Contemplative Creative Therapy (CCT):

A Novel Approach to Train the Embodied Mind

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Abstract

This article introduces Contemplative Creative Therapy (CCT) as an emerging clinical approach grounded in contemplative science, Buddhist psychology, and creative arts therapies. CCT aims to restore coherence within the embodied mind by integrating meditation and contemplative creative practices with a humanistic, person-centered therapeutic framework. Drawing on contemporary research in contemplative neuroscience and somatic psychology, CCT emphasizes the inseparability of cognition, affect, and sensory experience, positioning healing as a process of reestablishing the flow of energy and information throughout the body–mind system. The central principles of CCT include attentional training, emotional recognition and regulation, experiential insight, and creative expression as pathways toward integration, meaning, and resilience. The article outlines the origins of CCT and explores how integrating Buddhist contemplative traditions with creative therapeutic modalities contributes to mental health interventions that address both psychological and physiological dimensions of distress. It also highlights the need for further empirical study into the neuroscientific correlates of contemplative creative practices, particularly those involving deconstructive and nondual meditative processes. Ultimately, we propose situating Contemplative Creative Therapy within the broader field of contemplative science to support continued research, training, and clinical application.

Keywords: Contemplative Creative Therapy, Contemplative Creative Science, Contemplative Science, Contemplative Psychotherapy, Buddhist Psychology, Embodied Mind, Embodied Creativity, Psychotherapy, Meditations

Section 1

The Background of Buddhist Psychology & Dharma Art

The Buddha (Siddhārta Gautama was his birth name), also known as Śākyamuni Buddha, was a prince from the Śākya clan. As a young adult, he experienced a profound calling to explore the meaning and lived experience of suffering, sickness, and death. In response, he left his family, adopted an ascetic lifestyle, and embarked on a personal meditative journey that led him to discover the Dharma path. Through this deep inquiry into the nature of the embodied mind and human experience, he awakened, eventually becoming a revered teacher who imparted his wisdom to others.

In the 6th or 5th century BCE, he wandered across South Asia as an ascetic, and his followers identified themselves as Śākyans or Śākya-sons in ancient India (Cohen, 1999; Rhys Davids, 1928). Siddhārta received the title Buddha, meaning "the Awakened One" (bud in Sanskrit): one who has awakened from the deep sleep of ignorance and opened consciousness to encompass all objects of knowledge (Monier-Williams et al., 2007; Buswell & Lopez, 2014). His teachings centered on ethical training and meditative practices designed to free individuals from suffering by transforming how they relate to their experience through body, mind, and awareness.
The term "Buddhism" was coined in the West in the 20th century as a translation for the Dharma of the Buddha, BuddhaDharma, in Sanskrit (Lopez, 2017). The Dharma teachings initially spread throughout Asia, undergoing adaptation and transformation to align with the cultural, philosophical, artistic, and social contexts of each region.

The Industrial Revolution precipitated increased East–West encounters: technological advancements, expanded travel, colonization, and scientific expeditions by privileged Western intelligentsia (military and academic). Despite the inherent inequalities of this historical period, this exchange illuminated Indian and Buddhist contemplative traditions, including meditation practices oriented toward training the mind and nervous system (Hallisey, 1995; McMahan, 2012). It also enabled Asian Buddhist teachers to travel to Europe and the Americas, fostering cross-cultural interchange.

This exposure, which began in the early 1920s, contributed to a significant shift in Western philosophy and psychology. It opened the way for a deepening exchange between Buddhism and science, particularly concerning the trainability of attention, emotion, and embodied experience. In the 20th century, North America witnessed the emergence of new organizations, such as the Mind & Life Institute, dedicated to exploring how contemplative science and practices can enhance understanding of the mind and support positive change in the world (Mind & Life Institute, 2023). This integration between Western scientific inquiry and Buddhist psychology has since contributed to major developments in psychology, pedagogy, neuroscience, and mental health.

Buddhist Methodologies for Embodied Mind Training

When delving into Buddhism, it is important to distinguish its philosophical and psychological dimensions, as well as how it later developed into a religion encompassing diverse Asian lineages and sects. Ancient texts portray the Buddha as a sage who wandered and engaged in direct dialogue and debate with his contemporaries about life, death, suffering, and the nature of experience. A parallel can be drawn with the Western tradition, in which prominent Greek philosophers such as Socrates, Plato, and Aristotle gathered in the Agora to contemplate similar existential questions during a comparable historical period.

The foundational Dharma teachings emphasize that human experience is characterized by three essential features, known as the Three Marks of Existence: impermanence (anitya), dissatisfaction or suffering (dukkha), and the absence of a permanent, unchanging essence (anātman). According to the Buddha, understanding and directly experiencing these characteristics is fundamental for liberation from attachment and suffering. Notably, the path to awakening is achieved through mental and embodied training that cultivates specific qualities of attention, insight, ethical behavior, and awareness.

Buddhist teachings outline various contemplative methodologies in structured lists or discourses that serve as guides for training the embodied mind. The Four Noble Truths, the Five Skandhas, and the Noble Eightfold Path constitute the foundations of Buddhist philosophy and psychology. These frameworks help practitioners investigate the nature of mind, perception, and reality

across all Buddhist traditions. The Buddha taught the Four Noble Truths and presented the Noble Eightfold Path as a practical means for transforming mental conditioning (samyojana), mental afflictions (kleshas), and deeply ingrained defilements (āsavas) in order to attain liberation (vimutti) (Siderits, 2019). Together, these teachings provide systems for addressing psychological distress and for alleviating both mental and physical suffering.

The Buddha established a discipline known as the Inner or Mind Science (adhyātmavidyā), considered a "science" because it is an organized and empirical exploration of consciousness and human experience. Its purpose is to free individuals from maladaptive mental patterns and cultivate their inherent capacity for clarity, compassion, and wisdom (Thurman, 1994). These root teachings continue to inform Buddhist psychology, contemplative psychotherapy, and modern adaptations that integrate somatic and sensory processes.

In contemporary contexts, the subjective empiricism of early Buddhism has increasingly intersected with Western scientific traditions, leading to the emergence of a secular, evidence-based Buddhist psychology. This integration has supported the development of new therapeutic modalities grounded in meditation and embodied contemplative practices. The development of these Buddhist-based interventions within mental health care has reinforced the relevance of Buddhist psychology among clinical professionals in recent decades (Kelly, 2008), particularly in relation to emotional regulation, trauma healing, and resilience.

Origination of Buddhist Contemplative Arts

Over the centuries, numerous rules have been established to depict the Buddha and convey Buddhist symbolic imagery. These guidelines follow ancient Indian customs of iconography and iconometry, considered sacred and refined art forms (Lahdrepa & Davis, 2017). Traditional Buddhist art serves a purpose that extends beyond aesthetics; its primary function is to embody the teachings of the Buddha and support meditative awareness (Trungpa, 1975; Patry Leidy, 2008; Lahdrepa & Davis, 2017). As Lahdrepa and Davis (2017) explain in *The Art of Awakening: A User's Guide to Tibetan Buddhist Art and Practice*:

> Visual representations of the Buddha and Bodhisattvas, as well as statues and paintings, are used as external supports for contemplation and meditation practice. These

> representations symbolize the awakened qualities that practitioners aspire to cultivate within themselves and for the benefit of all sentient beings.

