

Theoretical Article

Mental Suffering: Buddhism, a post modernist Western view, and the mutual “path to happiness”

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Abstract

In this article are compared the underpinning beliefs, ideas, and practices between Tibetan Buddhist philosophies, with Western understandings about mental suffering in living, and the nature of contextual issues that structure the recovery from such suffering. On the basis of this undertaking, in the study were explored the similarities and relationships of the Buddhist belief that it is possible to end the suffering in life, and then venture on “the path to happiness”, compared with a Western, post-modern narrative informed approach to psychotherapy for persons in relationship with mental suffering. The analysis of the historic and current belief systems has indicated similar philosophical and practical positioned relationships between Tibetan Buddhism’s Four Noble Truths, and current Western understandings of mental suffering, and a narrative informed approach to psychotherapy. These comparative constructs, that span many centuries, should provide supportive insights and considerations to current understanding of causes, and the nature of human responses to living experiences that initiate and maintain mental suffering. In addition, they should also promote confidence for discerning perceptions and support for person’s to deal effectively with phenomena resulting in mental suffering, with a narrative informed approach to psychotherapy.

Keywords: Mental suffering; Buddhism; narrative therapy; path to happiness.

Table of Contents

Aims and structure of article

Cross Cultural Analyses

Suffering and Causes of Suffering - Buddhist Beliefs

Post-structuralist, Western Views and Understandings of the Nature of Mental

SufferingComparative Buddhist “path to happiness”, and Western, Post-structuralist,

Narrative informed Psychotherapy

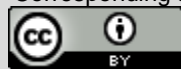
References

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In the Western world, the post-modern paradigm in mental health has recently provided greater public attention to what were previously marginal or peripheral opinions and practices. This shift has emerged in psychotherapeutic ideas and ways of practice that are informed by orientations such as social constructionism (Gergen, 1991), reflecting processes (Andersen, 1987), open dialogue (Seikkula et al., 2006, 2008; Seikkula & Trimble, 2005), and a narrative approach to psychotherapy (White & Epston, 1990). These approaches are underpinned by the general understanding that an individual is not seen as the problem. For instance, in narrative therapy, a person is viewed as being *in relationship* with any form of mental suffering. Whatever the form of mental suffering, it is seen as the actual problem, and the person is not the problem. For example, “depression” is viewed as a problem, and not a person (who is in relationship with “depression”). In addition, problems arise within social and interpersonal contexts, and are construed with linguistic resources available within time and place (leading to our “ethical problems in living” Szasz, 2010, p. 262), both of which are central to problem formation and resolution (Lax, 1990).

Previously marginalised ideas and practices have arisen in post-structuralist shifts in conceptualising the self, relationships, narrative, multiplicity and reflexivity. It is claimed that they have tended to align with various aspects of the philosophical underpinning of saintly customs and beliefs, such as Buddhism (Epstein, 1995; Jones, 1994; Lax, 1990; Leifer, 1997, 2008). In addition, they have inclined to question the assumptions underpinning medical model informed truths with a permanent self (Lax, 1990; Leifer, 1997, 2008; Watts, 1961), and have been integrated into psychotherapeutic approaches, through practices such as meditation.

It is in this context, that this article undertakes a meta-analysis, in the sense that this term has been used since the mid-1900s. It draws on philosophically oriented investigations of the sources upon which specific beliefs, theories and practices are founded. It does not refer to the statistically based meanings of a meta-analysis (Glass, 1976).



Aims and structure of the article

The main aims of the article are to explore similarities and the relationships of:

- aspects of basic Tibetan Buddhist philosophies and views in relation to understandings of Buddhist suffering in life, and the nature of *contextual*¹ issues (Bracken & Thomas, 2005, pp. 105-107, 133) for current mental suffering phenomena (Botha, 2021); and,
- the Buddhist “path to happiness”, and a post-structuralist narrative therapeutic approach for persons in relationship with contextual issues of mental suffering.

Underpinning these aims is a shift away from discourses which, in the dominant Western medico-scientific sense, construct mental suffering as specific mental health disorders (according to stated DSM diagnostic criteria), that exist within the person - for example, a person “has” an addiction, is an “addict”, or a person personifies anorexia as an “anorexic”. The post-structuralist approach is to prioritise the voices of persons with their own, unique lived experiences of relationships with mental suffering phenomena (Botha, 2021). This provides a more appropriate approach for a comparative analysis with Buddhist views and philosophies.

This article commences with a short, but necessary, account of specific comparative aspects of knowledge creation between Buddhist beliefs and a post-structuralist, Western approach, that are relevant to the focus and aims of the article. This account is to facilitate understandings of linkages to common ground of related Buddhist ideas and beliefs of life, and Western views on alternative insights, knowledges and understandings of mental suffering (Botha, 2021), as well as similarities in regard to post-structuralist narrative therapy, and the ways of the Buddhist “path to happiness”.

