

Somatic Psychotherapeutic Cultivation of Liberated Awareness

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**Abstract**

This proposed model, the Model of Somatic Psychotherapeutic Liberated Awareness (M.S.P.L.A.) asserts that it is possible to cultivate Liberated Awareness in clients using somatic psychotherapeutic interventions. In the model Liberated Awareness refers to Non-dual Consciousness, in which the self is understood to be beyond duality. That is the sense of self is experienced as infinite, with the understanding that the “I” does not exclusively exist as separate from the world. The relevance of non-dual consciousness to the psychotherapeutic process is discussed. Relevant Somatic and Buddhist literature are reviewed since M.S.P.L.A. replicates the Buddhist meditation practices of Shamatha and Vipassana from a somatic orientation. The two-part approach is then provided in five steps which offer specific somatic psychotherapeutic interventions that potentially bring about the same experience for clients as said Buddhist meditations. A brief direction of M.S.P.L.A. application will then be given.

*KeyWords:* somatic, liberation, autonomic intelligence, bottom up, non-dual, shamtha, vipassana, non-exclusive identification, fragmentation of self

This paper proposes a two part and five step somatic psychotherapeutic model (M.S.P.L.A.) geared toward the cultivation of Liberated Awareness in clients. The first part of the model offers interventions that help clients to stabilize their sense of self through somatic psychotherapeutic interventions that are resourcing, associating the conceptual mind with the body, and oscillating between parts of the self. The second part proposes two primary ways of introducing Liberated Awareness to clients. Clinical relevance of liberated awareness will first be offered, followed by a definition of and introduction to Liberated Awareness as Nonduality. A review of relevant literature will be provided. Following the literature review M.S.P.L.A. is proposed with guidelines of its applications offered.

M.S.P.L.A. asserts that Liberated Awareness holds significant clinical implications for client healing. Cultivation of Liberated Awareness facilitates greater perspective, increases capacity for present moment awareness, expands tolerance for difficulty, and develops congruence across parts of the self.

A central tenant in the psychotherapeutic process is the augmentation of perspective. It is generally accepted that typically greater perspective leads to greater choice. Liberated Awareness offers a client the full spectrum of possible perspectives. M.S.P.L.A. understands an individual with Liberated Awareness as not being exclusively identified with any one perspective and can therefore move between them freely.

Another standard overarching goal of psychotherapy is to increase client capacity for present moment awareness (Geller & Greenberg, 2012). It is considered general knowledge that increased capacity to be present has numerous clinical effects, among which are increased feelings of safety (Geller & Porges, 2014) stress tolerance, increased

neocortical control, nervous system resiliency, strengthened immune response, and enhanced relational capacities (Siegel, 2007). Liberated awareness offers greater immersion in the present moment. A person with Liberated Awareness does not exclusively identify with their conceptual processes. The conceptual process often acts as a kind of filtration system that adds abstractions to what would otherwise be direct experience of the world (Trungpa, 1984). For example an experience of anger may prompt the conceptual mind to generate a narrative around anger, saying that it is bad because it is hurtful. In this way, the conscious mind often redirects attention from the raw experience (anger) and becomes consumed by the narrative (anger is bad). Attention can be so fully entrenched in the narrative that the self starts to identify as it, the sense of “I” becomes limited to thinking functions, entirely forgetting that the present moment experience of anger is part of the self too. Liberated Awareness does not see the self as being exclusively identified with any one aspect of experience. It understands both raw and conceptual experiences are happening simultaneously. Consequently Liberated Awareness offers greater capacity to be present with a larger sum of experience (Welwood, 2000).

Furthermore the aspect of Liberated Awareness that is non-exclusively identified (abstinence from demarcation of the self) offers increased capacity to tolerate difficulty. Non-exclusive identification offers a kind of reprieve from difficult or painful experiences. It understands that while pain exists in the present it is not the totality of experience.

