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Concept Paper

Comparison Between How Narrative Therapy and Buddhist Mantra-Based Meditation Promote Mental Healing

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Abstract

This is a conceptual paper comparing how narrative therapy and Buddhist mantra-based meditation promote mental healing. Narrative therapy promotes mental healing by shifting families' attention to their subjugated stories of strengths and personal agencies. Whilst Buddhist meditation has been integrated into psychotherapy developed in the West, the application is primarily the focus on breath as a way to help sufferers attain mindfulness. Mantra-based meditation uses the recitation of mantra as the focus instead of breath. The comparison between narrative therapy and Buddhist mantra-based meditation is done by analyzing their respective distinctive features, shared features, some integrative approaches, and aspects that do not apply to both. The five aggregates consisting of *rūpa* (body/form), *vedanā* (sensation), *saññā* (perception), *saṅkhāra* (volition), and *viññāṇa* (consciousness) are key ideas used in Buddhism to understand the body-mind interaction and how one is caught in a cycle of suffering. This concept is further analyzed in a relational way to illustrate how a narrative-mantra group approach using the Energy Mantra, a Vajrāyana Buddhist mantra, is integrated with the outsider-witness practice, a reflecting team approach in narrative therapy. This integrative approach promotes healing in a group setting through the attainment of both relational reflexivity and relational mindfulness.

Keywords
Mindfulness practice; mantra-based meditation; narrative therapy; Buddhist mantra; outsider-witness practice; narrative-mantra approach

1. Introduction

1.1 Narrative Therapy and Buddhist Mantra-Based Meditation

Narrative therapy was first developed in Australia and New Zealand by two social workers cum family therapists, Michael White and David Epston. It has since been regarded as a contemporary systemic family therapy approach. In Australia and New Zealand, meanwhile, it has branched out to be regarded as an independent modality, with a narrative rather than a systemic frame as its base [1]. Nevertheless, Gregory Bateson, an English anthropologist who is said to have strongly influenced the early development of family therapy, has a particular systemic idea that depicts the connection between systemic and narrative frames. This will be elaborated on in an early segment of this paper.

Narrative therapy promotes mental healing by shifting clients' attention from problem-saturated lived experiences to their subjugated stories of strengths and personal agencies [2, 3]. This is often done by a technique called externalization [4]. Clients often come to couple or family therapy associating their presenting problems with blame on someone, often the person who attends the therapy with them. Externalization is a technique in which the therapist engages the clients in a dialogue to shift them away from such a position. This helps the clients to perceive the problem as being located outside of a person and reduces the blame. For example, the following question could be asked to start such a dialogue, "What benefits and constraints has depression brought into all/both of your lives together since it first appeared?".

Besides having the use of therapeutic interviewing as the primary intervention, narrative therapy also uses a particular reflecting team method called outsider-witness practice. The use of reflecting teams was first mooted by Tom Anderson [5, 6], a Norwegian family therapist. It involves a small group of therapists listening to a therapist's session with clients. The group will either be listening behind a one-way mirror, through a video link, or sitting in the same room as the therapist and clients. At some point, the therapist will pause the session and invite the group to convene a brief conversation by the reflectors only in the presence of the family and therapist. This allows their thoughts and ideas to be listened to by the clients. Such dialogues would have traditionally been done behind the screen without the clients, with only selected key messages brought back and conveyed by the therapist as team feedback. When a reflecting team is conducted in front of clients, the clients benefit by hearing multiple perspectives directly because of the empathy and transparency of the views they experience. This shifts the power from the clinical team to the clients to decide what to accept or reject, as well as gaining potential insights directly that are ingredients for therapeutic change.

Unlike Anderson, who used other therapists as the reflecting team, narrative therapy uses an outsider-witness practice that involves other current or past clients the therapist has seen or the identified client's community network to offer reflections instead. This elicits mutual resonance

between the identified clients and the audience, with the aim to elevate the often subjugated stories of strengths and resilience [7]. For instance, the metaphor of "transport" invites the clients and audience to reflect on where they are moved from their mutual listening and sharing. This shifts reflecting team practice to benefit both the identified clients and reflectors, moving everyone toward a place of relational closeness, personal agency, and mental relief.

Meanwhile, in recent decades, Buddhist meditation, an Eastern practice, has been integrated into psychotherapy, a Western practice. The application primarily focuses on breathing to help sufferers attain mindfulness and improve mental health [4]. Verma and Araya [8] conducted a study with 331 of approximately 1000 Tibetan meditation-practicing monks and nuns living in Dharamshala, India. They concluded that the longer and more advanced their meditation practice, the fewer signs of psychological distress were identified. The article did not specify what form of meditation was practiced. However, according to my personal Buddhist practice and knowledge, mantra-based meditation is an essential aspect of Tibetan meditation. The sound produced from Tibetan mantra recitation possesses positive energy that has healing potential for the human mind, through the resonance it creates at many different levels of consciousness, ranging from those being audible by human ears during daily moments to when one is at a deep state of meditation. This often occurs subconsciously, developing wisdom and bringing one's attention from suffering to inner tranquility and ease [9-11].

This paper offers a comparison between narrative therapy and Buddhist mantra-based meditation, as well as their relationships with mental healing.

2. Materials and Methods

2.1 Methods

2.2.1 Set Theory and Catuṣkoṭi Logic

Set theory is a mathematical logic created by two German mathematicians, Richard Dedekind and Georg Cantor in the 1870s [12]. Today, its application has been extended beyond mathematics to many other fields. It has especially been helpful to explain two different and complex ideas in a way that brings clarity. This is done by examining their respective distinctive features, their shared features, and aspects that do not apply to both. We often visually represent this frame using Venn diagrams.

To illustrate what set theory is, Figure 1 depicts two overlapping positioning conflicting couples often sit rooted in when they first attend therapy. Both are often logged in equal yet opposing positioning A, "My partner is to blame for our relational problems," and positioning B, "I am to blame for our relational problems, as perceived by my partner." They blame each other for their relational problems, such as both telling the therapist, "My partner is to blame for starting frequent arguments with me." Being then triangulated in such a conflict, one way couple therapists shift this impasse is to move the couple to consider a third positioning, which is presented in the area where the two circles overlap. This invites the couple to consider it as a mutual-influencing cycle in which they both escalate each other. This enables both partners to shift from being stuck, perceived as powerless, and positioning of blame to a middle positioning in which both are required to take relational responsibilities. Another positioning, the area outside of both circles in Figure 2 that

depicts the positioning of neither A nor B, is one narrative therapists often adopt. It externalizes the problem, making the couple see "Neither of us is to blame as it is a typical couple 'dance'".

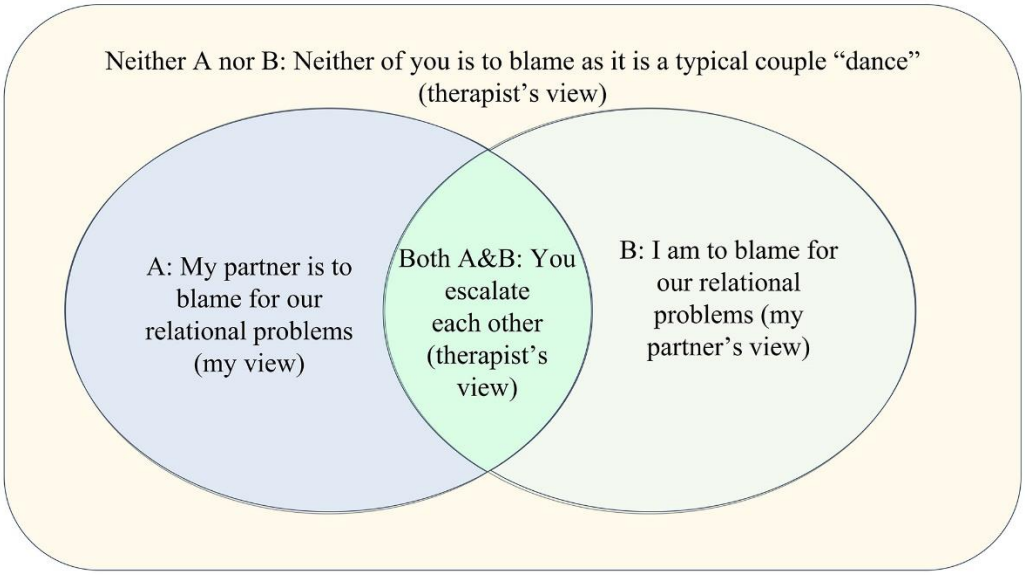

Figure 1 Set Theory Example.

