

Narrative, Social Constructionism, and Buddhism
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As Gergen (1991) has pointed out, the western world, despite the many differences embodied by its population and local cultures, has continually tried to maintain the *status quo*, emphasizing culturally dominant or privileged views for our interactions and lives. It is only recently, with the rise of postmodern thinking, that marginal or peripheral ideas and practices have been given greater attention by the larger society. In psychotherapeutic thinking and practices, this shift can be seen in the rise of current approaches that are framed within a postmodern and social constructionist orientation, such as the reflecting process (Andersen, 1987, 1991; Davidson, Lax, Lussardi, Miller, & Ratheau, 1988; Lax, 1989), conversational approaches (Anderson & Goolishian, 1988; Anderson, 1993), solution oriented therapy (Hudson-O'Hanlon & Weiner-Davis, 1989; de Shazer, 1982), and the narrative approach of White and Epston (1990; Dickerson & Zimmerman, 1992; White, 1989; Zimmerman & Dickerson, 1993, 1994).

These approaches make the shift from viewing the individual as the site of the problem to understanding social and historical relational networks and linguistic practices as central to both problem formation and resolution: they stress our relational nature to one another and how problems arise (and are dissolved) through language and through social interactions. Consistent with postmodern thinking, these approaches attend to the local and global contextual natures of our lives, both in and out of therapy, including issues related to politics and diversity, which includes gender, class and race, and local cultures. The role of the "other" is shifted from foreigner to extension of self, as self is viewed as arising through the interaction between self and other. In addition, the role of the therapist herself is examined, raising it to a more central position in therapy and falling under the same reflexive eye that is more usually directed towards the client (see Madigan, 1991; Lax, in press).

This shift has also been evident in Eastern spiritual practices such as Buddhism (see Epstein, 1995; Jones, 1994). The traditionally marginalized practices of meditation, with its questions about external "truths" or a permanent self, are receiving increasing public support and appear in keeping with the postmodern shift and its focus on self, relationship, narrative, multiplicity, diversity, and reflexivity.

In this chapter I will comment on the relationship of aspects of both the Buddhist tradition, particularly the Theravada practice of *vipassana* meditation (Goldstein, 1994), and the narrative approach developed by Michael White and David Epston to social constructionism and postmodern thinking. After a brief overview of Buddhism and the narrative approach, I will discuss how Buddhist thought and practice relates to narrative ideas, with a specific emphasis on a reflexive posture in both practices. I will discuss how reflexivity, inherent in both Buddhism and narrative therapy, facilitates the therapeutic process and is valuable to the therapist, emphasizing the importance of usually unsaid components within the therapeutic transaction.

The intention of this chapter is not to supplant existing models of therapy, but to enrich them

through the integration of a 2500 year old tradition. It is my explicit hope that what follows will help to dissolve the distinctions between self and other, offering therapists a theoretical and practical approach to working with others in a less hierarchical manner that fosters growth for themselves as well as their clients.

Shifting dualities: A middle path

Bateson (1972) was fond of talking about the dilemmas of living in an *either/or* world and urged us to try to shift to one of *both/and* in which both sides of a dilemma can be examined. This perspective does not give privileged status to either side, but recognizes the inherent reciprocity of each in interaction with the other. In the naturalistic world this is seen in the predator/prey relationships where both are a necessary component of a larger ecological environment. In the social sciences this shifting away from the dualities of either/or can be seen in the mind/body discourse and the interconnections between the two, as in the field of psychoneuroimmunology. These integrating views are not always the case in the "modern world", where hierarchy, specificity, and the privileging of one side over the other is often seen as valued. In the social sciences this is evident in the ongoing debate between psychiatry and psychology regarding "mental illness" and even within psychology in splits between models of training such as between scientist-practitioner and scholar-practitioner.

Bateson's views were not new ones, as this shift away from either/or was voiced by the Buddha 2500 years ago. He called for a "Middle way" between the extremes of asceticism and hedonism. This view led to a position of neither/nor: a position of seeing the delusion of the extremes. He explained this understanding of delusion and its end in the Four Noble Truths, describing how all of life is suffering. The Buddha described how we tend to cling to those experiences that we find pleasurable, and push away those that we find unpleasurable. This process is based on a mistaken belief that there is a permanence to life: that we have a coherent permanent self that we can hold on to from moment to moment. We live this illusion every day as we try to avoid difficulties and pain in most aspects of our lives. We seek out what is pleasurable through possessions and relationships. We marginalize death and old age, not wanting to see the suffering that will be there for each of us. However, the Buddha also said that there is a way to end this suffering through the Eightfold path.

