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Introduction

Contemplative Psychotherapy: The Art and Science of Individual and Collective Well-Being

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Contemplative Psychotherapy: Beyond Simple Mindfulness

Now that mindfulness has earned widespread acceptance as a catalyst in psychotherapy (Germer et al., 2013), even being hailed as the next revolution in public health (Baer, 2003), it is time not just to take stock of how and why this watershed has come, but to move beyond current limits in today's mainstream approaches to mindfulness, and to expand our horizons to what lies ahead. What are the limits in today's mainstream mindfulness approaches? While the popular mindfulness movement emphasizes acceptance over change, individual over communal thriving, and attention over emotion and embodiment, traditional contemplative science and practice are far more complex and inclusive. In this book, we consult traditional scholar-practitioners to look beyond the limits to current approaches, and also expand today's narrow focus on mindfulness to include the second and third waves of contemplative science and practice—based on compassion and embodiment practices which take mindfulness-based interventions to the next level. This collection of essays, from a wide range of leading voices, provides a rigorous overview of this promising watershed in psychotherapy, including not just a retrospective review of a fast-growing field, but also a prospective survey of emerging developments and anticipated breakthroughs. We hope it will serve both as an introduction to the full scope and promise of this confluence for clinicians and researchers who are new to it, and also as a comprehensive update on the state of the field for those already familiar with or steeped in some aspect of it.

The title of this book, *Advances in Contemplative Psychotherapy*, reflects this broad aim and purpose. As mindfulness-based therapies come to rely on

mindful self-compassion (Germer, 2009), as compassion techniques give rise to compassion-based therapies (Gilbert & Choden, 2014), and as embodied techniques like imagery, movement, and breath-work show promise in trauma care (van der Kolk, 2014), it seems clear that the field has already outgrown the term "mindfulness," and needs a more general framework. "Contemplation" offers one such framework, since it encompasses all forms of meditation and yoga, including recitation practices like mantra and heart-prayer, healing visualization, intensive breathing, and graceful movement (Loizzo, 2009). This may explain why, in an effort to name the neighboring new field emerging at the interface of meditation research with neuroscience, Richard Davidson coined the term "contemplative neuroscience" (Davidson & Begley, 2012). Applying the term "contemplative" to the family of psychotherapies involving mindfulness and related techniques introduces a retrospective background that highlights our progress to date, and sheds light on some larger shifts still underway in modern culture.

Science, Plasticity, and Mindfulness: The Rebirth of Contemplative Science

The very idea of "contemplative" psychotherapy may invoke some cognitive dissonance. "Contemplation" and "contemplative"—terms derived from the Latin *contemplatio*—have historically been used to describe a discipline of individual and group reflection considered central to introspective learning, especially the meditative and ethical learning practiced by lay and professional people in traditional Western religious communities. Psychotherapy, on the other hand, has evolved as a healing discipline of introspective learning based mainly on a dyadic method of reflection, informed by scientific views of human nature, and practiced in confidential relationships by mental health professionals and their clients in modern clinical settings.

In his *Civilization and Its Discontents*, Freud made the broadest possible case for a new science and art of psychotherapy: as a modern answer to the age-old dilemma described by the pre-Socratic thinker Empedocles (Freud, 1930/1962). Caught between the self-protective instinct for survival and the self-transcendent instinct for generativity, we human beings must learn to override stress and to embody love and compassion instead, in order to gradually adapt to the increasingly social conditions of civilized life. The main thrust of Freud's argument was to contrast the views and methods of psychotherapy with those of religion—Eastern and Western—and to offer his new science and art as a modern, secular, and pragmatic alternative to the age-old

experiences of boundless communion and love cultivated through meditation and yoga. Although his critique of such experiences and methods as oppressively idealistic and life-negating were challenged by some analysts—notably Jung, Ferenczi, Reich, Binswanger, and Kohut—nonetheless given the reductive science of the day, Freud's view prevailed, decisively shaping the consensus and practice of mainstream psychotherapy.

A related and even more contested theme in Freud's work was his insistence that the main cause of psychological suffering is unconscious conflict within the individual psyche, as opposed to the impact of external traumas caused by poor caregiving or oppressive social forces like war, structural discrimination, and poverty. Although later schools of analysis—object relations theory, attachment theory, self-psychology, and intersubjective psychoanalysis—effectively challenged Freud's position, his medical model of psychopathology as located in the individual, and his individual-centered dyadic framework of treatment still inform most psychotherapies. This not only limits the capacity of mainstream psychotherapy to effectively address the massive human suffering caused by harmful social systems like racism, patriarchy, colonialism, and hypercapitalism, but it also stands in the way of a deeper understanding and fuller integration of contemplative approaches to healing, since these rely as much or more on healing groups, families, communities, institutions, and society at large as on working dyadically with individuals.