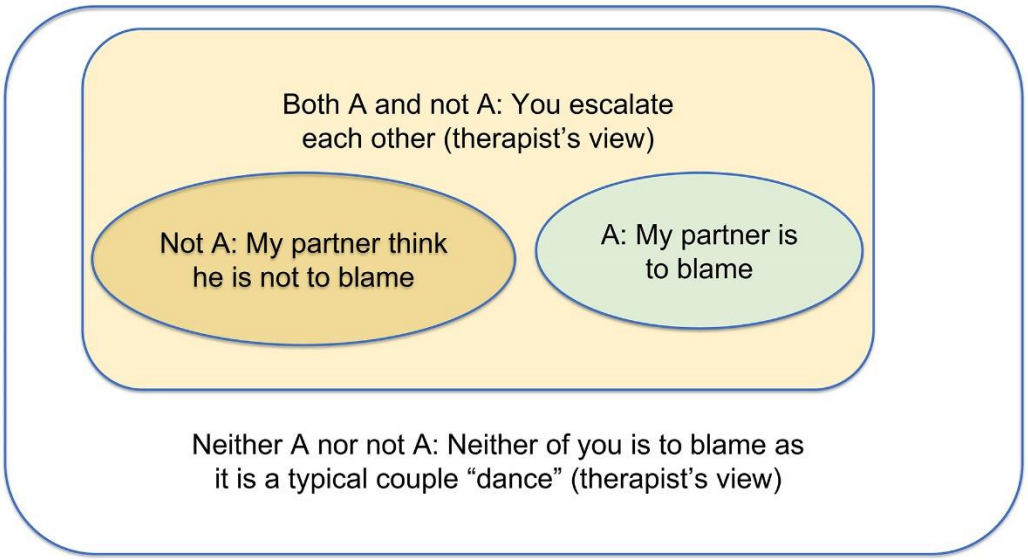

Figure 2 Fourfold form (Catuṣkoṭi) logic example.

I used to wrongly regard set theory as fourfold form, which is also known in Sanskrit as Catuṣkoṭi, a logic frame often used by many ancient Indian Buddhist philosophers when they engaged in dialectic debates with non-Buddhist philosophers. This logic was said to have been used even during Buddha's time over 2500 years ago [13, 14]. Whilst set theory is applied to compare two entities, Catuṣkoṭi examines only one notion and its four positioning, the affirmation that the notion is true; its negation, the notion is not true; double affirmation, the notion is true and not true; double negation, the notion is neither true nor not true. It has been a perplexing logic for modern thinkers as ancient Indian Buddhist philosophers, such as Nagarjuna, regarded that there could be more than

one of the following four mutually exclusive positioning to be simultaneously true [14]. For example, as illustrated in Figure 2, using the exact positioning of A used for illustrating set theory above, "My partner is to blame for our relational problems" can be simultaneously true (affirmation), not true (its negation), both true and not true at the same time (both-and positioning), and neither true nor not true (neither-nor positioning). From a systemic perspective, this is possible. This is because each partner only sees the situation from their lenses, so both positioning A and its negation, not A can both be true. This also does not negate the third and fourth positioning taken by the therapist, "both A and not A are true" (We escalate each other) and "neither A nor not A are true" (Neither of us is to blame as it is a typical couple 'dance'), since they are again, simply perceptions taken based on a therapist's perspective.

At this point, you might wonder, the above illustrations concluded many similarities between set theory and Catuṣkoṭi, so how would the learning and knowing of their distinctions help? To me, the two examples above helped me realize why I mixed them up to begin with. Even though they each articulate a situation differently, with set theory comparing two ideas and Catuṣkoṭi examining only one, they could possibly end up having very similar conclusions, as illustrated above. This has also illustrated how systemic couple and family therapists tend to positively connotate or reframe a relational interaction pattern observed or narrated in a therapy session as an attempt to move the couple or family to a better position. By doing so, all four positions could be validated as true without contradicting one another. This is not easy as the clients would need to be receptive to the idea that multiple perspectives and positioning can all be valid simultaneously.

In this paper, set theory is used instead of Catuṣkoṭi since two entities, narrative therapy and Buddhist mantra-based meditation, are examined. The four positionings explored are:

1. Narrative therapy is a way of promoting mental healing.
2. Buddhist meditation is a way of promoting mental healing.
3. Where narrative therapy and Buddhist meditation converge in promoting mental healing.
4. Way of promoting mental healing outside narrative therapy and Buddhist meditation.

2.2 The Comparison

2.2.1 Narrative Therapy Way of Promoting Mental Healing

Narrative Therapy: Connection to Bateson and Foucault. Gregory Bateson is an anthropologist regarded by many European family therapists as the forefather of systemic family therapy [1]. He influenced the first generation of family therapists with his notion of first-order cybernetics, as well as the idea of symmetry in human interaction. First-order cybernetics has been applied in family therapy to refer to an outsider like a therapist, being not as relationally and emotionally involved in a family system, holds a more objective and clearer view about the family, such as how and why problems exist and what can be done to address them. Contemporary family therapists have moved more towards the positioning of second-order cybernetics, which refers to the therapist acknowledging that being an external observer is also limited and influenced by his prejudices and orientations [1], thus the need to remain curious and consider power and difference in various contexts as the constraints or ingredients for therapeutic change. Britt Krause asserts that there is a more fundamental concept proposed by Bateson that is less told, yet more profound in the influence of family therapy. This is his concept of schismogenesis. In Krause's view, schismogenesis is one of Bateson's key systemic concepts [15]. Bateson's definition of schismogenesis changed over

time, but the final definition he landed on has close nuances to the narrative approach within systemic family therapy. This final definition states that schismogenesis is an "implicit recognition that the system contains an extra order of complexity due to the combination of learning with the interaction of persons. The schismogenic unit is a two-person subsystem. This subsystem contains the potentialities of a cybernetic circuit which might go into progressive change; it cannot there be conceptually ignored and must be described in a language of a higher type than any language used to describe individual behaviors" ([15], p. 119). Krause inferred that this definition not only substantiates the point that narrative therapy is a systemic approach, but also highlights the essence of its theory of change. Change comes about when two persons interact using language at the meta-level in a way that is good enough to bridge their differences and resolve relational difficulties.

Nevertheless, the dominant discourses narrative therapists coin as their theory of change is not Bateson's but the French philosopher Michel Foucault's. They regard Michel Foucault's ideas of deconstruction and challenging dominant discourses as helping people to move away from locating problems within one person. As such, people's problems are externalized to stem from the influence of broader discourses rather than located within a person [4]. Besides deconstructing and externalizing problem narratives, narrative therapists help families amplify alternative problem-free narratives, as described by Alan Carr, an Irish family therapist, "When exceptional behavior patterns occur, sometimes they are associated with the use of healthy defense mechanisms to manage anxiety arising from conflicting desires to follow a course of action but also avoid rejection or attack from others. Healthy defense mechanisms include self-observation, looking at the humorous side of the situation, being assertive about having one's needs met, and sublimation of unacceptable desires into socially acceptable channels, such as work, art or sport." ([16], p. 302). Based on Carr's explanation, narrative therapy aligns very well with many other family therapy approaches in the belief that change can often occur in relationships when feedback is given in positive frames, as it is human nature to reject, avoid, or rebel against any perceived blame, criticisms or accusation.

