buddhist Thich Naht Hanh promotes the practice of mindfulness, which is cultivated through meditation. His work additionally contains direction on how this idea can implemented in everyday life. According to Hanh, practicing mindfulness leads to the development of Tiep Hien, translated as “interbeing.” His book, *Interbeing*, explores this concept, which includes elements of “being in touch, continuing, realizing, and making it here and now” (Hanh 3). According to Hanh, the practice and cultivation of mindfulness leads one to experience these qualities. In examining what exactly one is in touch with, Hanh argues that it is nothing less than:

> The Reality of the world and the reality of the mind. To be in touch with the mind means to be aware of the processes of our inner life—feelings, perceptions, mental formations—and also to rediscover our true mind, which is the wellspring of understanding and compassion. (Hahn 3)

Through the practice of meditation and the cultivation of mindfulness, an individual is able develop an awareness of the processes of the mind as well as the essential qualities of understanding and compassion. In terms of applying these qualities to practical use, Hanh writes, "Overflowing with understanding and compassion we can appreciate the wonders of life, and at the same time, act with the firm resolve necessary to alleviate suffering" (Hanh 4). In short, through understanding and compassion one is able to develop a more positive, appreciative mind set that allows for a life of wonder and amazement as opposed to suffering. Therefore, practicing meditation and developing a sense of mindfulness awakens one into a positive and genuine experience of life.

Beyond the aspect of "being in touch," Hanh's concept of interbeing also includes the idea of *continuing*. Continuation speaks to a consistency developed in the mind through making the practices of meditation and mindfulness into habits. Once these practices are established as consistent habits, the benefits of engaging with life in a positive way, it is argued, will come naturally. Beyond continuation, the concept of *realization* is also crucial in the practice of mindfulness and interbeing. Hanh writes, "realization means transforming ourselves" (Hanh 5). This concept implies an element of active and practical application that comes from using what has been realized and cultivated through mindfulness and meditation to transform the practitioner. An individual actively transforms their mind and thought processes to rise out of suffering and enter into a life of tranquility and equanimity. Hanh identifies the end goal of this transformation as follows: "The purpose is to have peace with ourselves and others right now, while we are alive and breathing" (Hanh 6). This idea correlates to the final aspect

of interbeing, *being here now*, which is essential in maintaining a peaceful mind set. Concerns about the future or reflections on past regrets or mistakes can often cloud the mind, but focusing on the present moment easily allows for one to clear the head and alleviate unnecessary suffering and worries.

At The Thirteenth Mind and Life Conference on "Investigating the Mind 2005: The Science and Clinical Applications of Meditation," authorities in the field of Buddhism, meditation, and brain research gathered to discuss the impact meditation can have on the mind and the brain. The overall consensus was that meditation can positively affect not only an individual's mindset, but may also have an effect on the actual mechanics of the brain. Rasoul Sorkhabi's article, "Dalai Lama Brings Science and Meditation to D.C.," summarizes the findings discussed at the conference and particularly targets impacts on the brain. As Sorkhabi writes:

> According to Dr. Wolf Singer of the Max Planck Intstitute for Brain Research at Frankfurt, the brain does not seem to operate as a centralized, hierarchical organization, but rather a synchronization of various neural processes creates coherent interpretations and pictures for us out of a highly disturbed mental system. His experiments on the imaging of high frequency oscillations of the brain show that attention and concentration practices enhance the neural synchronization. (Sorkhabi n.p.)

According to this research, a concentration practice such as meditation assists the separate parts of the brain in communicating information between each other. Therefore, meditation assists in clear, quick, and efficient thinking. This description of the brain as naturally in a disturbed, chaotic state is similar to the teachings of Dharma, which describe the human condition as characterized by confusion, chaos, and suffering. Practicing Dharma and engaging in activities such as meditation help to smooth out the wrinkles of the mechanical processes attribute to the brain as well as the thought processes attributed to the mind.

The relationships and communications that occur within the brain and mind are essential to the establishment and maintenance of healthy mental states. Depression occurs as a result of improper processes in the brain or mind. According to Sorkhabi, "depression is a state of imbalance between body-mind-self; brain imbalances can be mapped; different treatments are available; and neuroscience, pharmacotherapy, and mindfulness meditation all help us to understand the brain and the paths to recovery" (Sorkhabi n.p.). The practices of mindfulness and meditation help to align the processes of the brain such that one may become resistant to depression caused by imbalance. In a speech at the conference, the Dalai Lama offered his perspective on this benefits of meditation: "[B]ecause mental suffering comes from our distorted views of being and self, meditation enhances the efficiency of the mind and the clarity of our views" (Sorkhabi n.p.) The Dalai Lama explains that meditation helps to eliminate the poison of ignorance through enhancing thought processes via the development of cognitive clarity. Additionally, in practicing meditation to improve mental health, there is an element of

adhering to a certain type of health ethics or personal responsibility for maintaining health.

