

Research Proposal

Nondual Psychology

Background

The current prevailing paradigm of clinical psychology represents the human thought process as a cascade of electro-chemical processes that ultimately gives rise to the phenomenon of cognition. The ontological depth and complexity of the human psyche are attached little importance in view of today's utilitarian, goal-oriented approach to psychology. Indeed, it is the shrinking of that which is mirrored as the current ontological stance of the human individual in post-industrial societies that plays a major role in mental disorders. The high rates of depression, anxiety, suicidality, bi polarity (DSM V) in current era illustrate the limitation of our present approach to psychotherapeutic treatment. The research proposed here aims to investigate a complementary framework for clinical intervention that can potentially address these challenges.

Nondual psychology is an emerging school of thought that seeks to integrate the efficacy of short-term, goal-oriented therapy with a holistic view of human well-being that is grounded in ancient wisdom. As such it lessens the impact of time constraints, maintaining the boundaries created due to current practical economic needs. More specifically, nondual psychology emphasizes a common sphere of deep awareness comprised of a dyad between the client and the therapist. Of special interest is the inclusion of altered states of consciousness as an integral element of the process. Contrary to other practices, nondual psychology regards altered states of consciousness as deeper manifestations of the human psyche, which are neither a peak experience, a goal, nor a disruption of the normal thought process; rather, these states are integral parts of human awareness. Moreover, nondual psychology is encountered as a direct experience

and in the context of a natural unfoldment of the human experience without application of spiritual or philosophical concepts.

Literature Review

The aim of this section is to offer a brief introduction to the concept of nonduality and its relevance to clinical psychology. As a preamble, it is worth pointing out that a definition of the state of nonduality is paradoxical; nonduality is defined by what it is *not*. Not only in the modern era since the introduction of the Cartesian model, but all through Western history the definition of nonduality has been a challenge. This is partly because the state of nonduality cannot be described by the senses, words, or any mode of observation where there is a subject and an object. Even in ancient Greek times there was a frustration about the empirical stance in Western culture. It had aroused Heraclitus (Robinson, 1968) into generalizing about individuals that are described as those who “are as unaware of what they do when awake as they are when they are asleep”. This was to point out the lack of awareness of the underlying the empirical perception (Robinson, 1968, p. 94).

Moreover, more often than not, attempts to verbally describe nonduality result in a spiritual narrative or muddled mythologization (Forman 2010, Wilber 2010, Almaas 2000, Davis 2011, Greenway 1995, Waddell 2000), whereas a dogmatic definition tends to magnify the nondual state into a goal, a state to strive for, while neglecting the view that it is a simple, natural state of being that underlies explicit perception (for further discussion see: Fenner, 2017).

To avoid the pitfalls of faulty characterization, perhaps it is helpful to remember that nonduality is first and foremost a direct experience rather than transmitted knowledge. In clinical settings, the most basic manifestation of such condition is the interrelatedness between the client and the therapist, based on the natural unfoldment of the human psyche as it happens in the

primal dyad – the caregiver and the infant. Winnicott (1953, 1958, 1971) coined the concept of the dyadic space as a transitional space comprised of two individuals. Out of this single unit a sense of ‘I’ness’ of the two emerges and merges.

The psychological working within the dyad space is elaborated in the field of intersubjectivity (Mitchell, 2014). In nondual psychology, however, awareness regarding the internal space of the dyadic container reaches levels of understanding and detailing beyond the field of intersubjectivity and is put within a wider context along other variations unique to nondual psychology.

In the field of transpersonal psychology the nondual state is approached in a way that it is makes it into an element of a spiritual narrative, a mythology, or even a dogma. For example, The Integral Theory (Forman, 2010, p.9), a four-quadrant grid that presents the synthesis of knowledge and experience (Wilber, 2010). This approach takes the nondual state away from the experience of nonduality and produces it into a cumbersome apparatus. Here is a definition of nonduality as it is framed in the Diamond Approach of transpersonal psychology:

It is a state of *being* where one “begins to experience the totality of the world— which forms a oneness—as external to himself, as if his identity now is deeper than this unity of experience. ... He realizes that he still adheres to the concepts of world, oneness, existence, and so on, or more precisely, that these things are actually concepts. He penetrates his reification of Being, unity, and oneness. This precipitates the movement of the student’s identity into a subtler manifestation of Being, a totally nonconceptual realization of true nature. He experiences himself now as nonconceptual reality, beyond all mind and concepts, beyond all specifications and recognitions. ... He is both self and not self. This is a very paradoxical manifestation of Being, beyond any conceptualization. ...There is a stunning sense of awakesness, intensely fresh and new. When there are no concepts in our recognition of ourselves, nothing is old; everything is the pure freshness of suchness, the intensity of eternity that has no concept of time (Almaas, 2000, pp. 411-412).

