Chapter 8

Psychotherapy Practice as Buddhist Practice

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Introduction

Over the past half-century, Western Psychology has become increasingly aware of the relevance of Buddhist theory and practice to Western psychopathology and psychotherapy (Watts, 1961; Suzuki, Fromm, & De Martino, 1963; Kornfield, 1993; Epstein, 1995). The Buddha said, "…I teach suffering and the cessation of suffering" (The Middle Length Discourses of the Buddha, 1995, p. 234), and Buddhism can be viewed as a diagnosis and prescription for the relief of certain types of psychological distress. As an approach to the alleviation of human suffering, Buddhism developed prior to and independently from the Western psychotherapeutic tradition, and as such, it provides an external vantage point from which one can illuminate, supplement, or critique Western psychological approaches.

The degree to which Buddhist theory and practice parallel certain aspects of the theory and practice of both the cognitive-behavioral and experiential psychotherapies is truly remarkable. For example, the process of attention to somatosensory and affective processes in *vipassanā* (insight) meditation (Gunaratana, 1991) bears remarkable resemblance to Perls, Hefferline, and Goodman's (1951) continuum of awareness technique in Gestalt Therapy, and to Gendlin's (1996) analysis of "focusing." The monitoring and labeling of cognitive and affective processes in vipassanā meditation also seems to parallel the kinds of standard recommendations one finds as part of behavioral and cognitive-behavioral self-control strategies. Similarly, the Buddha's

recommendations for ridding oneself of psychologically unskillful thoughts in the Vitakkasanthāna Sutta (1995) bear a significant resemblance to the thought stopping, distraction, and disputation techniques of contemporary cognitive-behavioral therapy. In addition, the encouragement within Buddhist practice to loosen one's identification with egocentric and narcissistic forms of thought is similar to Ellis's (1962) process of challenging the irrational demands human beings make on the universe.

Western Psychology has also recently begun to recognize the potential value of the Buddhist concept of *mindfulness,* and the Buddhist techniques designed to foster it, as a way to supplement and enhance cognitive-behavioral treatments. This trend is most evident in new developments such as Mindfulness-Based Stress Reduction (Kabat-Zinn, 1991), Dialectical Behavioral Therapy (Linehan, 1993), Mindfulness-Based Cognitive Therapy (Segal, Williams & Teasdale, 2002), and Roemer and Orsillo's (2002) recommendations for the treatment for generalized anxiety disorder. We might also briefly note the emergence of newer psychotherapies that have been influenced in other ways by Buddhism including Acceptance and Commitment Therapy (Hayes, Wilson, and Strosahl, 1999) and psychotherapies that have originated in Asia, such as Morita Therapy (Morita, 1998).

As much as it has become clear that there are ways that Buddhism either parallels or can enhance Western psychotherapies, it has also become increasingly clear that there are ways in which Buddhist theory and practice diverge from the theory and practice of the Western psychotherapies. The Western concepts of "adult development" and "personal growth" provide a rich domain for exploring these divergences. While Buddhism supports personal growth in terms of moral development, the development of a

strong sense of personal responsibility for one's thoughts and actions, the development and stabilization of awareness, and the development of mental states such as equanimity and compassion, it is silent on or other kinds of personal growth that are prominent in Western psychotherapy. Classical Buddhism, for example, is relatively silent on such matters as enhancing intimacy or commitment in romantic and sexual relationships, promoting integration of disowned aspects of one's personality, or learning to value and make appropriate use of what Epstein (1994) calls the "experiential" processing system.

Western psychotherapies also tend to stress the development of a strong sense of an autonomous personal identity and may encourage varying degrees of social and material achievement. These goals seem to depart in meaningful ways from the Buddhist understanding of the quasi-illusory nature of a separate sense of Self, and the inherent unsatisfactoriness of material and interpersonal goals. It is not entirely clear, however, what the relation of the Self in Buddhist discourse is to Western psychological notions of Self. Western psychotherapists who have struggled to understand, for example, the relationship between the Freudian Ego and the Kohutian Self may appreciate how hard it might be to appreciate the parallels and differences between contemporary western conceptions of Self, and those conceptions embedded in the Pāli language within a 2,500 year-old non-Western culture.

