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# Barriers and facilitators to adherence with antidepressants among outpatients with major depressive disorder

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**Background:** Major depressive disorder (MDD) is associated with a high rate of relapse and recurrence. One of the major challenges in treating MDD is patient's non-adherence to medication. This study aimed to explore the barriers and facilitators of patient's adherence to antidepressants among outpatients with MDD.

**Methods:** A qualitative study using semi-structured and individual in-depth interviews was conducted among patients with MDD who were taking antidepressants for at least six months, in the psychiatric clinic of a government-run hospital in Malaysia. Participants were purposively sampled from different ethnicities to achieve maximum variation in sampling, and data were collected until it reached thematic saturation. Interviews were conducted using a validated topic guide and responses were audio-recorded and transcribed verbatim. Data collected were managed using NVIVO 10, and analyzed using grounded theory approach.

**Results:** A total of 30 patients were interviewed. Thirty-nine different themes and sub-themes were identified which was conceptually divided into two distinct categories related to barriers and facilitators to adherence. The barriers were: patient-specific barriers (sub-categorized into beliefs, forgetfulness, attitudes, and lack of knowledge on treatment of MDD), medication-specific barriers (side effects, pill burden, treatment duration, and costs), healthcare provision and system, social-cultural barriers (lack of support, barriers related to religion and cultural beliefs, and stigma), and logistic barriers. The facilitators were: having insight, perceived health benefits, reminders, regular activities, trustworthy healthcare providers, family support, and cultural and religious beliefs.

**Conclusion:** Our findings suggest that patient's specific barriers and medication side effects were the major challenges for the treatment of MDD. Perceived health benefits and having insight on the need of treatment were the most frequently cited facilitators. Targeted interventions should be developed to address the key barriers, and promote measures to facilitate adherence in this group of patients.

**Keywords:** Barriers, Facilitators, medication adherence, Depressive disorder, Qualitative study

**In Pursuit of Happiness:  
Academic Efficacy and Religiosity  
as Correlates of Filipino Adolescent Students' Subjective Well-Being**

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## ***Abstract***

The study sought to determine the relationship of academic efficacy and religiosity to the subjective well-being of Filipino adolescent students. Specific profile variables like age, sex, religion, parents' educational attainment, parents' occupation, gross monthly income, and birth order were also tested to ascertain presence of significant difference on the respondents' subjective well-being.

The respondents of the study were 285 4<sup>th</sup> year high school students of the 12 member schools of the Tuguegarao Archdiocesan School System. This study made use of the Demographic Questionnaire, Piers-Harris Children's Self-Concept Scale 2<sup>nd</sup> Edition, and Genia's version of Religious Orientation Scale. School records and student files were used as sources of data for further validation. Analysis of data revealed that the respondents rated themselves as having an average level of SWB with a mean of 48.12 ( $s = 6.18$ ) and an average level of self efficacy with a mean of 48.27 ( $s = 7.07$ ). They also have a fair level of objective academic performance with a mean general average of 84.08 ( $s = 3.95$ ). As to religiosity, 251 or 88.07% adhere to the extrinsic orientation while only 34 or 11.93% adopt an intrinsic orientation. Furthermore, the subjective well-being of the respondents varied at 0.05 level of significance when categorized according to the two dimensions of academic efficacy – academic self-efficacy and objective academic performance. In terms of academic self-efficacy, those who have greater confidence in their academic abilities were found to be happier compared to their lower counterparts. On the other hand, in terms of objective academic efficacy, those with average GPA were found to be happier compared to those who have high or low GPA. Other variables such as religiosity – intrinsic and extrinsic – and all the profile variables had no significant differences. Lastly, only academic self-efficacy was found to be significantly related to subjective well-being.

***Keywords:*** academic efficacy, religiosity, subjective well-being, Filipino adolescents, positive psychology, happiness

## I. Introduction

It has been reported that there is a steady increase in the rate of adolescents experiencing depression (Twenge, 2011; Gray, 2010). According to the American Psychological Association, depression is the most common mental disorder. People who experience this report depressed mood most of the day, diminished pleasure or interest in all, or almost all, activities, significant weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate, or indecisiveness, and recurrent thoughts of death or suicide (Sadock & Sadock, 2003). With these descriptions, one can deduce that it is far more than the sadness that we are familiar with. According to the World Health Organization (2012), globally, more than 350 million people of all ages suffer from depression, and it is the leading cause of disability worldwide. It starts at a young age and it affects more women than men. At its worst, depression can lead to suicide. Suicide results in an estimated 1 million deaths every year, and with every person who commits suicide, there are 20 or more who make an attempt. In the Philippines, there had been reports of students committing suicide due to academic problems (Ozaeta, 2013). This alarming account shows that schools do affect the happiness of students.

Despite the idea that academic institutions play a role on the overall happiness or subjective well-being of students, this area has rarely been studied. Of the adolescent Filipino happiness' studies that have been done, only limited dimensions of happiness have been explored. Datu and Valdez (2012) reported that Filipino adolescents' understanding of happiness revolved around *satisfaction of wants, absence of worries, expression of positive emotions, motivational drive, and fulfillment of relational needs*. In addition, Mateo & Datu (2012) revealed that although the needs for *love and belongingness* and *fun and enjoyment* were significant correlates of happiness, the need for *love and belongingness* is the lone predictor of well-being. In another study done by Datu and Mateo (2012), satisfaction of neurotic needs for affection and approval, powerful partner, narrow limits to life, personal achievements and self-sufficiency and independence were reported to lead to the realization of happiness. With the emergence of the neurotic themes, the importance of past experiences in the realization of happiness was emphasized.

Because local studies on subjective well-being are so far inadequate, this study on Filipino adolescent students' happiness was conceptualized. Not only would the findings provide a rough estimate of the happiness index of Filipino adolescent students, but the results would also be beneficial for academic institutions in the Philippines to rethink their practices that may affect students' well-being. Furthermore, it could also serve as a basis for school administrators as well as the guidance personnel to develop programs and policies that would enhance well-being of students in order to create a positive school environment. This is to help ensure the practice of positive education, a domain of positive psychology, which works on the premise that a student's sense of achievement must be developed without compromising his sense of well-being (Seligman, Ernst, Gillham, Reivick, Linkins, 2009).

In this study, the relationship of academic efficacy and religiosity to subjective well-being was explored. Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in relation to:
  - 1.1. Age
  - 1.2. Sex
  - 1.3. Religion
  - 1.4. Parents' educational attainment
  - 1.5. Parents' occupation
  - 1.6. Family's gross monthly income
  - 1.7. Birth order
2. What is the level of subjective well-being of the respondents?

3. What is the respondents' academic efficacy as measured by:
  - 3.1. Academic self-efficacy
  - 3.2. Objective academic performance
4. What is the respondents' dominant form of religiosity?
5. Is there a difference in the subjective well-being of the respondents when grouped according to their:
  - 5.1 Academic efficacy
    - 5.1.1 Academic self-efficacy
    - 5.1.2 Objective academic performance
  - 5.2 Religiosity
  - 5.3 Profile variables
6. Is there a significant relationship between subjective well-being and the following:
  - 6.1 Academic efficacy
    - 6.1.1. Academic self-efficacy
    - 6.1.2. Objective academic performance
  - 6.2 Religiosity

The framework of this study is premised on the Well-being Theory of Martin Seligman (2013). According to this theory, well-being is composed of 5 essential elements known as the PERMA: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment. All of these elements can be built to increase well-being.

In this study, academic efficacy and religiosity are thought to contribute to subjective well-being. Academic efficacy, whether academic self-efficacy or objective academic performance, is presumed to bring about positive emotions, engagement, and accomplishment. Religiosity, on the other hand, brings about positive emotions, engagement, relationships, and meaning. Relationship for the intrinsically religious, however, is directed towards a Supreme Being while an extrinsically religious individual's relationship is towards members of the community. With the theory's assertion that each element contributes to the overall experience of well-being, a happy and flourished life is therefore not impossible to attain.

## **2. Methods**

### *2.1 Research Design*

This study made use of two research designs which are the comparative descriptive design to compare students' well-being and their levels of academic efficacy, their religiosity and their demographic profile, and the descriptive correlational design to determine if a relationship exists between academic efficacy and subjective well-being as well as religiosity and subjective well-being.

### *2.2 Locale of the Study*

This study was conducted in October 2013 in some member schools of the Tuguegarao Archdiocesan School System (TASS), namely (1) Cagayan Valley Insitute (CVI) in Aparri, Cagayan, (2) Lyceum of Abulug in Abulug, Cagayan, (3) Lyceum of Alcala in Alcala, Cagayan, (4) Lyceum of Camalaniugan in Camalaniugan, Cagayan, (5) Lyceum of Lallo in Lallo, Cagayan, (6) Lyceum of Tuao in Tuao, Cagayan, (7) Northeastern Academy in Buguey, Cagayan, (8) Our Lady of Piat High School (OLOPHS) in Piat, Cagayan, (9) Our Lady of Snows Academy (OLOSA) in Enrile, Cagayan, (10) Our Lady of Victories Academy (OLOVA) in Amulung, Cagayan, (11) San Lorenzo Ruiz Educational Institute (SLREI) in Lasam, Cagayan, and (12) San Vicente Institute

(SVI) in Solana, Cagayan. Three member schools were excluded, namely, Lyceum of Amulung as they still did not have 4<sup>th</sup> year students during the time of the study, and St. Francis Academy in Rizal, Cagayan and St. Joseph College in San Jose, Baggao, Cagayan because of the remoteness of these places.

### 2.3 Respondents and Sampling Procedure

The respondents of the study were 285 male and female 4<sup>th</sup> year high school students of the 12 member schools of the TASS.

The respondents were chosen through stratified random sampling. The stratum used was the student's school of origin.

### 2.4 Data Analysis

The following statistical tools were used to analyze the results of the study:

The frequencies, specifically the frequency count and percentage were used to analyze the profile of the respondents, religiosity, level of academic self-efficacy and objective academic performance, to report their respective number of occurrences and proportion.

The level of subjective well-being, level of academic self-efficacy and level of objective academic performance of the students were measured through the use of the mean.

The One-Way Analysis of Variance (ANOVA) was used to determine if there is a significant difference between the subjective well-being of the respondents and their level of academic self-efficacy, as well as subjective well-being of the respondents and their level of objective academic performance.

The t-test was employed to evaluate the differences in means between extrinsic and intrinsic religiosity.

To check for the presence of a relationship between academic self-efficacy and subjective well-being, objective academic performance and subjective well-being, extrinsic religiosity and subjective well-being, and intrinsic religiosity and subjective well-being, the Pearson Product Moment Correlation was used.

### 2.5 Research Instruments and Procedure

Three research instruments were used in this study:

*Demographic Questionnaire* was used to get the profile of the respondents.

*Piers-Harris Children's Self-Concept Scale, 2<sup>nd</sup> Edition (Piers-Harris 2, or PH2)* specifically its INT (Intellectual and School Status) and HAP (Happiness and Satisfaction subscales) were utilized to measure the academic self-efficacy and subjective well-being, respectively. It consistently demonstrates high internal reliability, with the total scale averaging an alpha of 0.91 and the subscales ranging from 0.81 to 0.74 (Piers & Herzberg, 2000).

*Genia's version of Religious Orientation Scale (ROS)* measured the extent to which the respondents are extrinsically or intrinsically religiously oriented. For this particular study, using the Cronbach's alpha, this instrument was found to have a 0.781 reliability coefficient.

## 3. Results and Discussions

### 3.1 Profile of Respondents

Table 1 reveals the profile of the students in the study. In the sample of 285 4<sup>th</sup> year high school students, majority of them are 15 and 16 years old, there are more females than males and

Roman Catholics outnumbered other non-Roman Catholics. In terms of the respondents' parents' educational attainment, most of the fathers and the mothers are college graduates. Their fathers are mostly farmers, forestry workers, and fishermen while their mothers are mostly housewives. Most of them belong to lowest income brackets. In terms of birth order, most are the eldest in the family.

**Table 1**

*Demographic Profile of the Respondents*

| Categories                                    |                           | Frequency<br>n = 285 | Percent |
|---|---------------------------|----------------------|---------|
| <b><u>Age</u></b>                             |                           |                      |         |
|   | 14                        | 4                    | 1.4     |
|   | 15                        | 156                  | 54.74   |
|   | 16                        | 113                  | 39.65   |
|   | 17                        | 9                    | 3.16    |
|   | 18 & above                | 3                    | 1.05    |
| <b>Mean = 15.49</b>                           | <b>SD = 0.69</b>          |                      |         |
| <b><u>Sex</u></b>                             |                           |                      |         |
|   | Male                      | 118                  | 41.4    |
|   | Female                    | 167                  | 58.6    |
| <b><u>Religion</u></b>                        |                           |                      |         |
|   | Roman Catholic            | 258                  | 90.53   |
|   | Non Roman Catholic        | 27                   | 9.47    |
| <b><u>Parent's Educational Attainment</u></b> |                           |                      |         |
| <b>Father</b>                                 |                           |                      |         |
|   | Masteral Degree           | 6                    | 2.11    |
|   | College Graduate          | 71                   | 24.91   |
|   | College Undergraduate     | 36                   | 12.63   |
|   | Vocational                | 6                    | 2.11    |
|   | High School Graduate      | 64                   | 22.46   |
|   | High School Undergraduate | 49                   | 17.19   |
|   | Elementary Graduate       | 33                   | 11.58   |
|   | Elementary Undergraduate  | 17                   | 5.96    |
|   | No Formal Education       | 3                    | 1.05    |
| <b>Mother</b>                                 |                           |                      |         |
|   | Masteral Degree           | 8                    | 2.81    |
|   | College Graduate          | 87                   | 30.53   |
|   | College Undergraduate     | 40                   | 14.04   |
|   | Vocational                | 4                    | 1.4     |
|   | High School Graduate      | 75                   | 26.32   |
|   | High School Undergraduate | 34                   | 11.92   |
|   | Elementary Graduate       | 20                   | 7.02    |
|   | Elementary Undergraduate  | 16                   | 5.61    |
|   | No Formal Education       | 1                    | 0.35    |

Table 1 (continued)

| Categories  |  | Frequency<br>n = 285 | Percent |
|---|--|----------------------|---------|
| <b><u>Parent's Occupation</u></b>   |  |                      |         |
| <b>Father</b>   |  |                      |         |
| Officials of government and special interest organizations, corporate executives, managers, managing proprietors, and supervisors |  | 5                    | 1.75    |
| Professionals   |  | 12                   | 4.21    |
| Technicians and associate professionals   |  | 4                    | 1.4     |
| Clerks  |  | 8                    | 2.81    |
| Service workers and shop and market sales workers   |  | 9                    | 3.16    |
| Farmers, forestry workers, and fishermen  |  | 134                  | 47.02   |
| Trades and related workers  |  | 36                   | 12.63   |
| Plant and machine operators and assemblers  |  | 33                   | 11.58   |
| Laborers and unskilled workers  |  | 18                   | 6.32    |
| Special occupations   |  | 4                    | 1.4     |
| OFW   |  | 10                   | 3.51    |
| Unemployed  |  | 12                   | 4.21    |
| <b>Mother</b>   |  |                      |         |
| Officials of government and special interest organizations, corporate executives, managers, managing proprietors, and supervisors |  | 5                    | 1.75    |
| Professionals   |  | 24                   | 8.42    |
| Technicians and associate professionals   |  | 4                    | 1.4     |
| Clerks  |  | 6                    | 2.11    |
| Service workers and shop and market sales workers   |  | 55                   | 19.3    |
| Farmers, forestry workers, and fishermen  |  | 8                    | 2.81    |
| Trades and related workers  |  | 7                    | 2.46    |
| Plant and machine operators and assemblers  |  | 0                    | 0       |
| Laborers and unskilled workers  |  | 23                   | 8.07    |
| Special occupations   |  | 0                    | 0       |
| OFW   |  | 43                   | 15.09   |
| Housewife   |  | 110                  | 38.6    |
| <b><u>Gross Monthly Income</u></b>  |  |                      |         |
| Below P5,000  |  | 107                  | 37.54   |
| P5,000 – P9,999   |  | 87                   | 30.53   |
| P10,000 – P14,999   |  | 41                   | 14.39   |
| P15,000 – P19,999   |  | 13                   | 4.56    |
| P20,000 – P24,999   |  | 18                   | 6.32    |
| P25,000 – P29,999   |  | 10                   | 3.51    |
| P30,000 and above   |  | 9                    | 3.16    |
| <b><u>Birth Order</u></b>   |  |                      |         |
| Eldest  |  | 107                  | 37.54   |
| Middle-born   |  | 84                   | 29.47   |
| Youngest  |  | 68                   | 23.86   |
| Only child  |  | 26                   | 9.12    |

### 3.2 Level of Subjective Well-Being

Using the happiness and satisfaction subscale of the Piers-Harris 2, there were 218 or 76.49% respondents who have an average level of subjective well-being, followed by 50 or 17.54% belonging to the above average level, and 17 or 5.96% on the low level. This is shown in table 2.

With the mean of 48.12 and a standard deviation of 6.18, this would indicate that generally, the sample rated themselves to have an average level of happiness. According to Piers and Herzberg (2002), those on the average range report both positive and negative appraisals of their general life circumstances, with the positive evaluations tending to outnumber the negative ones. Those on the above average level, on the other hand, are characterized as cheerful, satisfied, lucky, and able to get along with others. They evaluate themselves and their life circumstances in a generally positive way and report an overall sense of well-being. Lastly, those on the low range are apt to report general unhappiness and dissatisfaction with themselves. These students may be critical of their own physical appearance, their ability to relate to others, and their most fundamental qualities, and may be emotionally disturbed.

The respondents having an average level of subjective well-being may be due to the fact that most are middle adolescents, i.e., 14-17 years old, and the rest are in their late adolescence, i.e., 17-20 years old. A characteristic of the middle adolescents is their ability to relate the different attributes they have into a more realistic unified whole. According to James Marcia (1996), as cited by Santrock (2005), as early adolescents, i.e., 11-14 years old, confront contradictions, middle adolescents, being in the “reconstruction phase”, attempt to resolve contradictions they notice within themselves in their quest for an integrated sense of identity, a characteristic which develops during late adolescence. This would mean that the respondents’ report of a happier and better satisfaction with their lives may be due to fact that they have become more realistic of their capacities, and have set goals more within their reach. Moreover, they may have a better acceptance of themselves and have built up a degree of self-confidence based on knowledge of past successes which counteracts some of the feelings of inadequacy that plagued them when they were younger. This is supported by a study done by Vasques (1992) when he investigated Filipino adolescents’ evaluation of their self-concept, which is an integral part of their subjective well-being. He found that self-conceptions differed according to age, with adolescents aged 11 to 13 having significantly lower self-concepts than middle (aged 14-16) and late adolescents (aged 17-19). The authors attributed this to the different adjustment challenges facing the adolescent at each phase: early adolescents are initially confronted with the dramatic physical and cognitive changes of puberty, bringing about negative self-evaluations, which level-off at mid-adolescence, when they have presumably adapted to the transition and developed self-acceptance. Still, upon entry into adulthood, the adolescent experiences some degree of renewed self-uncertainty, as vocational, relationship, and independence issues come to fore (Vasquez, 1992, in Pena-Alampay, 2003).

**Table 2**

*Level of Subjective Well-Being of the Respondents*

| Level              | Interval    | Frequency<br>n = 285 | Percentage |
|--------------------|-------------|----------------------|------------|
| Above Average      | $\geq 56T$  | 50                   | 17.54      |
| Average            | 40T - 55T   | 218                  | 76.49      |
| Low                | $\leq 39 T$ | 17                   | 5.96       |
| Mean               |             | 48.12 (Average)      |            |
| Standard Deviation |             | 6.18                 |            |

### 3.3 Level of Self-Efficacy

Table 3 presents the level of academic self-efficacy of Filipino students. Majority of the respondents, 222 or 77.9% of them, have an average level of self-efficacy, followed by those on the above average, with 37 or 12.98%, and the least number are those who have a low level, with 26 or 9.12% count. With a mean of 48.27 and a standard deviation of 7.07, this would mean that, taken as a whole, the respondents have an average level of self-efficacy.

Self-efficacy, as explained by Santrock (2005), is the belief that one can master a situation and produce favorable outcomes. This was espoused by Albert Bandura in his social cognitive theory. He believes that self-efficacy is a critical factor in whether or not adolescents achieve. This has much in common with intrinsic motivation and mastery motivation. Intrinsic motivation, which is motivation based on internal factors such as self-determination, curiosity, and challenge, while mastery motivation which is motivation that is focused on the task rather than on their ability, have positive affect (suggesting they enjoy the challenge), and generate solution-oriented strategies that improve performance (Santrock, 2005). Self-efficacy, then, is the belief of a person that “he can”. Those who are high in this endorse statements such as “I know that I can understand this topic in class” and “I expect that I will be able to do well in this activity”.

As explained by Piers and Herzberg (2002), those with scores on the above average self-efficacy are expressing confidence both in their general intellectual abilities and in their performance on specific academic tasks such as reading, responding to teacher queries in the classroom, and presenting an oral report to the class. These students perceive themselves as working rapidly and efficiently in their schoolwork, and as garnering the admiration of their peers and family members. Such youngsters also tend to see themselves as well-behaved and able to pay attention in the classroom. Those who score on the average range, on the other hand, view themselves as performing acceptably well in the academic realm, but acknowledge a few difficulties with school-related tasks, while those who score in the low range are acknowledging numerous perceived difficulties on specific school-related tasks. These individuals may also have a general sense that they do not fit in well at school and do not have the necessary “smarts” to succeed in their schoolwork. With the results showing that most are on the average range, this suggests that Filipino students find themselves having difficulty with school-related activities but feel that they can still cope with their academic tasks.

**Table 3**

#### *Level of Self-Efficacy of the Respondents*

| Level              | Interval    | Frequency<br>n = 285 | Percentage |
|--------------------|-------------|----------------------|------------|
| Above Average      | $\geq 56T$  | 37                   | 12.98      |
| Average            | 40T - 55T   | 222                  | 77.9       |
| Low                | $\leq 39 T$ | 26                   | 9.12       |
| Mean               |             | 48.27 (Average)      |            |
| Standard Deviation |             | 7.07                 |            |

### 3.4 Level of Objective Academic Performance

Table 4 shows the level of objective academic performance of Filipino students. Results show that majority, or 132 or 46.32%, of the students have general averages of 80-84% (Fair). This

is followed by 85 or 29.82% having averages of 85%-89% (Satisfactory), 46 or 16.14% having 75-79% average (Passing), and 22 or 7.72% having 90% and above (Very Satisfactory) general average. The mean general average is 84.08 with a standard deviation of 3.95 indicating that as a whole, the respondents are under the Fair category.

The categories adapted in this study are based on the new grading system being espoused by the Department of Education for their K12 program. The description for each average range has been changed to more familiar ones for easier understanding although the meaning remains the same.

In the K12 grading system, there are five levels of proficiency. The highest level of proficiency (Very Satisfactory) has a grade of 90% and above. In this level, “the student exceeds the core requirements in terms of knowledge, skills, and understandings, and can transfer them automatically and flexibly through authentic performance tasks.” In the second level (Satisfactory), “the student can transfer fundamental knowledge and skills and core understandings independently through authentic performance tasks”. These students have a grade of 85-89%. The third level (Fair), “the student, with little guidance from the teacher and/or with some assistance from peers, can transfer core understandings through authentic performance tasks” and have 80-84% grade. Students under the fourth level (Passing) “needs help throughout the performance of authentic tasks” and have a grade of 75-79%. In the last level (Failure), “the student struggles with his/her understanding; prerequisite and fundamental knowledge and/or skills have not been acquired or developed adequately to aid understanding.” These students have a final grade of 74% and below (Department of Education, 2012).

Since the results show that, taken as a whole, the respondents are on the Fair level, this suggests that Filipino students, although they have developed the necessary knowledge, skills and core understanding of the concepts taught in school, still need the guidance and support of mentors and friends and may benefit from teacher- and peer-tutoring.

**Table 4**

*Level of Objective Academic Performance of the Respondents*

| Level              | Interval      | Frequency<br>n = 285 | Percentage |
|--------------------|---------------|----------------------|------------|
| Very Satisfactory  | 90% and above | 22                   | 7.72       |
| Satisfactory       | 85% - 89%     | 85                   | 29.82      |
| Fair               | 80% - 84%     | 132                  | 46.32      |
| Passing            | 75% - 79%     | 46                   | 16.14      |
| Mean               |               | 84.08 (Fair)         |            |
| Standard Deviation |               | 3.95                 |            |

### 3.5 Religious Orientation

Table 5 presents the frequency percentage of religious orientations of the respondents. It shows that more than half of the students, 251 or 88.07% of them, adhere to the extrinsic orientation, while only 34 or 11.93% adopt an intrinsic orientation.

According to Holdcroft (2006), citing Allport's and Ross' (1967) discussion on religious orientation, extrinsic religiosity is interpreted as a self-serving and utilitarian outlook on religion that provides the believer with comfort in salvation. These individuals are disposed to use religion for their own ends, such as status, sociability, and self-justification, and often selectively shape a

creed to fit their own ends. A person with intrinsic religiosity, on the other hand, is one who internalizes the total creed of his or her faith and moves beyond mere church attendance. These individuals find their master motive for life in religion, and their other needs are brought into harmony with their religious beliefs. With the above descriptions, an intrinsically-oriented individual's motive is to search more of the spiritual things in the activities undertaken in the church or other religious communities while the extrinsically-oriented individual is motivated to participate in a religious community by their need to reach goals that are not inherently spiritual in nature, and this would include opportunities for social interaction or prestige, or financial gain.

The result of the present study is not surprising considering that adolescents have not yet fully matured when it comes to religious faith. They are, in fact, known to be in the period of religious doubt (Hurlock, 2001). Hurlock explains this by saying that contrary to popular belief, adolescents are not apathetic in this area but are rather interested and feel that it plays an important role in their lives. The "religious doubt" that they are in refers to the fact that they question the religious concepts and beliefs handed on to them by their parents. Wagner, as cited by Hurlock, said that the religious questioning happens not because they want to be agnostic or atheistic, but because they want to accept religion in a way that is meaningful to them. Hurlock further said that many adolescents become disillusioned with their organized religion and this change in interest in religion reflects not a lack of belief but a disillusionment with the church establishment and the use of beliefs and preachments in the solution of current social, civic, and economic problems. This period of religious doubt may lead some adolescents to lessening of all religious observances, while others attempt to find a faith that meets their needs better than that of their family. In other words, adolescents have the tendency to see their religion, or to choose a religion, that would answer some external issues, which typically characterizes individuals with extrinsic orientation. Their primary motive for staying, or joining, a particular religion is conditional, e.g., the way in which the religion is being practiced or the way in which it can be used, and not because they inherently believe in the cause of their faith.

**Table 5**

*Religious Orientation of the Respondents*

| Categories | Frequency<br>n = 285 | Percent |
|------------|----------------------|---------|
| Intrinsic  | 34                   | 11.93%  |
| Extrinsic  | 251                  | 88.07%  |

### 3.6 Difference in the Level of SWB when Grouped According to Academic Self-Efficacy

Table 6 shows that at 0.05 level of significance, there is a significant difference in the subjective well-being of respondents when grouped according to their level of academic self-efficacy as indicated by the p-value of 1.42E-05. This suggests that the self-efficacy level of the respondents causes variation in their subjective well-being.

Further analysis of the data shows that, although all mean scores of the three levels of academic self-efficacy lie on the average range, the SWB level of the respondents with above average self-efficacy is still the highest, followed by those on the average, and lastly those on the low level, with their means of 49.9460, 48.4144, and 43, respectively. With these results, one can safely infer that a greater confidence in academic abilities may result to a higher level of happiness.

The significant difference in the SWB of the different self-efficacy groups could be explained by the characteristics of individuals within each group. As explained previously, self-efficacy is the belief that one can master a situation and produce favourable outcomes (Santrock, 2005). This is the belief of an individual that “he can”. In general, those who are more confident in their intellectual abilities have higher SWB because they engage in activities that promote proficiency in school activities, and being proficient in activities is important to adolescents as it shapes their self-concept in that particular area, thus adding to their global self-esteem, which is an important ingredient in SWB.

This finding is supported by previous studies which espoused self-efficacy as a contributor to happiness (Datu, 2012; O’Rourke, Cooper & Gray, 2012; Leung, Mc-Bride Chang & Lai, 2004). Results from these previous studies revealed that those who are confident to achieve what they want have been found to experience higher levels of SWB than those who do not. This then implies that the respondents generally believe in their academic capabilities and this makes a difference in their well-being.

**Table 6**

*Difference in the Level of Subjective Well-Being When Grouped According to Academic Self-Efficacy*

|                | SS       | df  | critical value | P-value  | Statistical Decision |
|----------------|----------|-----|----------------|----------|----------------------|
| Between groups | 824.178  | 2   | 3.0278         | 1.42E-05 | Reject Ho            |
| Within groups  | 10005.77 | 282 |                |          |                      |

Significant at  $\alpha = 0.05$

#### SUMMARY

| Groups        | Count | Sum   | Average | Variance |
|---------------|-------|-------|---------|----------|
| Above Average | 37    | 1848  | 49.9460 | 31.997   |
| Average       | 222   | 10748 | 48.4144 | 36.37047 |
| Low           | 26    | 1118  | 43      | 32.64    |

### 3.7 Level of SWB when Grouped According to Objective Academic Performance

Table 7 shows the difference in the SWB of respondents when grouped according to their level of objective academic performance. With a p-value of 0.00947, results show that there is a significant difference in the level of SWB at 0.05 level of significance. This means that the well-being of the students vary depending on their general averages.

What is noteworthy in the results is the mean SWB pattern of the students when classified according to their general averages. As presented in the table, those who are in the middle proficiency levels which include categories Satisfactory (85%-89%) and Fair (80%-84%), have higher mean SWB, 49.7177 and 48 respectively, than those in the highest or lowest range. In fact, those with the lowest and highest proficiency levels, Very Satisfactory (with grades ranging from 90% and above) and Passing (with grades ranging from 75%-79%), have comparatively similar mean SWB, with those with Passing proficiency having slightly higher mean SWB ( $\bar{x}=46.4348$ ) than those with Very Satisfactory proficiency ( $\bar{x}=46.1818$ ). This suggests that higher grades do not necessarily mean higher level of happiness. In fact, in terms of academic performance, those with average grades are happier.

This result finds support in the study of Oishi et al (2007) where they found a curvilinear relation between affect balance and GPA. The results showed that generally the higher the positive affect, the higher the GPA, with the exception that the highest mean GPA was achieved by students who were “happy” rather than “very happy”. The authors attributed this lower level of happiness among those with the highest grades as a means of motivation. Their slight dissatisfaction with their lives may have served as a motivation for them to strive more, thus attaining higher grades than those who reported that they are very happy.

In high school, it is a common observation that those getting very low grades are the subject of teasing and bullying and may suffer exclusion from groups. But they are not the only ones who suffer as much. Those who get really high grades may undergo the same ordeal as they are tagged as “nerds” or “geeks” and may still share in the bullying experienced by those who get low grades. Not only are they pressured to maintain those grades, but as school demands intensify, different areas in their lives may clash. Habits like staying up late to study may shorten the time for social activities, thus supporting the claim of Santrock (2005) that academic achievement may lead to social disapproval. Not only does success in school affect the time spent with friends but that emphasizing success on the self may lead to jealousy and envy of others. This is one reason why in collectivist nations like the Philippines, there is no strong desire to pursue personal happiness at the expense of social harmony (Uchida et al, 2004), and this may include getting high grades as it may lead to scenarios where the individual may not be liked and may even be ostracized.

**Table 7**

*Difference in the Level of Subjective Well-Being When Grouped According to Objective Academic Performance*

|                | SS       | Df  | critical value | P-value | Statistical Decision |
|----------------|----------|-----|----------------|---------|----------------------|
| Between groups | 432.1432 | 3   | 2.6367         | 0.00947 | Reject Ho            |
| Within groups  | 10397.8  | 281 |                |         |                      |

Significant at  $\alpha = 0.05$

#### SUMMARY

| Categories        | Count | Sum  | Average | Variance |
|-------------------|-------|------|---------|----------|
| Very Satisfactory | 22    | 1016 | 46.1818 | 34.06061 |
| Satisfactory      | 85    | 4226 | 49.7177 | 42.89552 |
| Fair              | 132   | 6336 | 48      | 34.68702 |
| Passing           | 46    | 2136 | 46.4348 | 34.11787 |

### 3.8 Level of SWB When Grouped According to Religiosity

In the difference in the SWB of respondents when grouped according to their religious orientation, as shown in table 8, result shows that at 0.05 level of significance, there is no significant difference among the variables being compared with a p-value of 0.8146. The absence of significant difference does not mean that religious orientation has no bearing on the SWB of the respondents but that the difference in the SWB of the two groups are very small to be considered significant.

The reason for the findings of the present study may be that the fulfilment of the needs accorded by the two religious orientations, i.e., social and spiritual, are equally important to the respondents of the present study. This means that those who adhere to the extrinsic orientation may

benefit as much as those who adhere to the intrinsic orientation such that their SWB do not significantly differ.

**Table 8**

*Difference in the Level of Subjective Well-Being When Grouped According to Religiosity*

| Variables | Mean    | N   | df  | critical value | P-value | Statistical decision |
|-----------|---------|-----|-----|----------------|---------|----------------------|
| Extrinsic | 48.0876 | 251 | 283 | 1.9684         | 0.8146  | accept Ho            |
| Intrinsic | 48.3529 | 34  |     |                |         |                      |

Significant at  $\alpha = 0.05$

### 3.9 Difference in the Level of SWB When Grouped According to Profile Variables

Table 9 shows the difference in the SWB of the respondents when grouped according to the different profile variables, tested at 0.05 level of significance. The findings show no significant differences in the SWB when grouped according to age, sex, religion, parents' educational attainment, parents' occupation, family's gross monthly income, and birth order.

Singly, the finding about age and SWB may have been the case considering that the respondents are all adolescents, with ages ranging from 14 to 20. It is safe to assume that these respondents may have the same needs and characteristics that contribute to their happiness.

In terms of sex, it could be inferred that both males and females may have learned better ways of coping with issues or concerns of everyday living as it is a common observation that modern-day adolescents have taken a more active role in the generation of solutions to problems and are engaging in sports, exercise and other activities which are powerful sources of good moods.

Also, Roman Catholics are no happier than their non-Roman Catholic counterparts, or vice versa. The non-significant result does not mean that religion has no bearing on SWB but that no religion is superior to another when it comes to happiness. This is true considering that all religions, although they differ in beliefs and practices, confer the same effects. These aforementioned benefits of religion on the lives of people are universal and are very unlikely to be linked to only a few specific religions or beliefs.

Furthermore, educational degree attained by either parents do not cause variation in the level of happiness of the respondents. Although education among Filipinos is deemed important, as supported by Veenhoven's contention that the Philippines is one of the countries where the effect of education on happiness is stronger (Argyle, 2001), the present result may be explained by the fact that subjective well-being is a purely personal satisfaction within one's self and one's activities.

In terms of parents' occupation, the absence of significant difference implies that it does not matter what the job of the respondents' parents are as it does not make a difference in their happiness. It could be that there are other sources that supply for their happiness. It could also be that their basic needs have already been met such that the money afforded by their parent's occupation do not anymore contribute to their SWB (Argyle, 2001). Moreover, the contemporary adolescents are not easily brought down by setbacks like absence of a parent to supervise the household (due to economic reasons, like a parent being an OFW) as they understand the reason for the parent's absence (PSSC, 2003, in Puyat, 2005).

As to gross family income, result shows that the presence or absence of money does not affect the respondents' well-being. Aside from resilience, a characteristic shared by most Filipinos which acts as a buffer in times of difficulties, Olson and Schober's contention that a state of adaptation or learned helplessness may have developed could also be an explanation (Argyle, 2001). This state is produced by a long period of experience of not being able to do anything about

the situation. This being said, it could be that Filipino adolescents have learned to adapt to whatever they have and have found other factors, aside from money or wealth, to satisfy to their state of well-being.

Lastly, the results also show that when grouped according to birth order, there is no significant difference in the SWB of the respondents. According to Khodarahimi and Ogletree (2011), the non-contribution of ordinal birth on happiness may be due to the unique nature of positive psychology which postulates that any positive construct may operate beyond both biological and environmental determinism. This means that explanations of happiness or SWB should move beyond just the biological and sociological interpretations. Psychological birth order may be more important to look at rather than ordinal birth order when studying constructs like subjective well-being.

**Table 9**

*Difference in the Level of Subjective Well-Being When Grouped According to Profile Variables*

| Variables                       | critical value | p-value | Statistical Decision |
|---------------------------------|----------------|---------|----------------------|
| Age                             | 2.4039         | 0.5855  | accept Ho            |
| Sex                             | 1.9686         | 0.8268  | accept Ho            |
| Religion                        | 2.0322         | 0.7419  | accept Ho            |
| Parents' Educational Attainment |                |         |                      |
| Father                          | 1.9722         | 0.6006  | accept Ho            |
| Mother                          | 1.972          | 0.7501  | accept Ho            |
| Parents' Occupation             |                |         |                      |
| Father                          | 1.8238         | 0.4667  | accept Ho            |
| Table 9 (continued)             |                |         |                      |
| Variables                       | critical value | p-value | Statistical Decision |
| Mother                          | 1.914          | 0.488   | accept Ho            |
| Family's Gross Monthly Income   | 2.1313         | 0.257   | accept Ho            |
| Birth Order                     | 2.6367         | 0.0917  | accept Ho            |

Significant at  $\alpha = 0.05$

### 3.10 Relationship of Academic Efficacy and Religiosity to Subjective Well-Being

Table 10 shows that of all the variables tested, only self-efficacy showed a positive relationship with the respondent's SWB, with a  $r = 0.2786$ , at 0.05 level of significance. This value, however, shows a low or weak correlation, but a correlation nonetheless. On the other hand, no relationship was found between objective academic performance, intrinsic religiosity and extrinsic religiosity, with  $r$ -values of 0.9057, 0.0975, and -0.0493, respectively. The positive correlation present in the variable academic self-efficacy implies that it is only this variable which is directly related to SWB of the sample at hand.

The positive relationship between academic self-efficacy and SWB means that the more confident one is with regard to his intellectual capabilities, the happier he is; the less confident he is with his intellectual capacity, the less happy he is. The direct relationship between these two variables is expected given the contribution of self-efficacy on SWB. Self-efficacy, as explained previously, is the belief that one can master a situation and produce favorable outcomes (Santrock, 2005). It encompasses the confidence a person has over his ability to perform certain behaviours that could very well produce positive results. Albert Bandura believes that self-efficacy is important

in adolescent achievement as this is linked to both intrinsic and mastery motivation. The desire to seek out challenges and new possibilities, which is an intrinsic motivation, and the drive that stimulates an individual to attempt to master a task challenging to him, which is mastery motivation, makes the individual, as according to Santrock (2005) enjoy the challenge and generate solution-oriented strategies that improve their performance. In other words, he finds challenges in life, or in this particular case, challenges in school, an avenue for him to improve himself.

The low, or weak, correlation found in this present study could be attributed to the fact that adolescents have the tendency to overestimate their capabilities resulting to frustration when their goals are not met. Hurlock (2001) describes this stage as a time of unrealism, a time of unrealistic aspiration which is responsible for their heightened emotionality. Supported by the study of Magno and Lajom (2008) which produced a finding that self-efficacy works better for college students than younger adolescents because of the inability of the latter to estimate achievable goals, it is likely then that although academic self-efficacy has a positive relationship with SWB, the idealistic aspirations typical of adolescent years affect their level of SWB.

Result of the present study finds support in the study of Datu (2012) on academic self-efficacy and happiness. Employing a descriptive correlational design, he studied the relationship between the degree of subjective-well-being and level of self-efficacy among two hundred Filipino adolescents who were part of a larger populace of individuals whose age ranges from 15 to 19 in a private sectarian college. Findings revealed that subjective-well-being is significantly related to self-efficacy ( $r=0.32$ ,  $p<.01$ ). With the abovementioned studies, along with the result of this present study, one can surmise the importance of perceived academic competence in contributing to life satisfaction of students.

**Table 10**

*Relationship of Academic Efficacy and Religiosity to Subjective Well-Being*

| Variable                       | Computed value ( r ) | Critical Value ( r ) | Statistical Decision |
|--------------------------------|----------------------|----------------------|----------------------|
| Academic efficacy              |                      | 0.1665*              | Accept Ha            |
| Academic self-efficacy         | 0.2786               | 0.2213**             | Accept Ha            |
| Objective academic performance | 0.0957               | 0.1665               | Reject Ha            |
| Religiosity                    |                      | 0.2213               | Reject Ha            |
| Intrinsic                      | 0.0975               | 0.1642               | Reject Ha            |
|                                |                      | 0.2348               | Reject Ha            |
| Extrinsic                      | -0.0493              | 0.349                | Reject Ha            |
|                                |                      | 0.2535               | Reject Ha            |

Significant @  $\alpha=0.05^*$

Significant @  $\alpha=0.01^{**}$

#### 4. Conclusions

Based on the findings of the study, the following conclusions are drawn:

Most of the senior high school students in the different Catholic schools under the Tuguegarao Archdiocesan School System are generally happy individuals despite what developmental stage characteristics suggest as they tend to report more positive than negative

evaluations of their life conditions. Though they may complain, they still see that the good things are far numerous than those unpleasant events that have transpired in their lives.

Most of the students struggle with some school-related tasks but they still generally feel that they can cope and that they are performing acceptably well in their academics.

Their grades show that they have developed the necessary knowledge, skills and core understanding of the concepts taught in school but still need the guidance and support of their teachers and peers.

Religion, for adolescent students, are seen as means to an end. They may participate in religious activities for prestige or social acceptance or for some other motives that are external in nature.

Those who have greater confidence in their academic abilities are happier compared to their lower counterparts.

Happiness varies depending on grades, with those in the middle or average range being happier than those in the upper and low ranges.

Confidence in one's academic abilities is more influential in terms of happiness than external manifestations of academic achievement such as grades.

Religiosity neither adds nor lessens their happiness as it has nothing to do with their well-being. Therefore in the subject of happiness, religiosity, or the church for that matter, is not a felt need for modern-day adolescent students.

## **5. Recommendations**

School administrators or heads of schools must provide programs to further increase the students' confidence in their academic abilities which will eventually increase their level of Social Well Being.

Counselors, with the aid of the teachers, must investigate the reason behind the lower level of SWB among high- and low- achieving students when compared to those with average grades. Interventions to address this must be implemented.

Teachers and school heads must look into the reasons why majority of the students have a general average of 80-84%. Remedial- and peer-tutoring programs should be implemented as their proficiency level indicates that they would benefit much from these programs.

TASS school heads must evaluate their existing religious programs to look into possible reasons for non-contribution of religiosity to the students' SWB.

Catholic schools must re-think their religious practices and adjust them to the needs of the modern-day adolescents. A dialogue with the students could be of help in order to align plans or youth programs to the necessities of the changing times.

Future studies should use specific target denominations other than Roman Catholics to investigate religiosity's impact on well-being.

Future studies should also explore relationship of religiosity to morality of students.

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# **Making Sense of Mental Health in ASEAN**

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## Abstract

The “three pillars” of ASEAN support a lofty platform whose byword is *community*. Indeed, the stated aim of the ASEAN Socio-Cultural Community (ASCC) is “to contribute to realizing an ASEAN community...where the well-being, livelihood, and welfare of the peoples are enhanced.” The ASCC aims to “ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles” (ASEAN Secretariat, 2009). These are commendable goals, but the ASCC *Blueprint* says almost nothing about mental health, and mental health is integral to community well being. Its shadow presence on the ASEAN roadmap reflects its marginalization in Southeast Asian society.

In this context we examine the status of Western psychology in the region. Our findings suggest that despite the use of Western psychological assessment and treatment methods, traditional mindsets and other obstacles to shared standards prevail. But “traditional” does not have to mean provincial, and simple inertia is more often the obstacle to progress than active resistance is. Furthermore, medical-model and social-science-based therapies are at best complements to, not replacements for, traditional and alternative treatments.

Tradition in Southeast Asia, as elsewhere, does sometimes amount to mere convention. Local loyalties combine with nationalism and ethnocentrism to impede regional cooperation. Meanwhile, the practice of psychotherapy and counseling varies widely, even wildly, among the 10 countries of ASEAN, despite efforts to encourage dialogue and establish standards. The “psychologies” of Southeast Asia comprise a broad range of folk wisdom and modern insight. Often at odds, sometimes needlessly so, the different approaches might ideally complement one another to form a comprehensive, holistic system of mental healthcare. The extent to which this ideal is realized depends on a bolder ASEAN commitment to mental health as well as better communication within and among its member countries.

**Keywords:** mental health, psychology, ASEAN, Southeast Asia, counseling

Psychology as a profession and practice is a relative recent phenomenon in ASEAN countries. In Thailand, for example, although the first mental health institute was established around the turn of the century (Kapur-Fic, 1998), the word “psychologist” only came into use in the 1950s. In the same decade, the Thai government officially recognized the job title Psychologist, but the term and the title meant something different than in the West. Psychologists were trained by psychiatrists and functioned more as technicians, mostly working with children, than as social scientists or therapists (Stevens & Wedding, 2004). Psychology as a discipline and a practice was generally held in low regard by medical professionals as well as potential patients. This remains true to some extent today. Even in cases where a practitioner has extensive overseas training and experience, there can be skepticism and disdain from the psychiatric community. Training and licensing standards are low and inconsistent. One source estimates that 80% of so-called psychologists in Thailand have only a bachelor’s degree, 15% a master’s degree, and 5% a doctorate with no internship or postdoctoral training (Stevens & Wedding, 2004). Many students are introduced to psychological concepts in settings other than that of the classroom. At the same time, many people in pain, whether physical or psychological, trust amulets more than doctors, not to mention social scientists.

The situation is similar in other countries around the region. One study found that in Indonesia, for instance, *dukun* (traditional healers) or religious representatives are consulted before physicians up to 80% of the time (Pols, 2006). Psychologists are located further down the preferred-caregiver list. Yet the same study concluded that these two groups of practitioners are not—or do not need to be—in competition with one another. For that matter, psychology in Southeast Asia has traditions of its own. At the 1<sup>st</sup> Regional Union of Psychological Societies (ARUPS) Congress in Jakarta (2006), psychologist Elizabeth Nair pointed out that while “psychology today is a global marketplace,” its practice in the region predates globalization:

Psychology in South East Asia has a long history when encompassed to incorporate explanations for human motivations and behavior. Such explanations have theoretical foundations in ancient cultures, different religions and traditions. (Nair, 2006.)

In a similar vein, speaking at the 2<sup>nd</sup> ASEAN Traditional Medicine Conference in 2010, ASEAN Secretary General Surin Pitsuwan spoke of the need for a balanced system of medical care based on both traditional and modern treatments. Mr. Surin did not mention mental disorders, a touchier subject than physical ailments, partly due to the same differences of religion and tradition that have influenced the development of modern psychology in the region. That said, no matter how compatible traditional and contemporary psychotherapeutic approaches might be, in Southeast Asia an emotionally distressed person’s first choice of counselor is rarely a licensed psychologist.

What R.D. Alarcon (2009) calls “cultural discordances” exist not just across cultures but also within them. Concepts of psychopathology and corresponding treatment approaches vary throughout regions, nations, and sometimes even communities. But for all their differences, these concepts and approaches fall into the following loose categories: mystical (e.g., evil spirits, bad karma) cognitive/behavioral (bad attitude, wrongheaded behavior), cause/effect (childhood trauma, PTSD), biological (“faulty genes” or brain damage).

The biological approach accounts for most of the latest findings about “biochemical imbalances” and their associated behaviors. This is a classic for-better-and-for-worse situation. The discovery that alcoholism, for instance, has a genetic (not to mention environmental) component may go a long way toward helping solve the age-old problem of addiction while alleviating the shame and judgmental thinking that go with it. On the other hand, as *Bad Science* author Ben Goldacre (2010) asks: “Does the belief that such problems have a biological cause really help to

reduce stigma?” Goldacre cites findings that, to the contrary, the idea that someone’s psychological disorder has a physiological cause can brand him or her as a damaged or defective person. Ironically, with the help of science, people are encouraged to continue or go back to regarding others with wariness and superstition.

Tellingly, this sort of neo-prejudice can be observed in so-called progressive societies as well as custom-bound ones. Distrust of Otherness seems to be deeply ingrained in all of us and is perhaps insurmountable. Perhaps the gap between folk wisdom and science is, now as always, exaggerated. For example, in a study done in rural Laos 35 years ago, “broad folk categories of disorder bore considerable similarity to some psychiatric and neurologic categories within medicine” (Westermeyer, 1979). Traditions from culture to culture were found to have many similarities as well. It may be the form more than the substance of seemingly divergent ideas and approaches that puts them at odds.

If psychology as a profession has been slow to catch on in ASEAN countries and is subject to inconsistent oversight, or is simply overlooked, its creeping popularity has nevertheless brought efforts to regulate the practice. Most of these efforts are being led by professional organizations like the Asian Psychological Association, whose membership spans the entire region and the whole field of psychology (Knowles, 2008). Licensure requirements for psychologists and counselors are increasing around the region. While some countries, e.g., Singapore, let associations handle licensing, others have taken a more direct government role in ensuring quality control and oversight. Still, licensure means different things in different countries. In the Philippines and Malaysia, counselors must be licensed; in Thailand, only clinical psychologists need to be.

In Thailand, since a Royal Decree in 2003 mandated that clinical psychologists have a license in order to practice (Royal Gazette, 2003), the move to standardize training has steadily progressed. Thai graduates with a degree in clinical psychology or the equivalent from an approved educational institute must now pass a licensing exam and complete an internship of at least six months. Citizens of other countries need a license from their home country. These seem to be steps in the right direction, providing a framework in which to raise standards and reveal shortcomings so that they can be remedied. Note that in 1993 there were about 400 psychiatrists and over 1000 astrologers registered with their respective associations (Kapur-Fuc, 1998), and as of 2015 one publication stated there were no clear standards for licensure and no governing body for either counseling or psychology (Ratanasiripong et al.).

Thailand has two major psychology organizations, the Thai Clinical Psychologist Association and the Thai Psychological Association. The former consists of clinical psychologists working for the government under the Ministry of Health and in medical schools under the department of psychiatry. The latter comprises professors from the psychology departments of Thammasat and Julalonggawn universities and offers workshops in applied and health psychology. The emphasis on the medical model can be seen in the structure of education in medical schools, where students complete a six-year program that does not provide them with a holistic perspective on health and illness. Despite strong praise for a biopsychosocial model of healthcare from academicians, recent budget cuts limit behavioral science courses to 5% of the curriculum in medical schools (Tapanya, 2001). Considering the behavioral and psychological contributors to such illnesses as heart disease, sexually transmitted diseases, and addictions, the quality of not only public healthcare but also social welfare in Thailand may be in danger of dwindling along with the behavioral-science budget.

In 2004, the Philippines established the Guidance and Counseling Act, which aimed to professionalize the practice of personal guidance and counseling. A key component of this act is the establishment of a professional regulatory board that appropriates funds, prepares exam questions, designates required coursework, issues permits for foreign counselors, and creates a code of ethics. A decade in the making, the act requires master’s-level graduates to pass an exam to qualify for a license, in some cases allowing a doctorate holder an exemption from taking the exam. It also clears successful

candidates to obtain a three-year license, which they can extend by taking further professional-development workshops. The Guidance and Counseling Association oversees seminars that offer practitioners an opportunity to fulfill continuing education requirements and to renew their licenses. As elsewhere in ASEAN, however, it is still possible for someone to practice psychology legally in the Philippines using a professional title that would seem unearned, even fraudulent in Western countries.

Malaysia has no regulations for psychologists, but does require counselors to have a license. In contrast with psychologists or psychotherapists (or those who call themselves such), counselors also usually need a master's degree along with a sufficient number of internship hours to qualify for licensure. There is a Malaysian Counseling Association, referred to as PERKAMA, and another professional body called the Malaysian Psychotherapy Association. Founded in 2002, the latter organization requires members to have certification from internationally recognized institutions, though it is not a board that licenses and regulates therapists in Malaysia. This is a situation in which a nongovernmental group assumes responsibility for its members and presumably protects the public by establishing criteria for adequate training commensurate with a particular title. The group's members are certified to practice as psychotherapists by the Malaysian Society of Complementary Therapy, which works under the Ministry of Health.

The Singapore Psychological Society (SPS) maintains a register of psychologists that aims to protect users of psychological services and advance the professional standards of providers. Here too, though, there is less governmental oversight than might be expected. Until lately, in Singapore anyone could practice psychology without a license. This situation is changing. As of 2006, all supervisors of trainee psychologists needed to be registered psychologists, and in 2010 the SPS revised its requirements to match those of the Australian Psychological Society (widely considered an appropriate international benchmark) by increasing the number of required practicum hours to 1000. The new rules also require a minimum of 400 face-to-face hours with clients/patients and a minimum of 200 hours under supervision. Professional development is also emphasized, with members expected to devote 60 hours every two years to this effort to stay registered.

In other ASEAN countries, there is no official license required of or granted to counselors or psychologists, as most practitioners in these countries are still educated and trained in Western institutions and there is not yet a pressing need to better regulate mental healthcare, even if effective programs in these countries are lacking. For instance, in Brunei, there is no professional association of clinical psychology or licensure, but to be employed a person should have at least a master's degree and five years of experience. All ASEAN countries are part of the Asian Federation of Psychologists, which is empowered to monitor educational qualifications, certification, and licensing, but is not empowered to regulate the profession in any member country (Kumaraswamy, 2007). In Southeast Asia, employers and associations more than governmental agencies determine who is hired, licensed, and allowed to practice.

At the farthest extreme in this regard, Myanmar (Burma) does not require any sort of license for practicing psychiatry, much less for offering counseling (U. Thuta, personal communication, November 2012). The country does have three categories of jobs in or related to the field of psychology, starting with medical doctors. Often considered entrepreneurs, working more from economic need and opportunity than from professional passion, these physicians work for the government in mental hospitals and mainly treat only the most severe cases. In the second category are individuals with overseas diplomas or other certificates who work independently in private settings. The third category is made up of consultants including physicians and NGO employees who complete an "applied psychology" course organized by psychology faculty. Completion of this course does not qualify one to work in the field based on international standards. Nevertheless, after meeting only two hours per day for one year, those who finish the course can call themselves Professional Consultants and practice under this title. This is not to say mental healthcare workers in Myanmar are rare—some NGOs have staff who provide counseling to HIV positive patients and

refugees—but that standards for such care are barely there (Su Zar Mon, personal communication, February 2013).

Most Burmese citizens are not familiar with Western clinical or counseling psychology, and among those who are, it is frowned upon to consult someone in the profession for mental disturbances. As visits to therapists are uncommon, it is no surprise that individuals admitted to mental hospitals are typically already displaying psychotic symptoms. The choice many Burmese make is to live with depression and other conditions rather than discuss them with mental healthcare professionals. In contrast, traditional healers, witch doctors, and fortunetellers receive plenty of visitors looking for relief from stress and anxiety. One Burmese neurologist predicted that even after ASEAN integration, it will take decades for counseling and psychotherapy to become viable alternatives to these folk approaches (U. Thuta, personal communication, November 2012). Myanmar may be the epitome of an ASEAN country where advances in mental healthcare are impeded by inertia, superstition, and notions of “face.”

In this environment, effective mental healthcare policies can still be enacted and prove successful if they meet the needs of the people and the requirements of the place and time. Stockwell et al (2005) found that in Cambodia the successful development of a plan depended on six issues, including whether the plan engaged the Ministry of Health and the various “stakeholder” groups. Cambodia, of all the countries in ASEAN, was singled out for praise in *The Lancet* in an article that generally concluded mental health is “a low priority” in Southeast Asia and is “hampering achievement of several of [the United Nations’] Millennium Development Goals” (2011). The article credited Cambodia with being one of the few ASEAN countries to build a new system of mental healthcare, as it may be a place apart from the rest of the region in that no other ASEAN country has had to rebuild its entire infrastructure after the state-sponsored destruction. The dynamics of the policy development process in Cambodia might be helpful for other countries to consider, as well as useful to mental-health policy research.

In the words of another *Lancet* article, the 2004 tsunami gave a “boost” to mental healthcare in Southeast Asia (Cheng, 2006). The psychological effects of that disaster, particularly in Indonesia and Sri Lanka, caused a sort of regional post-traumatic stress disorder that left some people hopeless about the future but generally led to a new regard for the importance of mental healthcare. On the other hand, a more recent *Lancet* article pondered the extent to which disorders resulting from stress should be medicalized and questioned the purported overuse of the diagnosis of PTSD, or post-traumatic stress disorder (Maercker et al, 2013). Advances in theory and practice are not inevitably more medical or theoretical but increasingly come from new insights into old ideas. True, “Psychology as taught in the Americas and Europe has a very different orientation [than in Asia]...rooted in empirical testing postulations and hypotheses” (Nair 2006). But this difference is not absolute or irreconcilable. The International Association of Cross-Cultural Psychology (IACCP), as its name implies, promotes a blended approach to psychology that takes cultural similarities as well as differences into consideration. As ASEAN moves haltingly toward regional cooperation, interest in and concern for such a cross-cultural approach are crucial to fostering a shared consideration of mental health and mental healthcare. For now, however, progress in the establishment of standards remains confined within the member countries, not among them.

Nair (2006) discussed the efforts of the European Federation of Psychologists’ Associations (EFPA) to use the European Union as “the vehicle for organizing and standardizing educational prerequisites, and professional training to qualify to use the term ‘Psychologist’ in self-description.” The EU model is being usefully, if selectively applied in Southeast Asia by the ASEAN Regional Union of Psychological Societies (ARUPS) and other organizations. Perhaps the most inclusive of all these organizations is the International Council of Psychologists, established nearly 75 years ago and having members in 65 countries, which is allied with the EFPA and IACCP as well as the Asian Psychological Association (APsyA). There is also an ASEAN Journal of Psychiatry from the

ASEAN Federation of Psychiatry and Mental Health (AFPMH); one recent topic was cyber bullying as a new social menace (Gua et al., 2016).

Meanwhile, in a context of multiracial and multiethnic populations trying to incorporate various religious beliefs into a system of healthcare, traditional ways of considering and caring for mental health have their place. But no tradition is beyond question. It may be useful to ask why, for instance, someone in Brunei, will consult a *bomoh* (traditional healer), even if he or she is a university graduate and does not believe in supernatural causes of mental illness. It may be surprising that a Malay may consult a *bomoh* regardless of his or her level of education or social status. This even includes some medical practitioners. Furthermore, the majority of patients attribute their mental illnesses to supernatural agents such as witchcraft or possession by evil spirits (Razali et al, 1996). The head of a clinical psychology unit described a client spending almost 2,000 Brunei dollars on such a consultation with a *bomoh*, gaining no relief, and then receiving advice from a friend to try Malaysia or Indonesia because the *bomoh* in those countries are regarded as better qualified or more powerful (Kumaraswamy, 2007).

There are some indications that dilemmas like the superior *bomoh* mentioned above are becoming less the norm and more the exceptions of old. With all respect for tradition in the best sense of the word, long-needed and improvements in the assessment and treatment of mental health are occurring across Southeast Asia. More discussion of what psychology is, what the therapeutic practice of it does, and what it should do can only help. The Indonesian Mental Health Association, consisting of consumers and mental health professionals, strongly advocates on behalf of persons with mental illness and their families and asserts their basic rights, while encouraging others to stand up likewise. One happy consequence of the movement to promote awareness in this direction is the elimination of the practice of *pasung* in Aceh, in which people considered mentally ill are tied up and confined in tiny rooms or sheds for long stretches, sometimes for as long as it takes them to die (Irmansyah et al, 2009). Another *Lancet* article praised the Aceh Free Pasung program, a collaborative effort of local and national governments, as an example of “the substantial strengthening of a mental health system that can come from the tragedy of major disaster” (Maramas et al, 2011).

Comparisons between the state of human rights and that of social welfare in ASEAN may be more relevant now than ever. In a comprehensive review on human rights in ASEAN, Ramcharan (2010) discussed the ongoing debate between advocates of the universality of human rights and advocates of the “relativist” position that calls for recognition of differing value systems. This same dichotomy forms a divide in discussions of social welfare in general and mental healthcare in particular. While it may be true, as is often claimed, that ASEAN is an alliance with political-security origins and with a newer, brighter mandate that is mostly economic, “the ASEAN Way” no longer works as a cover for ignoring certain rights and aspects of social welfare that are now part of the organization’s various blueprints, roadmaps, frameworks, and the more recent formation of the Asian Economic Community (AEC) that member countries have greeted with a collective yawn.

At the same time, when one of the authors visited the Dayak in Kalimantan (the Indonesian portion of Borneo) in August 2014, it was clear that despite social encroachment effectively putting an end to decorations such as ear stretching among youths in nationally-organized schools, traditional beliefs and practices remained. One such ceremony for the Dayak, though it is reportedly found in other parts of Indonesia as well, is the Belian dance around Independence Day. With a *dukun* and conducted for healing purposes, the dance involves entering a trance to become an animal. There is widespread belief in spirits regardless of the penetration of Islam with its monotheistic emphasis, and even if Dayak visit physicians, they still believe in their own system. For instance, if a Dayak individual becomes overstressed while living in a city, then the usual treatment for any ensuing stress would be Muslim-based (follow religious guidelines, pray, etc.) rather than a stay in a mental hospital, the purpose of which is to simply keep them there. It is

interesting to note in this context two concurrent trends in the West—towards interest in body piercing and tattoos found in “primitive” societies, exactly what traditional groups are often giving up, and away from the deleterious effects associated with consumerism and modernity such as the increased prevalence of lifestyle diseases.

A recent craze in Thailand illustrates the extent to which unseen spirits and magic prevail, at least judged by their prevalence in popular culture. “Luuk taep,” or child angels, are lifelike dolls purchased for good fortune, after an anointing ceremony in which a monk invites the spirit of a dead child to live in the doll. The practice is derived from an ancient ritual in which stillborn babies or dead fetuses were roasted and covered with gold leaf to make wishes come true. This version of the ritual still occurs, if rarely, though using dolls is more urban and less gruesome. Adherents treat them the same as children by adorning, feeding, dressing, talking to, and even buying seats for them. In an internal memo, Thai Smile (the budget subsidiary of Thai Airways) explained that owing to the ritual of incarnation, they could be considered children. A spokesman for the Civil Aviation Authority, however, stated that airlines were *not allowed* to sell tickets for them because based on international aviation rules, passengers must be people (*Bangkok Post*, 2016). In contrast, one Bangkok restaurant offered meals for the dolls at child rates and the show “Disney on Ice” allowed the dolls to have their own seats purchased in their own names.

