

What Buddhist Psychotherapy Really Is

By Dr. Miles Neale

Buddhist psychotherapy, which has been adopted in the last several decades, is a novel approach to the clinical practice of mental health. It combines aspects of conventional psychotherapy with traditional Buddhist psychological theory and practice. Because there are several sub-schools of psychotherapy and Buddhism from which to integrate, there currently is no single formalized clinical approach to its practice. Therefore, Buddhist psychotherapy differs widely in its presentation among diverse practitioners.

For example, a contemplative psychotherapist trained at Naropa University in Boulder, Colorado, employs a method stemming from the teachings of the Tibetan Buddhist Kagyu-Nyingma master Chogyam Trungpa. This may differ from the approach taught at Nalanda Institute for Contemplative Science in New York City, developed by American Buddhist Gelugpa scholar and psychiatrist Dr. Joseph Loizzo. However, practitioners of both approaches may call themselves Buddhist psychotherapists. Although still a relatively new conception, Buddhist psychotherapy continues to grow in popularity within Euro-American mainstream culture. In response, greater coherence and standardization are needed to ensure its long-term viability.

While it may take years to develop theoretical and methodological consistence, there are some common elements that distinguish the Buddhist approach from the more conventional psychotherapies of cognitive-behavioral therapy and psychoanalysis. Following are some general characteristics that define Buddhist psychotherapy according to the professional training program of the Nalanda Institute developed by Dr. Joseph Loizzo (2012).

Diagnosis and Etiology in Buddhist Psychotherapy

Buddhist psychotherapy views our usual state of mind as significantly underdeveloped, dysfunctional, and outside of our conscious control. In short, we are all delusional from this perspective. Our state of dysfunction goes unrecognized because it is so common that it is considered ordinary. There are a number of defense mechanisms within a person's mind that conceal the level of dysfunction from oneself and others, thus perpetuating it. The entire range of psychological suffering—from mere dissatisfaction to severe psychopathology—is a function of this untrained mind, which has been adversely habituated away from its natural state of balance and health.

The dysfunctional mental tendencies of unconsciousness, inaccurate perception, unrealistic cognitions, disturbing emotions, and reactive actions are all rooted in a single, deeply ingrained misknowledge (avidya) known as the evolutionary self-habit (atmagraha). Our state of dysfunction and its resulting suffering are created from a causal cycle of psychological processes originating from this self-habit, which is captured succinctly in verse 2.3 of the *Yoga Sutras* of master Patanjali: ***avidyā-asmitā-rāga-dveṣa-abhiniveśaḥ kleśāḥ***. The self is mistakenly reified (assigned ontological realness), then erroneously experienced as a separate entity, becoming preoccupied with its own security and identified with its own traumatic narrative. It then grasps at external experiences and objects due to fear-based attachment, rages at externalized

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threats because of entitled defensiveness, and clings unrelentingly to its autonomy in the face of inevitable change and death.

As will be discussed later, the Buddhist method attempts to break the chains of this causal cycle, counteracting each stage in the process with antidotes that work on the principal of *reciprocal inhibition*. An ethical lifestyle counters reactive actions, the development of positive attitudes such as love and compassion counter grasping and aversion, and the wisdom of relativity counters the root misperception of separate autonomy.

Conventional therapies have their own classification of mental obscurations. Cognitive-behavioral therapy (CBT) identifies mental schemas such as personalization, overgeneralization, and catastrophizing. These represent patterns of distorted thinking that inhibit appropriate action. CBT is designed to promote awareness of these distortions and positively reinforce adaptive behaviors based on rational thought processes. In classical psychoanalysis, unconscious defense mechanisms such as denial, splitting, and projection are identified as preventing psychic equilibrium and the genuine expression of self. In this method, defenses are made conscious, rendering them superfluous, and health is achieved when one develops new, more appropriate ways of accessing validation, love, and connection.

In sum, all therapies recognize a set of psychological obscurations that prevent mental health. What defines Buddhist psychotherapy is its recognition of the self-reification habit that underlies an unconscious process of identification with a traumatic narrative, considered the root cause for all other disturbances of the mind.