Positive Narratives and Personal Agency. What else does narrative therapy offer besides positive personal and family narratives to promote relational responsibility and problem acceptance? There is also the recognition of personal agency for change. This can be done by helping those in relational difficulties re-story their situations, which removes self and other blaming. Next, helping them refocus on unique outcomes means times when the lived experiences are less problem-saturated and strength-focused. Having done so, they could then start to co-create a preferred future story and live the new story they began to narrate [4]. This, however, requires support from a therapist, and even an audience or a community.

Outsider-witness Practice. As explained earlier, outsider-witness practice is a form of reflecting team work used in narrative therapy. David Epston and Michael White broadened this method through their narrative approach, structuring it in a highly organized way. This involves an invited audience listening and acknowledging the preferred stories and identities shared by a person during their therapy session. The audience can be anyone from the person's family, friends, and community network, as well as professionals or others who have experienced similar struggles, including other current or past clients of the therapist [7]. Since the narrative approach promotes mental healing by shifting one's attention to one's often forgotten lived experiences of strengths and personal agencies, such a community-level intervention has also extended the narrative approach to involve

a larger network such that the audience also reflects on what and how they themselves benefit and gain from listening to the therapeutic process. Being so mutually influential, outsider-witness practices thus require a more specific structure to the scope of what one should reflect on to scaffold the process. Michael White ([17], p. 13) explained this further, putting therapists and anyone in the client's social support at equal footing, "So routine is the theorizing of life, so accepted is the formal analysis of people's expression of living, and so taken-for-granted are the practices of interpreting the events of people's lives according to the expert knowledge systems of the professional disciplines, that to refuse to participate in this can have the effect of leaving reflecting-team members wondering what is left for them to do. In response to this predicament, in response to a frequently stated desire for structures of listening that might limit engagement with the discourses of normalizing judgment, and in response to requests for guidelines about preparing for an outsider-witness retelling, I have often proposed that reflecting-team members consider questions such as…". What White went on to elaborate on is the scope of reflecting on words, images, felt sense, and where one is moved to (transport metaphor). This acts as a scaffolding, not with the intention for the reflector to be self-indulgent or overly share personal information via excessive self-disclosure. Rather, it is more for reflectors to acknowledge the resonance between their own lived experiences and what they hear of the lived experiences of the person who shares his stories. On top of this, the reflectors are invited to consider how will such resonance commit them to a volitional change to their thoughts and action. The client, in turn, will be asked to respond to the reflections, again with the aim to acknowledge what change has occurred for him from listening to the reflection. This has also taken reflecting team practice to a different level, which is the recognition that insights and changes are gained in a mutual rather than uni-directional way. Both the narrator and reflector gain something from the process through the feedback they give to each other. This amplifies the mutually influencing change process even more.

2.2.2 Buddhist Way of Promoting Mental Healing

Buddhism: Oldest Psychotherapy Model. Even though Buddhism is regarded by many as a personal religious/spiritual practice, its fundamental philosophy and practice have also been regarded as the oldest psychotherapy model [18, 19]. This includes more than 84,000 Buddhist pathways with methods that have survived over the past 2,500 years since Buddha's times. Most methods focus on change through building wisdom and compassion for reducing mental suffering and attaining liberation for oneself and others. Gehart [18] stated that Gregory Bateson's original MRI (Mental Research Institute) team, where family therapy first developed in the USA during the 1950s and 1960s, was under the consultation and influence of Alan Watts, a British-American philosopher of Eastern ideas, particularly Buddhism. Watts [19] stated that Eastern liberation practices, including Buddhism, have a close resemblance to Western psychotherapy yet pre-date the latter. For instance, Buddhist practices are more holistic in two areas:

1. It helps people in general rather than in the West, only for those mentally severely disturbed.
2. Its approach treats biopsychosocial elements as one, whilst in the West, they are often regarded and dealt with as separate entities of physical/mental health.

Mindfulness and Wisdom: Buddhist Philosophy About Healing. Contemplative practices have been an important aspect of most major world religions and societies, so what about such practices in Buddhism? Buddhist meditation has been considered a form of contemplative practice [18], and

in recent decades, it has been integrated into mainstream psychotherapies and framed as a form of mindfulness practice. According to Goldstein, cited by Lax [20], the mindfulness-based psychotherapeutic practices today, are mainly adapted from the Buddhist practice of Vipassana meditation. However, such an application only focuses on the first two levels of the Vipassana meditation. The Dalai Lama [21] named the two Vipassana meditation levels as calm-abiding and special insight; the former cultivates a single-pointed focus on a meditative object, with breath as the most common object, to a point when the mind is free of all internal and external distractions; with such deep concentration, one acquires "bliss of physical and mental pliancy" (p. 93). The Dalai Lama explained that the calm-abiding level helps us stay aware and let go of habits that affect our wellbeing, whilst the special insight level builds from this foundation, helps us to notice the patterns of our thoughts and feelings, as well as interactions with people, such that over time we can gain personal mastery and agency in maintaining a compassionate, non-violent posture or constant attempt to cause minimal harm to ourselves and others. He emphasized that this does not refer to merely a person's action; more importantly, it is about being mindful of the impact of what we say and think to ourselves and others. In other words, it is a practice of selflessness, compassion, and kindness. It has also been useful to reduce stress and enhance collaborative learning in teaching and learning contexts.

Although the implication is that the way Buddhist meditation helps with mental healing is through such introspection, often it also requires compassion to be extended to others as well, such that the clinging to more destructive emotional states would subside. Crucially, this positioning recognizes humility. Even when one attains such a meditative state, one is still on equal footing with others, guided by a virtuous intention to help others while being aware of the impact of one's power on others and one's differences from others. As such, in my view, mindfulness practice would need to be not only well-embedded within individual therapy but also integrated into couple, family, and group therapy. There has been emerging research evidence of its effectiveness in couple and family therapy to attain mental healing [22].

Relational Aspect of Buddhist Psychology. There might be those who regard the Buddhist approach as locating problems within a person's mind, so how does this fit with the systemic way of locating problems relationally between people? Buddhist psychology goes beyond these two positions. It does not locate the mind in a person's brain. Instead, it sees the mind as a collective consciousness beyond relational minds and cultures. At the highest meditative state, there is a sense of wholeness, interconnectedness, and tranquility where individuals and their environment are one [23]. A central way to attain this is through mindfulness practices. American nun Venerable Thubten Dondrub explained that Buddhist mindfulness practices bring our mind to a state of reduced disturbance - a disturbed mind is like a glass of water we hold with a shaking hand; if we learned to stop shaking, it would help our mind to become clear, still and reflective, and this would allow us to investigate where our collective suffering originates [24]. This is also why the Catuṣkoṭi logic introduced briefly at the start of this paper is somewhat mind-boggling, as most of our minds are so tainted by "dust" that we cannot see beyond our perspective without regarding other perspectives that are seemingly paradoxical to ours to be as "true".

The systemic frame of shifting from an "either-or" to a "both-and" position, according to Lax [20], was first construed by Gregory Bateson. Post-modern frames such as social constructionism regard the world and selfhood to be built and shaped from social narratives; Bateson regarded the mind as

the "connection between all living things through a complex series of feedback loops" ([18], p. 24). Buddhism goes beyond this by regarding the social narratives, including the sense of self and others, mind and body, as illusions created by the grasping nature of our mind. Mind, in Buddhism, is regarded as neither physical nor metaphysical and is more than "a sum of total of body parts, thoughts, sensations, desires, memories, and so on" (Goleman, cited in [20], p. 197). It is conditioned to continue to exist because of karma. Karma in Buddhism refers to the natural law of the cause and effect of a person's actions performed through the use of his body, speech, and mind. This Buddhist idea of the cyclic existence of suffering resembles what Krause [25] describes as human conditions - fundamental aspects of humanness, including illness, separation, and death, and the transitional stress factors described in individual and family life cycle stages [26]. Would such an understanding lead to a linear perspective that such human conditions are the direct cause of mental suffering? In my view, there are more relational and systemic ways to look at this, which will be elaborated on in subsequent parts of this paper.