Over the last half-century, many disparate lines of research in biology, neuroscience, physiology, and psychology have been converging towards a more optimistic consensus on human plasticity, relational capacity, and social potential, a consensus which is transforming the landscape in which we live and practice. At the same time, groundbreaking research in stress and trauma, affective neuroscience, social psychology, and behavioral economics have been revolutionizing our understanding of the social and cultural dimensions of human suffering and healing, emphasizing the indispensable role of social safety, emotional connectedness, and group belonging in promoting individual and collective health, well-being, and creativity. Together these converging breakthroughs have led to an emerging consensus on human nature and life that supports a much more complete and robust dialogue between current neuropsychology and humanity's timeless contemplative traditions, touching not just on meditation but also on the other two core disciplines of contemplative learning and healing—wisdom and ethics.

In biology, evolutionists have resolved the age-old debate—are we naturally aggressive or social?—with a new view of our genome as "malleable" or "educable" (Dobzhansky, 1982). More recently, the young field of epigenetics has

begun to show how gene regulation drives development and day-to-day adaptation (Carey, 2013). This broad vision of genomic fluidity naturally dovetails with the new paradigm in neuroscience—use-dependent plasticity—yielding a view of our brain as more dynamic, functional, constructive, and ever-evolving than we previously thought. The new science of plasticity has led pioneers like Eric Kandel and Norman Doidge to propose a more optimistic, transformational paradigm for twenty-first century psychotherapy (Kandel, 1999; Doidge, 2016).

Aligned with this new direction, breakthroughs in our understanding of the prefrontal cortex, limbic system, and brainstem have revealed the human brain to be much more geared to social cognition, social emotional development, and social autonomic regulation than was believed in Freud's day (Siegel, 2007). These breakthroughs have prompted a new generation of relational and embodied approaches to psychotherapy, like those articulated by Daniel Siegel, Louis Cozolino, Stephen Porges, and Bessel van der Kolk, (Siegel, 2010a; Cozolino, 2006; Porges, 2011; van der Kolk, 2014). Finally, two related lines of advancement—through affective neuroscience, positive psychology, and trauma therapy—have further challenged prior low estimates of humanity's potential for embodied social healing like Freud's, by revealing our robust capacity for prosocial emotions, the far-reaching benefits of motivations like love, compassion, and altruism, and the profound benefits of positive imagery, breath-work, movement, and transformational mind/body states like flow (Amihi & Koshevnikov, 2014; Brown, 2009; Lutz et al., 2008; Singer & Klimecki, 2013).

These converging lines of influence have come together to foster a sea change in mainstream science's approach to human practices long dismissed as unscientific. The shift began when the first research studies of meditation, notably transcendental meditation (TM), inspired the groundbreaking clinical paradigms of the 1970s and 1980s: Herb Benson's relaxation response and Jon Kabat-Zinn's mindfulness-based stress reduction (MBSR) (Beary & Benson, 1974; Kabat-Zinn, 1982). As these clinical paradigms were found effective in heart disease and chronic pain, they sparked the development of the first mindfulness-based interventions for mental health—dialectical behavior therapy (DBT) and mindfulness-based cognitive therapy (MBCT) (Linnehan et al., 1991; Teasdale et al., 1995).

These promising clinical studies in turn opened the door for the first phase of serious lab research on the neurophysiology of meditation and yoga. This phase came of age in a series of major breakthroughs starting very recently, in 2004 and 2005. Two teams, one led by Richard Davidson at the University of

Wisconsin, and another by Sarah Lazar at Harvard, were responsible for moving their field from its long marginal status to center stage in the new neuroscience. Lutz and Davidson's 2004 study showing that Tibetan monks can self-generate high frequency gamma synchrony at will, and Lazar's 2005 study that mindfulness meditators show increased thickness in the prefrontal and insular cortex, both directly linked meditation with neuroplasticity and neurogenesis (Lazar et al., 2005; Lutz et al., 2004). This put meditation at the heart of the new neuroscience, as one of the most effective and reproducible paradigms of neural plasticity, and the only model for the conscious self-regulation of plasticity. It is this multi-disciplinary confluence of advances that led Davidson to describe the newly central field of meditation research as contemplative neuroscience.

Fueled by the growing evidence base for the benefits of contemplative practice, the last two decades have seen a groundswell of interest in applying popular mindfulness and related practices like self-compassion in almost every sphere of contemporary life—from healthcare to business, education to wellness. One of the most important applications from a public health standpoint has been in the growing movement to bring contemplative wisdom, ethics, and practice to the epidemic stress and trauma caused by systemic racism (williams et al., 2016; Willis, 2008). As the COVID-19 pandemic highlighted the severity of chronic racial health disparities in the US and the murders of Ahmaud Arbery, Breonna Taylor, and George Floyd drew unprecedented attention to violent police interactions with Black, Indigenous, and other People of Color (BIPOC), the American Medical Association officially declared racism a public health threat and proposed a plan to counter it (American Medical Association, 2021). All this prompted new interest in the convergence of critical race theory, social psychology, and sociology into liberation psychology (Prilleltensky, 2003), and raised awareness of embodied contemplative approaches to dyadic psychotherapy like Resmaa Menakem's somatic abolitionism (Menakem, 2017) as well as therapeutic frameworks for healing racialized trauma that integrate individual with community-based strategies (French et al., 2020; Chavez-Dueñas et al., 2019).