Central to this path is the practice of meditation. It is through meditation that one can observe the ongoing movements of thoughts, recognizing their impermanence, and not becoming immersed in them. As a meditation practice develops, there is even a merging of observer and observed, with merely a continual flow of phenomena presented. The boundary between inside and outside blurs as well, with the distinction between self and other becoming less pronounced.

In Buddhism, there is a reflexivity between self and others that creates a sense of self (Mellor, 1991). There is no concept of a bounded, masterful self, an ego, or even an unconscious in Buddhist thought. All concepts of self are considered attachments. "Our sense of self is created by our thought processes and by the habit of grasping in the mind" (Goldstein & Kornfield, 1987, p. 145). It is actually

a belief in a sense of self that causes suffering. What we consider to be the self (atta), character, or personality is actually the "sum total of body parts, thoughts, sensations, desires, memories, and so on" (Goleman, 1988, p. 117). Our personality or character is bhava, or a continuity of consciousness over time. It is the moment to moment connection that we string together and make into a narrative that we then hold on to. Each successive moment is then conditioned by our karma: the causal factor that guides what is possible to happen next. One might even say that karma itself is the prevailing narrative that guides and begets actions in the future.

In Buddhism there is an emphasis upon narrative construction as well as attention to the emergence of the components of the unfolding narratives, as it is from these narratives that all ensuing events emanate. "Guard the thought as it begets the action." A Buddhist position is that our minds are moving with little conscious control. Our individual thoughts occur almost as "bubbles" emerging in the ocean: they arise and pass away. There is nothing concrete about them and the only way that they take any formal structure is when we hold on to or try to push them away. They arise on their own accord from a background of personal experience and cultural contexts. They have no permanence.

Our sense of self is made up of skandas or aggregates, including form, feeling, perception (including memory), mental formations (including volition), and consciousness. These are continually changing, with different states arising and passing away. It is this shifting process between these aggregates that we come to believe is who we are. We often become aware of these aggregates as a bundle that we string together forming narrative structure with a beginning, middle and end. The Buddhist text on psychology, the abhidharma, describes these units of experience as mind moments. There are seventeen mind moments in every unit of experience, making up thousands of "moments" in any string of seconds and arising as "mental factors". These moments are not random, but each has a relationship to both its preceding and succeeding moments. This is the law of karma, that of cause and effect.

Buddhism describes only two kinds of mental factors, healthy ones and unhealthy ones. These are broken down into opposing factors with each supplanting the other, with no middle ground. We can entertain only one factor at a time. When we are engaged in a healthy factor there can be no unhealthy factors present. Of these mental factors, mindfulness or awareness is one of the strongest, overriding any unhealthy factors. Similarly, when the strong factor of delusion is present, there can be no healthy factors arising. The intention of meditation practice and life itself is to cultivate healthy mental factors that will take precedence over any unhealthy factors.

Narrative and the self

Understanding the role of narrative in life is a central point of a postmodern view. The narrative view holds that it is the process of developing a story about one's life that becomes the basis of all identity and thus challenges any concept of an underlying unified self. As I have described elsewhere (Lax, 1992):

The development of a narrative or story is something that we do in conjunction with others (see Gergen, 1989; Shotter, 1989). It is the process of defining who we are in interaction with other people's perceived understandings of us. This is a recursive process. We shape the world in which we live, thereby creating our own "reality" within a context of a community of others. The boundaries of our narratives are constructed through [historical], political, economic, social and cultural constraints and potentials, with our choice of narratives not limitless, but existing within prescribed contexts. This narrative or sense of self arises not only through discourse with others, but is our discourse with others. There is no hidden self to be interpreted. We "reveal" ourselves in every moment of interaction through the continual on-going narrative that we maintain with others. (p. 71)

A permanent self is merely an illusion that we cling to, a narrative developed in relation to others over time that we come to identify as who we are. As Kerby (1991) comments, the constructions of self are "acts of self-narration not only as descriptive of the self but, more importantly, as fundamental to the emergence and reality of that subject" (p. 5). He goes on to say that "The self is a fiction" (p.34).

