Exploring the Concept and Determinants of Mental Health of the Tibetan Community in Exile: An Interpretative Phenomenological Analysis

by
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Abstract

Globally, the focus on mental health (MH) issues has become increasingly important in recent years. However, current Western approaches based on the Diagnostic and Statistical Manual of Mental Disorders (DSM V), have fuelled a contentious debate concerning how modern society should treat mental disturbance. The British Psychological Society (BPS) suggests a 'paradigm shift' within the field of MH, and calls for alternative conceptual approaches away from the current 'disease model'. Furthermore, academic literature reveals a massive imbalance and narrow scope of understanding within Western psychology concerning indigenous approaches to MH. Buddhist ideas have recently become more popular in Western societies, with some suggesting the relationship between religious belief and well-being requires further consideration. Buddhism is an integral component of MH within the Tibetan Community in Exile (TCiE). However, the Tibetan concept of MH appears complex and not clearly defined. Research therefore explored the concept and determinants of MH of the TCiE. Applying a qualitative interpretative phenomenological approach, eight key informant interviewees were purposively selected to reflect an informed expertise from areas such as medicine, religion, and government. A cultural congruence framework was used to gain a grounded, deeper understanding of data. While findings suggest there is technically no medical definition, a concept of MH exists based on Buddhist psychology, also referred to as 'Mind Science'. Results offer a scientifically holistic model of MH and an alternative conceptual model as called for by the BPS. In a pivotal moment in Western MH, findings may provide a vital tool for achieving progress in global MH care.

Keywords

Global mental health, Tibetan community in exile, mind science, Buddhist concept of mental health, interpretative phenomenological analysis

1. Introduction

Alternative conceptual approaches to MH are becoming increasingly popular in the Western world, with a greater number of practitioners believing that traditional and modern approaches may compliment each other and provide a vital tool for achieving progress in global healthcare (Tokar, 2006). Buddhism is an integral component of MH within the TCiE, where research has shown that subjective appraisals and coping mechanisms (primarily religious) help mediate psychological determinants (Sachs et al., 2008). MacLachlan (2006) suggests that the relationship between religious belief and well-being deserves further consideration, and highlights that Buddhist ideas have become more popular in Europe and Northern America where they represent not only a culturally foreign religion but also a way of life, a way of being, that is quite foreign.

The concept of Tibetan MH appears complex and not clearly defined (Kulick, 2012), and as Buddhist ideas and practice become more popular, it has become increasingly important to question just what it is people are connecting to.

Within the current global MH milieu, several problematic issues were identified:

A 2008 survey of top psychological journals by Arnett found that 95% of articles were from Western industrialised countries – which house just 12% of the world's population (Arnett, 2008). Given that a vast preponderance of studies are from Western, educated, industrialised, rich and democratic (WEIRD) societies, this presents a challenge in understanding MH from a global perspective. Arnett's work highlights a massive imbalance and narrow scope of understanding and resources within Western psychology, and further illustrates an inequity within the literature concerning traditional and non-Western indigenous approaches to MH. Additionally, Summerfield (2013) suggests it is a lamentable error of epistemology to assume that phenomena detected in one setting mean the same thing ubiquitously.

The latest publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM V) has fuelled a contentious debate concerning how modern society should treat mental disturbance. Professional backlash includes critics such as the BPS along with over 50 American and International organisations suggesting the DSM V classification system has significant conceptual and empirical limitations. Concerned with a noticeable dependence on biological models, continuous medicalisation of normal and

natural experiences, and a lack of emphasis on psychosocial factors; the BPS suggests a 'paradigm shift' within the field of MH is imperative, and further call for 'bottom-up' alternative conceptual approaches away from the current 'disease model' (BPS, 2013).

Globally, it is estimated that unipolar depressive disorders will be the leading cause of the burden of disease in high-income countries by 2030, and it will be number two and three in middle- and low-income countries, respectively (Mathers & Loncar, 2005). However, MH is one of the most neglected and under-funded areas in healthcare (Lancet Global MH Group, 2007).

Daniel Goleman (1991, p.91) highlights an additional problematic area:

> "I contend that the model of mental health one finds in Eastern psychologies – and Tibetan Buddhism is the example par excellence – really overreaches and extends in a very powerful way, our own notion of mental health. What intrigues me is that I was never told a thing about this in my graduate training or in any psychological course, although these psychologies have been applied for more than two thousand years."