Apart from commercial applications and creative marketing strategies, this public discussion mirrors the dialogue regarding mental health and mental illness in the region. The director-general of the Mental Health Department claimed that owners of these dolls do not have mental health problems, but that economic worries heighten the belief (*Bangkok Post*, 2016). In addition to a falling fertility rate, the most common explanation is that anxiety and uncertainty about the economy after yet another military coup contribute to this and other forms of magic practices that help adherents feel more secure, in control, and less fearful. While such behaviors are of questionable maturity in terms of Piaget’s stages of cognitive development in which magical thinking is associated with preoperational thought, they are not considered psychotic or even something to be concerned about according to the director of psychological wellness at Julalonggawn university. A harmless fad, it may help the owners feel better as long as they don’t cross the boundary of reality and believe they can talk to the dolls (VOA News, 2016). Additional factors worthy of further investigation in ASEAN include holding a primarily external locus of control (Rotter, 1966) and how institutions teach students to lack confidence.

The following are comments from an unrepresentative sample of Thais about the dolls: “not afraid of the ghost children,” “expensive and useless,” “looks crazy,” “I don’t believe but I respect people who do,” “only weak persons believe it,” and “a stupid phenomenon.” One respondent made a comparison with *guman* (tiny dolls that have undergone a similar ritual) and commented that one should not transfer souls because it is not what Buddhism teaches. Articles appearing in international media frequently ask whether one would like to sit next to a haunted mannequin, evoking Chucky from the 1988 horror movie *Child’s Play*, while ignoring the role of suggestion, research methodology, treatment efficacy, outcome measures, crowd behavior, or multiple forms of magic in the region. One deputy minister for public health even claimed that indigenous beliefs such as astrology and animism sometimes cause mental problems, as when persons commit suicide in despair, hoping that the next life will be better (Kapur-Fuc, 1998).

It seems possible to agree on at least some standards of individual, cultural, and even cross-cultural well-being even if the result is to codify the rational and magical. Improvements in mental healthcare are happening in Southeast Asia, however slowly and sporadically, and new advances should be actively pursued. Some of this progress will need to come from the bottom up rather than the top down, through community engagement and education rather than by official decree. *The Lancet* study calls for “solutions that are not necessarily imported from elsewhere but are developed in the contexts in which they will operate” (Maramis et al, 2011).

More specifically,

building research capacity in mental health, particularly for systems research, is among the lowest of current priorities but also an essential contributor to progress. Collaboration among ASEAN countries on development initiatives and research projects in mental health systems will facilitate the process and discourse. Strengthening collaborative structures, such as the International Observatory on Mental Health Systems, will greatly facilitate the necessary exchange of experience and knowledge and contribute to maintaining the impetus for reform. (Maramis et al, 2011.)

The ASEAN University Network (AUN) is an obvious candidate to lead this effort, at least in the higher-education sector. Through its focus on “Innovative Practices and Challenges Across ASEAN and Asia” (2011), the AUN is helping disseminate information and encourage innovation in a number of fields. However, the AUN Health Promotion Network’s “At-a-Glance” Web page only hints at mental health objectives (AUN, 2016). With the emergence of the ASEAN Community, the AUN could broaden its scope to include mental health, joining efforts with professional associations and government agencies to help shape best practices in the fields of psychology, counseling and mental healthcare. Given the inertia found in the region, however, one should not expect any quick changes regardless of the perceived need.

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**Mayan religion, cultural traditions and spiritual practices and their  
role on Guatemalan Teen Birth Rates**

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## Abstract

According to the UN population fund, Latin America and the Caribbean are the only two regions of the world in which births under 15 are still on the rise (Ramos, 2015). In Latin America, Guatemala has the highest adolescent fertility rate of 81 births per every 1,000 women ages 15-19 (World Bank, 2014). When compared to the world average fertility rate of 45, at almost twice the double, it is clear that Guatemala has a teenage birth crisis (World Bank, 2014). In hopes of identifying why their teen pregnancy rate is so high, the proposed research will focus on Guatemalan pre-adolescent and adolescent girls (ages 10 – 19). Identifying the factors that positively correlate with teen pregnancy can serve to advance culturally sensitive and effective treatment that can help mitigate the negative impact of such factors. The author's will take a qualitative approach to systemically study the phenomenon and shed light on this topic using semi-structured methods such as in-depth interviews, focus groups, and participant observations. Through a collection of field notes, audio and video recordings, and transcripts the topic will be explored and the factors precipitating teenage birth's identified. Since Guatemala's predominant religion is the traditional Maya religion, one has to wonder how this religious viewpoint and its accompanying spiritual and cultural practices influence teenage birth rates. It is expected that Mayan religious and spiritual customs negatively impact cultural traditions (i.e. parental practices, gender roles, sexual and contraceptive attitudes) that, in turn, increase teenage pregnancy.

**Keywords:** Adolescent Birth Rates, Guatemala, Latin America Teenage Pregnancy, Mayan Religion, Spirituality

## Introduction

As of 2015, Guatemala has the highest teen pregnancy rate in Latin America (Ospina, 2015). Between 2009 and 2011, a total of 135,808 pregnancies in girls, aged 10 to 19, were recorded by the country's Ministry of Health and Social Assistance (Ospina, 2015). More recently, in 2012, a total of 61,000 pregnancies were recorded; 35 of which were 10 year-old girls (Ospina, 2015). It is estimated that a quarter of all births in Guatemala are born to teenage mothers (Maloney, 2015). Other studies reveal that 50% of all Guatemalan women are married by the age of 20 (Ospina, 2015), and 44% become mothers by the same age (Guttmacher Institute, 2006). Researchers believe that these high teenage pregnancy rates are largely due to a combination of the strong influence of the Catholic Church, a lack of education and health care, widespread poverty, and sexual violence (Ospina, 2015). However, other studies argue that a combination of cultural practices and a fragmented political system have created an environment in which teenage pregnancies are becoming the norm (Menendez, 2015).

This cultural acceptance is more largely seen amongst indigenous communities, which are communities with higher poverty rates (Menendez, 2015). Guatemala's current population is comprised of roughly 50 percent Indigenous and 50 percent Ladino (mixed ancestry) individuals (Maloney, 2015). The indigenous peoples of Guatemala are Maya, a civilization that thrived throughout Southern Mexico and Central America. The Maya civilization was rich in culture, scientific knowledge, and had a staple spiritual belief system. Guatemala's indigenous history and large present day indigenous population leads one to question if there exists a correlation between Maya beliefs and spirituality and the rising teenage pregnancy rates within the country.

It is believed that Maya culture emerged in Guatemala as early as 2000 BC (Centroamerica, 2016). The Maya are known for their architectural developments, complex calendar, a hieroglyphic writing structure, and notable amount of scientific knowledge (Centroamerica, 2016). Five Hundred years ago, the Spanish arrived to Guatemala and thus begun the quest to convert the indigenous Maya people to Christianity (Suter & Buell, 2016). Living in the secluded mountainous regions of Guatemala, helped limit contact between the Maya and the missionaries (Suter & Buell, 2016). In turn, allowing the Maya to maintain a large part of their own culture (Suter & Buell, 2016). Ultimately, the Maya's tireless efforts to fight off Christianity resulted in the formation of the current day religious practices that are exercised by a number of Guatemalan Maya descendants (Suter & Buell, 2016). Guatemalan Maya people developed their own type of Christianity, which includes features of the old tribal religions combined with Roman Catholicism (Suter & Buell, 2016). This union of spiritual practices has resulted in the present day Catholic Maya (Suter & Buell, 2016).

In current day Guatemala, 60 percent of Guatemalans are of Maya descent but only 10 percent of Guatemalan people still follow a complete Maya lifestyle (Suter & Buell, 2016). Roughly, 40 percent of the approximate eleven million Guatemalan people still speak the native indigenous languages (Suter & Buel, 2016). According to Norma Cruz, a Guatemalan human rights activist and winner of the 2009 U.S. International Woman of Courage award, a large number of teenage pregnancies are

stemming from Alta Verapaz, a rural region located in the North Central area of Guatemala (N. Cruz, personal communication, February 15, 2016). Cruz explained that through her community organizational work, she encounters many cases of teenage pregnancy specifically resulting from incest in the Alta Verapaz region (N. Cruz, personal communication, February 15, 2016). Given that Alta Verapaz is a rural area that is predominantly populated by indigenous people, one is led to speculate over a possible correlation that ancient Maya practices and rituals may be contributing to the large number of teenage pregnancy rates being reported in the rural areas of Guatemala. However, it is important to consider the fact that Maya practices and rituals have been strongly influenced by Roman Catholic beliefs. Therefore, this spiritual enmeshment questions the direct impact that Maya spirituality, culture, and traditions can independently be having on current day teenage pregnancy rates. Since Roman Catholic beliefs are deeply tied into Maya culture, it is important to note the influence that Catholic beliefs, culture, and practices have historically had on Maya culture.

## **Methods**

This paper is intended to increase awareness and knowledge of Maya religion, cultural traditions and spiritual practices and their role on Guatemalan teen birth rates. It is the hope that by identifying factors that positively correlate with high teen pregnancy, culturally sensitive and effective treatment approaches can be developed, which can help curb the rise in teen pregnancy. The target population for this study was Guatemalan adolescent girls, ages 10-19, who continue to reside in Guatemala.

The author's took a qualitative approach to systemically study the phenomenon of teen pregnancy and shed light on this topic. Data for the current study came from the Guatemalan respondents who were interviewed through the use of semi-structured interviews. In addition, the authors conducted observations in Guatemala for the purpose of exploring the factors precipitating teenage births. Literature review of the most current research articles pertaining to Guatemalan teen birth rates, Maya religion, spiritual practices and traditions, and the psychosocial climate of Guatemala were gathered and reviewed from a variety of sources. These were then summarized into four main sections: (1) education, (2) healthcare and contraceptive use, (3) poverty, and (4) sexual violence. Many experts believe the four factors mentioned above, to be the catalyst behind Guatemala's rise in teen pregnancy (Ospina, 2015).

## **Results and Discussion**

### *Education*

In reviewing the different factors that can be contributing to the large number of teenage pregnancies in Guatemala, we have taken a close look at the role that education plays within Guatemalan society. It is important to look at the value that Guatemalan society places on education, as it is also essential to consider the type of education that is being provided to the average Guatemalan citizen. Currently, Guatemala's illiteracy rate is at 25 percent, ranking 174<sup>th</sup> out of 194 countries in illiteracy (Ospina, 2015). Seemingly, stressors that come with economic struggles and poverty take precedent over education; this is especially true in the rural communities

of Guatemala. A lack of money to finance an education and pay for transportation fees, has led many children from rural areas to drop out of school (Ospina, 2015). Many of the children living in the rural areas of Guatemala are indigenous and with dropout rates being specifically high, it is the girls from these communities that are more commonly affected (Ospina, 2015). It is estimated that of the 2 million Guatemalan children who do not attend school, Maya indigenous girls constitute as the majority (Ospina, 2015). In addition, the schools found in rural regions are likely to lack fundamental educational supplies needed to provide students with important educational tools (Ospina, 2015). This turns our attention towards the effect that a lack of education or a limited education has on Maya children, more specifically, Maya girls.

Studies show that 10 to 12 year-old Maya girls living in rural areas are nearly half as likely to complete an elementary school education as their urban equivalents (Ospina, 2015). For these girls, middle school is almost obsolete, as roughly 30 percent of rural, indigenous girls enroll in middle school (Ospina, 2015). Various education professionals argue that girls lacking a secondary education are more likely to marry young and have children (Ospina, 2015). Justo Solorzano, an expert on child protection services from the United Nations Children's Fund, argues that although there are roughly 158 Guatemalan girls becoming pregnant on a daily basis, the state has not developed nor identified a single plan of education to help deter the issue (Ospina, 2015). This information brings up questions about community involvement and advocacy within Guatemala, with respect to education. In conducting field interviews with local Guatemalan citizens, we spoke with Maria Cortez, a private school English teacher who teaches and lives in Guatemala City. Maria provided us with her impressions of the teenage pregnancy problem occurring in Guatemala, adding:

“This is a direct result of a lack of education. They don't go to school because they don't value it. They feel that getting married and having children is the best option and they are not able to provide a better life for themselves or their families. This teenage pregnancy issue is not a 'Guatemalan' problem. This is a problem in the indigenous community.” (M. Cortez, personal communication, February 11, 2016).

Cortez's argument does not appear to take into account the socioeconomic factors that are impacting indigenous children's accessibility to receiving the same type of education as their urban counterparts. Cortez also seems to make a clear distinction between herself and individuals belonging to indigenous communities. Thus, she reflects a clear separation between indigenous and non-indigenous that currently underlies the political climate of Guatemala.

### *Healthcare and Contraceptive Use*

This distinction extends to healthcare in Guatemala. Current government spending on healthcare is only 28% of all expenses, which is lower than in any other Latin American country (Payton, 2015). This low government spending has a negative effect on indigenous Maya, who are immensely poor and predominantly live in rural areas (Payton, 2015). It is believed that the health system is practically non-existent in rural areas (Ospina, 2015). These women generally use government-run health facilities that are free or subsidized; whereas, women who live in urban areas are able to receive healthcare in private clinics and hospitals (Payton, 2015).

Guatemala is home to one of the highest levels of health inequalities in Latin America and this can be attributed to the socioeconomic and regional disadvantages that the Maya experience (i.e. language barriers and low education levels) (Payton, 2015). These disadvantages, in turn, play a role in a woman's decision to use, or not use, biomedical reproductive health services (Payton, 2015).

In recent years, the Guatemalan legislature passed the Family Planning Law, which assures universal access to contraceptives and reproductive health education within schools (Ospina, 2015). The family planning law required that the Ministry of Education include sex education within its primary school curriculum (Ospina, 2015). The curriculum is to highlight topics about personal care, pregnancy, parenthood, reproduction, and sexually transmitted diseases (Ospina, 2015). The law also required that the Ministry of Public Health, the Guatemalan Social Security Institute, and private and public health institutions make contraceptives readily available to the public (Ospina, 2015). The family planning law was passed in 2005; however, it was not enacted until 2009 largely due to legal challenges presented by the Catholic Church (Ospina, 2015). The Catholic Church disputed that the law broke academic freedom, freedom of religion, and the rights of parents to educate their children about sexual reproduction as they saw fit (Ospina, 2015).

Although contraceptives are now readily available to teenagers, many are influenced by the Catholic Church to not utilize an effective method of birth control (Ospina, 2015). The strong stance that the Catholic Church places against contraceptive use and sexual education brings us back to consider the influence that Roman Catholic beliefs and practices are having on the large number of teenage pregnancy rates in Guatemalan girls. Dr. Estuardo Carrera Brolo, a specialist in gynecology and obstetrics, is a pro-life gynecologist and radio personality who wrote "Yes to life" (E. C. Brolo, personal communication, February 15, 2016). This book provides information about the formation of life, while also highlighting issues and consequences stemming from contraceptive use (E. C. Brolo, personal communication, February 15, 2016). "Yes to life" is backed by the Catholic Church and takes a stance against abortion (E. C. Brolo, personal communication, February 15, 2016). In an interview conducted with Dr. Brolo, he explained the concept of his pro-life radio show that is hosted on a Catholic radio station. Dr. Brolo's radio show is entitled "Ni Am Ni FM" and focuses on highlighting the values of abstinence, virginity, marriage, and anti-abortion (E. C. Brolo, personal communication, February 15, 2016). It is broadcasted to millions of Guatemalans and ranks 8<sup>th</sup> among on-air shows with the female audience (E. C. Brolo, personal communication, February 15, 2016). Dr. Brolo explained that allowing a young female to take advantage of contraceptives is encouraging promiscuity and that talking to teenagers and young adults about abstaining from sex before marriage is an effective way to decrease teenage pregnancy rates (E. C. Brolo, personal communication, February 15, 2016). Information gathered from Dr. Brolo further supports the strong influence that Catholic beliefs and traditions have on the type of educational information that is presented to the Guatemalan population.

### *Poverty*

In identifying the various contributors to large teenage pregnancy rates within Guatemala, it is essential to consider poverty and the effect it has on Guatemalan

people. Approximately 75 percent of the indigenous populations in Guatemala live in poverty (Ospina, 2015). The Guatemalan indigenous community makes up 25 percent of the country's total income and consumption (Ospina, 2015). In rural areas of Guatemala where the poverty rate exceeds 90 percent, an ordinary indigenous family will make less than \$4 USD per day (Ospina, 2015). In 2014, the World Bank reported that the poorest 40 percent of Guatemala's 15 million occupants are living under \$1.50 USD per day (Ospina, 2015). Financial difficulties will lead many indigenous families living in rural areas, to pressure their preteen and teenage daughters into finding financially stable husbands (Ospina, 2015). In unions like these, girls will often be married off to men who are much older than their child brides (Moloney, 2015). By the age of 18, almost 40 percent of indigenous Maya girls are married (Girrup, 2016). Girls who marry at younger ages are more likely to end up deprived of an education and its corresponding opportunities (Moloney, 2015). Rights groups argue that girls marrying young are also more likely to become mothers at a younger age and are more likely to remain in poverty, which also increases their risks of falling victims to domestic abuse and sexual violence (Moloney, 2015). In November 2015, Congress passed a law, which raised the minimum age for a girl to marry from 14 to 18 years old (Moloney, 2015). Some rights campaigners argue that applying the cultural change that this new law brings, will be particularly challenging in the poor rural areas of Guatemala because it is in these communities where child marriage is most common (Moloney, 2015).

It is speculated that this cycle of poverty is largely due to the government's failure to collect suitable tax money that could be invested into public education, the health care system, and frameworks that can help eliminate poverty that have crippled development within Guatemala (Ospina, 2015). The Guatemalan government has been widely criticized for its exclusion of indigenous communities, specifically depriving them access to policies that would provide a direct benefit to them (Ospina, 2015). Guatemala is still undergoing the impact that resulted from a 36-year civil conflict (Ospina, 2015). In gathering information about rampant poverty throughout Guatemala, it is clear that the majority of affected individuals are of Maya indigenous decent. This leads us to question the role that racial discrimination and intolerance have played in continuing to keep indigenous communities within poverty and the corresponding social obstructions that it brings.

### *Sexual Violence*

"Guatemala ranks among the most dangerous places in Latin America, especially for women" (Hayes, 2009, p. 1). Guatemala's Human Rights Commission states that thousands of children are sexually abused by relatives each year (Ospina, 2015). They estimate that 89% of perpetrators are immediate family members, of which 30% are the parents (Ospina, 2015). In 2012 alone, more than 4,000 girls between the ages of 10 to 14 became pregnant, with 30% of them (1,200) having been raped by their own fathers (Ospina, 2015). In Guatemala, women are targeted simply for being women and this pattern of violence against women has been termed *femicide* (Hayes, 2009). The Guatemala Human Rights Commission identifies femicide, the murder of a woman because of her gender, as a form of terrorism that serves to strengthen male dominance (Guatemala Human Rights Commission, 2013). In addition, they describe *feminicide* as a political term holding responsible not only the male perpetrators but

also the state and judicial structures that reinforce misogyny (Guatemala Human Rights Commission, 2013).

From 1960 to 1996, Guatemala suffered internal conflict known as the Civil War, which was officially classified as genocide by the United Nations because it resulted in rape, torture, and murder of tens of thousands of Guatemalan's (Hayes, 2009). In 1994, the Commission for Historical Clarification (CEH) released an impartial report on the human rights violations that took place during the Civil War. Their findings revealed that 25% (50,000) of the victims of war were women, with 9,411 female victims of gender violence, and an approximate 35% of them under the age of 17 (Hayes, 2009). The rape and torture of women as a military weapon of war is a common tactic that has been used worldwide (Hayes, 2009). It has been most commonly utilized in order to intimidate, humiliate, plant political terror, extract information, reward soldiers, and "ethnically cleanse" the communities that are under attack (Hayes, 2009). During the Guatemalan Civil War, the army, paramilitary (civilian defense patrols) and police used violence against women as a weapon of war (Hayes, 2009). The raping, torturing, and killing of women in Guatemala, during the Civil War, was a way to destroy not only the individual woman, but to dishonor her family, her community, and her national and ethnic identity (Hayes, 2009). Therefore, it was the rationale that in doing so, they were destroying a collective identity and spirit of the woman's community and ethnic group (Hayes, 2009).

It is believed that most of the social problems that were created by the Guatemalan Civil War, have yet to be resolved, and it is women and young girls who are affected the most (Ospina, 2015). As congresswoman Alba Maldonado states, it is impossible not to relate the violence of the internal conflict to the current violence against women since thousands of men were trained to commit gender violence and were then subsequently reintegrated into society (Hayes, 2009). Current data on the violence against women supports this claim, as violence has increased over the last decade and the violent acts include rape, dismemberment, torture and mutilation, which are similar to the tactics utilized during the Civil War (Hayes, 2009). The United States Department of State Bureau of Diplomatic Security (OSAC) reports that sexual assault numbers increased from 120 in 2009 to 614 in 2014 (OSAC, 2015).

Violence against women in Guatemala stems from a long history of violence, gender inequality, and institutionalized acceptance of impunity for offenders, which continues to be a chronic problem (Hayes, 2009; Human Rights Watch, 2013). From 2008 to 2011, rapes and sexual assaults of women increased by 34% and in 9 out of every 10 of these cases, the perpetrators went unpunished (Human Rights Watch, 2013). Guatemala's justice system has proven largely ineffective in curbing violence towards women with deficient and corrupt prosecutorial and judicial systems (Human Rights Watch, 2013) as well as a lack in personnel, training, and logistical supplies (i.e. vehicles, fuel, ammunition, etc.), all contributing to its inefficacy (OSAC, 2015). In 2012 alone, there were a total of 560 women who were murdered and it is estimated that 98% of all femicide cases in Guatemala remain in impunity (Guatemala Human Rights Commission, 2013).

Increased crime and continued lack of government support and follow-through, has resulted in escalated violent incidents of vigilantism (OSAC, 2015). As Guatemalan cab driver Rudy Santos stated, "lynching is seen on a daily, but more in

the rural zones because the government doesn't do anything and doesn't prosecute" (R. Santos, personal communication, February 12, 2015). Rudy himself a victim of extortion, a common occurrence in Guatemala, took matters into his own hands by moving his family away and vandalizing and setting fire to the alleged perpetrator's vehicle. Stories like Rudy's illustrate the citizen's frustration with local and state officials and showcase an underlying sense of having to take matters into their own hands.

While Guatemalan legislature has passed the Law Against Femicide and Other Forms of Violence Against Women (2008), which criminalizes violence and murder of women as well as the Law Against Sexual Violence, Exploitation, and Trafficking of People (2009), criminalizing sexual relations with girls less than 14 years of age, it is just one step towards the fight. Since the Law Against Femicide was implemented, *Fundación Sobrevivientes* (Survivors Foundation) has brought many cases to court and was able to obtain the first conviction in 2009 (Guatemala Human Rights Commission, 2013). Similarly, since the Law Against Sexual Violence was implemented, around 4,000 cases of sexual assault have been brought to light and reviewed by the judicial system (Ospina, 2015).

However, there are fallacies within these laws particularly the unaccountability of local and state officials. Norma Cruz, founder of Survivors Foundation, has lamented the absence of protection for women. The activist explained, "even though everyday we are capturing sexual perpetrators and handing out steep sanctions, this does not stop, the message is not far reaching, the message that a woman's body is to be respected that a young girl's body needs to be respected and protected is not being heard" (N. Cruz, personal communication, February 15, 2016). Despite the legislature and sanctions of crimes, Norma believes that there is a need for better effort to educate and inform as Guatemalan's have "an education system with resistance because of the pressure from the Catholic church, in which, the church is consulted before any decision". Norma acknowledges the fear of the Catholic church that abortion may be legalized in that country; however, explains that "the issue at hand is not abortion, the issue is that the Catholic church, local authorities, the institution, the education centers, need to teach that a woman's body, a child's body is to be respected, that it should not be violated and if violated there are sanctions in order to prevent pregnancy of young girls and prevent victimization" (N. Cruz, personal communication, February 15, 2015).

Guatemala, like other Latino subgroups, is a patriarchal society meaning that males dominate the family system by establishing authoritarian roles and by being placed on the top of the familial and social hierarchies (Ruiz, 2015). Patriarchy, as evidenced in the Catholic Church, is characterized by middle-aged and elderly males exercising authority by emphasizing duty, right from wrong, and placing blame and guilt on youth and women (Morea, 2000). This male dominance is referred to as *machismo*, and machismo has been present in Guatemala since the Civil War (Ospina, 2015) and socially reinforced through a set of behaviors that outline male roles (Ruiz, 2015). Machismo places a high value on masculinity including: physical courage, virility, domination of women, and aggressiveness, which leads men to possess a desire to demonstrate their self-worth through sexual conquests (Ruiz, 2015). It is commonly accepted for men to be domineering in their relationships with women, dominating every sphere (i.e. economic, legal, cultural, and psychological), while

women are expected to be submissive (Ruiz, 2015). Men are typically seen as the providers and protectors, who have the liberty of enjoying sexual freedom (Ruiz, 2015). As Norma states, “Through the Catholic church, the education system, local authorities, and all of Guatemala’s social structure, we need to educate the public in order to become a society that respects women”.

## **Conclusion and Implications for Practice**

Guatemala’s teenage pregnancy crisis; thus, appears to be the direct result of a combination of cultural practices and a fragmented political system. While Maya religion and spiritual traditions have an effect on the pursuit of education, the use of healthcare and contraceptives, and patriarchal views of women that condone violence, religion is not a sole contributing factor to teen pregnancy. However, religion plays an integral part of Guatemalan society and as such, the Catholic Church has tremendous power. If used appropriately, their power and wide-reach can help deliver the education necessary to protect women’s reproductive rights and ensure their overall safety. Additionally, the cultural divide seen amongst the Indigenous and Ladino populations, continues to encourage a political system that is fueled by segregation and discrimination. A society that is not inclusive of its entire people, regardless of race, ethnic origin, gender, and skin color, will continuously struggle to adequately address any issue. The issue of teenage pregnancy is one that affects Guatemalan society as whole, and as such, has long-lasting psychosocial effects. As seen throughout this paper, a segregated state, limits the resources available to all of its citizens, in turn, impeding a united front against the battle of teenage pregnancy.

Researchers are encouraged to incorporate special ethical safeguards when investigating cultural issues between Latino subgroups. Although there may be parallel experiences across Latino subgroups based on their shared status as members of an ethnic minority, their values will vary based on other variables (i.e. language, class, education, socioeconomic level, country of origin, level of acculturation, etc.). This limits the extent to which findings from one population can be generalized to other Latino subgroups. Therefore, clinicians need to apply careful consideration when working with Latino adolescent girls in order to avoid generalizing the information and findings provided in this article onto all Latino adolescent girls.

## **Limitations**

This article is a partial examination, and not necessarily an exhaustive study, of all the factors contributing to increased birth rates among Guatemalan adolescent girls. For instance, this article fails to address: the roles of young fathers, including the perspective of boys and men who are directly involved with the identified population, Guatemala’s history of abortion practices and the political implications resulting from such, resources available to teenage mothers and the corresponding organizations directly involved with the targeted population, the role that the media plays in addressing or encouraging specific cultural norms, detailed health risks associated with adolescent mothers and the children born to them, and the cultural perspective of different subgroups directly and indirectly affected by the growing issue of teenage pregnancy. Thus, a more comprehensive and extensive exploration of this topic is warranted. Other areas that merit further research and theoretical elaboration include: views of young men and adult men about the issue of teenage

pregnancy, specific government or community resources that are in place for the targeted population, the perspective of parents and family members involved in child marriage, more specific information on available laws protecting children and women's rights, and opinions and perspectives of individuals pushing forth laws and regulations directly affecting the targeted population.

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**Psychedelics, Spirituality and the Modern World:**  
**Modern Practical Applications for an Ancient Spiritual Tradition**

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## Abstract

Throughout most of the world, Psychedelic Drugs have become taboo. The pervasive belief that the use of these drugs leads to moral erosion has led many countries to a wholesale prohibition of substances known to induce altered states. The use of psychedelics in a therapeutic context has been one such victim to this obfuscation. However, many of the substances now linked to degeneracy were once highly revered medicinal and spiritual tools. The use of these tools in their indigenous and traditional settings has declined due in part to the prevalence of proselytizing religion, the encroachment of modernity, and the destruction of those environments where natural psychedelics were harvested and administered. It is my assertion that therapeutic psychedelic use does in fact have a place in the modern world as both an agent of healing, and for opening or expanding alternative spiritual engagement for individuals with whom mainstream religion has failed to form a connection. This may seem like a radical claim, but this paper will strive to create more balanced picture of psychedelic therapy and its practical applications.

Additionally, I will discuss traditional practices and the spiritual benefits surrounding psychedelic therapy, some of which mirror practical applications absent a clinical setting. I will also explore the potential of psychedelic therapy which has remained relatively untapped for decades, specifically its application within a prison setting; much of the current research being conducted has been on the effects of psychedelic assisted therapy on PTSD, a disease with outstanding prevalence among prison inmates and correctional officers. I will look critically at Dr. Timothy Leary's Concord Prison Experiment, as a main reference on this point. Ultimately, the positive therapeutic and spiritual benefits of psychedelic therapy make looking into its potential within the context of corrections quite valid.

## Introduction

When one hears the word psychedelics, images of the 1960's movement come to mind; visions of Timothy Leary inviting the masses to turn on tune in and drop out, or Ken Kesey and his band of merry Pranksters running amok across America. Interesting as they may be, they do not have the most positive associations even in popular culture. The 1960s is seen as (and rightfully so) a pioneering era for experimentation and investigation into psychedelic drugs on a personal and individual level. However, the counter culture icons of the 60s were far from the first people to discover and appreciate the benefits of psychedelics.

The Native Americans of the southwest have a long standing a relationship with Grandfather, or peyote. Tribes of the Amazon have relied upon *curanderos* to guide them with Ayahuasca through troubled times or to reconnect with ancestors. The people of Gabon have been treating addiction with the ibogaine root for millennia and people the world over have been using psilocybin mushrooms for a variety of reasons for millennia. So how is it that these practices have become taboo and legally prohibited (for the most part)?

Some would argue that it is because they are dangerous or morally problematic to society. This view obviously does not fall in line with the views those in the ancient world held, so we must look to more modern history for this answer. Experiments run by the U.S. military throughout the early and mid-20<sup>th</sup> century yielded startling findings, which received widespread condemnation when made public knowledge on account of the prolonged negative effects endured by surviving test subjects. While psychedelic substances were indeed part of these various experiments, it is often overlooked that nerve agents and weaponized chemicals were sometimes tested alongside psychedelics in numerous programs. In many ways the negative press that these programs negatively received affected the public's view of anything associated with these experiments. Additionally, the language used to describe affects substances had on subjects was, naturally, objective and scientific in nature which coupled with certain word choices made for a chilling effect.<sup>1</sup>

Indeed as the "War on Drugs" followed in the late 20<sup>th</sup> century, incidents resulting from these experiments fed the propaganda machine which stood firm on perpetuating the idea that mind altering substances were a public threat, period. This message has had some twenty years to sink into the American psyche, and to a large degree it has. U.S. prisons now overflow with drug offenders rather than violent ones, and scientific interest in any illegal drug regardless of classification has been viewed as fringe.

However, a relatively small group of scientists have managed to make great strides toward legitimizing the use of psychedelic substances for mental health. Results yielded from studies researching the effects of psychedelic assisted therapy for PTSD and depression among other issues have proven that with proper ethical protocol the good that psychedelics can achieve is far more in line with what the ancients believed, than the Reefer Madness-esque hysteria

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<sup>1</sup> KHATCHADOURIAN, R. (2012, December 17). Operation Delirium - The New Yorker. Retrieved February 15, 2016, from <http://www.newyorker.com/magazine/2012/12/17/operation-delirium>  
KHATCHADOURIAN, R. (2012, December 15). High Anxiety: LSD in the Cold War - The New Yorker. Retrieved February 15, 2016, from <http://www.newyorker.com/news/news-desk/high-anxiety-lsd-in-the-cold-war>

instilled into the public by the government because of their own failures. For this reason it is time for psychedelic therapy to come out of the shadows and assert its relevance in our modern world and prove that it is far from a relic of primitive times and thinking, but a tool for all times to work toward personal and mental well-being.

### Psychedelic Therapy

The literature on Psychedelic Therapy is surprisingly vast, considering that it is a taboo idea in many cultures and countries. This is not to say that the literature is as comprehensive as in other fields of therapeutic research, but it is comprehensive. There has been an increase in good work in the field during the 21st century. Groups like MAPS, Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, and Purdue have yielded promising work pertaining to Psychedelic Therapy. New information is being produced frequently and there is still much to discover.

In terms of the substances themselves, there is more information on or mentioning them as banned substances rather than in a therapeutic context. Much of this literature springs from governmental agencies or affiliates, the product of the U.S. ‘War on Drugs’, and thus lacks an objective voice; it often veers into the territory of propaganda. A significant amount of scholarship about psychedelic substances has a harsh tone, although there seems to be a more open minded atmosphere toward them in academia, particularly in the past decade. However, some members of the medical community, who are eminent in certain areas of psychedelic research, while quick to defend the efficacy of psychedelics in their studies, perpetuate close-minded attitudes of psychedelics outside of their work<sup>2</sup>.

What the literature seems to largely agree on are the observable behavioral, cognitive, and physiological effects of these substances. It is the interpretation of these affects that varies. For example, at a 2013 MAPS conference in Oakland, Dr. Matthew Baggott dissented from the popular thought that MDMA reduces anxiety, even though he admitted that it can be used beneficially. This presents an even more interesting and complex explanation not only of how MDMA functions, but how we cognitively categorize and respond to anxiety<sup>3</sup>.

It is important to note that a context in which the treatment of anxiety through psychedelic assistance has had great success is the process of dying. The substances used most frequently and most recently for the study of psychedelic therapy for terminally ill individuals are psilocybin and LSD. Death is a necessary aspect to look at pertaining to psychedelic therapy; the treatment of terminally ill individuals was an application of psychedelic assisted therapy explored early on in psychedelic studies in the U.S.

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<sup>2</sup> Dr. Charles Grob, a psychiatrist and researcher who has worked on psychedelic assisted therapy studies displayed reservations and at times seemed to speak somewhat derogatorily about use of psychedelic substances. In New York Times article, Grob referred to the use of personal items as catalysts for introspection and touchstones while participating in psychedelic assisted therapy “goofy”.

<sup>3</sup> Baggott, M. (Director) (2013, April 18). Beyond Fear: MDMA and Emotion. The Second International Psychedelic Science 2013. Lecture conducted from Multidisciplinary Association for Psychedelic Studies (MAPS), Heffter Research Institute, Beckley Foundation. Council on Spiritual Practices, Oakland, Ca.

The 1950s saw the dawn of psychedelic therapy and it was approached in two ways. There was the psycholytic approach, which utilized low doses and frequent therapy sessions. This approach was meant to augment standard psychotherapeutic practices. The second approach was the psychedelic method (used mostly with terminal cancer patients) which implemented higher doses and less frequent therapy sessions for the purpose of inducing mystical experiences and pronounced catharsis.

Results from the 20<sup>th</sup> century remain consistent with results obtained in the 21<sup>st</sup>, but it must be acknowledged that this research is still very new and sample sizes of studies have been somewhat limited. This applies to all inquiries involving psychedelic research. However, reduced anxiety and depression as well as a lower overall fear of death have resulted and been sustained over relatively long periods of time for many who participated in such studies. There is enough evidence to suggest that psychedelic therapy for terminal illness is indeed effective. A newfound or augmented sense of spiritual belief is frequently cited as a reason for a reduction in the dying individual's symptoms of anxiety, fear, and depression. Terminally ill individuals are not the only ones who benefit greatly, spiritually speaking, from psychedelic assisted therapy. Personal and existential insight is cited by many who have had experiences with psychedelic substances. M.A.P.S. published their MP-1 E-2 protocol in April of 2011 which laid the foundation for study into the use of MDMA assisted therapy with patients who experience treatment resistant PTSD<sup>4</sup>. M.A.P.S. is currently waiting to procure funding to see this study completed but has been able to provide some information into their work which is being conducted in South Carolina<sup>5</sup>.

## Psychedelics Commonly Utilized for Therapeutic Purposes

### MDMA

MDMA is known commonly to the public as a controversial party drug. However, most people's understanding of MDMA is sadly skewed. Known to most as "ecstasy" for the euphoria it typically produces, this designation is not appropriate. Most of the ecstasy that is sold in the U.S. is not pure MDMA. The composition of ecstasy pills ranges from high levels of MDMA mixed with small amounts of other drugs, to small amounts of MDMA and other substances. "Molly" is another common street name for ecstasy under which the drug has garnered broader recent popularity in the U.S. rave scene<sup>6</sup>. MDMA is produced by refining sassafras oil, produced by the roots of trees native to rainforests in Cambodia, for the active ingredients safrole and isosafrole which are the building blocks for synthesizing MDMA.

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<sup>4</sup> Doblin, R., Mithoefer, M. C., & Holland, J. (2011, April 29). Protocol MP1-E2. Retrieved February 15, 2016, from [http://www.maps.org/research-archive/mdma/MP1-E2\\_protocol\\_FINAL29Apr11.pdf](http://www.maps.org/research-archive/mdma/MP1-E2_protocol_FINAL29Apr11.pdf)

<sup>5</sup> MAPS - MDMA-Assisted Psychotherapy. (2016). Retrieved February 22, 2016, from <http://www.maps.org/research/mdma>

<sup>6</sup> MDMA (Ecstasy or Molly). (2013, September). Retrieved February 21, 2016, from <https://www.drugabuse.gov/publications/drugfacts/mdma-ecstasy-or-molly>

MDMA was first discovered by scientists at Merck in 1912, but not explored until Alexander Shulgin rediscovered the substance<sup>7</sup>.

MDMA induces euphoric states wherein the user experiences highly pro-social feelings, openness, and clarity involving unresolved mental stressors. Its induction of pro-social feelings has applications in treating anxiety and stress disorders (especially PTSD), and the clarity referred to has relatively untapped potential in the arena of psychotherapy. Currently MDMA is a schedule one drug in the U.S., which limits the ability to perform clinical trials and research with it. However, permission is being given with increasing frequency for studies involving MDMA. One group that is doing very progressive work with MDMA and psychedelic therapy in general is MAPS. Work by members of MAPS is revolutionizing how we consider psychedelics and their potentially therapeutic roles in psychopharmacology<sup>8</sup>. Switzerland has been a prominent country for the study of the therapeutic possibilities of MDMA, as use of this substance by psychotherapists was permitted in the country between 1988 and 1993. Cooperation between M.A.P.S. and Swiss universities and organizations has been vital to the production of literature on MDMA assisted therapy.

MDMA also causes an increase in oxytocin, which is responsible for heightened prosocial feeling and behavior. Other neurotransmitters affected are dopamine, serotonin, and norepinephrine. It cannot be said for sure, but one study suggests that the effects of MDMA on the amygdala could be a possible mechanism for how MDMA affects the brain<sup>9</sup>. The amygdala, which is responsible for our fight or flight instinct and the ability to feel certain emotions and recognize them in others, can produce prosocial feelings in novel social experiences. So it stands to reason that this could be the case. This would also explain why MDMA has had consistent beneficial effects on individuals suffering from stress and anxiety related disorders.

### Psilocybin and LSD

Psilocybin and LSD have been perhaps the most prolifically studied psychedelic substances. Both are potent hallucinogens and promote surreal and transcendent experiences in those who use them. For this reason they have been used in conjunction with psychotherapy for individuals with terminal diagnoses. Like other substances within the psychedelic group, the brain mechanisms by which these substances function is still not fully understood. Recent years have yielded studies which have furthered our understanding of the interactions between the brain and psilocybin and LSD. A 2012 study found that psilocybin is responsible for the deactivation of the medial prefrontal cortex and the posterior cingulate cortex<sup>10</sup>, areas

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<sup>7</sup> Sauret, É (Director). (2010). *Dirty Pictures "The creator of MDMA Ecstasy"* [Motion picture on DVD]. Shoreline Entertainment.

Vanguard: Camboja-Forest of Ecstasy [Youtube]. (2012). USA: Current TV.

<sup>8</sup> Baggott (April 2013)

<sup>9</sup> Mithoefer, M. C., Wagner, M. T., Mithoefer, A. T., Jerome, L., & Doblin, R. (2010). The safety and efficacy of 3,4-methylenedioxymethamphetamine-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: The first randomized controlled pilot study. *Journal of Psychopharmacology*, 25(4), 439-452. Retrieved February 21, 2016, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122379/#bibr2-0269881110378371>

<sup>10</sup> Carhart-Harris, R. L., Erritzoe, D., Williams, T., Stone, J. M., Reed, L. J., Colasanti, A., . . . Nutt, D. J. (2012). Neural correlates of the psychedelic state as determined by fMRI studies with psilocybin. (link is external) *Proceedings of the National Academy of Sciences*. doi: 10.1073/pnas.1119598109

thought to have a role in regulating our self-awareness. Furthermore the study extrapolated that the less activity these areas had, the more vivid the experience became for individuals.

This falls in line with Huxley's well known "reducing valve" concept of how our consciousness functions. In short and simply put, psilocybin and LSD are both considered to expand one's mind. Psilocybin and LSD are not the same, though generalizations can be made about their effects. LSD is said to be similar in structure to a chemical which mimics psychosis. A UK study begun in 2015 using FMRI to look at the brains of individuals who had taken LSD (the first use of FMRI in this context) showed weakened neural connections which created a chaos in the brain resembling psychosis. Additionally, LSD specifically activates the HT2A receptor which is a serotonin receptor that plays a role in impulsivity and is responsible for increased blood flow to the visual cortex<sup>11</sup>. Despite how severe the effects LSD sound, no serious adverse events have been recorded in the studies cited in this paper. However the complete result of the UK study utilizing FMRI will not be known until funds can be raised to complete the study<sup>12</sup>.

### Ayahuasca and Ibogane

Ayahuasca has been used as a treatment for addiction for centuries in South American countries such as Peru and Uruguay, traditionally administered by *Curanderos* who would act as guides for the client during their ayahuasca therapy. This form of traditional healing is still practiced today and gaining popularity on account Western visitors. Likewise, iboga was and still is part of a revered tradition in Gabon. Both ayahuasca and iboga, or Ibogaine, have been subjects in studies for decades, but there is still much left to learn about these traditional medicines.

According to a 2012 study by Leister and Prickett, there are four unique capacities in which Ayahuasca works: biochemical, physiological, psychological, and transcendent. They also posit a number of hypotheses, the first of which contends that Ayahuasca produces anti-addictive properties by reducing dopamine levels in the mesolimbic (reward) pathway by affecting serotonin receptors. In reference to its effect on serotonin, it should be added that Ayahuasca acts as an SSRI as well as an MAOI<sup>13</sup>. MAOIs are particularly helpful in treating atypical depression, but come with certain risks related to blood pressure.

According to their second hypothesis, Leister and Prickett maintain that "reduced dopamine levels in the mesolimbic pathway associated with ayahuasca interfere with the synaptic plasticity associated with the development and maintenance of addictions." Because ayahuasca reduces neuronal activity in the mesolimbic pathway, the pleasure associated with

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<sup>11</sup> Halberstadt, A., & Geyer, M. (2012, May 15). Do Psychedelics Expand the Mind by Reducing Brain Activity? Retrieved February 21, 2016, from <http://www.scientificamerican.com/article/do-psychedelics-expand-mind-reducing-brain-activity/>

<sup>12</sup> People's brains scanned while on LSD in study in Cardiff - BBC News. (2015, March 5). Retrieved February 21, 2016, from <http://www.bbc.com/news/uk-wales-south-east-wales-31740491>

<sup>13</sup> Liester, M. B., & Prickett, J. I. (2012). Hypotheses Regarding the Mechanisms of Ayahuasca in the Treatment of Addictions. *Journal of Psychoactive Drugs*, 44(3), 200-208. Retrieved February 21, 2016.  
Osório, F. D., Sanches, R. F., Macedo, L. R., Santos, R. G., Maia-De-Oliveira, J. P., Wichert-Ana, L., . . . Hallak, J. E. (2015). Antidepressant effects of a single dose of ayahuasca in patients with recurrent depression: A preliminary report. *Rev. Bras. Psiquiatr. Revista Brasileira De Psiquiatria*, 37(1), 13-20. Retrieved February 21, 2016, from <http://ebSCOhost.com>

addiction is minimized and its hold weakened significantly. This ties in with a well-known aspect of addiction which is worth reinforcing here. Dopamine release into the mesolimbic system is associated with synaptic plasticity, which changes connections between neurons and is hypothesized to be connected to learning and cognitive function. Likewise, the creation and maintenance of addiction are thought to occur within this context<sup>14</sup>.

In addition to an impressive capability to help treat addiction, certain neurochemical actions also contribute to ayahuasca's anti-depressive properties. One of the most positive aspects of this medicine when used for depression is how quickly it works. With most antidepressant drugs, generally a minimum of two weeks must be allowed for the effects of the medicine to kick in. With ayahuasca, affects can be felt within the first day of exposure. Multiple studies suggest that improvements in mood are felt during the first day of use, and results have also shown effects last up to 21 days with regression then resurgence of progress. Note that the medicine in "Antidepressant effects of a single dose of ayahuasca in patients with recurrent depression: A preliminary report"<sup>15</sup>, was only administered on day one. Measurements for mood utilized in this study were: Hamilton Rating Scale for Depression, Montgomery-Apsberg Depression Rating Scale, and the Anxious-Depression subscale of the Brief Psychiatric Rating Scale.

In comparison, little is still known about iboga's action mechanisms. Like Ayahuasca, iboga induces psychotropic effects on those who ingest it; though unlike Ayahuasca it has a reputation for inducing a feeling of near death experience and can cause decreased heart rate. Hallucinations, both auditory and visual are common and also feelings of nausea and brief episodes of vomiting. It has been observed that iboga's action mechanism is different from other non-opiate treatments for addiction. Iboga's function appears to be novel, as it is observed to behave as an antagonist to NMDA (N-Methyl-D-aspartate-type) glutamate receptors; however that antagonist function "is not critical to the iboga alkaloid mechanism of action"<sup>16</sup>. Iboga performs other antagonistic functions, but it has yet to be determined which are the key to understanding exactly how iboga works on the human brain. Though there is still much need for research into iboga, its affect in treating addiction and withdrawal is very promising. It appears that iboga actually diminishes withdrawal symptoms, despite acting as an MOR antagonist. One thing that is known about iboga which was observed in relation to nicotine dependence, but also observed in opiate, stimulant and alcohol dependence, is that

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<sup>14</sup> Saal, D., Dong, Y., Bonci, A., & Malenka, R. C. (2003). Drugs of Abuse and Stress Trigger a Common Synaptic Adaptation in Dopamine Neurons. *Neuron*, 37(4), 577-582. Retrieved February 24, 2016, from [http://www.cell.com/neuron/abstract/S0896-6273\(03\)00021-7?returnURL=http://linkinghub.elsevier.com/retrieve/pii/S0896627303000217?showall=true](http://www.cell.com/neuron/abstract/S0896-6273(03)00021-7?returnURL=http://linkinghub.elsevier.com/retrieve/pii/S0896627303000217?showall=true)

Berke, J. D., & Hyman, S. E. (2000). Addiction, Dopamine, and the Molecular Mechanisms of Memory. *Neuron*, 25(3), 515-532. Retrieved February 24, 2016, from [http://www.cell.com/neuron/fulltext/S0896-6273\(00\)81056-9](http://www.cell.com/neuron/fulltext/S0896-6273(00)81056-9)

<sup>15</sup> Osório, F. D., Sanches, R. F., Macedo, L. R., Santos, R. G., Maia-De-Oliveira, J. P., Wichert-Ana, L., . . . Hallak, J. E. (2015). Antidepressant effects of a single dose of ayahuasca in patients with recurrent depression: A preliminary report. *Rev. Bras. Psiquiatr.* *Revista Brasileira De Psiquiatria*, 37(1), 13-20. Retrieved February 24, 2016, from [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1516-44462015000100013&lng=en&nrm=iso&tlng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462015000100013&lng=en&nrm=iso&tlng=en)

<sup>16</sup> Antonio, T., Childers, S. R., Rothman, R. B., Dersch, C. M., King, C., Kuehne, M., . . . Alper, K. (2013). Effect of Iboga Alkaloids on  $\mu$ -Opioid Receptor-Coupled G Protein Activation. *PLoS ONE*, 8(10). Retrieved February 21, 2016, from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0077262>

like Ayahuasca, it affects the ventral tegmental area “and alters the accumbal dopamine increases that have been linked to their rewarding effects.”<sup>17</sup>

One of the most fascinating observations of iboga and ayahuasca’s effects on cognition is their action on dopamine and serotonin centers, which appear to effectively change neuroplasticity in reward centers. This action can significantly ease recovery from addiction. Dopamine and serotonin also play a vital role in depressive symptoms, which ayahuasca especially seems to help dramatically in a single dose. It would be worthwhile to investigate how ayahuasca and iboga affect cognition in a traditional sense. Interestingly, there have been inquiries into these effects using basic measures of cognitive functioning<sup>18</sup>.

### Spiritual Enrichment through Psychedelic Experiences

At this point it is important to acknowledge that part of the efficacy reported from psychedelic therapy involves the spiritual dimensions of human experience. Psychedelics alter normative states of consciousness to varying degrees and in varying ways. While certain parts of the physical brain involved in processing these changes may be active with respect to more than one psychedelic substance, subjective experiences regarding these states are incredibly diverse. This is only to be expected, inasmuch as subjective psychical experiences are as heterogeneous as the individual minds that experience them. Still, there is enough consistency in certain respects to warrant the inescapable conclusion that psychedelics can be, and often are, used to elicit experiences that may be classified as distinctly spiritual, mystical, and/or religious in character and ideation. These experiences can be minor, heightening awareness and providing novel sensory interactions with the phenomenal world. They can also be extreme; including what may be described as temporary ego-dissolution or transcendence.

Typically, individuals who actively seek spiritual experiences and engage in psychedelic use for that express purpose are willing to endure the intense psychological dynamics that come with the territory. This may not always be the case, however: inasmuch as spiritual experiences may be spontaneous and unexpected, an individual may have one under the auspices of a psychedelic without having wished for it. In these cases, the experience itself may be positive or negative, largely depending on the individual. Of course, one should take into account the fact that psychological ideations and formations are constructed, influenced, and framed by exposure to larger narratives of spiritual, mystical and religious thought.

In this context, avid users of psychedelics for spiritual purposes recognize that many of these substances belong to narratives that are quite old. Iboga, ayahuasca, peyote, psilocybin, and many others that are known only to practicing indigenous communities and their healers.

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<sup>17</sup> Maisonneuve, I. M., Glick, S. D., Mann, G. L., & Deibel, C. R. (1997). Ibogaine and the dopaminergic response to nicotine. *Psychopharmacology*, 129(3), 249-256. Retrieved February 21, 2016, from <http://puzzlepiece.org/ibogaine/literature/maisonneuve1997.pdf>

<sup>18</sup> The tests used to analyze these effects were the Stroop Test, Sternberg Working Memory Task, and Tower of London (Bouso, J., Antonijoan, R., Rodríguez-Fornells, A., Riba, J., & Fábregas, J. (2013). Acute effects of ayahuasca on neuropsychological performance: Differences in executive function between experienced and occasional users.

While LSD, MDMA, and others have a more recent history, and have stronger connections to the various movements now characterized as “hippie” during the 60s and 70s, others have connections to lineages that are recognized in the West as having *spiritual value*.

This appraisal may come under scrutiny from various angles, including a postcolonial perspective that would caution against a transcultural interpretation of indigenous shamanism. Still, while the context (set and setting) of ritual psychedelic use may be eminently sociocultural, the physiological and potentially psychological benefits of these flora (and fauna) are naturally occurring.

Still, many spiritual psychedelic users want to connect to these sociocultural narratives and find themselves drawn to learning more about their use in a ritual setting. Importantly, traditional practitioners do not discuss the workings of these substances in the same way that a modern doctor or scientist would; rather, they are considered to be tools, gateways, teachers and spirits. They allow traditional healers to practice their unique craft on many levels<sup>19</sup>: on the physical level, many indigenous practitioners are skilled herbalists; on the performance level, they utilize an impressive range of techniques to elicit the desired emotional reaction from their clients; and on the psychological level they are practiced in negotiating the intense experiences and consciousness-states that are endangered by consistent psychedelic use. The language and methodology they employ is distinctly religious (as a loosely codified system of recognized practices and authorities), mystical (as pertaining to disciplines of mastery that involve entities and dimensions beyond the human), and spiritual (as related to their ability to work directly with the life-force, vitality, or spirit).

Any given ritual involving psychedelic use necessarily involves all of these dimensions: mind, body *and* spirit. Unlike in the West, where these realms are often set apart from one another, traditional healing takes into account their interrelatedness on the deepest and most fundamental levels.

This understanding—romanticized, of course, by foreigners—is dichotomized as an answer to the isolated, hyper-individualized chaos of the modern world. This is understandable, although spiritual tourism—especially for the purposes of taking psychedelics in their “original” contexts—is a double-edged sword. On the one hand, attention allows for the possibility of indigenous voice and the preservation of important cultural and historical traditions. On the other hand, it is easy for foreigners to get lost in the simple desire to “trip out” in a spiritual way: to rend asunder normative consciousness and catch a glimpse of the divine or otherworldly.

These glimpses afforded by psychedelics into the “true nature of reality” are a significant part of the narrative surrounding their use of as spiritual aids or guides. So much so, in fact, that to ignore the spiritual dimensions of their use would be entirely foolish. If they do engender powerful and transformative ideations of this character, they do so because they engage the individual (and collective) psyche in a specific way. Disregarding this would be tantamount

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<sup>19</sup> De Rios, Marlene Dobkin. “Bonisteriopsis in Witchcraft and Healing Activities in Iquitos, Peru.” *Economic Botany* vol.24 no.3 1970, pp. 296-300.

to closing off an entire avenue of exploration, particularly when so many individuals respond to spirituality in a positive way.

Institutionalized religion does not always provide a satisfactory engagement for many individuals who may feel betrayed or constrained by the dogmatic expression of organized belief systems. An increasing number of “spiritual but not religious” individuals are a testament to this. Still, most if not all religions encircle a predominantly spiritual center based on an *experiential* engagement with a core of a belief system. Whether it is communion with God, or the dawning of pristine awareness, or a meeting with the ancestors, these fundamentally spiritual experiences are the bedrock of narratives that have bound communities together for thousands of years.

Psychedelics have, in many cases, formed part of the glue that permitted these narratives to garner the psychological numinosity that they maintain even today. Their use has allowed traditional healers and shamans to continuously revitalize a relationship between belief and practice that has rarely, if ever, sacrificed mystery for pragmatism.

Altering consciousness, however, is apparently a primal human drive<sup>20</sup>. On a neurobiological level, we are hard-wired to experience dramatic shifts in our consciousness. These seismic shifts allow us to “break free” of patterns reinforced and often calcified through repetition. So enmeshed are we in our normal operating systems that any significant breakthrough requires a powerful catalyst. This may be traumatic in nature (bereavement, etc.), or it can be accomplished through the use of psychedelics. The opportunity to “step away” from one’s own familiar ego-identity allows an individual to gather actionable information on aspects of their psyche that would normally have remained inaccessible.

Although often considered in reductionist terms, spiritual experiences have proven to be immensely beneficial, particularly when sufficiently intense as to allow for the kind of attentional shifts conducive to instrumental psychological change.

It is in this capacity that I will consider their therapeutic use in various settings.

### Real World Applications of Psychedelic Therapy

Within the past two decades there has been resurgence in interest for psychedelic substances and their potential for therapeutic application. The later years and conclusion of the Iraq war presented a sharp rise in the number of Americans battling severe PTSD in the face of dwindling mental health care infrastructure. This event may be one of the largest contributors to the continued rise in interest in psychedelic assisted therapy in the last decade. There have been many trials and studies examining the effects of psychedelic assisted therapy for PTSD, predominately with MDMA. Very positive results have begun to pave the way to legitimacy for psychedelic therapies.

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<sup>20</sup> Doyle, Rich. “Hyperbolic: Divining Ayahuasca.” *Discourse*, vol.27 no.1 2005, pp29.

PTSD is far from the only issue which psychedelics have recently been used to combat. Other stress and anxiety related disorders, mood and personality disorders, and the psychological distress that accompanies terminal illness have also been at the center of this renewed research. The potential applications for psychedelic assisted therapy are vast and could revolutionize therapy for individuals who have experienced unimpressive results with other forms of therapy. Of course these breakthroughs are dependent on the American public developing a more open mind about psychedelic substances and discard their clichés.

### Treatment of Stress, Anxiety , Mood, and Personality Related Disorders

In the United States anxiety disorders are by far the most prevalent, effecting 18% of the adult population. Under this umbrella are many specific disorders, the most prominent of which are: Generalized Anxiety Disorder (GAD), Social Anxiety Disorder (SAD), Specific Phobias, and Post Traumatic Stress Disorder (PTSD). Women are generally about twice as likely to suffer from GAD and phobias as their male counterparts, and suffer at higher rates from PTSD while SAD seems to affect both genders equally. PTSD has become most commonly linked with its high prevalence among military veterans with combat experience, but it is also highly common among victims of rape and domestic violence, or interpersonal trauma (IPT)<sup>21</sup>. Additionally, sufferers of anxiety disorders tend to also struggle with other mental health issues. For those who have Major Depression, a majority also report having anxiety in varying degrees of severity and 15-30% battle panic attacks, while those who experience a significant psychiatric disorder are very likely to develop Major Depression, and most people who suffer from Bipolar Disorder also have an anxiety disorder<sup>22</sup>. To make the interconnected, tangled web of comorbidity even more complex we must also consider personality disorders. Most often Borderline Personality Disorder (BPD) is associated with comorbid depression and anxiety at significant rates<sup>23</sup>, but other personality disorders also show strong ties to comorbidity<sup>24</sup>.

PTSD has a very high prevalence in prisons among both inmates and correctional officers. For correctional officers the stress of their job and violent encounters can leave them scared. Among female inmates histories of domestic abuse and sexual trauma are all too common; it has been reported that 57.2% of female prison inmates have experienced abuse prior to

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<sup>21</sup> Facts & Statistics | Anxiety and Depression Association of America, ADAA. (2014, September). Retrieved February 20, 2016, from <http://www.adaa.org/about-adaa/press-room/facts-statistics>

Brown, W. J., Bruce, S. E., Buchholz, K. R., Arttime, T. M., Hu, E., & Sheline, Y. I. (2014). Affective Dispositions and PTSD Symptom Clusters in Female Interpersonal Trauma Survivors. *Journal of Interpersonal Violence*, 31(3), 407-424. Retrieved February 20, 2016.

<sup>22</sup> Mood Disorders. (n.d.). Retrieved February 20, 2016, from <http://www.mentalhealthamerica.net/conditions/mood-disorders>

Lohano, K. (2011, September 6). The Anxious Bipolar Patient. Retrieved February 20, 2016, from <http://www.psychiatrytimes.com/bipolar-disorder/anxious-bipolar-patient>

<sup>23</sup> Zimmerman, M., & Morgan, T. A. (2013). The relationship between borderline personality disorder and bipolar disorder. *Dialogues in Clinical Neuroscience*, 15(2), 155-169. Retrieved February 20, 2016, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3811087/>

<sup>24</sup> Brown, W. J., Bruce, S. E., Buchholz, K. R., Arttime, T. M., Hu, E., & Sheline, Y. I. (2014). Affective Dispositions and PTSD Symptom Clusters in Female Interpersonal Trauma Survivors. *Journal of Interpersonal Violence*, 31(3), 407-424. Retrieved February 20, 2016.

incarceration<sup>25</sup>. PTSD related to IPT makes up a large percentage of those who suffer from the condition in the general population of North America, as well. Also a rise in the incarceration of returning veterans in part due to PTSD, addiction, and other combat related mental health issues has only exacerbated the issue<sup>26</sup>. Other disorders commonly seen in prisons are depression, personality disorders, and substance abuse. It is important to note that many people develop psychological disturbances as a result of their time in prison, as well. Thus comorbidity and co-occurring disorders with addiction are abundant.

Studies with MDMA assisted therapy for PTSD have shown impressive results. The first randomized controlled pilot study of MDMA assisted therapy was published in 2010, conducted by Doblin, Jerome, Mithoefer, Mithoefer, and Wagner<sup>27</sup>. 20 individuals with an average of 19+ years of having treatment resistant PTSD participated in MDMA assisted therapy sessions. Two subjects withdrew, one for issues related to previous issues with depression and the other for travel inconveniences, but no serious adverse events occurred. This study concluded with a significant reduction of PTSD symptoms in subjects. The first stage had an 83% response rate to the treatment and the second had 100%. In the case of 10 subjects in first stage symptoms decreased so much that they no longer met the DSM criteria for PTSD. An update to a 2012 MAPS study of MDMA assisted therapy for PTSD in Charleston, S.C.<sup>28</sup> produced significant results after one session of therapy. When this participant had measures of their PTSD (CAPS) taken, their symptoms were below the diagnostic cutoff for PTSD. There is much ongoing research in this field, but these two studies both reveal a profound positive effect on a condition that is notoriously difficult to treat.

Another condition which is renowned for its difficulty to treat is addiction. Drug convictions account for many of the arrests made under the aggressive, almost military policing tactics that unrelentingly feed offenders en masse into the prison system<sup>29</sup>. As a result many incarcerated individuals have a history of significant substance abuse or addiction. Two substances which have had marked success for treating drug dependency, and even alcoholism and tobacco use, are iboga and LSD. Iboga's use for addiction has deep historical,

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<sup>25</sup> Statistics on Women Offenders. (n.d.). Retrieved February 23, 2016, from <http://www.corrections.com/news/article/30166-statistics-on-women-offenders>

<sup>26</sup> Brewin, B. (2013, December 3). VA and Defense Chiefs Confront Reality of 700,000 Incarcerated Veterans. Retrieved February 23, 2016, from <http://www.nextgov.com/defense/2013/12/va-and-defense-chiefs-confront-reality-700000-incarcerated-veterans/74816/>

<sup>27</sup> Doblin, R., Jerome, L., Wagner, M. T., Mithoefer, A. T., & Mithoefer, M. C. (2010, July 19). The safety and efficacy of  $\pm$ 3,4-methylenedioxymethamphetamine-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: The first randomized controlled pilot study. Retrieved February 23, 2016, from <http://jop.sagepub.com/content/25/4/439.long>

<sup>28</sup> U.S. Relapse News Timeline. (2012, April 27). Retrieved February 24, 2016, from [http://www.maps.org/index.php?option=com\\_content&view=category&id=364&Itemid=620](http://www.maps.org/index.php?option=com_content&view=category&id=364&Itemid=620)

<sup>29</sup> Geller, A., Fagan, J., Tyler, T., & Link, B. G. (2014). Aggressive Policing and the Mental Health of Young Urban Men. *Am J Public Health American Journal of Public Health*, 104(12), 2321-2327. Retrieved from <http://ebsscohost.com>

spiritual, and cultural roots, while LSD's are quite new in comparison<sup>30</sup>. Iboga's application to addiction recovery has been studied for a little over two decades.

There are certain cardiac risks with iboga: a patient experienced negative side effects and died in the Netherlands in 1993. This death also led to the end of iboga research by NDA International, but did not kill interest in iboga treatment. One 2013 study found that iboga does indeed decrease the cravings of addicts and shows promising potential<sup>31</sup>. Even though it is not nearly as prevalent as other psychedelic therapies, iboga has had significant success in treating opiate as well as alcohol and nicotine addiction. Iboga has also been known to trigger spiritual and even near death-like experiences which subjects have described as important or helpful<sup>32</sup>. LSD has also had marked success in treating patients with addiction problems.