Psychotherapy and Contemplative Healing: Two Forms of One Human Art

In the long view, the convergence of breakthroughs in neuroscience, positive psychology, meditation research, and mindfulness interventions over the last two decades has been both timely and effective. It was robust enough to

clear the way for a broader integration of psychotherapy with contemplative healing, more along the lines envisioned by proponents of contemplative traditions, like Jung (Moacanin, 1986). While the growing confluence of such long-divergent fields still strikes many as unlikely or novel, there is no denying the deep resemblance in methods and mechanisms of action underlying these human practices. At the same time, the confluence has been further deepened by the growing awareness of the critical role played by broader social factors like systemic racial, gender, and economic stress, and trauma on individual suffering. And this awareness has coincided with shifts in science suggesting that positive social emotional factors, both at the dyadic level of individual work and at the group level of family and community work, are far more crucial to deepening and accelerating healing than mainstream approaches to mental health have assumed. This shift towards greater appreciation of the role of culture and community as key variables in illness and healing has further fueled the confluence of contemporary psychotherapy with timeless contemplative traditions, since contemplative approaches to healing, as exemplified by Jung, rely as much or more on healing culture and community than on conventional psychotherapy dyads.

In this book, we have the opportunity to review the family resemblances and differences between psychotherapy and contemplative healing in detail; in chapters that present the psychology behind three forms of Buddhist contemplative practice; chapters that explore their emphasis on social healing; chapters that explore their neuroscience; and chapters that flesh out their applications in psychotherapy. But first, it may help to touch on a few resemblances that have fueled the convergence of Buddhist psychology with modern psychotherapy, as well as to highlight some of the key contrasts that make these two cultural practices so distinctive.

In introducing *Sustainable Happiness*, I explained the growing confluence of Buddhist psychology and meditation with modern psychotherapy by pointing out three family resemblances in aim and method shared by the two traditions (Loizzo, 2012). 1) Both traditions base their theory and practice on the premise that every mental activity is causally effective and has determinate consequences that shape ongoing development. 2) They both view the mind as embedded in an evolutionary continuity of ever-adapting forms of life, conceiving development as an interactive, intergenerational process informed by both nature and nurture. And 3) they both base their attempts to relieve mental suffering on a practice of re-education, which combines reflection, insight, and behavior change in an enriched social learning matrix of conscious re-parenting.

At the same time, I also explained the distinctions between Buddhist and modern psychology that are often missed or minimized by modern proponents

of integration, pointing out three basic differences in aim and method that distinguish the two traditions. 1) The two differ in their institutional base and disciplinary landscape: Buddhist psychology is based in monastic education in the context of Indian spirituality and contemplative science; psychotherapy in secular healthcare in the field of modern psychology and neuroscience. 2) They differ in their theory of evolution: Buddhism assumes a Lamarkian model of evolution, as driven by learned habits of mind and action transmitted across generations by social imprinting and modeling; psychotherapy is informed by a Darwinian view of evolution, as driven by random mutation and natural selection, transmitted by genetic inheritance. 3) And they differ in their healing methodology: Buddhist pedagogy involves a multimodal strategy combining individual mentoring, peer learning, group classes, and healing community, relying on a progressive path of mind-brain altering individual and group contemplation; psychotherapy involves a more targeted strategy relying on intensive individual re-parenting bonds, and milder, more limited relaxation states, sometimes combined with cognitive-behavioral learning for individuals and/or groups.

On the one hand, it is no accident that these two traditions are now engaged in an increasingly deep and far-ranging dialogue. On the other, there is still ample reason for us to be careful to respect the distinctions between them, so that we can weigh apparent similarities and differences in light of the broader cultural contexts in which they evolved. Of course, avoiding misunderstanding or misappropriating contemplative traditions like Buddhism, and respecting their distinct cultural context and roots does not require us to adopt an extreme cultural relativism. Like modern psychotherapy, Buddhist psychology claims to see and treat mental suffering in ways that are universally applicable to humans across history and culture. And, like psychotherapy, it has in fact been found helpful in several civilizations, over centuries since its inception. So, rather than thinking of Buddhist practice and psychotherapy as apples and oranges, I prefer to see them as different varieties of one and the same species of human practice. This seems not altogether contrary to Freud's view, judging by his own efforts to find historical roots for the modern practice he called psychotherapy in the ancient Greek traditions of Socratic and pre-Socratic pedagogy.

