Implications of the "Kill the Buddha" Tradition for Psychotherapy: Rituals, Charisma, and Constructed Reality

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Mystical traditions are famous for questioning basic assumptions such as the nature of the Self and the function of fear and desire; less well known is the fact that they are also self-reflective—they question their own fundamental assumptions. One of the most common examples of such a critique is the so-called "kill the Buddha" paradigm where the seeker is required to discern between the *form* of practice and the *essence* of practice. As an example, review this teaching story attributed to Dogen Zenji.

> When asked why he practiced Zen, the student said, "Because I intend to become a Buddha."
> His teacher picked up a brick and started polishing it. The student asked "What are you doing?" The teacher replied, "I am trying to make a mirror."
> "How can you make a mirror by polishing a brick?"
> "How can you become Buddha by doing zazen? If you understand sitting Zen, you will know that Zen is not about sitting or lying down. If you want to learn sitting Buddha, know that sitting Buddha is without any fixed form. Do not use discrimination in the non-abiding dharma. If you practice sitting as Buddha, you must kill Buddha. If you are attached to the sitting form, you are not yet mastering the essential principle."
> The student heard this admonition and felt as if he had tasted sweet nectar.

In this story, the teacher cautions the student that excessive faith in the literal practice—sitting Zen—will hinder him in terms of mastering the "essential principle." In mystical traditions the literal practice can take the student only part of the way; at a certain juncture, the student needs to rise above the technique.

In addition to this primary message, there are a number of secondary messages. The teacher is not literally condemning practice, simply arguing that at some point, the seeker must go beyond it. There is an implication that the student must begin with practices—and adhere to them in a disciplined way—before becoming available to understanding essence. There is also the implication that practices are seductive and it will be challenging for the student renounce his attachment to them.

Significantly, the "kill the Buddha" (KTB) principle is not limited to the spiritual path, it also has correlates in clinical psychology and the practice of psychotherapy. More specifically KTB implies that if clinical psychology focuses on concrete techniques, it will miss the essence of change. Psychology has its own version of this essence/practice split; as part of explaining the efficacy of psychotherapy, theorists speak about common factors and specific factors. Common factors refer to elements that are shared by virtually all schools of psychotherapy; most often, the

common factors are defined as the therapeutic alliance--the relationship with a wise and caring therapist. Specific factors refer to what is unique about each school of therapy and are typically defined as techniques and underlying assumptions about personality, pathology, and mechanisms of change. If the KTB paradigm is a metaphor for psychotherapy, it suggests that the profession—much like the student above—is at risk of being seduced by the power of techniques. Put another way, to understand the essence of psychotherapeutic change, therapists must understand the strengths and limitations of techniques. Techniques are important when learning to do psychotherapy but capturing the essence of the transformation process requires moving beyond techniques. Put in language of specific/common factors, the therapist honors specific factors but knows they can never fully define change.

Fortunately, the psychotherapy outcome literature offers a number of findings that address these issues; more specifically, as we will see below, it demonstrates that techniques lack inherent power and that change is dependent on other factors. Given psychotherapy's long-term commitment to developing and improving techniques, this conclusion appears suspect. However, it is surprising how easily it can be distilled from the outcome literature.

The best place to begin is with a study done by Strupp and Hadley (1979) where they compared the effectiveness of college professors with licensed, experienced clinicians when doing therapy with normal neurotics. Surprisingly, the professors and the clinicians were equally effective. The results of this study, of course, call into question the validity of training and experience in psychotherapy; since the professors were completely untrained and had never had any therapeutic experience, how could they possibly match the positive results of the clinicians? Literally, this study implies that all of psychotherapy's professional knowledge—training, experience, client characteristics and diagnoses, and psychotherapeutic techniques—make no measurable difference. It appears that clients will improve when asked to do so by a kind and wise person. How they are asked, the disparate theoretical rationales for their problems, and the different techniques employed in the relationship appear to make no difference.