Buddhism and the self

Upon closer examination, the Theravada Buddhist view of and approach to life is very consistent with those of postmodernism. Both philosophies mirror their own processes, as they are marked by "uncertainty, frivolity, and reflexivity" (Parker, 1992, p. 71). While postmodernism is a compilation of ideas borrowed from multiple sources with its roots in phenomenology, existentialism, French structuralism, Critical theory, and Marxism (Gergen, 1991), Buddhism has a single source, the Buddha. (For a comprehensive historical review of postmodern thinking, please see Norris [1990] and Jameson [1992]. For a review of the life of the Buddha, see Rahula [1974].) For both, multiple voices, stories, and views are to be valued, with one's own experience given centrality, and allowing (even encouraging) contradictions. Although Buddhism ascribes to a specified cosmology of the world, both challenge the reification of any global truths, hierarchies, or rationality of human interaction. In each diversity of both thought and action are valued with a reversal of usual dichotomies and subsequent displacement of dominant discourses or "common sense." In Buddhism, for example, the Buddha encouraged his disciples to not listen to anyone expressing the truth, but for each to trust his or her own experience. Tibetan meditation teacher Trungpa Rinpoche, as quoted by Chodron (1991) says, " 'Buddhism doesn't tell you what is false and what is true, but encourages you to find out for yourself' " (p.43). This could be seen, similar to postmodernism, as a direct challenge to the legitimation of any external privileged position or "truth." As mentioned previously, the self is conceived not as a reified entity, but as a narrative. In addition, there is attention to politics, with global human interactions viewed on a personal, local level (see Gergen, 1991; Lyotard, 1988; Rosenau, 1992; Nhat Hanh, 1976).

In Theravada Buddhism the path toward the end of suffering is laid out very clearly with many

numerical steps, including the Eightfold path, the seven factors of enlightenment, the five skandas, the three precepts, and so forth. The Noble Eightfold path describes Right understanding and Right action as two of the steps in this path, offering them as guidelines to life. When one acts with these in mind, in any local context, one is guided to take both political and personal action. These categorizations offer a cosmology of the world that can be followed. While the use of any meta-narrative is contrary to postmodern thinking (Lyotard, 1988), this cosmology is seen as a story that can be interpreted in any number of personal ways. There are similar experiences that many practitioners will experience, but, as with most spiritual practices, what the beholder experiences is based on her beliefs about what might be expected and her subsequent linguistic constructions of the experience. Thus, while there are "laws" in Buddhism, they are not normalized versions about how to be in the world or the way that the path must unfold.

We all language our experience based on our predominant narrative of the moment. This narrative both guides our experience and our experience shapes our narrative. These prior constructions have been described by others as fore-understanding (Gadamer, 1975), quasinarative (Kerby, 1991), and pre-understanding (Andersen, 1992). Each of these arises through prior social exchanges and what follows is shaped by these narratives. In the same manner, consistent with the laws of *karma*, the current narrative (that has been shaped by pre-existing narratives) influences what will follow, post-figuring it. While language can never truly represent experience, it shapes the experiences that we have. We are guided by our narratives to develop specific descriptions and although they are not the "real" events, those descriptions often become our experience. A frequently told story is about a pickpocket and Saint at a gathering where the Buddha was talking. The Saint said, "Look at all these wonderful people." The pickpocket responded: "Yes, and there are so many wealthy ones too!"

Thus, what we "see" is only our concepts resulting from our narrative structures, not what is really "there." The Buddha's teachings are to "See things as they really are." This does not mean a return to the modern world with its goal seeking behaviors and search for external truths, but one of viewing the world with the recognition that we construct it based on our desires and fears. We continually create our world based on our beliefs, grasping at what brings us pleasure and pushing away what causes us pain. Since nothing can be held onto or repelled forever, the result is inevitably suffering as long as we are caught up in this cyclical process.

