

Using the manga/anime *Naruto* as graphic medicine to engage clients in conversational model therapy

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Introduction

Given that much psychotherapy focuses on the negative feelings associated with symptomatology, it would be reasonable for clients to assume that their positive experiences may have little place in their psychotherapy. In this paper, I counteract this position by discussing how clients' passionate interests, which are already loaded with positive affect, can be used in psychotherapy to create more positive therapeutic experiences while still addressing their difficulties. Furthermore, I describe how graphic medicine can be used within psychotherapy, both to relate with the client about their experiences and to educate them on the psychotherapeutic principles and process underlying their treatment. *Graphic medicine* uses various forms of media entertainment (e.g., comics, graphic novels, and anime) to improve client agency and to facilitate mutual understanding and expectations between both client and health professional (Halovic, 2018). More specifically, I describe how the manga/anime *Naruto* can be used within conversational model therapy (CMT) as graphic medicine.

The Conversational Model and Graphic Medicine

CMT is a psychodynamic talking therapy which was originally developed to treat borderline personality disorder (Hobson, 1985; Meares, 2004a), and has since been shown to be efficacious for treatment resistant depression, some complex traumatic disorders, and other disorders of self (Gerull, Meares, Stevenson, Korner, & Newman, 2008; Haliburn, Stevenson, & Halovic, 2018; Hall, Caleo, Stevenson, & Meares, 2001; Korner, Gerull, Meares, & Stevenson, 2006). In the CMT literature, a *sense of self* is described as an abstract, reflective congruity between the inner and outer world of a person, which consequently affords a feeling of adaptive wellbeing (Meares et al., 2012). Thus, disorders of self form when the sense of self is underdeveloped (e.g., as in anorexia; Bacher, 1998), fragmented (e.g., as in dissociative identity disorder; McAllister, 2001), or diminished (e.g., as in schizophrenia; Lysaker et al., 2018), usually by traumatic experiences. CMT works by helping the client develop their sense of self (Meares, 2004a;

2004b) through the use of a specific type of language (Haliburn, 2017; Meares et al., 2012), and is compatible with trauma-informed attachment theory (Bowlby, 1969; Main, 2000; Hesse & Main, 2000; McLean, 2015).

CMT is complex and it takes experienced clinicians' years of training and supervised practice before they are able to skilfully conduct it (Korner & McLean, 2017). However, note that additional training and experience in CMT may not necessarily translate into better patient outcomes because the therapist may still use the minute particulars, common to all effective therapies, or they may use a hybrid of different therapeutic models, applied in the therapist's own idiosyncratic way (Erekson, Janis, Bailey, Cattani, & Pedersen, 2017; Goodyear, Wampold, Tracey, & Litchenberg, 2017; Halovic, Korner, McLean, Haliburn, & Stevenson, 2018; Tracey, Wampold, Litchenberg, & Goodyear, 2014). Nevertheless, it is understandable that clients without this training and support would be overwhelmed and confused by the principles and supporting evidence base for CMT. Consequently, these same clients may not trust that the psychotherapeutic process will lead to improved outcomes, possibly leading to a withdrawal from therapy before benefits can be made. Given that previous meta-analyses have shown high rates of client premature dropout from therapy (e.g., 19.7% in Swift and Greenberg [2012], 35% in Roos and Werbart [2013], and 46.86% in Wierzbicki and Pekarik [1993]), it stands to reason that maintaining these clients in therapy through psychoeducation will also improve reported rates of psychotherapeutic efficacy.

Furthermore, when a client does not hold sufficient understanding of the complex concepts of CMT, their agency in their own treatment is decreased. A client's agency influences the formation of a positive therapeutic alliance (Coleman & Neimeyer, 2015), which in turn impacts their therapeutic outcomes (Bohart & Tallman, 2010a, 2010b). It would therefore be wise to educate the client on the process of their own psychotherapeutic treatment, so they can actively engage with the therapist and mutually work towards better outcomes. However, if these attempts at psychoeducation do not resonate with the client's subjective experience they risk being dismissed as unimportant, or even worse, dismissively patronising. Consequently, the client may resist the formation of a positive therapeutic alliance and the engagement in the subsequent psychotherapeutic processes.