As a graduate of psychology, this statement resonates with the author's own academic experience in which the focus was primarily on the pathogenic orientation. This approach failed to explore the nature of mind and what instantiates consciousness. There exists a rationale to explore the implications of expanding the conventional Western MH paradigm into a more inclusive and scientifically holistic model of MH. Enhanced cross-cultural understanding of what we are in relation to each other may be key in delineating progress in global MH development. Tokar (2006) suggests that Tibetan psychologies provide such an opportunity.

2. Background

2.1 Introduction

In the Tibetan Buddhist tradition, the pathway toward MH is a process of cutting through 'materialism' to uncover a clear, egoless, awakened state of mind (Zimberoff & Hartman, 2000). In contrast, the Western perspective of 'materialism' holds that rational behaviour can be fully explained by the working of the brain and the rest of the nervous system, without any need to refer to an immaterial mind that controls our actions (Kolb & Whishaw, 2006).

While conventional psychology represents a Eurocentric and Western concept of MH, recently indigenous psychologies have sought to give credence to more traditional and localised ways of understanding people, as an equally legitimate alternative to European and North American 'mainstream' psychology (Holdstock, 2000).

Although specific conceptualisations vary among indigenous cultures, it is a common perception that maintaining balance among the mental, physical, and spiritual domains is essential to MH (Gould, 2006). There is evidence that religious involvement includes various psychosocial mechanisms associated with better MH (George et al., 2002). Furthermore, when conventional MH services and traditional healing are accessible in indigenous communities, people often avail of both (Patel et al., 2007).

Understandably then, it is necessary to take a closer look at both Western and Tibetan models of MH.

2.2 Western MH: The Hardware and the Content

In attempting to climb onto the lap of the 'hard' sciences and develop an integrated view of the brain, the present Western MH paradigm incorporates many different disciplines such as neuroscience, philosophy and computer sciences. By using a computer operation analogy, this information-processing approach views the brain as the hardware that enables mental processes, or software. Research within cognitive science has found that the content of mental state is in part determined by elements of the external world. This extended cognition view postulates an active externalism in which the human organism is linked with an external entity in a two-way interaction, creating a couple system that can be seen as a cognitive system in its own right (Chalmers & Clark, 1998). Ergo, it is not implausible to suppose that the biological brain has evolved in ways which directly factor in the reliable presence of any manipulable external environment (Chalmers & Clark, 1998). Wilson (2004) urges that the science of the mind should be taking culture seriously and explored beyond the boundary of the individual.

Although we have come along way in our understanding of the structure and function of the brain, psychologists still do not know what instantiates consciousness, or mind.

> "There is nothing that we know more intimately than conscious experience, but there is nothing that is harder to explain" (Chalmers & Clark, 1998 p.10).

We can however say with confidence that the brain is an extraordinary plastic biological system that is in a state of dynamic equilibrium with the external world; even its basic connections are being constantly updated in response to changing sensory demands (Ramachandran, 2011).

Conventional Western psychotherapy has traditionally focused on the content (rather than processes) of consciousness in a one-to-one interaction. Thurman argues that this approach is limited in that only those with sufficient resources and time can engage in in-depth analytical treatment. Additionally, the provision of artificial asylum environments and drugs used to dull symptoms can serve to place a problem in stasis with greater chance of deterioration than hope of improvement.

> "It is rather like taking a malfunctioning computer with a software problem, lubricating it, warehousing it, adding new hardware components and so forth, all without any software analysis and modification" (Thurman, 1991 p.64).

This strategy, akin to placing a plaster over a wound, fails to tackle the underlying root cause of the problem. It is here that Thurman (1991) suggests that Tibetan psychologies' sophisticated methods of software analysis and modification might make a valuable contribution and help with individual inner re-programming.

2.3 Tibetan MH: The Software and the Process

Even the most sophisticated and innovative hardware cannot function without software. While Western MH approaches are mastering the hardware of the brain, it may be that the software issue has been dismissed (by cognitive science, neuroscience) so as not to appear as a 'soft' science. However, it may seem rational to deduce that 'soft' sciences need to be incorporated in order to instantiate a more inclusive, scientifically holistic model of MH.

Tibetan Buddhist psychology, or 'Mind Science', is based on a comprehensive and thorough knowledge of reality; on an assessed understanding of self and environment (Thurman, 1991). The evaluation of such a process has evolved not as a religious quest, but as a scientific task. It endeavors to help alter perception and cognition, and focuses on the process of consciousness in attempting to free

the mind from negative states.