This view of life as suffering may strike some as very nihilistic. The same can be said about postmodernism. An alternative position is proposed by the postmodern critic Rosenau (1992) who distinguishes between the "affirmative" and the "skeptical" postmodernist. The affirmative postmodern thinker carries an optimistic view, seeing oneself as being able to impact upon the world, politically, socially, economically or even ecologically. There is the feeling of hope and belief in progress of humankind in the future. The affirmative postmodernist can be political, have strong beliefs in the

ideals and values she holds, knowing full well that these beliefs may change in the course of the next conversation. The skeptical postmodern thinker carries a distrusting, gloomy view of the world, seeing it as one filled with "fragmentation, disintegration, malaise, meaninglessness, a vagueness or even absence of moral parameters" (p. 15). There is a feeling of doom that carries over into politics and the environment, as well as into the arts and sciences. The skeptic turns away from global meta-narratives or universal theories, but embraces multiple narratives always deconstructing whatever is most dominant.

The above descriptions can be applied to Buddhism as it carries a both/and perspective consistent with Rosenau. While life is composed of suffering with the seeking of comfort and the avoidance of pain, there is a Middle path that leads to the end of suffering. One can take the position that all is suffering, so just bear with it. On the other hand, the giving up of attachment and delusion leads one to immense joy and freedom: a sense of liberation. However, this freedom is not an end point as a modernist might hope for, but an awakening. A Zen monk described his enlightenment by the following: "Before enlightenment I went to the well and carried water. After enlightenment I went to the well and carried water." One has the responsibility to live in the world with others, not only to sit and meditate.

The Buddha proposed the end of suffering through a process of "bare attention" in which one simply observes the on-going process of the arising and passing away of both desire and aversion. Paradoxically, it is a desire for liberation from suffering that keeps some on the path. This paradox continues, as the Buddhist practitioner, like the affirmative postmodernist, needs to recognize the illusions of life, yet act knowing that one's behavior counts. While this practice is designed to be a part of everyday life, its formal development and cultivation is in the practice of meditation.

Insight Meditation

Meditation is one of the Buddhist practices to train the mind to be more open and to generate healthy mental factors. While there are many different forms of practice, in the Theravada tradition this practice is called *vipassana*, mindfulness or Insight meditation. This is the ongoing focus of attention on whatever arises in the senses and the mind, accompanied by a notation of the object of mindfulness. One begins with attention to the breath, noting the in and out passing of air or the rising and falling of the abdomen. In this manner one can begin to experience the ever changing nature of impermanence and "See things as they really are." This seeing is a deconstructive venture. Each mind moment is broken down into its "components." The sound of a bird singing is labeled "hearing, hearing." The feeling of pain is "sensation, sensation." A "softness" or receptiveness of mind is encouraged and developed over time with an acceptance of the emerging phenomena. A harsh observing only generates a self-rebuking quality; a gentleness of noticing generates kindness towards oneself and others. This deconstruction is focused on the process, not the content: content is only grist for the mill. It always takes into account opposing states and the meditator is encouraged to view them

without becoming captured by them. There is a shift away from the duality of holding onto or pushing away experiences. Different experiential phenomena are examined, seeing each's independent arising and passing away from awareness.

Shifting discourses and reflexivity

When we are able to take this reflective position in relation to our thoughts, feelings, and sensations, we are developing a state of equanimity. When we do not take this observing position, we become attached, immersed, or captured by the emerging contents of our interconnected mind moments. Thus, when we are experiencing difficulties, we are stuck in a narrative that will often consist of unhealthy mental factors (for example, perceptual/cognitive states of delusion, false views, shamelessness, recklessness, or egoism, or the affective states of agitation, greed, envy, worry, aversion, contraction, or perplexity). One way out of this fixed narrative is to shift to another discourse, entertaining a healthy mental factor (for example, insight, mindfulness, modesty, discretion, confidence, composure, nonattachment, impartiality, buoyancy, adaptability, or proficiency) (see Goldstein, 1994). It is this shift in discourse that is common to all therapies. It is the development of an observing ego, a cognitive reframe or restructuring, or a second order shift. It is often a move from an either/or position to one of both/and or neither/nor. From the Buddhist position when one moves to a healthy mental factor, one makes this shift, whether it is shifting to a new narrative or examining the former one from a "distance." This process is also the taking of a reflexive stance to one's earlier discourse. Such a view is not to imply that there are absolute laws about what is healthy and unhealthy, hence indicating a modernist view of ethics and morality. It is again an offering for individuals to use to help guide them in their decisions about their thoughts and actions in the world.