Contemplative Psychotherapy: Reconciling Science and the Human Spirit

The fact that Freud felt a need to go back to the Greeks to find the roots of psychotherapy is not surprising given the genesis story of modern science—that it emerged in the fifteenth century as a renaissance of previously lost

Greek science. What should be surprising is that he had to bypass twenty centuries to find another case of healing, re-parenting dialogue to cite as a precedent for his re-discovery. Obviously, it is not the case that humanity altogether stopped this universal practice for twenty centuries. Having grown up a young Jewish man in Catholic Vienna, Freud was well aware of two such practices embedded in the religious traditions of the Judeo-Christian West: the rabbinate and the confessional. So, his return to the Greeks suggests a move to avoid any association with these forms of spiritual counseling. In contrast, his erstwhile successor Carl Jung, the son of a Protestant minister, did not shy away from the ambiguity between the role of psychotherapist and spiritual counselor or guide. So Freud's rejection of these precedents, along with their analogues in the Hindu and Buddhist mentoring bonds explored by Rolland and Jung, may be most simply explained as an expression of his intention to align psychotherapy decisively with the side of modern science in the European Enlightenment rift between science and religion. To his credit, Freud correctly read the landscape of modern European culture and made a tactical decision that allowed psychotherapy to become a mainstream institution in an era in which scientific modernity obliged us to leave contemplative healing, pedagogy, and ethical community behind, as artifacts of humanity's religious past. Now that the modern rift between science and contemplation is increasingly being bridged, we are in a position to bring contemplative practice and its emphasis on group learning and healing community back into dialogue with neuropsychology and the practice of psychotherapy.

Viewed through the narrow lens of Enlightenment thought and science, a dialogue between the reflective practice of individual and group contemplation and the clinical practice of dyadic psychotherapy may still seem dissonant, even forced. Viewed through the wide-angle lens of anthropology, however, it appears as eminently reasonable and perfectly natural. Throughout history and around the globe, human cultures have associated spirituality, science, and healing with contemplative states, mentoring bonds, and inclusive community. The Greeks were no exception to this rule: Empedocles taught science, contemplation, and democratic ethics (O'Brian, 2009); Socrates was inspired by the Delphic Oracle (McPherran, 1999). The Rabbinic yeshivas, Christian monasteries, and Islamic madrasas of the medieval West were the cradles of Renaissance science, spirituality, and medicine (Pederson, 2009). And indigenous cultures around the world developed and preserved powerful orally transmitted knowledge-and-practice systems that wove science, philosophy, spirituality, ethics, and healing into complex integral traditions that work to promote individual and communal well-being. In fact, in the centuries since Descartes divided matter from mind, and science from reflection,

the scientific culture of the West has been one of the very few glaring exceptions to the rule. So the recent trend I described towards bridging that modern divide and reuniting contemplation and contemplative community with science and healing is not really new, but a return to the commonsense view shared by most of humanity for most of history.

Five Disciplines, Three Methods, Two Traditions: The Architecture of this Volume

In the interest of advancing a dialogue that is reinvigorating psychotherapy, we have chosen in this book to approach the new landscape from the standpoint of the five disciplines we see as main stakeholders in the emerging terrain. The first of these is contemplative psychology, by which we mean the way traditional contemplative views of mind interface with and inform current advances in understanding of the human psyche, illness, and health (Loizzo, 2012). The second is contemplative ethics, by which we mean the way traditional contemplative views of healing community interface with the current thinking and practice of cultural competence, social justice, and community-based social change. The third is contemplative science, by which we mean the traditional scholarship and techniques of meditative self-healing that have contributed key practices to contemplative psychotherapy (Wallace, 2007). The fourth is contemplative neuroscience, by which we mean the convergence between breakthroughs in our basic understanding of the brain and research into the effects and mechanisms of mediation and yoga (Davidson & Begley, 2012). Finally, the fifth is contemplative psychotherapy, by which we mean the integration and application of all four other disciplines to advances in the clinical practice of dyadic and community-based psychotherapy (Germer et al., 2013). To integrate these points of view, each part of the book includes contributions by leading voices in contemplative psychology, pioneers in contemplative approaches to social justice, eminent scholars and master teachers of Buddhist practice, neuropsychologists and neuropsychiatrists working in the field, and psychotherapists working to integrate new theories and methods into clinical practice.

While our vision of a contemplative psychotherapy integrates many techniques, and opens the door to interdisciplinary perspectives that can enrich theory and practice, some may ask, "Why limit the approaches surveyed in this book to a single contemplative tradition?" On the most superficial level, we can answer this question by pointing to the avid incorporation of Buddhist techniques like mindfulness and compassion into contemplative therapies, or

to the growing body of evidence that has accumulated in recent decades to support the efficacy of these therapies. On a deeper level, as I have suggested, there are of course reasons behind the natural affinity between Buddhism and psychotherapy.