> "There is a vast array of arts of mental technologies, modification techniques that enable individuals to incorporate and integrate the improved software" (Thurman, 1991 p.64).

The Buddhist contemplative method of mindfulness is an empirical use of introspection, sustained by robust training and rigorous testing of the reliability of experience. Buddhist thinkers see mental life as consisting of a succession of related intentional states of awareness constituting a stream continuum of consciousness (Davidson, 2002). The impermanent and immutable phenomenological entity of the mind is therefore in a dynamic and constant flux of evanescent moments. In its normal state, the mind is mostly unfocused, with thoughts moving from one to another in a dissipative and random manner. In developing mindfulness training and techniques, contemplatives believe that one can develop a highly refined sensitivity to the nature of reality and a transcendent awareness in which the subject may observe the object, or mind. Consequently, a profound psychological shift may occur if this path is pursued diligently. Mindfulness is essential if one is to become consciously aware in a disciplined manner of whatever phenomena may occur within the mind and one's immediate environment (Dalai Lama, 2005). If human inner workings can be reduced to observable, repeatable, and manipulable energies in the brain, then the human mind will become controllable and improvable (Thurman, 1991).

The Tibetan psychological system's basic unit of analysis is the moment-to-moment subjective experience of mindfulness, and reality is viewed through the lens or characteristics that 'flavor' mental factors (Goleman, 1991). Mental factors impinge upon, determine and facilitate the cultivation of a wholesome (positive) or unwholesome (negative) state of MH. The three primary unwholesome factors are known as the three roots of suffering, or 'The Three Poisons'. They include: ignorance (delusion, misperception, confusion), attachment (distortion via desire, clinging, selfishness, addiction), and anger (hostility, hatred, disturbance). Other unwholesome factors include: conceit, afflictive views (distortion in flow of information), and indecisiveness. There are further derivatives that mix with other factors such as from anger; spite, envy, vengeance, and wrath. And from attachment come smugness, agitation, excitement, and avarice.

Wholesome factors are the antidote to the aforementioned and include clarity (sharpness of mind, antithetical to ignorance), detachment (letting go, antithetical to selfish attachment), and loving kindness (antithetical to anger, hatred, aversion, disturbance). Others include compassion, equanimity, considerateness, non-violence, conscientiousness, self-respect, enthusiasm (energy) and faith (questioning). This gives us:

> "…an operational definition of mental health that says simply that the healthiest person is the person in whose mind none of the unhealthy, unwholesome factors ever arise. That is the ideal type, the prototype" (Goleman, 1991 p.95).

While Goleman provides a working definition, Kulick (2012) points out that there is a need for greater clarification in this area.

3. Research Objectives

Research sought to understand:

a) Whether a concept of MH exists amongst the Tibetan community in exile (in contrast to the Western definition of MH that has been developed by United Nations (UN) / World Health Organisitation (WHO))

The WHO (2001) defines MH as:

> "A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

b) What a traditional Tibetan concept of MH might be.

c) What the determinants of MH are in the context of the TCiE.

4. Methodology

The discussion between the West and Tibetan psychology represents a meeting of disparate paradigms; each with their own distinctive lens on the human experience (Goleman, 1991). In attempting to establish points of convergence, a cultural congruence framework was used.

> "Cultural congruence is grounded in understanding (a) the

> worldview of the indigenous community, (b) the influence of one's own worldview, and (c) the skillful integration of knowledge into psychotherapy services" (Rybak & Decker-Fitts, 2009 p.333).

An interpretative phenomenological approach was used to collect and analyse data. Phenomenology is concerned with knowledge and reality as perceived within conscious experience (Smith et al. 2009). In-depth one-to-one, face-to-face interviews were conducted in English, and lasted between 45-60 minutes each. One interview (participant T6) was conducted in Tibetan, and the Gyuto monastery provided a translator. A semi-structured interview guide was used to 'ground' each interview's direction. The analysis stage required the researcher to be selective in aiming to translate themes into a coherent and well-structured narrative account. In attempting to make sense of an enormous amount of very specialised and thought-provoking information, the main challenge was 'grounding' the language of foreign concepts in Western MH language so that the reader might understand. Analysis focused on the descriptive, linguistic, and interpretative levels in attempting to access participants 'lived experience'. As traditional healers are gatekeepers and bridges to the community, collaboration and a working alliance with them can strongly influence the efficacy of the MH provider (Zinck & Marmion, 2011). Accordingly, eight key informant interviewees were purposively selected to reflect an informed expertise in areas such as medicine, religion, and government.