In this study were briefly explained Buddhist teachings, especially in relation to aspects of suffering and causes thereof, so as to draw comparisons with the explanations that follow in regard to the understandings of the phenomena of mental suffering. This is followed by an account of current research that prioritises and analyses meanings expressed by the personal knowledges of alternative reasons for exhibiting universal patterns of behavior and lifestyle approaches that are regarded as DSM diagnostic criteria for various mental disorders.

¹ Bracken & Thomas (2005) have indicated that in the assessment and diagnosis process, mainstream psychiatry is initially concerned with identifying symptoms so as to determine the specific *form* of a mental disorder (i.e., DSM status, such as anorexia nervosa, schizophrenia, obsessive-compulsive disorder). A post-modern, post-psychiatry perspective is particularly interested in the *content*, consisting of the nature of the lived experiences of a person (pp. 106, 133).

Buddhist teachings of the “path to happiness” are then explored. This is followed by examining a narrative approach to psychotherapy for persons in relationship with various mental suffering phenomena. Important processes that drive this narrative approach are analysed to compare Buddhism’s “path to happiness”.

Cross Cultural Analyses

Problems with Comparative Analyses across Cultures and Belief Systems

This article is essentially an inquiry into common knowledges across two belief systems. It is embarked upon in the understanding that, for a Westerner, Buddhism can be seen to be a confusing, conflictual, even discouraging, (religious) philosophy. One reason for the perplexity is that Buddhist beliefs and ideas commenced in the Sanskrit language, whose terms and expressions do not have a clear translation into English (O'Brien, 2019). In addition, personal frames of reference for Eastern cultures are very much different from those of Westerners (O'Brien, 2019). In reality, Buddhism is a philosophy and way of practising joy and happiness in life. However, for a Westerner this could seem to be puzzling and confusing as Buddhism also entails a great emphasis on explaining “that life is filled with suffering (*dukkha*), that non-attachment is a goal, and that a recognition of emptiness (*shunyata*) is a step toward enlightenment” (O'Brien, 2019). In view of these circumstances, it is recognised that this comparative undertaking in this article is part of a continuous, open inquiry that could benefit from further specific attention.

Bases of Comparative Knowledge Construction

As indicated earlier, this article is intended to explore comparative ways of conceptualising and understanding post-structuralist informed constructs called mental suffering, and alternative approaches to psychotherapy, through the lenses of both Buddhist and post-structuralist paradigms. In order to more fully understand these significant and meaningful comparative bases for knowledge creation, and knowledges between Buddhism and certain related Western views, it is important to explain relevant beliefs, views, traditions and practices of Buddhism in regard to suffering and causes of suffering. In this respect, American psychiatrist Ron Leifer (2008) has stated that:

Genuine knowledge is based upon experience, observation and reflection, not the words of others, regardless of their credentials” (2008, p. 91).

This approach is aimed at hearing the specific explanations and understandings from persons as to how they live and feel the experiences of mental suffering (Botha, 2021). In other words, in the process of constructing these genuine knowledges, persons would have

examined their lived experiences “through systematic introspection” (Ellis, 1991), and “treating their own lived experiences as primary data” (Jackson, 1989), moving through “experiential particularity” (Baumeister & Newman, 1994, p. 676). This means that this approach would assist in understanding what mental suffering actually involves for those persons who experience it daily, and what it depicts about Western-based mental health culture (Tillman-Healy, 2003). Such post-structuralist informed, personalised based understandings deconstruct the dominant structuralist paradigm that produces knowledges that tend to have been granted authoritative, truth status in Western culture - such as that of DSMs. In this context, Szasz (2010) has indicated that persons in relationship with so-called mental disorders “have reasons for their actions that must be understood ... they cannot be treated or cured by drugs or other medical interventions, but may be helped to help themselves overcome the obstacles they face” (p. xviii). These are obstacles in life that cause “personal, social, and ethical problems in living” (Szasz, 2010, p. 262).

These post-structuralist Western approaches to knowledge creation are similar to Buddhist beliefs that understandings of sufferings in life are based on experience, observation and logic, as opposed to the appeal to authority, traditional creeds, “superstition, or common belief” (Leifer, 1997, p. 60). The comparative aspect is that a Buddhist is not obliged to believe anything on faith or authority.

Suffering and Causes of Suffering - Buddhist Beliefs

Buddha indicated the cornerstone of his teachings as follows: “I teach the fact of suffering, the arising of suffering, the cessation of suffering, and the path to the cessation of suffering” (Leifer, 1997, p. 71). These teachings became known as the Four Noble Truths which were divided into two groups. The first group consisted of the First and Second Noble Truths - the “fact of suffering”, and “the causes of suffering” - and will be integrated into the comparative analyses in the discussions on the alternative, experience-centred meanings of the nature of mental suffering. The second group consisted of Noble Truth Three - that suffering can be relieved - and Noble Truth Four - methods for achieving spiritual well-being, or the “path to happiness”.