The implications of the Strupp study were serious but given that it was a single study—and had a small sample size--its results required replication. Moreover, the results flew in the face of common sense; in particular they confounded the standard medical model with its emphasis on assessment, diagnosis and intervention. Conversely, from a KTB perspective, these seemingly startling results were predictable. Psychology was in the position of the student, hoping that "practice" would lead to the goal, hoping to avoid the effort of attempting to grasp "essence."

Unfortunately, subsequent research not only validated the Strupp results, it extended them in a variety of directions. The first factor to examine is the relationship between experience and outcome. One would expect the results to be in line with other professions and show that with psychotherapy, the more practice, the more effective. It is rather easy to test this assumption; psychology has performed hundreds upon hundreds of treatment outcome studies which also included measurements of therapist experience. The data, whether bundled together in large meta-analyses or taken individually, have consistently failed to find a relationship between experience and outcome. For example, Lambert & Ogles state (2004):

> …overall, the meta-analytic reviews of psychotherapy that have provided correlational data find little evidence for a relationship between experience and outcome (p. 169).

And in a 2013 review article Hill and Knox summarize the same material by citing two seminal studies.

> Two recent analyses of very large numbers of therapists perhaps provide the most definitive evidence about therapist experience. Wampold and Brown (2005) found no effects for therapist experience level (years of practice) when they analyzed the outcomes of 6,146 clients seen by 581 therapists in a managed care setting (all therapists were postdegree). Similarly, Okiishi et al. (2006) found no effects of therapist experience level (pre-internship, internship, post internship) on the speed of client improvement in their study of more than 5,000 clients seen by 71 therapists at a university counseling center" (p. 797).

Strupp and Hadley also found that there were no effects from training on outcome. Normally, of course, we expect to find a strong training effect. Training is the process of teaching new practitioners the "privileged knowledge" unique to each profession. Privileged knowledge is a conglomeration of the specialized knowledge and techniques required to practice the profession. Without training, practice and experience in the area of privileged knowledge, the tasks of the profession cannot be accomplished. For example, without training, an auto mechanic cannot rebuild an engine. Without training, an engineer cannot select the right materials for a satellite. In this sense, training effects are so robust that research on training rarely asks the question, "does training have a positive effect?" Rather, in professions with privileged knowledge, training research usually focuses on, "how is the best way to communicate the required knowledge?"

In psychotherapy, however, we fail to find strong training effects. Hill and Knox (2013), in a review article on training, note that there are fewer studies available than in the experience area. Of the studies they review, several showed small effects for the benefits of training, a couple showed a negative effect from training, and most showed no significant effects. This pattern of results is found when researching a factor that has small, negligible, or no effects; this is a far cry from the robust training effects seen in professions with privileged knowledge. Interestingly, Hill and Knox go into some detail describing a study by Anderson, Crowley and Hamburg which essentially replicated Strupp. Anderson et al compared the outcomes of clinical psychology graduate students against graduate students in biology and history; as with Strupp, both groups generated equivalent positive results. Here is their summary statement about the effects of training.

> The results of these studies certainly do not provide direct evidence for the effectiveness of training; in fact, they call into question the very necessity of this training. … No differences were found, however, between trained experienced therapists and friendly college professors or lay helpers, nor between clinical psychology graduate students and graduate students in nonhelping professions who were equally matched in terms of facilitative levels. (p. 799)

By integrating the lack of results from training and experience it becomes possible to offer a simplified, summary statement*: hard as it may be to believe, a life coach with two weekend workshops worth of training achieves the same results as a licensed therapist with decades of experience*. This statement, of course, is disheartening for psychology but it is also provocative. What explains this nonsensical finding? And, further, how can psychology, as the behavioral

science which most emphasizes research—with literally thousands of studies and a deep commitment to the scientific method—have failed to establish meaningful privileged knowledge? Since psychologists are as competent as other professionals—e.g., doctors and engineers--and we have expended enormous effort, there must be something different about the nature of psychotherapy that precludes establishing privileged knowledge.

The next important research finding is the so-called "dodo bird" effect, the finding that different schools of therapy achieve equivalent positive results.