Perhaps the best way to explain this phenomenon and our book is in terms of the history of modern science and psychotherapy we have just briefly sketched. In the rift—some might say the *war*—between modern science and human religious traditions, Buddhism plays a pivotal role as a middle way or intermediate case. Given its reliance on reason and evidence and its rejection of scriptural revelation and religious authority, Buddhism is more sympathetic to the methods of modern science than most religious traditions (Wallace, 2007). And given its view of life as evolved and developed by natural causal laws rather than divine creation or intervention, it is more sympathetic to the theories of modern science than most contemplative traditions (Ricard & Thuan, 2004). Finally, given its primary focus on healing and its psychological interest in understanding and transforming the mind, its aims and methods are more sympathetic to psychology and psychotherapy than most religious traditions (Loizzo, 2012).

Despite this natural affinity between psychotherapy and Buddhism, it is not our view that Buddhist theories or methods are somehow uniquely suited or helpful to clinicians or clients of psychotherapy. Rather, we feel that Buddhism helps to break down preconceived walls between science and contemplation, and hence serves to catalyze dialogue and cross-fertilization between these long estranged human disciplines. So we offer Buddhist approaches to contemplative psychotherapy as a paradigm of how other approaches and methods from non-Buddhist traditions could be integrated into new contemplative therapies, rather than as a monolithic doctrine. Our hope is that the dialogue between Buddhist psychology and psychotherapy surveyed here will stand as a touchstone that can help support a full arc of reflective approaches to psychological healing, spanning the range of human contemplative traditions and the whole spectrum of modern therapies.

Practically, our task is also made simpler by narrowing our focus to Buddhist approaches, because many of the groundbreaking findings of contemplative neuroscience, and some the most promising forms of contemplative psychotherapy, have involved insights and practices from that tradition (Varela et al., 1992; Teasdale et al., 1995). And of course, our work is also easier thanks to the growing community of clinicians and researchers who have reflected deeply and practiced extensively at the confluence of Buddhism and psychotherapy (Molino, 1999; Germer et al., 2013). This growing community

provided us with a rich array of contributors who—each in her own way—has been pioneering the integration of various schools and methods of Buddhist psychology into contemporary psychotherapy and the contemporary work of fostering healing psychosocial change.

When it comes to the range of Buddhist-informed approaches to contemplative psychotherapy explored here, we have also been fortunate to be able to draw on the full spectrum of schools and methods that have recently come into dialogue within the melting pot of American Buddhism. As the most widely exported form of Indic contemplative science, Buddhism has traveled over the centuries through most of Asia. This tide of influence has taken place in three great waves during three diverse periods of Eurasian history and civilization.

In the first wave, during the five centuries after Shakyamuni Buddha's life, it spread from its cradle in Northeast India towards the west, south, and east, to Kashmir, Afghanistan, Sri Lanka, Burma, and Thailand. This first wave, which gave us the psychology of insight and mindfulness meditation (*vipassana*), is represented by the Theravada schools of Pali Buddhism, the first schools encountered by the West during the era of British colonial rule (Epstein, 1995).

The second wave dates to the first five centuries of the common era and developed with the universal kingdoms of North and South India, ruled by the Kushana, Shatavahana, and Gupta dynasties; it spread with Buddhist monks via the Silk Road caravans to Central and East Asia, and from there to China, Vietnam, Indonesia, Korea, and Japan. This wave gave us the psychology of wisdom and compassion, along with analytic insight and compassion meditation; it is represented by the Mahayana schools of Zen and Pure Land Buddhism, the second series of schools encountered by the West in the post-war era of interchange with Japan, Korea, and Vietnam (Rubin, 1996).

The third wave dates to the latter half of the first millennium of the common era, based on the rise of the world's first universities, the great monastic universities of Nalanda, Dhanyakataka, Vikramashila, and Odantipuri, which became international beacons of Indian Buddhist contemplative science and civilization, attracting scholars from Kashmir, Nepal, Tibet, Burma, Thailand, China, Japan, Korea, Indonesia, and Vietnam. This wave gave us the psychology of embodied cognition and embodied mind-brain integration, along with role-modeling imagery, affirmative recitation, and advanced breath-energy control; it is represented by the Vajrayana Buddhism of Tibet, Ladakh, Nepal, Bhutan, and Mongolia, the schools encountered by the West through the Tibetan refugee community that fled to India in 1959 (Loizzo, 2012).

Given world history, these three waves of Buddhist thought and practice, along with their counterparts in the Hindu Yoga tradition, have only recently come together again in the global melting pot of Western Buddhism. So we are fortunate in this volume to have contributors whose integration was influenced by each of the major waves, seen in the synthetic Nalanda tradition as "three vehicles" of Buddhist contemplative science and practice (Thurman, 1996).