Group two will be incorporated in a comparison of related Buddhist’s views in the “path to happiness”, with an innovative Western, post-structuralist, narrative informed approach to psychotherapy for persons in relationship with phenomena that cause mental suffering.

This section explains, as briefly as possible, the first group consisting of specific and comparative basic Buddhist beliefs and views about suffering and causes of suffering, before

applying them, later, in a relative analysis with post-structuralist, alternative understandings, lived experiences and meanings of the nature of mental suffering.

The First Group

The First Noble Truth: Life Is “Suffering” (dukkha)

Buddha’s first teaching was that life was filled with suffering, and was a basic fact of life. This First Noble Truth places “the fact of suffering to the center of awareness so we can look at it with open eyes and learn about the vital role it plays in our mental life. This ‘eye-opener’ is the beginning of wisdom” (Leifer, 1997, p. 71; Dalai Lama, 1996). In this context, Buddhist perception is that “the causes of suffering are rooted in the mind. Suffering is experienced through the mind and processed through the mind” (Leifer, 1997, p. 76). These Buddhist views are similar to those of post-structuralist oriented Western trained mental health academics and clinicians who view the cause of suffering to be the specific ways persons respond to traumatic factors, such as loss, abuse, neglect, unjust or inhumane social conditions, failure, or misfortune. In other words, suffering is not caused by these factors *per se*, but by personal responses to them. In this regard, Leifer (1997) stated that our perception of the world “- our ‘response-ability’ - thus shapes the conditions of our own suffering and happiness” (p. 7).

The most appropriate English translation of the word *dukkha*, is “suffering”. However, *dukkha* has been presented as other meanings, such as “unsatisfactoriness”. In a Buddhist sense this would mean that everywhere a person may be, they could then be pursued by an inexplicable sense that their lives were not entirely satisfactory - that things were not quite right for them.

Second Noble Truth - Causes of Suffering (tanha)

Buddhist reasons for our suffering, or dissatisfaction, would come from three sources. The first is that our dissatisfaction is caused by our not understanding “the true nature of things” (O’Brien, 2019). This misunderstanding, or our confusion (*avidya*), is usually interpreted to be our ignorance, and its main characteristic is that we are not conscious of the way things are attached to each other, or how things are all interconnected. For example, we imagine that our “self” or our “I” has an existence that is independent and separate from all other phenomena (O’Brien, 2019). This could be the dominant misunderstanding, confusion, ignorance that is recognised by Buddhism, and could lead to the following two additional, and important, causes of suffering.

Buddha looked to the outer world to find causes of suffering and unhappiness, but found it within his own mind - *tanha*. It was “selfish desire” which was seen to be “the truth of cause of suffering” (Leifer, 1997, p. 92). In addition, “selfish desire” was confronted by ignorance, confusion, misunderstanding (*avidya*).

Buddhism perceived the interaction between “selfish desire” and ignorance to lead to further complicated causes for suffering. Such interactions led to the arising of the psychological “three poisons”, in which Buddhism understood to be “greed” that was to be identified as attachment, or aversion, to which was the added concept of ignorance.

These three Buddhist identified “poisons” are categorised in Western terms as desire, aversion and ignorance (ego) (Leifer, 1997, p. 96). As indicated, in this reading, desire is described as having opposing qualities. One meaning is the desire to have, to possess, to experience something; the other is the desire to avoid something, renounce it, reject it, discard it, and separate oneself from it. These two opposites, referred to as *desire* and *aversion*, are important aspects of Buddhist beliefs and understandings for the comparative analyses in this article.

In fact, human beings have strong tendencies of moving towards our desires or that which brings pleasure, delights, happiness, life and immortality, or moving away from, or avoiding the fear of pain, suffering, losses, unhappiness or that which will end in death. Ultimately this is the desire for pleasure, and the fear of pain and suffering.

Post-structuralist, Western Views and Understandings of the Nature of Mental Suffering

Buddhism started in India nearly two and a half millennia ago when its founder started teaching others the methods he used to be able to reach a stage of enlightenment (*nirvana*) himself. It has developed into a form of religion without an all-powerful creator, like the current monotheist religions, all with their one God, worshipped by Jews, Christians, and Muslims. Buddhism has recently attracted attention and inquiry from scientists and therapists who are examining the processes of attention and emotion as they correlate with a number of mental states or conditions. The comparative aspects of this article apply to current post-structuralist, Western ideas and knowledge of the nature of mental suffering. In order for this analysis to be undertaken and discussed, it is necessary to present a current understanding of the nature of the interrelated concepts of being “captured” by the mind (Kessler, 2016), and mental suffering.