Applying LSD's insight-providing characteristics to addiction dates back to LSD's heyday. There were quite a few studies in the 1970s which looked specifically at LSD's potential to help addicts. One study which sought to treat heroin addicts had some success. Over 30% of participants were successfully treated and were reported clean at their 1 year follow-ups<sup>33</sup>. This is somewhat impressive when compared to the traditionally very low rates of success traditional rehabilitation tends to have with not just opiate addiction, but addiction in general<sup>34</sup>. The more recent studies evaluating the efficacy of LSD assisted therapy for addiction show that it has particularly positive results with helping alcoholics to significantly reduce or cease their drinking<sup>35</sup>.

Psilocybin has also been used with some success in treating addiction<sup>36</sup>. Additionally the observations made on personality changes which occur with regular psychedelic use have laid the groundwork for speculation regarding future applications with personality disorders.

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<sup>30</sup> Fernandez, J. W., & Fernandez, R. L. (n.d.). "Returning to the Path": The Use of Iboga[ine] in Equatorial African Ritual Context and the Binding of Space, Time and Social Relationships. In K. R. Alper & S. D. Glick (Eds.), *Proceedings from the First International Conference (The Alkaloids)* (Vol. 56, pp. 235-247). Academic Press

<sup>31</sup> Brown, T. (2013). Ibogaine in the Treatment of Substance Dependence. *Current Drug Abuse Reviews CDAR*, 6(1), 3-16. Retrieved February 24, 2016.

<sup>32</sup> Alper, K. R., Beal, D., & Kaplan, C. D. (n.d.). A Contemporary History of Ibogaine in the United States and Europe. In K. R. Alper & S. D. Glick (Eds.), *Proceedings from the First International Conference (The Alkaloids)* (Vol. 56, pp. 249-280). Academic Press.

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<sup>33</sup> Savage, C. (1973). Residential Psychedelic (LSD) Therapy for the Narcotic Addict. *Arch Gen Psychiatry Archives of General Psychiatry*, 28(6), 808. Retrieved February 24, 2016, from [https://www.researchgate.net/profile/Lee\\_Mccabe/publication/18591317\\_Residential\\_psychedelic\\_\(LSD\)\\_therapy\\_for\\_the\\_narcotic\\_addict.\\_A\\_controlled\\_study/links/545e35340cf2c1a63bfc1ad2.pdf](https://www.researchgate.net/profile/Lee_Mccabe/publication/18591317_Residential_psychedelic_(LSD)_therapy_for_the_narcotic_addict._A_controlled_study/links/545e35340cf2c1a63bfc1ad2.pdf)

<sup>34</sup> White, W. L. (1998). *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute.

How effective is drug addiction treatment? (2012, December). Retrieved February 24, 2016, from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment>

<sup>35</sup> Szalavitz, M. (2012, March 9). LSD May Help Treat Alcoholism | TIME.com. Retrieved February 24, 2016, from <http://healthland.time.com/2012/03/09/lsd-may-help-treat-alcoholism/>

Devlin, H. (2015, March 05). Psychedelic drugs like LSD could be used to treat depression, study suggests. Retrieved February 24, 2016, from <https://www.theguardian.com/science/2015/mar/05/psychedelic-drugs-like-lsd-could-be-used-to-treat-depression-study-suggests>

<sup>36</sup> M. P. (2015, February 9). *The Trip Treatment* - The New Yorker. Retrieved February 24, 2016, from <http://www.newyorker.com/magazine/2015/02/09/trip-treatment>

Borderline Personality Disorder (BPD), which is seen in an estimated 17% of the prison population, has gotten some mild attention regarding psychedelic therapy and the future for further research seems hopeful<sup>37</sup>.

### Psychedelic Treatment for Individuals with Terminal Illnesses

One important issue that is traditionally overlooked in the West is psychological effects of death and dying. The Western approach to death has become an exercise in denial, where every attempt possible is made to sanitize the process. A view of death as a foe to be conquered instead of a natural part of life has not only skewed perceptions of death, but our ability to face it and cope with it. As a result therapeutic options for the terminally ill have tended to be limited, though the hospice movement has helped in efforts to assist the dying. As is the case with other clinical areas of psychedelic study, legal woes ended scientific inquiries into the effects of psychedelic therapy on terminal patients. The illegalization of LSD in '66 was swiftly followed by a complete ban on psychedelic substances and the cessation of psychedelic studies in the U.S. by the early 70's.

The first controlled study since the illegalization of LSD was published in June 2014 by the *Journal of Nervous and Mental Diseases*<sup>38</sup>. In this study, follow-up observations of participants who received 200µg of LSD at two and twelve months showed that the positive benefits of their therapy were sustained with no significant variance in mean difference. Additionally, psychological and cognitive side effects touted by LSD's detractors were not an issue in this study and were said to be "mild and limited". Even physical changes experienced by subjects while under the influence of LSD were "of no clinical significance". These findings are well in line with results yielded from past studies and experiments. Also in line with other investigations were the results obtained in reduced state anxiety, which is the anxiety experienced as a result of living with a terminal illness. The results in anxiety reduction even go a step farther as to show reduction in trait anxiety as well, which is an individual's inherent proneness to anxiety<sup>39</sup>. Over the course of 2 therapy sessions with 12 participants, a total of 22 sessions, no severe adverse reactions were reported.

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<sup>37</sup> Bouso, J. C., Palhano-Fontes, F., Rodríguez-Fornells, A., Ribeiro, S., Sanches, R., Crippa, J. A., . . . Riba, J. (2015). Long-term use of psychedelic drugs is associated with differences in brain structure and personality in humans. *European Neuropsychopharmacology*, 25(4), 483-492. Retrieved February 24, 2016.

Borderline Personality Disorder: A Most Misunderstood and Malignant Mental Illness. (2007, April). Retrieved February 24, 2016, from [http://www.borderlinepersonalitydisorder.com/wp-content/uploads/2011/09/BPD\\_Fact\\_Sheet\\_FINAL\\_17\\_Feb\\_2010.pdf](http://www.borderlinepersonalitydisorder.com/wp-content/uploads/2011/09/BPD_Fact_Sheet_FINAL_17_Feb_2010.pdf)

<sup>38</sup> The study was conducted by scientists from the Medical Office for Psychiatry and Psychotherapy in Solothurn, Switzerland; the Department for Clinical Psychology and Psychotherapy with the University of Bern; the Department of Clinical Research in Bern; Statistical Consulting, Daniel Island, South Carolina; MAPS in Santa Cruz, California; and the Department of Psychiatry with the Harvard Medical School in Boston, MA (Gasser, P., Holstein, D., Michel, Y., Doblin, R., Yazar-Klosinski, B., Passie, T., & Brenneisen, R. (2014). Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases. *The Journal of Nervous and Mental Disease*, 202(7), 513-520. Retrieved February 19, 2016, from <http://www.ncbi.nlm.nih.gov/pubmed/24594678>).

<sup>39</sup> "Trait anxiety is not expected to be altered by short-term psychotherapy"

Gasser, P., Holstein, D., Michel, Y., Doblin, R., Yazar-Klosinski, B., Passie, T., & Brenneisen, R. (2014). Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases. *The Journal of Nervous and Mental Disease*, 202(7), 513-520.

While this was the first such experiment to be done with LSD in 40 years, studies using other psychedelic substances in therapy with terminally ill patients had been taking place with psilocybin. Experiences for other patients who underwent psychedelic assisted therapy seem consistent with the 2014 LSD study. Many individuals have transcendental experiences which better help them cope with their impending deaths. A significant portion of patients who reported no strong religious or spiritual beliefs before their therapy say that they have either gained a spiritual awakening afterward, or a reinvigorated belief or spirituality. Additionally patients who received psychedelic assisted therapy who were terminally ill consistently ranked their experience as either the most or one of the top five most important experiences of their life. These claims were also made by a significant number of participants in the Good Friday Experiment, and by one of the participants of the Concord Prison Experiment in a 34 year follow-up.

Those who have used the substances recreationally or outside of a therapeutic and clinical context also tend to make this claim in significant numbers. Spiritual purpose and ease make the remaining life of a terminally ill individual substantially better in quality. In fact, terminal patients who have had psychedelic therapy tend to cease searching for and trying every lifesaving option and accept their reality. They focus instead on maximizing the quality of their remaining life instead of spending it in and out of treatments that make one's last days anything but comfortable.

### The American Prison Complex

Over the last three decades the American prison population has exploded, exposing systematic failures of both the justice and mental health systems in the U.S. Right now the United States accounts for 5% of the world's population, yet houses a quarter of the world's prisoners, making America the incarceration capital of the world. The culprits of this mass incarceration epidemic are largely a disastrous public policy, an incompetent justice system, and the deinstitutionalization movement of the 1960s.

There is a relatively definitive consensus that the American prison system is deeply and systematically flawed. The country, which only accounts for 5% of the world's population, houses a quarter of the world's prison population. When viewed per capita we see that there are 707 incarcerated individuals for every 100,000<sup>40</sup>. This distinction ranks the U.S. alongside North Korea for most imprisoned citizens per capita. Within the prison system there are few problems that aren't present: human rights concerns, mental illness, overcrowding, violence, racial tension and insubstantial resources are all major problems facing American prisons. Statistics from the past few years remain consistent concerning the number of incarcerated people in the U.S., which is said to be between 300,000 and 356,000. However, if one looks at the entire population of individuals within the corrections system the number is much

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<sup>40</sup> 4) Collier, L. (2014). Incarceration Nation. American Psychological Association, 45(9), 56-56. Retrieved February 14, 2016, from [www.apa.org/monitor/2014/10/incarceration.aspx](http://www.apa.org/monitor/2014/10/incarceration.aspx)

higher<sup>41</sup>. In 2006 Human Rights Watch reported that the number of mentally ill individuals in the prison system had quadrupled since 2000. In their most recent report pertaining to mass incarceration they report that between 8-19% of prisoners experience significant mental health problems while an additional 15%-20% require some form of psychiatric care<sup>42</sup>.

Additionally prisons belonging to the private sector constitute 10% of American prisons. These establishments have a long track record of health and safety violations in addition to the ethical questions they raise, the premier of which is the amount of power they wield over each state in which they are located. Governmental sources and literature produced by prisoner advocate groups produce the most up to date and reliable statistics on mass incarceration. While current data is naturally of prime importance with quantitative information, much of the qualitative information I have studied covers broader periods of time, as analyses and observations even as far back as 25 years ago are still quite relevant.

### The Criminalization of Mental Illness

As the prison capital of the developed world, the U.S. prison system is bursting at the seams. This is due in large part to the effects of deinstitutionalization. However, deinstitutionalization is a misleading title. Transinstitutionalization<sup>43</sup> is more appropriate, since the lack of affordable and accessible mental healthcare in America has led to the effective, if not official, criminalization of mental illness. A 2014 report on the state of incarceration offered that of individuals in local jails, state prisons, and federal prisons: 64%, 54%, and 45%, respectively, had some form of mental illness or disability<sup>44</sup>.

How individuals with mental illnesses and/or disabilities have become so wildly overrepresented in the prison system ultimately boils down to failures in public policy. Deinstitutionalization removed vast resources for mentally ill individuals without implementing any type of competent community social services for these individuals, as had been promised. This left an unthinkable burden on the families of mentally ill individuals as well as their communities. Police officers are routinely called to help with individuals when their families cannot handle them, yet police officers themselves are not comprehensively trained in how to approach and deal with mentally ill individuals. This has led to a string of

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<sup>41</sup> Bureau of Justice Statistics (BJS) - Key Statistics. (n.d.). Retrieved February 23, 2016, from <http://www.bjs.gov/index.cfm?ty=kfdetail>

<sup>42</sup> Callous and Cruel. (2015, May 12). Retrieved February 22, 2016, from <https://www.hrw.org/report/2015/05/12/callous-and-cruel/use-force-against-inmates-mental-disabilities-us-jails-and>

Subramanian, R., Henrichson, C., & Kang-Brown, J. (2015, December). In Our Own Backyard: Confronting Growth and Disparities in American Jails. Retrieved February 23, 2016, from <http://www.vera.org/sites/default/files/resources/downloads/incarceration-trends-in-our-own-backyard.pdf>

<sup>43</sup> Geller, A., Fagan, J., Tyler, T., & Link, B. G. (2014). Aggressive Policing and the Mental Health of Young Urban Men. *Am J Public Health American Journal of Public Health*, 104(12), 2321-2327. Retrieved from <http://ebshost.com>

<sup>44</sup> See Collier 2014 cited in footnote 20.

tragedies in recent years. Add also the increase in aggressive policing regarding minor crimes and the picture becomes clearer as to how we have gotten to this point<sup>45</sup>.

The systematic failures of our mental health system have not only failed the many mentally ill individuals who end up behind bars, but the thousands of individuals who cannot seek psychiatric care either because of bed shortages or accessibility/affordability issues. The issue of bed shortages may seem straightforward, but upon further inspection it is actually quite twisted. It would stand to reason that beds are full in hospitals and remaining state facilities because the demand is far greater than the supply. This is true in part because a significant number of beds are occupied by mentally ill *prisoners*, as jails and prisons are not authorized to administer involuntarily treatment to them. Consequently, those suffering severe mental illness are processed as criminals just so they can be relocated to treatment facilities later. In a sense mental hospitals have become an extension of the prison system, repositories for individuals that prisons lack the resources to manage.

This is not to imply that mental health care resources for individuals who suffer from less severe mental illnesses are that much better. While prisons retain mental health experts on staff, the majority of interaction inmates have, other than with each other, is with the guards. Correctional officers are undertrained and largely unable to competently deal with mentally ill individuals. This is reflected in the prevalence of abuse and physical violence that mentally ill individuals experience in prison at disproportionate rates. This is not to say that C.O.s go out of their way to target and abuse those with mental illnesses. The conditions of prison are incompatible for mental wellbeing in general, much less the effective treatment of a mental illness. Mentally ill prisoners receive behavioral violations at much higher rates than other inmates and leads to punishment, often to solitary confinement. It well known that solitary has adverse psychological effects on mentally healthy individuals, so it is little surprise that its effects on mentally ill prisoners only serve to intensify the severity of their behavioral problems. These practices and experiences create a generally hostile environment. Fear is perhaps our most powerful emotion, often all the more so for those who deal with mental illnesses; for fear to be heightened rather than diminished in a hostile environment is an obvious recipe for disaster. These tensions boil over all too often, resulting in frequent physical altercations between officers and inmates.

A majority of inmates have some form of psychological disorder and of this majority a staggering number suffer from severe mental illness. This means that we have accomplished not deinstitutionalization, but *trans-institutionalization*. Additionally, substance abuse is a common co-occurring condition in those who have mental illnesses, which makes the systemic failure to rehabilitate or help these individuals twofold. Addiction is treated as a criminal issue in the U.S. and not a public health concern and, as is the case with the mental health system, the infrastructure to accommodate the number of individuals who need help is woefully insufficient. In the following section I will consider these issues as well as explain why psychedelic assisted therapy within a prison setting is not as radical as it may sound.

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<sup>45</sup> Callous and Cruel. (2015, May 12). Retrieved February 22, 2016, from <https://www.hrw.org/report/2015/05/12/callous-and-cruel/use-force-against-inmates-mental-disabilities-us-jails-and>

The Concord Prison Experiment conducted by Dr. Timothy Leary is one of the foundational scientific inquiries into the use of psychedelic assisted therapy within a prison setting. His experiment has been widely and rightfully criticized for methodical inconsistencies and failure to initially provide follow-ups with the experimental subjects. The overall design of the experiment was decidedly sound and certainly progressive for its time. Due to Leary's somewhat unclear categorization of crimes leading to recidivism and inaccuracies with data, the results yielded from his experiment didn't seem a success. With detailed inspection, however, his results do offer certain important insights, some of which have been helpfully explored by Rick Doblin, founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS), in his 34 year follow up study of the Concord Prison Experiment<sup>46</sup>. Dr. Leary's experiment was designed to support his idea that psychedelic assisted therapy would result in significant behavioral changes in criminal offenders and lead to lower recidivism rates. Ultimately, Leary's results showed no real deviation from statistical expectations of recidivism, with 59% of the participants returning to prison. That number alone seems pretty damning to the integrity of the experiment, but further attention to the crimes which sent the 59% back offer interesting insights which I will expound on below.

Dr. Leary saw potential that many at the time found outrageous, as many still do today. While the merit of the experiment itself can be debated, the idea is both revolutionary and important, now more than ever.

#### Evaluation of Dr. Leary's Experiment and Potential for Expounding on his Work

Leary's experiment had methodical flaws that cannot be denied. His use of base rates for recidivism and categorizations pertaining to recidivism were misleading and somewhat ill defined. Additionally, the experiment was begun with no substantial plan for following up with participants; this led to a disorganized and incomplete process subsequent to the participants' release from the prison. This is perhaps in part to blame for some of the misleading statistics Leary initially came up with.

The heart of this experiment, however, was Dr. Leary's speculation that psilocybin had the ability to catalyze significant behavioral changes in individuals with a criminal history. Leary chose recidivism as his measure of change, as he believed it to be an objective measure. These criticisms are necessary to acknowledge, but I am less interested in expounding upon them as they have been discussed at length already, particularly in Doblin's 34 Year Follow-Up Study.

What I am interested in is discussing and considering is the potential for a similar study today. Leary's design of the actual therapy experience was admirable and very progressive.

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<sup>46</sup> Leary was not alone in his research; experiments using LSD instead of psilocybin were being conducted by Tenenbaum and Arendsend Hein. Tenenbaum worked with sex offenders in California, while Hein focused on chronic criminal offenders in the Netherlands. Doblin, R. (1998). Dr. Leary's Concord Prison Experiment: A 34-Year Follow-up Study. *Journal of Psychoactive Drugs*, 30(4), 419-426. Retrieved February 24, 2016, from <http://ebscohost.com>

Still, the prison environment in which Dr. Leary worked was a good deal different from what it is today. It is important to consider that at the time of this experiment, mass incarceration was not an issue and deinstitutionalization had yet to begin its spectacular unraveling of society. However, I assert that these differences would make modern prisons an ideal environment for expounding upon Leary's work.

The prevalence of mental illness in the U.S. prison system makes effective therapies a necessity. Nonetheless, we must also draw parameters for the potential use of psychedelic assisted therapy. My endorsement of using psychedelic assisted therapy in prisons is not a *carte blanche*. I would not suggest that this is an appropriate treatment for all mentally ill inmates. Certain severe mental illnesses would most likely not be an appropriate treatment group. However, individuals suffering from illnesses discussed in the first section would be appropriate groups to consider. Additionally I would also suggest that certain individuals fitting the description of Leary's Concord subjects would also be an appropriate group.

One of the strengths of Leary's therapy design is its inclusive nature. Leary himself said that he and his team dispensed with traditional client/therapist dynamics, because they wanted to build trust and comfort and empower the participants. The researchers relinquished control and made the experience as democratic as possible. When new groups were beginning their journey for the study, a member who had previously gone through the process was retained to provide exposure to someone who had experienced the psilocybin assisted therapy. This individual could help ease apprehensions and discuss his/her experience as a sort of debriefing for the new participants. All psych evaluations and test results were given to the participants. With guidance they were allowed to determine for themselves what dose they wanted to take, and they were allowed to provide input as to which inmates should participate in the program.

The openness of the staff with the participants was not the most unorthodox aspect of this study, though. Each time the group therapy sessions would take place, a member of the research team would take psilocybin as well and participate with the inmates as a show of solidarity. I am sure many people may feel that this crosses a professional line, but I think that Leary's approach was not only novel, but incredibly smart. In prison, all control over oneself and one's life is taken away, and interpersonal relations are generally either hostile or impersonal. That Leary decided to treat them as people, individuals even, set a tone for the therapy which I can only believe to be beneficial. The participation of team members should not be devalued. Prison is not an ideal setting for this type of therapy, and seeing a professional join the 'guinea pigs' may instill more confidence in the experience as well as feelings of safety. The imperative to provide emotional support should not be diminished because of the participants' status as inmates.

Other aspects of the experiment which were well done were administering a battery of tests pre- and post-therapy; the size of the groups; preparation sessions; and the frequency of therapy and meeting sessions. Groups contained four participants and two team members. In six weeks of bi-weekly meetings the group had twice weekly preparation sessions, followed by a day long psilocybin assisted therapy session, then several follow-up meetings to discuss

and integrate the experience, followed by a final psilocybin session and more follow-up sessions. Upon completion the exact battery of tests given on the first day were re-administered to assess affect. The small size of the group is ideal to make the experience more controllable and to help minimize feelings of insecurity and the potential for 'bad trips'; the participation of an experienced team member further aided in this. The number of sessions dedicated to the psilocybin therapy seems ideal, as many modern studies in psychedelic research utilize the same number. Furthermore, the amount of time dedicated to the integration of the experience seems sufficient. It is notable that members of previous groups felt ready to step up and commit to the therapy cycle again as peer leaders to incoming groups. This shows that the participants were gaining something from the experience and from the support given by the experimental team.

The mistake of not having set up a system or plan for follow-up meetings after participants were released requires further attention. As most of the 32 subjects who participated were nearing their parole dates, the idea of a follow-up system should have been the first thing that the researchers committed to materializing. To be fair, this was a primary regret that Leary expressed about the experiment. A stable support system, or even a halfway house, should have been established to create a situation conducive to monitoring the participants' behavior and struggles, as well as further explore what they had gained in therapy to help solidify behavioral changes. This would have helped yield more detailed and reliable data about recidivism. Without a stable environment and support system, something a majority of ex-cons lack, maintaining freedom can be a prospect that seems like a stacked deck. This is supported by one of the subjects who participated in the 34 year follow-up, who said that he felt the reason he had stayed out of prison after his release was because he had a family to go back to.

Leary broke down recidivism into technical parole violations and new crimes. Any new crimes committed, however, are technical parole violations as well, but I agree with what Leary was attempting to do with these categories. It would be important for any future study rooted in the Concord Prison Experiment to note what crime led to participant's incarceration, as recidivism for a violent crime carries a whole separate set of connotations than say someone who is in on crimes related to drug use. It would help to clarify resulting data to categorize specifically the terms of subjects recidivism, such as: re-incarceration for the same crime for which they were on parole for, committing a new crime unrelated to the original circumstances of incarceration, and technical parole violation and whether the violation was inherently criminal or only criminal because of parole specifications. Making these distinctions is extremely important as it can not only measure the degree to which psychedelic assisted therapy helps catalyze behavioral change, but isolate contexts in which recidivism is present and whether or not it can be related to ineffectual therapy, systematic issues, or related to the complex reality most parolees face when released back into the world.

This brings me to another point I would like to further elaborate on: Leary's measures for recidivism and classification of crimes. Rather than restate criticisms already well documented, I would simply like to offer suggestions for a less confusing alternative. Instead of using recidivism as a flat indicator, the categories of reoffense should be better defined,

especially if an attempt at revisiting this study were attempted today. Consideration of how parole systems work needs to be taken, as issues arise which result in parole violations and resentencing that we must really question the criminality of. Now parole conditions vary from state to state and while not all manage parole poorly, many set up parolees to fail with unrealistic conditions which they are forced to agree to in order to gain release. In addition, parole officers are given sole discretion on how to deal with parolees and their violations. This results in a lot of inconsistency between and even within parole programs. Examples of unreasonable technical parole violations one can run afoul of are: drinking alcohol, going into a bar, cutting all ties with non-law abiding individuals, mandatory curfews, and driving without permission. Conditions such as these ignore the reality that many former prisoners return to after prison. Driving restrictions especially cause problems as it interferes with the ability to get not only a job, but to and from required parole meetings and check-ins, while missing them results in violation. For individuals whose P.O.s choose to revoke parole for technical violations such as these, the question is whether these actions alone can be rightfully considered criminal when put into the context of the reality of most parolees .

In a modern version of this experiment would offences as these be considered reflective of the individual's lack of progress or the failure of the system to make measures for true reintegration and behavioral change? Could certain technical offences which appear to serve no other purpose than to be an obstacle to rehabilitation be seen as a mark of our systems preoccupation with punishment over justice? I tend to think that these aspects of parole more than have the ability to skew results in a misleading manner. Additionally most of those released on parole have a history of substance abuse, and comprehensive, affordable and effective substance abuse treatment is not only hard to access for parolees, but in for Americans in general. This as well as limited means to assist with mental health care upon release conflate health issues with criminality, and because of the structure of our system add to criminality statistics, even though this is not appropriate. Thus a manner of categorization which minimizes the ability of our system's failures to skew results must be developed.

### Conclusion

Based on not only the recent successes of psychedelic assisted therapy, but the positive results yielded at the dawn of psychedelic research, there should be little basis for objection to its use as a legitimate therapeutic paradigm. For those in the field of research into psychedelic assisted therapy, application within the prison system should also become a priority. The state of our current prison system has provided an environment in which application of Dr. Leary's research deserves a second chance. It is understandable that reservations would exist, but as seen through the research shared and evaluated above, the societal taboo which exists is ultimately unwarranted. Furthermore the success of psychedelic assisted therapy with mental health issues which are disproportionately present in the prison system makes it a form of therapy that should be given great consideration as a viable choice for willing incarcerated individuals.

Aside from the mental health benefits psychedelic assisted therapy offers, its potential for meaningful spiritual experiences could also open doors for prison inmates. Faith based

support within prisons has always been prevalent, but limited primarily to mainstream organized religions. While these religions have been the basis of positively impactful programs and initiatives, this does not change the fact that, in their institutionalized forms, they cannot always help those who are alienated from or find no comfort in them.

Psychedelic assisted therapy also has the potential to open individuals to profound thoughts and spiritual feelings which could provide a path to spiritual investigation or practice which some would find more rewarding. Those who enter therapy with already formed beliefs could also benefit as their experiences could bring them closer to their beliefs.

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### American Prison Complex

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# **Recovered Memories of Experienced Anomalous Trauma: the Alien Abduction Phenomenon and the False Memory Hypothesis**

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## **ABSTRACT**

Reports of recovered memories of abduction by UFO aliens are often attributed to a combination of sleep paralysis and hypnopompic hallucinations, fantasy proneness, and false memory creation. Many psychologists believe that those who report having experienced an alien abduction have fantasy prone personalities and dissociative amnesia. Experts in eyewitness testimony believe that confabulation through use of hypnotic regression creates false memories, which are reinforced by networks of believers and support groups.

Twenty-six of the best documented cases of alien abduction were selected from the literature and analyzed for content. Findings show that hypotheses of fantasy proneness, hypnopompic hallucinations, and false memory syndrome do a poor job of explaining the most substantiated cases.

Keywords: false memory syndrome, recovered memories, experienced anomalous trauma, alien abduction phenomenon

Reports of recovered memories of abduction by UFO aliens are often attributed in the psychological literature to a combination of sleep paralysis combined with hypnopompic hallucinations, fantasy proneness, and false memory creation, especially caused by confabulation through hypnosis used to recover blocked or repressed memories (Lynn & Kirsch, 1996; McNally & Clancy, 2005). Advocates of the reality of recovered memories believe they result in amnesia for traumatic events, or some other unexplained physiological mechanism employed by those performing the abductions (Mack, McLeod, & Corbisier, 1996). The repressed memories continue to influence thought (intrusive thoughts and irrational fears), behavior (recurrent dreams, insomnia, and hypervigilance), and emotions (depression and PTSD). The buried memories often surface spontaneously or through hypnotic regression. Many clinical psychologists believe that those who honestly report they have experienced an alien abduction have fantasy prone personalities and dissociative amnesia. Cognitive psychologists and experts in eyewitness testimony believe that confabulation through the misuse of hypnotic regression creates false memories and largely explains their beliefs in UFO aliens by the reinforcement of these beliefs by networks of believers and support groups.

**Fantasy proneness and dissociative states.** In 1981 Theodore X. Barber and Sheryl C. Wilson coined the term “fantasy prone personality” to describe approximately four percent of the adult population who spend most of their time engaged in magical thinking and tend to mix and confuse their fantasies with reality. They based their conclusions on interviews and a screening measure with 27 daydreamers who were excellent hypnotic subjects, and 25 controls. They contended that 65% of fantasy-prone personality (FPP) types sometimes confuse fantasies they have daydreamed with reality, especially when they pertained to interactions with loved ones. Fantasy prone individuals reported childhoods in which they fantasized that their dolls and stuffed animals were real, or where they pretended they were someone else. Most reported that their ability to focus intensely on their imaginings developed from loneliness or boredom during childhood. Many had imaginary playmates or believed in fairies and/or guardian angels. Although such fantasy play is common among preschoolers, fantasy prone individuals carry this intense daydreaming into adulthood. Furthermore, fantasy prone individuals possess a belief in their own psychic abilities, their ability to heal others, and their out of body experiences (OBE). It was theorized that some fantasy prone individuals developed their childhood fantasies as a way to escape from unpleasant childhood experiences. Another childhood antecedent is having a parent, teacher, or older friend encourage their daydreaming fantasies by the reading of fairy tales, or encouraged them to believe that the child’s dolls and stuffed animals were alive.

People with FPP are reported to spend over half of their waking time fantasizing or daydreaming, and will often confuse or mix their fantasies with their real memories. They also report paranormal and out-of-body experiences. A surprisingly high percent of female FPPs, 60% in the Wilson and Barber study, reported that they have had a false pregnancy. (Wikipedia, “Fantasy prone personality”).

Wilson and Barber developed the “Inventory of Childhood Memories and Imaginings” (ICMI), a 52 item questionnaire, as a method of screening for hypnotic suggestibility (1983). Somewhere along the way psychologists adopted it as a measure of fantasy proneness among abductees. As a result, paranormal experiences reported by abductees have been interpreted as symptoms of fantasy. However, we must first adopt the a priori materialist belief that UFO abductions and psi phenomena are impossible, despite the evidence to the contrary (Marden, 2012, p. 9).

Robert Bartholomew, Keith Basterfield, and George Howard interviewed 132 self-reported UFO contactees and abductees, and claimed that 87% had one or more of the major symptoms of fantasy prone personality listed on the Wilson and Barber scale (Bartholomew et al., 1991). However, their findings were based upon the biographical reports of the experiencers, and no

psychometric personality measures or the ICMI were employed. The characteristic that most of these experiencers had in common was reporting psychic phenomena, which hardly seems fair as a symptom of fantasy proneness in this case, because experiencing psi phenomena is confounded with the abduction or contact experience. This has been a contentious finding due to the lack of objective, quantitative measures and the subjective nature of its interpretation of results.

In 1991 Mark Rodeghier, Jeff Goodpaster, and Sandra Blatterbauer collected a battery of psychological tests on 32 participants who met the CUFOS clearly defined criteria for an abduction report. Of that sample, women outnumbered the men three to one. Fifty-eight percent of the abductees were married. The bulk of them experienced their first abductions between 1970 and 1979 (Rodeghier et al., 1991; Bryan, 1995, p. 167). Given Wilson & Barber's Inventory of Childhood Memories and Imaginings (ICMI) for fantasy prone individuals, the group averaged a score of 24, where the population norm is between 20 and 23. They tested 25.2 for hypnotic suggestibility; the population norm is 20.8. Their findings indicate that there was no significant difference between the alleged abduction experiencers and the general populace.

Nicholas Spanos and colleagues (1993) administered a battery of objective tests to two groups of subjects: those who had reported UFO experiences ( $n = 19$ ) that were non-intense (e.g. seeing unexplained lights in the sky) and those ( $n = 20$ ) whose experiences were intense (e.g. seeing and communicating with aliens or missing time). These two groups did not score as more psychopathological, less intelligent, or more fantasy prone and hypnotizable than a community comparison group or a student comparison group. Even those who reported missing time experiences and telepathic communication with aliens were no more fantasy prone than the general population. However, those with higher scores toward fantasy proneness reported more elaborate abduction experiences and unusual sensory experiences.

In 2005 Christopher C. French and colleagues collected data from a sample of 19 UK-based self-reported UFO experiencers, and a control sample matched on age and gender. They did not find any significant differences between the two groups on the Wilson and Barber ICMI scale for fantasy proneness, although they did find significant differences self-reported incidence of sleep paralysis, dissociativity, absorption, and predisposition to hallucinations (e.g. "Sometimes a passing thought will seem so real that it frightens me", "The sounds I hear in my daydreams are generally clear and distinct", and overt auditory hallucinations (e.g. "I often hear a voice speaking my thoughts aloud") and overt visual hallucinations ("On occasions I have seen a person's face in front of me when no-one was in fact there). Not surprisingly, they also found higher scores on anomalous experiences, such as paranormal experiences, paranormal belief, and self-reported psychic ability (French et al., 2005).

More recently, Peter Hough and Paul Rogers explored individual differences in people claiming to have been abducted by aliens (2007). A sample of 26 alien abduction experiencers (AAEs) were compared to 26 non-AAE controls, who completed self-report measures on fantasy proneness, emotional intelligence, and the big five personality factors. Analysis of Covariance controlling for educational attainment revealed no group differences in any of the three fantasy subscales (vividness/realism of fantasies, escapist fantasies, and make-believe fantasies), and of the four EI subscales, or in four of the five big five personality factors. AAEs did rate themselves to be higher in conscientiousness than controls.

**Boundary deficit disorder.** In a 1988 scholarly paper, Martin Kottmeyer, a Midwestern farmer and vocal skeptic, proposed boundary deficit disorder as a possible explanation for the alien abduction phenomenon. Although not trained in psychology or psychiatry, his article gained widespread acceptance with the skeptical community of debunkers. Kottmeyer hypothesized, based on a study of college students who experience frequent nightmares (Hartmann, 1984), that alien abduction experiencers exhibit boundary deficit symptoms, such as difficulty in distinguishing fantasy from reality, a poor sense of self, poor social adaption, frequent feelings of rejection,

feelings of powerlessness, suicidal tendencies, and hyper-alertness to sights, sounds, and sensations. In 1993, Nicholas Spanos and colleagues tested Kottmeyer's hypothesis by administering five psychometric scales to a close encounter group and a control group. The results revealed that the close encounter experiencers exhibited higher levels of self-esteem and well-being, lower perceptual aberrations, a lower perception of an unfriendly world, lower aggression, and a lower tendency for schizophrenia. There was also no difference from the control group on social potency. In other words, these findings were diametrically the opposite from what was predicted by the boundary deficit disorder hypothesis. Other tests revealed no difference between the two groups on absorption, fantasy proneness, and the tendency to engage in daydreaming (Spanos, 1993; Marden, 2012, p. 12).

**Sleep Paralysis and Hypnagogic/Hypnopompic Hallucinations.** More recently, academic psychologists have focused upon explaining why some individuals come to believe they have experienced nocturnal bedroom abductions (McNally & Clancy, 2005). Some suspected abductees claim to have awoken paralyzed with shadowy figures standing beside their beds or hovering overhead. They attempt to cry out but cannot vocalize their fright. They are locked inside paralyzed bodies, unable to speak or move, except for their eyes. Their hearts pound and they strain to breathe as if there is a weight upon their chests. They are acutely aware of their surroundings. Shadows transform into frightening gray images and sounds intensify. Sleep paralysis experiencers struggle to break free from their dreadful predicament, and within seconds they are fully awake.

Sleep paralysis is experienced by about 30% of the population at least once. Estimates range from 25% to 40% of the population (Cheyne, Newby-Clark, & Rueffer, 1999). Those who endure it think they are awake but are actually partially in REM (rapid eye movement) sleep. Sleep paralysis is a normal function of REM sleep because it protects us from acting out our dreams in a physical sense. But occasionally we emerge from sleep while the paralysis continues for a few seconds. Sleep paralysis alone cannot explain the complex imagery described by sleep state abductees. It has to occur in combination with hypnagogic/hypnopompic hallucinations which are more elaborate and can last up to several minutes.

Some academic psychologists hypothesize that extraterrestrial entities are generated in hypnagogic (between waking and sleeping) and hypnopompic (between sleeping and waking) sleep states, a condition that affects about 5% of the population. Hypnagogic and hypnopompic hallucinations occur when factors such as stress, extreme fatigue, medications, and mental illness cause the part of the brain that distinguishes between conscious perceptions and internally generated perceptions to misfire. This results in internally generated visions, sounds, feelings, smells or tastes. Experiencers often see colored geometric shapes or parts of objects. Others might observe the colored image of a person, monster or animal. Sensations of floating or flying are common, along with hallucinated buzzing sounds. Hypnagogic hallucinations can be frightening. The hallucinations can last from seconds to minutes and are usually accompanied by a brief period of sleep paralysis. Hypnagogic and hypnopompic hallucinations occur at a high rate of frequency among narcoleptics, who experience extreme fatigue or periods of dozing off during the day. This sleep anomaly persists throughout a lifetime and often occurs within families. Therefore, it might be genetically carried. But most sleep anomaly experiencers report they are able to differentiate between their internally generated hallucinations and reality (Cheyne, Newby-Clark, & Rueffer, 1999).

The alien abduction phenomenon, particularly when it occurs in the bedroom during sleep, could quite possibly be generated by hypnagogic and hypnopompic sleep anomalies, particularly among fantasy prone individuals. However, those abduction experiencers of "anomalous trauma", particularly those who were driving vehicles or operating machinery outdoors at the time, and those with independent witnesses and physical evidence, are in a different category. Those believed to

have had veridical experiences report subtle but significant differences between their experiences and sleep anomalies. Abductees in the second category who report nocturnal encounters are often awakened by lights, a rushing sound, and activity in their bedrooms. At the onset of their experience they are not paralyzed, and often cry out, attempt to escape, or even throw objects at the intruders. Small entities, often with glistening eyes, enter and move about their bedrooms. The abductee's partner sometimes attempts to fight back, but is quickly immobilized and returned to his or her bed in what appears to be a deep sleep state. Soon a wave of paralysis overtakes the abductee and they are whooshed from their homes to waiting craft where they are reportedly subjected to involuntary biological experiments. Some are returned to their beds, but others sometimes end up locked outside of their homes. Some awaken on their roofs, in their vehicles, or even in someone else's home. Sometimes they find mud and vegetative matter in their beds. Others have found that they are no longer dressed in their own clothing, but in a stranger's nightshirt. Sometimes experiencers find landing trace evidence on their property. Most academic psychologists ignore these unique characteristics associated with nocturnal bedroom abductions. Instead they attempt to squeeze this group of experiencers into the sleep disturbance category.

Certainly, sleep anomalies are intriguing as a probable explanation for those who exhibit the characteristics associated with hypnagogic and hypnopompic sleep states. However, research in this area is sparse and the neurological processes are not well understood.

**False Memory Syndrome.** Some psychologists have argued that vulnerable individuals come to suspect they have been abducted after having a sleep paralysis episode, experiencing a hypnopompic hallucination of a nocturnal bedroom visitation, and then reading books or viewing movies on the subject. Wanting to recover their repressed memories, they seek out of the services of a sympathetic therapist who happens to specialize in alien abduction cases. With the aid of hypnosis, they “obligingly produce the now standard account of a full-blown alien abduction.” (Holden & French, 2002, p. 170) Once confabulated, the false memory is confirmed as a real event in the experiencer's mind. “Thus, a sleep anomaly transforms into a false belief that becomes an obsession needlessly altering one's feelings of safety and security, as well as the sense of normality.” (Marden, 2012, p. 15).

June Parnell and R. Leo Sprinkle conducted a study with 225 individuals, which they collected over an 18 year period. The participants ranged from those who made no claim of a UFO encounter, to individuals who reported close encounters with unconventional craft or UFO occupants. Some claimed to have been taken aboard a spacecraft, while others claimed to have communicated with UFO occupants. They had the participants complete the Minnesota Multiphasic Personality Inventory (MMPI) and The Sixteen Personality Factors Test (16PF). The psychologists were primarily interested in four scales: 1) Scale F of the MMPI, measuring unusual attitudes, feelings or thoughts; 2) Scale 8 of the MMPI measuring divergent thinking, creativity or schizoid tendencies and alienation; 3) Scale 9 of the MMPI measuring unstable mood, flights of ideas and psychomotor activity; and Factor M on the 16PF inventory, which measures imaginativeness, absentmindedness, bohemian behavior, and could indicate tendencies toward fantasy proneness. Participants who reported UFO and/or UFO occupant sightings scored within the normal range on Scale F. However, those who reported communication with aliens had moderately elevated scores. Communicators also received statistically significant higher scores on scale 8 measuring schizoid tendencies. The authors suggested that these elevated scores could be viewed as an endorsement of this more bizarre experience. Both groups scored within the normal range on scale 9. Likewise, those who reported occupant sightings and communication with ETs received scores within the normal range on Factor M on the 16PF, imaginativeness and mood stability.

Elizabeth Loftus was the first cognitive psychologist to introduce the concept of false memory formation in response to a flurry of childhood sexual abuse charges, some of which were caused by suggestion from authority figures, and were not based in reality (Loftus & Pickrell,

1995). False memory syndrome is defined as an experience where people remember events that never happened to them as if they are memories of real events. Because ethics committees prohibit academic psychologists from inducing trauma in test subjects, they are forced to create experiments that attempt to test their hypotheses in a benign environment.

The semantic word association test was developed by James Deese, Henry L. Roediger and Kathleen McDermott in 1995 to fulfill this need (Roediger & McDermott, 1995). This test (DRM word memory paradigm) is administered by presenting semantically related word lists (as many as 192 words at a time with 6 critical lures) such as sour, candy, sugar, bitter, good, taste, tooth, nice, honey, soda, chocolate, heart, cake, tart and pie to groups of experimental subjects. The critical lure (sweet) is not presented, but later appears on a word recognition list. The words are generally presented orally, one list at a time, on an audio recording at a rate of one word every three seconds. Participants are then instructed to write down all of the words they recalled hearing on the list. When all six lists have been presented, the participants are distracted with an assignment, such as simple math problems or a short reading assignment followed by questions. Next, they are presented a packet containing the words previously presented and additional words, including the critical lures. They are asked to identify the orally presented words as either “known” to be on the list or “remembered” as having been orally presented. Test subjects who incorrectly recall the critical lures are identified as having developed a false memory for the incorrect word.

Follow-up research in 1997 by David A. Gallo, Meredith J. Roberts & John G. Seamon found that the test could be manipulated to reduce false recall by warning subjects about the presence of false semantically related words. However, it didn’t eliminate false recall altogether. A 1998 study (Seamon, Luo & Gallo, 1998) showed that some participants misidentified the critical lure even when presentation speed was manipulated.

Many academic psychologists believe that the process that leads to the misidentification of semantically related words in a laboratory setting might also apply to false memory formation for complex enduring events. False memory researcher Elizabeth Loftus and her colleagues have designed numerous experimental studies in which her participants were induced to recall false memories for an event. For example, in one study they asked test subjects to rate the likelihood that they experienced certain events during their childhood. Two weeks later, they instructed the participants to imagine that they had participated in certain fictitious events using imagination exercises. In that study, twenty-four percent of the participants developed a false memory that the imagined event had occurred. It is interesting to note that 12% of those who did not participate in the imagination exercise also developed a false memory. External suggestions received from others were instrumental in constructing false memories.

Researchers Saul Kassin and Katherine Kiechel (1996) attempted to produce false memories for an enduring event in a compliance experiment with college students. Participants were asked to type the letters they were dictated on a computer, but not to press the ALT key because the computer would crash. A minute after the dictation began the experimenter caused the computer to crash and feigned distress telling the student that all of the information had been lost. He accused the student of pressing the ALT key. Half of the students were informed by a “witness” that they had been observed pressing the ALT key and the other half were not. Students whose “mistake” was confirmed by a witness were more likely to admit guilt, sign a confession and develop a false memory for the event than students who were not directly observed by the “witness”. Because some students formed a memory for an event that never happened, they were deemed to have developed a false memory for the event, primarily due to social compliance that precipitates false memory formation.

A study by Rinad Beidas (2003), on individual differences in the formation of false memories, found that high suggestibility is not related to the formation of false memories in the Semantic Word Association Test. Students were administered the Gudjonsson Suggestibility Scale 2 and the Semantic Word Association Test in order to assess an association between suggestibility and the DRM word memory paradigm. Test results revealed that there was no statistically significant correlation between false recall or false recognition with the Semantic Word Association Test (Beidas, 2003, p. 83). Beidas also examined whether or not students who produced false memories on an experiment using the Kassin and Kiechel model scored high on the GSS2. A positive correlation was found among participants who confessed to pressing the ALT key, but not for students who denied pressing the ALT key. The Beidas experiment results suggest that both social compliance and suggestibility are factors in the formation of false memories, but that false memories for words and complex events are different entities (Beidas, 2003, pp. 84-85).

A controversial false memory study on self-reported alien abductees at Harvard University by Susan A. Clancy and colleagues (Clancy, McNally, Schacter & Lenzenweger, 2002) has been vigorously contested by several researchers from the UFO community. Clancy et al. recruited participants by placing want ads in area newspapers. The experimental group advertisement stated that Harvard University researchers were “seeking people who may have been contacted or abducted by space aliens to participate in a memory study.” The control group advertisement simply stated that Harvard University researchers were “seeking people to participate in a memory study” (Clancy et al., 2002, p. 456). None of the participants met the customary criteria for alien abduction, such as some conscious recall of a close encounter with a UFO and/or alien beings, multiple witness testimony, confirmed missing time, forensic evidence, consistent hypnotic recall by more than one witness, passing a polygraph exam, etc. The experimental subjects all met the criteria for sleep paralysis and hypnagogic hallucinations and all had been exposed to popular media pertaining to alien abduction. The test subjects were divided into three groups: 1. recovered memory (n = 11, mean age=47.0) who recovered memories of abduction through therapy, hypnosis or spontaneous recall; 2. repressed memory (n = 9, mean age=40.4) who suspected they had been abducted due to insomnia, a strong interest in science fiction, waking up with body marks, etc., but had no recall of an event; 3. control group (n = 13, mean age=46.1) who denied having been abducted. (Clancy et al., 2002, 457-8)

Clancy and her team hypothesized that the experimental groups would recall a higher percentage of false targets on the DRM word paradigm (discussed above) than the control group, suggesting that they were prone to false recall and false recognition. This hypothesis fell short of statistical significance on false recall, but was significant on false recognition. Variables such as the frequency with which rote memorization is used, fatigue, anxiety, and age are all factors in rote memorization. As noted above, the Beidas study suggests that high scores for false recognition and false recall on the DRM may not be an indication of false memory for complex events, such as a UFO abduction.

All three groups completed four subjective experiences scales designed to measure PTSD, depressive symptoms, memory lapses, and hypnotic suggestibility; and four schizotypy personality and schizophrenia screening measures. These screenings indicated that although the experimental groups experienced a slightly higher degree of depressive symptoms and anxiety than the control group, they were for the most part normal, although many exhibited higher levels of creativity, vivid memory formation, open-mindedness toward psi experiences, and the ability to become absorbed in music, a movie or nature, which Clancy et al. interpreted as fantasy proneness.

The researchers hypothesized that the two experimental groups would score higher on the schizotypy screening measures than the control group. Schizotypal behaviors include odd or eccentric behavior, a lack of close friends outside of the family, magical thinking, excessive social anxiety associated with paranoid fears, and odd thinking and speech (Schizotypal Personality

Disorder, [www.Mentalhealth.com/dis1/p21-pe03.html](http://www.Mentalhealth.com/dis1/p21-pe03.html)). Schizotypal behavior disorder (SBD) is considered a mild variant of schizophrenia. Multiple family studies indicate that persons with SBD and schizophrenia can have a similar genetic predisposition. Schizotypy falls on the lower end of the continuum and indicates a tendency to exhibit some of the characteristics of the disorder. Both disorders can only be diagnosed by a psychologist or psychiatrist.

The experimental groups scored significantly higher on the Magical Ideation Scale and the Perceptual Aberration Scale than the control group, but not on the Referential Thinking Scale. In order to gain a full understanding of the significance of each group's performance on these measures, it seems worthwhile to become somewhat familiar with the questions asked. The Magical Ideation Scale is a thirty question true/false self-reported inventory. It was originally introduced as an indicator of schizotypy but has been found to be indicative of thinking styles found in the normal population. Individuals with high scores on this measure scored significantly higher than control groups on tests for creativity. It lists statements such as:

- Horoscopes are right too often for it to be a coincidence.
- If reincarnation were true, it would explain some unusual experiences I have had.
- I sometimes have a feeling of gaining or losing energy when people look at me or touch me.
- Some people can make me aware of them just by thinking about me.

Those who score in the 0-3 range are considered linear thinkers. A score of 4-12 is normal for males and 4-15 is normal for females. All three groups were represented by one more male than female member. Scores above 16 are schizotypal. The Recovered memory group (6 men, 5 women) scored 10.7 (SD: 5.0)—clearly within the normal range. The Repressed Memory Group (5 men, 4 women) scored 11.1 (SD: 5.5)—this indicates that perhaps one subject scored within the schizotypal range, but all others were within the normal range. The control group (7 men, 6 women) did not fall within the normal mean range for men or women. They scored 3.8 (SD 3.5) indicating that some were in the linear group, although others fell within the low normal range. The researchers interpreted this information as a confirmation of their hypothesis. Although the experimenters' hypothesis was confirmed, the mean score for the two experimental groups fell within the normal range and the mean score for the control group fell below the normal range close to the linear thinking range.

The Perceptual Aberration Scale measures psychotic-like experiences such as body discontinuities and unusual scenery experiences, (e.g. I felt that something outside of my body was part of my body.) On this thirty five question self-report inventory, the Recovered Memory Group's mean score was 8.0 (SD: 7.9), The Repressed Memory Group averaged 6.6 (SD: 5.3), and the Control Group averaged 3.1 (SD 2.3). The mean score for this measure varies by racial groups (whites score lower than other racial groups), and gender. White women average 6.7 (SD: 5.86) and white men average 6.64 (SD: 6.23). (22) These findings indicate that although the recovered memory group scored higher than the repressed memory or control groups, they all fell within the average range. The scores confirmed the researchers' schizotypyl hypothesis but did not support the contention that the experimental subjects deviated from the norm.

The Referential Thinking Scale is a thirty four question true/false inventory that measures ideas of reference, (e.g., the idea that strangers are talking about you or that songs were written

about you). The test results failed to support the research team's hypothesis that the experimental groups would score measurably higher on this scale.

A critical analysis of the test subjects' scores reveals that the control group performed below the norm on various measures including the Perceptual Aberration and Magical Ideation Scales. They seemed to be a group of particularly linear thinkers. If this observation is correct, as a group they would be expected to perform better on an orally presented memory test than would non-linear thinkers. We know that these left-brain, linear types are auditory thinkers who process information in a sequential, analytical order. They are good rote memorizers, whereas right brained intuitives tend to see the whole picture and are not facile at rote memorization. It appears that the test subjects were two opposite learning style types and this would obviously skew the test results. Therefore, one has to question the validity of Clancy's conclusions.

Susan Clancy participated in an additional memory distortion research project in 2004 (McNally et al., 2004). In 2005, her book *Abducted: How people come to believe they were kidnapped by aliens* created uproar in the UFO community. In *Abducted*, Clancy conjectured that those who believe they were abducted by aliens are scientifically naïve and gullible. She states that they create vivid fantasies from a toxic mix of nightmares, culturally available images and media saturation, which are reinforced by unscrupulous hypnotists. She further asserts that they are eccentric, prone to magical thinking, and have a belief in the paranormal. She appeared on the Peter Jennings ABC UFO show on February 24, 2005, and on a Larry King UFO show on July 6, 2005. In her TV appearances she seemed to be claiming that all abductions could be explained away as sleep paralysis, and seemed ignorant of the contrary evidence, such as people who report that they have been abducted from many locations outside of their bedrooms and while driving, working, walking, and so on. In the book, she explains that she had been working on false memory syndrome in people who may have been sexually abused as children. There was a serious problem of determining whether or not they really had been abused. She thought UFO abductions would be much easier because: "Here was a group that had repressed memories, but the memories would be much less painful to hear about than memories of childhood sexual abuse." She provides no data to substantiate this claim. In fact, in the Betty and Barney Hill case, Dr. Simon had noted to Dr. James E. McDonald that the intensity of emotion in some of the hypnosis sessions of Betty and Barney Hill exceeded that of any soldiers with whom he had worked. Clancy goes on: "Even better, alien abductees were people who had developed memories of a traumatic event I could be fairly certain had never occurred...I needed to repeat the [false memory] study with a population that I could be sure had recovered false memories. Alien abduction seemed to fit the bill." She would use the same techniques as with the sexual abuse people, and addressed the "corroboration issue since it was certain the event hadn't happened." As Friedman and Marden note, surely a scientific study about UFO abductions cannot start with the presumption that such events have never happened (Friedman & Marden, 2007, p. 256; citing Clancy, 2005, pp. 19, 20, 26, 41, 51, 52, 95).

As for relying upon the DRM word memory paradigm as a valid study method for complex false memory, both Pezdek and Lam (2005) and Ost, Blank, Davies, Jones, Lambert, and Salmon (2013) have been very critical of the approach. Pezdek and Lam criticized cognitive psychologists for "jumping on the false memory research bandwagon" because the effect is so easy to demonstrate, whereas relatively few researchers (only 13% of the 198 articles they reviewed) have studied false memory as the term was originally intended—to specifically refer to planting memory for an entirely new event that was never experienced in an individual's lifetime. This is like the drunk looking for his keys under the lamppost, not where he lost them and would be likeliest to find them but rather where it is easiest to conduct the search. Ost et al. (2013) basically concur and conclude that DRM errors are unrelated to false memory creation as the term was originally coined.

## METHOD

Twenty-six of the best documented cases of the alleged alien abduction experience were selected from the literature and examined for compatibility with the hypothesis that these experiences represent memory distortion by people who believe they have recovered memories of a traumatic event that never occurred. All but three of the cases were presented in the Catalogue of Abduction Cases in Section XIII of Richard H. Hall's book, *The UFO Evidence* (2001). Criteria for inclusion included completeness and familiarity with either the investigators or the experiencers by the first two authors, so there are an over-representative number of cases from the northeastern United States. All Latin American cases were excluded. One excluded case that the first author was familiar with the investigators on was the Herbert Schirmer, December 3, 1967 case occurring in Ashland, NE. Although considered an excellent case, it was excluded because it became known that Schirmer had received a head injury while serving in the military in Vietnam, and this was considered an unnecessary complication. A list of the cases with dates, environment, witnesses names (some are pseudonyms), and locations is shown in Table 1.

Table 1. Best Documented Alien Abduction Cases from the UFO Literature

| Case | Date       | Environment | Names of Experiencers                         | Location   |
|------|------------|-------------|---|--|
| 1    | 3/22/1953  | Cabin       | Sara Shaw and Jan Whitley                     | Tujunga Canyon, CA                                       |
| 2    | 9/19/1961  | Mountain    | Betty and Barney Hill                         | Indian Head, near Lincoln, NH                            |
| 3    | 1/25/1967  | House       | Betty Andreassen and family                   | South Ashburnham, MA                                     |
| 4    | 8/7/1968   | Camp        | Michael Lapp and Janet Cornell                | Buff Ledge Camp, Colchester, VT                          |
| 5    | 4/5/1969   | Lake        | Denis McMahon, Paul Federico, Douglas Sharkey | West Nyack, NY<br>Vineland Station to St. Catharines, ON |
| 6    | 10/16/1971 | Highway     | Rock Band                                     | Pascagoula, MS   |
| 7    | 10/11/1973 | River       | Charles Hickson and Calvin Parker             | Langford Budville, UK                                    |
| 8    | 10/16/1973 | Road        | Gabriella Versacci                            | Lehi, UT   |
| 9    | 10/16/1973 | Yard        | Patty Roach and daughters                     | Goffstown, NH  |
| 10   | 11/2/1973  | Road        | Mrs. Lyndia Morel                             | Medicine Bow Forest, Rawlins, WY                         |
| 11   | 10/25/1974 | Forest      | Carl Higdon                                   | Oxford, Tripp Pond, ME                                   |
| 12   | 10/27/1975 | Lake        | David Stephens and Glenn                      | Heber south 10 miles, AZ                                 |
| 13   | 11/5/1975  | Forest      | Travis Walton                                 | Stanford west 3 miles Hwy 78, KY                         |
| 14   | 1/6/1976   | Highway     | Louise Smith, Mona Stafford, Elaine Thomas    | Le Martinet, near Hostun, Drome, France                  |
| 15   | 6/11/1976  | Highway     | Helene Giuliana                               | Colby west 5 miles, KS                                   |
| 16   | 6/20/1976  | Forest      | Mr. and Mrs. Delduca and infant               | Coeur d'Alene, ID  |
| 17   | 6/20/1977  | Bedroom     | Gayle Bever                                   | North Charleston, SC                                     |
| 18   | 3/18/1978  | Swamp       | William Herrmann                              | East Didsbury, Manchester, UK                            |
| 19   | 8/19/1979  | River       | Lynda Jones                                   | Pudasjarvi, Finland                                      |
| 20   | 4/2/1980   | Bridge      | Ms. Aino Ivanoff                              | Lake Ford Reservoir, TX                                  |
| 21   | 8/22/1980  | Lake        | Meagan Elliott and daughter Renee             | Longmont south 2 miles, CO                               |
| 22   | 11/19/1980 | Highway     | Michael and Mary                              | Todmorden, West Yorkshire, UK                            |
| 23   | 11/28/1980 | Road        | Alan Godfrey                                  | Jefferson south 4 miles, South Park Valley, CO           |
| 24   | 8/13/1982  | Highway     | Ed and Denise Stoner and daughter             | Goodland east I-70, KS                                   |
| 25   | 11/6/1989  | Highway     | Susan and Jennifer                            | Eumemmerring Creek, Victoria, Australia                  |
| 26   | 8/8/1993   | Road        | Kelly Cahill and husband, 3 other abductees   |  |

## RESULTS

The results of the content analysis are shown in Table 2, which has been inserted after the references. The evidence strongly suggests that neither the hypnopompic hallucination hypothesis nor the false memory syndrome hypothesis is compatible with the facts of these 26 cases. This is so because, contrary to commonly held belief, nearly all of these experiences (85%) initially occurred when the abductee(s) were outdoors and fully awake, not in the bedroom, and the majority of experiencers (69%) were not alone at the time they reported being taken. In fact, multiple abductions occurring simultaneously are the rule and not the exception, with an average of 2.46 people being abducted per event. Furthermore, nearly all (96%) have conscious recall for at least a part of their abduction experience (some have completely conscious recall of the entire event).

The vast majority (92%) had conscious recall, not with hypnosis, of observing an unconventional aerial object (UFO) near their house, vehicle, or tent prior to or during their

abduction, while nearly six out of ten (58%) had conscious recall (not with hypnosis) of observing non-human entities prior to their abduction experience. Interestingly, 61.5% reported that they or the vehicle they were riding in was levitated off the ground as the method of capture. In an additional nine cases or 35% of the reports the experiencers had no recollection of how they boarded the UFO craft even with the assistance of hypnotic regression; they experienced what is referred to as “doorway amnesia”, an aspect of abduction reports that is seldom reported in the media. Another interesting statistic is all but one of the abductees (96%) reported a medical, gynecological exam, and the only one who did not could not recall what her onboard experiences entailed.

The majority (69%) reported suffering physiological problems such as headaches, extreme fatigue, and being unwell (conjunctivitis and gastrointestinal problems) subsequent to their alleged encounter. Moreover, the majority (58%) also has or had unexplained persistent marks on their bodies including burn marks, bruises, and scoop marks. Many (19%) have corroborating physical evidence such as physical landing trace marks, radar returns, or unexplained damage or marks on their vehicles, and some had independent witnesses to confirm their stories (15%).

## DISCUSSION

All of these cases from the reported literature occurred over 20 years ago. Is the alien abduction phenomenon still going on today? The answer appears to be yes, although the abduction experiencers are reluctant to discuss their experiences with the mainstream media, and instead have reached out to join online support groups and networks. Of related interest is a survey that was conducted in 2012, the “Marden-Stoner Commonalities among UFO Abduction Experiencers Study” with 50 respondents and only one overlapping case in the present study (Denise Stoner).

In their survey, 32 of 42 experiencers (76%) indicated they were not alone when they were taken. The vast majority (88 percent, or 44 of 50) had conscious recall for at least part of their abduction experience. Fifty-six percent of experiencers recalled portions of the experience through dreams, and 36 percent through hypnotic regression. Sixty-seven percent (28 of 42) had conscious recall (not with hypnosis) of “the observation of an unconventional craft at less than 1,000 feet prior to an abduction experience” (Marden & Stoner, 2013, p. 122). The majority (56%) had conscious recall (not with hypnosis) of observing non-human entities immediately prior to an abduction while they were outside their home. Forty-three percent stated that witnesses reported a UFO near their house, vehicle, tent, etc., prior to an abduction.

The majority (58%) of the experiencers were aware of having a medical/gynecological exam performed on them while on an alien craft. Sixty-eight percent of the experimenter group also reported malfunctions of electrical equipment such as lights, appliances, digital watches, computers, etc., as an aftereffect of the abduction experience, compared to only 32% of the control group of 25 non-experiencers reporting similar electrical equipment malfunctions (Marden & Stoner, 2013, p. 123). Over eight in ten (83%) of experiencers have awakened with unexplained marks on their bodies, such as burns, puncture wounds, and evidence of bloody nose. Only 20% of the control group (5 of 25) reported awakening with unexplained marks on their bodies. Nearly seven in ten (69% or 22 of 32) of the female experiencers have experienced gynecological problems that they suspect are related to their abduction experiences. In contrast, one-third (3 of 9) of the female control group reported experiencing gynecological problems. (Marden & Stoner, 2013, p. 124-5).

Conclusion. Although there are undoubtedly cases of confabulated and imagined UFO abductions, there is a widespread misperception among psychologists and mental health professionals of what constitutes the true nature of the reality of the best documented cases, and the hypotheses of fantasy proneness, hypnopompic hallucinations, and false memory syndrome do a poor job of explaining the most substantiated cases. As John Mack and colleagues have pointed out

(1996), “abduction accounts cannot be dismissed as hypnotic elaboration because approximately 30% of these accounts are obtained without hypnosis” (23% in the current analysis). There is also substantial evidence that individuals reporting abduction experiences are not more hypnotizable or fantasy prone than the general populace.

Really the only conclusion that can be drawn from the psychological literature on self-reported abduction experiencers is that fantasy prone people with thin boundaries, individuals who experience dissociative states, and those who experience certain sleep anomalies (such as narcolepsy) might be prone to believing they have been abducted by UFO aliens when they have not. If they are hypnotized by an authority figure with a personal bias in favor of the reality of UFO abductions, and asked leading questions while in a trance state, or if they firmly believe they have been abducted and have had exposure to abduction information through a network of UFO abductee support groups, then they might confabulate an abduction experience. Once they have confabulated such an experience under hypnosis they might bring themselves to believe that what was a purely psychological phenomenon is a real UFO abduction. However, it is critically important to assert that responsible therapists and UFO abduction researchers refuse to hypnotize individuals who fall into this category. They maintain that the primary requirement for any use of hypnosis to aid memory recall should be a substantial amount of circumstantial evidence that the experience was real and not merely a hallucination of fantasy. (Marden, 2012, p. 24).