Graphic medicine holds promise in this regard and has recently been introduced into the medical literature as an effective educational tool (Farthing & Priego, 2016; Green & Myers, 2010; Johnstone & Johnstone, 2008; Williams, 2012). More specifically, graphic medicine refers to the use of comics and graphic novels as a medium to facilitate the understanding of medical information amongst the lay person and training health professional alike (Halovic, 2018). Furthermore, graphic medicine may be used to capture the experience of the client, thus reminding the health professional to be mindful of the psychological impact of the medical processes on their clients (Czerwiec & Huang, 2017; McNicol, 2014; Parsons, Tregunno, Joneja, Dalgamo, & Flynn, 2018). Graphic medicine could easily be applied to other similar mediums, such as anime, and may potentially benefit the education of a range of different experiences that may traditionally be difficult

to discuss (Halovic, 2018). The topic of mental illness, and especially individuals' personal experiences of mental illness, is one area that has traditionally been stigmatised in casual conversation (Rusch, Angermeyer, & Corrigan, 2005). This stigmatised dismissal of a person's mental struggles may be brought into psychotherapy along with their other difficulties, and can cause them to withdraw further from social life. While a great deal of work has been invested into reducing this stigma (Day, Hunt, Cortis-Jones, & Grenyer, 2018; Rusch et al., 2005; Thornicroft et al., 2016; Yamaguchi et al., 2013), the battle is far from won.

There is some overlap between the use of graphic medicine in psychotherapy and the use of these graphic mediums in *bibliotherapy* (Hynes, 2019). Bibliotherapy is a method of self-help which involves the use of reading, writing, or interaction with some other method of information or storytelling (e.g. songs), as a way to promote psychological health (J. Miller, 2018; D. Miller, 2019). Multiple meta-analyses have shown that bibliotherapy is effective for the treatment of both depression and anxiety (Cuijpers, 1997; Yuan et al., 2018), for alcohol use disorders (Apodaca & Miller, 2003), and even for sexual dysfunction (Marrs, 1995). Bibliotherapy covers a wide range of literature, from self-help manuals to more creative fictional endeavours. It is the latter that is of particular interest in this article. Engaging with themes or characters which share similar experiences can provide people with affirmation, validation, and ideals that they may hope to embody themselves. Furthermore, bibliotherapy may assist individuals to explore themes and difficult feelings from a place of psychological distance (Schulenberg, 2003). Individuals with mental illness have probably engaged with such attempts at self-therapy long before they enter our room. Acknowledging the efforts and methods that our clients have previously used to cope with their difficult feelings (e.g. bibliotherapy), can also provide an opportunity to actively explore those same themes, characters, and ideas within the psychotherapy (e.g. graphic medicine).

Otaku are one such sub-population who seem to find great personal meaning and an expression of their self-identity through their otaku type passion (Lamerichs, 2011). Otaku refers to an obsessive fan base of some aspect of Japanese popular culture—such as anime, manga, and *cosplay* (i.e., *using costumes to role-play characters from anime and/or manga*)—usually at the exclusion of other aspects of functional life. A Western equivalent would be the somewhat similar concept of *geek* or *fanboy* (Hills, 2002; Larsen, 2018; Newitz, 1994). Otaku present with relatively higher incidence of mental illness and social withdrawal (Li & Wong, 2015; Suwa & Suzuki, 2013; Teo, 2013), and are thus susceptible to isolation from social supports and professional psychotherapeutic services. Withdrawal from real world relationships may cause the otaku to meet those relationship needs through the surrogate characters of their otaku-based passion. Furthermore, otaku tend to avoid competitive activities because their sense of self cannot tolerate the feelings of failure (Suwa & Suzuki, 2013). Inversely, they also avoid the possibility of success and the subsequent benefit to their self-identity. I argue throughout this paper that the manga or anime that they withdraw into could also serve to pave the way back to mental and social health. Accordingly, the psychotherapist would need to engage with the client's chosen manga or anime in order to share that experience with them in the therapy.

Value of Shared Experience in Psychotherapy

Hobson (1985), the co-creator of CMT, wrote a story of an adolescent client whom had resisted all attempts at conversation over months of therapy. One day, by happenstance, the attempted conversation turned to the cricket test match that was playing at the time. The client smiled for the first time in the therapy. It turned out that they both shared a love of cricket, and an instant rapport was formed. For the first time, the client felt that they could contribute something of value to the conversation and both Hobson and his client felt joy. Hobson pointed out that the topic they shared had some value in the psychotherapy, but what they did with that shared experience next was more important: they developed a mutual feeling, expressed through the language between them, which acted as a process through which they could learn to understand each other. This *mutuality* between the client's and the therapist's immediately shared experience is a core component of CMT (Halovic, Korner, McLean, Chapman, et al., 2018; Meares et al., 2012).

The process underlying Hobson's (1985) example can be extended into virtually any joyful experience shared between the client and the therapist. Ceranoglu (2010) argued that video games could effectively be used in psychotherapy with youths and adolescents. Playing video games is a common pastime amongst youths, therefore therapists who also play video games have the potential to develop stronger therapeutic alliances by engaging with their clients through that entertainment medium. Video games can be used: to develop skills of cooperation and management of frustrated feelings; to identify, clarify and resolve conflicts; and even to evaluate client's cognitive capabilities.