> The conclusion of most, but not all, of these reviews is similar to that drawn by Luborsky, Singer, and Luborsky (1975) who suggested a verdict similar to that of the Dodo bird in Alice in Wonderland: "Everyone has won and all must have prizes."…. However, meta-analytic methods have now been extensively applied to large groups of comparative studies, and these reviews generally offer similar conclusions, that is, little or no difference between therapies (Lambert & Ogles, 2004, p. 161).

This finding is robust and frequently replicated. It has stood up against a variety of critiques. Unfortunately for psychotherapy, one of its immediate implications is that *techniques have no inherent power*. If techniques have inherent power, the effect sizes should vary from technique to technique. If everything is equivalent, it stands to reason that *we are not practicing techniques but rather we are engaged in rituals.*

This equivalency finding is particularly disturbing because the various schools of psychology visualize the human condition so differently. Psychodynamic therapists focus on trauma and the past; CBT therapists focus on thoughts and measurable objectives in the present; systems therapists see the individual as manifesting the pathology of a larger system. Not only are the theories disparate, all of their interventions differ radically from each other. Systems so different should get different results. Arguing that they "accidentally" have the same effect sizes is unreasonable. The only thing that makes sense is to argue that the contribution of specific factors to outcome equals zero.

Another perspective on the dodo bird thesis can be illustrated by comparing two well-known techniques that specialize in treating anxiety. Every profession wants to show that it is evolving—that current techniques are being replaced by superior techniques over time. In psychotherapy we have a "flagship" technique for treating anxiety, Cognitive Behavioral Therapy (CBT) and we have a potential successor, EMDR (Eye Movement Desensitization and Reprocessing). EMDR essentially consists of moving eyes back and forth rapidly while holding a traumatic experience in mind. Adherents argue that it has a neuroscientific basis roughly related to REM sleep that facilitates the integration of the painful experience into the psyche.

Wampold (2015, Kindle Location 3308) notes that EMDR achieves the same results as CBT when working with anxiety and PTSD. This equivalency disappoints both the CBT practitioners and the EMDR developers. As the modern newcomer, EMDR needs to demonstrate superiority

to the standard treatment; moreover, its neuroscientific claims argue that it has an edge over any psychotherapeutic intervention that relies on "simply talking."

CBT proponents are also upset with the equivalency because they believe the eye movements are merely placebo; in support of this assertion, research has been conducted that demonstrates that EMDR's neuroscientific claims are unsubstantiated (Arkowitz & Lilienfeld, 2012). Without a neuroscientific basis, EMDR is reduced to claiming that rapidly moving one's eyes back and forth cures neuroses. This, in turn, puts the CBT advocates in a difficult position; if a placebo-based intervention equals CBT, then it stands to reason that CBT also derives its power from expectancies. If CBT had a scientific basis, and its intervention has inherent power, it should beat a "purely placebo" intervention like EMDR.

The dodo bird finding in general and our analysis of some of the problems of an evolving psychotherapy implies that all schools of therapy lack inherent power; instead, they achieve their positive outcomes through expectancies. There are currently over 400 systems of psychotherapy (Arkowitz & Lilienfeld, 2012), all of which achieve these equivalent effects. The failure to document superiority in the new approaches has led Bruce Wampold (2010), in a review article, to recommend the following.

> Clinical trials comparing two treatments should be discontinued. Much money has been spent on clinical trials, with the same result: "Both treatments were more effective than no treatment, but there were no differences in outcomes between the two treatments." (Kindle location 2089-2092).

It appears that we have a situation where every new system easily achieves positive effects. One can even argue that Strupp's professors—who essentially invented their own "psychological system" on the fly—are another convincing argument that everything works. All these successes, regardless of the form of the procedure and its explanation, demonstrate that when it comes to psychotherapy, belief and therapist/client endorsement are the operative factors. Specific factors make no contributions.

Of course there are critics of the dodo bird finding. There are hundreds of studies showing that one technique is better than another in certain circumstances. Between those findings and the hope that we can prove that psychology works like medicine, the field as a whole has doubled down on its belief in techniques; in fact, the current primary strategy in psychotherapy evolution is the attempt to find the best, evidence-based intervention for each diagnosis.