The experienced anomalous trauma (EAT) victims represent a second category of experiences. First of all, they can demonstrate they have a firm grasp on the date and time of the occurrence of their abduction experience(s). This is not a vague recollection of some imagined experience, but it is an example of retrograde amnesia brought on by a traumatic event or some kind of mind control technique employed by the perpetrators. They often have quite vivid memories leading up to the missing time experience, and the missing time is usually short, on the order of a few hours (for each occasion, because many report repeated missing time/abduction experiences). The other difference is that often these abduction experiences leave lasting scars and medical problems. Both the first and second author have interviewed a dozen or more abductees each who have shown us scars or scoop marks which they relate were caused by their experiences. This is not proof in itself, but the circumstantial evidence begins to build up when you hear the same stories and see the same marks time and again. The female abductees in particular appear to have it the worse; they have more scars and the most serious chronic health problems. This is true for the data in this study and the Marden and Stoner survey. Sixty-nine percent of the women in their study have experienced gynecological problems that they suspect are related to their abduction experiences, versus only one-third of the women in the control group. Thirty-eight percent of the experiencer group have been diagnosed with chronic fatigue syndrome or reactivated mononucleosis, although the prevalence in the general population is less than one percent. It is our considered opinion and conviction that this abduction phenomenon is reality based, and that people are being physically taken against their will. Many of them have PTSD symptoms, and the shame is that they are not believed by most people that they know and meet. And unlike most trauma victims, they can be given no reassurance that they are safe and that what they have experienced won't happen to them again.

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Table 2. Case analysis showing whether the event occurred outdoors, number of abductees, alone or in a group, conscious recall of lights, conscious recall of UFO, conscious recall of aliens, hypnosis used, length of missing time (minutes), whether levitation occurred, onboard medical exam, marks on body, physical traces found, independent witnesses, psychic after-effects, and whether personality or lifestyle change occurred.

| Case   | Outdoors/<br>Indoors | Abductees | Not<br>Alone | Con-<br>scious<br>Recall<br>Lights | Con-<br>scious<br>Recall<br>UFO | Con-<br>scious<br>Recall<br>Aliens | Hypno-<br>sis | Missing<br>time<br>(mins.) | Levi-<br>tation | Medical<br>Exam | Medical<br>Problems | Marks<br>on<br>body | Physic-<br>al<br>traces | Ind.<br>Wits. | Psychic<br>After-<br>effects | Personality<br>Lifestyle<br>Change |
|--------|----------------------|-----------|--------------|------------------------------------|---------------------------------|------------------------------------|---------------|----------------------------|-----------------|-----------------|---------------------|---------------------|-------------------------|---------------|------------------------------|------------------------------------|
| 1      | Indoor               | 2         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 140                        | Yes             | Yes             | No                  | No                  | No                      | No            | Yes                          | Yes                                |
| 2      | Outdoor              | 2         | Yes          | Yes                                | Yes                             | Yes                                | Yes           | 120                        | No              | Yes             | Yes                 | Yes                 | Yes                     | No            | Yes                          | No                                 |
| 3      | Indoor               | 8         | Yes          | Yes                                | Yes                             | Yes                                | Yes           | 240                        | Yes             | Yes             | No                  | No                  | No                      | No            | Yes                          | Yes                                |
| 4      | Outdoor              | 2         | Yes          | Yes                                | Yes                             | Yes                                | Yes           | 60                         | Yes             | Yes             | Yes                 | No                  | No                      | Yes           | No                           | No                                 |
| 5      | Outdoor              | 3         | Yes          | Yes                                | Yes                             | Yes                                | No            | 120                        | ?               | Yes             | No                  | No                  | Yes                     | No            | No                           | No                                 |
| 6      | Outdoor              | 7         | Yes          | Yes                                | Yes                             | Yes                                | No            | 60                         | Yes             | Yes             | No                  | No                  | No                      | No            | ?                            | ?                                  |
| 7      | Outdoor              | 2         | Yes          | Yes                                | Yes                             | Yes                                | No            | 25                         | Yes             | Yes             | Yes                 | Yes                 | No                      | No            | Yes                          | Yes                                |
| 8      | Outdoor              | 1         | Alone        | Yes                                | Yes                             | Yes                                | No            | 180                        | ?               | Yes             | ?                   | Yes                 | No                      | No            | No                           | No                                 |
| 9      | Indoor               | 5         | Yes          | Yes                                | Yes                             | Yes                                | Yes           | 45                         | Yes             | Yes             | Yes                 | Yes                 | No                      | No            | No                           | No                                 |
| 10     | Outdoor              | 1         | Alone        | Yes                                | Yes                             | Yes                                | Yes           | 30                         | Yes             | ?               | Yes                 | No                  | No                      | No            | Yes                          | No                                 |
| 11     | Outdoor              | 1         | Alone        | Yes                                | Yes                             | Yes                                | No            | 120                        | ?               | Yes             | Yes                 | Yes                 | Yes                     | No            | No                           | No                                 |
| 12     | Outdoor              | 2         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 180                        | Yes             | Yes             | Yes                 | No                  | No                      | No            | Yes                          | ?                                  |
| 13     | Outdoor              | 1         | Yes          | Yes                                | Yes                             | Yes                                | Yes           | 5 days                     | Yes             | Yes             | Yes                 | No                  | No                      | Yes           | No                           | No                                 |
| 14     | Outdoor              | 3         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 80                         | Yes             | Yes             | Yes                 | Yes                 | Yes                     | No            | No                           | No                                 |
| 15     | Outdoor              | 1         | Alone        | Yes                                | Yes                             | No                                 | Yes           | 150                        | ?               | Yes             | ?                   | No                  | No                      | No            | No                           | No                                 |
| 16     | Outdoor              | 2         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 180                        | ?               | Yes             | Yes                 | Yes                 | No                      | No            | No                           | No                                 |
| 17     | Indoor               | 1         | Alone        | No                                 | No                              | Yes                                | Yes           | 120                        | Yes             | Yes             | Yes                 | Yes                 | No                      | No            | No                           | No                                 |
| 18     | Outdoor              | 1         | Alone        | Yes                                | Yes                             | Yes                                | Yes           | 180                        | ?               | Yes             | No                  | No                  | No                      | No            | No                           | No                                 |
| 19     | Outdoor              | 3         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 80                         | ?               | Yes             | Yes                 | Yes                 | No                      | No            | Yes                          | No                                 |
| 20     | Outdoor              | 1         | Alone        | Yes                                | Yes                             | No                                 | Yes           | 60                         | ?               | Yes             | Yes                 | Yes                 | No                      | No            | No                           | No                                 |
| 21     | Outdoor              | 2         | Yes          | Yes                                | Yes                             | Yes                                | Yes           | 300                        | Yes             | Yes             | Yes                 | No                  | No                      | No            | No                           | No                                 |
| 22     | Outdoor              | 2         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 70                         | Yes             | Yes             | Yes                 | Yes                 | No                      | No            | No                           | Yes                                |
| 23     | Outdoor              | 1         | Alone        | Yes                                | Yes                             | No                                 | Yes           | 65                         | Yes             | Yes             | No                  | Yes                 | No                      | Yes           | No                           | Yes                                |
| 24     | Outdoor              | 3         | Yes          | Yes                                | No                              | No                                 | Yes           | 180                        | Yes             | Yes             | Yes                 | Yes                 | No                      | No            | Yes                          | Yes                                |
| 25     | Outdoor              | 2         | Yes          | Yes                                | Yes                             | No                                 | Yes           | 120                        | Yes             | Yes             | Yes                 | Yes                 | No                      | No            | Yes                          | Yes                                |
| 26     | Outdoor              | 5         | Yes          | Yes                                | Yes                             | Yes                                | No            | 120                        | ?               | Yes             | Yes                 | Yes                 | Yes                     | Yes           | Yes                          | Yes                                |
| Pct or |                      |           |              |                                    |                                 |                                    |               |                            |                 |                 |                     |                     |                         |               |                              |                                    |
| Avg.   | 84.6%                | 2.46      | 69.2%        | 96.2%                              | 92.3%                           | 57.7%                              | 76.9%         | 120                        | 61.5%           | 96.2%           | 69.2%               | 57.7%               | 19.2%                   | 15.4%         | 38.5%                        | 30.8%                              |

## Appendix: Experienced Anomalous Trauma: Abduction Case Files

### 1. March 22, 1953; “Sara Shaw”, 21, & “Jan Whitley”, 22; Tujunga Canyon, California

At two o'clock in the morning in an isolated cabin in Tujunga Canyon, **California** two young women in their early twenties, Shaw and Whitley, remembered seeing an oscillating light followed by a period of about two hours of missing time. Under hypnosis an abduction scenario was recalled. Seven or eight beings, all dressed in black, tight-fitting, one-piece suits, entered the cabin through closed windows (that is, they somehow passed through the glass panes in the windows). They had oval-shaped, hairless faces. Six of the beings were about five feet tall. Two of the beings were of average height but thin, estimated at 5 feet 7 inches tall. They all had slender builds, narrow shoulders, and long arms. The abductees were paralyzed, taken aboard a domed disc, and given physical exams. The UFO-nauts communicated with each other using an unintelligible language, but they used telepathy with the abductees, and allegedly left them with some information about future events. (Sources: Ann Druffel, *MUFON UFO Journal*, February 1976, p. 8; Ann Druffel & Scott Rogo, *The Tujunga Canyon Contacts*, p. 15; Thomas E. Bullard, *UFO Abductions, The Measure of a Mystery*, case 193a).

### 2. September 19-20, 1961; Betty Hill, 41, & Barney Hill, 39; Near Indian Head, New Hampshire

In perhaps the most famous UFO abduction story ever reported, Betty and Barney Hill, a biracial married couple active in the Civil Rights movement, were driving home from Montreal to their home in Portsmouth, **New Hampshire** late on this evening. Four miles south of Lancaster Betty noticed a new light in the sky. South of Twin Mountain and through Franconia Notch the bright lighted object seemed to be pacing their car, and they continued to observe it as they drove along a desolate section of U.S. Route 3 through the White Mountains. Around Indian Head, **New Hampshire** they stopped by the side of the road to take a closer look, and saw through binoculars a lenticular object with a double row of portholes. Barney followed the craft to an adjacent field where it descended lower. Now he saw a half a dozen dark figures working at control panels inside. One of the occupants seemed to stare directly at him. They became frightened and drove away. A "beeping sound" enveloped their car, and they felt a prickling sensation before losing consciousness.

When they came to, they were driving near Ashland, **New Hampshire**, 35 miles south of their previous location. They arrived home in Portsmouth unable to account for about two hours. A series of nightmares and then a series of hypnosis sessions performed by a psychiatrist in Boston brought back memories of their abduction experience by the occupants of the UFO. They encountered six five-foot-tall entities with large eyes and heads. One acted as their guide or interpreter, and he communicated with them by telepathy. They were separated. Betty's dress was removed and Barney's trousers were lowered. Their shoes were removed for a medical exam during which a needle was inserted in Betty Hill's navel, and Barney's dentures were removed and examined. There was also a map of the stars seen at one point, and Betty asked to take an artifact as evidence of their experience, but was refused. (Sources: John Fuller, *The Interrupted Journey*, New York: Dial, 1966; Thomas M. Olsen, *Reference for Outstanding UFO Reports*, case 125; Jacques Vallee, *Passport to Magonia: A Century of Landings*, case 524; UNICAT, case 328, Stanton Friedman and Kathleen Marden. *Captured! The Betty and Barney Hill UFO Experience*. New Jersey: Career Press, 2007).

**Sketch of UFO seen by Betty and Barney Hill before their abduction near Lincoln, New Hampshire September 19, 1961**



**3. January 25, 1967; Betty Andreasson, 30; Waine Aho (father), 60, Becky Andreassen (daughter), 11; plus several other children; South Ashburnham, Massachusetts**

Shortly after sunset, Betty Andreasson, her parents and her seven children were frightened by a pulsating reddish-orange light outside their backyard in South Ashburnham, **Massachusetts**. This was accompanied by a "silent vacuum" and failure of all the lights in the house. Four entities appeared before Betty in the kitchen after passing through a closed door. The beings were nearly identical in appearance, with large baldheads, gray skin, large wrap-around eyes with hazy, light gray interiors. They had "scar like" mouths and holes for noses and ears. They wore sparkly, dark blue uniforms with a lighter blue "Sam Browne" strap. They had bulky hands, possibly gloved, and wore boots.

Their leader, named "Quazgaa", was slightly taller and his suit was darker than the others. The reported height of the entities was between 3 1/2 and five feet. Quazgaa began telepathic communication with Betty in the kitchen. He asked her for some food and was offered some leftover meat. The beings declined, asking that it be cooked again and she cooked it on the stove. They followed her into the living room where she handed the leader a Bible. He created several copies and handed them to the crew. He in turn handed her a thin, blue book containing their form of knowledge, which remained in her possession for nine days. During these proceedings the other family members were sitting in the living room in a trance state. However, Betty's daughter remembered and confirmed part of the above testimony. Betty was then "talked into" going onboard the entities' craft. She was on board for an estimated two hours. During this time she was led through several rooms, was given a physical exam, and had a needle inserted in her nostril and another in her navel, and had a body scan by a device that looked like a giant eye. She was then placed in an enclosed seat that was filled with a soothing liquid, in which she was "prepared" for an unusual journey.

Accompanied by two guides she visited an alien realm where she saw cities, strange bug-eyed creatures, and a vast ocean. She had a traumatic religious experience, which led her to believe that the beings were some form of "angels." Returning from the journey she was led back to her home by two of the entities, one named Joohop. Her family was still in a state of suspended animation. Her daughter later recalled being "baby sat" by the one remaining entity. The beings, holding spheres of light in their hands, proceeded to put the family to bed, Betty the abductee being the last. The incident included automatic writing, speaking in strange tongues, visions, message transfer and telephone "contact," some of these occurring under hypnosis and others during the investigation. Betty was found to have

several previous contacts and numerous post-1967 abduction experiences as well. (Source: David F. Webb & Ted Bloecher, *HUMCAT: Catalogue of Humanoid Reports*, case 1967-127, citing Ray Fowler, Joe Santangelo, Jules Vaillancourt, David Webb, Fred Youngren & Dr. Herbert Edelstein).

#### **4. August 7, 1968; Michael Lapp, 16, & Janet Cornell, 19; Buff Ledge Camp, Colchester, Vermont**

On this date a very important and well investigated abduction case occurred on the shores of Lake Champlain near Milton, **Vermont**. In the late afternoon at a private camp called Buff Ledge two teenage camp counselors, a man and a woman, had stayed behind from a camp wide swimming meet and were relaxing by the dock on their day off. They saw a large, glowing cigar-shaped object swoop low over the lake in the distance. Three small round objects left the large "mothership," which then departed. Two of the small objects also left, but the third, a domed disc-shaped craft, descended close to the witnesses. It had a transparent dome and a revolving rim. The craft approached the dock and hovered very close to the witnesses. Two beings could be seen inside the dome. They had large elongated heads, huge eyes, two nasal openings, and small mouths. The beings apparently communicated telepathically with the witnesses. They had no conscious recollection of what happened next, and the next thing they remembered it is getting dark and they heard the campers returning from their swim meet. They had lost track of at least an hour of time.

They never talked about the incident because the camp ended the next day and they went their separate ways. Years later the man contacted UFO investigator Walter Webb about his missing time experience. He remembered that the girl was planning to attend a college in the southeastern U.S. By knowing the name of the woman's college, Webb was able to track the second witness down by contacting her college's alumni department. He called her and asked her if she would like to come back to New England and talk about the incident. She agreed, and through hypnosis both witnesses independently recalled nearly identical accounts of their abduction experience.

They gave separate but nearly identical accounts of what happened to them. When the UFO moved over the dock they were bathed in light from the object, and both witnesses went into a trance state. They were taken onboard the craft, although they had no recollection of how they had gotten there. They were both given medical examinations on a table. They both gave independent accounts of recalling seeing nearly identical instrument panels and other instruments. Their sketches of the aliens and the UFO craft were quite similar. When they awoke on the dock it was evening. An independent witness, a camper who had run down to the lake ahead of all the others, saw the lighted UFO as it departed the scene. (Sources: Walter N. Webb, *Encounter at Buff Ledge*, Chicago: Center for UFO Studies, 1994, 306 pages; Walter N. Webb, CUFOS case investigation files, report dated July 22, 1979; Richard Hall, *The UFO Evidence, Volume II: A Thirty-Year Report*, p. 13; Richard Haines, *Project Delta: A Study of Multiple UFO*, p. 188; David F. Webb & Ted Bloecher, *HUMCAT: Catalogue of Humanoid Reports*, case A1002, citing Walter Webb; Albert S. Rosales, Humanoid Contact Database 1968, case # 349, citing Walter Webb, *MUFON UFO Journal*, issue #241).

#### **5. April 5, 1969; "Denis McMahon", 17, "Paul Federico", 17, "Douglas Sharkey", 17; West Nyack, New York**

The three teenagers were parked in a remote area of West Nyack, **New York** at 7:15 p.m. when they saw a light approach. They got out of the car and saw a large oval-shaped craft with lights around its edge and a beam of light shining from its center. A memory lapse occurred, with one witness vaguely

recalling the object landing and shining a beam of light towards them. Later one of the witnesses spontaneously remembered being inside a circular room lying on a white Formica table. He was surrounded by several humanoids described as being five-foot tall with pale gray skin, large round heads, and large black eyes. These beings were well built and wore tight fitting grayish green coveralls. One being appeared to be the examiner, and he wore a turtleneck garment and peered intently into the witness's face. At one point one of the witnesses remembered struggling and thought it felt that he had been ripped to pieces and then reassembled again. (Sources: Budd Hopkins, *Missing Time*, p. 111; Albert S. Rosales, Humanoid Contact Database 1969, case # 489, citing Thomas E. Bullard, *UFO Abductions The Measure of A Mystery*).

**6. October 16, 1971; Jack T., 16, and six other member of the rock band; St. Catharines, Ontario, Canada**

Six members of a rock band were returning from a performance and were driving in a van near St. Catharines, **Ontario** when they saw a large disc-shaped object with brightly lit portholes and blue beams of light shining on the roadway. The group tried to turn back but the van came under the control of the object and it drove directly towards it. They got to within 20 feet of the craft and the van stopped. They all felt heat at this point. They then saw a face with large black eyes staring at them through the window. The back door of the van was opened and four humanoids stood there. They had large hairless heads and large black eyes. The beings communicated telepathically with the witnesses telling them they would not be hurt. Three of the witnesses were taken inside the object and tested with numerous instruments. At one point the aliens told one of the witnesses that there was not a "correct religion on earth." (Sources: *FSR*, March 1984, p. 2; Thomas E. Bullard, *UFO Abductions The Measure of A Mystery*, case 196; Albert S. Rosales, Humanoid Contact Database 1971, case # 298, citing Lawrence J Fenwick, *SBI Report # 40*).

**7. October 11, 1973; Charles Hickson, 42, & Calvin Parker, 19; Pascagoula, Mississippi**

Two men, Charles Hickson and Calvin Parker, were doing some evening fishing from an old pier in an abandoned shipyard on the Pascagoula River in Pascagoula, **Mississippi**. Shortly after nightfall, at around 8:30 p.m., Charley Hickson, looking around to bait his hook, saw a domed, football-shaped object descend until it hovered just off the ground about 30 feet away from them. The craft had two windows and two blue lights, and made a buzzing sound. When the object landed an unseen door opened to reveal a brilliantly lit interior. Three beings came out and floated toward the witnesses. These beings were about five feet tall. Their skin was gray and rough like elephant skin that made them look like mummies. No clothes were apparent. In the center of their faces was something about two inches long that came out to a point and resembled a nose. They had a slit for a mouth, which never opened, if they had eyes they couldn't be seen because the area above the nose was too wrinkled. They had no neck and their ears were pointed and retractable. Their arms were unusually long, and their hands were like mittens with a thumb attached. Their legs never moved but stayed together like a pedestal. Their feet were elephant-like.

When two of the beings grabbed Hickson by his arms he felt a pain in his left shoulder. This immobilized him and allowed his captors to lift him and somehow float him over to the craft. The third being seized Parker, who immediately went limp. Once inside Hickson was nearly blinded by the light but was unable to close his eyelids. He saw no furniture, only a screen-like device on the wall. He hung suspended in the air at a 45-degree angle while an eyelike device appeared out of the wall in front of his face and circled around him. The beings that held Hickson moved in a stiff, mechanical way but did

their work with speed and efficiency. One made a buzzing sound. The beings then disappeared for some time. When they returned, they grasped Hickson again and floated him through the opening, which had reappeared. They left him back at the place where they had found him. His legs collapsed when he touched the ground. Parker stood by with a terrified look on his face. Meanwhile, the buzzing sound and blue light resumed, and the craft rose straight up and disappeared almost instantly. Hickson "heard" a message in his mind that the beings were peaceful. Hickson subsequently reported having three more close encounter incidents, one of which apparently involved the same beings. Two involved telepathic communication only and the transfer of information that has not been disclosed. (Sources: David F. Webb and Ted Bloecher: *HUMCAT: Catalogue of Humanoid Reports*, case 1973-31; David F. Webb, 1973: *The Year of the Humanoids*).

#### 8. October 16, 1973; Gabriella Versacci, 33; Langford Budville, Somerset, UK

At 2:00 a.m. Gabriella Versacci was driving on the motorway and had just passed the Langford Budville, **England** exit. The highway seemed completely deserted, but she saw the glare of a single headlight ahead of her that seemed to be stationary. As she got closer she saw that it was too bright to be a headlight. Her car suddenly began to lose power. The headlights flickered, dimmed, and then cut out. Next the engine faltered, sputtered then fell silent. Panic-stricken Mrs. Versacci pressed her face to the windscreen struggling to steer the car to a halt in the almost complete darkness. Thinking she could not stay there alone in the vehicle, she climbed out the car. She fumbled with the car hood as she lifted it, and as she stood there feeling helpless she noticed a humming sound, faint at first that seemed to be growing stronger. She could not see the source of the hum. As she stood facing the car a heavy hand came down on her shoulder and pushed her to the ground. She struggled to face her assailant and saw a tall, dark-colored metallic figure. Gabriella then saw flickering multi-colored lights and blacked out. When she came to she was standing in a field. The "robot" like figure was standing next to her, and before them stood a strange bright object. It was half-moon shaped, rounded on top and flat on the bottom. It was silver gray in color and rested on thick legs, of which she saw two but there might have been more. It was about 20 feet in height and forty feet across, and it had large, oblong windows in the middle from which yellow lights issued.

Gabriella now realized that the humming sound came from this object. She then blacked out for a second time. She awoke inside a strange room. It was circular, and she was strapped to a table in the center. She was naked but covered with a light blue blanket. Her wrists were bound to the table by what she described as "large rubber bands." Her spread eagle legs were restrained in the same manner, with the bands holding her ankles to the cold surface of the table. The inside of the craft was freezing. She glanced over to a far wall where the "robot" stood inactive. To her right was a console covered in buttons and dials. The floor was covered in what appeared to be black colored rubber matting. A few moments later, three men that came into view proved her. Two stood to the left of the table while the third went to the foot of the table and picked up some boxes or cubes. He placed three of the objects on a rail, which ran the length of the table, one by her head, one by her feet and one in the middle. As soon as the cubes were placed on the rail they began to glow.

The three men were all about the same height, five feet six inches to five feet eight inches tall. Fair skinned and slim in build, they wore the same garments. All wore a skullcap, tied at the back of the head and ending just above the eyes. Facemasks covered the nose and mouth, so only the eyes and upper face were visible. No hair was visible, but she could make out the hair bumps under the caps. The eyes were more rounded than normal human eyes, and seemed emotionless. All three men wore a tunic with a gray colored edging, long gloves that went to the elbows, and very long aprons that fell as

far as their ankles. Thick-soled boots covered their feet. Every piece of clothing was light blue in color. Throughout the episode none of the men spoke or made any other noise. They looked at each other frequently, and nodded occasionally. Furthermore they did not appear to breathe, making no respiratory noises. During the examination none of the three beings touched Gabriella. The man at the bottom of the bed took a number of gray colored instruments, which he used one by one. A small knife like implement was used to take a nail paring from her right hand index finger. A blood sample was taken with a small plastic looking bottle with tubes and wires attached. Her blanket was removed and a thin pencil-like device was used to prod and probe her and a large black rubber suction device was used on the area around the groin. Soon the examiner placed another blanket over her, which provided badly needed warmth.

Noticing her frequent glances towards the now inactive "robot" the examiner now spoke to her in perfect English. The robot was a trained retriever device. It did all the manual work outside the ship. It brought specimens for examination and study. It was merely a non-thinking intelligence that was programmed to do certain tasks. The examiner spoke in a deep male voice, although Gabriella could not see his mouth move beneath the mask. His eyes never blinked, not even once. His movements appeared practiced, deliberate and precise. When he completed his task, all three men left the room together. After several minutes Gabriella caught sight of the robot again. A flashing purple colored light was coming from it. It did not move but remained by the wall.

Soon one of the men came into view from behind her and walked to the far end of the table. He lifted the end of the blanket from the bottom and stared at her body. At this point she felt something awful was going to happen, and Gabriella struggled with her bonds but could not free herself. The being took a small pin and placed it on her thigh. Gabriella stopped struggling immediately. The device caused numbness in every part of her body apart from her head. The being climbed slowly on the bottom of the bed and slowly and without emotion raped her. She felt discomfort but no pain. Soon the three men came into the room and released her from the table. Gabriella looked down on the floor to see her clothes before passing out one more time that night. When she next regained consciousness Gabriella was standing, fully clothed, next to her car in the deserted country road. Distraught, she drove home. (Source: Thomas E. Bullard, *UFO Abductions: The Measure of the Mystery*).

#### **9. October 16, 1973; Mrs. Patty Roach and four children, especially Bonnie, age 12-13, and Debbie, 6; Lehi, Utah**

A woman was abducted from her home in Lehi, **Utah** as well as possibly three of her children and a neighbor boy, and given a medical examination on board a craft. Carrying a "machine" of some sort, three beings lifted the woman from a couch and carried her by the arms. Her next memory was of a big, bright room with lots of "lights and buttons" and glass tubes containing liquid. She observed four or five humanoids on the craft and at least two human like beings. The humanoids did not communicate with her, were coldly efficient, and made her feel like a guinea pig. They were 40-5 feet tall, with head coverings, no noses, and long fish like mouths, orange hands (gloves?) with two or three big claws or fingers that opened "like a clasp." They had large oval eyes that wrapped around the side of the head. The pupils were big, black, and round and move a lot. Their suits were a fluorescent 'silvery and blue,' in contrast to the three beings that took her from her home who wore shiny, bright white uniforms. During the exam she was hooked up to a machine, probed with needles, given a blood pressure test and a gynecological exam. The beings were able to read her mind. One of the humans was bald, about 55, and talked with her and helped during the exam. They gave her a shot to make her forget, and then carried her out a door to be reunited with her children. The incident took between 45

minutes to an hour. (Source: David F. Webb & Ted Bloecher, *HUMCAT: Catalogue of Humanoid Reports*, case 1973-37; David F. Webb, 1973: *The Year of the Humanoids*).

#### **10. November 2, 1973; Mrs. Lyndia Morel, 20; Goffstown, New Hampshire**

A starlike object paced the witness as she drove home at 3:30 a.m. As the object neared, it grew into an orange sphere and hovered low ahead of her. A being looked at her through a window in the craft and she felt paralyzed by the huge eyes, unable to look away. A brief period of unconsciousness or missing time then occurred.

The craft was spherical with a honeycomb structure across its surface and an oval window. The being had a large egg-shaped head with grayish, wrinkled skin and no hair, a slit-like mouth, and large egg-shaped eyes that slanted upward and had dark pupils. Under hypnosis she added that the being was her own height and dressed in dark clothes. She felt uneasy though the being seemed kindly. She had no memories of boarding the ship, nor did hypnosis reveal anything that happened during the time lapse. She heard a whistling sound and a voice in her head that told her not to be afraid. She believed the being probed her mind.

She next found herself driving at high speed at a point  $\frac{3}{4}$  of a mile (1.2 km) from where she had been, while the object drew the car like a magnet. She pulled off into the driveway of the nearest yard and threw off an attacking dog with extraordinary force as she ran to a house to escape. The entire encounter lasted perhaps half an hour. She suffered eye irritation and felt that someone watched her, but never again experienced chronic pain. (Sources: David F. Webb, 1973: *The Year of the Humanoids*, pp. 19, 30, 48-49, 56-58; Hans Holzer, *The UFOonauts*, pp. 158-168).

#### **11. October 25, 1974; Carl Higdon, 40; Medicine Bow Forest, near Rawlins, Wyoming**

Carl Higdon, an oil driller by occupation, was out hunting in the Medicine Bow National Forest in southern **Wyoming** in the late afternoon, and when he fired his rifle at an elk the bullet went only 50 feet and then fell to the ground. Next he saw a man standing in a shadow. He was human-like, about 6.2 feet tall, but he lacked a chin and his hair stood straight out. He wore a black uniform with a belt and insignia. Mr. Higdon could not remember what happened next, but he knew he had a two hour period of missing time. Under hypnosis by Dr. R. Leo Sprinkle of the University of Wyoming, he recalled an abduction experience that involved three short humanoids who gave him a medical exam. Higdon found himself with a helmet on his head, strapped to a chair in a cubicle. When the occupant who said his name was "Ausso" pointed his arm at the controls, the cubicle began to move and Higdon saw the Earth as a round ball. The cubicle landed almost instantaneously on another planet. It was dark, and they landed near a tower with a flashing light so brilliant that it hurt Higdon's eyes. The tower was conical, like a Christmas tree, about 100 ft. tall and made a buzzing sound.

In the otherworldly environment, after a device appeared to examine him, Higdon was told that he was not what they needed and that they would take him back. At various times during the encounter Higdon was told they had come to explore Earth and find animals to breed for food.

After the examination, they reentered the cubicle and "Ausso" returned Higdon's rifle. He also pointed his "gun" and floated the package of capsules he had given Higdon earlier out of Higdon's pocket. Higdon next found himself standing on a rocky slope back in Wyoming. He fell and injured himself before finding his truck in a place some distance from where he had left it, and in terrain too rough for

him to drive out of. It was 6:00 to 6:30 p.m.; a rescue party found him as 11:30 p.m. After being rescued he was confused and disoriented, barely able to recognize his wife or where he was. He was very sensitive to touch and light. His eyes were red and watery, and he had no appetite. He was hospitalized at 2:30 a.m. on October 26. The following morning he had a ravenous appetite. While in the hospital he began relating his experience. For a while he had a problem with equilibrium. Later his TB scars no longer were visible on X-rays and he no longer suffered from kidney stones. Higdon speculated that he was rejected either because he was too old or his vasectomy had made him unsuitable. (Sources: Rick Kenyon, CUFOX case files, report dated November 2, 1974; Richard H. Hall, *The UFO Evidence, Volume II: A Thirty-Year Report*, pp. 540-541).

### **Medicine Bow Forest, Wyoming Carl Higdon Abduction – October 25, 1974**



### **12. October 27, 1975; David Stephens, 21, & “Glenn”, 18. Tripp Pond, Oxford, Maine**

Two young men, David and Glenn, were relaxing in the trailer that they shared at approximately 3 a.m. when they were startled by a loud crashing sound. They rushed outside and observed a police car and a fire truck race by without lights. Moments later, they came by again in the opposite direction. For reasons unknown, the two men decided to drive to a nearby lake. Along the route, the car suddenly seemed to ascend and traveled to the right, although the steering wheel was being held straight. Although their car should have bumped along the rough road, their ride was remarkably smooth. They observed a blinding light that began to pulsate with green, blue, and red colors. A silent craft that appeared to be the size of a football field hovered only 20-30 feet above them. Their car was pulled sideways and they lost consciousness. When they awoke, their previously locked doors were unlocked,

and their windows had been rolled down. They observed three more UFOs before they arrived at David's parents' home at 6:35 a.m. They were dazed and unable to regain their equilibrium or to speak fluently. Their hands were red, swollen, and tingling, and their teeth were loose and sore. Both had orange circles around their eyes that later faded to a pale amber. Glenn's tongue was coated with a brown substance and there was a brown ring around David's neck. Two days later, David reported that a tall, stocky man in business attire knocked on his door. When he opened it, the man threatened him, "If you know what's good for you, you'll keep your mouth shut."

David was referred to a nearby medical doctor who was trained in the use of hypnosis. Under hypnotic regression he told of being abducted; David remembered standing outside the car while "Glenn" remained inside. A humanoid being met David and escorted him to a hospital-like, circular gray room, where he was given a physical examination. His captors were approximately 4.5 feet tall, with hairless, pale-white skin and large slanting eyes, a very small nose, and no visible ear flaps. He could not remember the appearance of their mouths. They had three webbed fingers and a thumb.

Stephens saw two rooms: one was domed with curving walls and a shiny floor; the other (hospital-like) room had gray walls, a shiny floor, and bright lights overhead. It also had an "operating table" and equipment, felt cool, and had a burnt smell. A bright light was shining on him, and although he attempted to strike out at his captors, he was completely under their control. A large, square, lighted machine on a movable extension arm was placed over his chest. Then, his body was examined from head to toe and samples were extracted. Four beings drew two tubes of blood from David's arm, and took trimmings of his hair and nails. He refused to undress and struck one of the beings, who appeared neither to be hurt or angry. He then gave in without further resistance, and felt no fear as the beings undressed him. While lying on the table, a device scanned his body for 40-45 minutes. Finally, they gave him an injection in the shoulder.

After the examination Stephens got dressed and communicated with the beings. The original being reassured him that he would not be harmed. They communicated by "brain waves" and said that they had observed him for some time, and would meet with him again. They refused to answer questions about themselves. After the shoulder injection, they led Stephens back to the first room. He recalled being back in the car with "Glenn". They were driving away from the corn field while the UFO continued to follow them. They again lost control of the car as it stopped in a field, its engine and radio died. The main UFO and two additional disks remained in sight, maneuvering until a fog hid them.

Hallucinations and poltergeist-like activity troubled them for the next few days. Even when hypnotized he resisted revealing when the beings would return. Investigation began October 28, and the hypnosis sessions followed between December 1975 and March 1976. (Sources: Richard H. Hall, *The UFO Evidence, Volume II: A Thirty-Year Report*, pp. 546-547; Stanton T Friedman & Kathleen Marden, *Captured! The Betty and Barney Hill UFO Experience*, pp. 277-280).

### **13. November 5, 1975; Travis Walton, 22; near Heber, Arizona**

This baffling UFO case began on November 5th, 1975, in northeastern Arizona's Apache-Sitgreaves National Forest. A logging crew of 7 men was working on a government contract, clearing forest. The men loaded into a single pickup truck leaving work for the day. As they started their journey home they saw, not far from the road, a "luminous object, shaped like a flattened disc."

All of the men agreed that Travis Walton, captivated by the sight, left the truck to get a closer look. While gazing up in awe at the object, suddenly a brilliant, bluish light struck him and threw him to the ground some distance away.

This event caused the other crew members to flee the scene in fear for their lives. After arguing among themselves, they decided to go back and see if they could help Travis. Returning to the scene, they found no trace of the craft, or Travis.

A personal friend of Travis', Mike Rogers, was the crew foreman, and driver of the truck. According to Rogers, as the men fled the scene, he looked back and saw a "luminous object" lift out of the forest, and disappear toward the horizon. Rogers and the other 5 workers eventually would take a lie detector test. The men passed the examination, save for one inconclusive, and soon the case exploded into the national spotlight.

Walton reappeared five days later, confused and scared, with fleeting memories of alien entities, and descriptions of the inside of their craft.

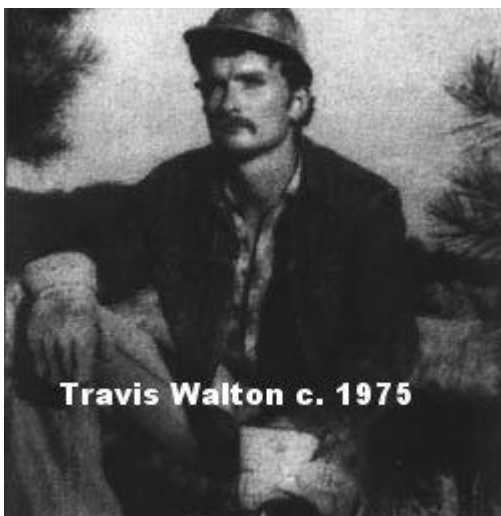
He was also subsequently subjected to a number of polygraph examinations. The Travis Walton event would soon become the very first abduction case to be given serious consideration by many credible scientists. His story would force the general public to reevaluate previously close minded opinions on the subject.

The six witnesses, Allen Dalis, Dwayne Smith, John Goulette, Kenneth Peterson, Mike Rogers, and Steve Pierce, of this controversial case, described the craft in personal, yet similar terms. Rogers' description depicts the craft as a "large, glowing object hovering in the air below the treetops about 100 feet away."

Dwayne Smith described the craft as "smooth and giving off a yellowish-orange light."

Additional eyewitness accounts added the following: "unbelievably smooth," "a flattened disc with "edges clearly defined."

Walton and Rogers both estimated that the craft was about 20 feet in overall diameter.



The details of the event quoted from the investigator's report are as follows: As Walton approached on foot across the clearing, the "UFO began to wobble or rock slightly," and then emitted a "bluish light from the machine... a blue ray shot out of the bottom of that thing and hit him all over," "that ray was the brightest thing I've ever seen."

This light sent Walton "backward through the air ten feet," "hurled through the air in a backwards motion, falling on the ground, on his back," "flying -- like he'd touched a live wire."

"The horror was unreal."

Polygrapher Cy Gilson relates from his documents the following:

Testimony from Allen Dalis: "During the pretest interview, Mr. Dalis related the following events that occurred on that day. Mr. Dalis said they had finished work for the day and were heading home. It was almost dark. He saw a glow coming from among the trees ahead of them.

As they came to a clearing, he saw an object he called a UFO. Mr. Rogers was slowing the truck down to stop as Travis Walton exited the truck and began to advance towards the UFO in a brisk walk...

Mr. Dalis described the UFO as being a yellowish-white in color. He said the light emitting from it was not bright, but a glow that gave off light all around itself.

Mr. Dalis saw Walton reach the UFO, stop and look up at it.

He said it looked as if Walton was standing there, slightly bent over, with his hands in his pockets.

Mr. Dalis said the UFO began to wobble or rock slightly and he began to become afraid. He put his head down towards his knees. As he did so, a bright light flashed that lit up the area, even the inside of the truck.

He immediately looked towards the UFO. He saw a silhouette of Walton. Mr. Walton had his arms up in the air... Mr. Dalis turned towards Mr. Rogers who was in the driver's seat and yelled for him to "get the hell out of here..."

Sworn testimony by Mike Rogers: "... he was on the opposite side of the truck from the UFO. He had to bend over slightly to view it in its entirety through the truck windows. He described the UFO to be glowing a yellowish-tan color. He could not say if the light emanated from within the UFO, or was a lighting system outside, that lit up the UFO.

He did say he could see the shadows of the trees on the ground, around the UFO. He said it was round and about 20 feet in diameter.

He said the UFO was about 75 to 100 feet from the truck...

As Mr. Rogers started to move the truck, a brilliant flash of light lit up the entire area, even inside the truck. It was described as a prolonged strobe flash. He did not see a beam of light emit from the UFO and hit Walton.

As the flash occurred, Mr. Rogers turned around in his seat to look at the UFO again and saw Mr. Walton being hurled through the air in a backwards motion, falling on the ground, on his back. At this time, Mr. Dalis and someone else yelled to "get the hell out of here..."



**Allen Dalis**



**Dwayne Smith**



**John Goulette**



**Kenneth Peterson**



**Mike Rogers**



**Steve Pierce**

Upon returning to the scene, the crewmen searched briefly through the woods, calling Walton's name. They then proceeded down to the main road and after some debate, decided to call the police and ask for assistance. They were first met by a Deputy Ellison and subsequently by Sheriff Marlin Gillespie, who would later describe the crewmen as apparently sincerely distressed.

The officers and crewmen went back up the hill and searched again with flashlights, eventually calling off the search and making plans for a more thorough manhunt beginning early the next morning.

The next several days were marked by unsuccessful searches for the missing Walton, including some use of helicopters and dogs. Temperatures dropped below zero the first two nights of the search, creating fear that, if Walton was injured and disoriented, he may not survive.

Meanwhile, law enforcement officials were looking for alternate explanations of the event, including the **possibility that Walton had been murdered.**

Law enforcement, looking for a more believable explanation than a flying saucer, began a thorough investigation of the facts. All six remaining members of the crew were questioned over and over again. Family members and friends were also interrogated.

One fact that colored this questioning was that all of the men were unlearned, everyday working people, noted to be a little "rough around the edges."

This, of course, is a typical assumption by some that those who have not been successful financially in this world are all liars, cheats, and can't be trusted.

One common theory at the time was that Dalis and Walton had fought, and that Dalis had either accidentally or purposely killed Walton, and hid his body. The problem with this theory was that if a murder had taken place, why would the other 5 crewmen risk the fires of justice to cover for Dalis?

A second theory put forth at the onset was that possibly all of the crewmen had been involved in some kind of brawl or argument, and accidentally killed Travis, hiding his body somewhere in the vast forest.

If this was true, why concoct a story involving a UFO abduction, being one of the most unbelievable stories one could put forth.

Another scenario offered by some was that since the crew was behind on their government contract, they were looking for an excuse to get out of it. Again, why this most bizarre story?

In their initial reports, the 6 crewmen had indicated a willingness to undergo any kind of lie detection test to establish their truthfulness. After the second day of searching, law enforcement officials brought in Cy Gilson, a polygraph examiner from the Department of Public Safety (associated with the state police), to test all the crewman.

Five of the witnesses passed this polygraph examination, while for the sixth, Allen Dalis, the test was ruled inconclusive (unable to assign a reading).

While the successful tests fueled media interest in the case, the inconclusive result for Dalis put some heat on him personally. While some of the crew members, such as Rogers and Walton, had been friends long before the forest service brush-clearing contract, the others were only acquaintances, and in the case of Allen Dalis, he and Walton were said to have had some personal animosities between them.

If Walton had been involved somehow in a conspiracy to deceive authorities, he certainly left his closest family members out of the loop. At approximately 1:30 AM on the morning of Nov. 6, crew members Coplan and Rogers went to notify Walton's mother, Mary Kellett, of her son's disappearance.

Mrs. Kellett's calm response upon being awakened and told her youngest son had been kidnapped by a UFO was "Well, that's the way these things happen," and then she proceeded to described two instances when she and her oldest son, Duane, had also seen UFOs.

Later that morning (approximately 3:00 AM) when Mrs. Kellett told Walton's sister, Mrs. Grant Neff, that "a flying saucer got him [Travis]," Mrs. Neff surprised Coplan with how calmly she also took the news. The rest of that day was taken up by an extensive search of the area where Walton had disappeared.

Curiously absent from the site was any physical evidence of anything happening, in spite of the "explosive" force of the blue-green beam. No blood, no shreds of clothing, and no evidence of the blast effects was found by any of the nearly fifty searchers involved. Neither was any evidence found of any violent confrontations among the crew members. There was no trace of Travis Walton.

For as many UFO proponents there are, there are that many and more debunkers. The authorities tried to keep the scene of the incident for serious forensic examination, but the mass influx of people, not only local, but world-wide, made this impossibility. The crewmen's stories were treated with mixed opinion.

Some marveled to hear what they had seen, and some called them "pranksters" and "liars."

Some even went as far as to suggest that the whole account was nothing more than a joke gone badly, and that Travis was hiding somewhere and would suddenly reappear on cue. At this stage of the investigation there was one question on the minds of all involved, whether friend or foe: where was Travis Walton.

Initial activities: Walton woke on board a craft lying on a table in a room with three humanoid beings. He felt intense pain in his head and chest, and a strong thirst and a metallic taste in his mouth. The air was heavy and humid. He was on a table with his shirt and jacket pushed up around his chest and a plastic, rocket-shaped device curved around his rib cage. (Sources: Richard H. Hall, *UFO Evidence, Volume II: A Thirty Year Report*, pp. 547-549; [www.ufocasebook.com/Walton](http://www.ufocasebook.com/Walton))

#### **14. January 6, 1976; Louise Smith, 44, Mona Stafford, 36, Elaine Thomas, 48; near Stanford, Kentucky**

Mona Stafford, Louis Smith, and Elaine Thomas were in a car driving home near Stanford, KY near Liberty, in Lincoln County, **Kentucky** at 11:30 p.m. when they saw a luminous object descend from the sky. It came down the road toward them, and as it got closer they determined that it was a football-shaped object "as big as a house" with a small dome on top, surmounted by a very brilliant bluish white light. The UFO passed them on the right, then came down to the road again behind their car. The intensity of the brilliant light gave them headaches. Then the car moved without their control, moving at 85 mph even though the driver's foot was not on the accelerator pedal. A beam of light came from the object, which seemed to pull them backwards. The next thing they remember they were driving into Hustonville, with no recollection of how they got there. When they got back to Louise's house in Liberty, they found that more than two hours had elapsed, although the trip normally takes only 45 minutes. All three women had burns resembling very strong sunburns on the backs of their necks. Later, under hypnosis, all three remembered being physically examined onboard the UFO. Elaine Thomas recalled lying on her back while small figures around 4-feet-tall passed by and looked at her. A blunt instrument was pressed hard against her chest, and her breathing became difficult. Louise Smith recalled being in a hot, dark place where something was placed over her face; when it was removed she saw a 4.5 foot tall being, with slanted eyes, gray skin, and hand-like wingtips. Mona Stafford remembered lying on a bed, her right arm pinned down, while 3-4 figures in white gowns sat around her, and she was put through torturous manipulations. All three women passed polygraph tests. (Sources: *APRO Bulletin*, October 1976, p. 1; Leonard H. Stringfield, *International UFO Reporter*, March 1977, p. 6; David F. Webb & Ted Blocher, *HUMCAT: Catalogue of Humanoid Reports*, case # 1976-15, citing Dr. R. Leo Sprinkle and Bill Curry for APRO; Richard H. Hall, *The UFO Evidence*,

*Volume II: A Thirty-Year Report*, pp. 269, 382, 456, 549; UNICAT, case 225; citing Leonard H. Stringfield, *Situation Red: The UFO Siege*, p. 236).

**15. June 11, 1976; Helene Giuliana, 20; Le Martinet, near Hostun, Drome, France**

Driving home at 1 a.m., Helene Giuliana, age 20, found that the engine of her car had stopped and the headlights went out. Then she noticed above the Martinet Bridge, 75 feet ahead of her, a bright reddish-orange dome-shaped light. She put her hands over her eyes and when she looked again it had disappeared. She was able to restart her car and drove home. When she arrived home at 4 a.m. she realized it had taken her two hours longer than it should have. Under hypnosis she recalled being taken aboard the UFO by two short beings with large eyes, wearing black coveralls. She was fastened onto an operating table, where they ran "a kind of box" over her. (Source: Jean Bastide, *MUFON UFO Journal*, July 1976, pg. 6.)

**16. June 20, 1976; Mr. & Mrs. Delduca, 19, and infant; Colby, Kansas**

The alien abduction of a 19-year-old married couple and their infant occurred at around one o'clock in the morning, from their car while driving on I-70 five miles west of Colby, **Kansas**. The Delduca family reported they had encountered a UFO that was a 150-foot wide saucer-shaped craft that stood 40 feet tall. They initially had several hours of missing time, but were able to recall their experience through the aid of hypnotic regression. They recalled that there were three 5.0 to 5.5 foot tall humanoids, matching the description of short Grey humanoids, wearing helmets. They were given physical exams and communicated with via telepathy. They had body marks and rashes subsequent to their encounter. (Sources: Richard Sigismonde, CUFOs field investigation report dated July 12, 1976; UNICAT database, case # 197, citing Richard Sigismonde; David F. Webb & Ted Bloecher, *HUMCAT: Catalogue of Humanoid Reports*, case A1477; *International UFO Reporter*, December 1976, p. 12).

**17. June 20, 1977; Gayle Bever; Coeur d'Alene, Idaho**

A year later another abduction occurred, this time from a bedroom in Coeur d'Alene, **Idaho**. Gayle Bever recalled under hypnosis that during a two hour period of missing time she had been taken from her bedroom shortly before midnight by human-looking beings wearing coveralls. She was also given a physical exam. She has a small circular scar, 1 cm in diameter, on her shoulder in the shape of a wheel with spokes. (Sources: *APRO Bulletin*, November 1977, p. 1; R. Leo Sprinkle, *MUFON Conference Proceedings: 1980*, p. 57; Thomas E. Bullard, *UFO Abductions: The Measure of a Mystery*, case 142, citing *APRO Bulletin*).

**18. March 18, 1978; William J. Herrmann, 25; Summerville, SC**

On the evening of this date an auto mechanic observing a UFO through binoculars in North Charleston, **South Carolina** was rendered unconscious and levitated by a tubular, aquamarine beam of light. Amnesia followed and he found himself alone in a field, miles away from where he had encountered the disc-shaped UFO. Through hypnosis he recalled an abduction sequence by four-and-a-half-foot tall beings with spongy white skin, big eyes and head, who wore rust colored jump suits. Among the features of the abduction included a physical exam on a table inside the UFO, being given messages and an artifact. (Richard Hall, *Uninvited Guests*, p. 294).

### **19. August 19, 1979; Lynda Jones, 36; Didsbury, Manchester, UK**

On this evening around 7:30 p.m. Lynda Jones and her two children were picking wildflowers on the river bank in East Didsbury, Greater Manchester, **England** beside some open land, when they noticed a flash of light with shades of pink, orange, and silver above a nearby golf course. Soon they saw a curious looking object descend towards the ground in an apparent crash landing. They ran up the embankment to get a better view of the sixty-foot long crescent-shaped object, which they described as resembling a gondola with a curved base and a girder-like structure, and with a reddish glow on top. It hovered only two feet above the riverbank. The witnesses felt a strange attraction to the object and began walking towards it. The next thing they remembered they were running away, and the grass around them was swaying as if in a strong wind. The UFO could be seen flying silently away. After the incident, the mother and daughter developed strange lesions on their legs, and her young son had nightmares. Under hypnosis Lynda was able to recall six "Oriental" looking beings with olive skin and dark hair. They had elongated heads and "puppet like" faces with slanted eyes. She remembered being given a gynecological exam on a table by some sort of light beam. She reported a later miscarriage and paranormal experiences. (Sources: Richard H. Hall, *The UFO Evidence, Volume II. A Thirty Year Report*, p. 557; Albert S. Rosales, Humanoid Contact Database 1979, case # 1583, citing Peter Hough & Jenny Randles, *Mysteries Of The Mersey Valley*).

### **20. April 2, 1980; Ms. Aino Ivanoff, 25; Pudasjarvi, Finland**

A UFO abduction occurred on this day in **1980** in Pudasjarvi, **Finland**. Ms. Aino Ivanoff, age 25, was driving her car across a bridge at 1:15 a.m. when her car entered a fog and her car headlights were deflected upwards. Her car stopped within sight of a landed UFO. She saw a silver domed disc with portholes overhead. The craft was aluminum-colored with a dome and oval portholes. She next lost consciousness and experienced a two-hour period of time loss. Most of the encounter story at this point emerged under hypnosis. She later recalled under hypnosis interacting with three black-clad Grey aliens and encountering an environment in an otherworldly environment. They conducted a medical exam on her on a metallic table and returned her to her car. She received an antiwar message, and was told that the beings were unable to reproduce. After she left the craft, she drove home in a persistent fog. She found five small dots on her shoulder, and suffered fatigue for a week. (Source: Thomas E. Bullard, *UFO Abductions: The Measure of a Mystery*, Volume 1, p. 100).

### **21. August 21, 1980; Meagan Elliott, 20's, and daughter Renee; Lake Fork Reservoir, Wood County, Texas**

In eastern **Texas** a UFO abduction occurred when a car was levitated inside of a hovering circular craft. Meagan Elliott was driving at 12:40 a.m. with her young daughter Renee in the early morning hours, on a desolate road near Lake Fork Reservoir, Wood County, **Texas** when her car radio became garbled and she heard a loud electrical noise, then her car headlights dimmed. The vehicle was suddenly lifted off the road, and they found themselves in a bright circular room, still inside the car, which sat on the flat metallic bottom of the hovering craft. A voice in her head told her to get out of the car, but she refused to move. Next, a small putty colored humanoid being with a large bald head, his feet encased in mist, appeared and forced open the car door. He then forced Meagan and Renee to follow him. He was described as having huge oval eyes, no body hair, a broad flat nose, and a small slit for a mouth. Both of them were then clamped down on metallic tables, and their bodies were probed by two humanoids using different types of tools and a scanning device. Before being returned to the car and lowered to the ground, they said they were fed various colored pills. Under hypnosis,

Meagan recalled extensive communication with the beings. They made the disturbing statement that the Earth "was a fearful planet with a tendency for annihilation." She also recalled being shown seven characters, which represented the name of the place they came from, it sounded like "Asterisk", but she said she could not pronounce it correctly. (Sources: Richard Hall, *Uninvited Guests*, p. 308; *MUFON UFO Journal*, January 1982, p. 3 & February 1984, p. 14; Thomas E. Bullard, *UFO Abductions: The Measure of a Mystery*, case 146; Albert S. Rosales, 1980 Humanoid Sighting Reports database, case # 411, citing Richard H. Hall).

## **22. November 19, 1980; Michael and Mary; Longmont, Colorado**

An attorney in Sedalia, **Missouri** observed a cigar-shaped object in the early morning hours. The description was the same as an object seen in Huntsville earlier that night. That night, driving near Longmont, **Colorado**, an art teacher and his wife encountered an intense blue beam of light and felt the rear wheels of their car lifted off the pavement. They then experienced an hour of missing time. Under hypnosis they recounted being abducted and submitting to a medical exam. The wife, who was two months pregnant, discovered a rectangular mark on her lower abdomen immediately after the experience. (Sources: Joe Graziano, *APRO Bulletin*, May 1981, p. 6; Richard Sigismonde, *FSR*, December 1983, p. 21).

## **23. November 28, 1980; Alan Godfrey, 33; Todmorden, West Yorkshire, UK**

Police constable Alan Godfrey, age 31, was on routine patrol in Todmorden, West Yorkshire, **England** when at 5:05 a.m. he encountered a metallic disc with a dome on top and a row of five windows, blocking the road ahead. He felt attracted to it, and alternately frightened and secure while he sat in his patrol car. When he attempted to alert headquarters to its presence he found that his radio would not work. He then sketched the craft. The domed metallic disc had the row of windows, was luminous, and had additional lights on top and bottom. The central section was spinning; bushes beneath it were agitated. Abruptly, he found himself one hundred yards farther down the road than he had been, and the UFO was gone. He had a vague recollection of getting out of his car and looking for the object, and hearing a voice, and he had 15 minutes of missing time. When he returned to the car it would not start.

Later, under hypnosis, Godfrey recalled that he lost consciousness after a beam of light from the object struck him. Then he felt himself floating into the craft and meeting a human-like being named Joseph. The UFO occupant was six feet tall and friendly in demeanor; Joseph had a thin nose, a beard, and mustache. He wore a skullcap and was clad in a robe, making him look something like a Biblical prophet. A large black dog accompanied him. The room also contained eight metallic robots, each about three and a half feet tall, with headgear like lampshades, which were making a sort of murmuring chatter. Whenever they touched Godfrey, beeping sounds emanated from them. Joseph directed Godfrey to a bed. He thought about resisting, but instead lay down on the bed, where a beam of light from the ceiling shone down on him. Communicating by telepathy, Joseph touched his head, and Godfrey lapsed into unconsciousness for a while. The robots removed Godfrey's shoes and studied his toes. Meanwhile, instruments were placed on his arms and legs, which caused him discomfort to the point of sickness. There was a sickly odor that permeated his nostrils, and he closed his eyes from time to time. Joseph asked him questions, but Godfrey would refuse to tell investigators what they were. The alien told Godfrey that they had met before, apparently when Godfrey was a child. After the incident, he had a split in the sole of his boot, and a bruise on his foot. EM effects were the failure of two different radio systems (UHF and VHF). Three other cops saw a bright light moving toward Todmorden at the time of Godfrey's abduction experience. (Sources: Jenny Randles, *FSR*, August

1981, p. 4; UNICAT, case # 786; Richard H. Hall, *The UFO Evidence, Volume II. A Thirty Year Report*, pp. 561-562; John Wallace Spencer, *World Atlas of UFOs*, p. 115; Thomas E. Bullard, *UFO Abductions: The Measure of a Mystery. Volume 2: Catalogue of Cases*, case # 102; Albert S. Rosales, Humanoid Sighting Reports database, case # 386, citing Janet & Colin Bord, *Modern Mysteries of Britain*, and Jenny Randles, *The Pennine UFO Mystery*).

**24. August 13, 1982; Ed & Denise Stoner, 36 & 34, and daughter Dienna; South Park Valley, near Jefferson, Colorado**

Ed and Denise Stoner were driving down from Kenosha Pass and traveling through Jefferson in South Park Valley, Colorado around 6:45 p.m. when Denise recalled observing two rapidly approaching bright, yellow lights which she pointed out to Ed. He thought that she was pointing to a house under construction. Then suddenly and without warning, the car levitated and shifted off the highway toward the desert floor, under someone else's control. They felt momentum, but nothing more. As if only a moment had passed, it was suddenly dark, and they found themselves, without explanation, at a distant location on Trout Creek Pass at the opposite end of the valley. Forty miles and three hours of time had simply vanished. They had no memory of passing through Jefferson or Fairplay, on the stretch of US 285 that led to Buena Vista.

Ed's father-in-law and his friend had become so concerned that they were entertaining the idea of using the phone at the ranch house to call the Colorado Highway Patrol. Denise's folks initially thought they were kidding when they explained that they didn't know where they had been and why they were late. They teased them, even though they could see they were still stunned. Denise's mother, especially, insisted upon a rational explanation. It took some time for the reality that they were telling the truth to sink in. After a while, she realized that Denise and Ed weren't lying. They really didn't know what had happened and they were a bit shaken by it, but not so upset that they pursued an answer at that time.

Under hypnosis conducted by Kathleen Marden in 2011, Denise that the three bright white lights that approached them were huge, and rotating slowly. They were attached to another object that looked like two convex mirrors, like two round plates with their rims touching. It came right above their heads, and it was then that the car started to move sideways. Her daughter Dee Dee is sleeping and not waking up. The three lights can separate from the plates and they can stay in the sky. The lights come down to the ground, and she somehow knows that she is supposed to go into the center of the lights.

She saw a glob of clear, lighted, jelly-like substance floating up to her. She looked up and saw a black obsidian-colored opening that was shaped like an hour glass. She was sucked into the opening, and then a voice said, "You'll be alright. We're going in now." Inside the craft she saw all along a hallway a row of short Grey entities, and something in her head said those are soldiers. They were under five feet tall. They were well-formed, well-shaped with great big black or very dark eyes. One wore a belt, almost like a military belt with maybe an insignia. There was a tall one, 3 or 4 feet taller than the others, and she finds the creature's insectoid appearance more upsetting. His head is not attached to his shoulders in the same way. His eyes go straight up and down near the sides of his face, and he has no nose. He has a very red mouth when he opens it but he doesn't talk. She hears him telepathically. The examiner was so tall that he had to bend over a machine that reminded her of the MRI machine. The creature put a wire in her left foot and right up her left side. It also put a tiny little white bead in the tear duct of her left eye. It hurt going into the tear duct. He also inserted a needle into her navel. When it caused her pain the taller of the Greys came over and touched the side of her temples and said, "It

will be all right now” and it stopped hurting when something like a current passed through both sides of her temples. (Source: Kathleen Marden & Denise Stoner, *The Alien Abduction Files: The most startling cases of human-alien contact ever reported*, chapters 1 & 4).

#### **25. November 7, 1989; “Susan”, 42; “Jennifer”, 49; near Goodland, Kansas**

Early in the pre-dawn hours a significant and well-documented abduction case occurred on this day in **Kansas**, perhaps one of the most persuasive cases on the objective reality of the UFO abduction phenomenon to be reported. Two women, "Susan" and "Jennifer," were driving back from a business conference in Colorado to St. Louis, **Missouri** on this night. At 12:40 a.m. they had reached a point on Interstate I-70 near Goodland, **Kansas** when they started to notice some persistent, multicolored flashing lights that were maneuvering slowly over the fields alongside the highway. They stopped their vehicle several times to get a better look. On one of these occasions a ball of light descended near their vehicle and hovered over a nearby field. They then saw a cone of soft, multicolored light directed towards the ground from under the object. They also noticed strange "black waves" resembling heat waves that were approaching their vehicle.

They finally drove away experiencing several types of emotions and feelings. Upon reaching their destination they realized that, according to their time checks and their careful records of the amount of fuel their vehicle had consumed, they had lost track of two hours of their time. Later, under hypnosis by clinical hypnotherapist John Carpenter and interviewed separately, both of the witnesses recalled identical details from their abduction experience. One of them reported floating silently upwards towards a bright object overhead. She found herself in a circular room encircled by windows and panels and lit up by a diffuse pinkish white light. She encountered several five foot tall slender "Grey" humanoids with large hairless heads and tiny pointed chins. They had huge slanted dark eyes and white skin. The beings communicated with her using telepathy and seemed to glide across the floor gracefully. The witness saw no apparent clothing. She felt calm as one of the beings touched her forehead, she then watched her friend undergo some type of physical examination on a nearby table. The second woman recalled very similar details, also reporting seeing the first witness on an adjacent table. Their sketches of the humanoids were also very similar. One of the women reported experiencing a series of nose bleeds after the incident. (Sources: John S. Carpenter, MUFON UFO Journal, issue # 282; David F. Webb & Ted Bloecher, HUMCAT: Catalogue of Humanoid Reports, case A2285; Albert S. Rosales, Humanoid Contact Database 1989, case # 738, citing John Carpenter).

#### **26. August 8, 1993; Kelly Cahill, 27, & husband with three children; Eumemmerring Creek, Narre Warren North, Victoria, Australia**

At around 1:00 a.m. near Narre Warren North, **Victoria, Australia** three carloads of people, including the principal witness 27-year-old Kelly Cahill, her husband and three children encountered a huge disc-shaped object hovering low above a field by the roadside. It had what appeared to be orange-lighted windows around the bottom. Humanoid figures were seen moving about inside. Their next conscious memory was seeing the object suddenly shoot away at high speed. Later, as they approached their home, they saw a tall dark figure standing on the side of the road. Later they were able to recall how they had stopped their vehicle and gotten out to approach the large UFO. To their surprise, they noticed another car stopped at the side of the road. As they walked down toward the craft, they saw a seven-foot tall black figure with huge fiery red eyes appear in the field. The figure began moving slowly towards them, apparently gliding. Kelly panicked and began yelling hysterically "they have no souls!" when suddenly dozens of similar beings appeared and began moving quickly towards the group

of witnesses. The aliens were beneath the immense flying craft. They seemed to congregate in small groups; one group glided toward Kelly and her husband covering a hundred yards in a mere few seconds. Another group approached the other car, which sat motionless near the hovering craft. Kelly had a sense that the creatures were evil. She clung to her husband, fighting the feeling of blacking out, but at this point all of the witnesses blacked out. Their next conscious recall was being in their car watching the object shoot away. The occupants of the other vehicle would later come forward and tell almost exactly the same story: a story of abduction, mind control, and embarrassing medical procedures. Kelly recalled through dreams that one of the black aliens stooped over her naked body like he was kissing her navel. That night, when Kelly undressed for bed, she noticed a strange triangular mark on her navel, a mark she had never seen before. Kelly suffered from general malaise for the next two weeks, and was taken to the hospital on two occasions, one for severe stomach pains, and another for a uterine infection. The witnesses all had a two 2-hour time lapse. (Sources: Kelly Cahill, *Encounter*, 239 pp.; Albert S. Rosales, Humanoid Contact Database 1993, case # 1865, citing Bill Chalker, *International UFO Reporter*, Volume 19, Number 5; Richard H. Hall, *The UFO Evidence, Volume II: A Thirty-Year Report*, p. 34).