There are numerous other examples in the scientific literature of psychotherapists using some form of popular media to facilitate the therapeutic process, through the use of metaphors, exploration of themes, and the personification of various psychological states (Schulenberg, 2003). Enfield (2006) wrote of using role-playing games (e.g. *Dungeons and Dragons*, *Marvel Hero Clicks*) within both group and individual psychotherapy. Noctor (2006) used *Harry Potter*, while Saldana (2008) used *The Wizard of Oz* for therapeutic benefit. Rubin (2008) described how he used the metaphors and character dynamics contained within the popular anime *Naruto*, within psychotherapy with a 10 year old boy.

Naruto

Naruto is a popular manga (Kishimoto, 1999-2014) and anime (Pierrot, 2002-2007, 2007-2017) series, which I count myself among the fan base. *Naruto* follows the story of an orphaned boy (i.e., Naruto) who has the demon nine-tailed fox sealed away within his body. The nine-tailed fox is drawn from Japanese mythology and describes a creature of huge destructive malevolence, on par with that of a natural disaster (e.g., tsunami, earthquake). The villagers perceive the destructive trauma of the nine-tailed fox instead of the vulnerable boy. Consequently, Naruto is socially isolated, ostracized and lacking the opportunity of an attachment figure to facilitate his continued development. Naruto

subsequently becomes troublesome to the villagers (e.g., pulling pranks, graffiti), preferring the reception of negative attention over no attention, which in turn only reinforced the villager's negative appraisal of "that demon fox boy".

This nine-tailed fox serves as a powerful metaphor for mental illness, paralleling Winston Churchill's *black dog*, however the fox serves as a better metaphor for the stigma associated with mental illness. The sealing of the fox inside Naruto was outside of his choice or control and thus becomes a burden to carry with him at all times, similar to the psychological effects of developmental trauma (van der Kolk, 2009). Naruto copes with this ongoing ostracism through *defensive exclusion* (Haliburn, 2017); that is, by angrily dismissing his need for anyone else and thus deny other's negative opinions of him. Naruto's dismissive rage serve to protect him against the pain of loneliness, vulnerability, and social ostracism, a coping mechanism that we later find out is the same reason the nine-tailed fox initially became so destructive. Another way of saying this is that Naruto developed a dismissive attachment style (Bowlby, 1969; Hesse & Main, 2000; Main, 2000) because his own legitimate feelings were consistently dismissed and over-ridden by other's discriminatory perceptions of the fox/mental illness.



Figure 1 (Pierrot, 2002-2007). Naruto sits alone, watching all his graduating classmates surrounded by their loving families. Naruto was the only person from his class who failed to graduate from the ninja academy. The villagers can be overheard talking about how glad they are that Naruto failed because he would only bring trouble to the village. This is an iconic scene used repeatedly throughout the series, depicting the social ostracism and isolation that Naruto experienced and the emotional pain he consequently felt.

Attachment and Relatedness

Iruka, a school teacher, is the first person to acknowledge Naruto as a person in his own right and separate from the nine-tailed fox. He became Naruto's first attachment figure. Iruka bonds with Naruto through *empathic resonance* (Haliburn, 2017) while they talk, often while eating ramen, a dyadic exchange that parallels that which occurs in the psychotherapy of CMT. With Iruka's support and validation, Naruto graduates from school to become an apprentice ninja, an achievement that he had failed several times before. Naruto finally achieves something of socially accepted value, to which he could attach his self-identity (Meares, 1999) and thus begin his development of "self" (Meares, 2004b; Meares, 2006).

Furthermore, Naruto continues throughout the series to acquire new power every time he earns the acknowledgment of another person. Sometimes, these acknowledgments come from friends (e.g. Sakura, Kiba) or teachers (e.g. Kakashi, Jiraiya), and other times they come from enemies in the midst of battle (e.g. Gara, Nagato). The latter context speaks to a common theme of manga/anime, in which battles are rarely just a fight, but a clash of ideologies which underlie their physical combat. In the *Naruto* series in particular, villains often see themselves as heroes, so the clash of ideologies speaks to a conflict much deeper, more ambiguous, and somewhat reminiscent of the *psychodynamic dissonance* (Fulmer, 2018; Meares, 2006) that we can experience within ourselves.

Naruto otaku often joke in online forums of Naruto's "talk no jutsu", which refers to Naruto's ability to turn foe into friend simply by talking with them. Naruto's truest strength throughout the series is his ability to relate to and acknowledge the struggles of others. In the words of Naruto's friend, Shikimaru, Naruto makes "me want to walk with him" (Kishimoto & Date, 2010, episode 169). Naruto was saved from his own ostracised suffering through the power of relatedness, a power which Naruto would later use to save others from their own suffering. The ability to relate to our client's feelings and form a positive therapeutic alliance is well known to be predictive of positive therapeutic outcome (Coleman & Neimeyer, 2015), and Naruto consistently shows the application of this skill.

