

Classic 'Dark Night' or Clinical Issues? ~ Shinzen Young

00:00:00 If a person seems to be perennially in Dark Knight territory, I will first sort of ask
00:00:19 them questions.
00:00:20 I do my own little differential diagnosis and try to determine if what they're going
00:00:26 through is 100% an artifact of the experience of emptiness through their practice, or whether
00:00:40 it's possible that there's just an element of regular old-fashioned depression, anxiety
00:00:48 that's involved.
00:00:49 I'll try to make a guess.
00:00:54 If I suspect that it's 100% based on practice, then I'll give my standard treatment regimen
00:01:06 for that, which is twofold.
00:01:09 If the fact that everything is empty is freaking you out, well, clearly there's something that's
00:01:12 not yet empty, which is your freak-out.
00:01:16 Use the momentum of emptiness to empty your freak-out.
00:01:21 That's sort of the first element in the prescription.
00:01:29 The second element in the prescription is, well, good.
00:01:34 Now you're nothing whatsoever, and this will give us a natural basis from which you can
00:01:42 literally reconstruct a new and better self through focus on positive practice.
00:01:49 I look upon myself in that case as something like a physical therapist that's going to
00:01:55 have to constantly be prodding that person to do the exercise that strengthens their
00:02:03 atrophied human muscles, so to speak.
00:02:08 We rebuild those muscles in a new and better way through a focus, assiduous and continuous
00:02:17 focus on positive-feel image talk.
00:02:21 That's what I do if I suspect that it's really the classic dark night of the soul or the
00:02:27 classic pit of the void that is described on one hand in the Christian and on the other

00:02:36 hand in the Buddhist traditions.

00:02:39 However, usually that is not the case.

00:02:45 Usually if a person is bummed out, burned out, freaking out, and so forth, they're subject

00:02:52 to unreasonable anxiety and unreasonable paralytic sadness and so forth, usually that is actually

00:03:05 the result of psychological elements.

00:03:12 What I do is I never tell people that they should use psychotropic medications or anything

00:03:20 like that.

00:03:21 Often people will come to me with that question, you know, should I go on Celexa or Lexapro

00:03:29 or what have you.

00:03:30 I never tell people, oh, yeah, I think you should do that because I'm not qualified

00:03:36 to tell a person that.

00:03:38 But if I suspect that they may have a clinical depression or an anxiety disorder of some

00:03:47 sort, in other words, if I suspect that it's not 100 percent based on their practice, and

00:03:54 usually that is the case.

00:03:58 Usually I suspect that there could be just a plain old psychological, even clinical,

00:04:06 biochemical aspect here.

00:04:09 If I suspect that that is possible, I strongly encourage people to go to a mental health

00:04:16 professional and consider the possibility of standard treatments for these things, which

00:04:26 at this point is usually medications.

00:04:28 I don't advocate the medications, but I definitely advocate being open to the possibility that

00:04:36 they may need them and encourage them to find a competent expert who can give them a differential

00:04:43 diagnosis based on Western medicine and if need be, prescribe the meds.

00:04:49 Now, a lot of times people think, oh, well, I shouldn't take these medications because

00:04:55 it covers over the stuff.

00:04:57 I should just let it come up and deal with it.

00:05:00 Well, yeah, if you can productively deal with it, sure.

00:05:05 But remember, the metaphor is exercise.

00:05:10 It doesn't make any sense to attempt to bench press 200 pounds the first day in the gym.

00:05:16 You want to take manageable weights.

00:05:19 If you have a clinical depression situation, that is probably too much weight to try to

00:05:29 be lifting on your own without some reduction in intensity through appropriate medication.

00:05:42 And anything that needs to come up will come up.

00:05:46 I tell people that if you do have a clinical situation, you're already in an unnatural

00:05:52 state.

00:05:53 The meds will get you in some way closer to a natural state wherein it will be easier

00:05:59 to do the meditative practice.

00:06:02 Now it's true that psychotropic medications can have side effects.

00:06:08 A person has to decide whether those side effects are worth the main effect.

00:06:15 That's case by case, person by person.

00:06:18 But if they decide that the good effect is sufficient to justify the side effects, then

00:06:24 I would say this.

00:06:26 Those side effects only come up in touch, feel, image, talk.

00:06:33 You can use the mindfulness practice very productively to work with those side effects

00:06:43 to purify consciousness, to gain insight, to reduce the suffering that they cause, and

00:06:49 so forth.