M.S.P.L.A. understands Liberated Awareness to be another name for Non-dual Consciousness (NDC). Non-dual consciousness refers to a kind of experiential knowing

that exists outside the domain of conceptual or dualistic knowledge (Williams, 200). Conceptual discourse of nonduality is inherently dualistic (Katz, 2007) and it therefore remains undefinable to the conscious mind. Attempts at conceptually understanding non-duality evoke a seemingly endless stream of paradoxes (Fenner, 2003) as NDC exists in the realm of experience. NDC can be pointed to, and talked around but never fully conceptually understood (Kalu & Tondrup, 1997). M.S.P.L.A. can therefore not fully communicate what NDC is, but in consensus with John Prendergast (2003), it can point to NDC as the underlying unity in all things. It is experiential knowing, which says that two contradictory truths are both right (Trangu, 2001). From NDC the self is not limited to exclusive identification of the self. Rather the self is experienced as pure consciousness, of which all things are part (Kalu & Selandia, 1994).

In attempting to understand Non-duality it is important to discuss duality. Duality refers to the construct of separateness. At first it is the conceptual mind's exclusive identification. It says that "I" am my body and "I" am my mind, which are separate from the world. That sense of separateness often develops into an "I" that is progressively more removed from the world. The sense of "I" begins to identify itself with its narrative of its likes and dislikes. Instead of simply being with what is unfolding in the present, duality fosters a retreat from the present moment experience by developing progressively more complex conceptual filters. The dualistic self can be understood as the relative self as its existence is dependent on notions of separateness, which are validated through comparison of self to other. The dualistic self will herein be referred to as the relative self, which is referring to any sense of self in which there is separation. The relative self

can be one fully cohesive organism across physical and mental parts but still dualistic if it does not have the understanding of the inherent unity in all things.

M.S.P.L.A. holds that pathology from a psychotherapeutic perspective is a movement away from NDC. The premise is that NDC creates coherence across parts of the relative self (e.g. coherence of mind, body, and spirit), so that the relative self is able to fluidly adapt to the environment as one coherent organism, responding appropriately to what is occurring in the present moment. Maladaptive experience is understood to be splits in the relative sense of self (i.e. splits between body, mind, spirit and constituents therein).

The relative self's capacity to respond to the present moment is drastically hindered by incoherence across its parts. Instead of being able to respond to the present moment as it is, the relative self is often consumed by processes that try to make sense of past difficult experiences. Effectively all psychopathology can be understood as a split in the self and those splits appear to have limitless variations.

In proposing M.S.P.L.A., this paper supplements the almost complete lack of non-dual somatic literature by examining traditional Buddhist teachings as they correspond to somatic psychotherapeutic work. M.S.P.L.A. compares the Buddhist Mahamudra (discovery of the nature of mind) practices of Shamatha (cultivating stillness) and Vipassana (peering into the nature of reality) to somatic interventions that cultivate the same or similar realizations.

### **Lit review**

M.S.P.L.A. is primarily concerned with the somatic psychotherapeutic relationship to the Mahamudra Buddhist understanding, in which the phenomenal world

(relative experience) is understood to be inherently empty of separate existence. That all things are inherently unified (Kalu & Tondrup, 1997). There have been many Buddhist contributions to psychotherapy (Fulton, 2014; Hanh, 2014; Rubin, 1996; Welwood, 2000; and many more), and even an entire field of Buddhist psychology has arisen as a result (De Silva, 2005).

While there have been many somatic psychotherapeutic correlations drawn between mindfulness practices and somatic psychotherapy (Payne, Levine, & Crane-Godreau, 1996; and many more) there has been very little to no publicized contributions of somatic psychotherapy to specific Buddhist Meditations geared toward cultivation of NDC.

The body has a central role in many meditation traditions (Ray, 2008) yet in the field of somatic psychotherapy a discussion of NDC is lacking. Specific writings on non-duality within the somatic psychotherapeutic process are limited to one dissertation (Fire, 2011), and various sources that are not peer reviewed (Lumiere, 2003; Fenner, 2003; and more).

Some psychotherapeutic literature involves the body in exercises orientated toward cultivation of non-dual consciousness (Blackstone, 2007) they are more likened to guided meditation than somatic psychotherapeutic interventions. Reginald Ray (2008) talks about cultivating non-conceptual experience of the body as an inroad to direct experience of non-duality. His text, along with Welwood's (2000) may be the most comprehensive links between Buddhist non-duality and somatic work.