In light of traditional scholarship, each part of the book is devoted to one of these vehicles. Part One, Mindfulness and Personal Healing, is mainly devoted to the integration of early Buddhist psychology, non-violent ethics, and mindfulness meditation with classical analytic and cognitive therapy. Part Two, Compassion and Social Healing, is mainly devoted to the integration of Mahayana Buddhist psychology, relational ethics, and compassion meditation with relational and interpersonal psychotherapy. And Part Three, Embodiment and Natural Healing, is mainly devoted to the integration of Vajrayana Buddhist psychology, liberative ethics, and embodied meditation with embodied transformational therapies.

Integrating the Triune Brain: The Science of Psychotherapy and Meditation

Of course, the alignment of mindfulness, compassion, and embodiment practices with distinctive psychologies and psychotherapy applications does not depend simply on this historical background, nor on the scholarly distinctions between different "vehicles" of Buddhist thought and practice. As the chapters on the neuroscience and clinical application of each practice show, there are ample scientific reasons behind the alignment of distinct contemplative methods with particular forms of neuropsychological healing and change. The evidence that mindfulness works largely by empowering the prefrontal cortex to enhance self-awareness and neocortical integration is consistent with current thinking about insight-oriented and cognitive psychotherapy (Siegel, 2010a). Recent evidence that compassion meditation works by empowering the limbic cortex to enhance self-regulation of social-emotional stress-reactivity and to foster the integration of prosocial emotions, empathic resonance, and proactive responses is consistent with current thinking about object-relational, interpersonal, and couples therapy (Gilbert & Choden, 2014). And preliminary findings that role-modeling imagery, affirmative recitation, arousing breath-control, and gentle movement work by transcending traumatic defenses and integrating the hypothalamic-brainstem social engagement

system are consistent with current thinking about embodied approaches like Jungian analysis, Gestalt therapy, Somatic Experiencing (SE), Sensorimotor Psychotherapy (SP), and Accelerated Experiential Dynamic Psychotherapy (AEDP) (Porges, 2011).

The fact that we find synergies between such an array of contemplative practices and psychotherapies may seem improbable, but it is quite consistent with what early studies concluded about the general effects and mechanisms of meditation and psychotherapy. In a prior review, I summarized the findings of the first few decades of research on the neuroscience of these two distinct human practices (Loizzo, 2000). Meditation and psychotherapy appear to have their effects by the same common pathway: a sustained strategic amalgam of two complementary mechanisms. Both practices reduce stress using relaxation techniques to lower sympathetic arousal and boost vagal tone; and both also simultaneously enhance learning using techniques that heighten attention and promote neural plasticity (Porges, 2011; Siegel, 2007). In this way, the two work to create an optimal internal environment that disarms stress-reactive resistances and fosters the enrichment of learning. By optimizing the brain's full capacity for social learning, these practices expand the mind's openness to shared introspection and corrective dialogue; and by cultivating that shift in a stable, supportive, and equitable social learning environment, they sustain that openness through repeated practice over time. As a result, they facilitate a gradual dismantling of dissociative barriers to integration, and cultivate the growth of higher self-awareness, self-regulation, and self-transcendence though the development of integrative structures and processes in the brain (Delmonte, 1995; Siegel, 2012).

If meditation and psychotherapy in fact share a common neural mechanism and psychosocial intent, why do both cultural practices employ such a broad range of methods? The science behind the first premise—that all methods of meditation and psychotherapy work by deepening relaxation and heightening attention—helps explain the main finding of psychotherapy research, that effectiveness depends far more on psychosocial process than therapeutic technique (Norcross, 2011). The mix of safety and stimulation makes good anthropological sense, in that it recreates the secure playful bond of early childhood, the evolutionary matrix for human social learning and brain development. Yet there remain two major reasons why, within a common process of calm presence and attentiveness, these twin cultural practices of corrective re-parenting would involve a multiplicity of methods.

The first reason has to do with the complexity of the human mind-brain, a complexity mapped in various ways by all schools of contemplative psychology and

psychotherapy. Most schools of psychotherapy have been influenced to some degree by Freud's tripartite model of the mind. Contemporary neuropsychology has linked Freud's map to neural structure and function, as in MacLean's triune brain schema or current models like those of Karl Pribram, Stephen Porges, and Louis Cozolino (Pribram, 2013; Porges, 2011; Cozolino, 2006). If the common pathway for meditation and psychotherapy is a process of disarming stress-reactive defenses and learning mind-brain integration, it makes sense given the complexity of mind and brain that that process takes different forms as it reaches deeper levels of structure and function. While the normal waking mind and neocortical processing may be readily accessed by free association and mindfulness, we would expect the dreamlike sensory-emotional mind and limbic processing to be more responsive to empathic attunement and compassion techniques; while deep visceral affect states and core brain processing would likely respond better to embodied therapeutic and contemplative methods that rely on imagery, prosody, movement, and breathing.