Language of the "Other"

CMT uses the language of the "other" as a tool to co-create a shared collaborative space between the therapist and the client (Meares, 2004a; Meares et al., 2012). The client comes into therapy with their own story (i.e., narrative script), way of relating through language, sense of agency, and their own coping mechanisms (e.g., withdrawal into anime/manga). Studies have shown that what the client brings with them into the therapy predicts up to 87% of their therapeutic change (Bohart & Tallman, 2010a, 2010b). The therapist thus uses what the client brings with them as the vehicle for therapeutic change.

When the therapist engages with and uses the client's language, they create opportunities to understand the client, and more importantly, for the client to feel understood. When the client feels understood, they often experience a validation of their experience, and when the client's experience is validated, they also feel understood. Furthermore, this shared language potentiates the use of metaphors to discuss context or experiential processes that might be difficult to express in other ways. These shared

metaphors thus provide opportunity to play around with the client's experiences, ideas, and perceptions in a way that may not be as threatening to their self-concept or trigger their primed coping mechanisms (Meares, 2005).

Even though a therapist may more easily develop and use these metaphors if they too have a deep liking for *Naruto*, it is by no means necessary. CMT uses these conversational tools to co-create a mutual understanding between the client and the therapist. This meeting of two minds thus creates a "we" space in the conversation, which is more than what the client could contribute alone. The therapist repeats what the client has contributed, thus validating their experience, and then tentatively adds something more, inviting the client to continue the conversation. This process is called *analogical relatedness* (Meares & Jones, 2009) and it helps the client to develop their reflective understanding and open up the potential for change within the client's mind.

If the client is an otaku of *Naruto*, then this paper provides many ways in which the client's interest and knowledge of *Naruto* could be used to facilitate conversation around the difficulties that they may be experiencing. Furthermore, by using the ideas and language around something that the client is passionate about, the therapist is also capitalising on what is *most alive* in the client's experience: that positive affective feeling of improved agency, self-esteem, and optimism which is experienced when they feel a synchrony between their inner self and the outer world (Meares, 1999, 2004a, 2004b). CMT actively amplifies what is most alive in the client's language to bring these positive experiences, which may be hidden, to the surface of their conscious awareness (Meares, 2006). The *amplification* of these "alive" felt experiences are thus used to counteract the many negative felt experiences that clients typically bring to psychotherapy. Psychotherapy should be a positive experience and does not need to be painful. A *Naruto* otaku already brings to the therapy the positively alive affect they associate with *Naruto*, and this can be accessed, amplified and utilised for therapeutic benefit.

"Chakra" as a Resource

In the *Narutoverse*, ninjas fuel their superhuman abilities with *chakra*, which is a combination of mental and physical energy. Doing something that requires effort depletes the ninja's chakra reserves, where more powerful abilities tend to also use more chakra than less powerful abilities. To replenish their chakra, the ninjas need to rest or focus their mind in a meditative way. Depression could metaphorically be considered as the experience of abnormally low chakra levels, where basic tasks require the person to use up their meagre chakra reserves. In contrast, anxiety disorders or mania could be described as being flooded, perhaps overloaded, with chakra, which is then used up very quickly. Certain behaviours (e.g. functional fidgeting, grounding techniques) could possibly be used by clients to syphon off some of their chakra in an effort to regain control over themselves. Similarly, some behaviours can produce more chakra (e.g., eating healthy food, restful sleeping) so they can be more equipped to deal with the challenges of life. Chakra management is similar to the utility of the *inverted-U hypothesis* (Teigen, 1994) for performance where the person needs to have sufficient chakra for the task but must also manage the flow of that chakra in the most efficient way possible.

Chakra, which is somewhat analogous to arousal levels, provides an excellent metaphor to describe why we may perform/function very well on some days but poorly on others. This terminology can be especially useful for clients with rigid expectations of themselves, as it takes into account their natural rhythms and flows and how this may change from day to day and minute to minute (Nesselrode & Salthouse, 2004; Salthouse, Nesselrode, & Berish, 2006). For example, a client who is experiencing near panic before and/or during a psychotherapy session will be burning through very large amounts of chakra. By the end of the session, or perhaps once they get home, they may feel a sudden exhaustion as they realise they have used up most of their chakra and may possibly experience a post-anxiety dump into a depressive state. If that client still has high expectations of themselves at this depressive point, then feelings of failure and shame would likely follow. Their self-esteem may fall, while their perceived disability from the anxiety may inflate, therefore creating a more intense, and possibly more entrenched, state of anxiety for future challenges. If the client understands that their ability to meet their self-imposed goals will always be relative to their accessible chakra levels on any given day and in any given minute, then they can structure their lifestyle where more difficult tasks can be completed on high chakra days and relatively simpler tasks on low chakra days. They will therefore be productive and functional in both instances, but they will learn to accept the influences of their mental illness as a companion to be travelled with, instead of a master they must fear and hate. Much like Naruto and his eventual acceptance of the nine-tailed fox.