Participant NO:	Participant function:	Interview location:	Website:
T1	Doctor/ Tibetan Medical & Astrological Institute	Medical Office	http://www.men-tsee-khang.org/
T2	Doctor/ Tibetan Medical & Astrological Institute	Medical Office	http://www.men-tsee-khang.org/
T3	Monk/- Library of Tibetan Works and Archives (Government Office)	Library Office	http://www.ltwa.net/library/
T4	Monk/ Institute of Buddhist Dialectics (set-up by Government Department of Religion & Culture)	Dalai Lama Temple Complex Office	http://tibet.net/religion/
T5	Employee/Office of His Holiness the Dalai Lama (Government Office)	Dalai Lama Temple Complex Living Quarters	http://www.dalailama.com/
T6	Monk /Office of His Holiness the Karmapa	Gyuto Tantric Monastery Complex living quarters	http://kagyuoffice.org/
T7	Doctor/Tibetan Medical and Astrological Institute	Medical Office	http://www.men-tsee-khang.org/
T8	Employee/ Government Department of Health	Administrative Office	http://tibet.net/health/

Table I: Participant Information

5. Findings & Discussion

Within the TCiE, the main determinant of MH is Buddhist psychology, or 'Mind Science'. The Tibetan perspective of MH is vast and at times complex. Therefore, the most pertinent passages in answering research objectives were selected, and placed under the following section headings in attempting to create a coherent and cogent flow for the reader. Each section is a super-ordinate theme comprised of sub-ordinate themes. Figure 1 provides a thematic overview.

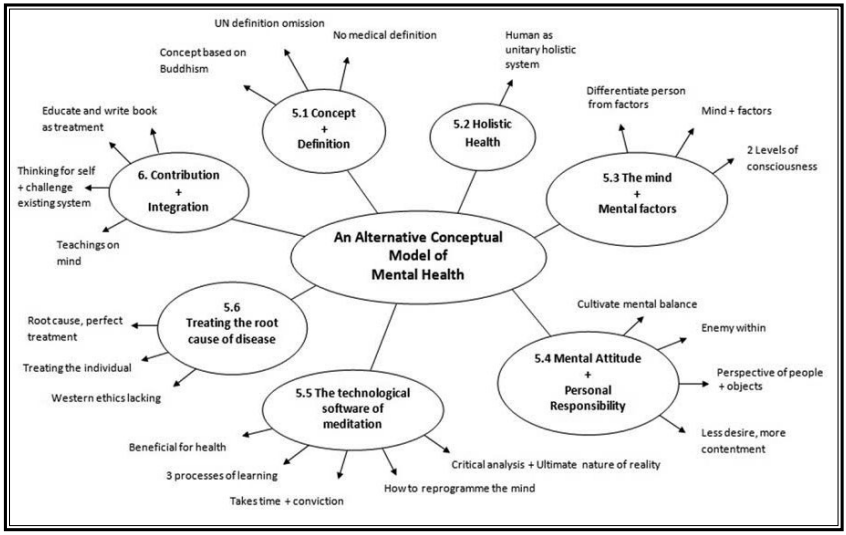

Figure 1: Themes and layout

5.1. Concept & Definition

The Tibetan medical system does not define MH; however a concept of MH exists based on Buddhist teachings. When asked if a concept of MH exists within the TCiE, T3 replied:

> "Absolutely. There is much better information, advice and instruction in Buddhism regarding mental health than anybody. Because there is a process of cultivating mental health where you will be able to fare well through all ups and downs of life."

> "The definition is a mind which is free from the disturbance of these afflictive emotions is called a mind that is healthy."

T3 propounds the dimension of 'cultivating mental health', and offers an

opinion which is not dissimilar to Goleman's and Thurman's (1991) sentiments in section 2.3. T3's definition is more precise than the UN's in that it gets into the actual mind of the individual, as opposed to seeing it from afar, detached, and somewhat ambiguously. This definition identifies more with the internal root causes (afflictive emotions), and further introduces 'instructions' and a 'process' leading to health.

T4 succinctly suggests:

> "A happy mind is a healthy mind. That's the definition."