**Selflessness through selfish means:**

**Rejection sensitivity and socio-emotional adjustment among codependents**

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## ABSTRACT

This mixed-method research study explored the relationship of rejection sensitivity and socio-emotional adjustment to the development of codependency. Thirty relatives of individuals incarcerated with drug-related offenses responded to the Adult-Rejection Sensitivity Questionnaire, Weinberger Adjustment Inventory – Short Form, Friel Codependency Scale and to an interview regarding their personal experiences on rejection and socio-emotional adjustment. Results show that a highly significant relationship was found between rejection sensitivity and codependency. On the other hand, no relationship was found between socio-emotional adjustment and codependency. Findings reveal the codependents' experiences of rejection includes neglect from primary support group; their experiences of socio-emotional adjustment in times of difficulties include emotional instability and spiritual aspect of personality; and their manifestations of codependency include concern for others and dissatisfaction with oneself.

*Key Terms: rejection sensitivity, socio-emotional adjustment, codependency*

In this life there is only one happiness, it is: to love and be loved. The rendering and reciprocation of love is a basic human necessity that must be fulfilled. However, when one's self-worth, thoughts, identity, emotions and reasons for living are determined by another person, an unhealthy dependence exists. A person who is too engaged in saving a dysfunctional person from his unhealthy behavior is labeled as codependent (Beattie as cited in Knudson & Terrell, 2011). Originally, the condition describes the emotional, psychological and behavioral difficulties experienced by people living with an alcoholic (Spann, 1996). Hemfelt, Minirth and Meier (as cited in Bacon, 2014) are one of the few who attempted to provide the first definition of codependency which asserts that co-alcoholism is a condition that produces psychological stress caused by living with an alcoholic or a drug-dependent person. On the other hand, Fischer, Spann and Crawford (1991) operationally described the term as a "dysfunctional pattern of relating to others with an extreme focus outside of oneself, lack of expression to feelings and a personal meaning derived from relationships with others" (pp. 87-100).

Every codependent has a different experience with codependency and there are several factors that could have contributed to its existence. Based on a study done by Fuller and Warner (2000), it was proven that the family stressors such as having an ill, alcoholic, unemployed or financially unstable family member play a major role in the existence of codependency. For this reason, a person tends to become codependent when raised in a dysfunctional family. According to Dr. Janet Kizziar (as cited in Senthil, Vidyarthi & Kiran, 2014) dysfunctional families can be classified into four types depending on what problem a family is experiencing: a.) an alcoholic or chemically dependent family system; b.) an emotionally or psychologically disturbed family system; c.) a physically or sexually abusing family system; and d.) a religious fundamentalist or rigidly dogmatic family system. In addition, she also claimed that an alcoholic or chemically dependent family system creates the most abundant and negative impact to the relationship and well-being of each family member which make them more susceptible for being codependents.

Fischer, Spann and Crawford as cited in Roehling, Koelbel and Rutgers (1996) suggests that codependent behaviors are often associated with the caretaking characteristic that is common among women. In sociology, the term gender role invokes the accepted normal behaviors and manners of men and women in the society (Eagly, 2009). Men are expected to display more authoritarian and undemonstrative characteristics while female gender roles tend to be associated with modesty and passivity (Eisenclas, 2013). Therefore, it is expected that a greater number of women is likely to demonstrate codependent behaviors than men (Haaken as cited in Yearing, 2002).

Due to the limited literatures that provide evidences on the existence of codependency, this present study investigated two factors that could have contributed to its development. Specifically, the study examined whether rejection sensitivity and socio-emotional adjustment have implications for codependency.

### ***Rejection Sensitivity and Codependency***

Rejection sensitivity is operationally defined as the tendency of an individual to respond to rejection in a defensive, anxious and extremely sensitive manner. The concept of Downey and Feldman of rejection sensitivity was adopted. It is described in terms of *rejection anxiety* (feeling of concern about abandonment) and *rejection expectancy* (readily perceived reaction to social exclusion). It has been theorized that rejection sensitivity is a result of early rejection experiences (Feldman & Downey as cited in Wang, McDonald, Rubin & Laursen, 2012). People who are known to be highly sensitive to rejection may feel deeply hurt when criticized and could easily be affected and worried by little things. A neuroimaging study done by Eisenberger (as cited in Iffland, Sansen,

Catani & Neuner, 2014) questioned what primary regions of the brain are affected after a person experiences social rejection. He later found out that the dorsal anterior cingulate cortex (dACC) and the anterior insula are being activated during the occasion. Moreover, the dACC and the anterior insula are also the regions on the brain activated during an incident of physical pain. Social acceptance is a fundamental drive that becomes more intense when thwarted. Accordingly, a person's motivation in forming interpersonal relationships should be reduced for a while when positive feelings regarding acceptance are conveyed, whereas a person who has been rejected should feel a more passionate need to belong (DeWall, Baumeister & Vohs, 2008). Most researchers agree that codependency is a learned behavior that is a product of being in a dysfunctional family or a coping behavior made to face the pain of neglect regarding the personal needs of an individual (Bynum, Boss, Schoenhofer & Martsolf, 2012). If the person is already a codependent in the first place, it means that he already has a characteristic of being attached to someone he really cares for.

### ***Socio-emotional Adjustment and Codependency***

Socio-emotional adjustment is described in terms of the factors distinguished by Weinberger that include the following: *restraint* (ability to control one's feeling and action), *distress* (low self-esteem, low well-being, anxiety and depression); and *defensiveness* (a form of self-protection and the tendency to deny the existence of negative events in one's life). Hardships and difficulties are part of everyday lives. To cope and surpass difficulties is always a constant struggle. Being able to adapt easily leads to a happy life; however, failure to achieve this may result in problems of adjustment (Member, Rao, Balagadde & Mbijjiwe, 2014). Social adjustment emphasizes on social interaction with peers: on how much trust an individual has on people and on other people. On the other hand, emotional adjustment deals with the individual's feelings and the level of maturity and sensitivity. Effective evaluation on the socio-emotional adjustment of an individual involves the assessment of two important dimensions: a.) distress, which is the measure of the unsatisfactory feeling of a person with himself and b.) restraint, which refers to the excessive inhibition of emotions of an individual (Gonzalez et al., 2014). A socio-emotional competent person means that an individual has the ability to act appropriately in different social situations. It was found out in a study done by Maslow (as cited in Member et al., 2014) that well-adjusted people are healthy people who tend to view themselves as capable of doing what is good and acceptable to other people. They feel good about themselves and satisfied with their achievements in life.

In relation to codependency, socio-emotional adjustment plays a vital role on how a codependent person acts in response to the current issues he experiences. The codependents suffer physically, emotionally and psychologically from having a close relative who is known to be engaged in drugs. In this case, the codependent may suffer great distress and misery. Knowing that his loved one is not living a healthy life and chose to go on the wrong path will definitely affect the codependent (Hawkins, C. & Hawkins R., 2014). It is important for these people to release strong feelings of anger, sadness, frustration, disappointment and other negative sentiments, for it will help codependents let out the distress that is harmful to everyone's well-being. However, this is not always the case, some people choose to hold back their feelings instead of expressing them.

The study examines whether a person's rejection sensitivity and socio-emotional adjustment are characteristics of being codependent. Specifically, it describes: (1) the level of rejection sensitivity, socio-emotional adjustment and codependency; (2) the relationship of rejection sensitivity and codependency; the relationship of socio-emotional adjustment and its subscales and codependency; and (3) the codependents' experiences of rejection sensitivity and socio-emotional adjustment relative to their level and manifestation of codependency. Therefore it is hypothesized

that rejection sensitivity and socio-emotional adjustment have no significant relationship with codependency.

## Method

This research study employed mixed method, a collection of both quantitative and qualitative data. For the quantitative part, researchers utilized the descriptive-correlational type of research whereas for the qualitative, a case study was employed to gather pertinent data. The relationship among respondents' rejection sensitivity, socio-emotional adjustment and codependency was studied in the quantitative part, while their experiences on the mentioned variables and their manifestation of codependency were examined qualitatively.

Researchers used purposive sampling in which samples are selected because the individuals exhibit the specific purpose of the study. Participants came from thirty (30) relatives of individuals with drug-related cases including drug abuse and drug dealing. These relatives comprised of wives, husbands, mothers and children of jail inmates who are currently incarcerated at the provincial jail and municipal police stations from different towns in Pampanga.

Participants' demographic profile shows that most of the participants are married females with ages ranging from 20 to 40 years old, classified as young adults. In terms of the socio-economic status, majority of them belong to the lower class and were unable to finish high school level. Predominantly, participants' relatives who are currently incarcerated at the provincial jail and municipal stations have been in jail for less than 3 years now.

The following instruments were used in the study: The Friel Codependency Assessment Inventory (FCAI) developed by John Friel in 1985. This test measures the codependent concerns in adults. Subjects who respond to the tool are required to assign a true or false response to the 60 items on the tool. The reliability was tested using KR-20 and found between .83 and .85. Test-retest reliability on the instrument was found to be strong. The second instrument that was administered to the participants was the Adult-Rejection Sensitivity Questionnaire (A-RSQ) developed by Berenson, Gyurak, Downey, Ayduk, Mogg, Bradley and Pine in 2009. It includes a list of 9 hypothetical situations. Each situation has two questions for a total of 18 answers. This measure asks respondents to indicate their degree of concern and anxiety about the outcomes of each situation and their expectations of acceptance/rejection in such situations. Subscales include Rejection Anxiety and Rejection Expectancy. Internal consistency has been reported by previous research as .89 while test-retest reliability was established at .91. Another instrument used was the Weinberger Adjustment Inventory-Short Form (WAI-SF) developed by Daniel Weinberger in 1990. This test assesses an individual's socio-emotional adjustment with the context of external constraints. This 37-item test measures three subscales (Restraint, Distress and Defensiveness). The internal consistency of the subscales had been established with a Cronbach's alphas of .80 for Restraint, .79 for Distress and .78 for Defensiveness.

Sets of guide questions have been used in obtaining information about participants' experience of rejection, socio-emotional adjustment and their manifestation of codependency. These questions were validated by the experts in the field of research. A letter asking for permission to gather data from the participants was forwarded to the Provincial Administrator and Senior Superintendent of the Municipal Police Stations. Upon approval, the data collection took place in three (3) visiting days. Informed consents were distributed to the participants before the administration of the tests. They were also asked to fill up a personal data form to accumulate their demographic characteristics. The participants were given 30 minutes to finish the tests. Retrieval of tests was made right after the

test administration. The results were computed and checked with the supervision and assistance of the researchers' thesis adviser who have a master's degree in clinical psychology. Afterwards, an interview was conducted to the five (5) participants who obtained the highest scores in the Friel Codependency Scale. They were assessed about their experiences on rejection, socio-emotional adjustments and their manifestation of codependency.

To analyze the data, descriptive statistical tools such as frequency distribution and percentage were used to describe the participants' level of rejection sensitivity, socio-emotional adjustment and codependency. Spearman-rho and chi-square, on the other hand, were used in analyzing the relationship of the variables. The participants' responses on the qualitative part were analyzed using content analysis. Initially, the key terms in the responses were identified, then, themes and categories were developed, followed by the classification of the responses according to the themes or categories developed and finally, the responses were summarized in each category. After all the procedures have been accomplished, themes and categories were then validated by the experts in the field of research.

## Results

The first problem in this study aims to describe the participants' level of rejection sensitivity, socio-emotional adjustment and codependency, which are also the main variables of the study. The result shows that the overall rejection sensitivity level of the majority of the participants was interpreted high. This result suggests that participants who have high rejection sensitivity level tend to get easily upset by the actions of others or by the things that people say about them. Moreover, most of the participants obtained high scores on the three subscales of socio-emotional adjustment. This indicates that participants who are under the oversocialized group are likely to be prone to guilt and social anxiety. These people tend to feel uncomfortable with putting their own needs before those of others. With regard to their high defensiveness score, they are highly protected from any form of threat wherein they have the tendency to deny the existence of their sufferings. The results also show that greater number of participants fell under the moderate to severe level of codependency. This level implies that participants have a low level of self-esteem, high external locus of control and an inability to openly express feelings. The second problem in the study aims to examine whether there is a significant relationship between the participants' rejection sensitivity and codependency, and the participants' socio-emotional adjustment and level of codependency. In accordance with this problem, result shows that a p-value of 0.001 suggests a highly significant relationship between the 2 variables with a level of significance set at 0.01. Therefore, the researchers conclude that the anxious expectations of rejection can stimulate the controlling behavior of a codependent person. By being sensitive to rejection and being involved dysfunctional family can lead to an intense and inappropriate sense of need to belong. Results also show that a value of 0.673 is greater than the p-value of 0.05, thus, indicating a no significant relationship between the two variables socio-emotional adjustment and codependency, which supports the hypothesis of the study. This indicates that a codependent person can still be able to handle their social and emotional aspect despite the presence of different life stressors specifically the incarceration of spouse or loved one due to different drug-related offenses.

## Findings

In the third problem in this study, responses are collected by conducting an interview that describes the participants' experience of rejection sensitivity, socio-emotional adjustment and their manifestation of codependency. This enabled the researchers to have a more in-depth information and knowledge of their condition which also provided support to their results on the quantitative

measure. To have better understanding on the categories and themes formulated from the responses of the participants, a summary of the findings is presented:

| <b>Codependents' Experiences of Rejection Sensitivity, Socio-emotional Adjustment and Manifestation of Codependency</b> |                                  |                            |
|---|----------------------------------|----------------------------|
| <b>Categories</b>   | <b>Themes</b>                    | <b>Number of Responses</b> |
| <b>Codependents' Experiences of Rejection Sensitivity</b>   |                                  |                            |
| <b>Neglect from Primary Support Group</b>   | Not being Loved Back             | 4                          |
|   | Lack of Family Support           | 3                          |
|   | Feeling of Isolation             | 2                          |
|   | Feeling Unworthy                 | 2                          |
|   | Perceived Hopelessness           | 1                          |
| <b>Codependents' Experiences of Socio-emotional Adjustment</b>  |                                  |                            |
| <b>Emotional Instability</b>  | Feeling unworthy                 | 4                          |
|   | Feeling unappreciated            | 1                          |
|   | Difficulty in handling emotions  | 1                          |
|   | Suicidal ideation                | 1                          |
|   | Became sensitive and vulnerable  | 5                          |
| <b>Spiritual Aspect of Personality</b>  | Positive Spiritual Well-being    | 3                          |
|   | Negative Spiritual Well-being    | 1                          |
| <b>Participants' Manifestation of Codependency</b>  |                                  |                            |
| <b>Over concern for others</b>  | Ability to forgive others easily | 2                          |
|   | Excessive care for others        | 3                          |
|   | Self-sacrificing                 | 3                          |
| <b>Dissatisfaction with oneself</b>   | Depression                       | 3                          |
|   | Feeling Unworthy                 | 2                          |

## Discussion

The present study aims to test the hypothesis that there is no significant relationship among rejection sensitivity, socio-emotional adjustment and codependency. The researchers first intend to explore the rejection sensitivity level of the participants which may provide information regarding their feelings and expectations toward rejection. The result shows that majority of the sample has a high level of rejection sensitivity. These individuals who scored high on the measure of rejection sensitivity are characterized as those who extremely and inappropriately respond with rejection instances in which their mere reaction stems from the repeated experiences of precedent rejection (Renneberg&Scheithauer, 2013). As derived from the codependency concept of Downey and

Feldman, a high level of rejection sensitivity indicates the tendency of an individual to respond to rejection in a defensive, anxious and extremely sensitive manner. These individuals also cited some instances where they felt that they are not being loved back, to the extent that they are having inadequate support from their own family members. This finding may be one of the reasons behind the theory that rejected individuals tend to be both needy in terms of seeking acceptance and being susceptible in terms of rejection expectancy (Maner, Dewall & Schaller as cited in Leary & Richman, 2009). It is also alarming that these individuals are having feelings of hopelessness due to their current situation. Different studies claimed that experiences of interpersonal issues, feelings of being alone, lack of family support, isolation and low-quality of parent-child relationship, are some factors that contribute to having feelings of hopelessness (Heilemann et al., Durant et al., Shek as cited in Kulis, Marsiglia, Perez & Parsai, 2011). In addition to not being loved back and inadequate support, participants also cited instances when they felt worthless and isolated. With all these issues, the majority considers themselves hopeless.

Participants' level of socio-emotional adjustment was also examined. This shows that the majority are oversocialized, a perception of the self as well-adjusted despite of the current state and issues in life. Participants tend to react in a very substantial and forgiving manner despite having feelings of being unworthy, unappreciated and isolated. Particularly, levels of distress, restraint and defensiveness were explored in the present study. A study done by Rachel (2007) found out that the wives of those imprisoned tend to have high levels of distress. Though it is apparent that the level of distress is mostly high among the relatives of those incarcerated, a high level of restraint was also evident in the results of the present study. This suggests that though they perceive the situation as a stressful event, they still believe that they managed and controlled their emotions well enough to have the courage to go on with life. However, interestingly, there was also an elevated score on the defensiveness scale. A greater part of the sample has a high level of defensiveness. This result gives an idea about the possibility that their positive responses in handling their emotions in the midst of difficulties was just a means of concealing the negative feelings brought by certain issues experienced in life. One negative manifestation of this is the participants' experiences of suicidal ideations. Despite of the attempt to cope with life's problems, it was evident that negative experiences have a huge effect to personal well-being. In addition, majority of the respondents cited instances when they tend to face their predicament with a positive well-being, while only one individual was seen to have a negative outlook.

Likewise, the participants' level of codependency was also examined. It shows that a majority of the respondents fall under the moderate-severe level of codependency. Codependents are described as those individuals who have dependent relationships in concurrence with their failure to acknowledge their personal boundaries from others (Hillborg, 1995). Specifically, moderate-severe codependency scores indicate that the participants have a low level of self-esteem, high external locus of control and an inability to openly express feelings (Knudson & Terrell, 2011). In this study, participants have reported about feelings of worthlessness, stressing that they often felt unimportant. Despite the limited studies on codependency, several research studies also claimed that codependency is a concept that can be classified as a form of altruism, specifically known as pathological altruism (McGrath & Oakley, 2011). Contrary to the known positive effect of altruism, pathological altruism is the type which aims to uphold the well-being or welfare of another person, but the act of helping results in an unanticipated harm (Oakley, 2013). The participants supported all these findings by reporting occasions wherein they exhibit behaviors where they endure and forgive the negative deeds of their husbands. In addition, the wives of those incarcerated also cited instances wherein they genuinely give excessive concern for others, up to the extent that they sacrifice their own needs and wants. A study done by Backe, Bonck & Riley (2008) found out that there is also a strong, positive correlation between codependency and depression. Participants in this study were

seen to be emotionally affected for they felt their vulnerability in sudden despair and they perceived that those reactions are most likely an indication of depression. These findings were evident in the negative effects of a dysfunctional relationship, especially with individuals who already developed a moderate-severe level of codependency.

A highly significant relationship between rejection sensitivity and codependency was found in this study. This result indicates that the more an individual is sensitive to rejection, it is more likely that the individual has a higher level of codependency. This result may be associated with the notion concerning social monitoring theory. The theory of social monitoring asserts that an individual who is highly sensitive to rejection tends to have a greater need to belong (Batara, 2014). Similarly, a person who is already a codependent as a result of being in a dysfunctional relationship is keen to be associated with their partners despite of the negative consequences it may bring (Haaken as cited in Knudson & Terrell, 2011). Apparently, participants who scored high on measures of rejection sensitivity have a propensity to obtain high score on codependency. The findings also suggest that the wives of those incarcerated because of drug-related cases appear to have experiences of rejection, as well as stating evidences for the characteristics of being a codependent. As both variables exhibit the importance that individuals put on seeking social intimate connections, being rejection sensitive and having a dysfunctional family may lead to an intense and inapt sense of a need to belong. Hence, the rejected individual is more probable than others to become attached with someone on whom he hopes to find acceptance. Moreover, living with a dysfunctional family intensifies this inappropriate need of attachment which may likely lead into having a high level of codependency.

Futhermore, the results in this study support the hypothesis that there is no significant relationship between socio-emotional adjustment and codependency. Specifically, subscales of socio-emotional adjustment which comprises of distress, restraint and defensiveness, have no relationship with codependency. A moderate-severe level of codependency indicates subjective distress, but only a mild impairment in social and occupational functioning. It is probable that different factors may contribute on how a person copes with life's problems. For instance, the participant's socio-economic status may have a vital role on how much distressful she perceives the situation. The researchers observed that the more financially stable the spouse of the incarcerated husband is, lesser problems are encountered in terms of supporting finances (Bhownick et al., 2001). Moreover, participants have different ways of handling their emotions. It is possible that some have encountered more problems compared with others before or subsequent to the incarceration of their husband. Hence, various factors may contribute to the resiliency and socio-emotional adjustment of the participants in this study.

## **Recommendations**

Based on the results and findings of the study, the following recommendations are proposed to address the limitations of the study, to develop better understanding of different concepts and to help improve the lives of those people involved in a dysfunctional relationship.

Administrators in jail may come up with an extensive family program that would strengthen the family relationship and sustain communication between inmates and their loved ones outside the jail. It is also possible for family members outside the jail to form their own support group; thus, this will enable them to talk about their issues to feel less alone and distressed in handling their problems. Furthermore, mental health institutions are recommended to develop an intervention program focused on identifying codependents and include them on a similar treatment program with their dependent. For the future researchers, it is recommended to use an absolute qualitative

approach in their study to obtain a deeper understanding of the codependents' experiences. In this case, they can further examine the childhood experiences of the codependents that could lead to the discovery of more contributing factors in the development of codependency. Researchers of this study were not able to compare the results of both genders on rejection sensitivity and socio-emotional adjustment; thus, future researchers can address this limitation. They can also obtain more information from codependents who are members of Codependent Anonymous (CODA), the official and acknowledged support group of codependents in the Philippines and around the world.

## Emerging Framework

It was found in this study that the insufficient support and attention that people receive from their environment triggers to the development of codependency and to the negative attitude and decisive feelings towards oneself. The people who are most at risk to develop these kinds of characteristics are those who are involved in a dysfunctional relationship including having a drug dependent family member.

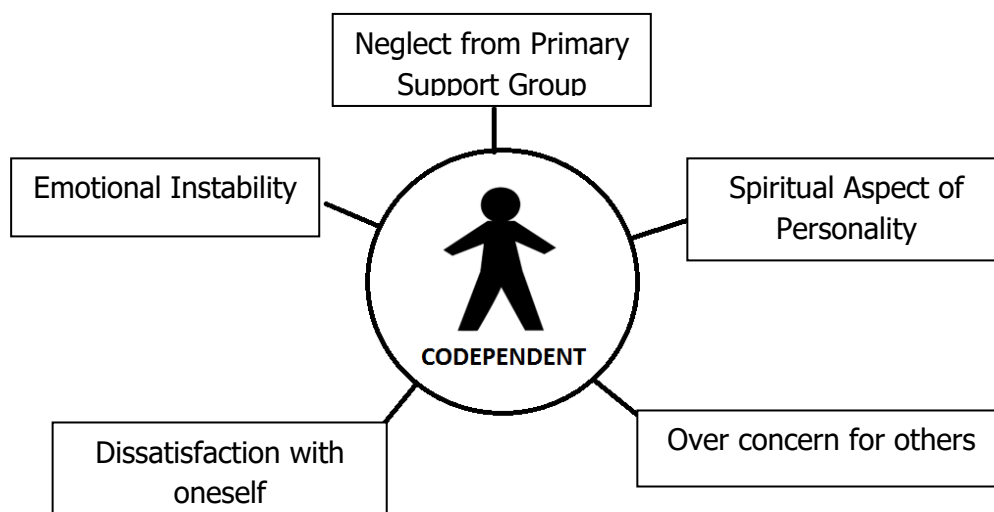


Figure 2.0 Participants' Experiences of Rejection Sensitivity, Socio-emotional Adjustment and their Manifestation of Codependency

*Figure 2.0 shows that neglect from primary support group, emotional instability, spiritual aspect of personality, dissatisfaction with oneself, and over concern for others are characteristics of being codependent.*

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# Societal Transformation Through Spiritual Awakening

**Aneela Durrani Azeemi**

Over the years, spirituality has become parts of both the popular lexicon and the public discourse. Although, the term ‘Spirituality’ has no one ultimate definition, thus, spirituality is a word that has endless definitions. However, spirituality can be best understood as knowledge about getting attuned to our inner self. This is a primordial knowledge of Ego, Self or Soul. Metaphysical or Sufi knowledge terms it as soul or spirit which is made up of Energy (Noor). It further elaborates that mankind has been treasured with an ocean of unlimited powers. Yet majority of people are unaware of this core reality. In order to achieve this, one has to go through the process of self-awakening. Therefore, when an individual is ready for a change, he can deliberately activate his spiritual powers and capabilities, through different techniques and skills which we can seek from spiritual or Sufi knowledge. Furthermore, the twenty first century is globally known as an Age of Science and Technology. However, it is a Human’s capability (or knowledge) that has created this technology and has promoted this technological diffusion universally. Resultantly, man-kind, due to his technological achievements, has trapped himself to an extent where he has become subservient to his own creation. Thus, he became caged enormously to the material world and destroyed his inner peace. Which made this world chaotic, vulnerable and in some cases has created this world into a complete warzone, (unsafe). It is result of this human negligence that has currently posed great threats to our society, living things and our environment. Nevertheless, in order to overcome the crisis, spiritual awakening holds great significance in human lives and thus, it has become a great necessity for the upbringing of human existence, human soul and human society.

The purpose of this Research Paper is to outline the various meaning or phenomena attached toward Spirituality particularly with reference to Islamic mysticism or Sufism and means to the spiritual awakening. It is, however, stated that peaceful minds will restore peaceful society and for this restoration, how Sufis acted as social reformers and ruled people hearts with their teachings of pure love and humanity. Spiritual knowledge always played a vital role in personal growth and transformation leading to societal transformation. Hence, our paper on spirituality is structured to help people to achieve and integrate peaceful life by adopting spiritual tools and techniques to attain positive mind set which can bring societal change. In addition, to highlight the connection or relationship between body and soul with the connecting point mind will also be illustrated. It is pertinent to shed light upon how human activities and self-created advancement have launched great deformation and threats to society and hence, the impact are even more harmful to the human lives and the entire living species, which has led towards environmental degradation and loss of biodiversity, multiple physical and psychological diseases, emerging terrorism ,extremism and religious intolerance.

In the last analysis, I would to highlight the importance of Sufi knowledge and how awareness of spiritual knowledge can be a source of enlightenment in the human society as well as for revival of peaceful society. In addition, I am going to share my experience as a promoter of spiritual awakening in a traditional society of my area Khyber Pakhtunkhwa, Peshawar, Pakistan - one of the victim of terrorism and extremism.

### **Spiritual Awakening:**

According to various revealed scriptures, such as Torah, Bible and the Holy Quran- it is explicitly mentioned that this entire universe is a record. This Record consists the data of ‘hidden knowledge’- which is the foundation of life. There are billions of galaxies in the universe and our galaxy is a small tiny particle of it. God says in Quran if an ink is made from the whole water (including oceans, springs, lakes etc.) of this universe and a pen is made up of wood of trillions of trees, it would not be enough to encompass the power of divine, which is so immense and limitless. Spirituality or Sufism is the exploration of ‘true self’ through attaining positive approach of mind, awakened self is attuned to the inner Self (microcosm), which according to spirituality is a hidden energy with primordial knowledge. In addition, present discoveries about mind and inner dimensions are showing human existence is divided in to two aspects; the outer or material aspect which is conscious mind (Wakening state) and the other half is inner sphere beyond material needs and is the cognitive stimulus to the material sphere. All revealed scriptures defined this inner sphere as ‘Energy’ and named it as “Spirit” or “Ruh”, it is also termed as (dreaming or sleeping state) hence, and through this energy the spiritual person receives the Divine knowledge. Nevertheless, it starts from sensory awareness into cosmic consciousness (macrocosm). The awakened self is, however, a “Soul” or “Silent observer”. Awakening simply means not living in a state of dream. In the wakening state we are bound by time and space while during the process of dreaming we are free from the confines of spatio temporal limitations. The wakening state or the conscious mind is operated under referral ego. This conscious mind set is usually derived from the society we live in. Unfortunately, most of the people consider it as a reality of life, whereas, the conscious mind according to spiritualist is a fiction. Therefore, the reality is evidently beyond that. Awakening state, however, tells us to get aware of the fiction life. If we pay close attention and start observing our own thoughts we will get aware of the one ‘Who’ is observing? Who is looking? Who is feeling? This presence of ‘Who’ is not in the brain that is actually beyond. It is the utmost primordial, infinite, formless ‘Self’.

In many wisdom traditions, called cosmic consciousness also explained it that we live in two worlds: Physical which is conscious and subtle, whereas, the other is formless spiritual or light. As a Christian Theologian says, ‘you are in the world and not of it’ there is an analogy in the new testimony where Jesus speaks about the lamp inside and outside. This is cosmic consciousness where the ‘Alert’ witnessing awareness within you is fully awakened. In this state one has access to intuition, revelation, insight, creativity imagination, dormant potentials, looking at the future, true dreams, desires that can true, synchronicity, healing, connecting to the departed ones souls, spirits) - [ Source: The Awakening by Dr. Deepak Chopra]

In addition, all branches of knowledge, rational or intuitive, work the same way. That is, when the mind focuses on any given idea or topic with all its abilities then hidden details leap into the mind. When the cognition focuses on the outward or physical subjects, then physical knowledge is revealed and when it descends into the inner plane then esoteric knowledge and revelation surface. Additionally, great Sufi scholar of present time, Khwaja Shamsuddin Azeemi remarkably illustrated the relationship between the cosmic consciousness and human in terms of true dreams by giving an example of Benzene. Benzene is a compound in an organic chemistry. The discovery of its molecular structure is in many ways similar to the intuitive cosmic relationship with the human. Chemist Friderich August Kekule (1829-1896) was busy finding out the molecular structure since based on earlier assumption it was not what he thought it should've been. However, even after spending day after day he was not able to come to any conclusion. One night he saw in his dream that there were six serpents who were grabbing each other's tail in such a way that it formed a specific figure simply by looking at that figure he got the idea of the molecular structure of benzene. After he woke up, he worked on that figure for a while and proved that the molecular structure of benzene is the same as what he has seen in his dream [Source: Muraqaba; The Art of Sufi Meditation by Khwaja Shamsuddin Azeemi].

Similarly, in the same way, many advances in the field of medicines are a result of intuitive guidance.

Albert Einstein stated "the intuitive mind is sacred gift and the rationale mind is faithful servant we have created a society that honors the servant and has forgotten the gift".

### **Human: body mind and soul:**

In the current age of information, the very question of What is Man? and to What extent his abilities goes has gained prominence? Metaphysical knowledge tells us that human is not just a mass of muscles and bones but in fact a living universe or microcosm himself. His life is relying on information. As a matter of fact his life is nothing but collection of thoughts and imaginations. His every movement is influenced by information and thoughts. Although the modern world has developed advanced technologically but it would be presumptuous to think that the time we are living in has achieved its highest level of knowledge and inventiveness. Whereas human mind has been remained mystery for thousands of years and scientists believe that we have only consumed 5 to 6 percent of our mental capabilities, whereas, a much larger share is still dormant as hidden capabilities. However, once they are activated the vision becomes independent of any confinement or boundaries of distance.

If we examine the life style of billions of people- they make clothes to cover and protect their bodies; whereas, this body is changing every minute- every second. By looking at different stages of life one can understand the core reality of existence; one day baby is not as same as at the time of his birth- similarly ten years kid will not be the same when he was at the time of his birth. Moreover, a mother's womb is a "mould", within this mould there is a frame- which Consist of features, an embryo after fertilization finally blossoms into a beautiful picture of a human baby.

It is stated in Quran that, "God is an artist who paints beautiful pictures in mother's womb".

However, baby is born toothless but slowly gradually gets his teeth. In the beginning, he cannot sit - but later, he develops balances in his backbone and starts sitting. Similarly, baby

cannot see for three months, but later he gets the ability to see and finally he develops his conscious mind gradually he gets older and passes away to the same unseen world from where he arrived. To make it more clear with another example. There is a man named Peter. Although, before arriving into this world “he” was present somewhere else. Thus, while entering into this “material world” he manifested himself in as a material medium- called ‘Body’. Moving on, to illustrate the relationship between soul and body, if we make wooden statue with two legs, two arms and two hands, with five fingers in the hand and later cover this whole statue with a stitched cover and if ask question; What is it? We will get an instant answer that this is “Statue”; whereas it is a “Cover” while the statue is beneath it. Resultantly, if we compare this example with human body and soul, then Statue is Soul and the Cover is our Body. Our body is an introduction of human which is the manifestation of our Soul. In other words, Body is actually a dress of our Soul or Spirit which is an “Actual Being or Human”- this spiritual part of our body, when gets disconnected from the “material body” the left over part is called ‘Dead body’. However, despite having every organ (such as brain, heart, eyes, nose, hands and lungs) something gets disconnected, that is the energy or soul which was giving life to that dead body. Unfortunately, most of us are not aware about this real part of us called Spirit or Soul. Irrespective of knowingly or unknowingly, all life processes including all actions of life sleeping, walking- etc. are governed under metaphysical energy or soul. Human, focus on materialistic aspect of life which has disconnected him from his pure body (spirit).

### **Societal deformation and causing effects:**

Peaceful minds can only restore peaceful societies. It is pertinent to know the literal meaning of society.

Peter L. Berger (1967), a sociologist, defines society as “A human product, and nothing but a human product, that yet continuously acts upon its producers.” According to him, society was created by humans but this creation turns back and creates or molds humans every day.

The present time is highly materialistic where too much importance to the material gains has alienated human from his true ‘Self’ or spiritual aspect. This drift from the basic humanistic values has deteriorated the social norms and values like love, tolerance, forgiveness, brotherhood etc. The conscious mind is embedded in the ‘animal instinct’, whereas, it is scientifically proven that we have another instinct known as ‘human instinct’ which consists of positive approach of mind. However, the age of global interconnectedness and communication has although succeeded in various ways and has gifted human with a modern lifestyles, comforts on one hand, but has undoubtedly trained Human beings, as Mechanical-beings, it captivated human who is working as robotic slave which is revolving around profit and loss game. This has, however, impacted mankind so much that he is caged with distraction

As a causing effect this spiritual disconnection has created numerous problems in human life. He has been negatively impacted socially, physiologically and psychologically. The biggest problem, which majority of people are facing is the lack Peace of mind. The intense worry, distraction and intolerance have made man reach the zenith of vulnerability. This ill minded approach is negatively influencing his own life, as well as, society as a whole. This negativity

has destroyed his inner peace not only at an individual level but also at a global level. This resulted in shape of physical diseases and a psychological disorders. This lacking of peace is indulging people in drugs especially our youth and increasing suicide and emerged as a major threats to society which is one of the factor leading to extremism, terrorism and war

### **Save the World: Revival of society through spiritual (Sufi) knowledge and practices:**

It is very important to transform this tormented social fabric into a place where humans can live peacefully and happily.

### **Services of Sufis towards humanity:**

The solution rests in going back to the core reality of life existence which is in spirituality. People are disconnected from their ‘‘Soul’’ or ‘‘True Self’’. It is highly essential to make them aware of their spiritual being; here comes role of spiritual or Sufi knowledge which can play vital role in this awareness. History is evident, that it remained the legacy of Sufis and Saints that whenever society was at stake, social norms and values deteriorated, they emerged as reformers to reconstruct and revive the societies. Thus, spiritualists and Sufis remained as major force in reforming and reconstructing the societies. They countered the religious intolerance and always served humanity irrespective of religion, caste and creed with the universal message of peace and love. we have an example of so many Sufi and saints in subcontinent like Hazrat Khawajah Moein Uddin Chisti, Hazrat Nizamuddin Auliya, Hazrat Babatajjudin Nagpuri, Hazrat Baba Fared, Hazrat Lal Shehbaz Qalander, Hazrat Qalander Baba Auliya and so many who transformed the societies. Here I want to give the example of Mujadid Alit Sani who refused to prostrate the then Mughal King Jahangir and got imprisoned .In three years of imprisonment he transformed the whole prison into a learning centre, this is what Sufi or spiritual persons do.

Besides ,Sufis render their services for humanity through their writings, poetry and their special techniques meditation, canting (dhikr) Sufi music, poetry and dance(dhasmmal or whirling)-this all relates to the state of transcend remained as very famous tradition. We have an example of Sufi saint of India like Hazrat Khawaja Moeinuddin Chisti who introduced ‘‘Qawali’’. Hazrat Nizamuddin Auliya who was a musician and a composer, Hazrat Amir Khusrow a poet and a musician. We have an example of Hazrat Shah Abdul Latif Bhitai who invented music instrument ‘‘Aik Tarah’’ similar to guitar.

We have an example of Famous Sufi ‘Rumi ‘whose focus was love and heart. His master Hazrat Shams Tabrizi introduced whirling dance.

There are so many Sufis who through their poetry spread spiritual knowledge Hazrat Baba Bulleh Shah, Hazrat Qalander Baba Auliya and so many others. The logic behind all these practices was to connect human to their spiritual part so that to live at peace. Currently we have few Sufis in Pakistan rendering selfless services to the people one such name is of Hazrat Khwaja Shamsuddin Azeemi the founder of Azeemia order and through his writings and meditative skills he is educating people with Sufi knowledge.

Besides another very famous tradition of Sufis is charity (langar) or food distribution.

Spiritual healing remained as one of the very important component of their services through different spiritual means including color therapy.

According to Philip Jenkins, a Professor at Baylor University, "the Sufis are much more than tactical allies for the West: they are, potentially, the greatest hope for pluralism and democracy within Muslim nations." Likewise, several governments and organizations have advocated the promotion of Sufism as a means of combating intolerant and violent strains of Islam.[191]Abraham ben Moses ben Maimon, the son of the Jewish philosopher Maimonides, believed that Sufi practices and doctrines continue the tradition of the Biblical prophets. See Sefer Hammaspiq, "Happerishuth", Chapter 11 ("Ha-mma'abāq")

### **Energy: The base of Spirituality:**

According to spirituality this universe is composed of energies. Science also says "Everything is made-up of energy and energy can neither be created nor be destroyed but changes its form from one to another" Human is an energy because whatever he eats finally convert into an energy. Scientists have invented a technique in photograph which captured photos of the energy encircling human body known as "aura" or light body. Through aura reading one can discover the material and physical state of a being.

According to revealed scripture, there is a full divine administration working parallel to the functioning of the worldly affairs, Divine power, whether you call it Allah, Bhagwan or God-himself is an Energy.

### **Human minds and climate change:**

Nowadays everyone is talking about climate change and its aftermath, recently forty thousand world leaders, ecologists scientist gathered in Paris in December 2015(COP21-United Nations)to" save the earth .On the name progress human has created lethal weapons and propagated nuclear war race. They are responsible for polluting the mother earth, and exploded her heart by atomic bombs and nuclear warfare. "

In this regard it is very import to understand the impact of human mind on climate spiritual knowledge tells us that all knowledge, research and inventions are also governed by the divine system and laws, which is very organized. Thus, there is no fault in it, this system has built-in certain positive programs and certain negative programs. However, the divinity has gifted all humans with delegated powers to run that divine administration through spiritual powers, setting it as an example, each human carries a remote controller of the divine system. This controller works with our mind and the energy emitting from it. Human emit electromagnetic waves, whether he knows or not, which is itself an "Energy". Therefore, if nation as a whole is constructive in thoughts, it will emit positive waves holistically - which will activate positive program for themselves. Many leading nations like when focused positively on "matter" they activated the positive divine system in their favor which led to the exploration of hidden powers and made them leading nations. Whereas, if a nation as a whole emitting negative waves it would activate negative programs which invite calamities like storms, cyclones ; if these waves goes down invites tsunamis, earthquakes floods and civil riots and wars [source: Hazrat Khawaja Shams Uddin Azeemi: Spiritual Healing, and 101 Spiritual Women 2002]

However, the evidence presented by intergovernmental panel on climate change IPCC shows that the human impact on the planet over the past two centuries led to environmental degradation and atmospheric alteration that results in climate change and loss of biodiversity with irreversible trends [IPCC:2007]. Climate change is, however, consisting of two components, one is the Anthropocene- in which the natural and social scientists agrees, that humanity is entering a new epoch named Anthropocene [Biermann et al: 2012] in which human impact has become so significant that it has resulted in an ‘unacceptable environment and social change’. Therefore, it is the human induced problems that has affected the entire global society. Humans are responsible for their own harmful and devastating acts. Moreover, global terrorism and mass migration have also made human suffering beyond.

Furthermore, it is an appropriate time to start realizing that we are in charge and it's our duty to save this earth from turmoil by saying ‘No’ to nuclear war game- and ‘Stop making bombs’. Besides we have to go back to the natural and organic life. Otherwise nature is not going to give us any chance.

### **Tools and Techniques:**

**Meditation:** is one of important tool or technique to connect to your own self. Meditation means focusing your mind on one point or to contemplate on your inner self. It is a name of that contemplation through which man is able to gain the knowledge which is primordial knowledge of his self or soul. It appears that the person performing meditation is simply sitting in a pose with his or her eyes closed, however, merely shutting the eyes and assuming a specific pose does not serve a purpose. In fact, it is an angle of perception through which the person practicing meditation freeze his or herself from outward sense (Five senses) and begins the journey towards their inner self. Meditation exercises usually comprise of: breathing and visualization, which are the components of meditation. Meditation should be a part of lifestyle because it slowly gradually changes our perception of life. It gives us the positive approach towards life. This is practice of twenty to thirty minutes in which we try to stop our thinking process at the conscious level and try to connect the pure consciousness which helps us awaken and alert the true part of our self (spirit). This technique is the best way of connecting our body and soul. This also makes our mind peaceful and can heal different psychological disorders and physical diseases.

Rumi has the explained this phenomenon in his verse,

*“Eyes are shut so are ears and lips are sealed yet sight still behold”*

Research in the modern psychology has reached to the fact that if human mind contemplates or focuses one point with full concentration the sub-Conscious mind has the ability and power to display that thought materially or in physically Auric body.

Meditation along with mental capabilities also increases our will power but physical and psychological benefits are achieved by practicing Meditation, such as, control of blood pressure, increase in life expectancy, improvement in eye sight, hearing, immunity, overcoming fear, depression, anxiety, doubt, jealousy etc.

**Silence:** Practicing silence make our mind less talkative and connecting our body with our soul it is very important to stop mind chatter to get awakening.

Sufi knowledge also inculcate an insight with the following attributes:

**Love:** It is feeling teaches us sacrifice and helps us to connect to the Higher conscience

**Non Judgment:** Thinking pattern which stop judging others, is the beginning of change and enhances our journey towards insight.

**Gratitude:** Gratitude of what we have, enhances our deeper vision and makes our body soul relationship stronger.

**Anger:** Is purely an animal instinct needs to be controlled because it damages our brain cells, causing numerous toxins inside our body.

**Forgiveness:** Although it is difficult but not impossible. It is a good attribute for our own wellbeing because it set us free from the element of hate and anger which destroys our brain cells (neurons).

**Fearlessness:** Spiritual awareness also set us free from the fearful life. We are mostly operative under fear that is generated by ego. To overcome fear and especially of death gives us hope of life, after this material world ,is a great feeling to keep us moving and it also gives us peace. It transforms our thoughts with the element of jealousy, hate and anger and finally make us awakened happy person.

**Tolerance:** Makes our vision deeper and opens to all it prevents us from religious extremism and all other related issues.

## **Conclusion:**

In my view point the solution for restoring peaceful societies lies in the hand of human himself. A peaceful human can restore a peaceful society. Positive mind sets can be achieved through spiritual awakening because personal transformation can transform the societies. Things which we consider as Real, are actually Fiction. Unfortunately, we spend whole life in feeding this unreal part of us. now is the high time to establish our lost connection of body and soul through spiritual(Sufi) knowledge so that to counter terrorism, extremism, religious intolerance, not only to save humanity but to save our mother earth. Solution lies within you don't look outside look inside.

*“What shall it profit a man if he gains the whole world but loses his soul?” (Hazrat Jesus)*

*“Peace comes from within. Do not seek it without” (Hazrat Buddha)*

*“In the still mind, in the depths of meditation, the Self reveals itself. Beholding the Self by means of the Self, an aspirant knows the joy and peace of complete fulfillment” (Krishna in Geeta)*

Lastly, I conclude with a beautiful saying of Prophet Muhammad (PBUH):

*“If you want to know divine; know your Self”*

## **Sound Saññā Project : Asia STORYTELLING :**

### **Ancient Cultures and Values revisit**

Ng Wei Chin (Singapore)

#### **Abstract:**

The work was motivated by seeing the eminent loss of Asia heritage especially of our Values and Wisdom as the World moves to become homogeneous similar in city construction as well as diluted with delusion of life and minds. Ancient stories are chosen for this purpose, as many are source of philosophies and ingredients to great novels. These stories are traceable, not hard to accept but hard to achieve as they implied.

The most influential form of storytelling is by far the cinema... However the creator feels at times over exposure to impressionistic images and repetitive discriminatory visuals, common sense may become scarce and imagination, commonplace. Hence Sound Sanna was created to only apply cinematic soundtracks to its stories recited to evoke visuals and imageries of individual minds.

In audio production, the cost is much lesser compared with storytelling through full cinematic experience. The outreach can be for less well to do countries using CD player as well as for First World countries with car stereos. Children and Adults are able to appreciate and enjoy the same elements, as long as the stories are clearly expressed with meaningfulness in themselves to draw them in. Asian Stories are not necessarily Kingly feuds, but dramatic moments intertwined with life experiences expressed allegorically. In fact, subtext is the main text in many ancient stories.

#### **Sound saññā**

Sound Saññā is a project name self explanatory if one is aware of our sensory conditioning. It is a genre created for human ears, evoking perception of ancient stories through soundtracks. It is intended to bring on the 'cinematic feel' without the cinema visuals, as we are shown too much, and imagine too little.

It is a known analysis among buddhists, all beings are made of nāma and rūpa: Mind and Matter. Another understanding towards our sense of being is through the Five aggregates: rūpa (Material), vedanā (Feelings), saññā (Perception), saṅkhāra (Volition), viññāṇam (Consciousness). Depending

on the form of existence, and related past kamma, all beings' five aggregates differ from one another.

saññā is a Pali word which the English term define it's meaning as 'Perception'. However though 'perception' is neutral in meanings, it already hinted a diminutive slant where 'reality' is not fully understood nor even reconciled within. How we perceive someone may differ greatly from who he/she really is. How we see reality will also determine how we react to its presentations. Neither saññā nor the five aggregates cannot determine who we are, but existentially, we are shaped by perceptions and other aggregates, as gratification sets us up.

In the 5 aggregates compounded reality - it is usually not easy for the human mind to penetrate beyond sensory stimuli. "Reality" is then conditioned through derivatives of the six sense doors: Eye, ear, nose, tongue, body, and heart consciousness. With mindful abiding and wise influences, we may slowly dust away the shroud, and reveal our own nature within. And what better influences, than ancient stories atypical from modern trappings of over dramatization, so we may recognize the similarity of minds who have already got over their own barriers and in search of liberation.

### **Asian Stories: Ancient Buddhism Stories**

Asian values were predominantly shaped and influenced by old religions & philosophies: Hinduism, Buddhism, Jainism, Sikhism, Taoism, Confucianism, legends, folklores and life experiences that custom a highly complex stream of conscious evolution in our manners and thinking processes. These philosophies greatly touched and inspired a few thousand of years of literary works and lifestyles among Asians. Some of these stories are traceable but many are hearsay may be 'risky' to simply adopt and live by.

The Project initially wishes to address the impact of globalization towards ancient living wisdom in Asia, and to bring to mind the urgency of cultural dilution as modern life demands homogeneity. The progressive loss of Asia heritage as we adopt systems via powers, mindset via marketing, lifestyle via pride, challenge the core of Values and Wisdom, worldwide.

We are now experiencing the tip of man-made disasters through 'nature adjustment' at the turn of 21st century. Should spiritual houses become self serving and disillusionment of mundane life builds further states of depression, the lucky minds will follow their own stream consciousness, first to survive and second to navigate, then reflect, for the healthy ones; the unlucky ones, a longer

cycle of samsara.

Unlike music, stories take its own time within our minds to mature, or brings on a lasting impact to our lives. Furthermore stories we listen to or hear about, provides us navigation through life. At crucial moment, its wisdom can manifest itself with profundity beyond our time. Through these intuitive "historical lessons" , spirituality remains a large part of our imagination when illumination starts to set in when we question or when we seek.

The project took on Asian Stories as its initial declaration, with Ancient Buddhism stories as its pilot for the obvious reason that both are interlinked and mutually mirroring each other's subtlety of ethical and well being concerns. Likewise, for development of Asian Stories, they should contain similar wisdom planting, recognizable and harmonizing in each culture they serve. It is hence important that stories propagated are fruits of understanding, of relevance and inspirational to our spiritual and mental well being.

### **Significance of Project Process**

The Project took The Very Quiet Studio on a six years quest and research on making the right choices, seeking hard-to-meet Teachers who would endorse the work through applying their voices to each story. Finally, matching right kind of musicians to support the work and concept. Each ancient demonstrate a characteristics of a practitioner: Great Gratitude, Great Compassion, forgiveness, goodwill, kindness and Great promise. The factors of "Happy Ending" lie not in the spiritual attainment nor status of any authority. With the encouragement after each successful voice recording, and collaborative creation by the musicians from other faiths, the full CD was finally printed on 19 Feb 2015. Examples of stories as follow:

Hen Feud is adapted from Dhammapada Pakinnakavagga verse 291.

"Long, long ago, the lady owner of a hen ate its eggs in front of the hen. Later on the hen vowed revenge by eating the owner's offsprings. The hen died and was reborn as a house cat while the lady owner was reborn as a hen in the same house; the cat ate her eggs. This hen then vowed revenge that she would eat the cat's little ones in future. After chasing and killing each other and their offspring for 500 lifetimes, they finally met the Buddha who enlightened them and resolved the conflict."

The story is exceptionally important and relevant till today, as wars and revenge are still prevalent. Ignorance is the cause of suffering as both the characters do not see their karmic links go way back.

The bondage has to be broken by love, metta or kindness.

Banyan is adapted from Jataka Tales, the past lives of The Buddha Sakyamuni. It was rewritten by World War II heroine Noor Inayat Khan.

"Banyan deer and Branch deer rule over 500 deer each. After being chased into the fields of a king's castle, they have to send one deer each day to meet his death. When a mother doe from Branch's herd pleads to postpone her trip to the execution, Banyan takes her place by offering his own life. The king is surprised as Banyan has already been pardoned from the sacrifice."

A famous story like Banyan may seem 'fairytale like' based on an old tale. It is however accepted in Buddhism stories, all beings have their way of communication despite not sharing the same verbal language. The believability of this story is least disputable to believers of Great Compassion.

In relating these stories to adults and young people via sound, it is more effective to utilize audio production, as the cost is much lesser compared with storytelling through full cinematic experience. CDs are accessible to all Worlds but a later change can come through new media as a medium. Another advantage of listening is also engaging without time demand, as our ears are always alert to stimuli unless when we are heedless.

### **Inter/Intra Faith, Culture and Language Capsule**

Cinematic sound concept offers a huge soundscape for creative works. A scene of ancient war can be represented with merely effects and ambience, which the imagination can do the rest. Thereby release our reliance on visuals that colonize our thought processing or even reduce our personal insights as visuals distract.

### **Beyond Language and across**

The storytellers were sought based more on their kindred voice and spirituality practice, than performance ability. As English is not their native languages (except for Ven Sunim Mujin), each dhamma teacher lends their own native accent to the stories they presented. The other reason for this choice was to remind listeners not to 'judge' on the language ability of anyone, especially spiritual teachers. It is through natural voice that we can see the person than of their craftwork through honing their articulation. The Sangha here forms the first representation of buddhism, and hence the vocals are precious to the delivery instead of applying performance to spiritual knowledge. Each storyteller also adds that specialty flavour to the story they expound.

Stories can also be read in their native languages as well as in English. It is a fact that learning mother tongue languages is lacking in many countries while common universal languages are not encouraged in some others. Through expansion of language boundaries, the following ideas can thus be possible since global village is a foreseeable reality in future.

### **Education Benefits: Intra Faiths**

With storytelling, ancient buddhism stories are transmitted beyond doctrinal exposition. Through new media on old platform like in a CD, Buddhist Charity Organizations or NGO can also provide teaching material assistance for Sunday schools or drama class for enjoyment or that it can also help rebuild social devastation or natural disaster aftermath. It is true that many developing countries require food, lodgings and necessities more urgently than education. However without helping them construct their internal barrage or fortress, and develop interest about sustainable values and healthy mindset, external help can only go as far as it lasts.

Built on Sangha voices and ancient Buddhism ideology, the debut pilot Album "Story Kasina" has the potential to rebuild spiritual resilience through edutainment. With the help of imaginative teachers, children is able to relish in the old values through modern convenience. The stories were not targeting special crowds, but were aimed to keep asian interested in our own heritage and wisdom before bargaining or trading its presumed diminishing returns like many other things.

All three buddhist traditions Sangha members lent their voice for the debut Story Kasina Album. Ancient Buddhism Stories are retold by renown Sangha of all three traditions: Theravada, Mahayana and Vajrayana. With much good fortune and auspicious meetings, they endorse the project with their voice contributions. Bhante Dhammaratana Thero, Venerable Mujin Sunim, Sayalay Dipankara Theri, H.H. Phakchok Rinpoche, Ani Choying Drolma, and Dr Lee Foong Ming are the six voices who lend the project their goodwill and support.

### **Education Benefits: Inter Faiths**

Through the use of storytelling, all faiths can also share their stories heritage for understanding to one another's practice. In the light of wide spread violence and intolerance, the world now is in urgent need to find a common denominator in all religions, so religions are not made scapegoat to political polarization among faiths and people. Storytelling promise approachable religion teachings.

The musicians are from other religions besides Buddhism, who are persuaded into this good project by their own generosity. Amongst them are Imee Ooi, Frank Steiner Jr, Sri Ghanavenothan Retnam, Fero Aldiansya, Nathan Madsen and Pianist Elaine Wu. Only Ms Imee Ooi is a buddhist among the list. The above composers from other faiths were just as supportive and even nurturing to help this creator fulfill the creative instinct to its completion.

All participants, artists, and creators, share similar concerns to globalization in its blinding light as well as in its looming shadows. We wish to keep our spiritual stories alive than be only subsistent on nursery schools propagation or made irrelevant by social deterioration.

### **Ancient Stories - New Age Telling**

Sound Sanna Project idea came in 2008 and was completed with a debut CD Story Kasina in Feb 2015, and launched in October 2015 at 6th Parliament of World Religions.

With the expansion of internet and availability of connectivity, we are able to share stories untold from different continents with one another, and to give them a new life in this new media era. Older civilizations once depended on traditions and fears, the new world demands:

- 1) Best practices that do not lead to more suffering.
- 2) Cultural and Educational development strategies involving Character Building.
- 3) Religion with integrity, humanity and sensitivities.

Storytelling may not solve all the present problems but it may possibly prevent future ones. The initiator of the Project Sound **Saññā** wishes we may seek a creative approach to all Asian ancient stories, and repair the damage we have caused in our current haste.

# **The Impact of Reiki Treatments (Hands-on Energetic Healing) in Reducing Stress and Improving the Well-being & Quality of life of Young people**

By

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*(Reiki Rainbow Energetic Healing – Follow Your Heart)*

## Abstract

It is the constant and continuous thought process that brings a person into a network of negativity and develops stress with pressure and expectations. This research focuses on mind-body emotions and reveals the essence of bringing balance through Reiki Energetic Healing (Hands-on Healing). The focus of this research is on ten young people from aged 18-40 who can understand and bring a balance in his or her life by unblocking, filtering, and recognizing thoughts and clearing blockage in Chakras through Reiki Energetic Healing. The significance of this study brings awareness of holistic and alternative way of Energy healing through infusing the body with charged magnetic energy from the practitioner's own field through support, love, compassion, and respect. Like meditation, Reiki is a passive rather than an active skill-based practice, and both would be more accurately placed in a category of holistic/spiritual healing practice rather than under the interventionist perspective and practice of energy medicine. Hands-on Healing is for anyone. One significant reason for the lack of scientific valuation of Reiki may be that, Reiki has been primarily practiced by individuals outside of mainstream healthcare (Miles P, True G. Reiki (2003), Barnett L, Chambers M. Reiki Energy Medicine (1996)). With the awareness of energetic growing and keen interest in making a progressive and balanced life, the researcher develops this research study to spread awareness among young people. Hence, this research brings about a positive motive for a better and healthy community balancing mind, body, and spirit. The research will be conducted in Bangkok, Thailand. This is a Qualitative Research where ten participants fill in a participant form about themselves and three other forms after every Reiki treatment. The treatments will be conducted by the researcher (Lecturer, Reiki Master, Author and a Certified Neuro Linguistic Practitioner by ABLP) and three Reiki Master Teachers and one Reiki Master who volunteered to support and provide Hands-on healing in order to gather sufficient information about improvements and avoid being bias. An excerpt about the Reiki Master Teachers, Reiki Master on how Reiki (Energetic Healing) has helped them and others and an excerpt by a Psychologist, Reiki Practitioner/ABET/Teacher/Cranio Sacral Therapist on holistic approach, balance, and well-being are presented in the research. The Reiki treatments have illuminated a valuable insight that each respondent received by three treatments and have understood, felt relaxed, healed and self-evaluated the progress. Some participants also started to learn Reiki after the results and awareness.

**Key words:** Holistic, Spiritual, Psychology, Awareness, Reiki Energetic Healing, Quality of Life, Mind, Body, Spirit, Healthy Lifestyle, Physical Health, Chakras, Compassion, Healing, Balance, and Channeling, Well-being, Spiritual, Biological Education

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When a research is addressed and completed, the presentation and the purpose of it is highly addressed and imperative to bring credibility that enhances the foundation of the research and its publication. Countless gratification goes for the International Conference on Spirituality and Psychology 2016, Conference held by Tomorrow People Organization, Belgrade, Serbia where this research will be presented and bring awareness to the beauty of holistic and Reiki Energetic Healing.

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## **Chapter 1**

### **Introduction**

It is the constant buzzing of thoughts and external knowledge learnt about how one should lead his or her life that develops anxiety. The influence of mind – body emotions can be balanced and healed through Hands-on Energetic Healing. Various researches have been conducted on Reiki therapy as an alternative healing for people in sickness. However, very few have extension to how Reiki – Energetic healing can enable people balance and bring awareness of their emotions on daily basis that affect their physical health. The researcher is a qualified Reiki Master and has provided many people from various age groups Reiki Energetic Healing (Hands-on Healing) and recognizes the impact of Energetic Healing that can have on the physical, mental, emotional, and spiritual areas of one's life. This helps to release blocked energy that is congested and caused energy stagnation which eventually affects physical health. The researcher believes in a continuous learning process and is still mastering essential requirements in energetic healing.

On the other hand, the researcher has been practicing Meditation and understands how Meditation can also progress one's life through transmission and a spiritual awakening balancing one's life. Reiki (Hands-on) Energetic healing is for everyone, however, this research focuses on how Hand-on Reiki Energetic healing can improve the well-being of young people. Several psychologists and spiritual leaders, teachers, and practitioners, and creative authors in the modern society have encouraged and through creative and practical writing have published several books on incorporating holistic healing, compassion, meditation, and visualization as a key point to balance and manifest a compassionate, healthy and positive quality of life.

### **Research Objectives**

The essential characteristics of a human life's journey are the true care of the activities of the mind and the soul. It is vital how an individual takes care of his or her health and expression of emotions plays a significant role in a healthy behavior. The physical body is merely a vehicle for the soul and the spirit. Like meditation, Reiki is a passive rather than an active skill-based practice, and both would be more accurately placed in a category of spiritual healing practice rather than under the interventionist perspective and practice of energy medicine. Developing the energy and enthusiasm to bring awareness to the young people to connect more with their inner-self in order to have a balanced and quality life, the following objectives are formulated:

1. Formulating suitable hypotheses that would determine factors affecting stress after meeting with young people. Participants will assess their fatigue and quality of life before and after the entire series of 3 Reiki or Hand-on Energetic Healing treatments.
2. To distinguish the changes in dealing with thoughts and stress of ten young people aged between 18-40 years after first Reiki treatment (Energetic healing). Participants will be filling forms and will explain the experience of the energy through laying on-of-hands.
3. To distinguish the changes in reduction of stress and dealing with work/study of ten young working people aged between 18-40 years after the third Reiki treatment (Energetic healing). Participants will be filling a form and will explain the experience of the energy through laying on-of-hands.
4. To monitor and evaluate that touch therapies such as Reiki may create changes in the brain that influence the receiver's body map and his or her somatosensory system (The somatosensory system is a complex sensory system. It is made up of a number of different receptors) therefore, teaching the recipient to experience the body in a new, more adaptive way.
5. To select three Reiki Master Teachers, Reiki Master, and Psychologist in Bangkok who justify, support, and discuss on essential needs of Reiki treatments, holistic approach, counseling on people to find a balance consequently reducing stress and embrace a better health and quality of life.
6. To construct and interpret understanding of self-created stress, sickness, and symptoms' that affect body organs or physical health for young people after 3 Reiki treatments by applying Dr. Christine's book on Frontiers of health from healing to wholeness (2000).

### **Possible outcomes**

Nothing is complete without assurance and/or a feedback that shows change in better lifestyle. Possible outcomes for this research are:

1. After diagnosing where there is blockage it is possible to continue more than three Reiki treatments.
2. People may pursue learning Hands-on healing to help heal themselves.
3. The hands-on healing can be practiced in many holistic and cancer clinics and hospitals as a medium of alternative therapy.
4. Medication can be reduced depending on severity of a sickness or problem.
5. The research may take longer if more treatments are needed for an individual.

6. Individuals may be fascinated with the treatments but how he or she practices with the given suggestions matter in the way an individual handles lifestyle, time, education and work.