I have found the metaphor of chakra to be especially useful when interacting with my own children. The broader concept of chakra can be used to encapsulate quite complex experiences while still being easy to communicate. My children only need to say that they have “low chakra today” and I understand that I need to lower my expectations of them but also that they will need a bit more nurturing than usual. Inversely, if they have an abundance of chakra, then I can find a way to use it in a productive way (e.g. challenge them to a sit-up competition). Together, we have developed customised systems, embedded within a shared language, so they can manage their own chakra use and maintain their functionality throughout their life. For example, they may sit at their school desk squeezing slime as a way to siphon off some of their chakra thus increasing their ability to mentally focus on their school task. This simple example with my own children also captures the same techniques which are utilised within CMT to develop client awareness around their own psychological processes and further improve their self-reflective and emotional regulation capabilities.

However, the most important benefit of using chakra as a metaphor is the idea that chakra can be trained; it is not a fixed state. Clients can train themselves to increase their overall chakra reserves and/or to learn how to use their current chakra reserves more efficiently and thus be more productive. We are not stuck with our current chakra levels or our current ability to use that chakra. Psychotherapy could be described as a process to understand and develop our chakra using ability in healthier, more functional ways.

The Value of Failing Forward

Given that our ability to function, or perform our various responsibilities, varies at different times, it is inevitable that some attempts will result in failure. Failure can feel unbearable for people with an under-developed sense of self and/or who were raised in a dismissive/critical environment. That experience of failure reinforces previously experienced traumatic attacks on their value (Meares, 2004b), and a fear of failure can form over time. Consequently, this fear of failure and the harmful effect on their sense of self, can lead to the avoidance of any circumstance with the potential for failure (Suwa & Suzuki, 2013). Unfortunately, it also results in the avoidance of any circumstance that could potentially result in success. In order for the client to develop a sense of personal value through effort-driven successes, they need to build resilience to failure.

Fortunately, a common theme in anime is the value of tenacity in the face of failure. Naruto is no different. However, there is one character, Lee Rock, who shows us an innovative way to make your own failure into your greatest strength. There are three sets of skills that ninjas use to survive in their world: 1) *Ninjutsu*, which is basically a variety of spells, 2) *Genjutsu*, which are illusionary techniques, and 3) *Taijutsu*, hand to hand fighting techniques. Lee has no natural talent in ninjutsu and genjutsu and only average talent in taijutsu. Consequently, most people dismiss him as a failure from a very young age. That is, until Lee is taken under the wing of his own attachment figure, Guy Might. Guy teaches Lee the secret strength of *failing forward*; to set yourself lofty goals, but to set even loftier goals if you fail. For example, Lee may set the goal to accomplish 5000 kicks in training, but if he fails at that he will need to do 10,000 punches, and if he fails that he will have to walk around the whole village on his hands, and so on. The idea behind failing forward is that every failure is met with greater preparation for the next challenge. Eventually, failures turn into successes. Success is inevitable.

However, failure is also inevitable because the standard set (e.g., 5000 kicks) keeps getting higher after each failed attempt. This means that any failure can create a domino effect of subsequent failures. It is natural for us to feel an element of distress when we fail or if we draw criticism from others and a series of failures can produce a cumulative effect on our sense of self (Meares, 1999; 2004b). One could avoid these falling dominoes by simply lowering the standard of the first attempt, however that would also limit the pleasurable feeling of happiness that comes with personal achievement (Uchida, Norasakkunkit & Kitayama, 2004). Essentially success is meaningless if effort is not also invested into the achievement. Tenacious grit in the face of failure is a strong predictor of success, life satisfaction, wellbeing, and personal identity (Mooradian, Matzler, Uzelac, & Bauer, 2016; Singh & Jha, 2008; Weisskirch, 2019). Failure is also a part of success.

It is easy to accept the idea of learning and growing from failure, yet it is much harder to do it in practice. How we define and measure success and failure is important. What level should the standard be set? Set the bar too low and the success is meaningless. Set the bar too high and the client may lose motivation before the success is reached. Lee again provides us with an answer to this dilemma; “become stronger than the you of yesterday” (Kishimoto & Date, 2007, episode 28). When the client compares themselves to the standard they reached yesterday, failure doesn’t feel as harmful to their sense of self.

They have not really failed and thus they are not a failure. They have merely maintained the standard they set yesterday. Or if they performed worse than yesterday, they still know with certainty that the standard is possible for them to reach again. Consequently, the natural peaks and valleys of performance become easier to observe and can soften the client's rigid expectations of themselves (Nesselrode & Salthouse, 2004; Salthouse et al., 2006). Failing in a task does not make them a failure; it is just another step on the path forward. Playing with the idea of failing forward in psychotherapy can help to lessen the strength of failure/criticism as a trigger of distress and perhaps help to pull our clients out of their entrenched mental illness patterns.