The UN definition appears incomplete to T5:

> "Being able to contribute to society, doesn't necessarily mean you are ethical. This aspect of ethics that needs to be added. The sense of ethics has been lost in many peoples life because they consider it to be religious, which is not. The UN has to deal with the reality that the world is in, where people are not so religious, maybe they avoid the ethical side."

Within the post 9/11 reality of the modern world, religion has become a 'hot topic' in the field of MH (MacLachlan, 2006) yet remains a sensitive subject. T5's interpretation of the UN definition is therefore noteworthy and contextually pertinent.

Additionally, T1's medical perspective supports Summerfield's (2013) epistemological error argument:

> T1 – "We don't define that. Tibetans generally don't have mental problems because people don't know what is mental problem."

This statement reflects incongruent cross-cultural approaches in conceptualising and defining MH. It further addresses cultural dissonance and highlights the lack of colloquy and models of mediation between Western and Tibetan approaches to MH. T1's response is also key to understanding why defining MH appears multifarious and at times contradictory. In recounting his first lesson on epistemology as a child, the Dalai Lama (2005, p.132) recalls having to memorise the dictum:

> "The definition of the mental is that which is luminous and knowing."

This too, is quite different to the UN definition.

5.2 Holistic Health

Tibetans view the human being as an integrated unitary holistic system where the body enables the mind and in turn the mind is present throughout the body. They see both physical and mental aspects as a unified living system and the human being in context of their religious metaphysic, in a holistic, much wider and deeper context than Western medicine. Bequeathed from Buddhist principles, health entails the balance of body and mind.

> T6 – "We can see things only by using our physical body. And in this channel there are wind that are moving. And this wind, there is the consciousness. This wind has to the power to drag our consciousness up and down or anywhere we pay our attention."

In Buddhist teachings, the breath or 'prana' is said to be the vehicle of the mind because it makes our mind move (Sogyal, 1992), and in this way, the wind or mind are present throughout the body. While the Tibetan word for body is 'lu' meaning 'something you leave behind' (Sogyal, 1992), the Buddhist 'Middle Way' approach to health does not renounce the physical; the body must be a sturdy support for the inward work of exploring the mind (Bodhi, 1998).

Modern-day Western medicine would dismiss the Buddhist ontological and metaphysical context. Thurman (1991) suggests the philosophical error of materialism was born out the Renaissance revolt against spiritualism, religious dogma, and the oppressive control of the church. Consequently, a metaphysical decision was made, from the 17th century to present-day, to rule the mind out of the natural order of Western scientific investigation. Davidson (2002) accentuates that science has sought understanding through manipulation of the material world, whereas Buddhism has historically sought elucidation in inner transformation.

5.3 The Mind and Mental Factors

As discussed in section 2.3, Tibetans discern between mind and mental factors:

> T4 – "Mind and mental factors, there is two. Mind is very pure, lucid and clear. But negative mental factors cloud our mind. We have to differentiate person from his negativities. It's not him, it's a part of him. A calm and clear mind is the antidote for the afflictive emotions."

T4 refers to two aspects of mind. The first, 'pure' and 'lucid' and 'clear' is known

to Tibetans as 'Rigpa'. Sogyal (1992) describes this innermost essence of mind as a primordial, pure, pristine awareness that is intelligent, cognizant, radiant, and always awake. This mind however, is concealed and enveloped within our ordinary mind, known as 'Sem'. The mental factors T4 describes exist here, in an incessantly dissipative and capricious state of mind, which can only function in relation to a projected and falsely perceived external reference point (Sogyal, 1992). In this way, the negative 'mental factors' can be differentiated from the individual as described by T4. In Buddhism, the mind is often analogous to an agitated elephant that can wreak great havoc and destruction – or a wild horse that must and can only be tamed through gentle persistence and familiarity (Dalai Lama, 2011). T4's description also resonates with Sogyal's (1992) description of the mind in meditation – "Calm Abiding and "Peacefully Remaining".

T1 provides a disparate cultural example:

> "In lectures to Western psychology students, I always telling that this word "Psycho" is very harsh for the individual to accept. That makes that patient even worse."

Categorisation or labeling an individual may exacerbate a MH problem. The DSM V identifies psychotic as: Exhibiting a wide range of culturally incongruent, odd, eccentric, or unusual behaviors and cognitions, including both process (e.g., perception, dissociation) and content (e.g., beliefs) (DSM V, 2013). Upon reading this description, T1's observation may appear defensible. Furthermore, Davidson (2002) suggests it is imperative that we remain mindful of the extraordinary diversity of human characteristics, and not be too easily seduced into the illusion of understanding based on the limited lexicon in the traditional biobehavioural nomenclature.