Attention to reflexivity has been evident in the fields of family therapy, particularly those models influenced by second-order cybernetics (Hoffman, 1992; Steier, 1991). Reflexivity is a process of making oneself an object of one's own observation, examining the narratives that structure one's own experiences and *visa versa*. As we continue to examine our self narratives, we are also engaged in the process of examining how we are seen, as these narratives are generated through our interaction with others. Thus, by examining our own processes, we can begin to see the logic of the other, further breaking down the subject/object distance, opening a "space" for the other (Steier, 1991).

In addition, if we take the above positions seriously regarding shifting discourses and the impact of narratives on the unfolding reality that is co-constructed between people, we need to watch our own thoughts and their ensuing actions. The types of questions that we ask generate certain types of answers. If we are concerned about problems, that is what we will get in our conversations with others. If we believe that it is important to examine early childhood issues, then those are the "realities" that we will be participants in creating. As many have warned, "Be careful what you ask for. You may get it."

The Narrative Approach

Michael White's work has been summarized quite elegantly by a number of writers (see Dickerson & Zimmerman, 1992; Zimmerman & Dickerson, 1993, 1994). His narrative approach holds several unique ideas about problems and how people experience and solve them. White believes that the narratives that we live by are not neutral, as they come from a dominant culture. These narratives have specific effects on individuals and influence the way that they lead their lives. This is not necessarily to say that there are essential, normalized good and bad narratives; for some people, however, dominant cultural stories have restrictive effects on their lives and interactions. As Zimmerman and Dickerson (1994) point out, these cultural stories "lead to constructions of a normative view, generally reflecting the dominant culture's specifications, from which people know themselves and against which people compare themselves" (p. 235). People often do not have the opportunity to decide if these narratives offer them desired or "preferred" outcomes in their own lives. Stories of who they are become formed in a rigid manner through their interactions with the culture, with the cultural story often determining how they should be. These stories are formed in conjunction with others through social interaction, and our subsequent sense of "self" arises through discourse with others. It is the other who helps in the development of any alternative new story through continual re-negotiation and therefore becomes "a community of co-authors" (White, 1993).

When one identifies with a narrative as who one is and loses sight of alternative descriptions of oneself, there is an "ownership" of the narrative. This process is actually supported by our culture, describing people as their dilemma, referring to them using language such as "borderline" or "multiple." White (1989) has developed a procedure called "externalizing of the problem" that helps to separate the person from the problem, for it is "not the person who is, or the relationship that is, the problem. Rather, it is the problem that is the problem" (p. 6). Through externalization, the individual is able to name the problem and attain some distance from it, thereby being able to examine how it both influences him/her and how she/he influences it.

Externalizing the problem is similar to the meditative experience. One is no longer captured by it and identified with it as if the problem is who one actually is. This separation allows the client to become an observer of the process, able to describe, examine, and comment on the unfolding narrative, but not be affected by it in its usual ways. The narrative can be named in similar fashion to a meditator naming the emerging thoughts, feelings, or sensations; it can become generic categories such as anorexia, depression, anger, temper, or very personal configurations such as "Wretched Randy," or "Wistful Thinking." As described above, one can enter another discourse from the problematic discourse, seeing it as a narrative that affects one's life. The person is then able to begin to identify "unique outcomes" or times when the problem is not present. These unique outcomes are more preferred thoughts, feelings, and behaviors and ones that the person can examine without attachment. Based on these exceptions to the problem, alternative discourses can be developed and

named.

These alternative discourses are akin to the healthy mental factors discussed above. Although one is not encouraged to become attached to them, which would recreate another false sense of self, they can provide a way out of the unhealthy (undesired) narrative structures. As White has described them, clients can use these narratives to resist the overwhelming pull of the problematic story. This is similar to meditators developing techniques to overcome various unhealthy states of mind. For example, in meditation when one is becoming under the influence of restlessness, a meditator can shift to a focused attention on counting the breath or naming the restlessness. This is a process of developing concentration and an alternative discourse that overrides the restlessness. When one is counting or observing, one is not restless, but is counting or observing. Similarly, when a client is describing or engaged in a unique outcome, there is an absence of the problematic story; the new story helps the client resist the pull of the old one. Soon the new one becomes the familiar narrative supplanting the old one, giving the client a fuller range of experiences.