Psychodynamic Constructs

Upon graduating from school, Naruto becomes part of a three-person team with an overseeing teacher. This three-person team parallels Freud's (1920, 1961) concepts of *id*, *ego* and *super-ego*, which has historical roots for psychodynamic therapies like CMT (Fulmer, 2018; Haliburn et al., 2018; Shedler, 2010). Naruto, who is mostly ruled by his feelings, represents the *id* in the triad. Naruto emphasises the importance of felt experience and often screams for acknowledgment of his feelings, which also contradicts the stealthy lifestyle of a ninja. Sasuke, on the other hand, represents the *ego* and is the main rival for Naruto. He is an intellectual genius and easily acquires skills to support his ninja lifestyle, however he often dismisses his own feelings and those around him. Sasuke is easily acknowledged by others, admired for his intellect and skill, but he is usually ill-equipped to appreciate the admiration of others. Sasuke dismisses his own need to relate to others, instead arrogantly assuming that there is no value to be gained from felt experiences. In CMT (Hobson, 1985; Meares, 2004a), dismissal, suppression, and denial of our feelings often causes our feeling states to be expressed in other ways, such as somatic symptoms, self-harm, or dissociation (Abbass, 2005; Haliburn, 2011, 2017). These symptoms typically worsen as the feeling states are increasingly suppressed/denied, essentially screaming for acknowledgment (Barsky, Goodson, Lane, & Cleary, 1988). Despite the dismissal of his own feelings, Sasuke presents with the symptoms of profound depression (e.g. focus on negative affect, isolating himself from others, even physically dwelling in the darkness) with narcissistic coping mechanisms. Sakura is the last of the triad and represents the *super-ego*. She often plays the role of mediator between Naruto and Sasuke, who consistently fight and compete for dominance. Sakura's contribution to the team is often dismissed by the *Naruto* fan base because she does not excel in the prestige of battle like Naruto and Sasuke, however her contributions are essential for the formation and maintenance of team cohesion.

The interpersonal dynamic relationships of Naruto, Sasuke, and Sakura resemble the inner processes of our minds and may be explored in the therapy through a variety of different ways. The discord between Naruto and Sasuke mirrors the same conflicts that we often experience between our thoughts and our feelings. The therapist and client might therefore explore together the nature of that discord, or how they overcome that discord to work more harmoniously with each other, or how Sakura could have facilitated the development of that harmony better. The therapist and client may also find that they

have different interpretations of the characters or the interpersonal dynamics between them. These differences can be explored in session to help the client build critically reflective awareness of how others may perceive us differently to how we intended, or how we may attend to different pieces of information in a scene. Consequently, the client may develop greater insight into their problems and potential solutions for those problems may emerge from the conversation.

Another triad of apprentice ninja may act as a good comparison for conversations about how the different components of ourselves interact, and specifically how effective a team can be when the various parts efficiently co-ordinate with each other. Shikimaru (ego), Choji (id) and Ino (super-ego) each have relatively weak powers in the *Naruto*verse, yet they are able to defeat much stronger foes through the combination of their powers. For example, Shikimaru's shadow binding technique holds an enemy still long enough for Ino to psychologically take control of their body, which in turn allows Choji's slow but powerful attacks to finish them off. It is important to note that Shikimaru's team, relative to Naruto's team, are wiser in how they relate with each other. Shikimaru, relative to Sasuke, is wise enough to appreciate the strength of Choji's feelings. Choji, relative to Naruto, is wise enough to trust the intellect of Shikimaru and therefore the best utilisation of his skills. Ino, relative to Sakura, effectively balances the strengths and weaknesses of both Shikimaru and Choji. They work as one unit with many parts, similar to theoretical descriptions of a fully developed sense of self (Meares et al., 2012).

Nevertheless, some psychodynamic processes of our minds are still difficult to see and understand. Our self-awareness of these processes are obscured further by our many coping mechanisms. Probing too close to those coping mechanisms can trigger strong reactions in the client, possibly causing disjunctions between therapist and client. The personified metaphors of the various *Naruto* characters may potentially bypass those coping mechanisms because the conversation revolves around a fictional other, instead of the traumatised, vulnerable self (Noctor, 2006; Saldana, 2008; Schulenberg, 2003). Rubin (2008) showed that the value of using these personified metaphors in therapy is still maintained when the client understands that the discussed metaphors actually represent some component of themselves. More specifically, Rubin used the nine-tailed fox as a metaphor for powerful but uncontrollable feelings of anger, and he used the dynamics within Naruto's team to discuss and understand the client's relationships with others. Conversations of fictionalised "others" feel emotionally safer than conversations probing our intimately sensitised selves. Furthermore, the invisible processes of our inner minds can be brought out into the visible world, where they can be safely played with through psychotherapeutic conversation and hopefully lead the client to a better understanding of themselves.