T6 further explains:

> "To know that we have consciousness and it works we need another consciousness. We call this 'Superior Insight.'"

Consciousness and mental factors should be thought of in terms of the functions that are found in a single phenomenologically available mental state (Goleman, 1991) with one factor of mind checking the mind itself. A disciplined first-person systematic empirical introspection is used to investigate the psychological and phenomenological aspects of the mind. This results in what Goleman (1991) describes as a very ancient diagnostic and statistical manual, a model of mind

that analyses different states of mind and categorises them as healthy or unhealthy.

Additionally, T3 asserts:

> "Mental consciousness is the sixth sense in Tibetan Buddhism."

T3's comment can be patently understood by referring to the six-fold typology of mental phenomena found in Buddhist philosophy of mind: sight, hearing, smell, taste, touch and the mental states. Here, the mental states are dependent upon the physical senses, and the entire spectrum of consciousness is said to be adequately encompassed within this six-fold typology (Dalai Lama, 2005). T3's opinion clearly differs from the Western five-fold 'materialism' typology described by Kolb & Whishaw (2006). Moreover, it is also noteworthy that the Tibetan word for Buddhist, 'Nangpa', means 'inside-er': someone who seeks the truth not outside, but within the nature of mind (Sogyal, 1992).

5.4 Mental Attitude & Personal Responsibility

Mental attitude, and taking personal responsibility for how one views external circumstance entails controlling the limitless desires of a boundless immaterial mind, experiencing contentment through cultivating mental stability, and not blaming others for personal mental disturbances.

> T3 – "Your mind should not be like a feather of the bird, which is blown in all directions by slight wind. Your mind should be stable. Through that perspective you are able to cultivate mental balance."

> "We have this tendency of addressing the enemy outside. If you are somebody who is really that holistic understanding of the nature of the ultimate reality, then there is no target."

Buddhists believe an enemy can in fact be our greatest teacher in that they may challenge our assumptions and allow us to gain insight into our own limitations (Dalai Lama, 2011). One can develop gratitude and awareness from opposition that may initially appear challenging. T3 suggests that blame is misguided and ultimately it is only in our own subjective interpretation that the enemy exists. This is similar to countering 'transference' or psychological 'projection' in Western MH.

T6 expands on this perspective:

> "Because consciousness is not material, desire or curiosity of mind are limitless. There is no way we can get everything. The best thing is to control our mind. It means having less desire and having more contentment. We don't have the unnecessary expectation so we don't have to face the unnecessary problems."

Western capitalists may not encourage such a practice; Schwartz (2005) however suggests that the secret to happiness is low expectations. The paradox of choice is such that higher expectations and opportunity costs derived from more options subtract from our happiness. Additionally, the Dalai Lama (2011) suggests that happiness doesn't come from desire or wealth but through setting reasonable limits on our desires.

5.5 The Technological Software of Meditation

The word for meditation in Tibetan etymology has the connotation 'to become familiar' or 'to accustom' (Dalai Lama, 2011). It is a general term, yet it is the primary and fundamental psychological technology used for developing and substituting positive mental states for negative mental states. In terms of cognitive science, it is simply the sustained effort to reprogramme perceptual and habitual behaviour (Gardener, 1991). Harrington (2002) describes meditation as a process where you try to integrate what you have learned into your personality, so there is less of a gap between what you know and how you act. Antithetical of 'cognitive dissonance' in Western psychology, this process of mental cultivation brings implicit and explicit behaviours into congruence. This mental cultivation involves habituating or deepening a familiarity with a chosen theme, object, a way of seeing, or a way of being (Dalai Lama, 2011). It is a practical technique that anyone can practice and there is nothing mysterious about this process of transformation (Dalai Lama, 2005).

Scientific interest in meditation has shown beneficial effects such as reduced stress (Pace et al., 2009) and reduced blood pressure and cortisol levels (Carlson et al., 2007). Positive effects have also been found in areas such as depression (Hoffman et al., 2010), and anxiety (Roemer et al., 2008). Meditation has been shown to improve cognitive flexibility (Moore & Malinowski, 2009), and attentional focus (Lutz et al., 2009). Furthermore, Davidson et al., (2003) found that meditation affects brain plasticity and improves immune function.