Theoreticians like Wampold (2015) have a response to the attacks on the dodo bird theory. They suggest that these superior results occur for three reasons: chance, poor experimental design, and allegiance effects. Allegiance effects—where a therapist in a study is more committed to one approach than another—are seen as the most confounding factor of the three.

Does the Wampold defense of the dodo bird finding hold up? In truth it is difficult to precisely measure the exact effects of his three factors. However; it is easy to support Wampold's argument from a logical perspective. If psychology really had techniques with inherent power then we would have training effects similar to other professions and our experienced therapists

would best beginners because they know more techniques and have practiced them more assiduously. The demonstrated lack of these effects means techniques have no inherent power.

This is worth repeating. The lack of training and experience effects alone prove that techniques have no inherent power; the dodo bird finding is simply confirmation. Clients are not improving because of the effectiveness of the techniques; rather, they are improving because passing through any "credible" procedure results in improvements and healing. While psychotherapists can easily invent more techniques—after all if eye movements work, there are virtually no limits—what's the point in developing new approaches when we are simply recreating what we already have? Psychotherapeutic interventions are rituals, not techniques.

Completely accepting that techniques are rituals does not imply doing nothing in therapy. As the KTB paradigm implies, the awakened teacher continues to support the students performing practices. Something will continue to occur in the room between client and therapist. But when it is seen as a fluid, amorphous, and endlessly adaptive ritual, the direction of psychotherapeutic evolution will change radically.

A number of psychotherapists might comment that they are not that surprised at these findings. Therapists often say something like, "I always knew it was really about the relationship." This feeling is widespread in the therapeutic community. However, few therapists who adhere to this belief fully embrace the concept that techniques have no power. At present, most books, workshops, talks and trainings are about techniques. Therapists who say, "It's all the relationship," continue to attend these workshops and buy the books. If they truly accept the research, these choices make little sense. Fully understanding that techniques lack inherent power requires a radical reframing of the way we think about psychotherapy. Imagine how different therapy might appear if therapists really believed, "it matters little what I do as long as the client finds it credible."

This leads directly to the unanswered questions posed by the research findings. In most professions, training is usually effective; practice tends to improve outcomes; and we expect older techniques to be superseded by modern versions. Why is this not true in psychotherapy? To answer these questions, we need to return to the concept of privileged knowledge and why psychology, for all of its best efforts, has been unable to establish a knowledge base.

Most professions are successful at establishing privileged knowledge. Without substantial training, no one can install a pacemaker or design a circuit board for a video card. However, there are certain other important fields--for example, leadership, sales, and education— where any bright, motivated cultural member can accomplish basic tasks without special training; they can lead, sell or educate. And, according to Strupp, they can also do psychotherapy.

The primary difference between the two types of professions—the ones that actually have privileged knowledge and the ones that do not—is whether the profession operates in constructed reality or fundamental reality. We are all familiar with the concept of fundamental reality. A broken leg and the way to treat it is the same across all cultures. How to build a suspension bridge does not vary depending on whether you are a medieval prince or an Aztec at the time of Cortes. Fundamental reality is based on the material world; the principles governing fundamental reality are amenable to discovery by the scientific method.

Conversely, most of human culture is *created* and operates in constructed reality. More specifically, values, the definition of self, and meaning are essentially "made up." For example, the definition of femininity or honor might vary significantly from culture to culture. More relevantly, psychological feelings and experiences are also constructed; clearly, romantic love, individuation, and psychological mindedness are central in our culture and yet they may hardly exist in another culture. In this sense, each different culture creates its own social reality. However, this constructed reality feels "discovered and true" not an "arbitrarily invented creation" primarily because all other cultural members accept the same reality and live it to each other. This way in which a constructed view of reality acquires social validation is the "social" part in Social Constructionism.

Fundamental reality is connected to the objective world and constructed reality is "invented" by the specific cultures. Fundamental reality is solid; constructed reality "feels" solid due to social endorsement but, in actuality, it is fluid, malleable, and impermanent.