Figure 2 (Pierrot, 2002-2007). Naruto's ninja team mates. Sasuke (left), Sakura (middle), Naruto (right), and their teacher Kakashi (back). Notice how Sasuke is dismissively looking away while Naruto looks directly at Sasuke with raw feelings of frustration.

Right Hemispheric and Left Hemispheric Language Processes

The id and ego both have different ways of communicating in the world. In CMT, these different forms of language are described as *left hemispheric language* and *right hemispheric language*. Left hemispheric language, sometimes called *social speech* (Meares, 2004a, 2012; Meares et al., 2012), is linear, logical, and capable of proposition formation. Sasuke often uses this type of speech, communicating the reasoning behind his decisions. In contrast, right hemispheric language, sometimes called *inner speech* (Meares, 2004a, 2012; Meares et al., 2012), is relatively asyntactical, laden with affect, analogical, and communicates the immediate reality of the speaker. Naruto often uses this type of speech, where he speaks in short affect laden utterances, usually without much forethought, often struggling to explain what he means.

CMT was originally developed as a way to treat people with, what is now described as borderline personality disorder, which could be described primarily as a right hemispheric disorder (Meares et al., 2012). More specifically, the right hemispheric functions were stunted due to early developmental trauma, resulting in a running chronicle that is

dominated by left hemispheric language. A *running chronicle* is when language is used to describe a sequence of events, lacking the influence of right hemispheric features, such as emotions, intonation, prosody and references to the speaker's role in the story (Meares, 1998; Meares et al., 2012). Clients presenting with a running chronicle may sometimes be described as *intellectualising* because they deny the value of their emotional feelings (i.e., right hemispheric processes) by dedicating themselves completely to the value of logical reasoning (i.e., left hemispheric processes). Consequently, intellectualising clients often have difficulties forming and maintaining social relationships because they are ill-equipped to pick up the contextual social cues of other people's emotional states (Manstead, 2010). While the intellectualising Sasuke mostly denies his feelings in favour of his intellect, he still has deeply intense feelings. Sasuke experienced developmental trauma as a child when his whole family was murdered by his older brother, whom he had idolised. Sasuke was ill-equipped to deal with his consequent feelings of hate, anger, and depression, and coped through intellectualising. However, his genius intellect was still only able to understand and explain his needs in simple terms: "to obtain power". If Sasuke could process those feelings in a safe therapeutic-like space, he would not feel the need to align himself with villainy.

CMT works primarily through the affect of right hemispheric language. One of the main aims of CMT is to develop the client's right hemispheric processes until they can be balanced and integrated with their left hemispheric processes. When both hemispheric processes work cohesively with each other, the individual has more tools to deal with any given problem and thus is better equipped to adapt to the different needs of any situation. Naruto and Sasuke's constant rivalry mirrors the sometimes-conflicting processes of our feelings and our thoughts. Naruto constantly devalues Sasuke's intellect and Sasuke continually devalues Naruto's feelings. Apparent to the viewer, but not to Naruto or Sasuke, is that they both hold the answer to each other's suffering. It is not until the very end of the series that Sasuke finally understands and accepts the value of his own feelings and the importance of surrounding relationships in maintaining his mental health. Similarly, Naruto eventually learns to value the judgement of Sasuke, and how to balance his own impulsiveness with forethought to the consequences of his actions. When Naruto and Sasuke validate and accept each other's strengths, the opportunity to also develop their own limitations is discovered. They realise that they are stronger together than they are apart.

Development of Self

Naruto's developing sense of self is symbolically shown through his signature ninja power: the ability to make clones of himself. The suffering of ostracised isolation is replaced with the ability to draw comfort while in his own company. The feeling of positive affect is not restricted to the validation from others. Furthermore, Naruto finds within himself the agency to influence how others view him; by contributing to the village, a stark contrast to his previous prankster behaviour. Naruto continues to find new and innovative ways to work with his clones, and metaphorically within himself. Separate clones could be

assigned different components of a task, which makes seemingly impossible tasks possible. Consequently, he is better able to adapt to the many challenges of living in the “ninja” world, and is able to experience positive affect for his own efforts.

Meares (2004a), the co-developer of CMT, argues that a sense of “self” is shown through the ability to adapt to different challenges. In contrast, developmental trauma can cause a person to become *stimulus entrapped* (Manstead, 2010; Meares, 1997; 1998; Meares et al., 2012), whereby a response behaviour which served to cope with the initial trauma becomes the dominant response and over-rides alternative, potentially more functional, coping mechanisms. Naruto learns to access some of the nine-tail fox’s power through his felt expression of anger. This increased power is initially functional because it helps Naruto in his battles with other ninjas. However, he can also become a danger to his friends when, in his rage, he loses the ability to distinguish friend from foe. Naruto struggles throughout the series with this dilemma of constantly training for more power but at the potential cost of the very reason he was seeking that power: to protect his friends.