> Ralph Snyderman of the Duke University School of Medicine emphasized the scientific finding that the training of mind has a huge impact on the function of the brain and human health, and suggested that meditation is also a kind of health ethics—a way of fulfilling our individual responsibility to take care of our own body. (Sorkhabi n.p.)

Taking the initiative to engage in a beneficial practice such as meditation demonstrates a sense of responsibility and calls for certain amount of effort on the part of an individual. In this light, meditation can be understood as an active practice aimed at improving health.

3. Experimental Results of Therapeutic Use of Meditation

The effectiveness of Dharma on treating depression and related mental issues including anxiety, stress, and mood disturbances has been investigated and applied in controlled, clinical settings as well as in non-clinical settings. The positive results of these investigations have been demonstrated through a number of studies. Where Dharma is so clearly aimed at cultivating positive and healthy states of mind, it is no wonder why researchers have been interested in documenting scientific results on how individuals suffering from depression respond to these practices. The attainment of awakening or the

arrival at *nirvana* is not something that can be measured or scientifically verified. However, it has been possible to use scientific methods in determining levels of depression, anxiety, and stress in individuals through self-assessments as well as through clinical assessments. Using these forms of assessment, a number of studies have demonstrated that Dharma-related practices of mindfulness and meditation could improve depression and depression-related symptoms as well as aid in the prevention of relapse.

Willoughby Britton depicts examples of positive investigations as well as current applications occurring in this field of Buddhist related therapy in an article entitled "Meditation and Depression." Britton notes the growing practice of meditation in the West, both within and external to Buddhist settings: "The concept and practice of mindfulness have been adopted in the U.S. not only as a part of Buddhist communities but also as therapeutic interventions in clinical settings" (Britton 46). The Buddhist concept of mindfulness, practiced through techniques of meditation, has been applied in clinical settings such as psychologist Jon Kabat-Zinn's psycho-educational program, known as Mindfulness-Based Stress Reduction (46 Britton). This program includes a technique known as Mindfulness-Based Cognitive Therapy, which is specifically designed for patients who have experienced or are experiencing depression. The concept of mindfulness is put into practice through a meditation exercise in which patients are instructed to sit comfortably on the floor or in a chair, close their eyes, and focus on their breathing. A typical session of Mindfulness-Based Stress Reduction runs as follows:

> The client maintains an upright sitting posture, either in a chair or cross-legged on the floor, and attempts to sustain attention on a particular focus, most commonly the somatic sensations of his or her breathing. Whenever attention wanders from the breath to inevitable thoughts and feelings that arise, the client will simply take notice of them and then let them go as attention is returned to the breath. This process is repeated each time that attention wanders away from the breath. As sitting meditation is practiced, there is an emphasis on taking notice of whatever the mind happens to wander to and accepting each object without making judgments about it or elaborating on its implications, additional meanings, or need for action (Britton 46),

This form of meditation centers on the idea of acceptance and equanimity in regards to any possible negative thoughts or feelings that rise as a result of depressive states. It teaches a focus that allows the client to direct the mind towards positive modes of thinking. Though the terms may differ, this technique is virtually identical to *zazen* meditative practice, as discussed above.

The use of these Buddhist-based practices has been shown to be effective particularly in the treatment of depression. "[M]ore than 15 studies have found mindfulness and other meditation based interventions are associated with statistically significant decreases in depressive symptoms in both clinical and nonclinical population" (Britton 46). One particular study comparatively examined the effects of meditation, running, and psychotherapy on individuals who met the Research Diagnostic Criteria for

acute depression. The meditation aspect of this study consisted of silent sitting, breath awareness, and yoga-based stretching. Using the Cornell Medical Index to assess levels of depression, the study showed that participants in meditation as well as running reached improvements after twelve weeks and demonstrated continue improvement after twelve weeks. In another clinical trial, cancer patient diagnosed with depression were randomly assigned to a Mindfulness Based Stress Reduction program. Upon the completion of the seven week program, participants demonstrated improvement using the Profile of Mood State assessment in not only depression, but also in anxiety, anger, vigor, confusion, and total mood disturbance. In another study conducted by Kabat Zinn, subjects with clinically significant levels of depression were assigned to a Mindfulness Based Stress Reduction Program. Using both clinician-rated (Hamilton Rating Scales for Anxiety and Depression, Structured Clinical Interview) and self-rated (Beck Anxiety and Depression Inventories) assessments, depression scores improved from pretreatment to post-treatment and maintained these improvements at a three-month post-treatment assessment (Britton 46-49).