While a great deal has been written about constructionism, it is not easy to come to a clear, widely-accepted definition. Constructionists vary in how radically they define their particular version of constructionism. Extreme constructionists argue that no one encounters reality directly; every external experience results in an internal mapping and this mapping can vary significantly from person to person and from moment to moment. In this sense, everything is constructed and there is no difference between the material world and beliefs and attitudes.

One of the most oft discussed aspects of constructionism is the way in which "truth" can be manipulated by powerful interests. Given that constructionists see truth and morality as relative, there will always be competition between social subgroups to determine who has the right to define what is deemed truthful. Foucault and some of his followers in the narrative therapy school pay particular attention to the way elite groups construct "truths" to increase their power over liminal groups.

Conservative constructionists acknowledge the existence of an objective world and focus more on the way that attitudes, beliefs, self-images and feelings are constructed. These conservative constructionists are more interested in how factors like cultural and social programming combine with learning and trauma to create the sense of Self, basic values and meaningful goals.

Even constructionists who accept a material world--the fundamental reality described above—admit that its actual nature is not as simple as it seems. They point out that the apparent solidity of material reality can be challenged by many ideas ranging from relativity, to quantum physics to chaos theory. While this is certainly true, it fails to change the common human experience of an external, objective world and an internal, relative world.

Those interested in exploring such arguments in more detail are referred to Burr (2003) and Gergen (2009) for excellent overviews of the area. For this article, however, we are going to adopt a conservative view of constructionism that recognizes the material world and distinguishes between that and the invented/made-up nature of the social and psychological world; the constructed nature of this world is particularly embodied by the variability between cultures and between individuals in those cultures.

This sort of pragmatic or functional definition of constructionism exists to some degree in every therapeutic encounter. One of the primary questions asked by most mental health professionals at intake is, "are these symptoms psychological or do they arise from a medical condition?" None of us want to try and treat anxiety secondary to a brain tumor with CBT or attempt to resolve a paranoid personality due to dementia with hypnosis. While this discernment between medical/psychological at intake is somewhat reminiscent of pragmatic constructionism, it is not a perfect fit. For example, many psychologists believe that diagnoses and identity are fundamental; constructionists believe that these concepts are created.

Moreover, even using this medical/psychological model, the line between what is constructed and what is fundamental in psychotherapy is not always clear. Neuroscientists and biopsychiatrists will always argue that psychopathology is better explained fundamentally and constructionists and psychotherapists generally advocate for the power of beliefs, constructs, and personal mythology. The purpose of this paper is not to resolve this debate. Rather, the point is to illustrate the way in which psychotherapy operates in constructed reality. For example, the dodo bird finding would not be possible in fundamental reality. There couldn't be 400 different ways to build a satellite that would all have equivalent results. In constructed reality, however, given that the pathology is "made up" and supported by beliefs and social endorsements, any credible ritual would be equivalently effective at altering those beliefs and endorsements. Diagnostic categories that define brain tumors and dementia are powerful and helpful because they point towards solutions. Diagnostic categories that are constructed are amorphous; they vary from therapist to therapist and one moment to the next. They are inherently fluid and malleable—only taking on a semblance of permanence from social endorsement and the need to support a stable identity. They point in so many directions that they are of little use when it comes to healing and change. In this sense we can understand why virtually any therapeutic ritual can change or heal such fluid states of mind.

To make this even more clear, psychopathology appears to be solid and substantial because the explanations for it—the constructs—feel solid and substantial. For example, a new client might say: "My last therapist told me I have agoraphobia. I was humiliated at several parties as a child and became socially anxious. My shyness grew over time and I began to avoid more and more social events. Now I'm scared of crowds, I hate driving over bridges, and it's getting harder and harder to force myself to leave my house." Contrast that with the following explanation. "I've always been a bit shy and anxious. I recently visited a psychic who told me that this is because I was cursed by a witch who hated my parents when I was very young."