Even though, Almaas’s (2000) description is not untrue, it is still able to describe only the more surface levels of the state of nonduality, as opposed to the nondual depth.

Another, emerging field, ecopsychology brings forth the interrelatedness between the human individual and the environment and in a spiritual context (Davis, 2011). However, in doing so, again, the nondual state is turning into a mythology of its own. Davis (2011) wrote:

The basic principle to be drawn from both gestalt and transpersonal psychology (and their recent forms of ecopsychology and transpersonal ecology) is that our ordinary experience of ourselves as separate autonomous beings is incomplete and inaccurate. [which] will require ... a shift in consciousness (the transpersonal emphasis) from the smaller, autonomous, ego-oriented self to the wider and deeper ecological self. (p. 264)

Here, nonduality is perceived as a state of experiencing interrelatedness. Not to say that this is not an aspect of nonduality, however, it is a shallow element of the nondual state. It is true when Greenway (1995) pointed to dualism as “perhaps the source of our pervasive sense of being disconnected” (p. 131). However, it is also the tip of the iceberg of the state of nonduality, and does not capture the nondual depth, its essence, and the unborn, which is the state before phenomena rises (Waddell, 2000).

The nondual state presented in the proposed research resembles more of what Fox (1995) called “ontologically based identification” (p.251):

The basic idea that I am attempting to communicate by referring to ontologically based identification is that the fact—the utterly astonishing fact—that things are impresses itself upon some people in such a profound way that all that exists seems to stand out as foreground from a background of nonexistence, voidness or emptiness—a background from which this foreground arises moment by moment. ... “The environment” or “the world at large” is experienced not as a mere backdrop against which our privileged egos and those entities with which they are most concerned play themselves out, but rather as just as much an expression of the manifesting of Being (i.e., of existence per se) as we ourselves are (p. 251, emphasis in original).

Applying the nondual state in the clinical setting, entering the nondual state from a psychological perspective and understanding within the human psychological developmental viewpoint is the uniqueness of this proposal’s approach of nondual psychology. “It’s a level of experience that coexists with everything. The nondual state of unconditioned awareness can’t exclude thoughts,

feelings, and perceptions, because it includes all that is, and so isn't separated from our everyday dualistic existence" (Fenner, 2007, p.2). And as such integrates ancient wisdom and psychology.

The integration of various elements in this proposal is from psychoanalysis (Buber, 1958; Mitchell, 2014; Winnicott, 1953, 1958, 1971), ancient wisdom, quantum physics (Bohm, 1994, 2013) and somatic psychology (Reich, 1972). According to nondual psychology, the interrelatedness between client and therapist is based on the natural unfoldment of the human psyche as it happens in the primal dyad; the caregiver and the infant. Winnicott (1953, 1958, 1971) named the dyadic space a transitional space. The transitional space is one unit space comprised of two individuals. Out of the transitional space a sense of 'I'ness' of the two emerges and merges. The psychological working within the psychological container is elaborated in the field of intersubjectivity (Mitchell, 2014). However, in nondual psychology awareness regarding the internal space within the container, that dyad space, reaches levels of understanding and detailing beyond the field of intersubjectivity and is put within a wider context.

The applicability of interrelatedness as scientific term searched within the field of physics would include Schrödinger's quantum entanglement (Horodecki et al., 2009). In the field of biology, for example, such interrelatedness among individuals takes the form of morphic resonance (Sheldrake, 2011), epigenetics (Smith, 2010), and cell memories (Pearsall et al., 2000). Nonduality is to be found also in the field of linguistics (Johnson & Lakoff, 2002). Within the realm of quantum physics Bohm (1994) provided a legacy on the applicability of the quantum field to human lives in his works on *thought as a system* (Bohm, 1994) and *on dialogue* (Bohm, 2013). In the field of philosophy, Buber (1958) provided a seminal work on "I and Thou", while Reich, in the field of psychoanalysis (1972) furthered our understanding of the boundaries between the psyche, the body, and the environment.