## **Rationale of Study**

One significant reason for the lack of scientific valuation of Reiki – Energetic Hands-on healing may be that until very recently, Reiki has been primarily practiced by individuals outside of mainstream healthcare (Miles P, True G. Reiki (2003), Barnett L, Chambers M. Reiki Energy Medicine (1996)). With the researcher being a Lecturer, Reiki Master, Author and a Certified Neuro Linguistic Practitioner by the American Board of Neuro-Linguistic Programming it enables to bring the awareness of energetic growing and keen interest in making progressive and balanced life. The researcher develops this research study to spread awareness to the young people in Bangkok, Thailand.

This study emphasizes on the study of healing through the cleansing and unblocking congestion in the Chakras. Incorporating a bond that empowers one with the Divine Universal Spirit provides a path enabling a person to heal. It is about the knowing and the un-knowing that needs to be filtered and clear blockages that make a person think and feel in a particular way.

This research enables to open doorways for people seeking alternative/holistic healing that brings relaxation and also heals many sicknesses.

## **Scope of this Study**

The knowing and realization of the purpose of soul is vital and the ignorance making one astray in the materialistic commitments creates blockages and blurs the ability to understand the efficacy of self-awareness, self-worth, self-love, self-respect, and self-expression. The digital age has swept people into a new cult of modernization. The emphasizes on psychospiritual education, compassion, and subjects related to energy is very much required to bring healing to people suffering from illness, emotions, depression, stress, and also offer insights to various ways balance life through a better quality of life and positive thinking.

This research study prepares people to be able to have a clearer picture of life and the ability to even be a successful entrepreneur who can be compassionate and yet ambitious. It's necessary for people to reduce and/or end of being fearful and bowing to norms that simply become a chain of fear and failed dreams for many people. The significance of this study brings awareness of Energy healing through support, love, compassion, and respect in various communities. It is an important asset and

self-investment to understand certain patterns of negativity and end the cycle to it embracing a journey of positive and content life.

The significance of this work brings insight about Chakras, mental, emotional, spiritual, and physical energies that is embedded with ideas and attitudes about life and how it has been harvested over the years that tend to bring stress, headaches, self-esteem issues and other related outcomes.

Thought patterns are often imprinted as impressions since childhood and also past lives where an individual is unaware of. This research will enable people to increase the level of consciousness through interaction between spirit and matter where people learn how to reduce and be aware of tactics that can get him/her free from pain, illness, and stress depending on severity. The clear knowledge of Chakras and healing will be explored and revealed through treatments justifying the assurance that Hands-on healing is an appropriate remedy for various issues and sicknesses for people keeping in mind the weight of the problem or sickness. Hence, it is significant to bring awareness to young people so that he or she can understand and learn how to adhere a healthy lifestyle.

### **Limitation of the Study**

The results derived are not the ultimatum of revealing stress factors and how one can be healed. The results also depend on how the subjects/participants of this study understand the factors and deal with factors that bring awareness to his/her life and bring a change in his/her quality of life. Moreover, Reiki – Hands-on healing energy is directed by channeling through higher self and free will and that Reiki treatment can be conducted only through free will of participant.

Reiki energetic treatment is an alternative healing medium and not to be considered as any final and/or ultimatum medical ailment depending on severity of stress or illness. Less research has been conducted on this area and many people are not aware of energetic healing. Due to the limited availability of investigations, bias may have occurred during this review. Because published studies of Reiki are a recent occurrence and are few, no attempt was made to narrow to a specific issue, diagnosis, or patient population. Hence, this research brings about a positive motive for a better and healthy community balancing mind, body, and spirit. This research limits to only treatments to 10 people and will be conducted in Bangkok, Thailand.

## **Formulated Hypotheses**

1. There is a change in reducing and/or no feeling of fatigue after Hands-on Energetic Healing.
2. There is an influence in having a better quality of life after the Hands-on Energetic Healing.
3. There is a change in the way to deal with thoughts and stress after the Hands-on Energetic Healing.
4. There is a change in reduction of stress and dealing with study/work related issues after Hands-on Energetic Healing.
5. There is a change in feeling better about life and related sickness after Hands-on Energetic Healing.
6. There is a better understanding about Emotional, Mental, Physical, and Spiritual Energies/Bodies that affect body organs and health after Hands-on Energetic Healing.
7. There is an influence of making better choices in about self and balance after Hands-on Energetic Healing.

## Chapter 2

### Review of Literature

#### Overview of Reiki, Past Researches and Attunements

In 2009, it was learned by Callaway E. online reporter of New Scientist that His Holiness Dalai Lama is teaming up with Stanford University and a professor to launch a new research center dedicated to compassion and altruism. The centre's goals do not only focus on researching on how the brain deals with compassion but also utilizing the findings to improve people's lives. The necessary requirements in modern generation bring a collaborative network of people to facilitate essential means to progressing and bringing awareness to a better environment.

Research article by UCLA Rehabilitation Services, on Reiki really works: A Ground-breaking Scientific Study (2011) stated by, William Lee Rand, the Founder of International Center for Reiki Training, testing of Reiki treatments in humans performed between 1993 and 2006 showed ratings from Satisfactory to Excellent, all suggesting that the benefits of Reiki treatments were positive in controlling pain levels in humans. Moreover, in 2009, reviews of randomized studies of Reiki research conducted by Edzard Ernst, M.D., Ph.D. and his colleagues at the University of Exeter, concluded that most were poorly designed and presented insufficient evidence to suggest that Reiki was an effective method for healing any condition.

Additionally, in relation to Engebretson and Wardell (2002), all touch therapies contribute to a common similarity, explicitly, reinforcement to Eastern beliefs and philosophy. Reiki is an ancient energetic healing practice considered to have originated thousands of years ago in the Tibetan Sutras, and then renewed in the 1800s by Dr Mikao Usui, a Japanese monk (Usui M, Petter FA. (2003). Furthermore, these values on energetic healing practice are consistent with the belief that the human body requires a constant flow of life force energy for sustained health and wellness. Moreover, energetic balance or harmony requires biopsychosocial and spiritual combination, generally reasoned as physical and spiritual healing. This conception provides as a chief founding for complementary and alternative medicine (CAM) energy work (Usui M, Petter FA. (2003), Keegan L. (2001) Zukav G. (1989) Dossey B, Keegan L, Guzzetta C. (2000), Wardell DW, Weymouth KF. (2004)).

With reference to Cambray's book on Synchronicity – Nature & Psyche in an interconnected universe (2009), Synchronicity as “a meaningful coincidence” and “an acausal connecting principle” was a stimulating hypothesis when it was first published and has remained essential to the present. In it C. G. Jung aimed at expanding the Western world's core conceptions of nature and the human

soul, mind or spirit. By requiring that we include and make room for unique individual experiences of life in our most fundamental philosophical and scientific views of the world, Jung challenged the status quo, urging us to go beyond the readily explainable, beyond the restrictions of a cause-effect reductive description of the world, to seeing the psyche as embedded into the substance of the world. Moreover, Jung (1915, 1929, 1930, 1934/1950) led us to see psyche as another prospective inbuilt in the singularity. As the universe expands from the ancient singularity and cools, matter is separate from energy nevertheless can interact with it and space-time emerges.

On the other hand, according to (Agassi, 1969), Leibniz: “Body and soul are so adapted that a resolution in the soul is accompanied by an appropriate movement in the body;” “the tendencies of the soul towards new thoughts communicate to the tendencies of the body towards new shapes and motions.” This psychosomatic (mental and emotional) parallelism caused Jung to acknowledge: “the possibility that the relation between body and soul may yet be understood as a synchronistic one. Working through such dilemmas begins with an act of acknowledgment. The analyst’s intentionally identifies the affect or actual state stimulated as related with the consumed “projection”—opening the mind. Next, cognitive empathy by the analyst for his/her own distressed internal state utilizes reflective understanding of the history and meaning of such creations within the analyst’s own psychology.

The projection of a person and the interconnection of human soul, mind or spirit can be balanced and emotions can come into awareness through Energetic healing. With the researcher’s experience the human mind plays an imperative role in shadowing thoughts and causing imbalance. Therefore, bringing awareness to more people in Bangkok can help many people from negative patterns of life behavior, reduce stress, feel relaxation and bring a balanced lifestyle. This research will be a good insight to many people across the Globe as well.

Nevertheless, there is a scientific explanation for Reiki that is based on scientific studies and factual information. This explanation has been presented as a testable hypothesis by James Oschman, Ph.D (2002). Dr. Oschman discovered a number of important scientific studies that point to a scientific basis for energy medicine based on the laws of physics and biology. The electrical currents that run through every part of the human body provide the basis for Dr. Oschman’s hypothesis. These currents are present in the nervous system, organs, and cells of the body. For instance, the electrical signals that trigger the heartbeat travel throughout all the tissues of the body and can be detected anywhere on the body. The heart has the strongest field, which has been measured at a distance of 15 feet from the body. The fields around each of the organs pulse at different frequencies and stay

within a specific frequency range when they are healthy, but move out of this range when they are unhealthy. The hands of healers produce pulsing electromagnetic fields when they are in the process of healing, whereas the hands of non-healer do not produce these fields.

Additionally, in relation to Miles P. and True G. PhD (2003), hands-on Reiki treatment is offered through light touch on a fully clothed recipient seated in a chair or reclining on a treatment Reiki bed. A session can be as short or as long as needed, with full treatments typically lasting 45 to 75 minutes. Practitioners believe Reiki has the potential to rebalance the biofield at the deepest vibrational level, thereby removing the subtle causes of illness while enhancing overall resilience. Since Reiki is a holistic medium that supports overall healing and well-being, it is not possible to predict how quickly specific symptoms may respond.

Reiki is practiced at the First level, Second level, and Master Level, with each level having a defined scope of practice. At the core of the training, and unique to this practice, is a series of commencements, also called empowerments or attunements, which are believed to connect the student to ancient consciousness, the intelligence that permeates creation, maintaining life-sustaining functions and directing complex cellular processes, and which is the source of subtle Reiki vibration. This connection is believed then to be available at any time, regardless the student's health, mental state or intention. Self-treatment is viewed as the foundational practice for all levels.

The effect of receiving a Reiki treatment is that the supply of life energy is increased and people return to balance by clearing blockages that are causing illness, stress and disease in a body. In this state of balance and renewed energy one can heal. Reiki is a universal life energy and is not only for people who are sick but is also helps bring a person to balance between material and spiritual well-being keeping the body healthy. All one needs is the Will and the Attunement. However, it is up to a person to make the lifestyle change necessary for healing to take place.

Where Reiki (Hands-on) Energetic Healing is becoming known, it's vital to know about the founder of Reiki, Master Mikao Usui. Mikao Usui was born in Taniai village (now part of Miyama village) in Yamagata county, Gifu Prefecture, on 15th August 1865, into a family whose ancestors were Samurai, of the Chiba clan. Usui's father was called Taneuji, and was also known as Uzaemon. His mother was from the Kawai family, (Hiroshi Doi, 2000). Usui's interests ranged from biographies, history, medicine, psychology and theology (including Buddhist and Christian) to astrology, incantations (such as for removing sickness), physiognomy (face reading), shinsen no jitsu\* (God

Hermit Technique) and divination. His studies also took him abroad to Europe, America and China, (Rick Rivard, 2012).

Moreover, Master Usui went through a period of fasting on Mount Kurama, near Kyoto (photo at right), during which he experienced a “great Reiki” around his head, Hiroshi Doi (2000), Rick Rivard (2012), Hyakuten Inamoto (2012) Hiroshi Doi (2000), Tadao Yamaguchi (2007) an effect of which was that he obtained a Reiki Ryoho (Reiki healing method). The Reiki Attunements have a very powerful balancing and healing effect for the student. Since energy spins at different levels of vibration and frequency the attunements are split into three levels: Reiki 1, Reiki 2, and Master level 3. Master Usui picture and the Reiki symbols can be seen in the Appendix 2. Additionally, during the attunement process the Reiki Master Teacher acts as an open channel for the Universal Life Energy that is received by the student by the Crown chakra (top of the student’s head and down through the body and back out through the hands. Reiki is a way of activating, directing, and applying natural energy for well-being of health, healing, balance, and wholeness. It’s a natural way of healing where no tools or instruments are needed besides the Reiki practitioner, who channels the Reiki energy through his or her hands. Once a student has learned Reiki, the student is attuned to the Reiki energy by studying one of the three levels and has the ability to channel Reiki for life.

Below are the descriptions of Attunements to levels of Reiki (Hands-on Energetic Healing):

1. **Attunement to Reiki Level 1:** The Student is taught the basic Reiki Symbols through a process of 4 attunements. At this level the Student can use the Reiki Energy to heal themselves and give hands-on healing to others. Reiki Level 1 works on physical body.
2. **Attunement to Reiki Level 2:** A Student who has been attuned to Level 1 is allowed to proceed to Level 2 through a process of 4 attunements. At this level an even higher frequency of Reiki Energy is passed to the Student which allows them to use the Reiki energy for distance healing. The Student will be taught an additional 3 Reiki Symbols: The Power Symbol (Cho-ku-rei) is for cleansing, purifying, power and protection, The Mental/Emotional Symbol (Sei-hei-ki) for balance, love and harmony. It brings together the brain and the body. Sei He Ki, reflects with Yin and Yang and the balance between the two sides of the brain. The left part of the symbol represents Yang and our left side of the brain (logic, structure and linear thinking etc.) The right side of the symbol represents Yin and our right side of the brain (fantasy, feelings, intuition etc.). The Distance Symbol (Hon-sha-ze-sho-nen) is for distance healing. The symbol has a general meaning of: "No past, no present, no future" or it can have

the meaning of "The Buddha in me contacts the Buddha in you". Time and distance is no problem when using this Reiki symbol. The use of the symbol gives access to the "Akashic Records", the life records of each soul and can therefore be used in karmic healing. Trauma and other experiences from this life, previous or parallel lives that affect and mirror peoples' behaviors can be brought to light and released. Students will learn how to focus and work on balance, traumas, stress, frustrations and pains from present or past experiences. The Reiki symbols for Reiki Level 2 can be seen in Appendix 2.

3. **Attunement to Reiki Level 3:** A Student who has been attuned to Level 2 is allowed to proceed to Level 3 after 4 further attunements. This is the Master attunement, and at this level the Student receives an even higher frequency of Reiki Energy that is transformative at the Spiritual Body. When the spiritual soul is healed, the mental and physical get healed automatically. The Student is taught the Master Symbol in this attunement. The (Dai Ko Myo) symbol reflects positive influence. Also known as "all purpose healing" symbol and "empowerment" symbol including personal empowerment and love. Reiki practitioners at all levels receive the master symbol from their Reiki teacher during the attunement.

The symbol activates the energy centers even further to allow for a deeper level of Reiki healing energy to be channeled through them. "Dai" means great or big and "Ko" means smooth, and "Myo" means bright light. The Dai Ko Myo basically means "Great Enlightenment" or "Bright Shining Light". Symbol reconnects us to the divinity that is inherent within all and helps us heal ourselves and others. Dai Ko Myo is one of the most sacred Reiki symbols. The primary purpose of using this symbol is empowerment, enlightenment, unity and wakening of the soul. This Reiki symbol represents inner knowledge, truth and enlightenment. With the master attunement and the master symbol, one receives the opportunity to open to the limitless potential of Reiki and develop the qualities that are contained in the Reiki energy. As a Reiki Master, the Student is empowered to pass on this ancient healing modality to others. The Reiki symbol for Reiki Level 3 can be seen in Appendix 2.

## Chakras and the Body System

On the other hand, based on Dr. Christine Page's book (2000) on Frontiers of Health from healing to wholeness, "the soul or self is still firmly linked with the Source of life via spirit. Through this connection we are aware of ourselves not only as a personality but also as part of the Universal pattern of life." Inspired by this fact, the researcher attempts to carry on this research to bring awareness on how resistance to change brings disharmony, thus the possibility of manifesting physical disease becomes apparent.

Chakras are bioenergy centers or points of a body that give strong electrofield release. The major chakras are linked along a channel equivalent to the spine. Chakras are traditionally considered the "nervous system" of the metaphysical body, since it is through them that life energies are received, processed, and transmitted, and through them that body, mind, and spirit are linked together into one holistic system. Therefore, because of the sensitivity and direct responsiveness of the endocrine system to psychological and mental characteristics, events and reactions, the Chakra points have proven to reveal reliable and insightful information about many aspects of a person's mental, emotional and psychological condition, as well as some thought processes. In relation to researches in psychology and psychobiology findings support that the endocrine glands behave in direct response to all mental events, and thus, indicative of a person's mental and psychological condition.

The energy entering each chakra from the different bodies intermingles until a combines force passes into the etheric body. The link between the energy emitted by the chakra and the physical body activates stimulation through it in the brain and the nervous system leads to the endocrine glands to produce hormones, these hormones are then carried around the body, to particular targets where the impulse of the subtle bodies is manifest into action.

Appendix 2 shows the seven chakras. Below are the descriptions of the seven chakras:

1. **Base or Root Chakra:** (Self-awareness) This is located at the Base of the spine and this center has the quality of the fundamental will to exist. It supports all the others, having strength, firmness and the solidity of being grounded. It provides the energy of the will to live in material form to all parts of the body. It has an energy-information frequency that corresponds to the color red. The Base Chakra affects the ovaries and testes as glands. Its energies are experimentally associated with sexuality, self-identity, survival, stability, and purely physical or material energies. As a result, it can cause a psychological emphasis on materialism, Burgie-

VanOstran, L. (2004). Behaviourist and materialist psychology is focused at this chakra level. Its psychology is associated with the will, materialism, grounding and the survival instinct. Late in human evolution, the alchemy of personality transformation becomes important, and this requires a change in human materiality, Kunz D., & S. Karagulla. (1989).

The related emotions to the Base Chakra are Fear and Courage. The related organs associated are Kidneys, Bladder, Rectum, Vertebral Column, and Hips. As every Chakra reflects a different psychospiritual aspect, each has its own body language to reflect an imbalance of energy. For instance, the need to tightly cross one's legs when sitting, protecting the base; constant fidgeting as if the individual isn't comfortable with their place on Earth, and the presence of excess fat over the buttocks and thighs often depicts insecurity with poor roots, with the added weight etc, The negative association reflects feeling like being the victim where there is lacking energy, empowerment, and life force, Page C. R. (2000).

2. **Sacral Chakra:** (Self-respect) This is located above the Base center in the lower abdomen. It is located above the genital area just below the navel that corresponds to the color orange. The Sacral Chakra affects the adrenal glands, specifically the adrenal medulla. Its energies are associated with healing, generation of life force, and physical vitality. It combines with the Base in extending the self-preservation of form to energize conception, gestation and physical regeneration within the rhythmic cycles of creation and death. Generically the female and male principles that creates relationship, although at this chakra level, relationship lacks the more caring and cooperative aspects that exist at higher levels, Burgie-VanOstran, L. (2004). Instead, it is functional or exploitative, and is often strictly classified by custom, leading to rigid relationship customs enforced and protected by the genetic closeness of family and circle. The psychology of this chakra is of sexuality, division and elementary relationship. It fosters a classification of group life, and is fulfilled in parental love. Freudian psychology focuses on this chakra, Kunz D., & S. Karagulla. (1989).

The related aspects are self-respect and creativity within relationships. The related emotions are possessiveness and sharing. The associated organs are uterus, large bowel, prostate, ovaries, and testes nurturing and trust. For instance, the common place for women to lay down fat is over their sacral chakra often reflecting a desire to be nurtured but fear of allowing too close. The negative association reflects being the Martyr where situations seem critical, sour and condemning, Page C. R. (2000).

3. **Solar Plexus Chakra:** (Self-worth) This is the organ of desire and attachment. It is located around the navel, corresponds to the color yellow. The Solar Plexus Chakra affects the islet cells of the pancreas as glands, as well as the physical nervous system. Its energies are associated with calmness and emotional stability. It is the seat of violence, the power of the personal self, of conquest, dominance-submission, imperialism, selfishness and ambition. Jealousy, envy and revenge lie here, as do joviality and indulgence, accumulation and unfettered expansiveness. Selfish yearning creates strong emotional values that are pursued energetically, with powerful likes and dislikes. The Solar Plexus chakra fuses the three lower chakras and energies, and its selfish ambition eventually transmutes them into aspiration for a better way of life. Life teaches the right direction through emotional turmoil. Its psychology is that of the power and dominance of the lower self, Burgie-VanOstran, L. (2004), Kunz D., & S. Karagulla. (1989). It is also where extra-sensory perception (ESP) and clairvoyance are located, providing the real basis for “gut feelings.” Its higher expressions are aspiration for betterment, mystical yearning and personal idealism.

The related aspects are self-worth and valuing the needs of the self. The related emotions are anger, resentment, unworthiness, and guilt. The associated organs are liver, stomach, spleen, and small intestine. This Chakra is also the seat of Psychic skills. The sixth sense allows a person to enter the vibrational force of the planet and link into other dimensions of consciousness. Such as, the use of clairvoyance (inner eyes), clairaudience (inner ears) and a person can detect energies from surrounding people, especially emotions and this passes through the astral body into the solar plexus. For instance, when seeing a ‘Beer Belly’ in a man with a large stomach attempting to convey confidence, there is a small boy seeking approval. The negative association reflects the idea of Servant where one feels needy, seeking approval, and unempowered, Page C. R. (2000).

4. **Heart Chakra:** (Self-love) The Heart chakra is the center of love and compassion, and is magnetic and radiant. It fosters group cohesion, inclusiveness, goodwill and cooperative human relations. It is the center of individual responsibility and socially-based moral values that is located at the center of the chest in the heart area, which corresponds to the color green. The Heart Chakra affects the adrenal cortex, thyroid, and anterior pituitary glands, thus effecting biological manifestations of emotion, and controlling hormone secretion in the whole endocrine system. Its energies are associated with deep emotions and love, or strong emotions in general including trauma. This includes a high form of self-love, to give and take unconditionally. The

related emotions relate to joy, hurt, and bitterness. The associated organs are heart and breasts, Page C. R. (2000).

Consequently, it provides the attractive power that enhances the quality of life and form, fusing them into patterns in harmony and at peace with the soul. Heart chakra requires a good and clear mind, our intuition and sensitivity to others and to the whole develops, Burgie-VanOstran, L. (2004), Hoffmeyer, C. A. (2000). The Heart center guides the mind into creative cooperation with the whole. Its psychology is that of love, empathy, group cohesion and the higher intuition, Ramer A. (1997). The humanistic psychotherapist Carl Rogers expressed this well. Social psychology and related topics such as social intelligence<sup>7</sup> are Heart centered issues, Kunz D., & S. Karagulla. (1989). The negative association makes one feel like an Actor or Actress where the giving and receiving affects unconditional love, Wauters A. (2010).

5. **Throat Chakra:** (Self-Expression) This is the center of creativity, intellect and communication. Sometimes the focus is right-brained and sometimes left-brained, but eventually the two combine. It is located at the center of the throat, corresponds to the color blue. The Throat Chakra effects the thyroid, lungs, intestines and parathyroid glands, and its energies are associated with communication, both expression and listening, Page C. R. (2000). The Throat center picks up ideas from the higher centers and creates the best practical form it can, be it intellectual, artistic, industrial or social. Mind is the builder, and energy follows thought. The Throat center crafts the ideas, energizing them into workable creations by making conceptions more concrete, Burgie-VanOstran, L. (2004), Kunz D., & S. Karagulla. (1989). It has been called the gateway to liberation, for its potent creativity can be used in self-development and assistance to others. It enables self-suggestion, visualization, meditation, affirmation, yoga and even guided dreaming in energy and consciousness to the higher realms of soul and spirit. This center governs cognitive psychology and the psychology of intellect and creativity, Ramer A. (1997). The negative association makes one feel like the Silent Child where there is suppressed communication and unexpressed emotions, Wauters A. (2010).

6. **Brow/Third-Eye Chakra:** (Self-Responsibility) This is the center in the forehead that commands integration of all the chakras below it, which comprise the entire personality. It is the soul's agent in bringing the personality into wholeness (healing) and alignment with it. It is located on the center of the forehead between the eyebrows, corresponds to the color purple. The Third Eye Chakra affects the pineal gland, eyes, lower head, sinuses, pituitary as well as the

cerebellum, and its energies are associated with vision, balance, clairvoyance, sensitivity, intuition, and intellectual activity, Page C. R. (2000). It is also the center that commands the energies of both soul and personality in relation to their environment, Kunz D., & S. Karagulla. (1989). It is the center of divine revelation, of abstract thought and inspiration, and of higher idealism and emotions related are confusion and clarity, Page C. R. (2000). It is the source of ideas with which the Throat creates. The Brow chakra creates the mystic vision through the emerging “third eye” linking of Brow and Crown. When the third eye develops, the light of the golden bowl becomes radiant, Ramer A. (1997). The Brow’s psychology is that of the self-actualization of Maslow hierarchy of needs.

People seeking a comprehensive understanding of the multiple forms of intelligence (cognitive, emotional, kinesthetic, interpersonal, intrapsychic, spiritual etc.) may also operate at this level, Burgie-VanOstran, L. (2004), Hoffmeyer, C. A. (2000). It should be noted that wisdom was also found to be correlated with high levels of moral reasoning (Pasupathi & Staudinger, 2001). The negative association affects the Intellectual flow making one rigid, rational, and factual, Wauters A. (2010).

7. **Crown Chakra:** (Self-Knowing/Consciousness) This is the center of wholeness and oneness. It is dynamic in expressing divine purpose, and synthesizes the entire being into oneness with all. It reveals an understanding of the spiritual and at this level of consciousness, and sacrifices everything to serve the divine plan for all and related emotions reflect despair and peace. It is located directly above the head, corresponds to the color of violet or light purple. The Crown Chakra affects primarily the anterior pituitary gland, as well as the cerebral cortex and the cerebrum (brain), and pineal, Kunz D., & S. Karagulla. (1989). Its psychology is transpersonal and understanding the divine plan for Earth. This is the stage when evolution as a human being becomes complete. Radiant energy shoots from the Crown center and at this high stage of development, the Brow Chakra has integrated the energies of all the chakras below the Crown. It now represents the liberated fusion of soul and personality, Burgie-VanOstran, L. (2004), Ramer A. (1997).

Nelson (1994) referred to this stage as *sage consciousness*. Because this stage contains all of the prior stages, it also possesses access to all of the knowledge gained through them. The “sage” is free of attachments and is thus fearless, independent, and unfettered by preoccupations of any sort. The negative association reflects as the Egoist where one has arrogance, self-absorption,

and inflexibility, Wauters A. (2010).

There are pairings of importance. With reference to the research by Innovation Technologies and Energy Medicine (ITEM) (2002), The Base is paired with the Crown in carrying the will aspect of the trinity. The Sacral is paired with the Throat in the intelligent creativity aspect, and the Solar Plexus is paired with the Heart in the love aspect. When psychological and emotional energies are sent throughout the body as electrical impulses along the biological (neural) and energy (meridian) pathways, these transmissions cause electromagnetic fields to radiate outside the body. By this process, the tangible features (frequency, waveform, etc.) of these radiating electrical field energies are characteristic of the mental activity that generated them, as much research in this field has revealed, Innovation Technologies and Energy Medicine (ITEM) (2002).

Moreover, according to the research by Innovation Technologies and Energy Medicine (ITEM) (2002), one has a psychological perception of oneself and one's environment. This perception, being a mental process, induces characteristic electrical impulses in the brain, which are transmitted to related parasympathetic nerves or endocrine glands. For instance, a perception of fear creates specific electrical impulses in the brain that transmits electrical neural impulses to stimulate the adrenal glands. Since the brain is neurologically connected to the entire human body, these electrical impulses may travel throughout the central, sympathetic and parasympathetic nervous system, creating characteristic electrical fields. The left side of the body is the receiver, while the right side of the body is the transmitter. Energies flow in through the left side, are processed through the metaphysical energy systems of the body (i.e., meridians and Chakras), and then are projected from the right side of the body. In turn, Jung was the first Western psychologist to identify this level of consciousness in relation to the development of the individual psyche (Scotton, 1996).

Furthermore, the left hemisphere of the brain serves as a primary transmitter of Electro Magnetic waves. When a thought or environmental stimulus is perceived, the brain will transmit electric current through the right side parasympathetic nervous system (meridian system), which is then projected outward into the environment from the entire right side of the body (although usually more intensely at the right hand). The brain biochemically uses power to transmit the current, and the amount of power used is a function of the intensity of the response to the sensory perception or stimulus. When a person experiences a very strong emotion or projects a thought with great desire, the intensity and strength of the Electro Magnetic field on the right side of the body will increase, as will its frequency in most cases, Innovation Technologies and Energy Medicine (ITEM), (2002).

## Description of Energies/Bodies and Sicknesses

- Physical Body: This is the body comprises of the skeletal framework, muscles, tissues, organs, blood, and five senses etc. The physical body has a great capacity to inform you when something is wrong or right. It can be positively or negatively affected by the foods we eat, the thoughts we think and the emotional state that we reside in at any given moment. Thus it may lead to a person having a headache, migraine, cancer, stress, and lower back pain etc.

With reference to Wauters A. (2010), in the Physical Energies of the Chakras, the Root Chakra associates with the adrenals where the kidneys are activated. The Sacral Chakra is associated with the ovaries/testes reflecting the reproductive organs that control sexual development. Solar Plexus Chakra is associated with the Pancreas and the organ produces sugar. It controls the digestion of food. Additionally, the Heart Chakra is associated with Thymus building a strong immunity from pain and disease. The Throat Chakra is associated with Thyroid and controls metabolism and affects physical and mental development. The Brow/Third eye Chakra is associated with the Pituitary influencing metabolism, growth, and other hormones including those related to giving birth. The Crown Chakra is associated with the Pineal and produces melatonin and regulates the body clock, Wauters A. (2010).

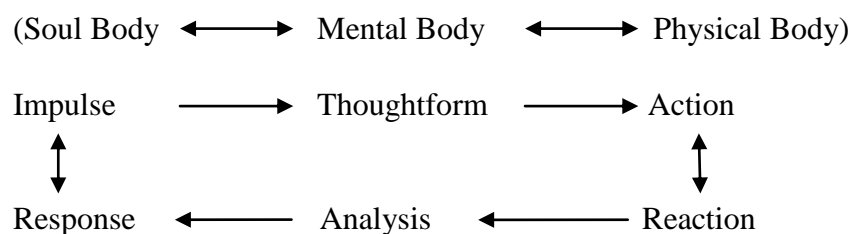
- Emotional Body: The emotional body depicts as a person becomes sensitive and trust his or her inner feelings. It reflects the ability to feel and communicate. It acknowledges to awareness of self as valuable, worthy of love, kindness, respect, and compassion. It is with the emotional body a person will feel the pleasure, pain, fear, courage, attachment, and jealousy etc. As the emotional body develops first, it eventually corresponds to the foundation of the mental body.

In relation to Wauters A. (2010), the emotional energies affect the Root or Base chakra making one feel aggressive, anger, violence, and jealousy. The Sacral Chakra makes one feels pleasure, feeling good, deserved, feel bad, envious, and not caring for physical body. The Solar Plexus Chakra addresses to self-worth, confidence, power and choices for selfhood. The Heart Chakra enables one to be capable of love and compassion for self and others. Additionally, the Throat Chakra, releases feelings through expressing self, including crying, laughing, shouting, and expressing if one is not happy. The Brow or Third eye Chakra enables one to give permission to experience feelings and chooses when it is appropriate to express them. The Crown Chakra depicts the feeling to cultivate bliss and surrender to what it, Wauters A. (2010).

- Mental Body: The mental body is made up of our attitudes about life and self. It reflects the capacity of thinking. There are two parts to the mental body: the egoic mind (little mind) and the Divine mind. The egoic mind is a powerful tool for creating a harmonious reality or a reality of suffering. It is the starting point from which the soul can attempt to integrate its intelligence with personality.

With reference to Wauters A. (2010), the Mental Energies affect the Root or Base Chakra denoting the attitudes of separation, exclusivity, territory, belonging, and one's right to own space. The Sacral Chakra depicts the attitudes of being and having enough, knowing and understanding that one deserves the life he or she wants, enjoyment and well-being and good health. The Heart Chakra portrays happiness, joy, delight and knowing what one feels that makes the heart sing and embrace life. The Throat Chakra enables one to having sense of expressing the truth in the significance of individuality, not gossiping, lying and exaggerating. The Brow or Third Eye Chakra brings the essence of accepting, self-confirming, developing one's own understanding of his or her own limitations and of others cultivating gratitude. The Crown Chakra reflects holistic and universal principles of acceptance, respect, and knowing what people do is never anything without the help of a higher source, Wauters A. (2010).

- Spiritual Body: The spiritual body depicts to a person's aspects through meditation, prayer, and inner reflection. The spiritual body reveals the increasing unfoldment of person's spiritual nature that begins to open the doorway into enlightened and expanded states of consciousness.



(Source: Page C. R. 2000)

With reference to Dr. Christine Page's research (2000) on Frontiers of Health from healing to wholeness, sicknesses/diseases derive from emotions that have been built over the years. The right side of the body represents the masculine side of one's character and relates assertiveness, activity, logical doing, and strength. The left side of the body represents the feminine side of one's character and relates to sensitivity, receptivity, nurturing, intuition, passivity and the ability to be. Below are

some common stated sicknesses that can be explained with reference to blockage and unexpressed emotions, Page C. R. (2000).

1. Appendicitis: Referring to the Base Chakra, infection and inflammation of the appendix can occur at any age but is more common around puberty or other times of change. Psychospiritually, appendicitis reflects the pain of change and loss often linked to deep feelings of helplessness and anger which go unexpressed. As the situation is acute, it is wise to counsel with a medical practitioner for surgery. However, it is wise to seek help to release any unexpressed feelings which in turn develop blockages and affect the physical body, Page C. R. (2000).
2. Nose Bleeds (Epistaxis): It is a common cause in adults when there is hypertension where the excess pressure seeks an outlet through the fragile blood vessels of the nose. Learning to relax reduces the controls placed on life generally. On the other hand, in children, it is an infection or allergy (heart chakra) and review the level of stress which the child is experiencing but not expressing. Speaking or expression will help reduce the pressure held within, Page C. R. (2000).
3. Dermatitis: This is an inflammatory condition of the skin that represents a hypersensitivity to certain foods, chemicals or stress which should be easy to identify and removed. The inflammation could be linked to resentment which should be recognized and released, Page C. R. (2000).
4. Eczema: This is a specific form of dermatitis is often found related with asthma and hay fever. The rash may be itchy or red and usually appears on hidden surfaces such as elbows or knees, reflecting the hidden nature of the individual who is often shy and sensitive (Heart Chakra). It's significant to build self-worth, give expression to feelings and try not to take on problems of other people by learning to protect one's solar plexus and inner boundaries, Page C. R. (2000).
5. Constipation: (Base Chakra) This relates to issues of control. The personal who believe he or she can control his or her bodily functions that he or she becomes so focused on the external goal that if he or she fails to recognize signs of strain in the more personal areas of his or life affecting their physical body and relationships, Page C. R. (2000).
6. Cystitis: (Base Chakra) Emotionally, there is fear and anger. There is a tendency onto old grievances and regrets rather than go with the flow. Healing often occurs when the individual takes responsibility for his or her future happiness and moves towards something which brings souls satisfaction and away from limitation and frustration, Page C. R. (2000).

7. Kidney Stones: (Base Chakra) A stone anywhere in the body depicts a collection of material which cannot be eliminated by the body often because it is present in excess. The emotion relates to the whole urinary system including kidneys denotes fear, Page C. R. (2000).
8. Anaemia: (Base Chakra) Haemoglobin carries the life force or joy around the body and represents a lack of basic joy in his or her life often due to insecurity caused by circumstances changing and underlying low self-worth, Page C. R. (2000).
9. Lower Back Pain: (Sacral Chakra) Most of the symptoms arise from muscle tension and involves support of comfort, money, and safety, Page C. R. (2000).
10. Cancer: (Heart Chakra) This reflects, low self-worth, suppression with an identity built through relationships with others and work. Avoidance of the conflict, pent-up anger which is rarely expressed, feelings of isolation, and bitter and resentful but unable to move through the pain which relates to hurt and rejection, etc, Page C. R. (2000).
11. Asthma: (Throat Chakra/Solar Plexus) This reflects to learning to express and release the emotions through singing, art, writing, poetry or speaking one's mind. Asthma is also due to grief where individuals attempt to be strong and cope with their feelings rather than express them. When in situations where one feels less sure of oneself whilst developing a greater sense of self-worth and healthy boundaries. Bringing more laughter, fun and spontaneity and letting serious and responsible side lapse a little, Page C. R. (2000).
12. Migraine: (The Third Eye) This associates with low self-confidence, extreme sensitivity, and react to the demands of others rather than follow his or own path. The need to learn to say 'No', protect one's boundaries, enhance self-esteem and take regular time to relax, play and involve in spontaneity, Page C. R. (2000).

### **An excerpt by Psychologist Deepa Panirselvam on Balance, Health, Relationship & Well-being**

With reference to Psychologist, Deepa Panirselvam in Bangkok, “clients approach psychologists with a wide range of concerns. It is safe to say no two individuals experience even the same condition the same way. We are different. The same event can be perceived by you as a minor occurrence but to your neighbour it could be the highlight of the day. However, the one thing that I have come to notice in my practice is that common in all or least in a vast majority of clients is a lack of balance in life. Other aspects of life are given priority over the self. Career, family, friends and education are examples of the facets of life than often get in the way of caring for one’s self. And when people do get to their selves, often it is the body or the physical self than gets all the attention. Why? Because the symptoms of physical illnesses or imbalances are overt and quite difficult to ignore. When we are in physical pain that can be clearly attributed to a problem, it becomes much harder to pretend that we are fine. This of course is far from adequate and definitely not ideal as other aspects of the self are typically ignored by most.

The mind is often overlooked although it is as important as the body. Mental health is rarely given the importance it needs despite the multitude of research that shows the harmful effects of not caring for it including serious mental and physical illnesses. The seemingly simple act of not voicing out what troubles us can lead to so much more.

What most people lack is an understanding of how the different aspects of our self-interact with each other to manifest as our selves. One part does not work without the other. It is essential to balance mind, body and spirit in order to function optimally and increase quality of life.

On the bright side, in this day and age, mental health care is garnering a lot more attention than it once did. In some parts of the world, societies as a whole are promoting it. Governments have come to realize its importance and have put policies promoting mental health care into practice, insurance companies cover mental health treatment and caring for one’s mental health is considered pertinent. Unfortunately, the rest of us need to catch up fast. In too many countries, cultures and societies, getting mental health treatment is framed negatively. It is viewed as unnecessary and trivial. Those who suffer from mental illnesses are forced to keep it secret in fear of being stigmatized. Seeing a counsellor or therapist is an activity that is kept strictly under wraps if they do at all. More often than not, people are too reluctant to reach out for help in fear of the above which is real pity as not getting help for something like stress, which affects so many of us, could very well lead to more serious concerns such as anxiety or depression.

In order to move forward positively towards wellness, many things need to change. Our society as a whole needs to first and foremost get educated on mental health; its importance, the harmful effects of neglecting it and of course the ample benefits that is to be reaped from tending to it be it individual or societal. It is normal to fear what we do not know. Once we become familiar with the nature of mental health, it will be much easier to understand it and the stigma associated with it will slowly fade away. This will help individuals to seek help when they need to as opposed to hiding their problems and having it snowball into more serious ones.

Many problems ranging from physical illnesses to social ills can be traced back to mental health conditions and they affect our lives more than we realize. Strong mental health will positively affect us in terms of having healthy relationships, develop and achieve our potential, make good choices in life, accept and work through problems that we will most definitely face in life and much more. All we need to do now is get started and not look back.” More details about Psychologist, Deepa Paniselvam can be seen in the Appendix.

**Interview - Excerpt on experience and the importance of Energetic Healing and how it improves well-being by Cory Croymans-Plaghki (Asian Healing Center, Chiang Mai, Thailand)**

The researcher had interviewed the humble and heartfelt person, Cory who is a Founder of New Life Foundation, Reiki Master Teacher, Teaches Asian Bio-Energetics Therapy (ABET) and many other valuable courses that encourage a holistic and natural way of living in Chiang Mai, Thailand.

She shared a valuable and a progressive insight about healing and how it changed her and many others. She was born in Belgium over 60 years ago into a business family of a small town close to the Dutch-German border. With 6 brothers and 3 sisters, they were raised to develop their business minds. She studied languages and business management. At the age of 28, after having worked in the private sector, she left Belgium to go and work for the Belgian government, at the Belgian Embassy in Malaysia and Cambodia. She was the first woman Commercial Attache to ever be appointed in that Moslem country. During the second 28 years of her life, she worked her heart out, first in Malaysia and then in Cambodia, Laos, Thailand and Burma. In 1981, she had a serious holiday accident. She broke her back and became paralysed. This gave her a lot of time to reflect on her lifestyle and taught her to live life in a more moderate way.

Additionally, in 1983, she moved to Bangkok where she continued to work for the Belgian government for another 12 years. She had a friend called Lilly who was slowly dying from cancer and she kept telling her every time she visited that she felt so good when I came and that she had less pain in her body. She thought that her painkilling medication was probably too strong because she was a business woman in body and mind and she certainly did not believe in “such things” like healing energies. When she talked about Reiki, she thought that it was “weird.” More to appease her than anything else, she took a Reiki-1 course with Bill Shaw who was visiting Bangkok.

The very day she finished this training and she called her friend Therese and her son told me that his mom could not come to the phone as she was in bed with a terrible back pain. Therefore, she went there, gave her a first Reiki treatment and she fell asleep.

The next morning she called to ask what she had done to her because she never slept so well in her whole life (she was truly a bad sleeper) and she had no more back pain at all. We could both not believe it and decided to continue with the Reiki training for the next 3 years.

A few years later, a friend called from the USA to tell her to go and see Dr. Thanh Van Le who practiced Bio-Energetics, “a scientific approach to a new world of health” which combined several Asian Healing Arts. After talking with Dr. Le for many hours (asking him many questions), he invited me to become his student. This changed her life again. During the next 3 years, while she was working during the day, she studied with Dr. Le in the evenings, every time he was visiting Bangkok. She learned the basics of Traditional Chinese Medicine and how to use acupuncture techniques without acupuncture needles.

With keen interest she started treating patients with these Asian Healing Arts early mornings and evenings, and also during the weekends while she was still working during normal office hours. She somehow found the time and energy to learn more about Meditation and specifically the walking Vipassana Meditation which she enjoyed a lot. She also studied the Magnified Healing technique which was been given to us through Lady Master Kwan Yin, who is well known in China as the Goddess of Mercy, also called Mother of Compassion. This training included amongst others, a great meditation technique for empowerment.

In 1998, when she was 51 years old, she left Bangkok to move to Chiang Mai and to retire completely from business. She thought that she had enough money and that this would give her the opportunity to treat more patients. However, when she arrived in Chiang Mai, her goddaughter Franziska was suddenly diagnosed with a brain tumor. During the next six months, her mother and I were sitting at her hospital bedside, day and night, trying to help wherever we could with all the love and compassion we had for this young woman of 19.

When she saw her slowly slipping away, she felt totally inadequate with all the wonderful healing therapies she had learned. Why could she not help Franziska when she could help so many other hopeless patients in Bangkok? Six months later Franziska passed away very peacefully in her mother’s arms and in the company of her father, all her sisters and herself. This was truly a precious moment which she will cherish for the rest of my life.

Presently, she has come to terms with the fact that she could not “heal” Franziska as she understands mentally, emotionally and spiritually, “that it was her time to go and that we do not “heal” another person. We facilitate homeostasis which helps the patient to heal him or herself.”

In 2002, she started studying Traditional Chinese Medicine (TCM), its Foundations, Acupuncture, Herbs and Herbal preparations and their Prescriptions. As there are over 5000 herbs to cover, she

knew that she will have to continue to study this vast and exciting subject for the rest of her life and she already enjoys unraveling this challenge.

In 2008 – 2009, she attended three levels of Cranio Sacral Therapy trainings which are so wonderfully complementary to the deeply relaxing and non-invasive ABET and Reiki energy sessions, which we practice and teach. After over 16 years of intensely practicing and teaching these gentle Asian Healing Arts, she knows that she can only do so much as the patient can accept, even though she would love to be able to help everyone.

She also knows that as practitioners, we should practice a responsible selfishness or self-fullness by not overdoing things to enable us to keep our own bodies in harmony. Today, the wonderful results of these experiences have brought her closer to her Inner Self again. They fill her every time with awe, wonder and gratitude. As she lives now from a low governmental pension, her income may be less than 10% of the one she had during her business life, but she has come to realize that she is very rich in time, in energy and contentment. She truly appreciates and enjoys the opportunity to practice and teach these powerful Asian Healing Arts."

## **Chapter 3**

### **Methodology**

This is a Qualitative Research where ten participants fill in a participant form about themselves and three other forms after every Reiki treatment. The treatments will be conducted by the researcher, three Reiki Master Teachers, and Reiki Master who volunteered to support and provide Hands-on healing in order to gather sufficient information about improvements and avoid being bias. The Reiki Master Teachers will bring an insight to this research and treatments. Each Reiki Master Teacher volunteers are to provide three treatments on voluntary participants and fill in the forms that have been developed for this study. An excerpt written by the three Reiki Master Teachers and one Reiki Master on how Reiki (Energetic Healing) has helped them and many people is presented embracing compassion and a good quality of life can be seen in Appendix 3.

The first Reiki Master Teacher in Bangkok, Thailand, Katherina Leili Dreith (Aromatherapy, Ayurveda, Holistic Massage, Crystal Healing, Meditation and Yoga) will be assisting in treatments and adding valuable information that will enhance and bring an imperative and positive perspective to Hands-on Healing. She volunteered to provide treatments for two participants. An excerpt about Katherina Leili Dreith's biography, expertise, and experience can be seen in Healing can be viewed in Appendix 3.

The second Reiki Master Teacher in Bangkok, Charn Suteerachai has volunteered and helped in Translating the Reiki Forms in Thai in order to bring clarity and express the right terminology for other Thai volunteers who support in this research study. He volunteered to provide treatments for three participants.

The third Reiki Master Teacher in Bangkok, Debbie Creagh (Spiritual Counselor, practicing energy healing techniques, Psychometry, Crystal Healing, How to See the Aura, Pendulum Diagnosis and Transcending Entities under the certification of Bangkok Natural Healing International and Get Well Centre). She volunteered to provide treatments for one participant that has had Reiki treatment before (January) due to his illness and continues to take treatments and the results have been presented.

The Reiki Master in Bangkok, Amita Sachdev (Banker) volunteered to provide treatments for one participant.

Katherina, Charn Suteerachai, Debbie, and Amita have shared their valuable time and passion on a holistic journey and can be learnt about in detail in Appendix 3. Two forms written in Thai language

by two participants have been translated to English by Mrs. Kirataya Nanwani Sopasawatsakul (Tina, Reiki Level 2).

The forms clearly explain and give an insight in English and Thai to validate reasoning of this research and confidentiality. Participants are aware and sign in the participation form. Participants fill in a goal evaluation form about his or interest and expectations he or she seeks in the Reiki (Hands-on) Energetic Healing. After every treatment the participant and practitioner will fill in the form the addresses blockage in Chakras and discussion based questions in relation to what was sense and suitable advices to take place. Information about what is Reiki and addressing the meanings of Emotional, Mental, Physical, and Spiritual Bodies are clearly mentioned in the forms to assist in a better understanding and bringing a change in better choices for health, life, and enable one to heal from any experiences sickness or stress.

The Reiki treatments will be given to each participant three times in order to understand and self-evaluate the progress. Each participant will receive a treatment once a week or a 7-20 days gap after the next treatment. The research will take approximately seven months - one year to compile and fill in the gaps of patterns of life affecting a respondent to balance mind-body emotions. The research started on March 2015 and will end by December 2015. Participants will be having no experience and/or at least one treatment of hands-on healing treatment before and may volunteer to participate in this research to bring and understand about balance and quality to his or life. Thus, if someone has had a treatment before and chosen to come back to continue, it would be because he or she has seen and felt a difference it can do to his or her life and share this awareness with other people through this research.

Target sample will be sought from Reiki healing groups and/or word of mouth on Holistic treatment approach where people will volunteer and schedule to receive treatments. Since the researcher is a Reiki Master and will associate with three Reiki Master Teachers, association of subjects (participants) will not be a difficult process. Each participant will be named as Angel to maintain confidentiality and support the well-being of him or her. Each Reiki treatment will be from 1-1.5 (60-90 minutes) hours.

Goals for this study focus on emotional, mental, spiritual, and physical aspects. Hence, questions will target on appropriate aspects that will bring an in-depth insight to this study. Data will be analyzed by formulating questionnaires/forms in English and Thai and written excerpts by Reiki Master Teachers, and Reiki Master (Researcher). The detailed forms can be seen in Appendix 1.

## Chapter 4

### Research Findings and Detailed Analysis

#### Angel 1 – Reiki Master Ms. Bhavna Khemlani

The participant was an 18 years old student and part-time tutor. Her usual medication for a period of time has been Gasmotin (5mg) and Nexium for gastric problems. She had heard of the Reiki Master through her sister. She had never taken a Reiki (Hands-on healing) before and went through anxiety, stress, headaches, and was unable to sleep. Her Physical problems were excessive burping, headaches, and anxiety. Emotional was related to flashbacks of her relationship with her friends and what led for to take a gap before getting into University. Mentally/Spiritually, she felt blocked, unwell, and slightly lost with direction of life. She was not sensitive to touch and was sensitive to some perfumes' fragrances. Her goal to get out of the Reiki session was to feel relaxed and control the mind. She was going through stress, no pain and had some confusion about life and her choices.

She somewhat disagrees to being a religious person, and strongly agrees to being spiritual than religious and feels on the path of being spiritual and not religious. Her daily routine reflects upon attending art classes and yoga regularly. She is a part-time tutor and teaches once or twice a week. She does yoga, art (drawing and painting), exercise and journaling to deal with her stress. Her expected outcome from her first Reiki session was to feel relaxed. She would speak to her sisters and therapist about her problems. She used to see a therapist and was told to have depression and anxiety but it has been resolved and she does not go to the therapist anymore. She spends her time on the Internet every day and during her holiday like to paint, draw and go to the parks. She believes she is an honest and is herself around her friends.

Her first Reiki session was on 9<sup>th</sup> of May 2015, and after her first treatment she felt re-energized. She felt hungry and thirsty. During the first treatment she felt like the energy was bursting through her veins and she felt a sense of a deep calmness and relaxation. She felt asleep and saw vivid images of nature and at one point a presence of her past appeared. After the treatment she felt like she had no stress, no pain, and no confusion in the direction of life. She felt quite pleased with her first treatment and feels personally to let go of her past more.

On the other hand, the Reiki practitioner noted that the reason for her visit was for stress, anxiety, and her inability to sleep. For the first treatment Reiki symbols were incorporated and past impressions of high school were seen. The Third-Eye, Throat, Heart, and Sacral Chakra were blocked. The participant went through fear, indigestion, and frequent headaches. Moreover, the

participant needed to change eating habits and spend time with nature and following her patterns of choice. She went through Emotional/Physical blockage that resulted affecting her self-esteem and her past experience in school with friendship, trust and fear led her to suicidal thoughts.

The participant was out of town; therefore, the second session was on 21<sup>st</sup> June 2015. After the second treatment, the participant felt lighter and a flow of energy rushing through her body giving her shivers. Initially, the participant was quite tensed and restless. Her mind was wondering, however, when the healer placed her hands on her eyes – her anxiety vanished and she felt clam. She started to feel the energy surging through to her hands and legs, especially her left side. She visualized she was in a forest meditating, doing yoga, saw swans, dogs and trees. As the healer placed her hands on the participant's Heart Chakra, she felt an immense pain and sorrow in her chest due to the pain from her past and continued taking deep breaths and started talking. Her Throat Chakra was cleared and she began to let go and speak of her unexpressed feelings. She had decided to heal and learn how to have compassion for herself and others. The second Reiki treatment did make her feel slightly stressed, a little pain, and a little confused with the direction of life. These feelings surfaced during the treatment. However, after the second treatment anxiety and fear was released and looks forward to the third treatment to not have anxiety and fear of the past.

On the other hand, the Reiki practitioner (Ms. Bhavna K.) noted that anxiety, old fear patterns, self-created thoughts, and inability to sleep were the issues. The participant felt lighter and was detoxing from old patterns, relationship with friendship and being bullied came up was courageous to share and clear the pattern, Chords were cut and forgiveness was addressed. The Throat, Crown, and Sacral Chakra were slightly blocked. However, the participant was receptive and was much in control and had a better way of coping and understanding of Emotional/Mental/Physical/Spiritual bodies. Fear, past problems and eating habits were discussed and continues to paint, do yoga, and meditate.

The third treatment was on 5<sup>th</sup> July 2015. The participant was glowing, hyper, and felt a sense of calmness yet adrenaline rushing through her body. She had a deep sense of well-being and felt carefree. During the treatment she felt the energy buzzing through her body and was initially very hyper but later felt calm and saw rainbow colors and various images of nature feeling the inner peace. She felt no stress, no pain, and no confusion in the direction of life. From the first treatment up till the third treatment the participant has felt more calm and collected. She feels very connected and centered. She is interested in the healing process and in the metaphysical approach. Her ability to handle stress and emotions had gotten better.

Additionally, the Reiki practitioner noted that the participant had no sickness, anxiety, and was simply seeking a relaxing treatment. The participant was rather in a good mood, happy, and had a sense of control and was glowing. She had cleared many things and was focusing on changes and new opportunities. She was in focus of better health and quality of life. The Solar Plexus Chakra was slightly blocked and the participant seeks metaphysical yearning and was keen to know new people and follow her heart. She sought into learning crystal healing, continue to paint and draw and become a yoga teacher.

#### Angel 2 - Reiki Master Ms. Bhavna Khemlani

The participant was a 34 year old student Content Developer. Her usual medication for a period of time has been Folic Acid and Inositol for pregnancy. She is a friend of the Reiki practitioner and has done a Reiki treatment once before and volunteered to participate in this research. She goes through anxiety, lower back pain, stress, headaches, and migraines.

Her Physical problems have been headaches and lower back pain due to stress and migraine due to eating chocolate and vanilla. Emotional concerns have been due to feeling attach to self-doubt, pain and fear. She fears things easily and when people discussed emotions she tends to relate to negative emotions. She was hoping to have less attachment and attract joy, happiness and love. Mentally/Spiritually, she felt her mind was all over the place and she felt lost. She did not know what to do and she gave up on herself and life. She is hoping to wake up, stand up, learn to meditate, feel the ability to focus, and walk on her path again. She was not sensitive to touch and was sensitive to some perfumes' fragrances, such as, vanilla fragrances. Her goal to get out of the Reiki session was to feel less anxiety. She was going through bearable stress, has less pain and has moderate confusion about the direction of her life.

She somewhat disagrees to being a religious person, and strongly agrees to being spiritual than religious and strongly agrees on the path of being spiritual and not religious. Her daily routine is waking up at 7:15am, and is off to work by 8:30am. She has her lunch at 12:30pm and is back home by 5:00pm. She meditates around 5:00-6:00pm, exercises at 6:30pm and dinner is usually at 7:30pm. By 10:30 pm she sleeps. She reads a book, meditates, and exercises to deal with her stress. She would speak to her husband, family and the researcher about her problems. She trusts them and sometimes need someone who can listen to her. She does not take any medication or drugs to reduce stress. She spends her time on the Internet every day for work and also uses Social Media to be in touch with family and friends. During her holidays she likes to watch a movie or go out for dinner or

drinks. She looks forward to spending time with friends and is herself around her friends who she is comfortable with, but usually takes time to be herself.

Her first Reiki session was on 15<sup>th</sup> of June 2015, and after her first treatment she felt light and was reminded about her needs. During the first treatment, she felt nervous but later she felt grounded. She didn't have questions but was reminded of what is necessary and what needs to change in her life. After the treatment she felt like she had very less stress, no pain, and no confusion in the direction of life. She felt that having a Reiki treatment was exactly what she needed.

On the other hand, the Reiki practitioner (Ms. Bhavna K.) noted that the reason for her visit was for headaches, stress, and some confusion about life and worried about her life. She has been worried about her pregnancy and wanted to connect with life again doing things she loves. For the first treatment Reiki symbols were incorporated and impressions of fear and self-doubt about various aspects of life were seen. The Third-Eye, Heart, and Sacral Chakra, and Root Chakra were blocked. The participant went through fear, and frequent headaches. Moreover, the participant needed to change eating habits and she decided to take a day off from her weekly schedule and do things she loved. She was also told how important it is to forgive herself and other people in order to learn how to let go and stop trying to control everything. She went through Emotional/Physical blockage that resulted affecting her self-esteem, self-doubt, and self-worth resulting to frequent headaches and lower back pain.

Moreover, the second session was on 6<sup>th</sup> July 2015 because the participant was away on a holiday and work trip. After the second treatment, the participant felt lighter and a flow of energy resulted in her wanting to cry. The participant was feeling heavy and felt a blockage in her heart, head and tummy. During the process she felt a sense of peace and was glad she could sleep. She felt she has not slept for a while now. She felt a load and it was suppressed. The load was released and she was feeling like she was sinking in the sea. Her husband's energy was affecting her and she needed to send him lots of love and forgive herself and him. The second Reiki treatment did make her feel slightly stressed, no pain, and no confusion with the direction of life. She felt an emotional ride that needed love and care. She felt much better and the next step was to do more for herself, her home, and her heart. She realized she'd got to use her energy at the right place.

On the other hand, the Reiki practitioner noted that there was a heavy load at heart and it was needed to let out. The participant wanted to break out and was trying very hard to suppress and felt guilty on how she would be judging by behaving accordingly. The positive part was she wanted the load out and was ready to release and make changes. The Throat, Crown, Heart and Sacral Chakra were

slightly blocked. However, the participant was receptive and cried. She shared her fear on pregnancy and how she was overwhelmed with her husband's energy. She understood better about Emotional/Mental/Physical/Spiritual bodies. She could not sleep well and her husband snored. It was affecting her health. The need to share how she feels with her husband was discussed and her discomfort and how her husband can do a breathing exercise/yoga could help in better pattern of sleeping. She felt quite light and decided to start sketching during her free time.

The third treatment was on 5<sup>th</sup> August 2015. The participant was hyper, and felt a sense of calmness and amazing. She felt connected with light and felt like light was entering her heart. She felt connected with water and could see herself floating on top of the ocean. During the treatment she felt some form of energy through especially between her heart and tummy. She could feel herself floating on top of the ocean, freedom, and amazing. "This treatment was different from the two treatments," she stated. She felt light, connected, and happy. She worried about her husband but at the same time she felt everything was falling into place. She felt less stress, less pain, and moderate confusion in the direction of life. From the first treatment up till the third treatment the participant felt a huge change. With each Reiki treatment she felt more connected, focused and she was sure she would do more treatments in the future. Her Physical pain was much lesser, and she could handle her stress. She was more confident than before. She felt emotionally stable and could focus better. She started to accept changes rather than resist them.

Additionally, the Reiki practitioner noted that the participant wanted to share that she felt better, happy, and show her sketches. Started to buy flowers for her home and wanted to release any other blockages. She was keen in clearing her Chakras and was positive about it. She focused on changes and doing new things. She was happy. The Throat and Solar Plexus Chakra were slightly blocked and the participant seeks metaphysical yearning and was keen to learn Reiki level 1. She felt amazed how so much could be released and the counseling therapy with the Reiki practitioner was perfect. She felt connected and sought into continuing with her sketching, meditation and was going to learn Reiki Level 1 on 22<sup>nd</sup> – 23<sup>rd</sup> August 2015 to be able to find a balance and heal herself and husband. She also got back into Art, Yoga, and started a 40 day Challenge online of 'Letting Go' with Andrea Sullenger.

### Angel 3 - Reiki Master Ms. Bhavna Khemlani

The participant was a 40 year old Graphic designer. She takes no medication and supplements. She heard from the Reiki practitioner as they are friends and she has had one treatment before. She gets headache sometimes.

Her Physical problems have been headaches and dizziness. Emotional concerns have been feeling of being irritated and mood swings. Mentally/Spiritually, she felt sensitive and emotional. She is sensitive to perfumes and not sensitive to touch.

Her purpose of doing Reiki is to cleanse some negativity and have peace of mind and get in touch with her inner self. She faces less stress, less pain, and has very less confusion with the direction with life. She somewhat agree to be a religious person, somewhat disagree to be spiritual than religious, and somewhat disagree that she is a spiritual person but not religious. Her daily routine is work, gym or socialize with friends or go to events. She deals with stress by talking to a friend or spends time alone. She feels comfortable talking to a friend about her problem. She does not take any medication or drugs and spends five-six days a week on the internet. She spends her holiday doing fitness and socializes with friends. She is able to be herself with friends. She is a Marketing Executive and Graphic Designer. She does enjoy her work.

Her first Reiki session was on 25<sup>th</sup> October 2015, and after her first treatment she felt relieved and fresh. During the treatment she felt nervous, curious, and had mix feelings and a few thoughts were going in her mind. She had less stress, very less pain, and very less confusion with the direction of life. Her Reiki treatment can be better next time if she is more relaxed.

On the other hand, the Reiki practitioner (Ms. Bhavna K.) noted that the reason for her visit was for having slight headaches and going through mood swings. During the treatment her Crown, Throat, Heart, and Sacral Chakra were blocked. She was receptive and her body was absorbing the energy greatly. It was found that she had unexpressed emotions with her grandmother and her past relationships. She was abused and cheated. Her previous relationship ended due to miscommunication from the opposite sex without sharing what he was looking into and she had to end it. She shared her compassion and had fear suppressed about men and their intentions. She was able to talk and release her intense pains and forgive them. She was advised to light a candle and write what she felt and burn it. She was also told to start to exercise as her body organs were tired and it was beginning to result to mood swings. She was told to visualize nature, yellow and purple lights where all her negative thoughts were being absorbed and dissolved. It was her past and nothing was there to bring her fear. She had a great job she likes and has many positive opportunities.

Moreover, the second session was on 3<sup>rd</sup> November 2015 and the participant felt more relieved. She felt relaxed and fell asleep. She had very less stress, no pain, and very less confusion in the direction of her life. Her experience in the second session was to be less stress and let go off the past.

On the other hand, the Reiki practitioner noted that there was a heavy load at heart and it was needed to let out. The participant wanted to break out and was trying very hard to suppress and felt guilty on how she would be judging by behaving accordingly. The Throat, Heart, Solar Plexus and Sacral Chakra were slightly blocked. She understood better about Emotional/Mental/Physical/Spiritual bodies. This time she felt lighter and more relaxed. She believed more on letting go and understanding life learning lessons. With her struggle in suppressing and unexpressed pain she her intake in alcohol increased that she was immediately brought to awareness of expressing rather than hiding. She was told to visualize a large wall and blow into the large wall so thick and strong that when she blew into it, the wall cracked apart and slowly collapsed making her realize about her inner strength and how she can overcome any hurdles. She practiced how to forgive and created a mental picture speaking to her ex-boyfriend and finally the cords were cut. She visualized white and orange light entering from her Crown Chakra and slowly going through her system down to the Sacral Chakra. She could feel the energy uplift her and she felt there was no problem with her decision making. She decided to a healthier lifestyle and decided to start the gym and kick boxing.