The Tibetan word for practice is the same as that for attain (Goleman, 1991).

This attainment involves three fundamental stages of learning that amalgamate in meditation.

T3 provides an overview of this process:

> "We first hear by reading book. Now, you think again, half of this sounds true. Then if you repeat the thinking; this book says this, my own personal experience says this. Then you can say it's absolutely true. Then the third state is called meditation which is not a sophisticated thing, which basically means now practise repeatedly. Get habituated with that area. One has to clearly understand that actualising their mental health takes time."
>
> "There's no push button enlightenment."

Learning on the intellectual level alone does not lend 'true' insight into the nature of 'enlightenment' – an increased intelligence, wisdom, or awareness of the nature of reality (Goleman, 1991). The mind therefore needs to be cultivated over time. Sogyal (1992) emphasizes that Western culture places too much value on the intellect, with many believing it must take extraordinary intelligence to experience such insights. This is a speculative assumption. At times, the intellect may in fact serve to obscure the process. There is a Tibetan saying – if you are too clever, you could miss the point entirely (Sogyal, 1992). T3's comments encourage personal reflection and experiential insight through testing, challenging, and thinking for oneself. Such an approach may prove reasonable, considering the fact that a reassessment of the existing paradigm has become increasingly imperative in light of the BPS's (2013) and Arnett's (2008) findings that challenge the credibility of Western MH.

T4 provides an example of how to reprogramme the mind:

> "If you go thinking about the consequences of anger you will stop getting anger. The opposite of anger is meditating on loving-kindness. Not just one time, but day-after-day, week-after-week, month-after-month, year-after-year. Eventually your mind will be completely transformed."

This process of cognitive transformation takes on greater significance when seen in light of Ramachandran's (2011) and Davidson's (2002) findings on the malleability of the brain; that structures and patterns of the brain change in relation to our actions and thoughts. Accordingly, what one focuses on ultimately becomes internalised, spontaneous and naturally experiential. The Dalai Lama (2011) suggests that brain plasticity offers scientific verification for

meditative transformative processes.

> T5 – "Mindfulness meditation makes you aware what you are doing. Then that builds your concentration. Then you can do critical analysis into the true nature of things which we call 'emptiness'."

In silencing the mind, the gap between thoughts gradually extends. Through this emergent state of meditative quiescence, the true nature of the mind begins to reveal itself. 'Emptiness', in Buddhist philosophy is the 'true nature of things' - the ultimate reality of existence (Sogyal, 1992). From this ontological viewpoint, life is a constant flux of inter-dependent phenomena with no fixed immutable essence – devoid of any inherent independent existence. T5 mentions the cultivation of such discernment, as Tibetans believe that at the root of all emotional and psychological problems lays a fundamental misconception of reality (Davidson, 2002). The Dalai Lama (2005) suggests that the field of quantum mechanics is coming closer to scientifically elucidating the contemplative notion of matter, interdependence, and what constitutes non-essentialist reality, where reality is revealed to be less solid and definable as it appears.

5.6 Treating the Root Cause of Disease

Incongruent analysis in diagnosis and treatment are not uncommon between disparate cultural medical concepts. Treating the root cause of suffering is of primary importance in Tibetan psychology.

> T1 – "Should treat him as your own family. If you treat that root cause of disease then it would be a perfect treatment. Symptomatical treatment is like you are cutting out the branches only, but still its coming. Cutting the branch is not enough, you need treat that root. Then obviously whole tree will be blooming well."

T7 develops this point:

> "We don't treat similar disease with a similar medicine. Your mind, your. My mind, my. Your intellectual, my intelligence, they not same. When the teacher is teaching the class for 30 students, the subject is same to everybody but understanding is different."

Here is a very different conceptual model of diagnosis and treatment than that put forth in the DSM V. Instead of the 'medicalisation of normal and natural responses to their experiences' that the BPS (2013) adduce, the Tibetan 'bottom-up' model sees the patient as a distinct and unique individual, and thus should

be treated as such.

T3 and T7 voice concerns regarding Western treatment:

> T3 - "This mentality to adopt the 'quick fix' solution. Human beings are treated almost like a broken car. They are trying to make us like machine now. To see us exactly like a mindless machine is big mistake. We say when a patient comes in, the doctor's gentle attitude and smiling welcome heals half of the sickness. That means human feeling, genuine concern."