As the above has shown, intersubjectivity, dyad, merger and many other concepts implying interrelatedness are commonly explored in psychology as well as other fields. However, the utilization of the dyadic space as one therapeutic entity has not been sufficiently researched. Above all, an examination of a method that would integrate, utilizing all the existing elements of nondual psychology as one, is long overdue.

Integrating these various aspects into one unit of operation, one clinical process, is required. Such an endeavor is of particular relevance to psychology in the 21st Century, due to reasons of economical challenges, health insurance demands, and the rapid growth and awareness of the global village (McLuhan, 1962; 2003). The global village refers to the united setting of all social and political affairs due to electric speed and the cyber web, which increases human awareness. In addition the term “Fractalnoia” (Rushkoff, 2013, page. 201), coined for aspects unique to the global village, indicates the identification of individuals in present tense only. This represents a shift from a narration of self-identity to pattern detection, and the assigning of meaning in relation to the present tense alone, rather than the application of meaning and identity based on historical continuity. This causes greater relevance for non duality as context.

Nonduality relevance especially now is also due to critique on recent popular psychological technique: mindfulness. Mindfulness is being utilized in the current field of psychology as an instrument with positive outcomes in regard to emotional regulation (Hülshager, Alberts, Feinholdt, & Lang, 2013) and a self-help resource (Cavanagh, Strauss, Forder, & Jones, 2014; Kabat-Zinn, 2008, 2009; Langer, 2009). On the other hand, mindfulness critiques include ascribing the positive outcomes to the therapeutic alliance, rather than to the mindfulness set of techniques (Goldberg, Davis, & Hoyt, 2013). Moreover, writers of

mindfulness critique have pondered on the validity of defining mindfulness as a cohesive element of modern psychology, rather than as a variant (Chiesa, 2013) or even as a pale, or relatively inaccurate, imitation of Buddhist ancient teachings (Hickey, 2010). Critiques also questioned mindfulness as a school of thought that masks a gap in its theoretical presentation (Hart, Ivztan, & Hart, 2013). Mindfulness is suggested to be a mere first level of integration between Eastern philosophy and Western psychology (Dow, Bracher, & Phillips-Saxon, 2008). More specifically, mindfulness is suggested to be only a fragment of the greater whole of Buddhist teaching, which failed to reach Buddhist depth understanding. For example, not reaching depth comprehension in regard to the misconceived perception of a separate self, a belief that is a primary foundation of human suffering (Brito, 2013) is to not considered a basic tenet of Buddhism. Conceivably, mindfulness had fallen into the trap of a generalized system, which subjugated it away from contextualism and pluralism; as such, it lost the clarity that arrives with the capacity to meet authentic differences (Safran & Messer, 1997).

This prospective research does not fall into any of the traps into which mindfulness seems to have fallen. On the contrary, it presents a depth perception, which promotes authentic meeting, free of techniques, liberated from clinging to knowledge, unbound by preconceived conceptions to follow. It allows penetrating far deeper ground than the one employed for emotional regulation, such as is found in mindfulness. It requires of the therapist a greater involvement in self-awareness and of being an integral part of the interpersonal space in clarity and in openness.

Objectives

Nondual psychology is an integrative practice of ancient wisdom and short term goal oriented psychology. There are several principles used in the working of nondual psychology:

1. **The Transitional Space** (Winnicott, 1953, 1958, 1971): A developmental phase akin to any dyad, in which the infant learns separation. In this stage the infant divides the perceived reality into: ‘me’, ‘not me’, objects that are being ‘discovered’ and objects that are being ‘created’. The transitional space occurs over and over again throughout human development and as such is utilized in the dyad of the therapeutic relationship.
2. **The Container-Contained** (Bion, 1963): The space of therapist and client is an example of a container that allows various unfoldments. Words, content and narrative are only a fragment of the layers which within the container. Cognition as thoughts and words is only the tip of the iceberg of the layers that exist within the psychotherapeutic container.
3. **Authenticity** (Bugental, 1987) **& Contact** (Reich, 1972): First mode of operation in the psychotherapeutic dyad is *not* what the client says, but rather *how* the client is saying what they’re saying. Hence, contact is first determined in considering content. The therapist notices the somatic experience of the client: breathing quality (shallow, deep), presence in the body (floating head, heaviness), sitting position (slouch, upright) and other ways of tracing the status of the nervous system. Moreover, the therapist notices the vitality, intensity, and capacity for interrelatedness.
4. **Phenomenology** (Waddell, 2000) **& Seeing** (Tenzin, 2006): Seeing the essence of a phenomenon. A natural state for the human individual is to experience the ‘unborn’ (Bankei/Waddell, 2000), that which originates prior to phenomena. Even though this state of seeing is an altered state of consciousness, it is a simple capacity and lies within the mundane experience of the human individual.