IV. Medication / Antidepressants

1. History and Explanation

a) History of Depression and Antidepressants

With the development of pharmaceutical solutions for the treatment of mental disorders and depression, a new outlook on the nature of mental health issues entered into the field of psychology. Prior to the introduction of medication-focused treatment for mental disorders, the prevalent conception of mental health and its treatment was based on Freud's psychoanalytic model, which centered on talk therapy and analysis of the patient's past experiences. However, during the mid-twentieth century the discovery of medication with mood-stabilizing properties initiated a great shift in the perception of the origin of mental and psychological abnormalities. Through the accidental discovery of these antidepressant medications researchers began to engage in a process that reversed the typical method of medical discovery; scientists learned more about the nature of the illness of depression through examining the effects of the chemical treatment. In her book *Coming of Age on Zoloft*, Katherine Sharpe outlines how this process was acted out in 1965 by psychiatrist Joseph Schildkraut. She writes,

> He used a process of simple reasoning backwards: the known antidepressants, he observed, worked by raising the level of biogenic amines (a class of compounds that includes norepinepherine and serotonin) in the brain. Depression, he concluded, would therefore seem to be related to a deficiency of these same compounds—in other words a chemical imbalance (Sharpe 36).

In examining the mechanics of drugs that demonstrated antidepressant effects, Schildkraut discovered that they had the biological effect of raising levels of active

neurotransmitters in the brain. The increased levels of these chemicals, with a focus on serotonin, were therefore correlated to the additional mood stabilizing properties that the drugs exhibited. It was therefore concluded that the abnormal moods and mental states of subjects diagnosed with depression resulted from an improper balance in the level of neurotransmitters. Through this discovery, chemicals such as serotonin were determined to possess physiological properties associated with mood and emotions. Under this hybrid psychobiological model, individuals diagnosed with depression were considered to possess malfunctioning or defective biological processes in their brains.

The introduction of the biomedical approach to mood disorders that primarily revolved around the idea of "chemical imbalance" led to a significant shift in thought and practice across the numerous fields associated with the health industry:

> To have a mood disorder in the 1990s meant grappling with the idea of having a real biological disease. Where somebody in the 1960s would have been prompted by the dogmas of the day to pick over their life history and look for deep inner conflicts or subconscious losses, people in our time had to encounter the idea of what it meant to have a malfunctioning brain. (Sharpe 51)

With this shift in perception of mental illnesses individuals now found themselves struggling with the issue of accepting their biological abnormality. With the old model of psychoanalysis as the dominant approach to dealing with mental illness and depression, individuals were led to believe that through acknowledging certain experiences in their

life as the cause of the problem, they would move towards mending the abnormalities of their mind. In the new model of chemical imbalance, individuals were faced with a harsh reality of accepting a rigid diagnosis of a biological defect. An individual's moods, emotions, and motivations were now viewed as objects determined by chemical processes largely beyond their control.

A huge factor that contributed to the widespread acceptance of this new model was the influence that pharmaceutical companies brought to the general population. As Sharpe notes: "Pharmaceutical companies spent millions of dollars on initiatives to educate people about depression; these invariably drove home the message that depression is a chemical imbalance best treated with a drug that acts on chemicals" (Sharpe 44). The intention of generating large sums of profit off selling antidepressant drugs motivated pharmaceutical companies to promote the newly offered hypothesis on the cause of depression. In a capitalist society, the influence of money possesses the potential to sway the opinions and attitudes of a number of important features of life including personal health and well being. Despite the fact that insufficient scientific evidence exists to prove the necessary correlation between neurotransmitters and mood, the general population has quickly grown to accept this model.