Unlike narrative therapy, Buddhist psychology construes that communication between two people is not merely transmitted through the body (gestures and actions) and speech (words and speech-act). It can also be at the mind level, which means communication can also occur from mind to mind without even the need for words or action. Also, communication via the body and the speech of a person to another is influenced by what occurs within each person's mind. A more relational way to understand this is that each person's cycle of suffering is interwoven with other individuals' cycle of suffering, commonly known as collective karma. The relational pursuit for sensory pleasure between people is also regarded as suffering in the long term as one will continue to crave more, giving rise to frustration over the impermanent nature of such relational and sensory pleasures. Collective karma is thus a complex web of causes and effects interweaved together by the collective mental activities, verbal and physical actions of a specific group of sentient beings. One's suffering in a current life is said to be a result of one's past actions that are like seeds. In specific times and conditions, such seeds will ripen and position one in a situation of bliss or suffering. Often, this is in relation to others and goes beyond one lifetime. With such a relational "bond," these sentient beings, often those close to one another, such as families and peers, would naturally become one's karmic creditors, seeking gains and redeeming losses, which can occur in a conscious, subconscious or unconscious way. As such, this can occur between ourselves and our karmic creditors over countless past and present lives, regardless of whether we are aware [9].

As mentioned earlier, in Buddhist psychology, even attachment to happiness could be regarded as a form of suffering in the long term, as all forms of joy do not last forever. Thus, the eventual loss or end of it will lead to sorrow. Even if our karmic creditors may not experience resentment or hatred, or actively seek redemption from us immediately, we are likely to bear the result of karma in the distant future [9]. For example, a parent might be emotionally abusive to a child and hold no remorse. However, when the parent becomes old, he might start to regret and live in guilt for his past actions when he was in a state of loneliness and experiencing lots of physical ailments. This suffering may or may not be directly connected to the child's experience of abuse. It might be an accumulative action of harm to others over the current or past lives by this parent. As such, one's physical and mental suffering as well as relational distress, could be understood as the result of individual and collective karmic creditors seeking something back from one, or more specifically, the fruition of one's and a group of people's negative current and past deeds. To simplify this concept, the Buddhist conceptualization of a family or community distress could thus be seen as a

complex web of interactions between at least two persons' exchanges through their actions, communication, and thought processes. From this perspective, Buddhist meditation practice could help individuals acquire more equanimity and wisdom but more relational work is also necessary beyond individual mindfulness practice.

Mantra-based Meditation and Merit Dedication. From a Buddhist perspective, even though one may not hold any memory of past actions or receive forgiveness directly from those one hurt in the past, one could sincerely repent and seek forgiveness by reciting Buddhist sutras and mantras (also known as chanting), transfer the merits of doing so to them, set precise determination not to repeat past mistakes, so as to untangle from such karmic knots in the current and future lifetimes. One contemporary Buddhist master who emphasizes this is His Holiness (H.H.) Yisie Vorle Kunsang Jigme Dorje. H.H.'s conceptualization of how mantra recitation improves one's health is through the integration of Buddhist and scientific concepts, as well as some commonly known concepts in traditional Chinese medicine, in particular, the concept of qi ([9], p. 58), "Tibetan Buddhism describes qi as a form of energy-related activity that is subtle and nuanced, formed by the five elements of nature (earth, water, fire, wind, and space). It is the fundamental energy for the formation of all lives and can affect the growth, development, and functioning of individuals and groups. Modern science has proven that matter and energy can be transformed into each other. Qi has energy and weight. It can be held, utilized, transferred, expanded, measured, applied, accumulated, received, assimilated, gathered, and released… When qi accumulates, it becomes a form of energy. While qi is intangible and formless, its functions are vast and limitless. It can be transformed into form (including non-physical and invisible forms), sound, smell, taste, tactile elements, and mental objects. This shares the same principle as electricity… Electricity can also be easily converted into other forms of energy such as heat, kinetic and sound energy, which can be further transformed into form, sound, smell, taste, tactile elements and mental objects." H.H. explained, "As qi follows the mind when thoughts arise, qi gets transmitted immediately. If one holds resentment in his thoughts, the energy emitted through the transmission of one's qi can indirectly harm others. Conversely, if one's thoughts are kind and compassionate, the energy emitted can benefit others. Therefore, we must remain vigilant and constantly watch over our thoughts. Through chanting, we can elevate our level of spiritual practice. With this, the quality of our qi will be enhanced, and we will have better control over its transmissions." ([9], p. 82).

Section Conclusion. This section has expounded on the way Buddhist meditation helps in mental healing. In my view, the benefits of Buddhist meditation go beyond improving one's mental wellbeing. It can also improve one's relational, physical, and spiritual health. Mantra-based meditation, or chanting, as explained by H.H., is a specific mindfulness practice that has currently yet been integrated into Western psychotherapy but, based on what he has revealed, has its potential and relevance in contemporary times for both physical and mental healing, as well as spiritual cultivation.

2.2.3 Where Narrative Therapy and Buddhist Meditation Converge in Promoting Mental Healing

Integration of Narrative Therapy with Meditation or Mindfulness Practice. One attempt to integrate narrative and mindfulness approaches was by Rodríguez Vega et al. [27], who found a reduction in adult cancer patients' anxiety and depression in such an integrative approach. They

described integrating mindfulness practices into their narrative approach for cancer patients, which they named mindfulness-based narrative therapy (MBNT). The mindfulness practices included breath work, body scans, mindful walking, and stretching, as well as some yoga exercises.

An integration of narrative therapy and Buddhist meditation is the neuro-narrative therapy. Zemeira Singer conveyed to Zimmerman [28] through personal communication that both narrative therapy and Buddhism regard the self as a psychological construction co-existing and constantly interacting with others; whilst narrative therapy focuses on constructing meaning through the use of language, Buddhism examines and deconstructs all sense experiences. Extending this to Buddhist meditation, the difference is that it utilizes introspective insight as a form of healing. In contrast, narrative therapy invites people to use alternative stories and their lived experiences to create change. In neuro-narrative therapy, this is integrated with Buddhist introspection; as Zimmerman explained, the "process of noticing the breath, thought, or sensation of any sort allows us to be less linked to our experiences as the truth of our self. Essentially, our experience becomes externalized, and thus, we can develop a sense of freedom from the basic reactivity that leads to problem development." ([28], p. 251).