Objectives and Goal in Buddhist Psychotherapy

Those that see the objective of Buddhist psychotherapy as just being mindful of one's momentary experience without judgment have failed to understand the crucial role that wisdom (prajna) and action (karma) play in the process of healing and change. What if your mindfulness practice reveals just how terribly depressed or anxious you really are? Surely that's not the aim? The goal of Buddhist psychotherapy is to retrain dysfunctional processes of perception, cognition, emotion, and behavior so as to achieve a psychological state, and eventually a trait, of happiness. This is done so by targeting the root cause of self-reification and identification with traumatized self-images, thereby cutting the resulting emotional, behavioral, and bio-chemical reinforcement contingencies.

The mind that eliminates the root cause eventually achieves freedom (nirvana) from negative emotions (klesha) and compulsive actions (karma), and arrives at a state of awakening (buddha). The awakened mind completely reverses the causal cycle of suffering and therefore perceives the relative nature of self and reality clearly, feels completely contented, loving and interconnected with all of life, and consciously acts skillfully for the welfare of all.

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To achieve this goal, Buddhist psychotherapy tends to assume a relatively stable personality in patients and concerns itself with optimal health, peak potential, and advanced stages of human development along the continuum from adulthood to enlightenment. In contrast, conventional therapies have tended to focus on psychopathology, dysfunction, and arrest in the development of personality. Some theorists (Wilber 1993) argue that combining the developmental models from both Buddhist and Western traditions offers a more comprehensive view of human development that spans childhood to enlightenment. Other theorists suggest that these developmental lines are merely theoretical constructs, and that in practice both Eastern and Western traditions offer their own full-spectrum models (Loizzo 2000, Rubin 1996).

Whether addressing psychopathology or encouraging psychological flourishing, Buddhist psychotherapy maintains that the purpose of a human life is to achieve its highest evolutionary potential and experience sustainable happiness and complete freedom from suffering. As lofty a goal as this might seem, it is important to consider that Buddhist psychotherapy originates within an infinite life paradigm, which assumes a continuity and evolution of consciousness that spans multiple lifetimes. In a similar way that modern science observes how genetic coding passes and evolves transgenerationally, and how modern physics discerns the conservation of energy, the goal of Buddhist therapy is to voluntarily intervene and direct the evolution of one's consciousness beyond its identification with a physical body or static personality in a single lifetime.

Treatment Methods in Buddhist Psychotherapy

It is clear that all psychotherapies emphasize introspection aimed at self-understanding and rely on the healing relationship. The Buddhist method in particular, incorporates an insight-oriented dialog and interpersonal role-modeling during the session with a contemplative educational triad of meditation, study, and lifestyle between sessions.

Insight-oriented Dialog

Similar to the methodology of cognitive therapies, in the Buddhist approach therapist and patient work together to identify dysfunctional mental patterns of thinking, feeling, and behaving that stem from a patient's identification with their traumatic narrative. Once these specific issues are recognized, patients are prepared to use the healing relationship as an emotional corrective and employ meditation techniques to counter their particular cognitive-affective-behavioral habits. A vital nexus exists between the interpersonal process of therapy and the individual process of meditation that enhances the work of both. While the therapeutic dialog helps to uncover specific aspects of consciousness that need working through, meditation provides access to consciousness itself for the purposes of self-correction and intentional redirection. The integration of therapy and meditation helps fill the gap that either method alone might neglect.

For example, I have observed how some meditators who have not undergone therapy possess blind spots in their personality issues and defenses, and therefore *bypass* their core conflicted tendencies resulting from past traumas. Conversely, I have observed some overly therapized patients without a meditation practice struggle to leverage their

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personal insights into a sustainable action plan towards transformation. But when a patient possesses specific insight into his or her personal issues, has a consistently available emotional guide in the therapist or meditation teacher, and engages in a customized meditative program to meet their target goals, then the process of healing is enhanced and expedited.

Role-modeling

Again, similar to that of psychoanalytic therapies, the Buddhist method harnesses the dynamics of human interaction within the context of the therapeutic relationship. Particularly relevant is the process of mentor-bonding in which the therapist symbolically represents a healthier parental figure that deeply understands and accepts the patient, thus allowing them to internalize validation, self-acceptance, and security. Essentially, the therapist becomes a positive role-model and supplants the patient's ridged identification with dysfunctional self-images and beliefs reinforced by limited caregivers, themselves traumatized during childhood. I have discussed elsewhere¹ how long-term therapy becomes a process of reparenting a patient within an ethos of wisdom and compassion, so that the patient, in turn, becomes a role model and active agent to others in the restructuring of an enlightened society.