This naming is not done with the intention of developing another reified narrative to which one then becomes attached and takes as one's identity. It is an alternative one which the client can then develop, explore, and shed at some point in a manner similar to the way in which the earlier one was shed. This process serves as a meta-perspective, helping people guide both themselves and others to freedom from dominating, restrictive narratives. Given the strong political undercurrents in this model, based on the writings of Foucault (White, 1989), the therapy encourages political action in assisting others in overthrowing subjugating, dominant discourses. This process of assisting others is best exemplified in several areas. One is White and Epston's (1990; Epston & White, 1992) giving of "Certificates" to clients who have become proficient at defeating a particular problem and then enlisting them to help teach others to defeat monsters, tempers, or other nasty problems that affect children and their parents. Another is the Anti-anorexia Leagues of Epston and Madigan (see Madigan, 1994). Clients who have defeated anorexia have developed leagues to help others learn ways to free themselves from the culturally supported messages of anorexia and bulimia. These leagues have develop into extensive networks of people who are striving towards liberation. This is another example of the challenge to the distinctions between self and other; people come to see their shared narratives and are united on common ground. This is very similar to the Buddhist view of the spiritual community. One of the three Jewels in Buddhist is taking refuge in the sangha, the community of other meditators. There is support and encouragement for all community members to shed the shackles of suffering and attain liberation.

White (1994a), attentive to the politics of therapy, sees the therapeutic process itself as a political act. Following the work of Foucault, White proposes that people are subjugated by the dominant political discourses and lose many aspects of their personal agency. This is most clearly demonstrated in two domains: White's (1994c) work with Aboriginal peoples, helping them reclaim both

physical and emotional aspects of their lives; and Waldergrave's work with Maori tribes people and other diverse groups in his practice of "Just therapy" (Waldergrave, 1990). In Buddhism these ideals of including politics are also valued, as demonstrated by the continuing political activities of Thich Nhat Hanh (1976) and others who address issues of ecology (Thornton, 1993), diversity and racism (hooks, 1994), morality (Butterfield, 1994), and the politics of enlightenment (Thurman, 1992).

Liberation, as a state of freedom from restrictive narratives, is another linking word between Buddhism and the narrative approach. Liberation or freedom from suffering is the endpoint of the Buddhist epistemology. In the same vein, liberation from culturally dominant, repressive narratives is the focal point of White and Epston's work. Each offers a methodology that helps free people from the stories that they have developed through interaction with others; stories demarking some deficit which they have falsely assumed is who they are. They have taken on identities that restrict their interactions with the world and are inconsistent with who they truly believe they are.

In the narrative approach the therapist does not take an expert position. This is similar to several other models of therapy, for example the work of Anderson and Goolishian (1988). While the therapist does have expertise in a variety of areas based on life experiences and professional knowledge, this expertise is not used in a one-up position with the client. The therapist enters the conversation attending to the client's words, pictures and stories of his/her experience. This position is very similar to the Buddhist idea of having a "beginner's mind" (Suzuki, 1975) or "don't know mind." Pema Chodron, a Buddhist ordained nun for over 20 years, refers to herself as a student/teacher. She says that by doing this she retains a "tension between confidence and humility" (quoted in Tworikov, 1993, p. 18) that keeps her honest. The therapist, like the meditation student, makes no pre-judgments about what is to be said or maintains any commitment to a particular outcome. Each conversation or experience is seen as new, in relation to what has happened before, and not dictated by prior conversations. There is a joint improvisation of lives drawing on past performances and memories, creating something that is not scripted by either the therapist or the client (Bateson, 1994). Expertise itself becomes a "joint action" (Shotter, 1993) with new expertise developing for both client and therapist in the ensuing conversation. Thus, there is always the possibility for "unique outcomes" to occur in the present.

When therapy is conducted from this perspective, respecting the client, following the client's lead, searching for strengths and successes, and honoring the client's choices for change, it is done with what the Buddhists describe as "lovingkindness." It is not a goal of "curing" someone, but helping them (and ourselves) accept who they are at that moment in time. As Chodron (1991) has said, "Basically, making friends with yourself is making friends with all those (other) people too" (p. 5). This is an honoring of the other as having the same rights to happiness as oneself, supporting that happiness, and seeking the welfare and benefit of all with the simple wish of "May all beings be happy" (Goldstein, 1994, p. 143).