In our culture, the first explanation feels true and the second feels constructed. We are aware that in a different culture, the credibility of the explanations would be reversed. Believing the explanations makes the ensuing psychopathology solid, dense, and difficult to change. Understanding that the explanations are constructed creates a sense that symptoms and diagnoses are far more fluid and the client's dilemma can be resolved relatively easily.

The reason that beginners equal experts is because it's so easy to change constructed pathology; all you need is a belief in a technique and the suggestion that you will get better. And it's even easier to explain why psychotherapists don't get better with experience. When they mistakenly believe that techniques have power, and they simultaneously believe that psychopathology is real, these twin misconstruals cripple their ability to see what's actually going on. How can you get better from experience when you are fundamentally confused about the therapeutic process?

That's not to say that some therapists aren't more effective than others; the research clearly indicates that some practitioners achieve superior results. Since client change is based on belief, we can say that the superior therapists are more credible individuals, or they help their clients have more belief in their procedures (rituals), or they convey more hope to the client. Typically, these qualities are called the therapeutic relationship or the therapeutic alliance.

The therapeutic relationship is both the same and different in constructed reality. The first difference has to do with the centrality of the relationship to change in constructionism. The standard view of psychological change, of course, attributes part of the credit for change to the power of techniques and part to the power of the relationship. Constructionism, which rejects the inherent power of techniques in psychotherapy, necessarily places more of the responsibility for change on the relationship. Once techniques are seen as infinitely variable rituals, the credibility of the therapist becomes more central. Duncan, Miller, Wampold, & Hubble (2010) comment: "this … brings the psychotherapist back into focus as a key determinant of ultimate treatment outcome—far more important than what the therapist is doing is who the therapist is. (Kindle Locations 385-386)"

Various writers have emphasized different definitions of the therapeutic relationship; Lambert and Ogles (2004), in an attempt to synthesize these various descriptions, offer the following: "a therapeutic relationship that is characterized by trust, warmth, understanding, acceptance, kindness, and human wisdom." (p. 181) Consciously operating in constructed reality retains this basic description but expands it on two dimensions. First, wisdom is separated into basic and advanced components: cultural and psychological wisdom and wisdom that includes discernment about what is fundamental and what is constructed. Returning to our KTB story: standard wisdom allows one to teach meditation and discerning wisdom allows the teacher to show the student that sitting Zen is not the essence of Zen.

In the KTB story, the teacher uses polishing the brick to provoke the student—to loosen their commitment to seeing meditation as a technique that leads to enlightenment. Clearly, the results of the outcome literature function as the provocation for psychotherapists; demonstrating that techniques have no inherent power jars the standard therapist out of complacency.

It was pointed out above that a number of therapists who state, "It's all about the relationship," are not as ready as they may appear in terms of abandoning their commitment to techniques. This reliance is seductive and hard to break. Operating as if everything in the room is a ritual places us in what might be called a "pathless land." Jiddu Krishnamurti, a spiritual teacher particularly aligned with the KTB mindset, comments.

> I maintain that truth is a pathless land, and you cannot approach it by any path whatsoever, by any religion, by any sect. … Truth, being limitless, unconditioned, unapproachable by any path whatsoever, cannot be organized; …. If you do, it becomes dead, crystallized; it becomes a creed, a sect, a religion, to be imposed on others. (as cited in Weeraperuma, 1996, p. 3)

Krishnamurti reminds us that it takes real effort to attain the wisdom implicit in constructionism—the wisdom that supports discernment between the real and the unreal. All

organized practice is “dead and crystallized;” we are required to break free from it in our own “kill the Buddha” epiphany.

The second dimension has to do with standard connection and compassion versus connection and compassion in constructed reality. Given that constructionism is all about releasing programming and deconstructing conventional thinking, it follows that the constructionist eventually and inevitably arrives at the existential Abyss. The Abyss is perhaps most renowned for its challenge to meaning; in addition, it has a corresponding challenge in the arena of alienation and separation.