Contemplative Education

Buddhist psychotherapy offers a comprehensive contemplative education that includes a number of meditation techniques designed to enhance introspection, develop awareness, cultivate positive emotions, and evoke insight. These methods are not faith-based; rather, to be effective they require a person to apply personal effort. As such, they complement weekly therapy sessions, empowering a patient in an internal process of daily mental training that enhances and augments the therapeutic process between sessions.

Meditation comes from the Sanskrit word *bhavana*, meaning to familiarize or to cultivate the mind. Individuals typically cultivate the mind towards obsession, repulsion, and self-preoccupation, resulting in depression, anxiety, and narcissism. Buddhist meditation offers a number of antidotes to counteract such afflictions and redirect the mind towards healthier states. Concentrative meditations (*shamata*), such as mindfulness of the breath, help still and clarify the mind on a single object of focus, eliminating its usual mode of dullness and agitation. Contemplative meditations on the four sublime attitudes (*brahma viharas*), cultivate loving kindness, compassion, joy, and impartiality towards self and others, thus overriding our tendencies towards, hatred, disinterest, envy, and prejudice. Analytic meditations (*vipassana*) use discursive examination to penetrate erroneous and deeply held convictions regarding the ontological status of the self and phenomenon, thereby revealing their transient and relative nature and

changing our relationship towards them. Finally, visualizations and performance scripts (*sadhana*) of the tantric tradition, help to capitalize on the healing potential of the brain

¹ What Psychotherapy Offers Buddhism and Yoga.

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and nervous system, using euphoric openness to expedite a process of creative redesign and internalization of a heroic, rather than traumatic, self-image.

In the Buddhist contemplative educational method, meditation techniques are not practiced in isolation but are conjoined with contemplative study and lifestyle modification to forge a comprehensive rehabilitation program known as the *three trainings* (trishiksha), with the depth, power, and sophistication to transform the whole person. In this three-pronged approach, meditation (samadhi) corrects imbalanced mental attitudes of addictive clinging and defensive hostility, the empirical study of the nature of reality (prajna) corrects unrealistic outlooks that reify and identify a self alienated from the world, and a conscious code of conduct (shila) corrects reckless lifestyles that endangers self and others. In the approach taken at the Nalanda Institute for Contemplative Science, an educational Four-Year Program covering wisdom and ethics as well as group practice of meditation and yoga supplements individual mentoring and counseling. Those interested in learning more about the complete three-pronged system of meditation, wisdom, and ethics are referred to my article² critiquing the modern, pop-culture, one-pronged approach I call McM mindfulness.

In sum, Buddhist psychotherapy combines three major elements into its practice: 1) *interpersonal dialog* aimed at recognizing core issues and blind spots specific to a patient's identification with their traumatic narrative; 2) *role-modeling* aimed at providing a corrective emotional experience within the long-term process of reparenting; and, 3) individual meditation training yoked with wisdom and ethics, which empowers a patient in their own process of conscious self-correction.

This brief review was intended to introduce some of the key elements that distinguish the Nalanda approach to Buddhist psychotherapy from conventional therapies. Less than three decades old, Buddhist psychotherapy in general has a growing presence in both mainstream culture and professional circles. It is deeply penetrative in its recognition of the human condition of suffering, tracing it to a root cause of self-reification and identification with a traumatic narrative. It is extremely generous in its therapeutic goal, honoring man's innate potential to achieve complete freedom and sustainable happiness. It is uniquely far-reaching in its view of evolutionary development, proposing an infinite life paradigm aligned closely with our own scientific theories on biological evolution and the conservation of energy. Finally, Buddhist psychotherapy is comprehensive and multi-modal in its praxis, combining individual with interpersonal correctives, leveraging insight and positive affect with behavioral change, empowering a patient to intervene in their own conscious development with training periods between sessions, and using a holistic three-pronged approach to address outlook, attitude and lifestyle. While Buddhist psychotherapy still requires theoretical coalescing and standardization, and certainly may not appeal to the sensibilities of all individuals, it does address gaps left by contemporary psychotherapies and has much to offer those embarking on a spiritual path towards self-healing.

² McM mindfulness and Frozen Yoga: Rediscovering the Essential Teachings of Ethics and Wisdom

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