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Navigating Cultural Differences:  
A Buddhist Approach to Mental Health  
An Informal Discussion (UBC, March 22nd, 2016)

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VANCOUVER – On the night of March 22nd, scholars, experts, and the general public gathered for a discussion about cultural differences in psychotherapy practices and how Buddhism can be a viable factor in bridging the gap.

Panel speakers included:

Dr. Dzung X. Vo, MD, FAAP, a Pediatrician specializing in adolescent medicine at British Columbia Children's Hospital, and Clinical Assistant Professor at the University of British Columbia's Faculty of Medicine, Vancouver, Canada.

Dr. Mark Unno, Associate Professor of East Asian Buddhism, Department of Religious Studies, University of Oregon, the United States.

The discussion was moderated by Dr. Carole Christensen, Professor Emerita of the School of Social Work, University of British Columbia,

Vancouver, Canada. Her teaching and research focus on cross-cultural issues as they affect clients' wellbeing and therapeutic encounters.

In her opening remark, Dr. Christensen mentioned the undeniable presence of cultural differences in psychotherapeutic counseling, the potential of Buddhist-based therapy as a complementary practice, and the need to be open-minded about its effects.

### **Mindful-based Psychotherapy for Teens**

Dr. Vo launched the discussion with a talk about the Mindful Awareness and Resilience Skills for Adolescents (MARS-A) program at British Columbia Children's Hospital. MARS-A is a clinical Buddhist-based outpatient program developed to support adolescents with chronic stress, pain, depression, and anxiety. It is comprised of different practices ranging from meditation to psychological techniques, which aim to help the teenagers develop resilience to cope with stressful moments in daily life.

The discussion focused on adolescents' consent to mental health care in British Columbia. According to Dr. Vo, the British Columbia Infant Act states that any child in the province under the age of nineteen can consent to his/her healthcare without their parents under two conditions: 1) They have the capacity to comprehend what healthcare service they are receiving and 2) if the healthcare providers, based on the patient's best interests, decide the child can make his/her own decision. Most clinicians would consider children who are twelve and older to be capable of giving consent to psychological therapy. In practice, teenagers who were referred to MARS-A can decide by themselves or consult with their parents beforehand. Dr. Vo said he always invites the patients and their parents to an initial meeting where he reviews their medical background, explains what the program entails and allows them to make a final decision.

## **Two Approaches to Mental Illness**

With Dr. Vo's talk setting the tone, Dr. Christensen addressed the evening's broader topic: the ways in which mental illness is understood and approached in other cultures and in Buddhist traditions. The topic is relevant to Western (particularly American) psychotherapy, which has witnessed an intensified categorization of human behaviours. Psychologists are increasingly relying on the Diagnostic and Statistical Manual of Mental Disorders (DSM) which has demonstrated a troubling tendency of medicalizing otherwise normal behaviours in recent editions.

Sharing his insights, Dr. Unno affirmed that there was a palpable difference in the perception of mental state between Western psychotherapy and East Asian Buddhist traditions. The former group often associates mental states with the mind, which explains reverence for the DSM—an embodiment of the hyper-intellectual approach to mental illness. Alternatively, the latter views mental experiences as originating in the heart and to be closely related to emotion. Human behaviours, from this perspective, are driven by a search for emotional fulfillment. This is the reason why East Asian Buddhist traditions tend to emphasize a close link between mindfulness and "heartfulness."

The difference in mental state perception also influences the ways Western psychotherapy and East Asian Buddhist traditions approach mindful-based practices. In line with their intellectual orientation, Western practitioners understand mindfulness first as a concept and then as practice. Alternatively, East Asian Buddhists primarily regard mindfulness as a body-focused exercise which can lead to a transformation of the mind and ultimately, the emotions.

### **Bridging Cultural Differences in Psychotherapy**

It is no surprise that cultural differences can pose a communication challenge in clinical psychotherapy. Dr. Unno shared the story of his mother attending a counseling session as an illustrating case:

Dr. Unno's father passed away in 2014 and the incident was an emotional shock to his mother. Thus, she was encouraged to see a psychologist. In the first meeting, the psychologist advised her to cry. She followed the advice but felt it was not helpful to her mental state at the moment. She stopped seeing her psychologist after that experience.

The story reveals two things. First, it demonstrates a need to take into account the patient's cultural background in psychological counseling. Since the secular psychologist saw death as a finality, she was inclined to prescribe crying as the primary catharsis. She was not aware that the patient's perception of life and death is much more fluid. For Dr. Unno's mother, the presence of her husband in her everyday life was more real to her than the idea of him being dead. Her reception of his death can be explained by her Buddhist background. In Buddhism, distinctions between being dead and being alive are considered illusory, concealing the oneness of reality. Thus, the cultural knowledge gap prevented the psychologist from meeting Dr. Unno's mother's emotional need. Catharsis comes in different ways. In this case, it was not reached via the act of crying but via a personal confirmation of the release of emotion.

The importance of acknowledging different cultural responses to emotion was also confirmed in Dr. Christensen's story. When she worked as a psychologist in Denmark, one of her patients experienced the loss of her father. In a typical American social manner, Dr. Christensen publicly expressed her condolences to the woman when she came to the therapy group. She later discovered that her act was uncalled for since Danish

people consider death and grief private matters not to be mentioned in public. Psychologists are no exception to this custom.

The story of Dr. Unno's mother further suggests a potential for applying the Buddhist worldview in psychotherapy for better results. In fact, the Buddhist-based non-binary notion of emotion has been informing clinical practices in Dr. Vo's mindfulness program. Rather than following the traditional Western medical model of eradicating "negative" emotion (e.g. pain), it encourages participants to work with their emotions regardless of their nature. Likewise, in cases like Dr. Unno's mother, psychologists can go beyond the dichotomy of death and life and try to meet emotional needs of patients who are facing death themselves or experiencing the loss of their loved ones. The transition might not be easy for medical practitioners since it is not part of their primary training.

### **Transitions**

In response to a guest's question, the discussion turned to focus on a challenge facing Western meditation practitioners: their difficulty in transitioning to the post-retreat social life. Many fail to sustain the level of calmness cultivated during the retreat, resulting in bouts of anger and frustration.

Dr. Christensen said it is important for meditation practitioners, and to a larger extent people seeking Buddhist-based psychotherapy, to understand what the practice/treatment involves and to know the people who will guide/treat you. This understanding is particularly necessary in the case of meditation where potential cultural differences between instructors of Asian background and Western followers exist. According to Dr. Unno, many Asian teachers who have taught some forms of seated meditation and have led intensive meditation retreats have

primarily trained to be nuns and monks. They are inexperienced with lay life and may not be familiar with the transition issue facing practitioners. Thus, it is essential for people to take care of themselves and, in moments of struggle, to tap into the ever-present well of compassion.

### **A Night Full of Hearts**

The event ended on a warm note, with all panel speakers expressing their gratitude for the opportunity to gather and share their thoughts and experiences with each other and with the audience. What made the evening special was not only the diverse topics brought forth by the panel but also their moving personal stories which, like Dr. Christensen's concluding remark, are embodiments of not just their minds, but ultimately their hearts.