As previously discussed, the Industrial Revolution played a significant role in the transmission of Buddhism across diverse regions. Asian countries adapted core Buddhist principles to fit their unique cultural, religious, social, and political contexts (McMahan, 2012). Buddhist Dharma Art underwent parallel processes of integration and development, aligning with each region's artistic traditions.

A distinct variation of Buddhist contemplative art emerged with the rise of the Ch'an school (Zen in Japan; Sanskrit dhyāna) after Buddhism reached China and Japan. The foundations of Ch'an trace back to the "Flower Sutra." Addiss (1989) describes this origin story:

Zen is said to have begun with a visual gesture. One day, the Buddha did not give his usual verbal sermon but held up a flower. Only one disciple—Mahākāśyapa—understood this wordless message, and Zen was born (p. 6).

In Zen, the Flower Sutra expresses the ineffable nature of tathātā (suchness), and Mahākāśyapa's smile signifies the direct transmission of wisdom without conceptual elaboration.

Davey (2007) further explains the origins of Zen and the Japanese Ways (Do):

> The Zen Buddhist sect originated in India in the sixth century. Its originator is generally considered to be the monk Bodhidharma (Daruma in Japanese). Shortly after establishing Zen, around A.D. 520, he left for China, where, according to oral tradition, he practiced "wall-gazing" meditation for nine years until he attained enlightenment. Zen, in its link of meditation to daily activities, has made a profound impression on the Japanese Do; indeed, the Ways have been described as "plastic Zen." Zen stresses the avoidance of self-deception, and the Ways have long served as a "reality check" (pp. 28–29).

Zen gave rise to numerous Japanese Ways (Do), each serving as a multimodal training method for embodied awareness. These include Hitsuzendō (the Way of Zen calligraphy, also called Zenga), Kadō (flower arrangement), Tōgeidō (the Way of pottery), Kōdō (the Way of incense), Shodō (the Way of the brush), and various martial arts such as Judō, Kendō, and Karatedō. While each modality contributes uniquely to embodied mind training, detailed exploration of each Way lies beyond the scope of this paper. Notably, the Do practices draw on Chinese Daoist

teachings, later integrated in Japan as Dōkyō—combining "Do" (the Way) and "Kyō" (the teachings)—and are interwoven with artistic expression (Davey, 2007).

Addiss (1989) describes the Zenga tradition as painting and calligraphy created by Zen monks from the 1600s to the present:

> In other Buddhist sects, accomplished craftsmen produced images with great care and precision—radiant, idealized, and awe-inspiring. These works were not created "for art's sake" nor commissioned by wealthy patrons, but rather to aid meditation and to lead toward enlightenment. The translation from mind and spirit to paper was spontaneous. These works distill the essence of Zen experience into strokes of the brush. Zen art, as part of Zen training, has a long history. It has a dual function: it is a form of active meditation for the artist and a method of visual instruction for those who receive it (pp. 6–7).

Over time, Zen Buddhism continued to evolve and eventually reached Western societies. Prominent Buddhist teachers who immigrated to Europe and North America—including D. T. Suzuki, Chögyam Trungpa Rinpoche, and Thich Nhat Hanh—played crucial roles in introducing Zen teachings and artistic practices to the West. Their transmission of Zen Ways has led to what is now known as the Contemplative Arts, preserving the connection to Dharma while making practices accessible in a secular context.

According to Shambhala International (1994–2023), Contemplative Arts are rooted in Chögyam Trungpa's teachings on direct perception and are directly influenced by Dharma Art and Shambhala Art. Dharma Art refers to art that arises from a meditative state of mind, bringing wakefulness and awareness into both the creative process and the act of perception. Over time, Dharma Art evolved into Contemplative Arts, presenting artistic and creative disciplines that integrate Indo-Tibetan and Zen Buddhist teachings with Western cultural life.

Integration of Buddhist Psychology with Contemplative Arts for Training the Mind

Various methodologies are found within Buddhist teachings, each influenced by the perspectives of different Buddhist schools. This diversity makes it challenging to condense the vast spectrum of contemplative arts methods into a single, unified account. Nevertheless, many Contemplative Arts practices originate from Indo-Tibetan and Zen Buddhist traditions.

According to Shambhala International (2007), Contemplative Art practices were initially developed by Chögyam Trungpa as non-religious pathways toward awakening, drawing inspiration from Indo-Tibetan Buddhism and Zen (Ates, 2017). Significantly, Trungpa adapted Tantric Tibetan teachings and methodologies for Western students, addressing their needs and cultural context. Zen Buddhism, Daoism, and other contemplative traditions also influenced these teachings. In *The Teacup and the Skullcup: Where Zen and Tantra Meet*, Chögyam Trungpa (2007) explores the link between Zen arts (Zenga) and Tantric practices. Trungpa's close relationship with Shunryu Suzuki Roshi, a distinguished Japanese Zen master and one of the pioneering teachers who introduced Dharma to Western audiences, also shaped his approach. As a result, certain aspects of Shambhala Buddhism reflect Zen characteristics as much as Tibetan ones. Through this evolution, Dharma Art gradually transformed into what is now known as Contemplative Art practices.

As Saitzyk (2013) explains in *Place Your Thoughts Here: Meditation for the Creative Mind*:

> In essence, Trungpa Rinpoche's approach was to see things as they are, rather than merely thinking or imagining how they are. He taught us to directly experience art, art-making, and the nature of mind (p. xi).

Contemplative Arts encompass a range of meditation-based practices grounded in mindfulness and awareness. These approaches use progressive methodologies to cultivate "direct perception" and suchness, while reducing habitual tendencies to conceptualize or over-intellectualize experience — patterns that often fuel rumination and distress.

Within this framework, practitioners explore the five skandhas — the dynamic processes that structure self-experience, mind, and consciousness. This may involve spontaneous awareness practices or direct engagement with the arising of thoughts, emotions, and sensations. As Berzin (2023) notes, the skandhas provide a systematic means for recognizing how suffering is constructed and how it can be deconstructed.

Buddhist psychology complements Contemplative Arts by offering theoretical and experiential methods for investigating and training the embodied mind through expressive and multimodal channels. These include somatosensory forms of expression such as visual imagery, sound, touch, smell, taste, and movement. Through these creative modalities, Contemplative Arts support exploration of the interwoven nature of cognition, affect, and bodily experience.