“Captured” by the mind

This analysis is focused on the human brain and the nature it plays in generating subjective, human experience. Notwithstanding certain constraints, the subjective experience of human mental suffering will be briefly reviewed in a neurobiological context to understand how a state of capture by the mind is a function of extensive and intricate neuro-circuitry.

A theory of “capture” was suggested by Ralph Hoffman, a psychiatrist and former director of Yale Psychiatric Institute as: “Capture becomes an inevitable chain reaction in our lives; we attach meaning to certain stimuli, our attention becomes progressively biased, and we scan our environments for similar stimuli” (as cited in [Kessler, 2016, p. 117](#)). He adds that “mental illness ensues when the brain gets stuck on these high-salience experiences to the exclusion of everyday mental processes” (as cited in [Kessler, 2016, p. 119](#)).

In other words, a person can become “captured” by the human mind consequent to specific neural patterns that are produced as a result of diverse encounters and stimuli. Triggers of neural settings can be external sensory stimuli, or internal such as thoughts or feelings. In addition, the control of our attention is exercised by two separate but connected ways - the top-down and bottom-up processes. The former process affects decision-making, and the latter is understood to be involuntary and automatic. It is the stimuli with the greatest salience - usually, those connected to past emotional experiences - that mainly tend to lead to being captured by our mind. The important aspect is that this form of capture affects our feelings and can, therefore, in turn, influence our reactions to our current and future environment and experiences (see also [Damasio, 2012](#)).

Furthermore, there is also what is referred to as a forward-feed mechanism, or loop, in capture. This originates from physics and engineering, and applies when the output of a certain process is the input for the next phase, which then triggers the subsequent activity in a progression. Such activities in the human brain can be a source of infinite regress to a person’s thoughts, feelings and ways of behavior.

In regard to the concept of a person been “captured” by the mind, a well-known American author and university professor of English, David Foster Wallace, in a commencement speech (*This is Water*) to a graduating class at Kenyon College, in 2005, referred to the cliché about “the mind being an excellent servant but a terrible master” ([Wallace, 2009](#)). He stated further that:

This, like many clichés, so lame and unexciting on the surface, actually expresses a great and terrible truth. It is not the least bit coincidental that adults who commit suicide with firearms almost always shoot themselves in: the head. They shoot the terrible master (2009).

“Capture” - and mental suffering

A recent article (Botha, 2021) proposed ways for alternative understandings of certain DSM mental disorders. They have then been termed states of mental suffering, created by processes that “capture” the mind, and the proposal was referred to as a “general theory of mental suffering.” It was argued that both independent and dependent cognitive and behavioral functions of the brain, could present images of brain processes that could be deemed symptomatic of the onset and maintenance of a mental disorder. In this regard, (Botha, 2021) stated that: “Life’s negative discourses, and the mind’s captive responses, present a ‘general theory of mental suffering’ which phenomena are classified as modernist, DSM mental disorders” (p. 282; see also, Carhart-Harris et al., 2014; Kessler, 2016, Pollan, 2018, pp. 367, 383-40). Mental disorders such as anxiety, addictions, depression, obsessive compulsions, and eating were proposed as inclusive to the theory of mental suffering (Botha, 2021).

For this article, in addition to these mental disorders, the phrase “mental suffering” also embraces exceptional and unique ways of lived experiences for young children (Ingamells, 2016a, 2016b), adolescents dealing with various challenges of puberty (Halse et al., 2008), and older persons with encounters and challenges of the aging processes. Their personal, lived experiences tend to be couched in terminology expressed in current psychological and psychiatric modernist, structuralist informed understandings - that is, in specific forms of DSM mental disorders.

For instance, in regard to older persons, whose circumstances in life alone can contribute to challenging and negative discourses, they are often deemed to be in relationship with *chronic depression* after experiencing stressful events, such as the loss of loved ones, personal status and important undertakings (Lezak et al., 2012, p. 384). Then, the lived experiences of an eight year old boy, Wilbur (Ingamells, 2016a, 2016b), can also contribute to, and support this proposal for incorporation into a theory of mental suffering. During consultations with a narrative therapist, and in the presence of his father and mother, Wilbur explained how his dumb and worry laden thoughts regularly ran away with him, and took him in wrong and non-preferred directions. They even told him to be skinnier - they also “... tell me I will get fat” (Ingamells, 2016a, p. 48). Wilbur’s mother introduced Wilbur to the therapist using modernist DSM terms by indicating that he suffered from *anxiety* and *anorexia* - the latter having been experienced since a five year old. However, the narrative therapist referred to him as “Wilbur the Worrier” (Ingamells 2016a, p. 52). During therapy Wilbur learnt how to be in charge of his wild, dumb and misguided thoughts which could be coached and guided by him, and that his fears were not as dominant as they pretended to be. He also



trained himself to be “stronger and wiser than his fears” (Ingamells, 2016b, p. 67), and gained weight and began to “eat well” (Ingamells, 2016a, p. 58). He was then referred to as “Wilbur the Warrior” (Ingamells, 2016a, p. 52).