The goal of treatment in this model of "chemical imbalance" is quite clear and simple enough to understand. Taking depression to be a result the improper state of chemicals in the brain, psychiatrists and doctors prescribe a medication such as Zoloft or Prozac to correct the defect. Such a process of treatment can certainly be appealing in the eyes of many as it involves a very straightforward approach: A patient visits their doctor

and lists off a number of symptoms of depression including lack of motivation, lowered self-confidence, lowered interest in once pleasurable activities, and increased desire for sleep. Simply based off of these self-reports, the doctor diagnosis the individual with depression and furthermore a chemically disproportionate brain. To treat the condition, the patient is prescribed a medication that they are told will sort things out in their brain and that they will be happy in no time. The doctor has fulfilled his duty through diagnosis and treatment and the patient feels satisfied knowing that the doctor has provided means to resolve the problem. In such an example, all sounds well and good. The doctor conveys a sense of firm technical understanding of the patient's situation with a promise of direct and easy remedy for the condition. The issue, however, comes from questioning whether or not there is sufficient scientific evidence backing the doctor and the apparent certainty of the process. Sharpe answers this question by asserting, "A scientific model is only as good as how well it accounts for facts, and by that measure, our biomedical model of depression is neither fully complete nor unassailable" (Sharpe 46). Sharpe suggests that the evidence and facts revolving around the efficacy of antidepressant medication are questionable. These criticisms as well as others will be further explored in a later section of this thesis.

Before fully examining the negative aspects of using medication to treat depression and mental disorders, it is important to also include benefits and positive experiences that have been recorded from their use. Some medical experts such as Gregory Simon claim: "The efficacy and effectiveness of antidepressant pharmacotherapy for major depressive episodes is established beyond any reasonable

doubt" (Simon 214). In his article entitled "Evidence review: Efficacy and Effectiveness of Antidepressant Treatment in Primary Care," Simons presents arguments for pharmacotherapy in treating depression, including results of an experiment where a pool of depressed patients were split into a placebo group and an active antidepressant group. The study conducted by the San Antonio Evidence-Based Practice Center generated results indicating a probability of successful treatment of 51% for the active antidepressants and a rate of 32% for the placebo group.

Though these results sound convincing, the methods for determining success of the treatment are not listed within the study, which is a crucial measurement necessary to validate the study. The article goes on to discuss similar placebo vs. active medication studies that indicate a successful response range of 50%-70% for the medication and a broader range of 20%-60% for the placebo. According to Simons this broader range is a result of, "higher placebo response rates among patients with less severe and less chronic depression" (Simon 214). The article indicates that individuals with milder forms of depression are more likely to respond positively to a placebo and therefore patients with more severe forms of depression serve as better candidates for the medication.

In addition, Simons makes significant claims regarding the proper circumstances and method for inducing the best results with pharmacotherapy. According to the data review that Simons provides, antidepressant medication is primarily intended for individuals who meet qualifications for major depressive disorders. The data also demonstrate that all available antidepressant drugs provide the same level of efficacy for treatment. Proper dosage is best determined by continued monitoring of the patient after

the initiation of treatment. Data show that in order to ensure the full recovery of the patient, continuation after the ceasing of symptoms for an additional six to eight months is required. Finally, it is important to note that treatment with antidepressant medication demonstrates equal results as treatment with depression-specific psychotherapy.

With all the data suggesting the positive outcomes of treating depression with pharmacotherapy, it seems that a certain percentage of the time antidepressant drugs may be of some benefit to depressed individuals. Another positive aspect to this method of diagnosing and treating depression is that it puts the disorder in an efficiently manageable light. Individuals may see this organization of the disorder as a means to make it easier to comprehend and easier to control. Also, the fact that studies show often-positive outcomes when using a placebo for treating depression is important to note. Depression is a disorder of the mind, which one can arguably claim has biological as well as environmental or circumstantial roots. Therefore, even if a chemical imbalance was not the direct or sole cause of depression, entering into any kind of treatment with a positive mind set may prove to have benefits to an individual. If an individual believes they are taking a drug to stabilize their mind when in actuality they are only taking a placebo, they may easily begin to develop a more positive outlook as a result of faith in the treatment process. Likewise, consistently and regularly taking action to improve oneself on a mental level, such as taking a pill with positive associations, is likely to raise one's confidence and elevate mood. When all these possible benefits arise as a result of taking antidepressant medication, the question comes to be whether or not pharmacotherapy is the most appropriate, fulfilling, or beneficial means to treat this disorder.

2. Negative Aspects of Medication

a) Adverse Events and Side Effects

One of the primary negative aspects of antidepressant use is the occurrence of the numerous unwanted and often problematic side effects. This causes a problem on two different levels. The first is that one can question whether or not the payoff of using the medication is worth the additional suffering and problems encountered as a result of the side effects. If the side effects become unmanageable or too intense, a second problem arises; i.e., whether or not to cease medication use. If one is unable to complete the proper dosage of the medication because of the resulting side effects then the antidepressant drugs are inadequate as therapy.