Thus, Contemplative Arts may be understood as creative forms of experiential meditation that emphasize spontaneous awareness and cultivate direct perception, non-conceptual knowing, and insight. The focus is not on the final artistic product but on the process itself (CMind, 2015). These approaches deconstruct and reconstruct the self by integrating mindfulness, awareness, compassion, and the recognition of cognitive reification — supporting transformational learning within the embodied mind.

Section 2

Modern Buddhist Psychology

Over the last twenty-six centuries, Dharma teachings have been applied by Buddhist monks, scholars, and lay practitioners to help individuals liberate themselves from suffering. Here, we follow the definition of "Buddhist psychology" presented by Tirch et al. (2017), referring to it as a multifaceted framework that includes a perspective on reality (philosophy), a specific understanding of the human mind and behavior (psychology), and a set of guidelines for ethical conduct (ethics). Buddhist psychology offers an alternative approach to examining human experience by emphasizing the interdependence of cause and effect and the dynamic interplay between consciousness, perception, and reality (Tirch et al., 2017).

During the colonial era, Western Orientalists engaged in scholarly collaboration with progressive Buddhists, contributing to the emergence of what is now called Modern Buddhism. Buddhist psychology underwent a transformative phase as Dharma philosophies and mind-training methodologies developed along three primary paths or *vehicles* (yanas): Theravāda, Mahāyāna, and Vajrayāna. As these teachings spread globally, each vehicle evolved uniquely in accordance with its cultural context. In integrating modern Buddhist psychology into North American and European contexts, certain religious rituals were removed or minimized, allowing the teachings to be presented in a more secular and accessible manner (McMahan, 2012).

Within the field of Contemplative Creative Science (CCS), Buddhist psychology and its Buddhist-based applications refer to the gradual training of the embodied mind to reduce suffering and cultivate well-being. As previously noted, a fundamental principle of the Noble Eightfold Path is moral virtue, known in Pāli as sīla. Śīla refers to ethical guidelines that cultivate harmony, self-regulation, and non-violence. It is defined as the intentional commitment to beneficial actions that support liberation and promote the welfare of oneself and others ("Buddhist Ethics," 2023).

In the opening presentation of Embodied Philosophy's conference "Embodied Brain – Yoga, Neuroplasticity, and the New Scientific Paradigm," Loizzo (2023) highlighted the promising convergence of science and contemplative traditions. He emphasized that this interdisciplinary encounter enables a more comprehensive and authentic exploration of the mind (pp. 1–13). This growing multidisciplinary field—combining contemplative knowledge, lived embodiment, and empirical research—contributes to an emerging model of mind science.

This article introduces Contemplative Creative Therapy (CCT) as a contemporary clinical approach that synthesizes Buddhist contemplative principles with Western psychology, creativity, and scientific understanding. We emphasize the significant potential of integrating Buddhist psychology and contemplative creative approaches into mental health interventions to support embodied healing, emotional regulation, insight, and resilience.

Integration of Buddhist Psychology in Mental Health

The pioneering scholars Thomas W. Rhys Davids (1843–1922) and Caroline A. F. Rhys Davids (1857–1942) were among the first to characterize Buddhism explicitly as a form of psychology. They described Buddhism as a "science of mind," highlighting its detailed examination of cognition, affect, and behavior, and identifying parallels between Buddhist analyses of mental states and Western psychological theories. These similarities include descriptive phenomenology of emotions, behaviors, perception, and unconscious mental processes. Their work emphasized the depth of Buddhist literature on the mind and linked it to emerging Western psychological schools of thought, thereby increasing Buddhism's credibility and recognition in the West (McMahan, 2012, pp. 167–169).

Meditative techniques were recognized for their close alignment with empirical psychology, functioning as methods of internal and external observation to investigate the mind directly — similar in spirit to scientific inquiry (Thurman, 2021, p. 27). Over time, meditation shifted from being viewed solely as a transcendent practice for renunciants to becoming a contemplative methodology aimed at self-discovery, self-regulation, transformation, and the cultivation of physical and mental well-being, independent of doctrine or religious identity (McMahan, 2008, p. 184).

In the 21st century, Buddhist psychology has gained increasing influence in Western mental health fields, with a strong emphasis on psychological therapy and the promotion of well-being. Modern Buddhism and notions of "Buddhist Modernism" (McMahan, 2008, p. 62) expanded significantly in the 1960s and 1970s, particularly in the United States. According to Hussain (2010), during this period Western audiences encountered reports of extraordinary bodily control and altered states of consciousness achieved by Eastern yogis. This exposure drew the attention of scientists, clinicians, and the public to the potential therapeutic effects of meditation.

Mindfulness meditation emerged as a valuable technique for stress reduction and for restoring psychological and physical health. In the 1970s, psychotherapeutic methods incorporating mindfulness advanced significantly (Kato, 2016). Jon Kabat-Zinn's development of Mindfulness-Based Stress Reduction (MBSR) marked a significant milestone in this evolution.

Subsequently, his students Zindel V. Segal, J. Mark G. Williams, and John D. Teasdale developed Mindfulness-Based Cognitive Therapy (MBCT), facilitating the widespread integration of mindfulness into Western cognitive-behavioral therapy and mental health practices (Kato, 2016).

Mindfulness and Art Therapy: Its Application in Clinical Settings

Mindfulness is commonly described as a specific way of directing attention, in which individuals intentionally focus on present-moment experience with an attitude of nonjudgment and openness (Kabat-Zinn, 2003). Thich Nhat Hanh (1998) similarly defines mindfulness as the capacity to be fully present with what is happening within oneself and in one's surroundings. A growing body of research supports the therapeutic value of integrating mindfulness into clinical interventions. Ivanovski and Malhi (2007) highlight the breadth of its applications:

> Mindfulness-based therapeutic interventions appear to be effective in the treatment of depression, anxiety, psychosis, borderline personality disorder, and suicidal or self-harm behavior. Mindfulness techniques involve expanding attention in a nonjudgmental and nonreactive way to become more aware of one's current sensory, mental, and emotional experiences.

The impact of mindfulness-based interventions (MBIs) on mental health is well established. Numerous studies demonstrate that MBIs are effective in alleviating psychological symptoms, particularly anxiety and depression (Abbing et al., 2018; Flett et al., 2017; Carsley et al., 2015; Peterson, 2014).

The integration of MBIs and art therapy has developed naturally alongside the growing adoption of MBSR, MBCT, and DBT in mental health practice. Art therapy is a multidimensional discipline incorporating knowledge from art education, neuroscience, psychology, anthropology, and the biological sciences (Bucciarelli, 2016). It encourages clinicians to synthesize multiple perspectives to support holistic, integrative care. Peterson and colleagues (2000) introduced Mindfulness-Based Art Therapy (MBAT) as a formal protocol designed to enhance both psychological and physical well-being.

Although research on MBAT is still in its early stages, scholars are increasingly examining the effects of combining mindfulness with creative expression. Rappaport (2014) argues that integrating mindfulness with the creative arts can deepen attentional engagement, emotional regulation, and body awareness more effectively than mindfulness alone. This suggests that MBAT may offer valuable therapeutic benefits, especially for individuals with chronic medical or mental health conditions.