Western Psychology has also begun to show some interest in how the process and experience of being a psychotherapist might be affected by the psychotherapist's own personal Buddhist practice (Rubin, 1996; Rosenbaum, 1999). Here the emphasis is not so much on how clients might be understood or helped, but on how the person of the therapist might be transformed. Over the past six years, I have had a chance to observe

how my own personal commitment to Buddhist practice has informed the way I conduct psychotherapy and the way in which I am with the client and myself during the therapy hour. This chapter grows out of my interest in delineating the subtle but seemingly important nature of those changes, and what the implications of those changes might be for therapist training and personal growth.

Theravāda Buddhism

My knowledge of Buddhism has been largely acquired though an acquaintance with the teachings of Buddhists who have been at least partly trained within the *Theravāda* tradition, such as Joseph Goldstein and Jack Kornfield (1987), Ayya Khema (1987), Henepola Gunaratana (1991), Sharon Salzberg (1995), Ruth Denison (1996), and Larry Rosenberg (1998). It has also been deeply informed by the radical "non-method" of meditative inquiry practiced by Toni Packer (1995), who was trained within the *Rinzai* Zen tradition of *Mahāyāna* Buddhism. Theravāda is one of the three main branches of Asian Buddhism and is practiced primarily in Southeast Asia. Theravāda differs from Mahāyāna and *Vajrayāna* (Tantric) Buddhism on a number of dimensions. Most important to this author are its relative focus on the Buddha as a human teacher rather than as an archetypal transcendent being, and its focus on the texts of the *Pāli* cannon with their realistic settings and psychological emphases, as opposed to the magical, esoteric and paradoxical aspects of the later Mahāyāna and Vajrayāna texts. These differences are relative rather than absolute, but are discernable to the casual reader. In fact, it is possible to strip almost all the "religious" trappings from Theravāda Buddhism, as Shinzen Young (Tart, 1990) has done, and still have it recognizably Theravāda. These latter approaches have appealed to me because of my own pragmatic, scientific, and

agnostic bent. They have made it easier for me to assimilate Buddhism to the value and knowledge structures I acquired in my training as a psychologist. Readers should be aware that this is only one possible "take" on Buddhism, however, and that other Buddhists have different views. The Buddhist community is as multifaceted as is the Christian community in which Catholics, Pentecostals, Unitarians, Jehovah's Witnesses, Quakers, and Mormons all retain their unique voices, and have differences that are as important as their similarities.

The Four Noble Truths and the Eightfold Noble Path

Central to all forms of Buddhism are the Buddha's teachings of the *Four Noble Truths* and the *Eightfold Noble Path*. These teachings posit that human existence is marked by the ultimate unsatisfactoriness of all experiences and achievements, by the impermanence of the material and psychological worlds, and by the delusional nature of the sense of a separate, enduring self. In this schema, human suffering derives from one's attempts to control one's own experiencing by holding onto pleasures and avoiding unpleasant events. The route to freedom from suffering is through following the Eightfold Noble Path marked by moral action, meditation, and philosophical wisdom. The ultimate achievement of *enlightenment* is marked, in part, by a decentration of the self, a profound acceptance of existence, a sharpened attentiveness to all of one's mental and physical activities, a freedom from identification with states of greed, hatred, and delusion, and a deep compassion for one's fellow beings.

The moral component of the Eightfold Noble Path includes the concepts of "right action," "right speech," and "right livelihood." The moral precepts nurture the development of one's potential to make one's words and actions be part of an agenda for

compassionate and caring engagement with others and with the world. Buddhists are encouraged to find professions that are ethical in nature and to avoid uses of language that harm other people. The doctrine of "right speech" encourages Buddhists to use the right word in the right situation to the right person at the right time. One is urged to practice honesty, except in situations when honesty would subject others to greater suffering than an untruth would. One may also withhold the truth when it would only hurt someone without, in the long run, being of benefit. Truthful speech must also be skillfully worded so that it is effective in its intended beneficial consequences.

Psychotherapy as Buddhist Practice

At its best, practicing psychotherapy can be conceived of as a form of right livelihood that depends, to a great extent, on right speech. As such, every encounter with a client becomes a spiritual encounter for the therapist. The therapist's tasks are to 1) maintain mindfulness, 2) avoid ensnarement in transient states of desire and aversion that might divert the therapeutic endeavor, and 3) skillfully employ compassionate and discerning speech with the intent of relieving the client's suffering. This kind of moment-to-moment attentiveness and compassionate non-egoistic focus is consistent with all forms of psychotherapy, but raising the commitment from one that is "only" professional to one that is also spiritual raises the seriousness of the therapeutic enterprise another notch. Being fully present with the client in this way is not only a means to earning a living or fulfilling a moral imperative, but is also part of the path to the practitioner's own spiritual development. Every client encounter becomes part of the therapist's own learning process, not just learning in terms of becoming a better therapist,

but in terms of becoming more fully human. Every therapeutic encounter becomes a sacred opportunity to make every word and moment count.