Researchers Toshiaki Kikuchi, Takefumi Suzuki, Hiroyuki Uchida, Koichiro Watanabe, Haruo Kashima of Keio University School of Medicine in Tokyo and the University of Toronto provide useful information in this regard in their article, "Subjective recognition of adverse events with antidepressant in people with depression: A prospective study," which provides results of a study conducted on such side effects. In their research, 493 patients diagnosed with depressive disorders were examined for occurrences of twenty common side effects or adverse events related to antidepressant use. The assessment of the side effects was taken on the first visit before first use of the medication and again on the second visit, conducted ten days later. The results of the experiment showed that 73% of the subjects experienced greater than or equal to 1 of the

highlighted adverse events. Of the twenty-targeted side effects the most prominent were flu-like symptoms, sexual dysfunction, blurred vision, anxiety/tension, and sweating. Also, using the Quick Inventory for Depressive Symptoms, the subjects that reported no adverse events demonstrated greater improvements than those that did. The motivation behind this study was to investigate the adherence rates of subjects to antidepressant use as prescribed by doctors. The study suggests that proper recognition and management of these adverse events defined as "events with exacerbation in the severity and events with negative causal attribution to antidepressants" could lead to greater success rates of treatment with antidepressant medication (Kikuchi et al. 347).

With the severity and frequency in occurrence of adverse events in taking antidepressant medications, adherence rates have been reported as low as 25–50% in patients diagnosed with major depressive disorders. This fact demonstrates a huge barrier to proper treatment of depression using medication. Considering the information reported in the "Adverse Events" article, individuals who under-recognize and fail to manage any resulting side effects of antidepressant use are likely to experience a less fruitful therapy even if they do continue to adhere to the proper dosage. Therefore, with the occurrence of these adverse events, which is itself a valid reason to seek alternative treatment, it additionally requires the proper attention of both the patient as well as the doctor to recognize and work through whatever side effects may occur. The appropriate recognition and management of these adverse events would subsequently call for enhanced adherence rates as well an overall improved treatment process. The

accomplishment of this appropriate management is made difficult by the problems laid out in “Adverse Events”:

> It has been reported that physicians may not detect AEs thoroughly in clinical settings; both prevalence and severity of antidepressant AEs were not exactly appreciated by physicians, and a tendency was found for their under-estimation. Furthermore, some sensitive AEs such as sexual problems may not be well-reported to physicians. Thus, an accurate detection of AEs of antidepressants is met with a challenge, due both to physicians' under-estimation and patients' under-reporting on these events. (Kikuchi et al. 347)

Problems with managing adverse events occur as a result of both failure of recognition by the doctor and failure of reporting on the part of the patient. These issues raise serious questions regarding the option of taking medication for the treatment of depression.

b) Holistic Critiques

The holistic view on health takes an approach that opposes and frequently offers critique of the western or “biomedical” system of medicine. In her article “Holistic Health and the Critique of Western Medicine,” Janet Mckee unpacks the holistic view and presents it in contrast to that of the western model. “In theory, the holistic view of health takes account of the ‘whole’, including the physical, mental, spiritual, social and environmental factors

related to health" (Mckee 775). Under holistic premises, the examination of physical and biological aspects of disease and illness would constitute only a portion of the cause behind the problem. In analysis of the whole, these biological factors would play a role, but ultimate reliance on their impact is considered an incomplete model. This approach views the physical and mental aspects as separately contributing to the overarching conflict within the individual, not as one holding responsibility for the other. Additionally, the holistic view accounts for an element of spiritual practice for which Dharma offers guidance.

Beyond this built-in critique that deems the western approach as incomplete, Mckee delves into the social and environmental factors of a capitalist society that undergird an additional problematical aspect of western medicine. As she explains:

> Many researchers explain how the concern for capital accumulation is at the root of many health problems, and how the medical industry promotes profit. Because treatment of disease is highly profitable (at least in the short-term), current medical practice tends to be oriented toward crisis intervention and pathology correction rather than prevention or health maintenance. (Mckee 776)

Looking at western health through this lens relates to the above discussion about the financial motivation for pharmaceutical companies to spread the chemical imbalance theory of depression. The desire for profit drives pharmaceutical companies to promote the need for the medications they sell and consequently doctors are pressed to prescribe

them. Doctors find a large portion of their income driven by the prescriptions they write out as well as their relationships with the providing pharmaceutical companies. Therefore, they focus on the biological aspects that correlate to the use of pharmaceuticals, overlooking other mental, environmental, or spiritual factors emphasized by the holistic view. The capitalist-driven market in which the western medical industry is so deeply enmeshed calls for critique by way of an integrated, holistic approach.