According to Davis (2015), mindfulness-based practices serve three primary functions: relaxation of the mind and body, increased awareness of present-moment experience, and emotional regulation. Joshi et al. (2021) provide neurobiological support for these mechanisms, demonstrating that mindfulness and creative art practices activate the parasympathetic nervous system, reduce ruminative thinking, and heighten emotional and sensory awareness, contributing to stress reduction.

Hass-Cohen and Findlay (2015) further explain that:

> Exploring the creative unconscious and making it conscious involves the neurological processing of integrated sensory-visual and emotive-cognitive experiences. Creative cognitive processes may or may not be conscious. Thus, the integrated function of creativity is driven by sensory felt experiences, implicit and explicit emotions, feelings, cognitions, and thoughts, representing an interconnected function of several specific neural networks.

Building on this perspective, Joshi et al. (2021) add:

> Mindful art is believed to facilitate a sense of immersion, flow, focus, calm, and being in the present moment. It is often suggested that colouring induces a mindful or meditative state, reduced activity in the amygdala, or changes in brain wave activity. During the MBAT sessions, the patients learn to reconstruct meanings, minimize overidentification with illness, and negotiate experiences and life events on their terms.

In summary, integrating creative and expressive art therapy with mindfulness-based interventions represents a promising and effective therapeutic approach for supporting mental health recovery, reducing symptoms, and promoting embodied well-being. These findings

provide an important foundation for Contemplative Creative Therapy (CCT), which builds upon established evidence-based practices by integrating mindfulness, contemplative creative methods, and embodied awareness within a unified therapeutic model.

Section 3

Defining Contemplative Science & Contemplative Psychotherapy

As mindfulness-based therapies evolved over recent decades, a broader framework was needed to encompass the diverse meditation, yoga, artistic, and body-based approaches emerging within mental health. The term "contemplative" therefore emerged as a broader conceptual umbrella connecting psychotherapy with mindfulness and related techniques (Loizzo, 2017). In 2022, the Center for Contemplative Research defined contemplative science as:

> "a discipline of first-person, subjective inquiry into the nature of the mind and its role in Nature, which utilizes methods for developing refined attention, mindfulness, and introspection to directly observe states of consciousness and mental functions in their relationship with the body and the physical world at large."

The Center further affirms that contemplative science expands the scope of scientific inquiry to include both the first-person experience and third-person perspectives:

"We need a broader conception of contemplative science because the scope of science itself is expanding… Reality consists of both third-person objects and first-person subjects, and we need to understand how the two are related to describe reality fully." (*Center for Contemplative Research*, 2022)

This evolving field integrates first-person experiential methods with third-person research to advance understanding of how contemplative practices contribute to psychological transformation and clinical well-being. This convergence leads toward contemplative psychotherapy — an approach integrating Buddhist contemplative traditions and Western clinical methodologies, particularly those arising from the Humanistic school. Contemplative psychotherapy uses meditative and somatic practices alongside therapeutic dialogue to alleviate mental distress and support profound personal transformation. Loizzo (2017) emphasizes that both psychotherapy and meditation influence the mind through complementary mechanisms:

decreasing sympathetic arousal, enhancing parasympathetic regulation, and promoting neuroplasticity through attentional and emotional training (Siegel, 2010a; Porges, 2011).

Contemplative psychotherapy can therefore be understood as an applied field of contemplative science focused on retraining the embodied mind. Drawing on the three families of meditation (attentional, constructive, and deconstructive; Dahl et al., 2015), it develops:

- attentional stability and mindfulness
- emotional transformation and compassion
- cognitive flexibility and insight into conditioned beliefs

When integrated with creative modalities, these contemplative mechanisms enable direct experiential learning through symbolic, imaginal, and sensory processes — activating implicit memory networks, strengthening interoception, and supporting trauma healing and identity repair (Hass-Cohen & Findlay, 2015; Siegel, 2010a). Creativity thus becomes a contemplative pathway for transforming the causes of suffering within the body–mind system.

In this perspective, Contemplative Creative Therapy (CCT) extends contemplative psychotherapy by integrating mindfulness, embodied awareness, and contemplative creative practices within a structured model grounded in Buddhist psychology and contemporary neuroscience. CCT uses the Observation–Recognizing–Naming (ORN) process as a gradual method for enhancing meta-awareness and reorganizing mental patterns, while supporting sensory integration and emotional regulation through artistic expression. This framework promotes insight, coherence, and resilience as core processes of healing.

Contemplative Creative Science

Contemplative Creative Science (CCS) is a branch of contemplative science that integrates principles from Buddhist and Western psychology within a unified model of mental transformation. CCS is a discipline grounded in first-person, subjective exploration of the embodied mind (Center for Contemplative Research, 2023), examining how cognitive, emotional, sensory, behavioral, and relational processes shape human flourishing and suffering. It explores how experience manifests across body, speech, and mind, while acknowledging interdependence with the natural and social world.

Employing a multimodal, contemplative, creative approach, CCS seeks to develop both formal and informal methodologies to alleviate suffering through Contemplative Creative Therapy (CCT). Within the CCS framework, gradual training is used to observe and transform cognitive functions, mental patterns, sensory experiences, and emotional responses and their impact on individual well-being, relationships, and broader ecological and collective contexts.

CCS adapts traditional Buddhist psychology into a contemporary, evidence-informed model that targets explicitly embodied suffering and mental distortions. Through contemplative creative methods, individuals cultivate increased awareness, direct perception, and recognition of conditioned processes affecting the self. This approach supports access to innate human capacities for vitality, clarity, and resilience, offering an inclusive pathway to healing grounded in the transformation of the embodied mind.

Early studies in CCS have emphasized contemplative creative practices involving mandala-based interventions and Chinese calligraphic handwriting. These include: the MARI® mandala assessment system, the Mandala Model of Self (Hwang, 2011), and multiple forms of contemplative handwriting (Kao, 2010, 2014; Frame, 2002, 2006; Hwang, 2011, 2019; Khademi et al., 2021). Carl Jung's pioneering introduction of mandala-making into therapeutic settings demonstrated the symbolic potential of mandalas for psychological integration and identity repair (Frame, 2006). Research has consistently shown that mandala therapy is a safe and accessible contemplative intervention (Carsley et al., 2015).

In contemporary contexts marked by chronic stress and social fragmentation, proactive prevention and embodied stress-reduction strategies are essential. Interventions such as mindfulness meditation, relaxation training, and biofeedback are commonly used to support autonomic regulation and emotional balance. Chinese Calligraphic Handwriting (CCH) has emerged as an additional contemplative creative intervention for stress reduction (Kao et al., 2014). Over the past three decades, significant evidence has demonstrated that CCH enhances attentional control, perceptual sensitivity, cognitive activation, physiological relaxation, emotional stability, and fine motor coordination (Kao, 2010). Its therapeutic effects on stress appear comparable to those of meditation (Kao et al., 2014), suggesting that artistic and

somatosensory engagement can activate parasympathetic regulation, promote interoception, and support embodied well-being.