Developmental Gradualism and Therapeutic Technique

While this kind of multi-modal approach to mind is not common to most schools of psychotherapy or contemplation, it is an emerging paradigm in models of mind-brain therapeutics, such as current work on trauma. It has been the default model in the Nalanda tradition, which adopted a developmental gradualism of contemplative healing and learning as early as the second century of the common era. Hence the three-part structure of this volume not only dovetails with modern psychodynamic and brain-based cognitive behavioral approaches to psychotherapy, but also with the later

Table 0.1 Interdisciplinary, Intertraditional Framework (by Joseph Loizzo)

Disciplines	Part One	Part Two	Part Three
Psychology	Personal Self-Healing	Social Transformation	Embodied Integration
Buddhist Tradition	Individual/*Theravada*	Universal/*Mahayana*	Process/*Vajrayana*
Contemplative Practice	Mindfulness	Compassion	Embodiment
Neuroscience	Neocortex	Limbic System	Brainstem
Psychotherapy	Dynamic/Behavioral	Interpersonal/Relational	Transformational

Buddhist tradition of contemplation, which mirrors cumulative Hindu traditions like the Kashmiri Shaivite (Muller-Ortega, 1997).

More compelling still is the way that Vajrayana Buddhism and Tantric Hinduism mapped deepening levels of meditation in a gradual progression onto deeper levels of the subtle body model of the central nervous system, also known to us as the "chakra" model of Hatha Yoga (White, 1996). This traditional neuropsychology followed a broadly tripartite scheme, with simpler withdrawal practices like mindfulness mapped onto the "coarse, external layer" or "sensory sheath" of mind-central nervous system, deeper focused practices like positive imagery and narrative mapped onto the "subtle, internal layer" or "thought-energy sheath," and deep affective breathing, and movement practices mapped onto the "subtlest, intimate layer" or "bliss-awareness sheath."

More to the point, we also have ample clinical reasons to foster a multiplicity of methods of psychotherapy and contemplation. This has to do not with any intrinsic superiority or neural specificity of one technique over another, but with the varied therapeutic needs of individuals who have diverse learning styles or are facing various challenges at different levels of healing and development. Traditionally, the broad-spectrum methodology behind this book was both developmentally gradual, and pedagogically "instantaneous." In other words, it was meant both to support a gradual path of contemplative healing—progressing from verbal to emotional to embodied learning—as well as to allow for accommodating individuals with specific inclinations and needs, following the Buddha's well known therapeutic art of tailoring teachings as so many medicines to the diverse ills of his students.

In a gradualist psychology like Nalanda's, it was understood that students could enter the healing and learning process using whatever techniques were most helpful or suited to them, then eventually fill in gaps in development with techniques tailored to the less pressing but vital aspects of development. Of course, there is a singular process or "taste" of healing and teaching at any point along the gradual path: progressive freedom from suffering based on the empathic attunement between a teacher's healing wisdom and the student's afflicted way of being, all taking place in the context of an equitable healing community—a healing village. So the cumulative Nalanda pedagogy which informs this volume involved an artful and mindful integration which balanced the basic need for a common healing process with the pedagogic value of a broad multi-modal array of therapeutic techniques.

The Genome and Living Legacy of this Book

While we have adapted Nalanda gradualism as one strand of the DNA of this book, partly to offer a template for the Western strand of our emerging field, our primary aim is to survey the past, present, and future of this convergence in the most synoptic and inclusive way.

In Part One, Mindfulness and Personal Healing, we survey its recent past, the already fruitful cross-fertilization of the psychology of insight and the practice of mindfulness with modern psychodynamic, cognitive, and liberative psychotherapies. Contemplative psychotherapist, educator, and equity consultant Kamilah Majied explains the vital importance for clinicians of all backgrounds to continually expose and transcend unconscious colonialist biases and surveys the rich legacy of BIPOC ("global majority") and LGBTQ+ pioneers in decolonizing, liberative approaches to psychotherapy. Contemplative psychotherapist Miles Neale explains the psychology of metacognitive awareness, where the two streams of Buddhist and Western psychology converge. Baptist-Buddhist religion scholar and civil rights activist Jan Willis explores the resonance between the Buddha's teachings on social healing and change and the civil rights movement led by Dr Martin Luther King. Renowned Buddhist teacher Sharon Salzberg then presents the psychology of mindfulness from the standpoint of the Theravada tradition of insight meditation in which she was trained. Integrative neuropsychologist Rick Hanson next explores the neuroscience of mindful-self-healing and self-change in light of the revolution of neural plasticity. Next, two eminent integrative clinicians—Zen psychoanalyst Sieso Paul Cooper and Theravada psychotherapist Paul Fulton—introduce us to their masterful integration of mindfulness practice with contemporary psychoanalysis and mainstream psychotherapy. And finally, contemplative psychotherapist, mindfulness teacher and LGBTQ+ activist Moustafa Abdelrahman shares his wisdom on tailoring mindfulness-based psychotherapy to the needs of LGBTQ+ individuals and groups.