These explanations are compatible with Buddhist notions of desire (*tanya*) and ignorance (*avidya*), specifically the two opposites of desire, with the one being the desire to have, to possess, to experience something, whilst the other being the desire to avoid, reject, abandon, and separate oneself from it. For instance, the consistent desire to have something, more specifically, more and more of something could lead to addiction, illness, dependence and other forms of destructive behavior. On the other hand, the desire and need to avoid something also could lead to damaging outcomes (McNeil et al., 2012; Wagener & Much, 2010).

Buddhist “path to happiness”

The second objective of this article is to explore similarities and relationships of the Buddhist “path to happiness” and a post-structuralist narrative therapeutic approach for persons in relationship with mental suffering.

Third Noble Truth - Ending the Suffering is achievable

The Third Noble Truth teaches that true happiness is the product not of satisfaction of desire, or aversion, but of an inner transformation, a transfiguration of consciousness to understand and deal with desire and aversion in life. This does not mean the relinquishing of all our desires of having, wanting, possessing, owning, controlling or experiencing; nor all our desires of avoiding, rejecting, renouncing or destroying. What this means is that the start of the way to “happiness is the fruit of awareness and acceptance of the nature of the mind, self, and phenomena” (Leifer, 1997, p. 73).

It was one of Buddha’s teachings that an important aspect of achieving the optimism of joyfulness was the fact that it was possible *not* to suffer, or that the termination of *dukkha* was possible. This could be accomplished by renouncing and abandoning the confusion/ignorance/delusion that fired and maintained attachment/clinging (Sanskrit is *upadana*), and the avoidance (Sanskrit is *devesha*), both of which contributed to an unsatisfactory life of suffering (O’Brien, 2016, para. 4).

It is the understanding of and relaxing into existence, calming ourselves down, and disciplining our thoughts, words and deeds. The Third Noble Truth describes spiritual well-being as inner peace, clarity and kindness (Leifer, 1997, p. 74). O’Brien (2019) stated that in this Noble Truth, “Buddhism teaches that we are inherently joyful and that it is simply a

matter of surrendering and relinquishing our misguided habits and preconditions so that we can experience the essential Buddhahood that is within us all" (para. 8).

The Principle of (Non-) Attachment

The notion of "capture", as explained above, has direct connections to the principle of attachment/clinging as expressed in the Second Noble Truth. The notion of non-attachment (O'Brien, 2019, para. 1) is important as a Buddhist belief, especially in regard to the move on "the path to happiness" through the Third and Fourth Noble Truths. Non-attachment is seen to be a corrective measure to the attachment/clinging issue (Western belief of "capture"), dealt with in the Second Noble Truth. The reasoning is that "if attachment/clinging is a condition of finding life unsatisfactory, it stands to reason that non-attachment is a condition conducive to satisfaction with life, a condition of nirvana" (O'Brien, 2019, para. 7).

However, *nirvana* is not a result of cause and effect, but is beyond mere cause and effect - it is merely realized. This realization comprises the understanding of the meaning of impermanence, as well as the act of "letting go", which is the elaboration of non-attachment. This means that the Third Noble Truth would encompass the act of releasing of desire or craving, of clinging or attachment to conditional experiences, and of aversion, avoidance, hatred. In other words, by not being attached to various forms of desires and/or aversions, a person can attain the path that leads to the realization of *nirvana* (O'Brien, 2019, para. 7).

Fourth Noble Truth - the path to end the suffering - the path to happiness

The Fourth Noble Truth provides a sequence of down-to-earth directions and ways and means for living. They are the guides for advancing from a state of ignorance/attachment/aversion (*dukkha*) to an enduring position of happiness (*nirvana*). It is what Buddhism refers to as the "path". Among the methods is the Eightfold Path which would move practitioners of Buddhism along the path to *nirvana*. It explains the behaviors, language and thoughts that would minimise suffering, and maximise happiness (Leifer, 1997, p. 73). It is not only a system of ethics which is an intelligent, practical guideline for avoiding suffering, and achieving immediate happiness on earth, but more importantly it is a program for moral living.

The Third and Fourth Noble Truths therefore deal with cleansing, healing and purifying - that is, "the formula for transforming vinegar into honey" (Leifer, 1997, p. 74). Transforming "vinegar into honey" is a Tibetan alchemical metaphor which is similar to the European alchemical metaphor of turning lead into gold. The fundamental meaning is the transforming of "unhappiness into happiness and suffering into joy" (Leifer, 2008, p. 7).