The solution to Naruto’s dilemma comes much later in the series where he faces the darkness within himself and finally the nine-tailed fox. It is easy to see the parallels of this part of the story with that of psychotherapy. Naruto has a guide (i.e., therapist) in the form of Bee who, like Naruto, has the demon eight-tailed ox sealed inside him. Bee was reputed to have attained mastery over his inner demon and is viewed by his village as a hero. Bee helps Naruto throughout his journey, but is still unable to do the most difficult work for him. Bee helps Naruto meet all the parts of himself that he could not previously face: his fears that others were correct in that he was a failure, his anger and resentment at his treatment by others, his envy of the bonds that others were able to form. Despite the darker versions of himself lashing out in an infantile way, Naruto wisely decides to accept the darkest parts of himself within a loving embrace. This part of the story illustrates one of the goals of CMT, to help the client integrate their trauma into their sense of self (Meares et al., 2012). Once integrated, the client can talk about those traumatic memories without fear of fragmentation or dissociation, their ability to self-regulate is improved, and their newly experienced psychological cohesion can result in the changing of maladaptive coping mechanisms to more diverse adaptive coping mechanisms (Haliburn, 2009). Through integration of self, Naruto learns to accept himself for who he truly is—the good and the bad—and finally breaks out of his previous stimulus entrapment.

Naruto, with his newfound self-knowledge, faced the demon fox head on. The nine-tailed fox had been imprisoned within Naruto’s body for the past 16 years, and dismissed as a natural disaster long before that. The fox had thus accumulated a great deal of pent up rage and resentment, somewhat similar to Naruto’s feelings when he was still a young troublemaker. Finally, with the possibility of freeing himself by defeating Naruto, the fox throws every bit of his rage at Naruto, desperate to escape his shackles. Naruto does not defeat the fox by responding with aggressive dominance, but with love and acceptance, this time through the loving support of his long dead mother. Naruto has no explicit

memory of his mother because she sacrificed her life to protect him when he was a newborn baby. However, that positive attachment bond was still locked away deep within his subconscious, an idea that is now supported by the literature on attachment (Hesse, 2008; McLean, 2015). Naruto's loving acceptance of his true self, which includes the non-conscious love of his deceased mother, was enough to defeat the fox's rage. Naruto shows the fox the same loving acceptance that Iruka showed Naruto those many years before. Naruto and the nine-tailed fox become friends, partners, to make each other stronger, and to mutually alleviate the suffering of invalidating isolation. The nine-tailed fox, who is now referred to by his name "Kumara," transcended the projected fear and anger that lead to his previous destructive tendencies and instead became a hero to the people. Naruto reaches the pinnacle of his power only when he faces and accepts the mental illness that resides within him, working with it instead of against it.

Conclusion

The story of Naruto really tells of the power of relatedness in the transformation of a person to a better version of themselves, with a more fully developed sense of self. The processes of psychotherapy can be described in a similar way. The early attachment figure of Iruka played a pivotal role in Naruto's development and his ability to overcome developmental trauma and subsequent mental illness, which perseveres throughout the rest of Naruto's serialised life. Naruto consistently shows that his true power is his ability to relate to others; turning foe into friend through conversation, albeit a conversation in the midst of battle. A process that he eventually uses to make peace with the nine-tailed fox (i.e., his own mental illness) and become a more functional and valued person within his world. Naruto's many "failures" pave the way for his successes, and he often claims that he would not lose because he *was* a failure. Naruto faces his true self— a difficult task for even the best of us— and is able to transcend the traumas of his past.

Discussion of the Narutoverse provides an established framework that is already charged with positive affect and meaning to the client, but can be used therapeutically to discuss and understand a wide variety of mental illness experiences without triggering entrenched dysfunctional coping mechanisms.

It is my hope that other clinicians will apply the underlying idea of this paper in the psychotherapy they provide for their own clients. The main ideas of this paper do not need to be limited to the context of *Naruto*. Shared interest in virtually any form of popular media (novels, movies, TV shows or computer games) could potentially be used to facilitate the psychotherapeutic process and thus improve therapeutic outcomes. For example, discussing the limits of intellectualisation through Spock's (Star Trek) inadequacy in understanding the nuances of human interaction. Or how Viktor Krum's (Harry Potter) spells usually rely upon his embodied dispositions while Hermione Granger's spells reflect her keen intellect. There is value in what our clients bring with them to psychotherapy, and their virtues do not need to be forgotten behind the focus on pathological symptomologies.

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