The third treatment was on 14<sup>th</sup> December 2015. The participant felt relaxed and felt a lot of energy like electricity through her system from the Reiki Practitioners hands. She saw flashes of images of a woman face related to a friend, yellow-brownish ground, and Debbie (A Reiki Master Teacher) during the time when the practitioner placed her hands on her third eye. She had almost bearable stress, bearable pain, and no confusion in the direction of life.

Additionally, the Reiki practitioner noted that the participant wanted to share that she felt better, happy, and simply wanted to feel relaxed. However, during the treatment her Throat, heart and Solar Plexus Chakra were blocked by anger. It was brought to awareness about her bitterness and suppressed emotions about one of her friend who is manipulative and always sought problems dragging her into it. She realized how she was neglecting her self-worth and self-respect that she did not have much time for herself. She was finding a way to end her friendship and express how she felt with her friend on feeling taken for granted and jealousy. She struggled to voice out her thoughts that she had deep built in anger and that came out. She was advised to bring her friend into a room and express her thoughts and forgive her. As her friend walks out of the room, she would light a candle and switch on a soothing music that slowly calmed her down and the pattern of being taken from granted was recognized since she had this repetition even with her previous relationships. When the practitioner placed her hands on the Solar Plexus, diamonds were seen and it symbolized dignity and worth as well as a relationship coming to an end. The participant felt so light and decided to take

immediate action with compassion and express her emotions and how she felt with her friend. She was also seen to have keen interest in learning Reiki Level 1 in 2016.

#### Angel 4 - Reiki Master Teacher Katherina

The participant was a 33 year old Interior Designer. He has not been taking any medication and he heard about Reiki Master Teacher Katherina through a friend and books. He has never done a Reiki treatment before. His purpose for Reiki is for relaxation, stress reduction, and goes through anxiety, and faces issues with self-confidence/esteem. He faces digestion and stomach problem.

His Physical problem was eye inflammation. Emotional concerns have been due to feeling self-confidence/esteem. He was not sensitive to touch nor was sensitive perfumes' or fragrances. From the first Reiki session he wanted to have a deeper connection with his inner-self. He was going through no stress, had less pain and no confusion about the direction of his life.

He strongly disagrees to being a religious person, and somewhat agrees to being spiritual than religious and somewhat agrees on the path of being spiritual and not religious. His daily routine is waking up early and taking it easy before work. He works hard as possible to be productive and slows down after work or sometimes plays sports. He relaxes and shuts-down as soon as he gets home to be active and positive at night. He goes to sleep late. He tries to fight off stress and increasing self-awareness and tries to find out the roots of it. He would like to gain deep awareness and energy from the Reiki treatment. He does discuss his problems with his friends who have had Reiki sessions before for a better understanding. Usually he writes to reduce stress and there are no drugs involved. He spends seven days a week on the internet. During his holiday he likes to travel alone. He has no issues being himself with his friends. He finds it necessary to work and it's a challenge to work on something that has a purpose besides making money.

His first Reiki session was on 24<sup>th</sup> June 2015, and after his first treatment he felt relaxed and puzzled about the themes discussed. He felt distracted (mentally) and relaxed (physically). He had a hard time engaging with what was going on and had no particular questions or expectations. Therefore, he accepted whatever came out of it. After the treatment he felt no stress, no pain, and less confusion in the direction of life.

On the other hand, the Reiki practitioner noted that the reason for his visit was for exchange for services and curiosity. He had some blockage in the Heart Chakra about insecurity and emotions from 12-13 years ago regarding giving love and feeling rejected. He had some connection with father

and how to process or not process emotions with self-worth and finding balance in the present with relationship and work.

Moreover, the second session was on 13<sup>th</sup> August 2015 because the participant was away. After the second treatment, the participant was relaxed with a clearer mind. He was mentally more present as compared to the first treatment. He felt emotionally more stable. He had very less stress, very less pain, and very less confusion with the direction of life. He knew what to expect in the second treatment as compared to the first treatment and he feels a darker environment might help to concentrate and cut-out distractions.

On the other hand, the Reiki practitioner noted that the reason for visit was for an exchange for service from friend. He seemed more clear and balanced and content. His eye issues where from seeing the truth from the heart about a past relationship connected to age 13. Connected from age 13 needed affirmation, 'I am loveable' and solar plexus showed unprocessed anger to body for not digesting connected to self-acceptance, so affirmation given, 'I love my body.' At his navel chakra, at the age of 30 he had thoughts about an old job and self-worth that was taken for granted and was given affirmation, 'I am worthy of love.'

The third treatment was on 28<sup>th</sup> August 2015. The participant was quite relaxed, in tune with his body. He felt like this time he was more responsive to the treatment like his body knew how to handle the energy flow. He felt no stress, no pain, and no confusion in the direction of life. From the first treatment up till the third treatment the participant body and mind response wasn't straightforward to the treatment but gradual. In fact, the third treatment he felt relaxed much more quickly and intensively. He would love to take more treatments in the future.

Additionally, the Reiki practitioner noted that the participant reason for visit was for an exchange for service from friend. He was very stable and looked more vibrant. There were mostly blockages of emotions from age of 25 years that were discussed and how to learn to speak his truth without fear. If not processed he would explode to extreme results which was not healthy for the body and would create resentment over time. He was more accepting with the energy flow which showed more balance of the female side.

#### Angel 5 - Reiki Master Teacher Katherina

The participant was a 36 year old Manager - Membership. She has not been taking any medication and she heard about Reiki Master Teacher Katherina through a friend. She had experienced Reiki three years go. Her purpose for Reiki is for relaxation, stress reduction, and goes through Back pain:

Upper/Middle/Lower, and faces issues with self-confidence/esteem. Family problems are Diabetes, Heart Condition, and Cancer.

Her Physical problem was inflammation and joint pain. Emotional concerns were letting go of fear. Learning detachment from her emotions and reacting to others actions. It was the understanding to accept herself and allowing herself to be fully who she is. She was not sensitive to touch nor was sensitive perfumes' or fragrances. From the first Reiki session she wanted to have attunement of chakras and balancing. She would be able to let go of any deep rooted fears and begin to open up. She was going through bearable stress, bearable pain and less confusion about the direction of her life.

She somewhat disagrees to being a religious person, and strongly agrees to being spiritual than religious and somewhat agrees on the path of being spiritual and not religious. Her daily routine is working, Qi Gong, Yoga and meditation. She tries to fight off stress through meditation and talking about the issue with trusted friends. She would like to get in touch with her center, her voice. She would like to explore deep rooted fears of being loved or being hurt by love and fear of being financially stable from the Reiki treatment. She does discuss her problems with her friends to understand where and why the issue has risen and being with the healer through a soul reading. She takes no medication for stress relief and does Yoga and meditation. She spends every day of the week on the internet. She spends her holiday traveling and relaxing. She has no issues being herself with her close friends, but with acquaintances she sometimes feel she can't be fully herself. Her work is an office job that requires a lot of networking and working directly with people. She finds it necessary to work, though what she is doing is not the work she is passionate about.

His first Reiki session was on 16<sup>th</sup> July 2015, and after her first treatment she felt lighter like something shifted and was released. She felt hopeful as well and empowered that she has the strength within to be who she is. She got a headache during the treatment, emotional but a release of emotions, she agrees that knowing where she was storing the energy and understanding the emotions behind it was good to be learnt about. She had no stress, lesser pain, and no confusion in the direction of life. She felt the first treatment was great and did not have any expectations for the next treatment.

On the other hand, the Reiki practitioner noted that the reason for her visit was to learn about Reiki. In relation to the chakras, the third eye was blocked feeling vulnerable which showed what she faced at 23 years old. The throat chakra was blocked and faced low-self esteem which emotions were stored at the age of 18 years old. The heart chakra was blocked which showed emotions stored from

the age of 23 years old that was released feeling not accepted. The navel chakra was blocked showing feeling worthless that showed about an emotion stored at the age of 15 years old. The practitioner used crystals and pendulum and much energy to be cleared from the navel and there was the need to have a flow of energy up to the crown to source bringing the two together and getting creative and sexual energy up to the heart. The male energy needed balance to feminine energy embracing the emotional body to feel balance and seeing the pattern of negative emotional codependency with men, embracing for more self-love. The external showed how she felt about herself, channeling emotions into creating abundant life, self-love, self-care in physical and emotional aspects.

Moreover, the second session was on 25<sup>th</sup> July 2015. After the second treatment, the participant was more energized than the first treatment. She felt more open and the energy flowed a lot better and a lot easier. She was not so tired as compared from the first session. She felt overall good and fairly relaxed and was able to release some negative emotions that she had been holding onto towards her mom and there was an understanding where they were coming from and how they were affecting her. The session helped her to understand her role in the relationships with men and see balance that she needed to find between her feminine and masculine energies. She had no stress, no pain, and no confusion with the direction of life. She felt great as the practitioner provided a lot of insight and helped process more than she realized she needed to let go.

On the other hand, the Reiki practitioner noted that the reason for visit was healing issues for work and cut chords or heal emotion of attachment to relationships that were not supporting her and acceptance of present moment to surrender. She had been detoxing, feeling tired and after years if constantly doing which she overtaxed the adrenals, now she is listening more to herself and started kickboxing. The navel had congestion from 4-5years old which she faced low self-worth and something about her mother and styles of disciplines by her aunty she confirmed. There was lots of fear as a child that began and issues of when she was 14 years old being Indian in Canada and questioning beauty as what society tells us of Caucasian and ethnic.

The third treatment was on 30<sup>th</sup> August 2015. The participant felt much lighter and her sore throat did not hurt anymore and she felt a sense of release and relief. She felt very emotional and a lot of emotions that had been repressed were addressed and released. Resentment towards her ex-boyfriend, herself, sadness and disgust was dealt with. She felt no stress, very less pain, and no confusion in the direction of life. From the first treatment up till the third treatment the participant

felt she understood better that it's okay to let go and she was learning to trust more in herself and universe.

Additionally, the Reiki practitioner noted that the participant reason for Reiki healing and a new layer of healing was there after the first treatment. There were chords connected to her ex-boyfriend creating resentment and blocked the flow of abundance. She was guided to tell her to release judgment which 'hurts' her body and trusted that she is supported by the universe. The male energy needed balance with female energy and letting go of control and surrender to being a beautiful, abundant and supported woman. Then her intuition will guide her and attract those who have her best interest at heart. With tarot cards she did well to heal family issues and she was practicing the tool of breathing and tune in to emotion by connecting through feeling to manifest abundance and nurture inner child.

#### Angel 6 - Reiki Master Teacher Debbie Creagh

The participant was a 26 year CEO. He has been under medication and takes the Salofalk 2000mg a day. His intake is also the traditional Chinese medicine in liquid form two times a day. Additionally, he takes Probac 10 Probiotics once a day and Chinese capsule for Iron. His sister met the Reiki Practitioner at wedding ceremony. He has had a Reiki session before. He is unable to sleep, has Chron's disease and Intestinal problems.

His Physical problem is stomach pain, bladder infections, constipation, diarrhea, insomnia, and fever which are all symptoms of Chron's disease. His Emotional aspects concern stress, lack of confidence and feeling down. His Mental/Spiritual aspects concern being hot tempered, getting angry easily, and wants to let go of fear, such as fear of dying. He was not sensitive to touch nor was sensitive perfumes' or fragrances. From the first Reiki session he wanted to understand what Reiki really is and how exactly it can help. He wanted to overcome general fear of life, build confidence level, and to become a calmer person. He was going through no stress, no pain and no confusion about the direction of his life.

He somewhat disagrees to being a religious person, and somewhat agrees to being spiritual than religious and somewhat agrees on the path of being spiritual and not religious. His daily routine is working from 10am-6pm, going to the gym, playing tennis and football during free time. He goes out with his friends and Friday night and mall visits on Saturdays. Sunday is his free day. He deals with stress by trying to forget it, learning Reiki helped him and the session helped him deal with stress. From the session he would like to know what it really is and how he could become a calmer person. He does not what the real problem is so he has not spoken to anyone about it and Reiki has helped

him release the problems so he spoke to no one. He takes no medication for stress relief. He spends every day of the week on the internet. He spends his holiday traveling to the beach, Europe, UK, which he enjoys the most. He is a shy person at first but once he gets close to someone he is able to be himself and generally fun to be with. His work is in relation to fashion retailing. He just loves what he is doing and agrees that it's necessary to work for money which is also his family business.

His first Reiki session was on 15<sup>th</sup> January 2015, and after his first treatment he felt amazing. He felt light, much more positive and that he had lots to look forward to. He felt as if he had power to charge himself and less fear to do what he likes. During the treatment he felt like a lot of energy flowing into every single part of his body, he saw the inside of his body whether anyone believes it or not. He saw the healing of the wound in his intestine and felt that his body has the ability to heal anything. His Reiki Master, Debbie Creagh removed what was stuck emotionally and how he needed to change. Everything was spot on during the treatment and answered all his questions. He had no stress, less pain and very less confusion with the direction of life. He felt brilliant with the treatment and could not expect much better than what he experienced. He stated 'his Master was brilliant.'

On the other hand, the Reiki practitioner, Debbie Creagh noted that the reason for his visit was he had severe weight loss, pain, weakness and was house bound. He was in distress with pain in his intestine and bladder. He had fever and was skin and bone. He had low self-esteem and had lost hope of getting better. From the changes from his last session his fear subsided and his pain was a lot lesser than he had more appetite and seemed a lot happier and relieved. He had a lot of blocked emotion in his mental, emotional and physical body from a situation of 6 years which was talked about and counseled him through to let it go and be more in the present in his life. An immense amount of energy surged through his body and treatment was nearly 2 hours long. There was a discussion of the root of many issues in his emotional body from 6 years previous of his life and he began to understand how it was holding on to the past that could create illness and also taught him how to deal with the society that he is in. He was spoken about how to cope better and not let others opinions define him and it was time to find out who he was – the authentic him. Once he was happy in himself, healing would take place in his life and body, and to not let others take away his personal power.

Moreover, the second session was on 20<sup>th</sup> January 2015. After the second treatment, the participant felt good and so positive that he started to believe that the disease was going away. He felt the energy more strong and saw the wound again getting smaller than the first time. He felt there was a lot of healing going on and he was well and recovering. He saw his kidney and the light/energy flowing

through his body. He had no stress, very less pain, and no confusion with the direction of life. He could expect a much better treatment because it was already at the maximum.

On the other hand, the Reiki practitioner noted that the reason for visit was to continue the healing process and help the client understand why his body was out of balance to create a disease. This was to continue to increase his vibration and boost his immune system. Changes from the previous session showed that his skin was much brighter and hair was shinier. There was an all over glow and he was much happier and standing straighter. He was eating more and starting to gain weight. His pain was considerably lesser. There were electric charges of white lightning energy that went through him. The practitioner could see his blood cells, his kidneys; intestines and stomach fill with white light. He could both see and feel it too. This made him feel very excited and positive. There was a discussion on food that would assist his body to heal and him learning Reiki would help him manage his own life and health. There was a clearance of emotional blockages in his heart chakra that he felt his illness was kind of a blessing for him to be able to learn so much about how to live his life differently from sessions.

The third treatment was on 23<sup>rd</sup> January 2015. The participant felt he was ready to charge himself and that he fully believed in Reiki and wanted to learn Reiki to help himself and was so positive with everything. During the treatment he felt his wound getting smaller than the second treatment and his pain was lesser. The energy flows were much better and he saw a lot of bright color lights. He was starting to understand more of life and how stress could affect his body and answered his questions. He had no stress, no pain and no confusion in the direction of life. He understood that Reiki helped him to understand himself and how he could handle things in life way better than before. He had more confidence and he wanted to get well and live his new life. He was stronger both outside and inside and had the ability to change his diet. Stress could make you eat junk and Reiki could help him cure with stress and manage his life. He felt the Master's guidance along with the Reiki was extremely important and he was lucky to get a treatment from a professional.

Additionally, the Reiki practitioner noted that the participant reason for Reiki healing was to further heal the body to full health, to further give advice and clear anymore blockages that were deeper and ready to surface. She saw a hole in his intestine that needed to be closed so full so healing could take place. Changes from the previous session were he looked vibrant, happy, and had a positive outlook on life. There was no fever or pain. There was weight gain, muscle tissue was forming giving him strength to get up and move around. He had a few outings and felt ready to go on a holiday. The client said the healing was on the exact spot and when he went for a procedure to the hospital the

doctors said the hole had disappeared. Blockages caused in the tummy area were linked to chords and anchors to family and society about expectations that they feel should be met. He had to live life on his own terms and follow his intuition. The message given was 'take back your power.' There was energy cleansing the blood and white blood cells reducing, so the bladder received a lot of energy. The discussions were based on continuing the treatments and maintain healthy boundaries and stay positive and know he was on a road to recovery.

#### Angel 7 - Reiki Master Teacher Charn Suteerachai

The participant was a 34 year old Engineer. He has not been under any medication. He was introduced by his friend to the Reiki Master Teacher. He has never had Reiki session before. He wants to feel relaxation/stress reduction, goes through headaches, back pain: upper/mid/lower, stress, and does not have any family problems but too much of the workload, and has to wake up early replying to emails every morning everyday including weekends.

His Physical problem is headaches and back pain. His Emotional aspects concern stress and his Mental/Spiritual aspect concerns thinking too much and finds it hard to sleep. He is sensitive to touch and does not like if gay guys (Jasmine) touch him. He is sensitive perfumes' or fragrances. From the first Reiki session he wanted to decrease stress and feel easy to sleep at night time.

He has a lot of stress and almost bearable pain. He faces moderate confusion in the direction of life and strongly disagrees to be a religious person. He somewhat agrees to be a more spiritual person than religious. He somewhat agrees to be a spiritual person but not religious. His daily routine starts off by waking up at 6:00 am, 6:30, he goes to office, 7:30 he has a morning meeting with client, 9:30-12:00 is the office hours, and 12:00-13:00 has lunch. Around 13:00-17:00, he has meetings and during the office hours. At 17:00-18:00, he travels back home and at 19:00 has dinner. Moreover, at 20:00-24:00, he plays games, watches movies and is using internet. At 24:00-6:00 is his sleeping time. He deals with stress by playing games, watching movie and using internet. He usually speaks to his parents and wife because they are closest to him. He can talk about every single thing and sometimes he feels that they cannot help much. He does not take any medication or drug to reduce stress. He spends time on the internet every day for about 8 hours a day. During his holidays he watches a movie, goes to the beach, and goes for a drive. He is more relaxed when meeting with his friend out of office. It's is necessary for him to work as he plans his meeting daily and sometimes it may not relate to his duty but it becomes a routine job that he needs to explain the people the same story again.

His first Reiki session was on 19<sup>th</sup> September 2015 and after his first treatment what he worries about, about 70% was eliminated from his concern and 30% was still in his mind since he would meet in the next session to see if he still faces it. During the treatment, he felt more relaxed and as the master teacher found something that he did not think was related to his work but it was. After a discussion he felt the problem was slowly solving one by one. He felt lively again. He felt very less stress, almost no pain, and moderate confusion in the direction of life. He felt Reiki helped him become lively and back to his life, he may need to adapt some of his routine job to match his life, to get more efficient with his work.

On the other hand, the Reiki practitioner, Charn Suteerachai noted that the reason for his visit was to help with his stress level. He seemed more relief and relaxed after the treatment. He looked fresh and felt good after the treatment. In the 6<sup>th</sup> Chakra, there were a lot of worries about his father who retired eight years back which made him fear to his current job. He had to take loads of responsibilities and obligation that connects him with chords on the shoulder. It was also linked with his family and father and work that made him worry as he has taken to load as a guardian to support financially. He dismissed his love causing blockage in his heart, liver, and digestion. The blockage in the 2<sup>nd</sup> Chakra caused the energy to lessen down and the suggestion was to slow down and spend more time with loved ones. The blockage in the 1<sup>st</sup> Chakra created instability and worried about the future making him feel anxious. He forgave his colleagues and his friends to send love and kindness. He was advised to stop worrying about the future and deal with the situation at that time. Chords were cut with his family burden that he should accept them the way they are he should do psychic surgery regularly to bring relief and reduce his stress.

Moreover, the second session was on 26<sup>th</sup> September 2015. After the second treatment, the participant felt that something in his mind had been removed out from the bottom of his heart. He felt more comfortable than the first time and realized that some problems are based on the past and were affecting him in the present. He felt very less stress, very less pain, and very less confusion with the direction of his life.

On the other hand, the Reiki practitioner noted that his energy was much better than the first treatment. He felt much more relaxed and relieved. He wanted to know if there were other reasons that made him feel stressful. This time the throat chakra was blocked and he was having a hard time expressing and developed frustration with his colleagues. This pattern started when he was in middle school and continued in university. His close friends moved to another university and he was separated from them causing him to create a negative thought that he was alone and must face life

alone which in turn created a wall in his heart. It was seen that when he was in the second year of university he could not speak to his friends and the blockage was carried on from his past life. A close friend mentioned something with no bad intentions and he died so that made him feel anxious and fearful. He was requested to see the wall and picture in his mind and hit the wall with a hammer it break it down and release it as it also affected his work.

The third treatment was on 3<sup>rd</sup> October 2015. The participant felt clear and he had something in his mind that was released as it was a small part when he was a child. He had to accept it and let go. He realized that the wall was affecting him in his present life and the third treatment made him understand how to deal with it. He had to start working with his colleagues without disturbing his mind. He felt no stress, no pain, and almost no confusion in the direction of his life. The third treatment helped him how to deal with stress making his life smoother and if he had a chance he would come again to have another Reiki treatment in the future.

#### Angel 8 - Reiki Master Teacher Charn Suteerachai

The participant was a 35 year old Teacher. She takes diet pills (2 pills a day) and has Blue Tea leaves and Green Tea (1tsp/day). She is friends with the Practitioner and she heard about this on the Line group chat. She has never had a Reiki session before. She goes through depression, anxiety, stress, and face self-confidence/esteem issues. As she works as a Teacher, there is a lot of teaching; therefore, she does not get time to take care of herself.

Her Physical problem Gouty and gains weight easily. Her Emotions fluctuate (up & down). She is aware of it but does not know how to control it. Her Mental/Spiritual aspects are lacking of confidence because she needs approval and she decides she is not good enough. She is sensitive to perfumes/fragrances. She is sensitive to friend garlic, perfume, and relationship.

Out of the Reiki session she would like to relieve stress and value herself more. She faces bearable stress, has pain, and confusion in the direction of life. He somewhat agrees that she is a religious person, she somewhat agrees to be more spiritual than religious, and somewhat disagrees to be a spiritual person, but not religious. Her daily routine consists of teaching, academic work, and providing training for teachers and students. She deals with stress by singing, meditating, and watching YouTube. She speaks to her mom because she trusts her the most. However, she did see a therapist because of stress and received medication, but at this moment she is not taking any medication. She uses internet every day – 6 hours per day. She spends her holiday with parents as she still stays with them. When she is with her friends, she worries and has lack of confidence in herself because she assumes that she is not good enough and tends to feel bad very often. She works

at a University. She feels bored with the politics at work. Although, she has to work as she is taking care of the home expenses.

Her first Reiki session was on 13<sup>th</sup> September 2015 and after her first treatment she felt guided and recognized where her garbage is or what is in her heart for so long, but she could not face it. She felt energy on her head and some pain. But as time went by she forgave. Her stress was lessened down. She had some stress, some pain, and moderate confusion in the direction of life.

On the other hand, the Reiki practitioner, Charn Suteerachai noted that the reason for her visit was stress. She was asked to exhale slowly, and could see her interest in Reiki. The participant understood why she could not express herself at work and created stress. After exhaling slowly, she felt much better and rested. She was curious about Reiki as in the beginning she thought she would learn a kind of meditation to look and understand more before she travels to England in January 2016. The participant did study Reiki 1 and was intended to study Reiki 2 later. She was bemused with what she saw in her past and the problems at work. She was amazed as she did not inform or say anything before. Her interest in Reiki increased as compared to the curiosity in the beginning. There was a clog in Chakra 7 and stress at work. Things that happened in 2004, when she just started her job and someone did not like her at work due to her individuality that made her not able to express now. She is not able to express her feelings, hates her colleagues and has not yet forgiven them. She hates them to a point that she imagines them as air and ignores them. Her boss gives her a lot of work and she does not say no. Therefore, she is overloaded. During the treatment, she was told to forgive herself and be herself. Moreover, there was a clog in Chakra 1 depicting how life is unsure and always trying and it doesn't end. Making it tiring and it comes from comparing with others. Thinking others are better and feels the need to improve oneself all the time. She tries to stop and not solve it which is not a best way to solve the problem. On the other hand, wanting more money being rich was another problem shown. In relation to the discussion, it was explained to the participant that having a blockage in Chakra 7, took place by not facing the problem and she need not avoid it and can do meditation to feel the calmness. Blockage in Chakra 1, took place showing that she should not be comparing herself with others and comparing her older self was better and making her self-worth diminish. She was given homework to write about her feelings about work in the past and being tired and understand to let go by burning the paper after writing down her feelings. She was advised to discuss and study more about this so she will not repeat the pattern.

Moreover, the second session was on 20<sup>th</sup> September 2015. After the second treatment, the participant felt that she was able to smile when she met her boss se doesn't like. The participant felt good about life and felt light.

On the other hand, the Reiki practitioner noted that there was a clog in the throat chakra that was affecting decision making that involved her father. When she was nine years old her dad told her to buy noodles but when she went to buy it the noodles had finished and when she came to tell her dad he was very irritated and threw a spoon at her, this created a block as she feared being scolded at or teased. This showed in the present time with relationship with her boss. She was brought to awareness that this fear could be brought to the future and shut down love causing blockage in her heart and small blockage in her liver. Also, it was seen there was, s a blockage in Chakra 2, due to low sexual energy die to stress at work. Hence she was told about how stress affected her. She was told to forgive her father and send love to him and her colleagues and boss. It was pointed out that she had to accept herself and don't try to be someone she was not. After that, a psychic surgery was carried out helping her express and unlock the fear she bottled up. The practitioner still felt a blockage in her heart and the treatment continued longer there to enable her to believe in herself again. She was told to breathe in and out to let go of fear, judgment and accept her true self. The treatment made her understand herself so much more than the last time. She found out things about herself she never knew before.

The third treatment was on 27<sup>th</sup> September 2015. The participant felt she wanted to understand Reiki and have a treatment to help her with stress. She was interested in Reiki from the beginning but was not brave and scared to make the decisions. She thought Reiki was a hypnotic therapy or a kind of meditation that got her to be hesitant to start it. However, when she did the treatment, she realized that it is not like she imagined and decided to learn Reiki level 1 in October 2015. The changes since the last session got her feeling better about life and she felt very good with her personality and she could walk up to her colleagues. She gained confidence.

During the treatment there was blockage in the throat, heart, and stomach which were linked with an incident that happened seven years ago. It occurred in England when she was asked for help for students to vote for her and she received a prize. In contrast, a group of older crowd about ten years more (2-3 people) ganged up and said to her that if she was good she would be voted, she did not have to tell others to vote for her. She blamed herself about being wrong and kept it inside her without replying back. From then on she was scared to stand out and do things herself completely. This made her lack in confidence and she cut the cords that affected her heart, stomach, and

underbelly. During the treatment in Chakra 1, she was asked to breathe in and out the energy. Cords were cut from black roots and she was told to imagine purple color coming in Chakra 7 until her stomach. She was told about forgiving and learning about forgiving as in her past life she had the same difficulty and she faced the same situation this life. The blockage was then cleared and the practitioner made sure she saw this light coming down her stomach and it was cleared out.

#### Angel 9 - Reiki Master Teacher Charn Suteerachai

The participant was a 38 year old Lawyer. She heard about the Reiki Practitioner through her sister as she is a Reiki Practitioner too. She faces short term memory. Her mental/Spiritual aspects are short memory and testing her confidence time to time. She is not sensitive to perfumes and not sensitive to touch.

Out of the Reiki session she would like to have the Reiki treatment to help with her problem with short memory and understand her six sense. She feels less stress, less pain and less confusion in the direction of life. She somewhat agrees that she is a religious person, she somewhat agrees to be more spiritual than religious, and somewhat agrees to consider herself being spiritual than religious. Her daily routine is helping her father, read a book, and meditate. She deals with stress by being quiet. She does speak sometimes but if she doesn't then she can face the problem on her own. She stays alone and is quiet and calm for a while. She spends time on the internet every day. She spends her holiday reading a book. She always has a good time with friends and also portrays that she is happy and she wants all her friends to be happy and relaxed. She helps with dad's work such as finding jobs, ask permission for foreigners and help him so the workload is less for dad. It is important to earn money for the family.

Her first Reiki session was on 15<sup>th</sup> September 2015 and after her first treatment she felt light, relaxed, and a calm mind helping her with memory. She likes lighter and peaceful mind and all the little things on her mind is much lesser. She does feel weird about information about her past, about her way of thinking and feelings. She faced no stress, no pain, and no confusion in the direction of life. The Reiki practitioner was determined and kind with the Reiki patient. The treatment was good and the room surrounding was peaceful.

On the other hand, the Reiki practitioner, Charn Suteerachai noted that the reason for her visit was to help her concentrate and focus well. After the treatment she felt very light and relaxed. The 7<sup>th</sup> Chakra was clogged from a blockage from an emotion that happened a year ago when she fought with her mom. Her mom was complaining when they were practicing meditation. That led her to feel guilty so she was guided to go back to that situation and erase that feeling from the past and erase

feeling guilty. Her heart chakra was blocked due to love as her parents did not accept her boyfriend because they did not like him so they ended up being friends, there was a cord line that was not comfortable and she could not talk to her parents about this. So she was guided to go downstairs to her mind and enter a room to let out and understand the parents and cut the cord. Then do the psychic surgery to wash out the blockage. She was guided to send love and forgiveness to herself and parents. It was found that there was a blockage her left kidney and it involves eating a lot of sweets causing the system to work overtime. The emotion was due to fear and worries about the future regarding work, changes and things that haven't occurred. She compared herself with others causing a small blockage in the liver.

She was requested to do some homework when she was alone and to release what is stuck in her heart imagining she was talking to them about love that is uncomfortable. Also release about her brother when he was angry and screaming at the parents and how she chose to say 'stop' but instead she got screamed at. She and her friends are interested in studying Reiki and she was guided and told how it is important to accept her brother and others the way they are by acceptance and facing the truth.

Moreover, the second session was on 22<sup>nd</sup> September 2015. After the second treatment, the participant felt that she was feeling a lot better and relaxed. The treatment soled an emotional problem, memories from the past that had an effect and present emotions state of mind. She had no stress, no pain, and very less confusion in the direction of life. The experience was really good especially regarding emotions. She felt much calmer, less worries, and less stress. There was an improvement as it was easier in social events and others around.

On the other hand, the Reiki practitioner noted that she was able to express and speak her mind much more easily than the last visit. There were blockages in Chakra 1,3,4,5 and they were all connected. In Chakra 3 there was a large amount due to not being able to express, feeling uncomfortable and unable to be herself. There were 3 layers from seven years ago, fifteen years ago, and thirty-two years ago. The situation regarding with having goodwill, good intentions, but she was never appreciated and acknowledged. Her advice was never accepted. She was asked to notice the patterns from the three situations and the consequences of the actions that happened ten times this year. She it was found that it affected her present job, life, and feelings towards her family. After the treatment on the foot, hands were placed on Chakra 3 and look out the blockage right from the roots. She was told to make an affirmation, 'With my full heart, I want to let this go. I am and belong to myself.' Her Ego reasoned out that she was unable to let go and eventually her Ego lessened down.

She was told to do homework to notice the pattern 1 and 2 with what's happening and come back with feedback and see if she was able to count the times as she was asked how she feels on her tummy. She mentioned she felt much lighter. She discussed about dealing with Ego and was told to see it as a loud noise and not give importance to it, which will not aggravate anger towards it.

The third treatment was on 29<sup>th</sup> September 2015. The participant felt much relaxed, dealt with repressed things from the past, felt like she was free from frustration and petty things. Her mind was more clear, more focused, had more energy, and emotional problems were much lesser and all gone. She felt no stress, no pain, and no confusion with the direction of life. If she had a chance in the future was keen to do another Reiki treatment as it made her feel lighter and relaxed. She solved her problem in short memory span, feelings between people, family, and society.

The Reiki practitioner noted her reason to visit was for improving her short term memory and understand about Universe Energy. There was some change in a new job and she would like to use the energy to erase the old and start fresh. The changes from the last treatment showed that her Ego was much lesser and did not find reasons. She listened more and felt much lighter and relaxed. She was even worried she would get her periods that would disrupt the treatment, she was surprised about her result and she was worried about things, but it was different from the last treatment. It was seen that there was blockage in the throat due to judgments of other and this also caused a blockage in the stomach. It also affected the heart chakra as it was connected to not being able to express verbally and not being herself when she was with others. She was irritated with her friend twenty five years ago and was unable to express verbally about how she felt. However, when the Practitioner put his hands on her tummy, she was guided to imagine that she was opening a door and walking downstairs that was very deep until she is in her conscious mind and found a room with a one-way in and one way out. She was guided to ask her friend to come and talk. She was asked to express herself completely, speak her mind, listen to her friend, give love and forgive each other.

When the Practitioner touched the participant's feet, he could see light from the stomach chakra to the throat chakra. Before leaving the treatment, there was still some black smoke. After the treatment, she was explained about happiness for each person is different, so she doesn't need to decide whether the person will be happy or sad by giving herself as an example. Everyone has their own point of view. She understood her lesson and she shouldn't decide for others to be happy or sad.

#### Angel 10 - Reiki Master Amita Sachdev (Reiki Master)

The participant was a 36 year old Vice President at an organization. She is a friend of the Reiki Practitioner. She takes no medication and has never had a Reiki treatment before. She was new to

this and wanted to try this. She went through Back Pain: Upper/Mid/Lower and was unable to sleep. Her Physical concerns were Neck pain (office syndrome) and Unable to sleep deeply at night. She is sensitive to perfumes but not to touch.

Out of the Reiki session she would like to have the Reiki treatment to help with feeling relaxed, Worry free and able to feel happy with her own self. She had bearable stress, bearable pain, and almost no confusion with the direction of life. She somewhat agree to be a religious person, somewhat disagree to be more spiritual than religious, and strongly disagree to be spiritual and not religious. Her daily routine involves waking up, check messages on phone, take a bath, drive to work, work, lunch, work, dinner, shower/take a bath, massage, watch TV, and sleep. She tries to forget her stress and about the issues and deals with them only when she needs to. She prefers not to talk to anyone, unless is very irritated. Usually she just chooses to forget about it. She has never taken any drugs or medication or seen a therapist for stress. She uses Internet every day. During her holiday she sleeps, spends time with friends or gets out of town.

Moreover, when she is with her friends, she sometime is considered herself to have two personalities. She is usually very talkative and friendly to people when she first meet them. Once, she has learnt that their wavelengths matched with hers, she starts to become less and less talkative. Not that she is not being herself in the first place, but she feels that at first she needs to be friendly and open up to people so that they can open up themselves so that she can learn about them. However, all in all, she can always be herself with friends. Yes, she works and is a relationship Manager. She likes her job and thinks it is necessary to work as it helps her to develop many useful skills.

Her first Reiki session was on 19<sup>th</sup> September 2015 and after her first treatment she relieved, like a weight had been lifted. She also felt a little tired because of the crying during the session. During the treatment, she felt very emotional – she never knew that she kept so many feelings inside regarding relationship and family. She thought she was fine. She felt good to finally release those feelings out and come to terms with it. She felt no stress, no pain, and no confusion in the direction of life. During the treatment she felt if the music could be louder in the next treatment.

On the other hand, the Reiki practitioner, Amita Sachdev noted that the reason for her visit was to help her concentrate and focus well. The practitioner felt that Universe pulled them together for a reason. She sensed that she needed to let her unexpressed emotions out at the time when she interacted with her at a corporate workshop. On her side, she was inquisitive about Reiki and wants to try and experience it. During the treatment, the session was very promising and emotional for the participant. She surrendered herself to the highest of goods for her own betterment. The Throat

chakra & Heart chakra were imbalanced. Lots of unexpressed emotions related to guilt, anger, frustration, and the feeling heartbroken was brought into awareness. It left a deep, smoldering impression in her heart for a while. The technique to clear out old energy and residue from last relationships were guided by guides that showed her big oak tree, an honored healing tree, with the strong roots deep into the ground, as its branches do above, rising tall up in the sky. She was asked to sit with her back against the tree and draw a circle of light that protects her. Later she was asked to invite a few people associating with those circumstances of her life that affected her emotionally. She could address her emotion blockages and solve some knotty problems by releasing out in the most nurturing way of communication, expression and forgiveness. She was cutting all emotional cords of attachment, karma with those people and feeling free from the past for good. With this she released emotional and physical pain from her system.

There was a discussion regarding blockages of energy in her chakras, giving her insights about how she can protect herself. Tools will help her to raise self-worth, self-love self-confidence, self-realization and self-esteem. Also, the practitioner and participant saw the younger version of her (6 years old) in a church longing for love and affection from her loved one. Tools were given to reclaim and champion her inner child.

Moreover, the second session was on 10<sup>th</sup> December 2015. After the second treatment, the participant felt at ease and comfortable, clear headed and light. She was surprised at some of the things that the Reiki practitioner said that she was not aware of and she had concerns on some of the said issues. She felt no stress, no pain, and no confusion in the direction of life. She thought the second session was better than the first session because she felt more relaxed during the second session.

On the other hand, the Reiki practitioner noted that her reason to visit was to gain emotional stability, relaxation and an overall sense of well-being. After the first session, there was a sense of lightness in her. She came out with her better self and implies positive outlook to situations that she faced or challenged with. At her second session, she was more receptive of energy and to work with light which help in accelerate the healing process.

The second session induced an extremely comfortable state of being for the participant. During the session, I picked up that she subconsciously carries heavy emotions especially towards her parents. The emotions were layered and deep that was trying to remain hidden. With that, there was black energy in her Throat & Heart chakra.

The technique guided by guides showed a beautiful church that was lit up with candles. She drifted nicely to her subconscious mind and recognizes the same church. According to the participant, she had visited that church a couple of years back when she travelled to Germany. It feels like she left a piece of her in that church and her job were to go and recollect that piece back. She walked to the church as instructed, and met the younger version of her (6 years old) who was still craving for love and attention from her parents. She was asked to give the girl a hug and reassure her of never been neglected again.

Later, she was shown with her parents holding her hands at each side standing close to a cliff's edge of a tall waterfall on grass and birds flying against the cold winds as they were hovering next to her. She had to talk them out of why she will be jumping off the cliff and land safely to the ground. She poured her heart out to both of them and sensed their concerns/fears/love/care and all hidden emotions that she never knew existed for her. Once she ensured them about her safety, she took leap of faith and jumped to surrender herself to Universe. With such a powerful experience, she lightened up tremendously. There was a discussion about voice recording and play her unspoken feelings for her parents, as she prefers it to write and burn; then deleting them out of system once done.

The third treatment was on 17<sup>th</sup> December 2015. The participant felt much relaxed and peaceful. During the treatment she felt very relaxed and felt that she was half awake and half asleep. Sometimes, she felt she was dreaming. She felt no pain, no stress, and no confusion in the direction of life.

She thought the first Reiki session was the most emotional. After the first session, she found herself to be peaceful and relaxed. She became very happy with herself and very content. She could also sleep better. The problems that she previously had before in the first Reiki session had no longer bothered her. She had become at ease generally – stress regarding work had also significantly reduced and she became more peaceful, calm and overall happy. She would definitely take a Reiki treatment again and in the future would also recommend it to her friends.

The Reiki practitioner noted that her reason to visit was for emotional stability, relaxation and an overall sense of well-being. After second session, she felt that something was fundamentally shifted on an energy level for the participant. The most prominent one was her enhanced self-esteem and positivity.

Moreover, the third session was related to Solar Plexus chakra (emotions) and sacral chakra as it was about her Past Life. The guides showed her life in Italy during 18<sup>th</sup> Century where she was a florist. Story in brief, it was about being in marital harassment from the person who once saved her life and

later violated her. She was traumatized, yet unable to take a stand as she felt owing her life to him. An old lady in the house gave her courage to fight for the justice. Later, she killed him while trying to escape. She was shown this as a reminder to trust her intuition and vibes that she gets from people around her and look out for their ultimate motives.

During the treatment, there was a release of emotions, fears, imprints of past life partners in the chakra and attachments from that past lives by cutting cords. She was asked to forgive herself, that man and send love & light to them. Additionally, she was to learn the lessons and understand the correlation to this life pattern. This helped her from drowning and suffocation and free into the light. There was a discussion about the past life experience and intuition. She had well received intuitions as she unconsciously read other people's emotion and their expression. She was told to trust it more and imply it in her life often.

## **Chapter 5**

### **Conclusion and Future Research**

This research study focused on the impact of Reiki treatments (Hands-on Energetic Healing) in reducing stress and improving the Well-being & Quality of life of Young people. Suitable objectives were developed in order to accomplish the desired outcomes.

With formulating suitable hypotheses affecting stress after meeting with young people it can be concluded that participants did assess their fatigue and quality of life before and after the entire series of 3 Reiki or Hand-on Energetic Healing treatments. There was a discussion on distinguishing the changes in dealing with thoughts and stress of ten young people aged between 18-40 years after first Reiki treatment (Energetic healing). Participants had filled the forms and explained their experience of the energy through laying on-of-hands. Moreover, there was also a discussion on distinguishing the changes in reduction of stress and dealing with work/study of ten young working people aged between 18-40 years after the third Reiki treatment (Energetic healing).

The research accomplished to monitor and evaluate that touch therapies such as Reiki may create changes in the brain that influence the receiver's body map and his or her somatosensory system; therefore, teaching the recipient to experience the body in a new, more adaptive way. Three Reiki Master Teachers, Reiki Master, Psychologist, and Founder of New Life Foundation, Reiki Master Teacher who also teaches Asian Bio-Energetics Therapy (ABET) and many other courses support and discuss on essential needs of Reiki treatments, holistic approach, counseling on people to find a balance consequently reducing stress and embrace a better health and quality of life.

The research also attempted to provide an insight to construct and interpret the understanding of self-created stress, sickness, and symptoms' that affect body organs or physical health for young people after 3 Reiki treatments by applying Dr. Christine's book on Frontiers of health from healing to wholeness (2000). Nothing is complete without assurance and/or a feedback that shows change in better lifestyle. The possible outcomes before the results were positively accomplished as after diagnosing where there is blockage it is possible to continue more than three Reiki treatments. People did pursue learning Hands-on healing to help heal themselves. The hands-on healing could be practiced in many holistic and cancer clinics and hospitals as a medium of alternative therapy. Medication can be reduced depending on severity of a sickness or problem. The research did not take a long time and was completed based on the time estimated. Individuals were fascinated with the

treatments and understood how he or she could continue practices with the given suggestions in the way an individual handles lifestyle, time, education and/or work.

The results derived are not the ultimatum of revealing stress factors and how one can be healed. The results also depend on how the subjects/participants of this study understand the factors and deal with factors that bring awareness to his/her life and bring a change in his/her quality of life. Hence, this research brings about a positive motive for a better and healthy community balancing mind, body, and spirit. This research was limit to only treatments to 10 people (30 Treatments) and that was conducted in Bangkok, Thailand.

Hypotheses were formulated and results reveal that there is a change in reducing and/or no feeling of fatigue after Hands-on Energetic Healing. There is an influence in having a better quality of life after the Hands-on Energetic Healing. There is a change in the way to deal with thoughts and stress after the Hands-on Energetic Healing. There is a change in reduction of stress and dealing with study/work related issues after Hands-on Energetic Healing. There is a change in feeling better about life and related sickness after Hands-on Energetic Healing. There is a better understanding about Emotional, Mental, Physical, and Spiritual Energies/Bodies that affect body organs and health after Hands-on Energetic Healing. There is an influence of making better choices in about self and balance after Hands-on Energetic Healing.

In relation to the findings after the treatment for all ten participants justify the changes in feeling better after the holistic approach of healing. Additionally, the research supports the values on energetic healing practice are consistent with the belief that the human body requires a constant flow of life force energy for sustained health and wellness. Moreover, energetic balance or harmony requires biopsychosocial and spiritual combination, generally reasoned as physical and spiritual healing. This conception provides as a chief founding for complementary and alternative medicine (CAM) energy work (Usui M, Petter FA. (2003), Keegan L. (2001) Zukav G. (1989) Dossey B, Keegan L, Guzzetta C. (2000), Wardell DW, Weymouth KF. (2004)).

Some participants did consider learning Reiki and also continued to Meditate to calm and embrace the situation and learning how to let go and forgive. Moreover, according to (Agassi, 1969), Leibniz: “Body and soul are so adapted that a resolution in the soul is accompanied by an appropriate movement in the body;” “the tendencies of the soul towards new thoughts communicate to the tendencies of the body towards new shapes and motions.” This psychosomatic (mental and emotional) parallelism caused Jung to acknowledge: “the possibility that the relation between body

and soul may yet be understood as a synchronistic one. With this understanding, participants got awareness that there is a relationship between mind, body, spirit and taking care of oneself is vital.

On the other hand, as presented as a testable hypothesis by James Oschman, Ph.D (2002). Dr. Oschman discovered a number of important scientific studies that point to a scientific basis for energy medicine based on the laws of physics and biology. The electrical currents that run through every part of the human body provide the basis for Dr. Oschman's hypothesis. These currents are present in the nervous system, organs, and cells of the body. For instance, the electrical signals that trigger the heartbeat travel throughout all the tissues of the body and can be detected anywhere on the body. This was clearly felt and seen during the Reiki treatment where the participant does feel the electrical currents run through every part of the human body.

Furthermore, based on Dr. Christine Page's book (2000) on *Frontiers of Health from healing to wholeness*, "the soul or self is still firmly linked with the Source of life via spirit. Through this connection we are aware of ourselves not only as a personality but also as part of the Universal pattern of life." Participant got to understand their pain, sickness, illness, stress, and/or a minor issue about how and what happens during a painful situation and/or sickness that in turn affects the body organs. Participants clearly and positively acknowledged the value of self-love, self-worth, self-esteem, self-awareness, self-respect, self-expression, self-responsibility, and self-knowing. This enables to understand and face the reasoning of blockages and embrace compassion, empathy, and positive thinking where one can balance between work/study and life. People can fulfill their dreams and learn to follow their Heart and not be carried away and/or feeling victimized about situations that have no purpose and recognize that they was never a problem.

Participants and Reiki Practitioners come from different cultures and ages to support this Independent Research and share their personal growth on living life wholeheartedly and not letting fear and judgments get in the way. Each participant has truly been an Angel to be able to accept and embrace the natural way of healing and how learning the essence of following one's heart establishes a solid foundation.

Future Research suggests that more people can acknowledge the alternative and holistic approach of healing and understanding the beauty of their body and self-worth. The research was limited to Bangkok and 10 people (30 treatments) and the future research can consider people from different provinces in Thailand and increase the number of participants. The vibration of Energy can amplify the recognition and awareness about Reiki Energetic Healing. The treatments need not be limited to

people but can address animals as well to show the changes in symptoms of sickness and how the animal's condition has change after the treatment depending on the severity of sickness.

This research has accomplished all objectives and hypotheses and is grateful for everyone giving their time and sharing experiences in bringing awareness and knowing the imperative reasoning of balance, well-being, and embracing a positive lifestyle.

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## Appendix 1: Reiki – Hands-on Energetic Healing Forms for Participant and Practitioner

### Reiki Forms for Participant

The impact of Reiki treatments (Hands-on Energetic Healing) in reducing stress and improving the Well-being & Quality of life of Young people

### แบบฟอร์มสำหรับผู้เข้าร่วม

ผลของการบำบัดเรกิ (การใช้พลังงานบำบัดด้วยการวางมือ)

ที่มีต่อการลดความเครียดและพัฒนาสุขภาพและคุณภาพชีวิตของประชาชนวัยหนุ่มสาว

Dear Participant:

I am conducting a study on the impact of Reiki treatments (Hands-on Energetic Healing) in reducing stress and improving the well-being and Quality of life of Young people (Ages 18-40). This research only enhances and brings awareness on how one can balance work, education, reduce stress and improve personal and quality of life through Hands-on Energetic Healing. Thank you for your assistance with this study and survey. By completing this survey, you are granting me permission to analyze and present your answers and comments in research paper to be published. Your contribution enables young people to understand how important it's to understand mind, body, and spirit, and to reduce/overcome stress and improve well-being. This research is completed by a Reiki Master Practitioner who is conducting the research to be presented at an International Conference on Spirituality and Psychology 2016, Conference held by Tomorrow People Organization, Belgrade, Serbia. All information will be treated confidential and each participant will be taken as voluntary subjects to enhance this research that will contribute to better health and quality of life. Thank you for your time and assistance with this survey.

ถึงผู้เข้าร่วมทุกท่าน

ดิฉันกำลังทำการศึกษาลักษณะของการบำบัดเรกิ (การใช้พลังงานบำบัดด้วยการวางมือ) ที่มีต่อการลดความเครียดและพัฒนาสุขภาพและคุณภาพชีวิตของประชาชนวัยหนุ่มสาว (อายุ 18-40 ปี )

งานวิจัยนี้จะช่วยเพิ่มและนำมาซึ่งความตระหนักรู้ที่บุคคลสามารถปรับสมดุลการทำงาน  
ก ร ร คี ก ช ร  
ลดความเครียดและพัฒนาคุณภาพชีวิตส่วนตัวผ่านการใช้พลังงานบำบัดด้วยการวางมือ  
ขอขอบคุณสำหรับการช่วยเหลือของคุณด้วยการศึกษาและการทำแบบสอบถามนี้  
โ ด ย ก ร ท ร บ ร ส อ บ ถ ร ม นี  
คุณได้ให้อนุญาตกับดิฉันในการวิเคราะห์และแสดงคำตอบและความคิดเห็นของคุณใน  
อ ก ส ร ง ร น วิ จั ย ใน ก ร พื ม พ์ เ ผ ย แ พ ร  
ความช่วยเหลือสนับสนุนจากคุณจะทำให้ผู้คนวัยหนุ่มสาวสามารถเข้าใจว่ามันสำคัญมา  
ก เ พื ย ง ไ ต ที่ จ ะ เ ช้ า ไ จ จิตใจ ร ่าง กาย และจิตวิญญาณ

และลด/เอาชนะความเครียดและพัฒนาสุขภาพของตัวเอง งานวิจัยนี้ถูกทำให้สำเร็จลงโดยนักบำบัดที่เป็นเรกิมาสเตอร์ซึ่งทำงานวิจัยเพื่อนำเสนอในที่ประชุมซึ่งจัดขึ้นโดย Tomorrow People Organization ที่เมือง Belgrade ประเทศ Serbia

ข้อมูลทั้งหมดจะถูกเก็บไว้เป็นความลับและผู้เข้าร่วมแต่ละคนจะถูกพิจารณาเป็นกลุ่มตัวอย่างอย่างอาสาสมัครที่เสริมงานวิจัยซึ่งจะมอบสุขภาพและคุณภาพชีวิตที่ดีขึ้น ขอขอบคุณสำหรับเวลาและความช่วยเหลือของคุณกับการตอบแบบสอบถามนี้

Participants will need to fill forms. You can feel free to edit/modify to personalize for your sessions:

- a. Participant information form– only needs to be filled out for the first session
- b. Participant Goal evaluation Form - to be filled out by the participant prior to the Reiki session.
- c. Participant evaluation Form – After every treatment - to be filled out by participant immediately after each Reiki session before any discussion with practitioner has taken place.
- d. Reiki practitioner treatment form – to be filled out by Reiki practitioner directly after participant's session and interview will take place with participant. **Detailed notes** of the session will be taken as these will be reviewed and evaluated for the requirements of this research study.

ผู้เข้าร่วมจำเป็นต้องตอบแบบสอบถาม คุณสามารถปรับแก้เพื่อให้สอดคล้องกับคาบการบำบัดของคุณ:

- ก. แบบฟอร์มข้อมูลของผู้เข้าร่วม – จำเป็นต้องกรอกเฉพาะการบำบัดในคาบแรกเท่านั้น
- ข. แบบฟอร์มการประเมินวัตถุประสงค์ของผู้เข้าร่วม – ผู้เข้าร่วมกรอกก่อนรับการบำบัดเรกิ
- ค. แบบฟอร์มการประเมินผู้เข้าร่วม – หลังการบำบัดทุกคาบ – ผู้เข้าร่วมกรอกทันทีหลังการบำบัดเรกิแต่ละคาบ ก่อนที่จะมีการอภิปรายหรือปรึกษาใดๆ กับนักบำบัด
- ง. แบบฟอร์มการบำบัดของนักบำบัดเรกิ – กรอกโดยนักบำบัดเรกิทันทีหลังจากคาบการบำบัดผู้เข้าร่วมและการสัมภาษณ์ผู้เข้าร่วมจะมีขึ้น

## บันทึกรายละเอียดของคาบการบำบัดจะถูกนำไปใช้ในการพิจารณาและประเมิน สำหรับความต้องการของการศึกษาวิจัยนี้

Welcome to Reiki! The purpose of this form is to give you some basic information on Reiki.

**What REIKI is:** Reiki is a form of complementary Healing, which enhances the body's ability to heal itself through energy. Each treatment takes 45-90 minutes.

**What Reiki is NOT:** Your practitioner is not a licensed physician. REIKI is a complement to 'healing arts services.' It is a complement to more traditional western medicine provided by doctors, nurses and hospitals. As a complementary or alternative medicine, REIKI does not require licensing by the state.

**Reiki Practitioner:** During a Reiki Session, The participant lies down fully clothed. The practitioner places his/her hands on or above the body and allows the REIKI (energy) to radiate from the hands.

**Reiki Treatment:** Stress, trauma and illness restrict the natural flow force energy through the body. Reiki rejuvenates the body's ability to relax and de-stress, and supports its ability to heal itself to break up energy blocks.

ยินดีต้อนรับสู่เรกิ!  
วัตถุประสงค์ของแบบฟอร์มนี้คือการให้ข้อมูลพื้นฐานบางประการของเรกีกับคุณ

เรกิคืออะไร: เรกิคือรูปแบบของการบำบัดทางเลือก  
ซึ่งช่วยเพิ่มความสามารถของร่างกายในการบำบัดตนเองผ่านพลังงาน  
แต่ละการบำบัดใช้เวลา 45-90 นาที

เรกิมีใช้อะไร: นักบำบัดของคุณมีใช้แพทย์ซึ่งได้รับใบอนุญาต  
เรกิคือองค์ประกอบหนึ่งของบริการที่เป็นศาสตร์การบำบัด  
มันคือส่วนเสริมของการแพทย์แผนตะวันตกดั้งเดิมที่ถูกจัดให้โดยแพทย์ พยาบาล  
และโรงพยาบาล ในฐานะที่เป็นการแพทย์ทางเลือก เรกิจึงไม่ต้องการใบอนุญาตจากรัฐ

นักบำบัดเรกิ: ระหว่างคาบการบำบัดเรกิ ผู้เข้าร่วมนอนลงโดยสวมเสื้อผ้า  
นักบำบัดวางมือลงบนหรือเหนือร่างกายและปล่อยให้เรกิ(พลังงาน)แผ่กระจายออกจากมือ

การบำบัดเรกิ: ความเครียด บาดแผลในใจ  
และโรคภัยไข้เจ็บกีดกันพลังงานขับเคลื่อนที่ไหลผ่านร่างกายอย่างเป็นธรรมชาติ  
เรกิฟื้นฟูความสามารถของร่างกายในการผ่อนคลายและบรรเทาอาการตึงเครียด  
และสนับสนุนความสามารถในการบำบัดตนเองเพื่อที่จะสลายการอุดตันของพลังงาน

**Understanding:**

Physical Body: This is the body comprises of the skeletal framework, muscles, tissues, organs, blood, and five senses etc. The physical body has a great capacity to inform you when something is wrong or right. It can be positively or negatively affected by the foods we eat, the thoughts we think and the emotional state that we reside in at any given moment. Thus it may lead to a person having a headache, migraine, cancer, stress, and lower back pain etc.

Emotional Body: The emotional body depicts as a person becomes sensitive and trust his or her inner feelings. It reflects the ability to feel and communicate. It acknowledges to awareness of self as valuable, worthy of love, kindness, respect, and compassion. It is with the emotional body a person will feel the pleasure, pain, fear, courage, attachment, and jealousy etc. As the emotional body develops first, it eventually corresponds to the foundation of the mental body.

Mental/Spiritual: The mental body is made up of our attitudes about life and self. It reflects the capacity of thinking. There are two parts to the mental body: the egoic mind (little mind) and the Divine mind. The egoic mind is a powerful tool for creating a harmonious reality or a reality of suffering. The spiritual body depicts to a person's aspects through meditation, prayer, and inner reflection. The spiritual body reveals the increasing unfoldment of person's spiritual nature that begins to open the doorway into enlightened and expanded states of consciousness.

### ความเข้าใจพื้นฐาน:

ร่างกายเนื้อ: นี่คือการประกอบไปด้วยโครงกระดูก กล้ามเนื้อ เนื้อเยื่อ อวัยวะ เลือด และประสาทสัมผัสทั้ง 5 ๗ ล ๗

ร่างกายเนื้อมีความสามารถสูงในการแจ้งคุณเมื่อบางสิ่งบางอย่างนั้นผิดหรือถูก มันอาจได้รับผลกระทบเชิงบวกหรือลบจากอาหารที่พวกเราทานเข้าไป ความคิดของเราและสภาพอารมณ์ที่พวกเราอาศัยอยู่ข้างในในช่วงเวลาใดๆ ดังนั้น มันอาจนำไปสู่การปวดศีรษะ ไมเกรน มะเร็ง ความเครียด และอาการปวดหลังช่วงล่าง ฯลฯ ของบุคคลหนึ่งๆ

ร่างกายอารมณ์:

ร่างกายอารมณ์แสดงถึงความอ่อนไหวและการเชื่อมความรู้สึกภายในตนเองของบุคคล มันสะท้อนถึงความสามารถในการรู้สึกและสื่อสาร มันยอมรับการรับรู้ความรู้สึกของตนเองในฐานะที่เป็นสิ่งที่มีค่า คุณค่าของความรัก ความอ่อนโยน ความเคารพ และความเมตตา กรุณา ด้วยร่างกายอารมณ์นั้นเองที่บุคคลจะรู้สึกพึงพอใจ เจ็บปวด กลัว กล้าหาญ ยึดติด และอิทธิฤทธิ์ ฯลฯ เนื่องจากร่างกายอารมณ์พัฒนาก่อน ที่สุดแล้วมันจึงสอดคล้องกับรากฐานของร่างกายจิตใจ

ร่างกายจิตใจ /จิตวิญญาณ:

ร่างกายจิตใจประกอบด้วยทัศนคติของเราเกี่ยวกับชีวิตและตนเอง มันสะท้อนถึงความสามารถในการคิด มีสองส่วนในร่างกายจิตใจ: จิตอัตตาหรือความสำคัญตนเอง(จิตใจที่คับแคบ) และจิตที่เชื่อมต่อกับเบื้องบน จิตอัตตาเป็นเครื่องมืออันทรงพลังสำหรับสร้างความเป็นจริงที่กลมกลืนหรือความจริงที่ทุ

กษัตริย์มาน ร่างกายจิตวิญญาณอธิบายถึงลักษณะของบุคคลผ่านการทำสมาธิ  
การสวดมนต์ และภาพสะท้อนจากภายใน  
ร่างกายจิตวิญญาณเผยให้เห็นถึงการคล้อยออกมาเรื่อยๆ  
ของธรรมชาติจิตวิญญาณของบุคคลที่เริ่มจะเปิดประตูเข้าไปสู่สภาวะของจิตที่แผ่ขยายแ  
ละรู้แจ้ง

## Part 1: Participant's evaluation Form

### ส่วนที่ 1: แบบประเมินของผู้เข้าร่วม

Participant's Full Name ชื่อ-นามสกุลของผู้เข้าร่วม: \_\_\_\_\_ Date วันที่: \_\_\_\_\_

Job Position ตำแหน่งงาน: \_\_\_\_\_ Age อายุ: \_\_\_\_\_

Phone (home or cell phone) โทรศัพท์(บ้านหรือมือถือ): \_\_\_\_\_

Address ที่อยู่: \_\_\_\_\_

City, Province, Postal Code จังหวัดและรหัสไปรษณีย์: \_\_\_\_\_

Email อีเมล: \_\_\_\_\_

Emergency Contact บุคคลที่สามารถติดต่อได้ในกรณีฉุกเฉิน: \_\_\_\_\_

Phone โทรศัพท์: \_\_\_\_\_

Are you taking medication? คุณกำลังอยู่ระหว่างการใช้อยาหรือไม่? Yes ใช่ ☐ No ไม่ใช่ ☐

If yes, please list your current medications or supplements and dosage ถ้าใช่  
กรุณาระบุรายชื่อยาที่ใช้อยู่ปัจจุบันหรือยาเสริมและปริมาณที่ใช้:

.....  
.....  
.....  
.....  
.....  
.....

How did you hear about the Researcher (Reiki Practitioner)?  
คุณทราบเกี่ยวกับผู้วิจัย(หรือนักบำบัดเรกิ)ได้อย่างไร?

.....  
.....  
.....  
.....  
.....  
Have you ever had a Reiki session before? คุณเคยได้รับการบำบัดด้วยเรกิมาก่อนหน้านี้หรือไม่?

Yes ใช่ ☐ No ไม่ใช่ ☐

If yes, when was your last session? ถ้าใช่

คุณได้รับการบำบัดด้วยเรกิเป็นครั้งสุดท้ายเมื่อใด.....  
.....  
.....

Please check the appropriate option(s) that apply to you

กรุณาทำเครื่องหมายถูกหน้าตัวเลือกที่สอดคล้องกับคุณ(สามารถทำได้มากกว่า 1 ข้อ):

Relaxation/Stress Reduction ผ่อนคลาย/ไม่เครียด ☐ High Blood Pressure ความดันสูง ☐

Headaches ปวดศีรษะ ☐ or Migraines หรือไมเกรน ☐

Back Pain: Upper/Mid/Lower ปวดหลัง: ส่วนบน/ส่วนกลาง/ส่วนล่าง ☐ Heart Condition

โรคเกี่ยวกับหัวใจ ☐

Diabetes 1 โรคเบาหวานชนิดที่ 1 ☐ or Diabetes 2 หรือโรคเบาหวานชนิดที่ 2 ☐

Obesity โรคอ้วน ☐

Cancer มะเร็ง ☐

HIV/AIDS

โรคเอดส์/เอชไอวี ☐

Broken Bones กระดูกหัก ☐

Recent Operation ผ่านการผ่าตัดเมื่อไม่นานมานี้ ☐

Depression หดหู่ซึมเศร้า ☐ or Bipolar หรือโรคอารมณ์แปรปรวน ☐

Anxiety วิตกกังวล ☐

Alcohol/Drugs แอลกอฮอล์/ยาเสพติด ☐

Abuse ถูกทารุณกรรม ☐ or Trauma หรือบาดเจ็บทางกายหรือใจ ☐

Unable to sleep นอนไม่หลับ ☐

Stress เครียด ☐

Self Confidence/Esteem มีความมั่นใจในตนเอง/เคารพตนเอง ☐

Other อื่นๆ

.....