Reflexivity: Therapy for the therapist

When therapy is viewed as a process of social construction, all participants involved are contributors. While each does not have equal position in the social interaction, there is a sense of collaboration. The narrative that evolves from the conversation is a product of "joint action" between the participants (Shotter, 1993). However, in most therapeutic encounters this process is very one-sided (Madigan, 1991) with the therapist being in charge of the direction of the conversation and the client's narrative being the focus of attention. This modernist view is held primarily by the nature of the "role" of one being a client and seeking out "help" from a professional. In a social constructionist therapy, the therapist's narrative should be just as available for examination as the client's. The narrative approach recognizes this aspect of therapy with reflexivity built into the model.

In Buddhism the reflexive self examination that occurs in meditation is crucial and defines the meditator as a learner. In the narrative approach, the therapist, being a co-participant in the development of new alternative narratives, is also a learner. This model actually encourages a joint learning process, not only by emphasizing that the therapist closely attend to the client's narrative, but also by having both the clients and the therapist reflect on the therapist's narrative. White and Epston encourage therapists to be more transparent in their work, openly telling clients what is behind their comments and questions and asking clients to comment on the therapist's work. This is done by the therapists situating their comments within their own lives and experiences and encouraging clients to ask questions of them in the therapy process (White, 1992, 1994b). There is the absence of hierarchy in this approach, with an emphasis on position and role, with both clients and therapists participating in a self-learning experience.

When disclosing aspects of one's life, one becomes more aware of the different qualities of narrative that are carried into a conversation. Therapists have thoughts and feelings that are not always open and neutral; no narrative is neutral. Sometimes these will color the therapy interaction, freezing the therapist into a position that he or she actually "believes" is the right one. Buddhism concerns itself very specifically with issues of people becoming overwhelmed by thoughts, feelings and sensations, particularly those that may be considered unhealthy, such as anger, delusion, agitation, greed, envy, or worry. The meditator is instructed to observe these as they will dissipate through this process. In therapy, psychotherapists are also susceptible to these types of thoughts, as they sometimes develop strong feelings and ideas about their clients, including hopelessness, annoyance, or even anger. Some forms of therapy encourage a sharing of these thoughts with clients, while others view them as the material of countertransference and have specific ideas regarding how to address them; either separately with a supervisor or therapist, or with one's clients. What becomes central is how useful are these thoughts to the therapeutic process. Do they promote further conversation or do they direct the unfolding narrative in a specific direction? Should a therapist's narrative be privileged?

White (1993) does not believe that it is useful for therapists to entertain feelings of

hopelessness, anger, or any of the other negatively valenced thoughts or emotions when working with a client. For example, anger may arise when clients miss appointments or even hopelessness when seeing a couple that are having continual struggles with little signs of success despite their desires to improve their relationship.

To not allow these thoughts and emotions to pervade our therapeutic lives is difficult for many therapists as they become immersed in them. From a Buddhist perspective, both the therapist's immersion and White's point of view make perfectly good sense. First of all, it must be remembered that our lives are multi-storied, and when we become "taken" by a single version we are limiting the fuller range of possibilities for engaging in the world. Our work becomes saturated by the narrative and we fall into the same position as our clients. They are coming to us because they are limited in their preferred actions with an incongruity between how they see themselves as individuals and how they are conducting themselves in their lives. When we accept only one story of a situation (such as seeing a couple as "hopeless") and are not able to see other possibilities of action we have shut off exploration of other possibilities. And do not clients come to us for exactly this service of examining other potentials?

Consistent with both Buddhist practices and deconstruction (Derrida, 1976), it is the therapist's job to let go of any singular narrative to which he/she has become attached (even narratives such as the ones proposed in this chapter). Buddhist nun Chodron says, "Holding on to beliefs limits our experience of life" (1991, p. 33). It is the exact opposite goal desired in the narrative approach: to expand our experiences and enrich the narratives of these experiences. With clients, a therapist can help them externalize their saturated problematic stories. Therapists can do the same for themselves, making these ideas and feelings of anger, hopelessness, and frustration external to our thinking. We can all become observers of these processes from a meditative perspective, naming them and stepping away from them. They can also be signals that it is time to look for another story.