The experience of making the choice between alone and connected at the edge of the Abyss allows the constructionist the opportunity to deepen the qualities of warmth, understanding and acceptance mentioned above. This kind of compassion is similar to the “I – It” versus “I – Thou” relationship championed by Martin Buber. In the KTB example, the compassion of the teacher is rooted in his understanding that the student is confused—not only confused about the difference between practice and essence but confused about a great many things. Most therapists find their compassion increasing simply by understanding that the client has a confused attitude about how a relationship works or how to be assertive with an authority figure. This compassion increases exponentially when the therapist is aware that, in addition to the preceding confusions, the client fails to discern between constructed and fundamental reality and suffers significantly as a result.

A constructionist stance also differs from standard therapy in terms of the concept of the key individual. More specifically, the process of programming humans into a certain set of culturally-sanctioned beliefs requires guidance from family members and reinforcement from general social encounters. In addition, however, there are certain key individuals—seen as charismatic and powerful—who are granted special authority to define constructed reality and our role in it. Given the malleability of reality, such individuals--mentors, teachers, leaders--have strong powers; they can alter our realities, identities or prospects with a word or a gesture.

From this point of view, therapists need to strive to become key individuals, to become charismatic and influential. Instead of defining a clinical psychologist as a scientist who understands pathology and applies empirically-derived techniques, a therapist needs to cultivate the authority to define reality. Of course, this is more complex than is seems. Being perceived as such an individual includes being superb at understanding the client, discerning the client’s innate path, and having the ability to help a client feel safe enough to take a risk; charisma does not imply being a ten-ton gorilla who simply directs people’s lives and realities.

In this sense, charisma is defined as a quality that allows individuals—more specifically, therapists—to be perceived as key individuals. Charisma can be sought, developed and accumulated. Accumulation of charisma, therefore, replaces expertise in powerful techniques as the key determinant of whether a therapist is average, below average or superior. It becomes the organizing principle for training and for profiting from experience.

In the KTB tradition, the teacher—functioning as a key individual--literally changes the way in which the student understands and experiences reality. Because constructed reality is both fluid and malleable, this transformation often appears magical. While the psychotherapist is not

literally striving to attain the respect that a student offers an "enlightened" teacher, that spiritual relationship points towards the kind of respect that a therapist must endeavor to achieve.

The final implication of consciously operating in constructed reality is that the practitioner must become highly client-centered. Constructionism's great strength is its fluidity and malleability; when most of psychopathology is revealed as constructed, the client has an implicit positive prognosis and a sense the change is possible and relatively easy. Constructionism's greatest weakness, conversely, is relativity; when everything is constructed, what happens to values and purpose? Psychotherapy's purpose—healing and transformation—becomes difficult or impossible when there is no place to stand. The psychotherapist escapes this dilemma by leaning into the client's ultimate concern.

Simple examples abound. If a client is hiding in his house due to anxiety, the goal is to help him emerge. If a woman is sub-assertive, the goal is to develop a voice. Things get less obvious when client and therapist encounter "Bridges of Madison County-type" dilemmas; is it best to attend to one's duties and commitments or follow one's heart? A centered therapist—one who manifests their own authenticity and inner alignment—can be a real help here. In sum, constructionism and its implicit relativity paradoxically forces the constructionist therapist to be intensely client-centered; one must have a "place to stand" to be a force for healing.

Understanding that psychotherapy operates in constructed reality argues that psychotherapy is a modern version of the eternal human quest to explain and master the mysteries of mind and existence. Psychology currently differentiates itself from shamanism, from spiritual guidance, and from other methods of healing and transformation by defining itself as the first "scientific" attempt to master the psyche. Arguing that both psychopathology and our means of treating it are constructed rebuts this assertion. Science is an unproductive paradigm when operating in constructed reality.

In 1945 Aldous Huxley wrote *The Perennial Philosophy*, a book that suggested that essential spiritual truths are discovered and rediscovered across time and culture. The concept that all of us—psychotherapy and the wisdom traditions—are operating in constructed reality allows us to reject the argument of the uniqueness of modern psychotherapy and take our place in the pantheon of spiritual traditions. All sincere explorations of the psyche and reality are related to all other sincere efforts.