5. **Navigation within the Therapeutic Space** (de Lange, 2014): Beneath the cognitive layer of words and consensual perception four layers of experience are depicted: archetypal, hallucinatory, mindlessness, and the unborn (utter field of silence). Each of these layers gradually are divided towards two poles of oneness and nothingness the more one deepens into the experience and navigates toward the utter field of silence. Gaining knowledge of the map of the field of silence itself, which is underlying the cognitive layers, supports the therapist holding the container of the therapeutic dyad. Moreover, an understanding of the map enables protection against lapses into infantile psychological states, such as narcissism, idealization or other troubling psychological states such as fragmentation and dissociation.

The suggested prospective research is designed to evaluate the outcome of nondual psychology practice interventions. An 'x' number of therapists will be participating in a series of workshops that teaches nondual psychology practice's central principles. A survey measuring qualities specific to nondual psychology interventions will be given to these therapists before, during and after the workshops' series. The survey contains several items divided into likert scales related to the therapist subjective experience on their experience as therapist, the quality of connection with their clients and the therapist's interventions outcome. The likert scales will be offered with seven pre-coded responses with the neutral point being neither agree nor disagree. These items are characteristics to what quantify main qualities within nondual psychology practice. The objectives to be achieved via the above principles of nondual psychology are various therapeutic goals:

1. **Arriving to the psychological challenge's core:** The therapist is able to answer the question of: "what is the therapeutic challenge?" promptly and without being

lost in the client's narrative. Thus, operating with the above strategies allows the achievements of the objectives of short term goal oriented psychotherapy.

2. **Gaining perspectives:** the therapeutic challenge is being perceived via the greater whole than of the client's life endeavor. Moreover, the isolated separate experience of the client is being perceived from within the vaster space of the dyad and the third (the transitional space). In addition, perspective of the relevance of time and space is being gained, as well.

3. **Enjoying the field of silence and the unborn:** The presence and quality while descending to the deeper layers of the field of silence has a healing quality that is every human's birth right to experience. Empathy, compassion, mirroring and digesting; basic elements of the therapeutic process are achieved from within the presence and the experience of the dyadic space.

4. **Interrelatedness:** Experience of the interrelatedness between beings and objects is being experienced. Thus, depth understanding of the connection and the illusion of separateness in the world is being appreciated. Naturally, depression, aggression, powerlessness, sense of isolation, mistrust and other psychological experiences are diminished as a result of this experience.

5. **Creativity:** Operating from within qualities other than what is known and allowing qualities of other aspects of being to emerge allows for openness and creativity.

Methodology

Likert (1932) -type or, known also as frequency scales use fixed choice response formats and are designed to measure attitudes or opinions (Bowling, 1997; Burns, & Grove, 1997).

These ordinal scales measure levels of agreement/disagreement. A Likert-type scale assumes

that the strength/intensity of experience is linear, i.e. on a continuum from strongly agree to strongly disagree, and makes the assumption that attitudes can be measured. In this prospective research Likert scale is a seven point scale which is used to allow the individual to express how much they agree or disagree with a particular statement (see appendix A). Likert Scales have the advantage that they do not expect a simple yes / no answer from the respondent, but rather allow for degrees of opinion, and even no opinion at all. Therefore quantitative data is obtained (McLeod, 2008).

Statistical Analysis

The quantified results will be manageable for statistical analysis in the forms of: mean, standard deviation, Pearson's R and/or Anova, t test and regression.

Time Line

The time line for administering the workshops and collection of the data is to be dictated according to scheduling of five workshops and allowing for time intervals for the therapists to work in their clinical settings and utilize the learned nondual psychology interventions. Ideally each workshop will be given in one month intervals. Each workshop dedicated to one of the five principles of nondual psychology will take four hours. These frames of time will allow for learning the new material, practicing and processing the reactions and other elements of the participant's subjective experience.