Building on this scientific foundation, Contemplative Creative Therapy (CCT) operationalizes CCS principles through the Eight Levels of Embodied Mind Training — a gradual model that supports the transformation of attention, emotion, cognition, and somatosensory processing. The Observation supports these levels–Recognizing–Naming (ORN) framework, promoting the integration of implicit and explicit experience and strengthening embodied self-regulation. To address diverse clinical needs and learning styles, CCT incorporates evidence-informed multimodal specializations that engage visual, tactile, auditory, and movement-based channels of perception. These contemplative creative methods provide structured pathways for cultivating direct perception, emotional flexibility, and cognitive insight, offering a practical and relational application of CCS within mental health care.

Defining Contemplative Creative Therapy

Contemplative Creative Therapy (CCT) is a novel clinical model that integrates mindfulness meditation, contemplative creative practices, person-and-others-centered approaches, and art therapy within contemporary psychotherapy and mental health care. At first glance, the concept of a "contemplative psychotherapy" may appear paradoxical. As Loizzo (2017) notes, contemplation traditionally refers to meditative and ethical training rooted in communal and religious contexts, while psychotherapy evolved as a scientific healing method grounded in a confidential dyadic relationship between client and clinician in modern clinical settings.

CCT bridges these traditions by integrating Buddhist contemplative psychology with Western psychotherapy, particularly the humanistic and third-wave cognitive behavioral traditions. CCT draws upon four core sources:

(1) the Buddhist Dharma and its contemplative methodologies;

(2) modern Buddhist psychology;

(3) contemplative science and contemplative arts; and

(4) Western clinical psychology, creative arts therapies, and contemplative neuroscience.

CCT is founded on the premise that psychological suffering is embodied: it arises through dysregulated patterns of sensation, affect, cognition, and behavior that are conditioned by developmental experiences. Accordingly, healing requires engaging the embodied mind — not only through insight, but through sensory awareness, expressive flexibility, and relational attunement. CCT therefore employs the Eight Levels of Embodied Mind Training, a gradual therapeutic progression that develops attentional stability, emotional regulation, somatosensory integration, cognitive restructuring, insight, and meaningful relational responsiveness.

These levels are supported by the Observation–Recognizing–Naming (ORN) framework, which transforms implicit experience into conscious, processable awareness. Through the ORN process, clients learn to identify entrenched patterns, regulate sympathetic activation, and cultivate parasympathetic grounding, drawing on polyvagal-informed affect regulation (Porges, 2011).

CCT emphasizes direct perception and non-conceptual knowing inspired by contemplative arts traditions, particularly Zen and Indo-Tibetan Dharma Art. Multimodal specializations foster embodied learning through sensory, imaginal, movement-based, and aesthetic pathways, including:

• contemplative photography and imagery (Contemplative Photo Collage/CPC; Contemplative Photo Therapy/CPT)
• contemplative brushwork (CBW), inspired by Chinese calligraphy research
• contemplative mandala and healing circle practices (Contemplative Circle Method/CMM)
• contemplative movement and sound practices (Contemplative Kido Move/CKM)
• contemplative bio-based practices integrating natural materials, bio-awakening, and sensory eco-biology (Contemplative Creative Bio Therapy/CBioT)

These specializations provide structured access to neuroplastic change through creative forms of attentional training, interoception, and emotional expression (Hass-Cohen & Findlay, 2015; Kao et al., 2014). As a result, CCT cultivates qualities emphasized in Buddhist psychology — compassion, wisdom, and recognition of interdependence — while supporting the integration of self-states. Clients explore the interplay between the conditioned ego and the deeper potential of

"Buddha-Nature," understood in CCT as the inherent, unconstructed capacity for clarity and presence.

Through this integrative framework, CCT offers clinicians practical tools to support the retraining of the embodied mind, strengthening autonomy, relational capacity, and engagement with life through creativity, awareness, and transformation.

Embodied Contemplative Creative Practices

The core elements of Contemplative Creative Therapy (CCT) include psychoeducation, meditation, and contemplative creative practices (CCPs), all organized to train and transform the embodied mind. The concept of embodiment involves examining the biological, emotional, cognitive, and relational processes occurring throughout the entire body–mind system. Creative embodiment highlights how imagination, sensation, perception, movement, and symbolic expression operate as vehicles for transformation, integrating emotions, thoughts, speech, imagery, and tactile experiences (Hass-Cohen & Findlay, 2015).

The embodied mind theory, strongly influenced by Francisco Varela's cognitive neuroscience work, proposes that the mind is not confined to the brain but arises from a dynamic interplay between the nervous system, bodily processes, and lived interaction with others and the environment (Schmalzl et al., 2014). As Fossa (2018) explains, this integrative view of cognition suggests that human knowing is not limited to conceptual reasoning but emerges as a holistic cognitive-affective experiential unity.

The embodied mind perspective challenges traditional cognitive science models that describe thinking as the manipulation of abstract symbols, detached from sensory experience (Michalak et al., 2012). Instead, cognition is understood as fundamentally enacted through the body — supported by interoception, proprioception, and sensorimotor activity — with the brain serving as part of an extensive neural and physiological network (van der Schyff et al., 2018; Gallagher, 2011).

Contemplative Arts serve as experiential practices that cultivate familiarity with moment-to-moment physical sensations, emotional cues, perceptual stimuli, imagery, and kinesthetic awareness. According to Khoury et al. (2017), embodiment positions the body not as subordinate to the mind, but as a constituent of cognition itself; knowledge and experience are grounded in bodily states and modality-specific neural systems.

Within Buddhist traditions, especially Theravāda, mindfulness practice emphasizes the inseparability of physical and mental states, beginning with awareness of bodily sensations as a foundation for insight (Gunaratana, 2002; Harvey, 1993). Empirical studies similarly demonstrate that mind-body skills training — including mindful walking, breathing, movement, and expressive practices — increases emotional resilience and reduces psychological distress (Kemper & Khirallah, 2015; Greeson et al., 2015).

Creativity further supports embodied cognitive processes. Research identifies creative thinking as a trainable integration of divergent and convergent cognition, metaphor, and imagery that supports adaptive problem-solving (Ward & Saunders, 2003; Runco, 2007; Scott et al., 2004; Ward & Kolomyts, 2010). However, formal methods for reliably enhancing creativity remain limited (Sawyer, 2017).