Another integration is the narrative-mantra group approach. The use of multiple voices and mutual listening for resonance as a form of healing is possibly a common ground between the narrative therapy and the mantra-based meditation. Whilst mindfulness practices have now been well integrated within many psychotherapies to help improve wellbeing and reduce stress, mantra-based meditation has not yet been integrated [2, 3]. Mantra-based meditation refers to a specific form of mindfulness practice that shifts the mind's focus from distressing thoughts to the repeated recitation of a chosen word, phrase, or sound. This integration was trialled in a group setting combining collective Vajrayāna Buddhist mantra recitation with the narrative therapy way of interviewing participants and inviting them to engage in outsider-witness practices. This integration utilized the Energy Mantra, a Buddhist mantra orally transmitted in 2005 by H.H. Yisie Vorle. It is a seven-line mantra recited in an ancient Tibetan language, Zhangzhung. Energy Mantra was chosen as special permission was granted by H.H. for its use for this trial without the need for reciters to go through an empowerment ceremony required before one could practice most Vajrāyana Buddhist mantras [2, 3]. As for the outsider-witness practice, it was adapted from Carey and Russell ([7], p. 73), with each participant given a specific area to tune into and reflect on. For example, Clinician A was invited to identify expressions she paid attention to, "As you listen to the personal/professional lived experience of your colleague, which word/phrase expressed caught your attention the most? Next, Clinician B was invited to describe one image that emerged in her mind when listening, "As you listen to the lived experiences of your colleague, what is one image of people's lives/identities it evokes? Following this, Clinician C was then invited to verbalize her emotional or embodied responses, "As you listen to the lived experiences of your colleague, what is one emotional or embodied response you experienced?" All three reflectors would then be asked the transport metaphor, "Where has this process taken you to if you hadn't been present listening and participating in this reflection that resonates with your own personal or professional experiences?" The interviewed clinician was invited to reflect on this last question and if they had anything to respond to the audience's reflections. Complimenting this narrative group process is the introduction of a five to ten-minute collective mantra recitation at the start or the end of the group session. The group lasted one hour per session and was conducted fortnightly for four sessions. Optional weekly group mantra recitation was then offered for the subsequent four weeks before

the participants were invited back for a one-and-a-half-hour booster session cum focus group discussion.

In total, three nonclinical trial groups with 11 mental health clinicians were conducted, with three to five clinicians participating in each group. It was found that participants gained positive experiences from the mantra-based meditation, noticing they felt more relaxed and less busy starting the rest of the working day after attending the group, and they also felt the quality of the connection that the space facilitates for them as colleagues with one another. Hearing and understanding the complexity of stories and reflecting personally and professionally together, they were able to draw on those experiences for their work with service users, support colleagues, and recognize the connection between them as colleagues in a deeper way [2, 3].

Five Aggregates. Conceptually, how does integrating narrative therapy and Buddhist mantra-based meditation work? This can be understood using the concept of the five aggregates. Five aggregates is a Buddhist construct that explains the existence of many phenomena. The five aggregates, in Pali, are *rūpa*, *vedanā*, *saññā*, *saṅkhāra* and *viññāṇa.* Bhikkhu Payutto [29] defines *rūpa* as "corporeality; body: material form; all material constituents; the body and all physical behavior; matter and physical energy, along with the properties and course of such energy", *vedanā* as "feeling; sensation: the feelings of pleasure, pain, and neutral feelings, arising from contact by way of the five senses and by way of the mind", *saññā* as "perception: the ability to recognize and to designate; the perception and discernment of various signs, characteristics, and distinguishing features, enabling one to remember a specific object of attention (*ārammaṇa*)", *saṅkhāra* as "mental formations; volitional activities: those mental constituents or properties, with intention as a leader, which shape the mind as wholesome, unwholesome, or neutral, and which shape a person's thoughts and reflections, as well as verbal and physical behavior. They are the source of karma; intentional action. Examples of such mental formations include: … mindfulness (*sati*) … lovingkindness (*mettā*), compassion (*karuṇā*), appreciative joy (*muditā*), equanimity (*upekkhā*) … delusion (*moha*), greed (*lobha*), hatred (*dosa*) … They are the agents or fashioners of the mind, of thought, and of intentional action", *viññāṇa* is defined as "consciousness: conscious awareness of objects by way of the five senses - i.e. seeing, hearing, smelling, tasting, and feeling tangible objects - and awareness of mind objects."

Even though the five aggregates are often visually depicted in a logical cyclic sequence from *rūpa, vedanā*, *saññā*, *saṅkhāra* to *viññāṇa* (Figure 3, left side), Bhikkhu Payutto supports the notion that the five aggregates form a cyclic pattern that maintains one's existence in suffering as the ignorant mind will continue to feed itself with the attachment to each and every component of the aggregates when in contact with one another and with the "external" world [29] as depicted visually in Figure 3 (right side). Bhikkhu Payutto gave a useful example to illustrate the interconnectedness of the five aggregates and that the order may not strictly be in such sequence, "a person may see someone whom he admires behave in a particular way and perceive that behavior as lovely or endearing. And he may witness other behavior by someone he dislikes and perceive it as annoying or abhorrent. Later he may encounter others exhibiting such behavior, which he has previously perceived as either endearing or annoying (= *saññā*) and as a result feel either delighted or distressed (= *vedanā*), and either approve of or be angered by it (= *saṅkhāra*). (p.25)"

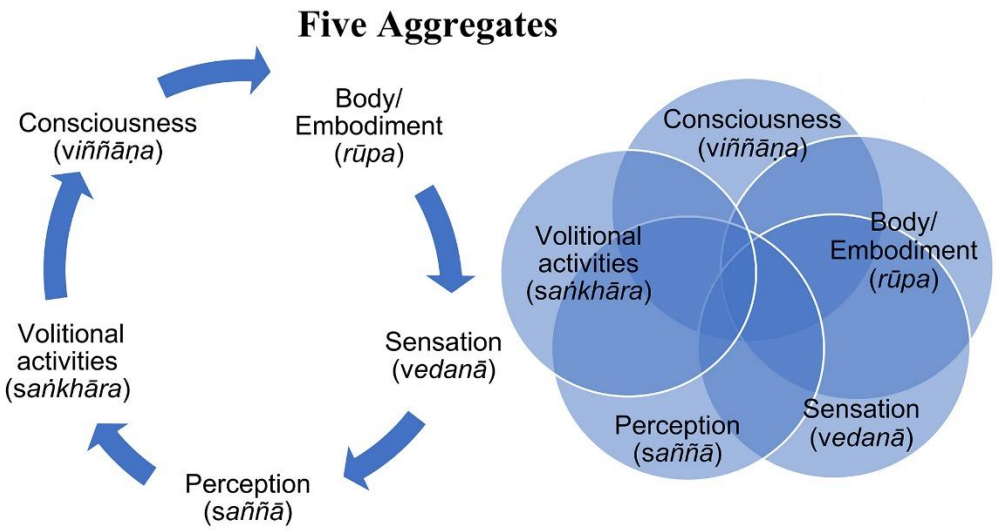

Figure 3 Five Aggregates as a Cycle or Interconnected Entities.

The five aggregates as a construct differ from the Western mind and body construct. As a systemic family therapist qualified and worked in London for over a decade, I have been strongly influenced by the Western psychotherapeutic construct of perception, cognition, and emotion. In the five aggregates, *saññā,* it is how one identifies, labels, or categorizes sensory or mental objects from the external world using past experiences, memory, or learning. This is close to the Western concept of perception but different in that *saññā* does not refer to some preliminary meaning-making and interpreting of such objects like how the Western idea of perception might do. However, the more complex forms of mental activities, such as reflecting, interpreting, or analytic thinking, are generally regarded to be beyond both constructs, more as cognition in psychotherapy and *saṅkhāra* in the five aggregates.

As for the Western construct of emotions, my understanding has been strongly influenced by the emotionally-focused therapy (EFT) approach, which separates emotions into two levels, "[p]rimary emotions are here-and-now direct responses to situations; secondary emotions are reactions to, and attempts to cope with, these direct responses, often obscuring awareness of the primary response. For example, angry defensiveness is often expressed in marital conflict, rather than hurt, fear, or some other primary effect." ([30], p. 68). This can be understood using the mind aspect of the five aggregates, namely the *viññāṇa, vedanā*, *saññā, and saṅkhāra*. Using the example cited in the EFT quote, a husband might have a visceral and automatic reaction of fear (*vedanā*) sensing the loud voice from his wife and labeling it in his mind as a verbal attack (*saññā*) based on his childhood memory of parental discord (*viññāṇa*). As for secondary emotions, they are more like *saṅkhāra*, as the husband would then react with angry thoughts, words, and actions. This can then become a relationally circular pattern, in which the husband's volitional activities would further feed into his *vedanā* such that he will repeatedly react in the same way each time he receives a similar trigger. In addition, his reactions would likely activate the wife's four aggregates similarly and reinforce this relational pattern between the couple.