c) Questionable Scientific Evidence for Efficacy

Contrary to the common perception, there is a lack of strong scientific evidence supporting the serotonin-based theory of attributing chemical imbalance as the cause of depression. The public perception has been significantly distorted from the truth by the advertising methods of major pharmaceutical companies. With brand name antidepressant drugs such as Prozac remaining as one of the top selling pharmaceutical products, it only makes sense that profit-driven businesses would invest effort and money into creating a need for their product within the mind of consumers. In their article "Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature," Jeffrey R Lacasse and Jonathan Leo take a look behind the image presented by popular media and explore the true standing of antidepressants in the realm of scientific investigation. Lacasse and Leo reveal problematic logic, flawed methodologies,

and premature conclusions in the studies that have claimed to present evidence supporting the chemical imbalance theory of depression.

An example of one of these flawed studies includes researchers' attempt at analyzing serotonin levels in samples of cerebrospinal spinal fluid from clinically depressed patients. The literature surrounding these studies exhibits specific methodological problems such as small sample sizes and a number of difficult variables. The contradictory reports from these studies were called into question to the point that Lacasse and Leo were able to obtain remarks from medical professionals discrediting the results—such as the chairman of the German Medical Board and colleagues, who stated: "Reported associations of subgroups of suicidal behavior (e.g. violent suicide attempts) with low CSF–5HIAA [i.e., serotonin] concentrations are likely to represent somewhat premature translations of findings from studies that have flaws in methodology" (Lacasse N.P.). Additionally, similar experiments and attempts to validate the serotonin-based theory have fallen short such as reported attempts at "inducing depression by depleting serotonin levels that reaped no consistent results" (Lacasse N.P.) . Such an example is reflective of the instances of flawed logic that have played a role in the acceptance of serotonin's necessary connection to depression.

Lacasse and Leo uncover more flawed logic in this theory through questioning Schildkraut's methods of backwards reasoning employed in his initial hypothesis on the serotonin-depression connection. The flaw of this reasoning method is exposed clearly by Lacasse and Leo: "Reasoning 'backwards' to make assumptions about disease *causation* based on the response of the disease to a *treatment* is logically problematic—the fact that

aspirin cures headaches does not prove that headaches are due to low levels of aspirin in the brain" (Lacasse N.P). .The aspirin example depicts the extent to which this process of drawing reverse conclusions involves speculation, rather than anything that can be considered scientifically verifiable. Furthermore, Lacasse and Leo point out that in order to make the determination that a state of chemical imbalance exist there must consequently be a scientifically established ideal for chemical balance, which there is not.

3. Meditation vs. Medication

a) Personal Responsibility vs. Quick-fix Mentality

In examining the use of Buddhist Dharma and meditation against the route of using antidepressants to treat depression and other mental disorders, certain benefits stand out on the side of Dharma/Buddhism. An encompassing sense of personal responsibility enters into the process when an individual chooses to engage in the physical act of meditation to effect changes in their health and life. This act serves as an embodied technique for the realization of the mental and internal components dharma presents. Mental disorders are of a very sensitive nature, considering the overflow into the psyche and related aspects of perception that result. When suffering from depression, individuals often experience lowered levels of confidence and possess a negative self-perception. Consistently putting in effort to overcome these obstacles through building habits that are strongly associated with positive attitudes will allow for the development of a strong-willed mind. Associating the improvements with an external source, such as an

antidepressant medication, not only sets up the possibility for addiction or dependence on the drug, but also opposes the idea of developing a strong sense of personal reliance. It seems ironic here that a nation like the United States, which promotes an individualistic culture and the personal independence of individuals, is simultaneously encouraging this dependant attitude. The sense of patriotism in the United States often calls for the image in its citizens' minds that it is one of, if not the most, powerful countries in the world and those who live there are subsequently the strongest and most self-sufficient individuals. That judgment comes into question when the prominence of reliance on drugs for personal health is so high in comparison to the Asian cultures out of which the self-reliance promoting lifestyle of Buddhism originates in.