CCT directly addresses this gap by developing structured contemplative creative practices that activate embodied awareness through both internal and external meditative forms. Practices such as contemplative photography, brushwork, and mindful movement strengthen attentional flexibility, interoceptive accuracy, and affect regulation, while also offering symbolic tools for meaning-making (Frith et al., 2019). In CCT, these creative practices intentionally engage the entire neurophysiological system — including metabolism, thermodynamics, autonomic regulation, and muscular activation — acknowledging that the brain functions as an integral component of a whole-body network (Gallagher, 2011).

Through this embodied perspective, CCT integrates direct perception, polyvagal-informed stress regulation, and the Observation–Recognizing–Naming (ORN) framework to support lasting

transformation. CCPs, therefore, constitute foundational methods within CCT for cultivating a coherent, resilient, and expressive embodied mind.

Contemplative Creative Therapy (CCT) integrates Buddhist and Western psychology, contemplative psychotherapy, contemplative arts, person- and other-centered approaches, and creative art therapies to support mental health and well-being. CCT places the embodied mind at the center of clinical intervention, emphasizing first-person inquiry and respect for clients' cultural identities. This embodied training develops mindfulness, insight, compassion, and relational attunement.

The person-centered (PC) approach, formulated initially within the Humanistic School, shares a natural resonance with Eastern contemplative traditions. Rogers described presence as a core healing condition—a state of open, compassionate awareness paralleling meditation practices (Jooste et al., 2015). Mindfulness, similarly, strengthens self-awareness in the present moment and encourages flexibility in cognition and behavior, countering rigid adherence to biomedical objectivity in care delivery (Jooste et al., 2015).

CCT acknowledges the client's unique circumstances—religious, spiritual, cultural, gender-based, social, and professional. Within the Eight Levels of Embodied Mind Training, clients progressively enhance attentional stability, emotion regulation, interoceptive awareness, and compassionate response. They learn to approach their challenges with kindness and curiosity, cultivating skills that reduce reactivity and stabilize the nervous system through polyvagal-informed practices (Porges, 2011).

CCT differs from standard counseling models by embedding holistic integrative psychoeducation (nervous system science, sensory processing, developmental dynamics, and biosystems perspectives) into an embodied mind framework. This comprehensive approach examines habitual schemas, emotional strategies, perceptual filters, biases, and conditioned patterns that shape well-being. Through ORN (Observation–Recognizing–Naming), clients transform implicit experiences into conscious and workable awareness, reconnecting with clarity and inner resources.

Contemplative creative practices (photography, brushwork, movement, mandala processes) are essential in CCT. These embodied modalities strengthen sensory grounding, emotional expression, and direct perception beyond conceptual thinking—supporting neuroplastic change and trauma integration (Hass-Cohen & Findlay, 2015). Early phases of therapy often emphasize multimodal exploration, allowing clients to discover methods suited to their nervous system profiles and learning styles.

Loizzo (2017) emphasizes the necessity of such plurality: diverse individuals require diverse methods, and healing progresses gradually from cognitive understanding to affective experience and embodied learning. This mirrors the therapeutic pedagogy of the Buddha, who tailored interventions to each student's needs.

Drawing on research from contemplative medicine and psychology (Nalanda Institute; Mind & Life Institute; Center for Contemplative Research), CCT integrates learning through attention, compassion, creativity, and contemplative neuroscience—offering a structured path for developing a resilient, coherent, and relationally attuned embodied mind.

Contemplative Creative Therapy (CCT) Model

The CCT intervention model combines Buddhist and Western phenomenological principles with person- and other-centered approaches, providing a gradual and individualized therapeutic progression. Through contemplative creative practices and meditation adapted to each client's cultural context, CCT supports the training of the embodied mind using first-person experiential inquiry.

In traditional Buddhism, both gradual and direct paths exist for cultivating the mind. CCT uses a gradual approach, allowing clients to develop skills step by step while integrating practices and insights at their own pace. As this training unfolds, clients progressively understand and become familiar with their embodied mind — its functions, processes, and contents — and how these contribute to suffering or well-being.

Eight Levels of Embodied Mind Training

Function

Psychoeducation serves as the backbone of the CCT framework. Clients learn about the functioning and dysregulation of embodied systems (brain, nervous system, body–mind processes) and how these patterns contribute to either suffering or health. Understanding the mechanisms of embodiment empowers clients to participate actively in their healing.

Intention

Clients are guided to clarify both their therapeutic goals and the deeper motivation behind change. "Immediate intention" — intention in action — supports conscious choice in body, speech, and mind. This phase fosters positive motivation, gentle discipline, and sustained enthusiasm for regular contemplative practice.

Attention

Meditation is introduced with a focus on stabilizing attention and concentration. Clients learn "touch and go" attentional methods to safely explore internal experience and anchor themselves in calming objects (breath, sound, sensation). Increased attentional control supports safety, grounding, and nervous system regulation.

Mindfulness

Attention deepens into mindfulness, cultivating present-moment awareness of body, feelings, mental objects, and consciousness (Four Foundations of Mindfulness). Clients build vigilance and stability, observing where attention moves — past, present, future, or imaginary — using early Mapping of the Mind tools to track mental activity.

Familiarization

Through meditation and contemplative creative practices, clients gain deeper familiarity with their internal experience: sensations, emotions, thoughts, associations, and projections. Using the ORN process (Observation–Recognizing–Naming), they identify patterns with greater tolerance and acceptance. Mapping the Mind continues to support emotional literacy and non-reactivity.

Deconstruction

With sufficient stability, clients examine and dismantle conditioned patterns such as schemas, biases, self-perceptions, avoidance strategies, and maladaptive behaviors. This aligns with

deconstructive meditation practices (Dahl et al., 2015), which cultivate insight into the nature of experience and release habitual drivers of suffering.

Contemplation

Contemplation involves the constructive cultivation of wholesome emotions, ethical values, perspective-taking, and relational responsiveness. Drawing on Buddhist contemplative principles, clients reinforce patterns that promote well-being, compassion, and prosocial engagement. Insight becomes embodied in how they relate to themselves and others.

Applied Action

Clients integrate their capacities into daily life — home, work, community, and relationships. The emphasis is on consistent use of new skills, coping strategies, meditation, and contemplative creative practices. This training supports flexibility, resilience, gratitude, and meaningful connection. The embodied mind participates consciously in life with agency and compassion.

Contemplative Creative Therapy (CCT) Specializations

At The Lojong Center for Contemplative Creative Science, meditation and contemplative creative practices (CCPs) are understood as holistic and integrative methods for training the embodied mind. Because each person perceives, expresses, and learns in unique ways, CCT honors individual differences in sensory experience and creative inclination.

At this stage of development, five specializations are formally included within the CCT model:

- Contemplative Photo Collage (CPC)
- Contemplative Photo Therapy (CPT)
- Contemplative Brush Work (CBW)
- Contemplative Kido Move (CKM)
- Contemplative Creative Bio Therapy (CBioT)

Additional specializations — such as the Contemplative Circle Method (CCM) and sound-based contemplative approaches — will continue to be expanded as the model evolves.