Results

I expect to see quantitative improvement in the objectives as a result of administering the learned material in the workshops to the therapists. As mentioned above the objectives are: 1. Arriving at the psychological challenge's core. 2. Gaining perspectives. 3. Enjoying the field of silence and the unborn. 4. Interrelatedness. And 5. Creativity. Each of these objectives will have

five questions designed as Likert scale to measure its development throughout the timeline of the study. Thus, each survey will contain twenty five questions related to objectives. Moreover, there will be five general questions regarding the state of the therapist and the clients (see appendix A). The same surveys will be given before the administration of the workshops, during the workshops with the beginning of each new workshop, and after the presenting of the entire workshops. Thus, altogether there will be seven different time of collections of data from participants.

Possible Critique

Altered states of consciousness are challenging for integration. As it is in this prospective research: the suggestion of fluidity of 'I'ness', alteration of time and space and the existence of hallucinatory conditions to be natural phenomena of the human experience might meet resistance that won't easily subside. History shows that previous attempts to research the field of interrelatedness and the connection between individuals via one space arrived at scientific periphery and social margins. I would like to challenge the status quo and push the current boundary. I hope this prospective research will bring light and revitalize human domains that have been neglected.

Follow Up Questions

Application of working in a dyad may be a subject of a future research. The subject had been researched in organizational psychology (Isaacs, 1993) and philosophical settings (Bohm, 2013). However, applying understanding of the layers within one space of a dyad from the field of clinical psychology may allow further progress within the organization and work place.

Summary

Nondual psychology brings forth a depth oriented paradigm, an instrumental tool that utilizes wide spectrum of potentialities when working with the dynamic possibilities within the human psyche. Thus, measuring the effectiveness of nondual psychology's interventions contribute to the validation of effective depth psychological tools. Supporting individuals in need beyond the realm of thought process as in cognitive psychology and mindfulness and giving recognition to the human depth and wholeness further contributes to the ability to understand and hold the space for clients.

Ironically, depth, interrelatedness and wholeness in clinical psychology have been too long misunderstood and too long neglected. Nonduality is central to the human psyche, and has significant healing power in post modern psychological disorders. It deserves consideration from clinicians and being utilized as an instrumental tool in the therapeutic dyad. Indeed, it is crucial to a fuller understanding of clinical interrelatedness.

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**Appendix A
Survey**

7 Point Likert Scale Survey

		Strongly Disagree			Neither		Strongly Agree	
	Question	1	2	3	4	5	6	7
1	I'm able to identify the main therapeutic challenge in the beginning of the session.							
2	I'm feeling at ease discerning between the client's subjective narrative and the therapeutic challenge.							
3	I'm feeling at ease navigating between the client's subjective narrative and my interventions at the service of the therapeutic challenge.							
4	I'm able to arrive to a sense of contact with the client easily.							
5	I'm able to set a reasonable therapeutic goal at the beginning of the therapeutic connection.							
6	My client is able to observe his/her condition.							
7	My client develops non attachment to the outcome of his challenge.							
8	My client experiences the greater whole that exists side by side with his/her subjective							

	experience.							
9	The therapeutic space is being experienced as a synergy of more than the dyad of therapist and client.							
10	I experience depth and layers in the therapeutic space.							
11	I experience the healing quality of the field of silence and the unborn.							
12	I experience empathy and compassion with my client.							
13	I experience mirroring of my clients.							
14	I experience digesting the experience of my clients.							
15	I experience transformation in the experience of my client between the beginning and the end of a session.							
16	I feel interrelatedness with my client.							
17	I feel that my client's experience of isolation and separateness diminished.							
18	I feel my own capacity for trust increases.							
19	I feel that the quality and depth of my interrelatedness in interpersonal relationship increases.							

20	I observe interrelatedness in other settings than the therapeutic dyad.							
21	I experience that my sense of creativity increased.							
22	I allow myself to engage in new activities.							
23	I allow sense of playfulness increased.							
24	My client is involved in new creative projects.							
25	I find greater meaning in my role as a therapist.							
26	I feel depressed.							
27	I feel anxious.							
28	I'm anticipating that the process enrich my clients.							
29	I'm anticipating that the process enriched my life.							
30	Nondual psychology interventions are helpful for me and my clients.							