Comparative Buddhist “path to happiness”, and Western, Post-structuralist, Narrative informed Psychotherapy

The focus now is on the Buddhist Third and Fourth Noble Truths - namely, that it is possible to end suffering, and the path to end suffering, or the “path to happiness”. This is a comparative analyses with a post-structuralist, narrative informed psychotherapy with the same objectives, and in relation to mental suffering.

For Buddhism, an essential principle is the belief that emancipation from suffering, which is thrust by worldly-wise desires or by aversion or antipathy, is both the objective of transcendent clarification as well as a realistic prospect. This may well have been a suitable and acceptable belief system to embark on the “path to happiness” in the times of Buddha, but times have changed. In addition, in the context of this article, the question now is: in what ways has this Buddhist belief principle been implemented that would be reflected in similar current narrative informed therapeutic approaches? A more functional and utilitarian way of expressing this question would be: can the captured neural circuitry be quietened when it is biased towards salient stimuli, and, if so, how can this be implemented?

Unbiasing Attention

It was earlier indicated that Hoffman had stated that a person would find themselves in a state of capture when they “attach meaning to certain stimuli”, and their “attention becomes progressively biased, and we scan our environments for similar stimuli”. Then “mental illness ensues when the brain gets stuck on these high-salience experiences to the exclusion of everyday mental processes” (as cited in [Kessler, 2016, p. 119](#)).

The comparative question then becomes whether or not Buddhism would acknowledge that it is possible that the neural circuitry that biases a person’s attention to such high-salient experiences, could be stilled. In response to this question, Evan Thompson, a cognitive scientist and philosopher of mind and Asian philosophy said: “Buddhism would certainly claim that you can unbias attention” (as cited in [Kessler, 2016, p. 258](#)). The Buddhist processes, or actions, that could be adopted can be accounted for in current, Western based terminology.

Freedom from Capture

The similarities that exist in the Third and Fourth Noble Truths of Buddhism are reflected in the bases of a post-structuralist Western narrative informed approach to psychotherapy, and the goals of narrative therapy, both of which have been presented by the co-founders of a

narrative approach to therapy, [White and Epston \(1990\)](#). They have proposed that “when persons seek therapy, an acceptable outcome would be the identification or generation of alternative stories that enable them to perform new meanings, bringing with them desired possibilities - new meanings that persons will experience as more helpful, satisfying, and open-ended” (1990, p. 15). Consequently, the aim is to assist in reducing or eliminating a person’s pain and suffering, and help them find preferred courses of happiness in their lives. For Buddhism it is a way of providing guidance in life ([Leifer, 1997, p. 276](#)).

One of the most difficult challenges in undertaking this process of release from capture is to identify and name the unique, person-specific issues that are causing the internal conflicts, disputes and struggles for a person - that is, the issues that cause and maintain a state of mental suffering. With regard to the identifying and naming of the problem(s) in a narrative therapy activity, it is the persons who are invited to do so as they are the persons who have experienced a grasp of their situation that is more available to them than to anyone else. In fact, [Epston \(2021\)](#) expressed this situation concisely when he indicated that: “The stories from the insiders are incomparable to the stories written about them by outsiders”.

Externalising the Problem

Once the problems have been identified, and also named, that are causing mental suffering, a narrative therapist is then interested in assisting the client to engage with ways to separate the client from their “captured” status in regard to the problem(s) for which assistance is sought ([Morgan, 2002, p. 17](#)). This practice is founded on the principle that the problem is the problem, and not the person. It involves a process of “externalising the problem” from the person. The practice is not intended to negate the existence of a problem, or pretend that it does not exist at all. The problem remains in existence, but it is placed in a position of non-attachment (externalised) in relation to a person.

The process of externalising of a problem after a client has deliberated and considered what could be the problems adversely affecting them, would create a mind-space for a client to engage with other thoughts, feelings or ways of behavior. Identifying and externalising the problem is thus similar to the Buddhist meditative experience. In this regard [Leifer \(1997\)](#) stated that:

...in Buddhism this expanding consciousness necessarily includes an increasing acknowledgement of one’s own desires, aversions, and narcissistic attachments to self. To be happy one must relax the resistance to examining these three poisons and become more aware of how they shape one’s actions

in the world and, through the laws of karma, determine the quality of one's life" (1997, p. 278).

This practice of being converted into an acquaintanceship with our minds is called insight, or analytical meditation (*vipashyana* or *vipassana* meditation). This meditative Buddhist practice incorporates purposes such as disciplining both emotions and the mind (Levine, 2000). In this practice of mindfulness the solution is not to attempt to dispute the facts, as "trying to think your way out of depressive rumination only deepens the ruts of the neural pathways where wheels have been spinning too long" (Kessler, 2016, p. 260).