The Mahamudra path (Buddhist model for discovering the nature of mind as Non-dual) offers Shamatha and Vipassana meditations as way to cultivate non-dual

consciousness. Shamatha has been likened to the process of clearing the muddy waters of a lake so that sight into its basin is possible. Vipassana is that process of peering into the basis of the mind (Kalu & Tondrup, 1997).

Shamatha is a practice of resting the mind in single pointed awareness, which usually has the meditator continually bring awareness to the breath. It is worth noting that in a more advanced form of Shamatha awareness rests in itself (Kongtrul, 1985) as this seems to be NDC within Shamatha. The purpose of Shamatha is to develop stillness of mind and clarity in the relative experience through mindfully focusing (Thrangu, 1993). Shamatha can be practiced by resting awareness in body sensation (Ray, 2008). Shamatha develops the capacity for witnessing experience through identification with the observer of experience.

Vipassana is the practice of insight, and is the process whereby the practitioner experiences objective reality or the non-dual nature of mind, seeing through the obscurations of the relative mind (Trungpa & Gimian, 2005). No somatic psychotherapeutic literature could be found on the direct application of the Shamatha and Vipassana. The following theory addresses that omission.

### **Model of Somatic Psychotherapeutic Liberated Awareness**

M.S.P.L.A. is intended as a somatic psychotherapeutic approach oriented toward the cultivation of client non-dual consciousness. M.S.P.L.A. proposes that the fruition of Mahamudra Buddhist practices of Shamatha and Vipassana can be equated to the accomplishment of specific somatic interventions. In comparison to Shamatha M.S.P.L.A. offers somatic interventions of resourcing, sensate focusing, and body scanning.



**Part One**

The preliminary step in M.S.P.L.A. is to use somatic interventions that bring about the same results as practicing Shamatha meditation. The purpose of Shamatha is to cultivate coherence in the relative self, between mind and body, which allows for a calming of the relative self (Thrangu, 1993). In other words Shamatha stabilizes the relative experience through cultivation of the capacity to witness experience, fostering identification with the observer, and by re-establishing body connection (Trungpa & Gimian, 2005).

**1. resourcing**

The principle of resourcing is a constant in somatic psychotherapy. Diane Heller coined the term in her authorship of an early Somatic Experiencing manual suggesting that resourcing is the process of directing client conscious attention to supportive aspects of internal and external experiences (personal communication with Diane Heller, 2015). In the context of M.S.P.L.A., resourcing refers to directing attention to pleasurable body sensations. It is the first step in the model, as it is typically done to build a client's capacity to be present and specifically to tolerate more challenging experiences (Levine, 2010). Resourcing soothes the nervous system and diverts energy from limbic systems to the neocortex, where there is more capacity to inhibit arousal and think logically (Siegel, 2010).

Developing resources for a client can begin to alter neural pathways associated with conscious attention. Siegel (1999) talks about neural circuits that fire together wiring together. When clients increasingly associate pleasurable experiences with internal states and environmental circumstances they are hard wiring more pleasure into their everyday

experience. For example a client may notice a vase in a therapeutic session. The therapist may ask the client to explore what attracted them to that vase; what it is about the vase that feels good in their body. The experience of a vase then becomes associated with pleasure in the body. Then when neural circuits fire associated with seeing a similar vase, the client is then more likely to have a stronger experience of pleasure.

For most, feeling pleasure is more tolerable than feeling discomfort. By creating enough associations of pleasure in the nervous system, so that most experiences have some degree of pleasure, the relative self develops a stronger capacity to know itself (Levine, 2010). The relative mind-body complex can then develop stronger inclinations toward resting in stillness as a coherent whole, which is comparable to the stillness cultivated through Shamatha meditation. Resourcing should be done before moving on to the next step of developing body awareness as it helps to guard against potential further fragmentation of the self (Levine, 2010).

## **2. associating conceptual mind with the body**

Trungpa (1984) likened the body to a camera. In his metaphor the conceptual mind is the film in the camera that records experience through narration. The body is the camera itself, which receives a more objective image of the world than the conceptual mind. By re-associating the conceptual mind with the body through the following somatic psychotherapeutic interventions, the conceptual mind can attune to and rest in a more direct experience of the world.