In exploring psychotherapy as a practice conducted within the context of the *Eightfold Noble Path*, it is useful to examine several key Buddhist concepts to discover how they might illuminate the psychotherapist's craft. The concepts are concepts of *sīla* (or virtue), *samādhi* (or concentration), and *paññña* (or wisdom).

Sīla (Virtue)

For lay Buddhists, sīla consists of the attempted practice of the *Five Precepts*. These five precepts involve 1) desisting from killing other beings, 2) not taking what doesn't belong to one, 3) not harming others through acts of speech, 4) refraining from sexual immorality, and 5) abstaining from intoxicating substances. For therapists, making sure that intoxicating substances do not cloud the therapist's mind (Precept Five) and guarding against sexual boundary violations (Precept Four) are part of the minimum standard of care. The duty to prevent suicide and homicide on the part of one's clients (Precept One) is also part of the therapist's standard of care. The ethical precept against "not taking what is not freely given" (Precept Two) is part of the therapist's practice when it comes to fair billing practices and ethical dealings with both clients and insurance companies. The ethical injunction against harmful speech (Precept Four), however, is perhaps the most subtle, complex, and fertile ground for practice.

What did the Buddha mean by harmful or wrong speech? In the Mahācattārīsaka Sutta (1995, p. 936) the Buddha identified wrong speech as "false speech, malicious speech, harsh speech, and gossip." Similarly, In the Kakacūpama Sutta (1995, p. 221), the Buddha states that speech can be "timely or untimely, true or untrue, gentle or harsh,

connected with good or with harm, and spoken with loving-kindness or inner hate." In therapy, then, the therapist's words should be spoken out of loving-kindness, and the words should be gentle, timely, true, and spoken with the intent of being helpful to the client. Following this precept requires an enormous amount of mindfulness on the part of the therapist, who is continually monitoring his/her own mood states, intentions, tone of voice, verbal content, and nonverbal communication to attend to countertransferential feelings, and to guard against the acting-out of angry, flirtatious, ingratiating, narcissistic, controlling, self-righteous, distancing, or other antitherapeutic behaviors.

Samādhi (Concentration)

The Samādhi component of the eightfold path emphasizes "right concentration," "right mindfulness," and "right effort." Rubin (1996) has commented on the similarity between the Buddhist idea of "mindfulness" and Freud's concept of "evenly hovering attention" as a technical aspect of the psychoanalytic method. The most precious gift we can give anyone is the quality of our attention. Those moments we have had with others that seem most meaningful to us have been moments when others have freely and genuinely given us their full attention. In existentially based psychotherapies, such attention is given with no other purpose than to be fully present. This means, to the extent that it is humanly possible, leaving all private concerns at the office door; letting go of all concerns for the previous client at the start of the new therapy hour; letting one's attention be "bare attention," rather than analytic attention; listening with one's body rather than with just one's ears. The goal, over and over, is to attend to *this* client/therapist interactive field in *this* moment, just as in meditation the goal is to attend to *this* breath in *this* moment, over and over. In meditation, the meditator quickly

discovers how easily attention slips off of the breath and wanders, and learns to keep bringing attention back to the breath without judgment. Similarly, in psychotherapy the therapist quickly learns how easily attention wanders from bare attention to the client/therapist field, and learns to keep bringing attention back to the client/therapist field without judgment. Mindful concentration is an essential ingredient to forming a positive therapeutic alliance and to the kind of deep listening that, within the Rogerian paradigm (Rogers, 1951), creates the interpersonal space where transformation and healing occurs. It is also essential within *any* paradigm; whatever theory we operate within, our very next intervention, our very next interpretation, our very next action, is going to proceed from the depth of our understanding of this very moment in this particular client/therapist interactive field.