CPT draws inspiration from Miksang Contemplative Photography (MCP), which cultivates direct perception and embodied presence through visual awareness. Photography becomes a method for stabilizing attention, reducing cognitive rumination, and refining emotion–sensory

regulation. Initially developed for group therapy with adolescents, CPT has demonstrated adaptability across diverse clinical populations and individual psychotherapy (Ates, 2017). Across all specializations, core mechanisms of embodied mind training — attentional grounding, polyvagal-informed regulation, and the Observation–Recognizing–Naming (ORN) process — are integrated into creative and sensory pathways. Through somatic engagement and expressive discovery, clients develop resilience, emotional literacy, and a renewed sense of connection with themselves, others, and the world.

Section 5

Challenges Associated with Teaching CCT

In Buddhist psychology, direct experience is essential. Training contemplative creative therapists, therefore, requires a balance between psychoeducation and hands-on, first-person practice. Through meditation and contemplative creative practices (CCPs), clinicians develop insight into their own embodied mind, which in turn supports accurate attunement with others in therapy. The path emphasizes cultivating presence, awareness, wisdom, and compassion as foundational therapeutic qualities.

As centuries of Buddhist contemplative exploration intersect with developments in medicine, psychology, and neuroscience, new psychotherapy approaches have emerged that integrate embodied mind training. CCT is one such approach: it draws from foundational Buddhist teachings such as the Four Noble Truths, the Noble Eightfold Path, the Four Foundations of Mindfulness, and the Four Boundless Qualities, while integrating Western clinical psychology through a person- and other-centered therapeutic methodology. Within the CCT model, the Noble Eightfold Path is adapted into eight progressive levels for transforming the embodied mind.

Teaching CCT presents unique challenges. Because the model is grounded in both contemplative theory and embodied creative methodology, practitioners must first become personally familiar with its conceptual foundations and meditative practices before advancing to specialization. The

Lojong Center for Contemplative Creative Science addresses this through a three-tier professional training structure:

Tier 1 – Foundations

Tier 1 introduces the origins, theoretical framework, and cultural context of CCT. Participants learn the Eight Levels of Embodied Mind Training and their gradual progression. Emphasis is placed on psychoeducation and understanding embodied mental functioning, including intention and motivation in both personal and clinical transformation.

Tier 2 – Personal and Clinical Integration

Tier 2 focuses on applying the eight levels in both personal practice and clinical or educational environments. It supports therapists, counsellors, art therapists, mindfulness instructors, somatic practitioners, educators, and other mental health professionals in cultivating an embodied contemplative practice. Participants learn to apply attention training, mindfulness, familiarization, and deconstructive methods within their professional work, developing creativity, compassion, and inner stability rooted in lived experience.

As Kabat-Zinn (2003) emphasizes, contemplative practice cannot be reduced to technique alone; it is a way of being that is integrated progressively through daily life. Authentic transmission emerges from ongoing personal commitment, renewed again and again in each moment.

Tier 3 – Specializations and Advanced Applications

Tier 3 provides access to specialization programs, such as Contemplative Photo Therapy (CPT), Contemplative Photo Collage (CPC), Contemplative Brush Work (CBW), Contemplative Kido Move (CKM), and Contemplative Creative Bio Therapy (CBioT). Practitioners deepen their training in modalities that align with their clinical focus while continuing to embody the eight levels in their daily lives. This ensures that the application of contemplative creative methods is grounded, credible, and adaptable to contemporary client needs.

CCT emphasizes that contemplative training is a lifelong path. It cannot be mastered through a short workshop or delivered as a quick stress-reduction tool. Accurate understanding unfolds

gradually through continuous practice over days, months, and years. The contemplative creative path follows this same longstanding tradition of progressive, embodied learning.

In recent years, clinical research on Buddhist contemplative practices has grown substantially. Extensive investigations into mindfulness and compassion-based interventions have been led by researchers such as Jon Kabat-Zinn, Kristin Neff, and Dennis Tirch, demonstrating meaningful outcomes in mental health care. Alongside these developments, there has been increased integration of contemplative approaches into psychotherapeutic frameworks.

However, despite the richness of contemplative traditions and the emergence of embodied, creative methodologies, current scientific tools remain insufficient to fully assess the multidimensional mechanisms underlying these practices (Farb et al., 2015). In particular, there is a need for research models capable of evaluating cognitive, emotional, somatic, behavioural, and relational transformation simultaneously.

Future research should focus on developing both qualitative and quantitative methods that can more precisely measure the outcomes of embodied mind training. These may include metrics related to attentional stability, interoceptive awareness, affect regulation, autonomic flexibility, and the alignment between subjective experience and physiological change (Farb et al., 2015). Randomized controlled trials are essential for determining optimal applications of meditation and contemplative creative practices (CCPs) in clinical care.

First-person methodologies remain highly relevant to this field. As scholars such as Halifax (2012) and Kok (2013) emphasize, subjective reports of lived experience are central to contemplative inquiry. However, collecting reliable subjective data remains challenging. Promising advances include experience-sampling and wearable technologies capable of collecting psychophysiological markers during meditation or creative practice, though many of these tools require further technological refinement (Brandmeyer & Delorme, 2013; Josipovic & Baars, 2015).

Limited funding contributes to the predominance of small pilot studies with self-selected samples, often without active control groups (Josipovic & Baars, 2015). Larger-scale longitudinal studies with randomized assignment and rigorous control conditions will be necessary to strengthen empirical conclusions (Tang et al., 2015).

As contemplative creative science advances, interdisciplinary collaborations will be critical. Integrating the humanities and arts with neuroscientific and psychological methods may more fully reflect the complexity of embodied experience fostered by CCPs. The development of validated measures for the Observation–Recognizing–Naming (ORN) process, creative affect regulation, and direct perception could significantly contribute to the emerging evidence base for Contemplative Creative Therapy (CCT).

Given the growing number of contemplative practitioners trained in scientific methodology—and scientists deepening their own contemplative and creative practice—there is strong potential for rigorous and innovative research that will expand understanding of the embodied mind and its capacity for healing and transformation.

Conclusion

In conclusion, Contemplative Creative Therapy (CCT) emerges as a novel, integrative, and promising approach within contemporary psychotherapy. Rooted in Buddhist philosophy, psychology, ethics, and contemplative creative practices, and informed by Western psychology, creative arts therapies, and contemplative neuroscience, CCT offers a humanistic and embodied framework for mental health intervention.

This article presents the theoretical foundations of CCT within Buddhist psychology and contemplative science, emphasizing how suffering arises from dysregulated patterns in the embodied mind and how healing occurs through mindful, creative, and relational retraining. The integration of the Eight Levels of Embodied Mind Training and the Observation–Recognizing–Naming (ORN) framework positions CCT as a gradual method supporting attentional stability, emotional regulation, somatosensory integration, insight, and compassionate engagement.