Bishop et al. (2004) perceived a Western account of insightful, analytical meditation as non-ostentatious, open-minded, present-focused mindfulness in which each feeling, thought, or sensation that emerges into the sphere of awareness is recognised and taken as it is. Not only does it familiarise a person with the operations of their mind, it also allows a person to be acquainted with the facts of existence - suffering, impermanence and emptiness (Leifer, 1997).

Externalising the problem also provides the space in which alternative discourses can emerge with more preferred thoughts, ways of behavior, and feelings. These, too, can be examined without any need for attachment (White, 1998), but can enter and exit the flow of discourses that enable the emergence of "unique outcomes" - that is, times or situations when the problem is not present at all. This is similar to Buddhist mindful meditation which involves developing concentration - that is, paying attention to the present moment - as well as allowing for alternative discourses that supersede the cause of suffering. Mindfulness meditation allows for a mental stability, with a goal that is "a balanced, poised state of mind that's ready to respond or act in a positive way, but is not biased by either sensory salience or affective salience" (Thompson, cited in Kessler, 2016, p. 259).

Ethics and the Ethical Subject

As indicated earlier, the Buddhist Fourth Noble Truth is referred to as the "path", and provides a practical guide for living by dealing with a system of ethics incorporated in a program of moral living. Placing this in a Western context, Leifer (1997) has stated that "paradoxically, psychotherapists deal with nothing other than moral issues" (p. 279). A similarity in regard to the aspect of ethics also prevails. In this context, the words of Szasz (2010) are significant, when speaking about Western-oriented psychotherapy. He said that "in actual practice" psychiatrists "deal with personal, social, and ethical problems in living", and they "are not concerned with mental illnesses" (p. 262) - as determined by manuals such as the DSM.

In narrative therapy, for a person to move into different and preferred ways of living, it is dependent not only upon a person's capacity for resisting the unwanted dominant discourses in their lives. [Guilfoyle \(2014\)](#) maintains that the entire narrative therapeutic practice is underpinned by ethics and the ethical subject (p. 166). The notion of the ethical subject is concerned with the question of "how shall I conduct myself in striving to become...?"... "in accordance with certain principles that exist in the broader culture of a person's living" ([Guilfoyle, 2014, pp. 204 & 208](#)). Regarding thickening the ethical subject in practice, [Guilfoyle \(2014\)](#) has suggested that it involves an intentional aligning of ethical principles with conduct. In addition, an ethical subjectivity needs reinforcing for it to remain sustainable and functional across time and in the daily mix of "society's games of power" ([Foucault, 1997, p. 299](#)).

For these personal changes of the ethical subject to survive, a person should let go of any preoccupation with the self and permit themselves to feel support and connectedness (see below in the discussion of the second principle step of the path - compassion). An example of compassion in this sense (support and connectedness) has arisen regarding the form of mental suffering referred to as anorexia nervosa. [Epston \(2021a\)](#) has broadened the scope of post-structuralist therapeutic activities to provide therapeutic support for the growing numbers of persons in relationship with anorexia nervosa. In this process, [Maisel et al., \(2004\)](#) have indicated that David Epston has:

....coined the term anti-anorexia/bulimia league to describe a community of insiders and their allies who communicate with each other (often via an intermediary such as a therapist) for purposes of exposing anorexia/bulimia tactics, sharing anti-anorexia/bulimia strategies, fostering hope, celebrating victories, and engaging in activism. Some leagues meet face to face, while others operate more 'virtually' via e-mail or fax correspondence. Although they can take traditional organizational forms, they operate like resistance movements working underground (p. 6).

This narrative therapy process of persons sharing their narratives and being bonded on mutual lived experiences, is comparable to the Buddhist view of the spiritual community, the *sangha*, the community of other meditators, who support and encourage each other "to shed the shackles of suffering and attain liberation" ([Lax, 1996, p. 10](#)).

A Comparative Position - Three “principles of the path”

From the position of Buddhism, a comparative position to these narrative psychotherapeutic processes can be observed in aspects of the “three principles of the path”. They can be summarised as: renunciation, compassion, and the wisdom of realising emptiness.

The opening activity on the path to repudiation is to gradually renounce the world as the basis and source of our unhappiness and happiness and accept that the search for happiness should begin within.