Training through meditation is a process of cultivating this healthy sense of self-reliance and personal responsibility and it does not lead to any sort of attachment or withdrawal, which is often and likely seen with medications. In the article "Contemporary Perspectives on Stress Management: Medication, Meditation, or Mitigation," psychologists James C. Overholser and Lauren B. Fisher explain: "Abruptly ceasing medications creates a risk for withdrawal reactions and a return of the depressive symptoms. Even worse, long-term treatment with anti-anxiety medicine can produce an increased tolerance and a physical dependency on the drug" (Overholser and Fisher 148). If there is no change in mindset prior to ceasing the use of medication, the individual can be expected to experience the negative emotions that the medication was masking and may fall into a dependency on the drug. Overholser and Fisher suggest a contradictory nature to meditative treatment: "It seems counter productive if the medications remove

the negative mood state, and thereby remove a potential motivating force that could encourage a client to make changes in their attitudes, coping strategies, or social networks. Thus other strategies are more likely to bring about a lasting change" (148). Here it is argued that the emotions masked by medication may serve a purpose in motivating the individual to take initiative into improving their health.

b) Healing Roots vs. Treating Symptoms

The approach employed in the pharmaceutical means of treating depression seems to overlook the possibility that the state of depression may be a result of an individual's mindset or a response to misfortune. Depression can unquestionably occur in an individual as the result of a tragic event such as the death of a loved one. Analyzing the chemical imbalance theory in light of this possible trigger for depression calls one to ask how somebody else dying is related to the chemical activity of the brain. Is it possible that someone's death is the cause of the chemical imbalance? It is not the case that every time a loved one dies, an individual is necessarily overcome with depression. Similarly, an individual might find herself depressed upon the ending of a romantic relationship at one point in her life, but in another context a break-up may result in a different, possibly opposite, reaction. Considering the possible variations in mental states that result from depression-inducing events, it seems that the occurrence of depression is dependant on the way the individual reacts to the particular stimulus (or set of stimuli). This idea additionally supports the notion of holding personal responsibility over one's health, both mental and physical.

The use of medication for treating the symptoms of depression seems to lack in this quality of addressing what is often at the core of mental disorder; i.e., the individual's mindset. Dharma has built into it a specific regimen for training the mind towards a state that is capable of overcoming unfortunate events and is also adapted to engage in daily experience with an orientation towards equanimity and mindfulness. Developing these traits of mind, accomplished through practices such as meditation, allows for the rejuvenation of mental roots that may have grown weak or rotten as a result of negative experiences.

Overholser and Fisher speak directly to this sentiment that the cognitive and psychological approaches to treating depression that include Dharma and meditation act on teasing out the core of the problem as opposed to masking its resulting consequences. They argue that "effective coping strategies strive to confront and change the stressor itself or its perception, while medications simply work to suppress the subsequent emotional reactions" (Overholser and Fisher 148). They also make the claim that "biological approaches focus on suppressing emotional reactions [while] psychological interventions focus on changing the negative attitudes and maladaptive behaviors that aggravate most stressful situations" (147). Where medication falls under the biological approach, cognitive therapies such as mindfulness and meditation fall under the category of psychological interventions that work at the root of the manner in which the individual perceives and thus responds to depressive thoughts or external stressors. Overholser and Fisher conclude: "cognitive therapy can help clients learn to approach stressful events from a calm and rational perspective" (148). Thus meditation is seen as an exercise that

actually trains an individual to cope with and respond to thoughts or stimuli that might invoke states of depression as opposed to the biological approach of simply eliminating the emotional response to the given stimulus.

c) Potential Critiques of the Use of Meditation

A large question surrounding the use of Dharma and meditation in a therapeutic framework is whether or not this is a "misuse" or "misappropriation" of a set of techniques emerging from a very distinct cultural and religious framework. Indeed, as religions spread across boarders and into new cultures, there is a danger that the original values may be distorted or appropriated towards new ends. People unaware of the background out of which these ideas and practices stem may fail to absorb the full significance of the tradition—or even to understand the more specific ideas and practices in their fuller context. In the transmission of beliefs there is a tendency to warp religions in a way that maintains only what the adopting culture sees as beneficial—and this seems to be a primary feature of the neo-colonial impulse known as "orientalism." This process leads to the emergence of political issues that result from possible disrespectful and inappropriate uses of practices that are highly valued by the originating cultures. Filtering out "undesirable" aspects of the adopted religion serves to devalue the authenticity associated with the original intentions of the tradition. If individuals adopted the practice of meditation without any knowledge or basis in Dharma, one could argue that these individuals were committing such an act of devaluation against Buddhism. And indeed, it has become common for "meditation" centers to employ overtly Buddhist techniques

without any mention of the broader framework of ideas in which these techniques emerged. However, in using Dharma as a foundation for the act of meditation an individual incorporates the full set of values that Buddhism strives to enrich one's life with. This not only does justice to the Asian cultures in which Buddhism was developed, but also provides individuals with a greater opportunity for personal growth.