To further establish the scientific validity and clinical relevance of CCT, several research avenues warrant ongoing attention:

• Development of rigorous clinical research designs, including randomized controlled trials and longitudinal studies, to evaluate therapeutic efficacy and scope

• Creation of multimodal outcome measures to capture cognitive, emotional, physiological, and relational changes resulting from embodied mind training

• Investigation of CCT's application across diverse clinical populations, such as trauma survivors, individuals with anxiety or depression, people experiencing chronic illness, or professionals at risk of burnout

• Study of practitioner development, including the importance of sustained personal practice in fostering ethical, attuned, and effective delivery of contemplative and creative methods

By bridging ancient contemplative wisdom with modern scientific inquiry, CCT has the potential to expand the evidence base of psychotherapy and deepen our understanding of how creativity, awareness, and embodiment contribute to psychological healing. As this emergent field continues to evolve, CCT may offer significant contributions to mental health, resilience, and the transformation of human experience across personal, relational, and collective dimensions.

Glossary of Terms and Concepts

A. Buddhist Psychology & Dharma Art

Adhyātmavidyā
A Buddhist discipline often translated as "inner science," referring to the systematic investigation of mind and consciousness aimed at freeing negative mental patterns and realizing positive potential.

Anātman
The principle of non-self, describing the absence of an inherent, permanent essence within individuals or phenomena.

Anitya
Impermanence; the universal characteristic of all conditioned experience and phenomena.

Āsava
Mental defilements or unconscious biases that contribute to suffering and require gradual purification on the path to liberation.

Bodhidharma
A 6th-century Indian monk credited with the transmission of Dhyāna to China, where it became Ch'an, and later Zen in Japan.

Buddha-nature
The innate capacity for clarity, wisdom, and compassion present in all beings prior to conceptual self-construction and conditioning.

Ch'an
A Chinese Buddhist lineage emphasizing direct meditative insight, originating from Dhyāna. Later developed into Zen in Japan.

Dhyāna
Meditative absorption cultivating concentration and clarity; root term for Ch'an/Zen.

Dō
Japanese word for "way" or "path," referring to meditative disciplines such as shodō (brush), kadō (flowers), and martial arts, cultivating embodied awareness.

Dukkha
Existential dissatisfaction or suffering, rooted in misperception of self and reality.

Hitsuzendō
"The way of Zen calligraphy"; spontaneous brush practice embodying living awareness.

Kadō
"The way of flowers"; flower arrangement as meditative art (ikebana).

Kleśa
Mental afflictions including confusion, attachment, and aversion that obscure clarity and cause suffering.

Mahākāśyapa
Disciple of the Buddha associated with the Flower Sermon and the transmission of wordless insight.

Mārga
The spiritual path leading toward liberation, including the Noble Eightfold Path.

Śūnyatā
Emptiness; the lack of intrinsic self-existence in phenomena, highlighting interdependence.

Tathātā
"Suchness"; direct, non-conceptual perception of reality as it is.

Zenga
Zen painting and calligraphy used for active meditation and direct expression of awakened mind.

B. Contemplative Science & Neuroscience

Attention Families
A contemplative science framework describing attentional, constructive, and deconstructive forms of meditation; foundational to CCT Levels 3–7.

Contemplative science
An interdisciplinary field integrating first-person methods (introspection, meditation) with third-person science to study mind, consciousness, and the body.

Interoception
Perception of internal bodily sensations (e.g., heartbeat, breath), essential in emotional regulation and mindfulness.

Polyvagal theory
A neurobiological model describing how autonomic states shape behaviour, safety, emotional regulation, and social engagement.

Somatosensory awareness
Awareness of bodily sensations as sources of cognitive and emotional information used for regulation and insight.

Spontaneous awareness
Non-conceptual recognition cultivated in contemplative arts, reducing rumination and improving direct perception.

Therapeutic alliance
Relational foundation of psychotherapy based on safety, trust, and attunement; central in CCT.

Vagal tone
A marker of parasympathetic flexibility supporting emotional regulation and resilience.

C. CCT Model & Clinical Training

Applied Action
The eighth level of CCT's Eight Levels emphasizes the integration of awareness and creativity into behaviour, relationships, and everyday life.

CCT (Contemplative Creative Therapy)
A multimodal therapeutic model integrating Buddhist psychology, contemplative practices, and creative embodied methods to retrain the embodied mind and reduce suffering.

Eight Levels of Embodied Mind Training
CCT therapeutic model: Function, Intention, Attention, Mindfulness, Familiarization, Deconstruction, Contemplation, Applied Action.

Ego-self and Buddha-nature
A CCT concept differentiating the conditioned self (ego) from the innate capacity for clarity and compassion (Buddha-nature), supporting identity repair.

Embodied mind
View that mind is inseparable from the body, environment, and social context; central to CCT theory and interventions.

Embodied contemplative creativity
Engagement of creative modalities (movement, imagery, tactile forms) within mindfulness to transform emotion, cognition, and behaviour.

ORN (Observation–Recognizing–Naming)
A core CCT regulatory mechanism that transforms implicit experience into conscious awareness through descriptive naming, supporting insight and emotional regulation.

Psychoeducation
Knowledge and skills helping clients understand embodied mind functions and develop agency for change; foundational in CCT Level 1.

D. Methods & Creative Specializations

CBioT (Contemplative Creative Bio Therapy)
CCT specialization using natural materials, sensory ecology, and relational contact with the environment to support grounding and regulation.

CBW (Contemplative Brush Work)
A CCT specialization inspired by calligraphy research, cultivating embodied expression, flow, and non-conceptual clarity through brush movement.

CCH (Chinese Calligraphic Handwriting)
Calligraphy practice has been shown to improve attention, motor coordination, relaxation, and emotion regulation.

CCM (Contemplative Circle Method)
Mandala and healing circle practices support symbolic expression, group connection, and inner organization.

CPC (Contemplative Photo Collage)
Externalization and reorganization of inner experience through photographic collage, supporting insight and meaning-making.

CPT (Contemplative Photo Therapy)
Contemplative photography used to train perception, reduce rumination, and develop embodied presence.

MARI Mandala
Mandala-based assessment technique for exploring consciousness and emotional states.

Miksang Contemplative Photography (MCP)
Method of direct perception through photography, used as inspiration in Contemplative Photo Therapy (CPT).

List of Acronyms

CBioT: Contemplative Creative Bio Therapy

CPC: Contemplative Photo Collage

CPT: Contemplative Photo Therapy

CBW: Contemplative Brush Work

CCM: Contemplative Circle Method

CCS: Contemplative Creative Science

DBT: Dialectical Behavior Therapy

MBIs: Mindfulness-Based Interventions

MBSR: Mindfulness-Based Stress Reduction

MBCT: Mindfulness-Based Cognitive Therapy

MBAT: Mindfulness-Based Art Therapy

MCP: Miksang Contemplative Photography

CCPs: Contemplative Creative Practices

CCT: Contemplative Creative Therapy

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