The second activity on the path is compassion. It emasculates vanity and conceit, which is a primary cause of the pain and suffering humans impose upon ourselves. Then it is also an unselfish abandoning of the self-seeking instinct and substituting it with a concern for others. Creating compassion is an intricate and complicated feature of the Buddhist path, as it is finding a balance between what we may need for our well-being, and what we can give to others (Leifer, 1997, p. 287). Compassion is founded on the first principle of the path, the renunciation process, which teaches persons how to take care of themselves for both the sake of themselves and others. In respect of narrative therapy, compassion could be brought about, initially, by enhancing a person’s capacity to engage in a reflexive relationship with oneself. This would entail an ability for a person to exploit their diversity and dispose of unwanted negative discourses and societal prescriptions by acting according to a personal ethical style of living that embraces a personal sense of wrong and right, which a person deems important and of value. This ability implies a sense of “intentional state understandings”, as opposed to “internal states of understanding” (White, 2007), where the “intentional state understandings of identity are distinguished by the notion of ‘personal agency’” (White, 2007, p. 103). It is the intentional states of understandings that meaningfully contribute to, *inter alia*, bases for the growth of a sense of a person’s life being joined with others around shared matters and ideas (White, 2007, p. 105).

The last principle step in the path “is developing the wisdom that realizes the emptiness of phenomena, including the emptiness of self” (Leifer, 1997, p. 287). The wisdom that realizes that emptiness is inappropriate congruence with the facts of existence. Accordingly, the Buddhist path emphasises that we must teach ourselves to acknowledge this fact instead of denying or repressing it. In this regard, Leifer (1997) has stated that “we must beware (be aware) of ego’s attempts to find solid, enduring reference points in order to identify, protect, preserve, and expand itself. For this is the cause of much of the suffering we impose on ourselves and others” (p. 288). A related principle in narrative therapy is the aspect of internal state understanding, which portrays “human action as a surface manifestation of

specific elements or essences of the self that is to be ‘found’ at the centre of identity” (White, 2007, p. 101). In accordance with the custom of this understanding, a person’s actions can be construed as external expressions of specific elements or essences that can be considered to be the foundation of her or his identity - to be originating from the centre of a “self,” or from “solid, enduring reference points”. In contrast to such internal state conceptions, narrative therapy relies on intentional state understandings in acquiring the wisdom to realize the emptiness of phenomena, including the emptiness of self, which is in keeping with the facts of existence (White, 2007, p. 101-105).

Then, finally, in the pursuit of the “path to happiness” through the activities of narrative work, the therapist is not the expert, the client is the expert in their lives. A client has a voice of self-knowledge which draws on “an enormous database” on their own lives (Hermans, 2004, p. 176). Persons in relationship with mental suffering are experts in knowing/stating/defining/co-(re)authoring themselves and narratives of their life (Conti, 2016, 2018; Conti et al., 2016). The narrative therapist enters therapeutic conversations paying attention to client’s words, pictures, and stories of their lived experiences. The narrative therapist is comparable to the Buddhist perception of exhibiting a “beginner’s mind” (Suzuki, 1975). In addition, when narrative therapy is conducted from the perspective of respecting the client, allowing client to lead the conversations, co-researching with client their strengths and weaknesses and their relationships with problems, it is undertaken with Buddhist understandings of “lovingkindness”. This narrative approach to therapy for persons in relationship with mental suffering, and the related aspects of the philosophical underpinning of Buddhism for a “path to happiness”, are both aimed at assisting persons on their journey to peace and happiness, or to movements towards embracing their values and preferences in ways of living, away from the spectre of suffering, pain, and unhappiness known as mental suffering.

Concluding Statements

This article has explored symmetries between Tibetan Buddhism beliefs and practices, and post-structuralist, Western informed understandings regarding suffering in life and approaches to recovery. There were two principal areas of symmetry. The first was the Buddhist belief that life was filled with suffering (*dukkha*) and the belief of the cause(s) of suffering (*tanha*). Compared with post-structuralist, Western-oriented meanings and causes of mental suffering (“capture”) as a consequence of being subjected to the unwanted negative discourses in persons’ lives. This drew an analogy with Buddhist beliefs of ignorance, attachment (desire) and aversion. The second aspect of symmetry compared the

nature, goals and practices of a Western created; narrative informed approach to psychotherapy for persons in relationship with mental suffering; with the beliefs, processes and practices in the Buddhist “path to happiness”.

The analysis of the two cultural belief systems have indicated the philosophically oriented similarities of Tibetan Buddhism’s Four Noble Truths and post-structuralist, Western understandings of mental suffering and narrative informed approaches to psychotherapy. These historical and cultural supportive constructs should contribute to deeper historically humanistic understandings of causes and nature of the phenomena resulting in mental suffering and promote confidence for perceptive insight into the psychological causes of mental suffering. Furthermore, they should provide support for persons to deal effectively with phenomena resulting in mental suffering with a narrative informed approach to psychotherapy, to identify or generate:

... alternative stories that enable them to perform new meanings, bringing with them desired possibilities - new meanings that persons will experience as more helpful, satisfying, and open-ended” (White & Epston, 1990, p. 15).

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