When prevailing narratives are examined and deconstructed, one is better able to see the social/cultural context out of which they arise. We can then understand how we have fallen into the cultural domain of privileging them in our own lives. Often they can arise through a blind belief in the prevailing theories of our times -- belief in ideas about normal developmental stages, self-actualization, psychic lesions from childhood trauma, and most of the DSM IV (APA, 1994) categories that ascribe blame and pejorative connotations to people's lives. Through deconstruction -- disassembling our narratives from embeddedness in their social/historical context -- we acquire the possibilities to free ourselves from their grasp, allowing for alternative stories to be uncovered, emerge and develop.

In the process of psychotherapy, these narratives, with their impact and intentions, are thus subject to continual re-examination, noting both the subtle and profound "real effects" they have on the lives of others. While the usual therapeutic process is to examine only the effects that clients narratives have on their own lives and those with whom they are in relationships, in the narrative approach this

examination is extended to the thoughts and actions of therapists themselves. This process takes a recursive format, examining both the effects that therapists' pre-existing narratives (that is, their "theories") have on the therapeutic interaction as well as the effects that clients have on the emerging narratives (and subsequent lives) of the therapist. This process is a radical shift from the "one-way" constructions of therapy that have been dominant in the profession (Madigan, 1991).

When we acknowledge that clients have an impact on our lives and reverse the one-way account of therapy to a two-way process, there is a marked shift in the subject/object relationship of client and therapist. Rather than being "agents of change," we can become "changed agents" who are affected by the therapeutic interactions and actually gain personal agency. We have the same opportunities to develop alternative narratives of our lives as our clients do, making a small step in the lateralization of this relationship. It is my belief that when one engages in this type of reflexive practice, one is truly acting within the domain of Buddhist principles.

White (1994a) clearly identifies and articulates how therapeutic work changes our lives. To do this, therapists must engage in a reflexive process, turning the gaze back on themselves and further blurring the boundaries between self and other. It is again accepting Shotter's (1993) idea of joint action where both parties have an impact on one another.

One way that we as therapists can do this is to acknowledge the impact that clients have on our lives and relationships. White (1994a) suggests the following acknowledgment of:

the privilege that we experience as persons invite us into their lives in various ways, and of the real effects of this privilege;
 the inspiration that we experience in this work as we witness persons changing their lives despite formidable odds, and as we experience the real effects of this in our lives;
 the experience of new and special associations that are enriching of our lives;
 the joy that we experience as we are privy to the extent to which persons are able to intervene in their lives to bring about preferred changes, and as we join with persons in the celebration of this;
 the special metaphors that person(s) introduce us to that provide us with thinking tools in other situations; how this interaction has enabled us to extend on the limits of our thinking, and to fill some of the gaps in our own self-narratives; contributions that others make to the sustenance of our vision, and of our commitment to this work. (p. 3)

White's words are actually inspirational and contain a spiritual component to them. They privilege the relationship between self and other in a considerably different manner than most of traditional psychology. To think and act in this manner is consistent with Buddhist tradition. There is full recognition of the other as impacting on self and even an exchange of self for the other (Chodron, 1994).

Conclusion

One of the positions that I would like to support and promote here is that when people are experiencing difficulties they are stuck in a particular narrative from which they are unable to free themselves. This may be one of depression, anger, pain, disappointment, and so forth. Relief from this narrative involves shifting to another one that is more desirable and does not generate the same uncomfortable feelings or actions. Both Buddhism and the narrative approach expound on this idea. In Buddhism the uncomfortable narrative is generated by one's clinging to what is pleasurable or pushing away what is unpleasant. These "objects" of attachment come from our social interactions. In the narrative approach, difficulties are generated by individuals being captured by dominant narratives that are supported by the local and larger culture.

Both the narrative approach and Buddhism privilege reflexivity. This process of self-examination in one's professional everyday life is a mode of liberating one from falling blindly into subjugating narratives and renews one's sense of personal agency. While Buddhism cannot replace therapy, a therapy informed by Buddhism can offer an expanded view of the world and of the immediate real effects of one's thoughts and actions on others, hopefully breaking down the barriers between self and other. Perhaps this integration of East and West can help people distinguish, value, and accept both the similarities and differences in our diverse world.

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