In Part Two, Compassion and Social Healing, we are introduced to the wave of the present, the comparative social psychology of compassion, by the Tibetan doctor and research psychologist Lobsang Rapgay, who shares his unique synthesis of the Tibetan practice of cultivating compassion with the relational analysis of Melanie Klein. Acclaimed author and thought-leader Lama Rod Owens shares his take on applying the Tibetan Buddhist arts of compassion training to the challenges of healing—especially for BIPOC individuals—in a society dominated by the violence of systemic racism. Eminent

Buddhologist Professor Robert Thurman then presents the social psychology and universal compassion practice of Mahayana Buddhism from the standpoint of the Nalanda tradition preserved in Tibet. Next, leading neuropsychiatrist Daniel Siegel unpacks the interpersonal neurobiology of empathic attunement and social mind-brain development, setting the stage for the seminal convergence underway between relational psychotherapy and reflective practices of mindful awareness and compassion. Finally, three pioneering integrative clinicians—Tara Brach, Chris Germer, and Christine Braehler—unpack the powerful practice of self-compassion, which weaves the contemplative strands of mindfulness, loving-kindness, and self-parenting together with object relational psychotherapy and acceptance-based cognitive therapy. Contemplative psychotherapist Fiona Brandon presents Nalanda Institute's Compassion-Based Resilience Training (CBRT) and shares her experience and insights applying it to the challenges of building healthy intimacy through individual and couples work.

Last but not least, in Part Three, Embodiment and Natural Healing, we are introduced to the wave of the future, the embodied psychology of imagery, affirmation, posture, and breathing, by the remarkable Dr Nida Chenagtsang, one of few Tibetan doctors today who is sharing the living lineage of Tibet's integrative mind/body medicine and contemplative psychiatry in the West. Contemplative psychologist Emily Wolf shares her groundbreaking research on the medical and psychological impact of embodied contemplative techniques. Deep Equity consultant-activist, and Tibetan Tantric teacher, Sheryl Petty shares her experience drawing on embodied contemplative practices from the Tibetan and Yoruba traditions to build stamina and skill in fostering embodied psychosocial change. Distinguished author and psychoanalyst Pilar Jennings presents the comparative psychology of archetypal imagery and transformative passion based on her elegant synthesis of Tibetan Buddhism with the analytic methods of Jung, Kohut, and Stolorow. I then share my integration of the embodied neuropsychology of Vajrayana Buddhism and Tantric Hinduism with the neuroscience of archetypal imagery, embodied cognition, autonomic breath regulation, and peak performance states. Finally, groundbreaking clinician Diana Fosha and I unpack the transformational power of imagery, deep somatic affect states, deep breathing, and movement for the embodied healing of trauma and the deepest levels of mind/brain integration in our respective chapters on Accelerated Experiential Dynamic Psychotherapy (AEDP) and Embodied Transformational Therapy (ETT).

All the contributors to this volume have served as faculty for the Nalanda Institute Contemplative Psychotherapy Program (CPP). Our CPP is an

unprecedented program that integrates the traditional contemplative science, ethics, and healing arts of mindfulness, compassion, and embodiment practice with contemporary neuroscience and psychotherapy, in a three-year intensive experiential learning format. Since its inception in 2013, our dedicated past and present CPP directors including Emily Wolf and Fiona Brandon, and core faculty including Pilar Jennings and myself, have led ten robust years of the program, working closely with meditation masters Sharon Salzberg, Robert Thurman and Dr Nida Chenagstang, and a rich visiting faculty including many, like Roshi Joan Hallifax, Mark Epstein, Rev. angel Kyodo williams, Jasmine Syedullah, and Richard Davidson, who despite their invaluable contribution to the program could not contribute a chapter given constraints of time and space.

This experiment has afforded us a broad overview of the state of the art, and a strong personal sense of the hunger felt by a growing community of clinicians for rigorous, multi-disciplinary training in the field. After graduating ten successive classes of the program, now thanks to online learning formats reaching students around the world in English, Spanish, and Portuguese, we have seen and felt the indispensable value of this work. In a real sense, this volume represents our wish to share this profoundly enriching experience with the growing audience of professionals everywhere looking for the deep healing wisdom and method which contemplative science and practice offer. It is with the deepest gratitude that we share some of the fruits of wisdom and healing art we have tasted on the collective journey recorded in this volume.