In somatic psychotherapy, a common way to introduce the body to the conceptual mind is to guide the conceptual mind through a body scan. The client's awareness is directed throughout the body noticing its physical parts, and checking them for sensation.

The body scan can be used as a directive preliminary step for clients with a more difficult time understanding that their conceptual mind's narrative is associated with a bodily experience.

Sensate focusing (Cornell, 1996) further develops the mind-body connection and is arguably the guiding force in the somatic psychotherapeutic process. The client is directed to notice body sensations, which often directly correspond to their narrative (Damasio, 1996). Sensate focusing sees gestures of and sensations in the body as telling a more objective story than the narrative, and are thusly closely examined (Gendlin, 1978). Sensate focusing is less directive than a body scan as it simply asks the client to see what they notice in their body as they tell their story. Sensate focusing can be a way of re-associating the conceptual mind in physical body sensation in real time. Both Shamatha and somatic psychotherapeutic sensate focusing increase the individual's capacity to witness experience and foster mind-body coherence.

Another outcome that Shamatha and somatic psychotherapy can share is the increased neocortical inhibition over limbic system functions. The limbic system houses emotions and more instinctual impulses associated with sympathetic (fight and flight) arousal (MacLean, 1990). Both Shamatha and somatic psychotherapy have the participant practice just noticing the emotions or arousal and impulses therein without attaching meaning to them (Trungpa, 1976; Ogden, Minton, & Pain 2006).

Emotional intelligence has been noted as the capacity to appropriate emotional responses rather than awareness of emotion (Goleman, 1995). Shamatha and Somatic Psychotherapeutic practices of noticing body sensations may increase emotional intelligence by decreasing identification with the relative mind's narrative (the cognitive

story about what is occurring). Clients may find that their relative mind may become less preoccupied and better able to see multiple ways of responding to a situation after developing stronger identification with their sensate experience. Fostering said freedom of choice in the relative experience may for some be the most powerful component in creating coherence across parts of the self.

### **3. pedulation between parts**

Fritz Pearl's (1969) gestalt psychotherapy postulates that there are many different parts of the self that together create the totality of self. These parts can be understood as dualistic splits in the relative self. He developed a method of working with various parts of the self that may be in discord. Pearl's had client's externalize their differentiated parts by having clients imagine that their parts are in the room. He would then have the client talk to their externalized parts in an attempt to resolve discord, finding a healthy re-integration between the split parts. Similarly Somatic psychotherapy sees split parts as being localized in the body and able to re-integrate through oscillating awareness from one part to the other.

Bessel van der Kolk (2014) emphasizes that the experience of the external world is localized in body sensation. He says that through body sensations (often occurring on an unconscious level) the relative mind creates a narrative of experience, e.g. likes and dislikes. This principle, that body sensations influence the narrative experience of the world is well established in somatic Psychotherapy (Damasio, Everitt, & Bishop, 1996). People often believe that their problem exists outside of themselves, which it may, however the body receives the input of troubling external stimuli in the form of body

sensation. Through body sensation the problem is then localized as part of the self and can more easily be worked with therapeutically.

Peter Levine (2010) talks about over and under associated parts of the self. Body sensations that give the experience of the external world can be over or under associated with other parts of the self. Over-association can look like seeing the same type of car your ex-lover drove then having a disproportionate affective response. In contrast, under-association may look like not recognizing the signs of danger in present time.

Levine (2010) uses the term *pendulation* to talk about re-establishing a healthy level of communication between over and under associated parts of the self. Pendulation is the process of directing attention back and forth between parts of the self that have been split. The idea is to allow conscious attention to sway between parts of the self like a pendulum swaying between its two sides, until it rests in an integration or middle point. Somatic re-integration of parts of the relative self facilitates a more cohesive network of self. For example a part of the self that thinks anger is bad because anger caused hurt may exist in the body as heaviness in the chest. The raw experience of anger may feel like heat moving upward but is stopped by the heaviness in the chest. By pendulating awareness between the two parts, the person may come to find that the sensations of heat and the heaviness seem to join becoming one cohesive sensation. They may also come to find that their conceptual filter around anger being bad does not seem so prevalent. The self is then better equipped to respond to the present moment experience of anger as one coherent organism. In that way, communication and coherence across parts of the self assist in the process of stabilizing the relative experience.