Given that the KTB paradigm—with its admonition to discern between practice and essence—is central to spiritual practice, it ought to be present in some form or another within all major traditions. Our KTB story comes from Zen Buddhism; the Krishnamurti KTB-type quote came from Hinduism and Yoga. Take a look at the KTB principle in operation in the Sufi tradition.

> When Yasavi started to teach, he was soon surrounded by potential disciples and people of all descriptions. They all listened to what he had to say, but they insisted more and more loudly on him enrolling them in a regular teaching curriculum

> Yasavi told them that he wanted them to build a special structure, a Tekkia, in which people could carry out exercises similar to those which were found throughout Turkestan.
>
> Several hundred people worked, under his direction, for six months, making this edifice.
>
> When it was complete, Yasavi said: "All who want to enter this building for instruction please stand to the right, over there; and those who do not want to do so, stand over there, to the left."
>
> Where they were arranged in the two groups, Yasavi said: "I dismiss all those who stand to the right; there is nothing I can do for you; therefore return whence you came.
>
> The remainder may become my students. Their first task is to demolish the Tekkia.
>
> The dismissed students became disaffected, and spread tales to the effect that Yasavi was insane. But it is from the selectivity of this madman of God that the Teaching of the Masters is derived. (Shah, 2016, p.40)

Immersing oneself in all three of the KTB examples highlights both the promise of the KTB perspective and its innate challenge. More specifically, the KTB stories repeatedly emphasize the difficulties various students have in terms of giving up their standard way of seeing and understanding the world. One of the recurrant characteristics of KTB stories is that the student must be shocked out of their conventional views. Trying to polish a brick into a mirror, building and then disassembling a Tekkia, and urging students to enter a pathless land are shocking and provocative recommendations. The glue that keeps all of us attached to conventional world views is strong and powerful. Entering the pathless land is dangerous. It requires us to travel alone; in the worst-case scenario, it exposes the student to social shunning and rejection. Krishnamurti (1995) warns us about the seduction of the conventional; more importantly, he emphasizes the need for courage when adopting a KTB paradigm.

> Seeking a method invariably implies the desire to attain some result – and that is what we all want. We follow authority – if not that of a person, then of a system, of an ideology – because we want a result that will be satisfactory, which will give us security. We really do not want to understand ourselves, our impulses and reactions, the whole process of our thinking, the conscious as well as the unconscious; we would rather pursue a system that assures us of a result. But the pursuit of a system is invariably the outcome of our desire for security, for certainty, and the result is obviously not the understanding of oneself. (p. 95)

Perhaps the most striking implication of the therapy outcome literature is not the lack of inherent power in techniques, nor is it the deduction that these results could only occur in constructed reality. Rather, *it is the ability of the profession of psychology to ignore these results*. No training and experience effects and the dodo bird theory of equivalency are obvious, major,

robust findings. They completely confound our prevailing strategies of developing and teaching new techniques and our search for the best evidence-based approach to each diagnosis. It's as if the profession is operating in a trance. The results are right in front of us and we respond with complete denial.

This confusion and rejection of the obvious is part of what the spiritual traditions refer to as Maya (illusion) and Samsara (delusionary thinking that binds one to the wheel of birth and death). From a KTB perspective, rubbing our nose in the uncomfortable research findings is equivalent to tearing down the Tekkia or watching the teacher polish the brick. In the story, it is worth noting that while one student woke up at the polishing; others apparently simply wondered at the teacher's unusual actions but garnered no insights. The Tekkia story is even more overtly confrontive. There will be a test of our attachment to the conventional. Some will move forward and others will cling to the comfortable.

Kill the Buddha stories are not reserved for advanced spiritual practitioners. They have utility in everyday life. They have a message for clinical psychology and psychotherapy. That message tells us not to accept the comfortable. It tells us to abandon our belief that doing practices "more and harder" will lead to our goal. And it tells us that we are going to have to make an uncomfortable "leap into the Abyss" if we are serious about psychotherapeutic evolution.

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