One is also mindful of one's tendency to identify with or distance oneself from the client in each passing moment of the therapy session. If unwatched, one's tendency is to take what is being said and what is happening personally, rather than just hearing it openly and freshly, with curiosity and wonder. If the client is critical or resists the therapist's interventions, the therapist can be angry and defensive; if the client is compliant and friendly, the therapist can be co-opted or seduced. Therapists can think/feel that the client is "one of us" or "one of them." The therapist's sense of self can become inflated as a client improves, or deflated as a client's illness festers despite the therapist's best efforts. Mindfulness listens to and watches all of this impartially: the contracting and expanding, the distancing and merging, the openness and the defensiveness, the criticism and the appreciation. It is for or against none of it. It does

not get ensnared and entangled, or if it does, it notices the ensnarement and entanglement with equanimity and compassion.

As one listens, one strives to maintain a friendly attitude toward the client, toward oneself, and toward one's own experience, an attitude marked by *mettā* (loving-kindness), *karuna* (compassion), and *upekkhā* (equanimity). The term "loving-kindness" within the Buddhist tradition does not have sentimental or erotic overtones (Salzberg, 1995). It is neither soft-minded nor sappy. It implies an openness, receptivity, and willingness to accept oneself just as one is and others just as they are, with equanimity, and without needing to distance oneself. The idea is to not be ensnared by states of aversion that separate oneself emotionally from the phenomena one is observing.

Rogers (1951) stressed the importance of unconditional positive regard, in addition to accurate empathy, as a necessary condition for therapeutic improvement. It seems a mistake to separate out empathy and unconditional regard as two separate factors, however. Accurate empathy *requires* unconditional positive regard; one cannot accurately understand the client's stance and viewpoint if one emotionally distances oneself from the client, feels separate from or superior to the client, or condemns or feels disgusted by the client. This does not mean one approves of all the actions of the client; on the contrary, one clearly recognizes those actions on the client's part that lead to his/her own misery, and the misery of others around him/her. One understands, however, the conditions out of which these undesirable actions arise, and how the therapist himself or herself, faced with similar causes and conditions, might act no better. One also understands how one's condemnation and disgust can engender states of humiliation, shame, and rage, in the client, closing the client off behind a wall of defensiveness,

making the client less able to comprehend the consequences of his or her own actions and take responsibility for them. Words of instruction are called for here, spoken from a compassionate heart and, when called for, decisive action to prevent future harmful actions on the part of the client, rather than states of aversion and revulsion.

The therapist's friendly stance towards the client and the client's experiential world is of paramount therapeutic importance in that it supports the client's eventual acceptance, toleration, and integration of thoughts, feelings, attitudes, and behaviors that have hitherto fore been objects of self-aversion. The therapist's ability to be with the client in a friendly, experience-near way is often a precondition for the client's ability to take a friendly, self-nurturing stance towards his/her own experiencing, which can eventually ripen into wholeness and appropriate self-regard and self-care. In many therapies this shift from self-loathing to appropriate self-caring is the turning point on which a successful outcome depends.

Paññа (Wisdom)

The Wisdom component of the Eightfold Noble Path refers to an understanding of the nature of *dukkha* (suffering/unsatisfactoriness), *anicca* (impermanence), *anattā* (non-self), and *śūnyatā* (emptiness/interbeing). It posits that all phenomena are impermanent, devoid of a solid, unchanging essence, and co-existent as aspects of the entire web of being. As a corollary, all phenomena are ineffective as permanent solutions to the existential unsatisfactoriness of the human condition.

Dukkha (Unsatisfactoriness). In understanding *dukkha,* one understands that unsatisfactoriness is not only an essential fact of the client's life, but also the therapist's. As the therapist conducts a psychotherapy, there will be many unpleasant moments for

him/her. If the therapist shrinks from these unpleasant moments, or avoids them, or fails to maintain his/her awareness of them, the therapist's efficacy as therapist is reduced. The therapist needs to be able to sit with the client's pain unflinchingly and without minimization. The therapist also needs to sit with his/her own pain: the ache of the therapist's own uncertainty and insufficiency, the moments of discouragement and hopelessness, the moments of boredom and disinterest, the therapist's own myriad personal distresses which often reverberate in sympathetic harmony with the client's problems. If the therapist withdraws emotionally or attentively, or reacts without mindful attention, breaks in the therapeutic alliance are almost inevitable at these points. If the therapist can be attentive to these states, accept them, hold them within his/her own spacious being, and tolerate them, the therapy is more likely to be successful.