## **Part two**

Part two works to introduce the conceptual mind to NDC. Autonomic Intelligence is introduced as an evolutionary drive toward NDC, in which the conceptual mind does not *do* but *is*. Additionally, an addendum is made to the body scan in order to facilitate glimpses of NDC.

In accordance with the Buddhist tradition of fulfilling some degree of the fruition of Shamatha before practicing Vipassana (Kalu & Selandia, 1994; Thrangu, 1993) the somatic equivalents are best practiced in the same order. The client ought to have some degree of calmness of mind, and coherence in relative self before applying somatic oriented interventions geared toward cultivating NDC. Additionally, it is advantageous for the client to be in a state of *being* and not *doing*, which appears similar to an advanced stage of Shamatha in which awareness rests in itself (Kongtrul, 1985). Shamatha is like a device that settles the relative self enough to coherently peer through the delusion of its belief in its sense of separateness. Vipassana is that practice of peering through that delusion. There are many ways it can be preformed (Kalu & Selandia, 1994). The following is a proposal of somatic psychotherapeutic methods for practicing Vipassana.

#### **4. autonomic intelligence**

Siegel (2010b) among many others proposes an innate self-organizing drive toward integration of differentiated parts; for the purpose of this model that drive will be called autonomic intelligence. By following that innate drive through exploration of body sensation while weaving a narrative, the relative self develops a stronger orientation toward “flexible, adaptive, coherent, energized, and stable states” (Siegel, 2010b, p85). Through clinical experience, M.S.P.L.A. understands that the moment of integration

between differentiated parts often offers glimpses, comparable to insight gained from Vipassana, of NDC.

M.S.P.L.A. proposes that autonomic intelligence can be understood as an evolutionary drive toward expansion of self and ultimately NDC. It is comparable to one aspect of the Buddhist understanding of Primordial Wisdom (liberated nature) or basic goodness (Trungpa, 1984). Prior to its realization, Primordial Wisdom (the Non-dual ground out of which relative experience arises) remains below the level of conceptual awareness. It permeates through all aspects of relative experience, like a light shining through the fog of the conceptual mind (Kalu & Selandia, 1994). Autonomic intelligence can be likened to that aspect of Primordial Wisdom, which shines through the fog of the relative mind. Initially it works to create coherence across relative aspects of self, fostering greater capacity for direct experience of the world. By following the autonomic drive of self-expansion further, the relative self, as one coherent organism, can more fully understand and yield into its boundless sense of self.

In M.S.P.L.A., clients become more familiar with autonomic intelligence by watching it work through their somatic experience. It is the clinician's task to locate this intelligence in the client's organism and draw it into client relative awareness; whereby the client's conceptual mind can become better acquainted with it, and ultimately develop a deep friendship with it.

The relative mind's delusion of control is relinquished as it watches body sensations and movements happening outside of its volitional will. The conceptual mind learns that it is actually more productive to refrain from a dictatorial relationship with the rest of the organism. The paradigm of mentally controlling experience becomes outdated.

The sense of self can simply *be* in experience as opposed to *doing* to an experience. Concurrently said sensations and movements are in more direct contact with NDC, as they are what is occurring below the level of the relative delusion of control. If a client learns to continually bring their awareness back to resting in the autonomic intelligence, their relative mind will likely be able to sustain longer periods of non-dual consciousness.

It is worth noting that Levine (2010) compares kundalini, which is a yogic term for a bodily energy that is believed to catalyze the evolutionary process of realizing NDC (Krishna, 1970), with activation in trauma and the process of using autonomic intelligence in its renegotiation. While there is no conclusive evidence, it is worth noting that kundalini may have a somatic psychotherapeutic equivalent in autonomic intelligence.

### **5. body scan addendum**

The following modification to the body scan is adapted from the Buddhist practice of attempting to locate the mind (Kalu & Tondrup, 1997). In this version of the body scan the client is asked to locate their sense of self. They contemplate the self as being any one of their body parts, sensations, or awareness of the body. The client is directed to further contemplate what self would be without any one part. For the purposes of dismantling the sense of an independent self, the client may also be asked to locate the part of themselves that is watching their experience. The question may be asked, “how is the self watching my experience different than myself having the experience?” The idea is to cultivate awareness that the conceptual mind is not in control of the body; that the majority of the experience is an autonomic process happening beyond the direct experience of the relative self.