Rūpa, vedanā, and saññā are conditions through which suffering (*dukkha*) arises as a result of past positive or negative volitional activities (*saṅkhāra*) that either created goodness or harm. However, such conditions only arise because of interaction with other supporting conditions. A metaphor often used, as elaborated earlier, to explain this is that it takes time for such karmic seeds,

which could be stored in our deep consciousness (*viññāṇa*) often over many lifetimes, to grow and bear fruits just like how seeds will only grow into plants and bear fruits and new seeds when the right amount of soil, sunshine, water, and climate arises [31]. Such seeds are the delayed consequences, so *rūpa, vedanā*, *and saññā* are not inherently right or wrong, nor do they possess good or bad qualities. Rather, they can be understood as such: *rūpa* consists of one's physical forms, including born features and organs having the qualities of functioning or malfunctioning, as well as the embodied senses like the feeling of warmth or chill, pain or numbness; *vedanā* can be described as pleasant, unpleasant, or neutral, whereas *saññā* can be clear or unclear. Thus, all three aggregates do not inherently create new karmic seeds but result from past conditioning. This view is helpful to de-stigmatize and challenge the views of the society of such people who might be discriminated against or disadvantaged because of their sensory hypersensitivity, disability or mental challenges. Unlike Bhikkhu Payutto, who holds the Theravāda Buddhist understanding, my learning are informed by Mahāyāna and Vajrāyana Buddhist teachings that s*aṅkhāra* is not only occurring within one's mind (mental formation) but includes verbal and physical volitional activities as well. This understanding also helps to explain the connection between people through the interactions of each person's *saṅkhāra* (volitional activities) in the form of mental formation, communication, and intra-actions (Figure 4). This understanding differs from that of Bhikkhu Payutto who defined physical behaviours as part of *rūpa.* In my view, it is important to clearly distinguish between *rūpa*, a person's physical forms which they are born with, from *saṅkhāra*, their mental, verbal, and physical volition. This is crucial because one's volitional intention and actions can shape and change the outlooks of people rather than being fixed and unmalleable. In addition, this is a relational process through the communication and intra-actions between people, as illustrated in Figure 4. As such, in my view, the five aggregates are a very relational and systemic concept which bridges traditional Buddhist doctrines with modern systemic perspectives. The connection between Buddhist and systemic ideas has also been expounded in-depth by Joanna Macy, an environmental activist and scholar in Buddhism and general systems theory [32].

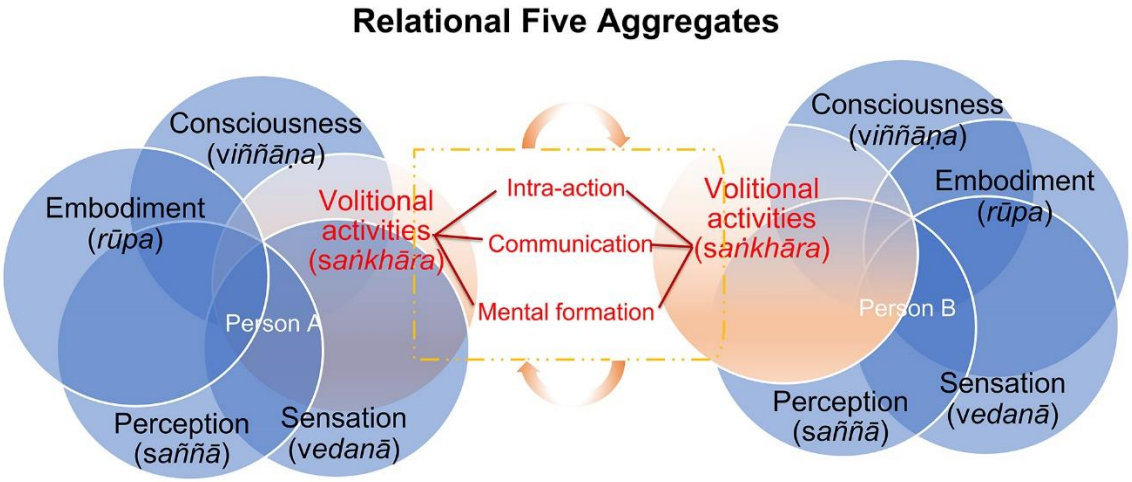

Figure 4 Relational Five Aggregates.

You might have noticed the use of the term "intra-action" earlier. How is it different from "interaction" and "inter-action"? According to Karen Barad, an American feminist theorist and physicist [33], as cited in Albertini et al.[34], intra-action challenges the typical understanding of

how one being or object relates to another. "Interaction" and "inter-action" assume that beings and materials in our worlds are entitled to pre-exist even before they hold relational exchanges. Intra-action, however, regards the agency of all beings and materials as not inherently isolated entities. Instead, they are all parts of a system or systems; it is through the way they relate to one another that they continuously unfold and co-create their existences and changes together over time. This notion fits well with the Buddhist perspective that every existence and action are interdependent and do not exist in isolation. Meanwhile, the systemic perspective regards the whole of a system as more than its parts. In this context, it also helps explain that the Buddhist concept of five aggregates is more relational than how they have been construed in mainstream Buddhist teachings. For example, using Figure 4 as a visual representation, when Person A shares a moving story about her care for her dying partner, it involves her verbal volitional activity of communication by telling her life story. This itself is not a standalone entity, as it was informed by her memory within her *viññāṇa* stored in her consciousness from previous lived experiences as a carer with her partner. Person B felt a sense of warmth (embodiment) from listening to Person A's story and experienced empathy towards Person A (mental formation). The empathy is again not a standalone entity. It was co-created from hearing Person A's carer experience, which resonated with Person B's similar experience of being a carer. When Person B then shared his similar experiences (communication), this in turn led to Person A thinking, "What a relief, I'm not the only one suffering in this way" (perception) and gave Person B a smile which Person B reciprocated (intra-actions). As you can see from this illustration, all the various aspects of Person A's and B's five aggregates respond and relate to one another through their intra-actions with each other, as well as their past lived experiences with others. Thus they do not exist in isolation but are continuously "intra-acting".

Relational Reflexivity. Reflexivity is considered a key systemic idea in systemic family therapy. There are many ways to define reflexivity. One way is defined by Chatterton and McKay, cited by Teh & Lek [35], as reflection-in-action through awareness and reflection. Reflexivity can also be conceptualized more relationally. Relational reflexivity is an idea first coined by John Burnham [36], a British family therapist, as a therapeutic tool. In practice, however, it can also be understood as the endeavor to constantly build on awareness, reflection, and reflection-in-action through reflexive questioning. However, Burnham did not provide a conceptual explanation about relational reflexivity, which I have attempted to analyze here using the concept of relational five aggregates.

When participants acting as outsider-witness engage in the narrative therapy aspect of the narrative-mantra group, listening to the therapeutic dialogue, primary emotions or embodied responses may arise, or an imprint of words they hear or images might appear in their mind as they recognize and label the content and process of the experience (perception). When the participants intra-act as a group, offering reflections, sharing these emotions, embodied sensation, words or images, as well as the transport metaphor, they are co-creating relational reflexivity, which is associated with the aggregate of *saṅkhāra* (mental formation, dialogue and reflection, or intra-action). This process facilitates relational reflexivity, which emerges through the group volitional activities. The aggregates of *rūpa* (embodiment), *vedanā* (primary emotions), *saññā* (images and words), and *saṅkhāra* (relational reflexivity), in each participant collectively influence each participant's consciousness (*viññāṇa*). This is coherent with the narrative perspective, which regards a person's consciousness as continuously shaped and changed by social discourses internalized

through ongoing interactions with communities and cultural narratives. Figure 5 visually represents this process, illustrating the interplay between narrative practices and Buddhist aggregates.