> T7 - "When I go to see Tibetan doctor I say I have no money to pay you fees, he will never say don't come. He say come in. He will also give you food. He will also give you medicine. "When you go to any of the Western, oh okay no time. You don't have nothing to pay then you don't come. Sometimes they scold. These ethics! Very lacking. This is very rich in Tibetan."

Here the Western 'like machine' hardware model and 'quick fix' treatment of the individual, may benefit from what could be construed as a more humane or gentle Tibetan diagnostic method and treatment of the human being. This view supports Thurman's (1991) assertion that only those with sufficient time and resources (in the West) can engage in analytical treatment.

6. Future Research and Conclusions

6.1 Contribution of Tibetan Psychology & Integration with Western MH Model

The overwhelming imbalance in the research literature highlights the failure to acknowledge conceptual models outside the existing Western paradigm, and thus challenges its credibility as it is an exclusively Western concept and project. Educating for changes in the existing way of thinking may prove crucial in closing the gap between East-West conceptual considerations and approaches to MH.

> T4 - "There is not much of explanation of our mind in Western medical science. Teachings on the nature of mind, on the nature and function of afflictive emotions. How to cultivate positive emotions. How to overcome negative emotion. If you could study these topics, I'm sure you can use these as tools. As a complimentary, or as alternative in your psychological science."

Here, Tibetan epistemology, a system that has been progressively developing theory and practice since antiquity (in contrast to its moderate counterpart of modern-day Western psychology), may inform Wilson's (2004) observation, that the science of the mind must be thought of in new ways. Tibetan 'Mind Science' provides a method of attention to the mind that is not reductionally materialistic, but is still systematic, rational and analytic (Thurman, 1991).

> T3 - "Whether in the West or in the East, each individual has to develop awareness about the reality. You should have that capacity to judge, analyse, find things for yourself. Not just following that existing tradition or existing system, but to think and explore and do new things."

The Dalai Lama suggests that a scientist should not be too attached to their own field of research as this may distort the ability to access evidence objectively. In this regard:

> "If scientific analysis were conclusively to demonstrate certain claims of Buddhism to be false, then we must accept the findings of science and abandon those claims (Dalai Lama, 2005 p.3)."

It may be worthwhile to ask whether Western MH practitioners would be so willing to do likewise when faced with similar quandaries and alternative methodologies. Confronting such questions may prove an invaluable approach in future research. Mutual exploration and respect for alternative conceptual models may provide a more complete and inclusive spectrum of MH; and future research may benefit from a shared goal of both ancient Tibetan inner sciences and their moderate counterparts (Goleman, 1991).

> T7 – "Number one is to have this equal respect and understanding each other. If you don't respect anything then you don't know the value. You don't get interest to study, to learn, and research. Writing book can help a person who have problem with the mind, they can read the book and feel very happy. It's a treatment, you know?"

Extending an alternative cross-cultural approach to MH education and treatment, Davidson (2002, p13) points out:

> "Ultimately, the success of cross-cultural research demands a humility that goes beyond sensitivity: it involves a willingness to grant alien notions the same respect as familiar ones."

For a 'paradigm shift' to transpire, greater balance and awareness of alternative literature and consequent techniques applied, are evidently necessary. The

development of cross-culturally congruent models offers a logical perspective and framework for exploring the Western hardware technology of the brain, interfaced with Eastern software applications of the mind. In a pivotal moment within global MH development, perhaps thinking outside the box and in ways that challenge and compliment the current biomedical model may require psychologists to formulate innovative research approaches. If scientists are locked into only one ideology, they may cease to be open-minded, and that surely defeats the purpose of science. Mosig (1989) suggests that the absence of Tibetan Buddhist psychologies from Western introductory psychology textbooks to be a sad commentary on the intellectual myopia of our times. Goleman (1991) contends Tibetan psychology is a prototype 'par excellence' that overreaches and extends in a very powerful way, our own notion of MH. Thurman (1991, p.4) posits:

> "Buddhist psychology offers modern psychology the opportunity for genuine dialogue with a system of thought that has evolved outside of the conceptual systems that have spawned contemporary psychology. Here is a fully recognized psychology that offers the chance for a complementary view of many of the fundamental issues of modern psychology: the nature of mind, the limits of human potential for psychology; the possibilities for mental health, the means for psychological change and transformation."

In light of the problematic issues identified within the current global MH milieu; research findings offer, in a very real sense, a scientifically holistic model of MH and an alternative conceptual model as called for by the BPS (2013).

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