Annica (Impermanence). In understanding *anicca*, the therapist understands there is no solidity to existence; existence is always in a state of transformation. Everything is always on its way to becoming something else. This is as true for the therapist's world as the client's. The therapist often gets caught up in psychological constructs which reify the client rather than seeing the client as a changing, fluid being: the client *is* a Borderline or *is* a Schizophrenic; the client's momentary symptoms become his/her essence; fluctuating ego-states can be reified as separate personalities; personality traits can be seen as fixed and unmalleable. To the extent that the therapist assumes a static and unchanging world, the therapist becomes blind to the possibilities for change within each moment.

The therapist may cling not only to reified diagnostic concepts, but also to rigidity within the therapeutic relationship. The therapist's own changing, flexible,

protean self may be encrusted within a rigid conception of the therapist's role; the therapist's own ability to flow and adopt may be hidden behind an ascribed social role, or within personal character armor. The therapist thereby looses the ability to see the genuine therapeutic possibilities of *this* moment right here, right now, which may just call for something original, daring, and never-before-thought-of. In a world that is constant transformation, the possibilities inherent in *this* moment may never come again.

In understanding *anicca*, the therapist also understands that he/she is also subject to causes and conditions just like all other extant beings in the world. One moment the therapist is attentive, the next moment lost. One moment the therapist is brilliant, the next moment befuddled. One moment the therapist is compassionate, the next moment threatened and self-centered. The therapist must be at home with this, as attentive as possible to his/her own shifting mental states, accepting of change, and ever ready to seek a new state of balance. In addition, the therapist must be willing to allow the role of client to mutate and change as the client's needs shift as a consequence of either growth or deterioration.

Anattā (Non-Self). Since things are in a constant state of flux, there can be no such thing as an immutable identity to things. In addition, things happen according to the laws of cause-and-effect, and there can be no entelechy standing outside of the chain of cause-and-effect directing the way things happen. In Buddhism there is no Being standing outside the flux of being, be it a god or be it an eternal soul. Buddhism is in accord with our current understanding of neuropsychology and information processing which find observations, but no observer, thoughts, but no thinker, actions, but no actor (Dennett, 1991; Epstein, 1995).

Buddhist doctrines, such as the doctrine of anattā, are often misunderstood as being primarily ontological statements, when in actuality they serve the pragmatic purpose of helping to liberate us from our selfish preoccupations. The more the therapist understands anattā, the less the likelihood that the therapy will be about the selfhood of the therapist. Why should the therapist work so hard to protect an identity that has only a quasi-existence? The therapist does not need to cling as tightly to an image of himself or herself as smarter than the client, healthier than the client, more knowledgeable than the client, or more right than the client. If the client is angry with the therapist, the therapist need not get caught up in an identity narrative about being the aggrieved helper: "How can you be angry with *me* after all *I've* done for you?" The therapist does not need to conduct the therapy so that he/she will be approved of by the client. If the client improves, the value of the self of the therapist does not have to go up ten points, nor does his/her stock need to decline when the therapy fails. The client does not need to get better for the therapist, or stay sick for the therapist. With less of a sense of self to protect, the therapist is freer to hear the client and open to the client. Self is always defined in opposition to Other, and as such, serves to cut one off from intimacy with others. When the identification with self loosens, a natural connectedness to and caring for the suffering of others manifests itself freely. That connectedness and care is impeded in everyday life by the need to protect oneself and one's possessions, and flows when attention to "me" and "mine" abates.

Śūnyatā (Emptiness/Interbeing). Although the concept that the Sanskrit noun śūnyatā points to is not completely foreign to Theravāda Buddhism, which has its own cognate *Pāli* noun *suññata,* it is a term that only comes into full flower in Mahāyāna

Buddhism. It is usually translated as "emptiness," although Thich Nhat Hahn's (1993) term "interbeing" seems a more felicitous and creative translation. Interbeing is a natural consequence of impermanence and non-self: it points to the interconnectedness and interdependence of all phenomena. Nothing exists except in interrelationship with everything else. Its implications for therapy are readily discernable: the client does not exist as an entity separate from the family and social system of which he/she is an integral part; the client and the clinical phenomena which he/she exhibits in the therapy room do not exist separate from the client/therapist interaction; the therapist is different when with this client than when with any other client; transference and countertransference are two sides of the same coin. Phenomena do not exist by themselves, but only as part of a field, and the arrow of causality within a field is always multidirectional.