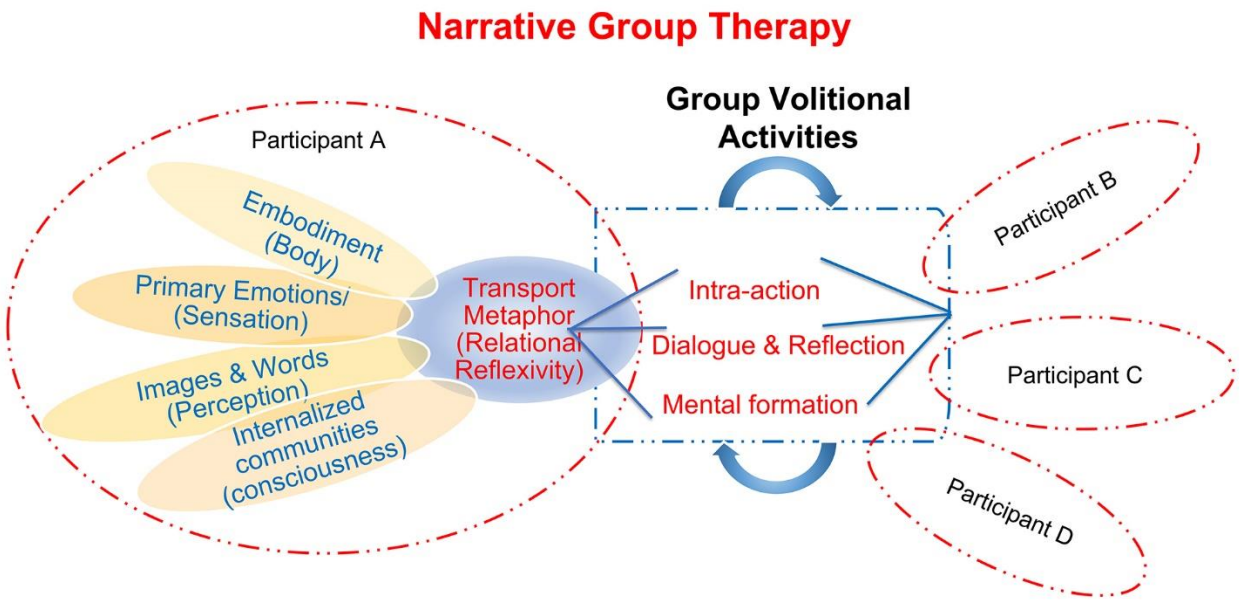

Figure 5 Relational Reflexivity.

Relational Mindfulness. As the group participants engage in the collective Energy mantra recitation, the positive qi in nature is activated or "brought into" the therapeutic space and into the participants' minds through the positive qualities of group mantra recitation. This may sound very abstract, but if we can understand and accept that plants absorb sunlight and transform it into nourishment through photosynthesis, we can consider mantra recitation generates positive qi from nature [9]. The difference is that instead of sunlight, the qi energy from nature is evoked through the auditory vibration of the group mantra recitation, which creates sound resonance (*vedanā*). With each and every participant subconsciously attuned to the sound of the mantra (*viññāṇa*), relational mindfulness (*saṅkhāra*) emerges. This can be understood to be a simultaneous occurrence of volitional activities co-created between participants through their shared mental focus on the collective recitation, circulating through their shared space, bodily vibration and auditory resonance in their minds, fostering connectedness and relational mindfulness (see Figure 6).

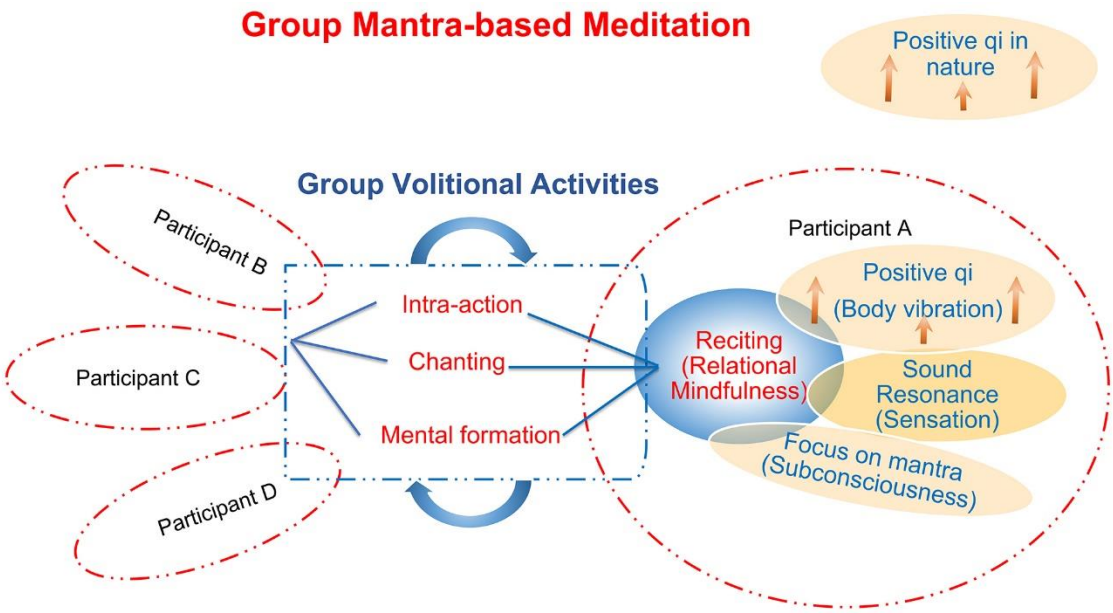

Figure 6 Relational Mindfulness.

Relational Reflexivity and Relational Mindfulness. Visually, Figure 7 illustrates that the relational reflexivity of narrative therapy and relational mindfulness of mantra-based meditation occur simultaneously during a narrative-mantra group session. This results in synergy of this integrative approach improving participants' mental wellbeing at both conscious and subconscious levels. This process could be understood through the relational nature of the five aggregates, as they weave dynamically within and between participants when they recite the mantra, share, listen and reflect in the group. This integration can also be compared to eco-therapy, where talking therapy conducted in natural environments such as parks or woods benefits from the positive energy of nature. This narrative-mantra approach functions similarly. Instead of being physically in nature, the qi of nature is brought into the therapeutic space through the mantra recitation [3]. When the group shares and listens to their respective lived experiences, they also reflect on their words and images that this experience evoked, as well as maintain curiosity around their emotional or embodied responses. Through this process, their self and relational reflexivity are enhanced. This reflexive process over time may reduce negative volitional activities, such as resentment, blame, or anger, giving rise to the mental wellbeing of participants and improvement in their relationships within and possibly with their significant relationships outside of the group.

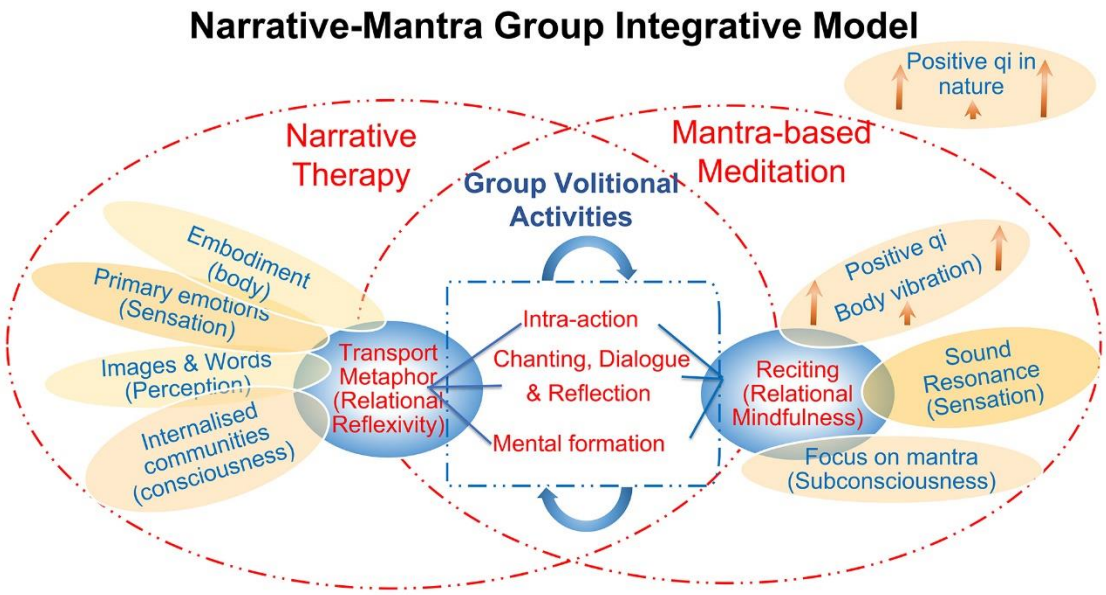

Figure 7 Relational Reflexivity and Relational Mindfulness.