After exploration is made in attempting to identify the self locally, the client may be asked to allow their consciousness to expand into the environment beyond the physical body and attempt to locate self in that state. In this phase the client may find that they cannot locate the self. The clinician may facilitate the client then contemplating the notion that if there is no clear location of the self, is the self nothing. The client may then be invited to contemplate the experience of nothingness. The clinician should then remind the client that nothingness in itself is a contradiction, that by definition nothingness would have no way of being experienced. The client may then be able to overcome the existential fear of nothingness, and the disillusionment of the relative self may be possible (Thurman, 2005). They may then have the experience of nature of the self as transparent, through which they are everything.

### **Application**

M.S.P.L.A. should be appropriated to meet individual client differences. Some client's may already have their relative experienced stabilized enough to practice peering into their nature. Most client's may be working to stabilize their relative experience for most of or all their life. Discretion needs to be used in how quickly and far M.S.P.L.A. is used. For example people in extreme states such as psychosis need significantly more stabilization of their relative self and should not be encouraged to dismantle their sense of self.

Attempting to cultivate non-dual consciousness prior to having the necessary maturation of the relative self's capacity for stillness will likely result in further fragmentation of the self or regression to an undifferentiated awareness that may appear non-dual but does not encompass relative differentiation. Undifferentiated awareness is

not NDC. Without encompassing relative differentiation duality is created between undifferentiated awareness and relative notions of separateness (Wallis, 2013). Such an undifferentiated state resembles the consciousness of an infant who is not clearly able to distinguish itself from the environment. Said person who believes there undifferentiated awareness to be NDC may be at a higher risk for engaging in spiritual materialism (Trungpa & Baker, 1973) and suffering from inability to successfully navigate their relative experience.

Ideally the introduction to NDC is done gently as to avoid the conceptual mind's fear of not being in control. It may be pertinent to remind the client who has fear of NDC that they are in total control. That the conceptual mind is not under any threat of losing its existence or even its importance, as true NDC does not dismiss conceptual awareness.

M.S.P.L.A. recommends the clinician constantly monitor the client's organism for attempts it may make in realizing its Liberated Nature. An existential fear of nothingness may be the client's autonomic intelligence searching for the experience of its concept of nothingness so that it may realize that nothingness in itself is a contradiction. Such realization may induce a state in which the self is seen as pure consciousness of which all things are part.

The clinician is further advised to locate the client's autonomic intelligence in all its forms, supporting it by directing clinician and client attention to it and its potential trajectory. In locating a client's autonomic intelligence it may be helpful for the clinician to develop an orientation of understanding that all client impulses toward regulation are indicators of resiliency. By getting underneath what may appear to be maladaptive behavior, an impulse toward regulation can be found. That impulse is autonomic

intelligence. By following the autonomic intelligence in its attempts to heal relative aspects of self, the relative self may become more coherent and thus more apt to drop perceived control and open to NDC.

The clinician is responsible for psychobiological regulation of the client (Schoore, 2003) and should thusly be actively attempting to predict the trajectory of the client's autonomic intelligence. If the client's trajectory is heading toward overwhelming activation of the relative, as defined by loss of the capacity to watch the self, the clinician is to direct client attention to resources and/or environmental stimuli to facilitate deactivation and return to the present moment. If it seems like the client's relative self is overly restrained the clinician is to aid the client in learning to differentiate between destructive and productive impulses. That capacity to differentiate impulses may facilitate dis-inhibition by giving the client a structure through which they can trust their impulses.

It is worth noting that the human organism has mirror neurons, which monitor and attune to the internal state of others (Siegel, 2010a). In other words humans are able to feel the experience of others. The Clinician is thusly encouraged to cultivate NDC so that the mirror neurons of their clients may attune to their NDC, aiding in the cultivation of client NDC.

### **Conclusion**

The cultivation of non-dual consciousness is of significant clinical relevance. It is liberation from suffering through non-exclusive identification. It may be possible to facilitate non-dual consciousness through somatically oriented psychotherapeutic interventions. The implementation of M.S.P.L.A. may serve in that process.

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