Conclusion

Virtually all cultures and traditions exemplify a concern for the state of the human mind. At some point in their life, many people suffer from varying levels of depression and most cultures have developed ways to combat negative emotions that subsequently affect daily functions. These systems are generally targeted at creating a template for a healthy mind and for healthy levels of motivation. Emotions are closely tied to motivation in a way that the suffocating effects of depression and other negative emotional experiences can often lead to a lack of will or motivation in an individual. Therefore, any system aimed at generating members of the highest productivity would find it necessary to ensure individuals are fostering healthy mental states. From an evolutionary perspective it would appear quite palpable that a mind developed as vigorously as possible would allow for the optimum means of survival for both individuals and communities. Beyond the basic needs for survival, the mind can't help but to strive for states of comfort, peace, and happiness and it is for these reasons that so many methods for achieving ideal mindsets have been developed across time periods and cultures.

In many instances these system of mental health cross over into the realm of the spiritual and religious. It is indeed quite rare that a completely secular system of mental health is developed, as has been the case with modern western psychology and medicine. Often, though, religious and spiritual traditions incorporate and address elements of psychology in a number of different ways—a fact frequently neglected by secular psychology and medicine. A significant aspect of religions in general is the means they offer in providing individuals with a sense of purpose, direction, and destination in their lives. Though the specifics of each religion vary to a great degree, their provisions act as a guide for fostering stable and healthy mental states. They encourage rituals, routines, actions, and moral codes of conduct that reinforce their respective goals of fulfillment through meaningful lives. Religions hold the potential to serve as a backbone for support during difficult times and even provide routes towards transcending superior levels of experience in every day life. More than most traditions, Buddhist Dharma has focused on the mind as the central "problem" of human life, but also as the means to a transformed existence.

Dharma offers a system to live by that eases the mind into a smooth and balanced path of constant awakening. This state of *nirvana* is the key to efficient mental processes. Reaching this state is a result of eliminating the three emphasized poisons of the mind that consist of craving, attachment, and delusion. Since Dharma suggests that the natural condition of existence is *dukhka*, which can be described as a sort of depression or consistent alienation, its instructions call one to develop a lifestyle free of these harmful poisons. Craving clouds the mind with desires that extend beyond those necessary for the

continuation of life. It creates distractions in which we lose our ability to see clearly and holds us down with heavy sentiments of dissatisfaction. In practicing Dharma we can learn to perceive the simplicity of our existence through a lens of equanimity and acceptance. Constructing this lens is accomplished through overcoming the poison of delusion under which we act and think out of ignorance to the true essentials of life. Emphasis or focus on any aspects beyond those laid out by Dharma stems from the poison of attachment. An attachment to the idea of a permanent self is another byproduct of delusion and for as long as we hold onto it we cannot achieve the full awakening that dharma guides us towards.

The practice of meditation allows one to come to a fuller realization of these principles of Dharma. As a ritual and a routine act it reinforces the ideals of the path to *nirvana*. Even in non-spiritual contexts meditation possesses a calming effect on minds cluttered with anxiety and depression. In a case-by-case basis, meditation used as a treatment demonstrates positive outcomes for those who undertake its discipline. As a consistently practiced routine it can serve as the foundation for a lifestyle aimed towards the reaches of Dharma. Even in a strictly biological light, meditation possesses power to enhance the neural processes of the brain related to mental functionality.

The practice of western medicine, which strives for this same mending of the mental experience, lacks a number of elements that create the balanced approach of Dharma. Western medicine completely removes any aspect of creating a lifestyle free of craving, attachment, or delusion. On the contrary, the advocacy for dependence on a drug for mental health additionally promotes these poisons. Resorting to medication alone fails

to allow for the creation of healthy habits and ignores any substantial revelation of the underlying roots for an individual's suffering. Attempts at pinpointing the causes for depression that antidepressants target are clouded with controversial evidence and outside influence. The previously outlined process of backwards reasoning enacted in the development of the chemical imbalance theory for depression is rooted in flawed logic. Additionally the profit-based influence of pharmaceutical companies on the dispersion of this theory highlights a questionable bias in motivation. Considering these problematic aspects, it stands that Dharma offers an approach to molding an enhanced lifestyle in a way that the use of antidepressants cannot, and thus can be seen as a potentially significant addition to the holistic critique of contemporary western biomedicine.

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