These insights are not new: Anthony Barton (1974) wrote over a quarter-century ago about how clients and their pathology are different with different therapists; similarly, Robert Langs (1976) eloquently articulated how therapist and client are both integral parts of a bipersonal field; family therapists have long applied von Bertalanffy's (1968) general system theory to understanding interpersonal relations within families.

While these insights are not new, it is hard to make perceiving the world in this way seem like second nature. Guisinger and Blatt (1994) have pointed out how Western psychology has had an historical bias in favor of emphasizing independence, autonomy, and identity in self-development over interpersonal relatedness. Our cultural and personal biases cause us to continually lapse into unbalanced and simplistic modes of thought that fail to take interbeing into consideration. It is often hard to see how client

and therapist co-create phenomena during the complex and often intense emotional pushes and pulls the therapist experiences within the therapeutic relationship. Buddhist practice is one way to help therapists ground themselves in an appreciation of interbeing even within the most emotionally charged of therapeutic interchanges.

Implications for Training

Psychotherapists are supposed to know how to monitor their own emotional processes, to see complex interpersonal transactions with a minimum of defensiveness, and to use this monitoring and seeing in service of maintaining a therapeutic relationship that is focused on relief of the client's suffering. These *expectations* are taught in graduate school, but the emotional skills required to achieve them rarely are. All too often, training in psychotherapy has to do with the acquisition of skills that can be externally measured and quantified: e.g. the mastery of a body of facts and theories, the development of specific communication skills, and adherence to a manualized protocol. Buddhist practice may be an important vehicle for developing emotional skills that are vital for the practice of psychotherapy, but are harder to teach: openness, receptivity, awareness of internal process, equanimity, compassion, and an enhanced sensitivity to inter-relatedness. There is already a small amount of empirical evidence in support of this contention: Shapiro, Schwartz & Bonner (1998) have shown that a course in mindfulness meditation can improve empathy levels in medical and premedical students. Whether Buddhist practices can, in fact, meaningfully enhance therapist performance is an empirical question that is amenable to research.

As an aside, we might note that the Buddha would probably have appreciated the use of the experimental method to test his ideas. He urged those he taught to apply

empirical tests to the doctrines they were taught. As he told the villagers from the Kalama clan:

> It is proper for you… to doubt, to be uncertain…. Do not go upon what has been acquired by repeated hearing; nor upon tradition; nor upon rumor; nor upon what is in a scripture; nor upon surmise; nor upon an axiom; nor upon specious reasoning; nor upon a bias towards a notion that has been pondered over; nor upon another's seeming ability; nor upon the consideration, "The monk is our teacher." (The Instructions to the Kalamas, 1981/1994, para. 4)

The Buddha was a firm believer in "come and see for yourself." Every aspect of his teaching was intended to be tested rather than to simply be believed.

Conclusion

In the last half-century there has been a growing appreciation for the relevance of many of Buddhism's core concepts and practices to the practice of psychotherapy. Many Buddhist ideas parallel and extend concepts that already exist in the Western psychotherapies, and in addition, newer therapies have recently emerged which have imported Buddhist themes and practices directly into their content. These concepts and practices include practices that emphasize the development of ethical behavior, mindfulness and concentration, and compassionate wisdom that grows out of an understanding of the nature of unsatisfactoriness, impermanence, non-self, and interbeing.

Practicing psychotherapy within this frame alters the existential nature of the psychotherapeutic endeavor from a set of interactions that are purely professional in nature to a set of interactions that are also part of the therapist's path of spiritual growth.

Whether one views this alteration as a positive or negative development no doubt depends upon one's beliefs about the relationship between the spiritual and secular domains. This is a kind of spirituality, however, that asks nothing of and makes no demands upon the client. It is the therapist alone who is challenged to meet a new standard of commitment.

A commitment to such practices can possibly improve therapists' abilities to: a) self-monitor emotional states, b) decrease self-preoccupation and defensiveness, c) experience caring and empathy for self and client, d) maintain an awareness of the ongoing therapist-client relationship without getting lost in proliferation of thought and reification of personality traits and dynamics, and e) understand therapist-client interactions within field terms. Psychology supervisors universally desire these behaviors in their trainees, but often struggle to find effective pedagogical methods to nurture them. Future research can help clarify whether the adaptation of a Buddhist frame for psychotherapy practice, and extended practice with Buddhist meditative and training techniques, can help develop and enhance these behaviors.