2.2.4 Way of Promoting Mental Healing Outside of Narrative Therapy and Buddhist Meditation

Judging from the above elaboration, it can be generalized that any mental healing method focusing on individual pathology and are not relationally-focused would fall out of the remit of narrative therapy and Buddhist meditation.

Approaches that pathologize and locate problems within a person may easily be construed as less helpful or practical. However, they do serve a purpose and fit the treatment for some clients and families who may not be as receptive to the systemic or Buddhist methods of healing. Holding such positioning will uphold what the Catuṣkoṭi logic invites us to consider, such as the notion that all forms of therapy can be effective, ineffective, both effective and ineffective, depending on various factors and contexts, and they could also neither effective nor ineffective. This enables us to acknowledge the complexity of such integration and how limited are our knowledge and understanding of their potential.

2.3 Critique and Limitation of the Narrative-Mantra Approach

The narrative-mantra group study was initially set up as a mixed methods clinical trial but had to be scaled down to a documentary study, with support of in-depth interviews with key informants and focus group discussions with participants of the non-clinical trial [3]. Future researchers may consider using the original mixed methods protocol (Appendix B in [3]) to conduct a full clinical trial and evaluate the trial. Like all other integrative approaches, this narrative-mantra approach faces the same question. For example, mindfulness-based cognitive therapy (MBCT) integrates mindfulness practices with cognitive group therapy. How do we know if it is the mindfulness or the cognitive group effect that does the work? Future researchers may also consider separate clinical trials for only the mantra or the narrative aspect so that their respective effects could be investigated more in-depth. Implementing this integrative approach in a mental health setting has proven to be a challenge because of internalized personal, organizational, or societal views of mantra as a religious and non-secular entity [3] or perceived stigma of mental health creating

discomfort in participating in such group settings. Future research might need to explore Buddhist or faith-based agencies or organizations as the targeted agencies instead, or consider applying this approach for other less stigmatizing presenting issues such as on physical health conditions. It remains a mystery to the researcher how religious mantras from the Hindu and Yoga traditions managed to be researched and had undergone clinical trials in mental health settings [37]. This could perhaps be an area to investigate too for future researchers with an interest in exploring the effects of Buddhist mantra recitation on mental or physical health.

There are many learning points from the lived experience of inner dialogues that everyone of us engage in with ourselves within our mind. One is that our mind is not a separate entity from others but very interconnected, as illustrated in the earlier segments of this paper using the notion of relational five aggregates and collective karma. Whilst both Buddhism and systemic theories help address the relational difficulties between people as a way to improve mental well-being, Buddhism extends this further through mantra recitation that harnesses the qi from nature to generate positive energies to improve one's general well-being and connection with others. It also broadens the idea of internalized other in narrative therapy, which refers to the voices and thoughts we have of others we interact with in our daily interactions with friends, families, and communities [38], and the idea of clinicians' inner dialogue as a clinical guide in dialogical approaches [39]. The narrative and dialogical approaches regard such voices as us engaging in inner conversations with ourselves. The Buddhist perspective here, based on the researcher's lived experience, and H.H. Yisie Vorle's conveyance, is inviting researchers and clinicians to consider the power and potential of the relational mind during such introspective moments. Even if they are experienced in one's mind and such inner voices may simply sound like our own voice, they could potentially be signals and communication with or by others with karmic connections with us [9]. This has been explained in this paper with regard to direct communication between people directly, mind-to-mind, through the mental formation aspect of *saṅkhāra.* This might sound obscure and scary, but those experiencing "telepathy" or an intuitive sense of something important happening to a closed one, and those with a close connection with their pets, would likely know communication between people and other beings can be beyond the constraint of verbalized words, time and space [9]. This could also be a fruit for thought for those who wish to apply this integrative approach to working with people experiencing psychosis or hearing voices. Could this normalize their lived experiences of hearing voices? Could the "voices" be engaged to participate in the outsider-witness practice? Could dedicating the merits of the mantra recitation reach and benefit them? Could therapists facing impasse during sessions communicate directly with colleagues and clinical supervisors through their inner dialogues without even needing a live reflecting team? These could be areas of interest for research and clinical practice for those who wish to further take this integrative approach for much wider application and study, which is beyond what I have written in this study.

Some might question if Buddhist and systemic ideas are compatible and fit for integration. For instance, people often misattribute a person's current birth and living conditions, including disability, poverty, etc., as the direct retribution for their past life actions or what people name as "bad karma". This is an important point to clarify when considering the integration of Buddhist methods with psychotherapy, as the Buddhist concepts could easily be misconstrued as discriminatory beliefs, and refuting this has already been elaborated on in an earlier segment of this paper. Likewise, the original name of the Energy Mantra, "Mantra of Self-purification", had been misconstrued by members of a research ethics committee in the UK as stigmatizing people with mental health

struggles when it means helping people to allow a disturbed mind to gain clarity and calmness. It is my hope that the conceptualization of systemic and Buddhist concepts here and their integration will help to reduce such misconceptions and create synergy between the two. The analyses on how Buddhist meditation and narrative therapy compliment and support one another, as summarized earlier, could also hopefully bridge this rift.

Both narrative therapy and Buddhist practices share many complimentary aspects that have much potential for integration, possibly reducing the limitations that Western methods, such as inpatient care and medication alone, may not be able to address. The application of the outsider-witness practice, from the researcher's viewpoint, is an underutilized systemic intervention. It has lots of potential when applied in a group or multi-family group setting, drawing on personal agency and group synergy to create change and support for clinicians and families for mental healing and relationship building. When combined with mantra recitation, it improves participants' mindfulness and presence and connects them to their significant relationships not necessarily be reached with talking therapies.

3. Conclusion

This paper has illuminated how narrative therapy and Buddhist mantra-based meditation promote mental healing. For instance, Buddhist meditation is the generation of positive qi from nature, whilst narrative therapy helps to attain mental healing by allowing people to improve their personal agencies through language for meta-communication and externalization of problems. There are existing overlaps, such as the integrative approach of mindfulness-based narrative therapy, which was applied to addressing depression in adult cancer patients.

To conclude, there is potential for the integrative narrative-mantra approach elaborated in this paper to facilitate mental healing. At the conceptual level, such integration might help the integration of Buddhist meditation in Western psychotherapy to achieve what the Dalai Lama described as two Vipassana meditation levels instead of just one from existing integrative approaches. Both calm-abiding and special insight levels are cultivated through the group participants' relational mindfulness and reflexivity. This approach, however, requires further implementation and evaluation to determine its efficacy and suitability. May we one day reach this point, so that every learning and findings about this approach could be examined using all four dimensions of the Catuṣkoṭi logic and affirmed all at once.

Author Contributions

The author did all the research work of this study.

Competing Interests

The author has declared that no competing interests exist.

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