Family Problems, Specify ปัญหาครอบครัว

โปรดระบุ.....  
.....  
.....

Other problem, Specify ปัญหาอื่นๆ

โปรดระบุ.....  
.....  
.....

Please use the following section to include any health concern(s) not listed above or to be more specific about any condition กรุณาใช้ส่วนนี้ในการระบุความกังวลด้านสุขภาพใดๆ

ก็ตามที่มีได้แสดงรายชื่อไว้ด้านบน

หรือเพื่อระบุเฉพาะเจาะจงมากขึ้นเกี่ยวกับอาการต่างๆ:

Physical ด้านร่างกาย

.....  
.....  
.....  
.....  
.....

Emotional ด้านอารมณ์

.....  
.....  
.....  
.....  
.....

Mental/Spiritual

ด้านจิตใจ/จิตวิญญาณ.....  
.....  
.....  
.....

.....  
.....  
Are you sensitive to perfumes or fragrances?

คุณมีความรู้สึกไวต่อกลิ่นหอมหรือกลิ่นน้ำหอมหรือไม่? Yes ใช่ ☐ No ไม่ใช่ ☐

Are you sensitive to touch? คุณมีความรู้สึกไวต่อการสัมผัสหรือไม่? Yes ใช่ ☐ No ไม่ใช่ ☐

If yes, please be specific ถ้าใช่

กรุณาระบุอย่างเฉพาะเจาะจง \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Privacy and Confidentiality

Everything that a participant discloses to his/her Reiki practitioner is private and confidential. Whenever possible your practitioner will make an effort to involve you in getting help to ensure safety. Should you refuse and your practitioner feels there is a risk to you, she will need to notify a guardian and/or close family or friend to assist participant. Participant's records and information will remain confidential and will not be released without participant's written and clearly stated consent.

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any severe physical or psychological ailment I may have. I understand that by signing this form, I am giving my consent for all three Reiki sessions I will receive in order to enhance this research study that takes place in 2015.

### การรักษาความลับและความเป็นส่วนตัว

ข้อมูลทุกอย่างที่ผู้เข้าร่วมเปิดเผยให้นักบำบัดเรกิรับรู้ถือเป็นข้อมูลส่วนตัวและเป็นความลับ ในกรณีที่คุณป่วยหนัก นักบำบัดของคุณจะพยายามให้คุณได้รับความช่วยเหลือจากแพทย์ผู้เชี่ยวชาญเพื่อทำให้แน่ใจถึงความปลอดภัยของตัวเอง หากคุณปฏิเสธและนักบำบัดของคุณรู้สึกว่ามีความเสี่ยงบางประการต่อสุขภาพของคุณ เขา/เธอจำเป็นต้องแจ้งผู้ปกครองและ/หรือครอบครัวใกล้ชิดหรือเพื่อนเพื่อให้ความช่วยเหลือแก่ผู้เข้าร่วม

บันทึกและข้อมูลของผู้เข้าร่วมจะถูกเก็บไว้เป็นความลับและจะไม่ถูกเปิดเผยโดยปราศจากการอนุญาตอย่างชัดแจ้งเป็นลายลักษณ์อักษร

ข้าพเจ้าเข้าใจว่าเรกิคือเทคนิคการใช้พลังงานบำบัดด้วยการวางมือที่อ่อนโยนและเรียบง่าย ซึ่งถูกใช้สำหรับการลดความเครียดและผ่อนคลาย

ข้าพเจ้าเข้าใจว่านักบำบัดเรกิจะไม่ออกใบสั่งยาหรือสารใดๆ หรือทำการรักษาทางกายภาพ และไม่แทรกแซงกับการรักษาของผู้เชี่ยวชาญทางการแพทย์ที่ได้รับใบอนุญาต

ฉันถูกแนะนำว่าข้าพเจ้าควรพบแพทย์หรือผู้เชี่ยวชาญในการดูแลสุขภาพที่ได้รับใบอนุญาตสำหรับความเจ็บป่วยทางร่างกายหรือจิตใจที่รุนแรงใดๆ ที่ข้าพเจ้าอาจมี

ข้าพเจ้าเข้าใจว่าโดยการลงลายมือชื่อบนแบบฟอร์มนี้ ข้าพเจ้าได้ให้ความยินยอมของข้าพเจ้าสำหรับการบำบัดเรกิทั้ง 3

คาบที่ข้าพเจ้าจะรับการบำบัดเพื่อที่จะส่งเสริมการศึกษาวิจัยนี้ซึ่งจัดขึ้นในปี ค.ศ. 2015

Date วันที่: ..... Full Name ชื่อ-นามสกุล:

.....

Signature ลายมือชื่อ: .....

## Part 2: Participant's Goal, Experience and Life

### ส่วนที่ 2: ชีวิต ประสบการณ์และเป้าหมายของผู้เข้าร่วม

1. What would you like to get out of your Reiki session today?

อะไรที่คุณอยากได้รับประโยชน์จากการบำบัดเรกิของคุณในวันนี้?

.....

.....

.....

.....

.....

On a scale of 1 to 7 please rate how you are currently feeling บนช่วงคะแนน 1 ถึง 7

กรุณาให้คะแนนว่าคุณรู้สึกอย่างไรในตอนนี้:

|    |                       |                       |                       |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
|    | No Stress             |                       | Bearable Stress       |                       |                       | Unbearable Stress     |                       |
|    | ไม่เครียด             |                       | เครียดปานกลาง         |                       |                       | เครียดมาก             |                       |

|    |                          |                       |                        |                       |                       |                       |                       |
|----|--------------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | 1                        | 2                     | 3                      | 4                     | 5                     | 6                     | 7                     |
|    | No Pain                  |                       | Bearable Pain          |                       |                       | Unbearable Pain       |                       |
|    | ไม่มีความเจ็บปวดทางกายใจ |                       | เจ็บปวดทางกายใจปานกลาง |                       |                       |                       |                       |
|    | เจ็บปวดทางกายใจอย่างมาก  |                       |                        |                       |                       |                       |                       |

|    |                                   |                       |   |                       |                       |   |                       |
|----|-----------------------------------|-----------------------|---|-----------------------|-----------------------|---|-----------------------|
| 4. | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> |
|    | 1                                 | 2                     | 3                                       | 4                     | 5                     | 6   | 7                     |
|    | No Confusion in direction of life |                       | Moderate Confusion in direction of life |                       |                       | Unbearable Confusion in direction of life |                       |
|    | ไม่สับสนในทิศทางของชีวิต          |                       | สับสนในทิศทางของชีวิตปานกลาง            |                       |                       |   |                       |
|    | สับสนในทิศทางของชีวิตอย่างมาก     |                       |   |                       |                       |   |                       |

Please circle the most appropriate response to the following statements.

กรุณาวงคำตอบที่เหมาะสมที่สุดต่อข้อความเหล่านี้

5. I consider myself to be a religious person. ข้าพเจ้าพิจารณาตนเองว่าเป็นบุคคลเคร่งศาสนา

Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

เห็นด้วยอย่างมาก    ค่อนข้างเห็นด้วย    ค่อนข้างไม่เห็นด้วย

ไม่เห็นด้วยอย่างมาก

6. I consider myself to be more spiritual than religious.

ข้าพเจ้าพิจารณาตนเองว่าเกี่ยวข้องกับด้านจิตวิญญาณมากกว่าศาสนา

Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

เห็นด้วยอย่างมาก    ค่อนข้างเห็นด้วย    ค่อนข้างไม่เห็นด้วย  
ไม่เห็นด้วยอย่างมาก

7. I consider myself to be a spiritual person, but not religious.

ข้าพเจ้าพิจารณาตนเองว่าเป็นบุคคลที่เกี่ยวข้องกับด้านจิตวิญญาณ แต่ไม่ใช่ด้านศาสนา

Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

เห็นด้วยอย่างมาก    ค่อนข้างเห็นด้วย    ค่อนข้างไม่เห็นด้วย  
ไม่เห็นด้วยอย่างมาก

8. Describe your daily routine? โปรดเขียนบรรยายถึงกิจวัตรประจำวันของคุณ

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.....

9. How do you deal with stress? คุณจัดการกับความเครียดอย่างไร?

.....

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.....

.....

10. Have you spoken to anyone about your problem? If yes who and why? If no, why?

คุณได้พูดคุยกับใครเกี่ยวกับปัญหาของคุณหรือไม่? ถ้าใช่

คุณพูดคุยกับใครและเพราะเหตุใด? ถ้าไม่ เพราะเหตุใด?

.....

.....

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.....

11. Do you take medication or drugs or seen a therapist to reduce stress? If yes, specify if no, is there any other intake you adopt to reduce stress? คุณใช้ยาหรือยาเสพติด หรือ

เข้าพบนักบำบัดเพื่อลดความเครียดหรือไม่? ถ้าใช่ กรุณาระบุ ถ้าไม่ใช่  
มีวิธีการอื่นใดที่คุณนำมาใช้ลดความเครียดหรือไม่?

.....

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.....

12. How many days a week you spend time on the internet?  
คุณใช้เวลากี่วันต่อสัปดาห์ไปกับอินเทอร์เน็ต?

.....

.....

13. How do you spend your holiday? คุณใช้วันหยุดของคุณอย่างไร?

.....

.....

.....

.....

14. Describe yourself when you are with your friends? Are you able to be yourself? อธิบายถึงตัวคุณเอง  
เมื่อคุณอยู่กับเพื่อนของคุณ? คุณสามารถเป็นตัวของตัวเองได้หรือไม่?

.....

.....

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.....

.....

15. Do you work? What kind of job are you working in? How do you feel about working? Is it necessary to  
work?

คุณทำงานหรือไม่? ประเภทของงานที่คุณกำลังทำอยู่คืออะไร?

คุณมีความรู้สึกกับการทำงานอย่างไร? มันจำเป็นหรือไม่ที่จะทำงาน?

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**First Treatment: Participant's Form – After first Reiki Treatment**

**การบำบัดครั้งแรก: แบบฟอร์มของผู้เข้าร่วม – หลังบำบัดเรกิครั้งแรก**

Participant's Name ชื่อ-นามสกุลของผู้เข้าร่วม: \_\_\_\_\_ Date วันที่: \_\_\_\_\_

1. How are you feeling **after** your first Reiki session? คุณรู้สึกอย่างไรหลังจากการบำบัดครั้งแรก?

.....  
.....  
.....  
.....  
.....

2. How did you feel **during** your treatment? And did the first treatment answer your questions? Specify  
คุณรู้สึกอย่างไรระหว่างที่รับการบำบัดอยู่?

และการบำบัดครั้งแรกได้แก้ปัญหาหรือตอบข้อสงสัยใดๆ ของคุณหรือไม่? โปรดระบุ

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On a scale of 1 to 7 please rate how you are feeling after your **First** Reiki treatment:

บนช่วงคะแนน 1 ถึง 7

กรุณาให้คะแนนว่าคุณรู้สึกอย่างไรหลังจากการบำบัดเรกิครั้งแรกของคุณ:

|    |                       |                       |                       |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
|    | No Stress             |                       | Bearable Stress       |                       |                       | Unbearable Stress     |                       |
|    | ไม่เครียด             |                       | เครียดปานกลาง         |                       |                       | เครียดมาก             |                       |

|    |                          |                       |                        |                       |                       |                       |                       |
|----|--------------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | 1                        | 2                     | 3                      | 4                     | 5                     | 6                     | 7                     |
|    | No Pain                  |                       | Bearable Pain          |                       |                       | Unbearable Pain       |                       |
|    | ไม่มีความเจ็บปวดทางกายใจ |                       | เจ็บปวดทางกายใจปานกลาง |                       |                       |                       |                       |
|    | เจ็บปวดทางกายใจอย่างมาก  |                       |                        |                       |                       |                       |                       |

|    |                                   |                       |   |                       |                       |   |                       |
|----|-----------------------------------|-----------------------|---|-----------------------|-----------------------|---|-----------------------|
| 5. | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> |
|    | 1                                 | 2                     | 3                                       | 4                     | 5                     | 6   | 7                     |
|    | No Confusion in direction of life |                       | Moderate Confusion in direction of life |                       |                       | Unbearable Confusion in direction of life |                       |
|    | ไม่สับสนในทิศทางของชีวิต          |                       | สับสนในทิศทางของชีวิตปานกลาง            |                       |                       |   |                       |
|    | สับสนในทิศทางของชีวิตอย่างมาก     |                       |   |                       |                       |   |                       |

6. How can your experience be better for your First Reiki session?

คุณสามารถได้รับประสบการณ์ที่ดีขึ้นกว่านี้ได้อย่างไรสำหรับการบำบัดเรกิครั้งแรกของคุณ?

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**First Treatment - Reiki practitioner Treatment Form**

**การบำบัดครั้งแรก – แบบฟอร์มการบำบัดของนักบำบัด**

Date วันที่: .....

Participant's Name ชื่อ-นามสกุลของผู้เข้าร่วม: .....

Session Number (*how many sessions has this been for this individual*) หมายเลขของคาบการบำบัด  
(*คาบการบำบัดจำนวนกี่ครั้งสำหรับบุคคลคนนี้*): .....

Reason for Visit เหตุผลสำหรับการมาครั้งนี้:

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Changes since last session (*if any*) การเปลี่ยนแปลงตั้งแต่คาบการบำบัดที่ผ่านมา (ถ้ามี):

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Treatment Notes (*what steps did you take, what impressions did you receive, what techniques did you use, which chakras were blocked*) บันทึกการบำบัด (ขั้นตอนอะไรที่คุณทำ  
ความคิดความรู้สึกใดที่คุณได้รับ เทคนิคอะไรที่คุณใช้ จังหวะใดที่โดดเด่น):

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Discussion with participant (*what did you discuss, was there any additional insight that took place during the session*)

การสนทนากับผู้เข้าร่วม (คุณสนทนาอะไร มีความเข้าใจเพิ่มเติมใดๆ  
ซึ่งเกิดขึ้นระหว่างคาบการบำบัดเรกิอีกหรือไม่):

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**Second Treatment: Participant's Form – After Second Reiki Treatment**

**การบำบัดครั้งที่ 2: แบบฟอร์มของผู้เข้าร่วม – หลังบำบัดเรกิครั้งที่ 2**

Participant's Name ชื่อ-นามสกุลของผู้เข้าร่วม: \_\_\_\_\_ Date วันที่:

\_\_\_\_\_

1. How are you feeling **after** your second Reiki session? คุณรู้สึกอย่างไรหลังจากการบำบัดครั้งที่ 2?

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2. How did you feel **during** your treatment? And did the second treatment answer your questions? Specify  
คุณรู้สึกอย่างไรระหว่างที่รับการบำบัดอยู่? และการบำบัดครั้งที่ 2

ได้แก้ปัญหาหรือตอบข้อสงสัยใดๆ ของคุณหรือไม่? โปรดระบุ

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On a scale of 1 to 7 please rate how you are feeling after your **Second** Reiki treatment:

บนช่วงคะแนน 1 ถึง 7 กรุณาให้คะแนนว่าคุณรู้สึกอย่างไรหลังจากการบำบัดเรกิครั้งที่ 2 ของคุณ:

3.    ☐        ☐        ☐        ☐        ☐        ☐        ☐  
          1            2            3            4            5            6            7

No  
Stress

Bearable  
Stress

Unbearable  
Stress

ไม่เครียด

เครียดปานกลาง

เครียดมาก

4.    ☐        ☐        ☐        ☐        ☐        ☐        ☐  
          1            2            3            4            5            6            7

No  
Pain

Bearable  
Pain

Unbearable  
Pain

ไม่มีความเจ็บปวดทางกายใจ  
เจ็บปวดทางกายใจอย่างมาก

เจ็บปวดทางกายใจปานกลาง

5.    ☐        ☐        ☐        ☐        ☐        ☐        ☐  
          1            2            3            4            5            6            7

No  
Confusion in direction of life

Moderate  
Confusion in direction of life

Unbearable  
Confusion in direction of life

ไม่สับสนในทิศทางของชีวิต

สับสนในทิศทางของชีวิตปานกลาง

สับสนในทิศทางของชีวิตอย่างมาก

6. How can your experience be better for your Second Reiki session?

คุณสามารถได้รับประสบการณ์ที่ดีขึ้นกว่านี้ได้อย่างไรสำหรับการบำบัดเรกิครั้งที่ 2 ของคุณ?

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**Second Treatment: Reiki practitioner Treatment Form**

**การบำบัดครั้งที่ 2 – แบบฟอร์มการบำบัดของนักบำบัด**

Date วันที่: .....

Participant's Name ชื่อ-นามสกุลของผู้เข้าร่วม: .....

Session Number (*how many sessions has this been for this individual*) หมายเลขของคาบการบำบัด  
(*คาบการบำบัดจำนวนกี่ครั้งสำหรับบุคคลคนนี้*): .....

Reason for Visit เหตุผลสำหรับการมาครั้งนี้:

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Changes since last session (*if any*) การเปลี่ยนแปลงตั้งแต่คาบการบำบัดที่ผ่านมา (ถ้ามี):

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Treatment Notes (*what steps did you take, what impressions did you receive, what techniques did you use, which chakras were blocked*) บันทึกการบำบัด (ขั้นตอนอะไรที่คุณทำ  
ความคิดความรู้สึกใดที่คุณได้รับ เทคนิคอะไรที่คุณใช้ จังหวะใดที่โดดเด่น):

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Discussion with participant (*what did you discuss, was there any additional insight that took place during the session*)

การสนทนากับผู้เข้าร่วม (คุณสนทนาอะไร มีความเข้าใจเพิ่มเติมใดๆ  
ซึ่งเกิดขึ้นระหว่างคาบการบำบัดเรกิอีกหรือไม่):

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**Third Treatment: Participant's Form – After Third Reiki Treatment**

**การบำบัดครั้งที่ 3: แบบฟอร์มของผู้เข้าร่วม – หลังบำบัดเรกิครั้งที่ 3**

Participant's Name ชื่อ-นามสกุลของผู้เข้าร่วม: \_\_\_\_\_ Date วันที่:

\_\_\_\_\_

1. How are you feeling **after** your third Reiki session? คุณรู้สึกอย่างไรหลังจากการบำบัดครั้งที่ 3?

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2. How did you feel **during** your treatment? And did the third treatment answer your questions? Specify  
คุณรู้สึกอย่างไรระหว่างที่รับการบำบัดอยู่? และการบำบัดครั้งที่ 3

ได้แก้ปัญหาหรือตอบข้อสงสัยใดๆ ของคุณหรือไม่? โปรดระบุ

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On a scale of 1 to 7 please rate how you are feeling after your **Third** Reiki treatment:

บนช่วงคะแนน 1 ถึง 7 กรุณาให้คะแนนว่าคุณรู้สึกอย่างไรหลังจากการบำบัดเรกิครั้งที่ 3 ของคุณ:

|    |                       |                       |                       |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
|    | No Stress             |                       | Bearable Stress       |                       |                       | Unbearable Stress     |                       |
|    | ไม่เครียด             |                       | เครียดปานกลาง         |                       |                       | เครียดมาก             |                       |

|    |                          |                       |                        |                       |                       |                       |                       |
|----|--------------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|    | 1                        | 2                     | 3                      | 4                     | 5                     | 6                     | 7                     |
|    | No Pain                  |                       | Bearable Pain          |                       |                       | Unbearable Pain       |                       |
|    | ไม่มีความเจ็บปวดทางกายใจ |                       | เจ็บปวดทางกายใจปานกลาง |                       |                       |                       |                       |
|    | เจ็บปวดทางกายใจอย่างมาก  |                       |                        |                       |                       |                       |                       |

|    |                                   |                       |   |                       |                       |   |                       |
|----|-----------------------------------|-----------------------|---|-----------------------|-----------------------|---|-----------------------|
| 5. | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> |
|    | 1                                 | 2                     | 3                                       | 4                     | 5                     | 6   | 7                     |
|    | No Confusion in direction of life |                       | Moderate Confusion in direction of life |                       |                       | Unbearable Confusion in direction of life |                       |
|    | ไม่สับสนในทิศทางของชีวิต          |                       | สับสนในทิศทางของชีวิตปานกลาง            |                       |                       |   |                       |
|    | สับสนในทิศทางของชีวิตอย่างมาก     |                       |   |                       |                       |   |                       |

6. Do consider and feel a change in your stress level and the way you handle thing in life different after three Reiki sessions? Explain the changes and do you wish to take Reiki treatments in the future

พิจารณาและรู้สึกถึงความเปลี่ยนแปลงในระดับความเครียดของคุณและวิธีการที่คุณรับมือ  
จัดการสิ่งต่างๆ ในชีวิตที่แตกต่างออกไปหลังจากรับการบำบัดเรกิทั้ง 3 ครั้ง

โปรดอธิบายความเปลี่ยนแปลงนั้น  
และคุณปรารถนาที่จะรับการบำบัดเรกิอีกหรือไม่ในอนาคต?

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**Third Treatment: Reiki practitioner Treatment Form**

**การบำบัดครั้งที่ 3 – แบบฟอร์มการบำบัดของนักบำบัด**

Date วันที่: .....

Participant's Name ชื่อ-นามสกุลของผู้เข้าร่วม: .....

Session Number (*how many sessions has this been for this individual*) หมายเลขของคาบการบำบัด  
(*คาบการบำบัดจำนวนกี่ครั้งสำหรับบุคคลคนนี้*): .....

Reason for Visit เหตุผลสำหรับการมาครั้งนี้:

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Changes since last session (*if any*) การเปลี่ยนแปลงตั้งแต่คาบการบำบัดที่ผ่านมา (*ถ้ามี*):

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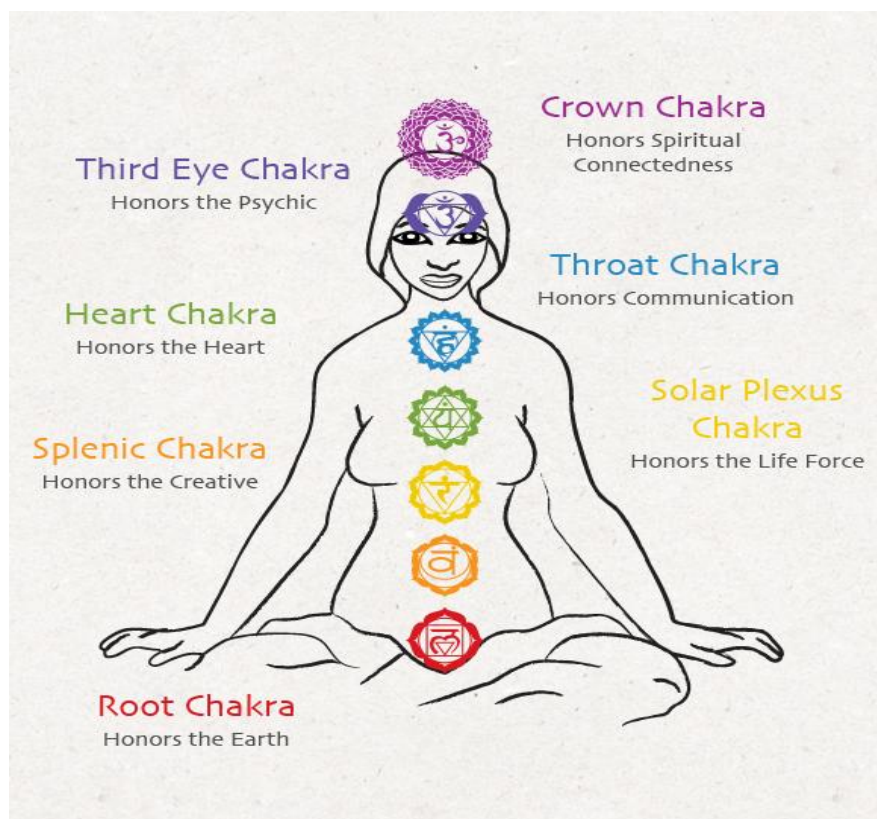
.....  
.....  
Treatment Notes (what steps did you take, what impressions did you receive, what techniques did you use, which chakras were blocked) บันทึกการบำบัด (ขั้นตอนอะไรที่คุณทำ

ความคิดความรู้สึกใดที่คุณได้รับ เทคนิคอะไรที่คุณใช้ จังหวะใดที่อุดตัน):

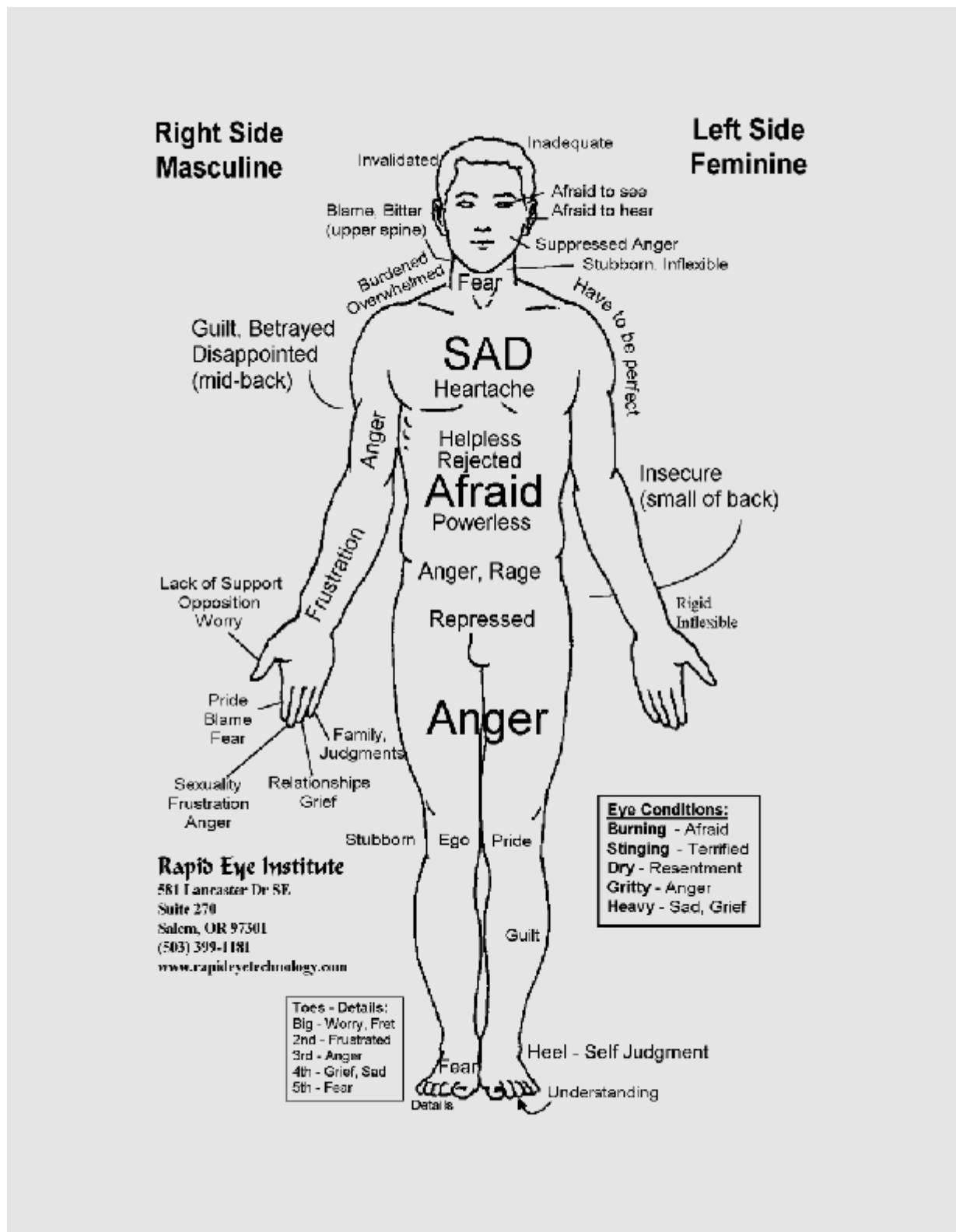
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Discussion with participant (what did you discuss, was there any additional insight that took place during the session)

การสนทนากับผู้เข้าร่วม (คุณสนทนาอะไร มีความเข้าใจเพิ่มเติมใดๆ  
ซึ่งเกิดขึ้นระหว่างคาบการบำบัดเรกิอีกหรือไม่):

## Appendix 2: The Seven Chakras

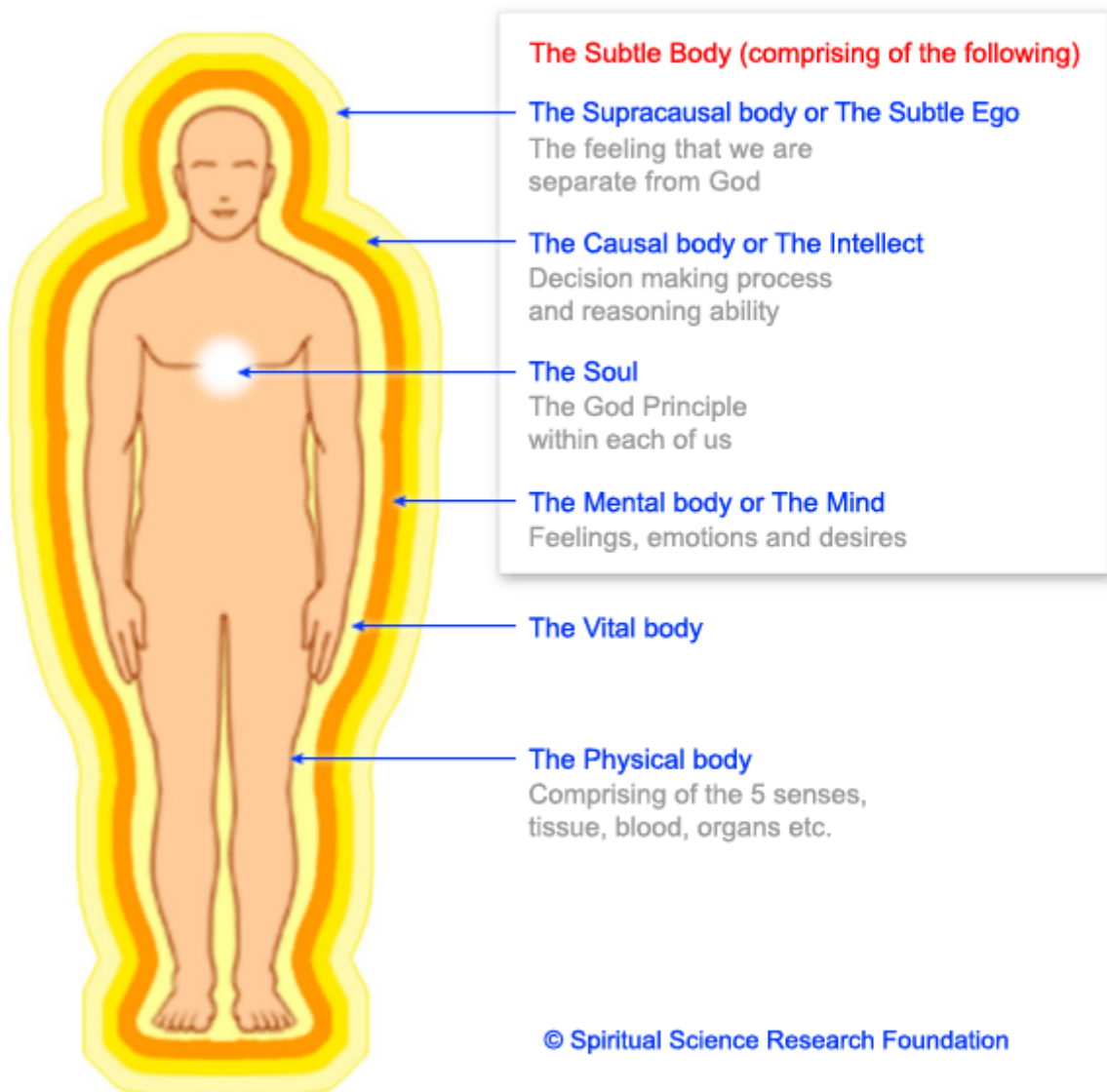


## Body Emotional Chart



## The Body and the Energies

### What are we comprised of?



## Master Usui and the Reiki Symbols



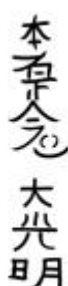
1.



**Cho Ku Rei, the Power symbol:** This symbol cleanses, purifies, and protects and is associated with the physical body.



**Sei Hei Ki, the Emotional Balance symbol:** This symbol is about harmony and love and helps balance the emotions.



**Hon Sha Ze Sho Nen, the Distance symbol:** This symbol brings about connection. Use this symbol to perform distance healing across time or space.

**Dai Ko Myo, the Master symbol:** This symbol brings mastership and empowerment. Use it to pass Reiki attunements, during Reiki treatments, and during meditation.

2.

**Reiki Principles**

靈氣

**Kyo dake wa**  
*(for today only)*

**Okolu na**  
*(do not anger)*

**Shinpai suna**  
*(do not worry)*

**Kansha shite**  
*(be humble)*

**Go wo hage me**  
*(be honest in your work)*

**Hito ni shinsetsu ni**  
*(be compassionate to yourself and others)*

靈氣

### **Appendix 3 - Katherina Leili Dreith's biography, expertise, and experience**

Written By Katherina (30<sup>th</sup> June 2015)

I was 26 and had a cancer "scare" that led to a deeper awareness of how I was creating my own suffering. This event ignited the fire to do something positive for myself, others and the world. A few years later in 2003 I decided to study holistic therapies in Bangkok at Chiva-Som Academy which included Reiki Level 1 as part of the curriculum. Without knowing what Reiki is or having expectations I immediately felt more inner peace and the eczema on my hands instantly healed after the 2nd day. Being a very sensitive child and feeling everybody's emotions, I came to realize how these emotions were harming me and that I was absorbing them from others. Upon learning Reiki I returned to US and began working at Dialysis center while apprenticing as an ayurvedic practitioner and offering massage. Very excited to be a channel of healing, I found people to practice Reiki and somehow wanted to share it with everybody.

I returned to Thailand years later and manifested a career as a Spa Director teaching massage and creating standards for an International Thai spa. I shared my passion for Reiki and touted the benefits for spa therapists to learn Reiki; to keep themselves healthy while improving the benefits for the clients. We became one of the few spas to have all therapists trained in Reiki 1. During which time I met my second Reiki teacher and became trained in Reiki 2 and 3 (Master). Upon becoming a mom to a beautiful angel girl, I left the corporate world and was guided to become a Reiki teacher.

I am very passionate to share the gift of healing with others and combine my knowledge of Aromatherapy, Ayurveda, Holistic Massage, Crystal Healing, Meditation and Yoga. I can say in all honesty that becoming a Reiki teacher was a bumpy ride as healing brings our karma, our past, our responsibilities, our fears, our darkness to the surface. It takes a lot of courage to face them but is so rewarding. To be able to face ones darkness one can relate to others who are suffering and share love and compassion. Many people have given their power to outside, forgetting that they are always connected to source within. I understand and continue to be aware of my own separation from divine source at times.

Breathing, dance, yoga, joyful eating and self-Reiki are some of the many tools I use to maintain balance. There is no perfection to seek, because really we are perfect beings at THIS moment. What we choose to think, feel and do is our own free will and we are free to be whatever it is that makes us feel inner and outer peace. I am enjoying the journey and even in times of fear or anger I constantly have to remind myself to surrender to the flow. Breathe and Have faith, trust, love and hope. All is well. One of my daily affirmations: "Love flows to me, through me and from me." I am here to be and share love and maybe along the path help others to see that within themselves too.

Blessings,

Katherina L. Dreith

<http://www.universoulhealing.com>

"If you can't see God in all, you can't see God at all." Yogi Bhajan

### **Appendix 3 - Charn Suteerachai biography, expertise, and experience**

Written By Charn (2<sup>nd</sup> August 2015)

My name is Charn Suteerachai. I am a Reiki Master Teacher and also a mathematic tutor. Due to the fact that I graduated with a Master's degree in the field of mathematics, I had a scientist brain which never trusted anything which could not be proven or could not be seen. It was my former belief that science had answered everything until I ordained a monk several years ago. When I was a monk, I spent time practicing a lot of meditation and that was the first time I could start feeling rotating energy at various points on my body. I was astonished and tried to search about what it was on the internet. I discovered that they were "chakras" which relate to many religions and energy meditation practices, such as chi gong, universal energy, and chakra meditation. That was the first time I doubted science which was my firmly-held beliefs. I didn't know about Reiki yet at that time.

After that I could experience more feeling of energy and then I began to be more interested in spiritual practices. I kept drilling myself in meditation and training in various courses concerning mental and spiritual development. At that time I also had many kinds of ailments that caused me to suffer, such as jaw pain, hands, fingers and arm pains almost all the time, always had pain-dried eyes, allergy, sore throat, polyuria and dysuria, and was sensitive to cold like never before. I went to see many doctors in order to find every way to cure all the symptoms. It had been a few years that I continuously took prescribed medicines but I did not get well at all. Eventually, I stopped using all prescribed medicines and tried to seek several alternative medicines especially ones that connected to energy and mental development.

One day, I coincidentally met my Reiki teacher and asked him that I would learn Reiki level 1. After studying Reiki level 1, I kept practicing it and found gradual improvement in both my physical and mental well-being. Three years had passed, I gave Reiki treatments to other people, around 300 cases since level 1, and then I got myself approved to be a Reiki Master Teacher. Now that I am a teacher, I feel calmer and have better quality of life with less stress. Various kinds of ailments were gone. Nowadays I have no doubt about Reiki energy and other kinds of energy as it is usual for me to feel it anytime I want to.

After teaching students and giving treatments to a lot of clients, I received certain feedback that most of them recovered from pains and trauma, had better sleep, felt their body lighter, less anger, and could control emotion better, which always make me really fulfilled every time I hear that. Having realized the benefits of Reiki from my own experience that how it can affect people's health and quality of life, I was determined to spread this kind of energy healing "Reiki" to as many people as long as I am alive.

The main reason for my contribution to this research is I hope it will make Reiki to be more accessible to any people. The result of the research will create undeniable facts which can cause impact on all humanity. It will be an important key for people to break through and understand the essential benefits about Reiki in the future. For more information about Reiki and treatments, please visit my website: <http://www.magichandtreatment.com/>

### **Appendix 3 - Debbie Creagh biography, expertise, and experience**

Written By Debbie (3<sup>rd</sup> October 2015)

I began investigating the healing arts, yoga and meditation in Ireland 20 years ago and continued to search for knowledge when I came to Thailand.

I discovered Reiki seven years ago and I am now a Certified Reiki Master Teacher and Spiritual Counselor practicing energy healing techniques. I am certified in Psychic Awareness, a Spiritual Counselor, practicing energy healing techniques, Psychometry, Crystal Healing, How to See the Aura, Pendulum Diagnosis and Transcending Entities and the Development of the Physic Awareness DPA. I teach Reiki workshops in Bangkok and other courses abroad via Skype.

I initially became a Reiki practitioner to develop self-awareness, manifest a better life for myself and to help others. “KI” or energy flows within the physical body through pathways called “Chakras and Meridians.” It also flows around us in a field of energy called AURA. It nourishes the organs and cells of the body, supporting their vital function and is the primary energy of our emotions and our thoughts.

When the vital flow of “KI” or “Life flow Energy” is disrupted, weakened or blocked, imbalances occur in the body due to stress injury, negativity fear, etc leaving us more vulnerable to illnesses.

A Reiki treatment is excellent for healing any physical, mental, emotional and spiritual issues and it produces miraculous results. The key to discover where our negative feelings and thoughts originate from and heal those areas of our lives, restore that “life force energy” so that the body is once again vibrating at a higher frequency which is ultimately to a healthy body, mind and spirit.

I also possess psychic and telepathic abilities so work as a medium and clairvoyant when working with people. I believe that my Divine Life Mission is to use these abilities to help others to have a more fulfilling life.

As a Reiki Master teacher based in Bangkok, I strive to bring as much light and happiness to the World through healing, teaching, and empowering people. What matters is not what religion or belief system you have, but the intent to do good for the planet and humanity.

If you would like to have a Soul Reiki treatment in Bangkok, have a Professional Intuitive Reading for Guidance personally or via Skype or learn of the subjects I teach, please contact me via this contact form or phone number. ([www.soulreiki.net](http://www.soulreiki.net))

### **Appendix 3 - Deepa Panirselvam’s expertise, and experience**

Written By Deepa Panirselvam (January 2016)

Deepa is a Registered and Licensed Counselling Psychologist who works with children, adolescents, adults, couples and families who are experiencing issues with their careers, stress, anxiety, depression, anger management, self-harming behaviours, learning and social difficulties, transitions, addictions, trauma and violence.

She is certified in Grief Therapy and has experienced working with people from all walks of life including victims of sexual gender based violence, domestic violence, trafficking, refugees and children with Autism and Down syndrome.

Deepa uses an integrative approach with an emphasis on Person Centered, Cognitive Behavioral and Reality Therapy which fits in with her belief that we are all capable of change and have the innate potential to strive towards well-being, growth and happiness. In her work with all her clients, Deepa is committed to creating an environment which is free of judgment, safe, respectful, empathic and authentic.

Deepa holds a Bachelors Degree (Honours) in Psychology and a Masters in Counselling Psychology from H.E.L.P University (Malaysia). During these periods, she carried out studies on the Effects of Different Parenting Styles on the Emotional Well Being of Children and the Experience of Grief among the Different Ethnic Groups in Malaysia.

Deepa is also a member of the Malaysian National Counselling board and also a registered member of Psychology Matters Asia. Right now, she works in Clarity Counseling Services in Bangkok with her partner, Jeevna. To find out more about Clarity Counseling Services, you can email [d.claritybangkok@gmail.com](mailto:d.claritybangkok@gmail.com) or alternatively please visit our FB page, Clarity Counseling Services Bangkok or our website at [www.claritybangkok.com](http://www.claritybangkok.com) and get in touch with us via those.

### **Appendix 3 - Amita Sachdev (Banker) expertise and experience**

Written By Amita Sachdev, (January 2016)

Nimarta Sachdev is a Thai Punjabi girl born to a traditional yet open-minded family. She is a Banker in profession with over 10 years of experience. After working for companies like GE, Deutsche she is now working for one of the local Thai Bank “Thanachart” – Scotia Affiliates as AVP of Retail Planning and Analysis (RP&A), in the role of a strategic financier where she is responsible for the Bank’s strategic and operating financial plans & performance analysis, pricing strategy & administration, operational performance assessment and decisions support across all aspects of the Retail Banking business.

She graduated from Bradford Collage, United Kingdom with a Bachelor of Arts degree in Business Administration. After obtaining her degree, she continued into graduate school for Master in Science in International Business from London SouthBank University, United Kingdom. Later she obtained another Master in Science in Financial Investment & Analysis from Assumption University, Thailand.

As she lived, studied and worked in India, London and currently in Bangkok, She has invaluable experiences from being immersed in different environments, which are reflective of different values, beliefs and cultural systems. In additional, Nimarta is a joyful, fun loving person who loves dancing, be it Bollywood, Salsa, Bachata & Other Latin Dance styles. She also travels to perform across south East Asia with other performers.

Nimarta came into healing world, as do many other therapists, through her own experience as patient. She was first initiated into energy healing 5 years ago when her personal relationships with her ex-husband was facing difficulties. Perhaps, undergoing Reiki therapy, it supported her through the difficult life changing event, in this case the breakup of her marriage. She wasn't envisioning herself as a future Reiki practitioner, until her friend, Bhavna Khemlani, invited to enroll & learn with her from an Incredible Reiki Master Teacher, Debbie Creagh. Trusting Reiki and where it leads has given her positive life changes. Since young, she often found herself scattered or restless with her own energy. Reiki helped hone her energy like a laser, with ballistic precision in all areas: physical, mental, emotional and spiritual.

From the humble beginnings and well-intentioned efforts, she started developing strong believes & new awareness in the metaphysical world, understanding as best as any novice could, the ongoing commitment with gratitude to self-improvement, discovery, wellness, and healing that entailed being a Reiki Master Practitioner.

# Transcendence, Integration, and Disintegration: Mapping the Extremes of Spiritual Experience

Dr. Alexander Chirila

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## Abstract:

This paper will focus on the concept of *transcendence* as a transformative and often radical psychological experience. The first section will focus on transcendence as a higher order of spiritual experience, its relationship to the individual practitioner and to larger narratives that posit transcendence (awakening, realization, salvation, etc.) as their culmination. The second area of consideration is the *integration* of the spiritual experience, the way in which an individual comes to terms with it, mitigates or amplifies its psychological impact, and also the ways in which disciplines of spiritual development or growth prepare practitioners for what is nothing less than the disintegration of their normative consciousness and self-identity. The third area of consideration is the commodification of spirituality. Modern eclectic practitioners and spiritual tourists are both recent phenomena, and the individualism that characterizes the Western spiritual experience is often at odds with the communal and social character of indigenous traditions, most clearly exemplified in the tension between the traditional practitioner and the modern consumer of spiritual techniques and practices. Ultimately, this paper is proposed to map out the psychodynamics of transcendence as a psychological phenomenon while acknowledging its role as the fulfillment of a promise exemplified by precedent and prefigured in the structure of human consciousness.

**Key Words:** Spirituality, Spiritual Experience, Religion, Mysticism, Psychology, Transcendence, Ego-Dissolution

# Introduction

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It is a strange thing to test the boundaries of your psyche. To follow your own thoughts and emotions until they dissolve, or to watch them take shape and spring up out of the void of your mind. Many of us have experienced that gathering of momentum when it seems as if the entirety of our being were swept up into a single, profoundly acute moment of sheer present. Some of us, perhaps, have gone further: beyond those boundaries, beyond even the soil of our thoughts and feelings—into the very disintegration of ourselves and the awareness of “something more.”

Among the most intense of spiritual experiences is that of *transcendence*.

Transcendence, a combination of the Latin *trans-* (beyond) and *scandare* (to climb), is a challenging term to unpack. “Reaching the far shore” involves movement and change<sup>1</sup>. Movement implies several things: something that is moving or being moved (a seed, soul, energy, etc.); spatiotemporal locations (landscapes, spaces, lifetimes); a means of locomotion or conveyance<sup>2</sup>; and a direction of movement.

Change is transition from one state to another. It is also a familiar constant that engenders the *viparinama-dukkha* of Buddhist thought: suffering caused by impermanence. This element of change is significant inasmuch as transcendence is an irreversible transition, a departure into an unknown that will both set the individual subject apart and resolve the narrative that ultimately yielded his/her transformation<sup>3</sup>. A descent into madness may be described as negative transcendence<sup>4</sup>, while its counterpart is a movement towards positive transformation, realization, or apotheosis.

At this point it is important to make clear that my focus is not on peak experiences in general, which can be instigated by anything from sports to sex, but rather on experiences that are subjectively contextualized as spiritual, mystical, and/or religious. More specifically, I am concerned with experiences that are located within narratives that feature transcendence as their end goal<sup>5</sup>.

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<sup>1</sup> Chris A.M. Hermans, positing a model of spiritual transformation, writes that “Without change or movement there would be no awareness. This process comes to an end in unification with the ultimate” (2013:174).

<sup>2</sup> As, for example, the famous raft metaphor employed by the Buddha: “In the same way, monks, have I shown to you the Teaching’s similitude to a raft: as having the purpose of crossing over, not the purpose of being clung to” (“Alagaddupama Sutta.” *Majjhima Nikaya* Translated by Nyanaponika Thera, 2006).

<sup>3</sup> Chris A.M. Hermans defines spiritual transformation “as the process of reaching self-awareness to unify the divided self. This drive to unify the divided self gives spiritual transformation existential relevance: human beings experience their form of existence (self) as unbalanced, split, heterogeneous (disequilibrium), or (conversely) they become aware of how they can achieve balance, greater unity” (2013:182).

<sup>4</sup> A term used by German philosopher Erich Heller, specifically with regards to concepts he interpreted in the writings of Kafka (*The Disinherited Mind*, 1952).

<sup>5</sup> Steve Taylor suggests the term *awakening experience*, defining it in this way: “An experience in which our state of being, or vision of the world and our relationship to it are transformed, bringing a sense of clarity,

The spiritual experience has been explored by anthropologists, sociologists, psychologists, philosophers and neurobiologists. It has been known by many names: the sublime, the numinous, the oceanic feeling. Its role in conversion and its correlation to psychological disorders is well catalogued. It is not my intention to suggest a new taxonomy of spiritual experience<sup>6</sup>, but rather to map out the dynamics of transcendence in the psyche; to consider how experiences of this higher order of magnitude may be integrated into life-narratives; and to suggest that spiritual experiences can be, and are, subject to commodification.

The spiritual experience cannot be discussed monolithically. It is by its very nature an interdisciplinary subject of discourse. The “core-religious experience”<sup>7</sup> may well be a universal phenomenon, but its varied manifestations are contextual. As individual events, spiritual experiences are eminently psychological<sup>8</sup>. They may be influenced to greater or lesser degrees by concepts related to one or more religious, philosophical and/or esoteric systems. As communal or collective events, spiritual experiences and narratives are sociocultural. Whether individual or collective, experiences of this category do not exist in a vacuum. It is important, for example, to understand how spiritual experiences differ across cultural, linguistic, economic, and geopolitical boundaries.

For example: many individuals and systems frame transcendence as an ascent. This is true for the Judeo-Christian schema, in which God and the heavens are oriented skyward. In many occult systems based on these models, the larger narrative is structured as a journey heavenward, often towards a “crown”—mirrored around the contemporary world in popular but often misunderstood practices involving *chakras*, where the highest wheel, associated with transcendence, is appropriately situated at the top of the head. Nonetheless, the

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revelation and well-being in which we become aware of a deeper (or higher) level of reality, perceive a sense of harmony and meaning, and transcend our normal sense of separateness from the world...Different intensities of awakening experiences exist, and different characteristics emerge at the varying degrees of intensity” (“Spontaneous Awakening Experiences: Beyond Religion and Spiritual Practice.” *Journal of Transpersonal Psychology*, vol. 44:1, 2012:74).

<sup>6</sup> A task already and admirably essayed by others, including Joan C. Engeberton and Diane Wind Wardell in their appropriately named article, “Taxonomy of Spiritual Experiences” (2006). In sum, they divide spiritual experiences into three major aspects, each further subdivided. The first aspect involves the Circumstances surrounding an SE, namely: external context (everyday environment or places with symbolic meaning), internal context (ordinary, heightened emotions, or contemplative), relational context (alone, with another person, in a group), and temporal context (isolated or repeated). The second aspect concerns the Manifestation of the SE, namely: [modes of awareness] Embodiment (visual, tactile, auditory, etc.), noetic (lucidity and/or absolute knowing), and ecstatic (oceanic feeling, disembodiment); and [phenomena], Observable, Sensate, or Symbolic (words, icons, encounters with disincarnate beings). The third aspect concerns an individual’s interpretation of the SE, namely: personal meaning (insight, action, and ambiguity) and resonance (consonance or dissonance). (*Journal of Religion and Health*, vol. 45:2, 2006, pp. 215-233).

<sup>7</sup> Abraham Maslow writes that “the peak-experience may be the model of the religious revelation or the religious illumination or conversion which has played so great a role in the history of religions. But, because peak experiences are in the natural world and because we can research them and investigate them, and because our knowledge of such experiences is growing...we may now fairly hope to understand more about the big revelations, conversions, and illuminations upon which the high religions were founded” (*Religions, Values, and Peak Experiences*, 1964).

<sup>8</sup> “Spiritual transformation may be either positive (toward something, e.g., conversion) or negative (away from something, e.g., loss of faith), healthy or unhealthy, incremental or sudden; it may involve transformation of spiritual beliefs (a cognitive spiritual transformation) or it may refer to one’s spirit being changed (e.g., being ‘saved’ or being spiritually corrupted)” (Hufford and Bucklin 2006:27).

physicality of many Eastern practices, which heavily feature the use of the body and an awareness of it, can be found in a transcendence narrative of a different kind: the spirit possessions featured in *Ifa* and Haitian Vodoun. In those narratives, it is the gods who come down, descending into the human world<sup>9</sup>. For them, it is not a fall but rather a temporary embodiment, a sharing of spaces that can transform an individual and community. There are pluralities and matrices of narratives, and many of them recognize that spirit possession is highly transformative. Psychologically, the seismic shifts in consciousness that accompany and characterize this phenomenon should be recognized as higher orders of spiritual experience.

Spiritual ideas are generally inclusive, pertaining as they do to qualities possessed not only by every human being, but in many cases by everything. Even in cases where a “select few” are chosen to receive a particular spiritual reward (paradise, immortality, godhood, etc.), the rest are nonetheless included within that cosmology as an outgroup against which the qualities of the ingroup are compared and evaluated. This can also be seen in cases where an individual believes that his/her experience has furnished him/her with knowledge and/or power that is inaccessible or unintelligible to those who have not had the same, or similar, experiences. The phrase, “you wouldn’t understand unless you’ve experienced it yourself,” establishes an inclusive-exclusive relationship that is socio-psychological, creating boundaries between groups that are internalized as biases and externalized as taboos, prohibitions, and other institutional forms designed to preserve this dynamic. Conversely, spiritual experiences have also resulted in the opposite: a greater propensity for compassion and empathy and a greater concern for larger social issues<sup>10</sup>.

While vision may be 20/20 in retrospect, neurobiology has not succeeded in explaining away the spiritual experience. What we do know is that the human brain is predisposed to experiencing certain states of consciousness that are consistently correlated with concepts and associations that involve transcendence, a “universal consciousness,” and/or communion with beings, powers, and energies that are otherworldly, supernatural, and/or pantheistic in character<sup>11</sup>.

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<sup>9</sup> “In the spirit of possession ceremonies, members of human societies thus establish a kind of rapport with their deities that does not take place in most religions. The supernatural entities representing the forces of nature temporarily become members of the human community, and people can interact with them intimately and informally, gaining greater understanding of the forces controlling their lives through this intimacy. Normal structures and characterizations of everyday reality are put into abeyance” (Walker, Sheila S. “African Gods in the Americas: The Black Religious Continuum.” *The Black Scholar*, vol. 11:8, 1980, pp. 25-36).

<sup>10</sup> Steve Taylor refers to the work of Tedeschi and Calhoun (1998), who found that, in the wake of awakening experiences triggered by intense trauma, “individuals became more appreciative of life, more compassionate for the sufferings of others, and more comfortable with intimacy, so that they have deeper and more satisfying relationships. They also developed a more philosophical or spiritual attitude to life, as questions of the meaning or purpose of life became more urgent for them. (Cryder, Kilmer, Tedeschi & Calhoun [2006] and Lancaster & Palframan [2009] made very similar findings” (2010:87).

<sup>11</sup> David Lukoff, writing on visionary spiritual experiences, cites Stanislov and Christina Grof on the term *spiritual emergency*: “Critical and experientially difficult stages of a profound psychological transformation that involves one’s entire being. They take the form of nonordinary states of consciousness and involve intense emotions, visions and other sensory changes, and unusual thoughts, as well as various physical manifestations. These episodes often revolve around spiritual themes; they include sequences of psychological death and

One may, with modern instrumentation, track with relative accuracy the various complex interactions that characterize spiritual experiences as physiological phenomena. The neurobiological perspective may appear reductionist at first glance. Certain theories suggest that spiritual experiences are a byproduct of a “hypertrophied social intelligence”<sup>12</sup> that is consummately guilty of constant informal fallacies; or that our propensity to maintain religious beliefs is the result of an abnormality in our neural programming that biases emotional resonance against higher reasoning<sup>13</sup>. These arguments are important to consider, albeit without falling prey to the blatant animosity expressed towards spiritual experiences by those who would consider them a vestigial infantilism. It is enough for the moment to appreciate the fact that there *is* a neurobiological correlation. We can avoid the reductionist pitfalls of evolutionary psychology by establishing the following premise:

*The human experience of consciousness is fundamentally malleable, to the extent that the transcendence or dissolution of the individual consciousness is experientially possible. When this dissolution is positively associated with spiritual, mystical and/or religious ideations, the result may be a correspondingly positive transformation of the psyche.*

It is important to make distinctions between experiences identified as mystical, spiritual and/or religious in nature. Not all experiences of this kind are religious, although they may be spiritual; and while spiritual, they may not be mystical. While the term “spiritual” may be contentious because it embraces a gamut ranging from non-theistic Buddhism to Western New Age occultism, we can pin it down according to the following working definition:

*The spiritual is any of a range of experiences and concepts that involve dimensions, entities, powers and/or realities that transcend and/or do not obey the laws of our physical universe but are nevertheless accessible through specific techniques developed for that purpose. The spiritual is also a perspective, focus, and/or matrix of practices and behaviors that exist in some relation to the aforementioned dimensions, entities, etc.*

According to this definition, the spiritual is not necessarily theistic. An individual who practices spirituality engages in specific techniques (e.g. prayer, ritual, meditation, etc.) intended to provide access to dimensions (e.g. the various spirit-worlds of traditional

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rebirth, experiences that seem to be previous memories from previous life times, feelings of oneness with the universe, encounters with various mythological beings, and other similar motifs” (*Southern Medical Journal*, vol. 100:6, 2007 pp. 635-641).

<sup>12</sup> In a review of Pascal Boyer’s *Religion Explained: The Evolutionary Origins of Religious Thought*, Kelly Bulkeley summarizes his argument: “Because our powers of cognition are so strong, we are very quick to see everything in terms of agency and volitional behavior, and sometimes this innate perceptual tendency leads us to make mistakes...Based on this evolutionary reasoning, Boyer argues that religion is in effect a cognitive ‘false positive,’ a faulty application of our innate mental machinery that produces the unfortunate consequence of leading many humans to believe in the existence of supernatural agents” (*Journal of the American Academy of Religion*, 71:3, 2003, pp. 671-674).

<sup>13</sup> From the same source, Bulkeley cites Ilkka Pyysiainen’s *How Religion Works: Towards a New Cognitive Science of Religion*, where: “religious beliefs and experiences are ‘strong emotional reactions to counter-intuitive representations. [Religious ideas] arise merely because they are possible, i.e., are a natural outcome of intuitive ontologies and our capacity for cross-domain formations” (*Journal of the American Academy of Religion*, 71:3, 2003, pp. 671-674).

shamanism), entities (e.g. God or gods, spirits, etc.), powers (including ESP, astral projection, etc.), and/or realities (e.g. the innumerable Buddha-fields of Mahayana and Vajrayana Buddhism). These practices generally have as their end goal either mastery (as in the case of shamanic practitioners and healers) and/or a specific soteriology (Nirvana, Heaven, Valhalla, etc.).

We can distinguish “mystical” experiences in the following way: *Mystical experiences are the direct result of techniques and practices employed to transform perception and cognition in alignment with a specific discipline.* While spiritual experiences may be unintentional, sudden and spontaneous<sup>14</sup>, I am suggesting here that mystical experiences involve agency (the use of techniques by an individual or group), structure (a system designed to produce these experiences consistently), and result (a specifically intended effect, e.g. absolution, empowerment, etc.)<sup>15</sup>. An individual may have a spiritual experience while hiking a nature trail, for example, even though he/she may not have deliberately sought an experience of this kind; in this case the experience would be spiritual but not mystical. If, on the other hand, he/she were to visit a sacred grove and engage in ritual, any experiences under these conditions would be mystical also. Now, if she/he were to undertake a retreat at a secluded Buddhist or Christian monastery for the purposes of prayer and meditation, any experiences under these conditions would be religious. If those prayers and meditations were part of a discipline intended to culminate in transcendence, any experiences under these auspices would be spiritual, mystical, and religious<sup>16</sup>.

Religious experiences may be further distinguished in that they involve ideas, associations, and concepts that belong to greater, overarching systems of belief. An experience produced by a ritual belonging to the Golden Dawn<sup>17</sup>, for example, is mystical but not religious<sup>18</sup>; while an experience produced by attending a serpent-handling mass in Appalachia is distinctly religious. These designations are by no means mutually exclusive. In fact, spirituality may be said to be at the heart of every religion<sup>19</sup>; for without the *experience* of the

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<sup>14</sup> Chris A.M. Hermans defines spiritual experiences as “experiences of ultimate meaning, which are existentially relevant and unexpected and sometimes (but not necessarily) objectively strange compared to normal experiences...some experiences are so singular that people consider them priceless” (2013:169).

<sup>15</sup> It is for this reason among others that occultism distinguishes itself as a science of sorts, hearkening back to the days when alchemy and astrology laid the groundwork for later scientific disciplines. According to many of its practitioners, occultism is based on practical results—even if these results are primarily psychological in nature. One practitioner had this to say: “I do it because it works. If it didn’t work I wouldn’t do it” (personal communication, 2015).

<sup>16</sup> Taylor suggests that “two significant sources of spiritual experience are (a) disruption of the normal homeostasis of the human organism, brought on by fasting, self-inflicted pain, sleep deprivation, drugs, frenzied dancing etc., and (b) what I have called an ‘intensification and stilling of life-energy,’ generated by meditation, prayer, prolonged concentration...encounters with nature, silence and solitude, sex, a near-death experience, playing or listening to music, satsang experiences, kundalini experiences etc.” (2009:32).

<sup>17</sup> The Hermetic Order of the Golden Dawn (HOGD), a Western occult order established in 1888 by William Robert Woodman, William Wynn Wescott, and Samuel Liddell MacGregor Mathers.

<sup>18</sup> ...even though the HOGD employs a symbolic language derived from an eclectic amalgam of religious systems, including recreations of pre-Christian mythology and ritual, Judeo-Christian mysticism, Eastern religions, and elements of various occult revivals and movements.

<sup>19</sup> “In the Christian Church there have always been mystics,” writes William James, “Although many of them have been viewed with suspicion, some have gained favor in the eyes of the authorities. The experiences of

transcendent as a fundamental element of its survival, religion would have long since failed to satisfy a seemingly universal human drive<sup>20</sup>.

## One Who Has Thus Gone: Psyche and Transcendence

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Transcendence is a state of being that is often conceived of as being superior in many ways to normative states of consciousness. Reaching that state is neither painless nor simple. There are many metaphors used to describe the actual “moment” of transcendence, in some cases aggressive (breaking free, cutting through, etc.), or signifying an escape from the former confines of normative consciousness (awakening, liberation, etc.) In any case, an individual’s entire reality is substantially changed, reconstructed to accommodate this new perspective. The magnitude of this transformation cannot be surpassed by any psychological experience. For those who seek out and prepare for this experience, it can be the culmination of a very long and arduous journey.

Transcendence is beyond conceptualization<sup>21</sup>. This is the most fundamental power of the human mind; from the moment we are born, we conceptualize. We create formations of thought that pattern our behavior, emotional responses, and around which we constellate our identities. To say that something is beyond conceptualization is essentially to say that it is beyond consciousness (*vijñāna*).

Consciousness is an exceedingly complex phenomenon. Our understanding of the mind has sufficiently progressed to the point where we can identify the “hard problem”: an inability to fully explain how neurochemical reactions participate in the construction of reality. Whether

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these have been treated as precedents, and a codified system has been based upon them, in which everything legitimate finds its place” (*The Varieties of Religious Experience*, 1902 p. 442).

<sup>20</sup> Grace M. Jantzen makes the point that the question is no longer *how* the world’s various religions express an essentially universal core of transcendent experience, but *whether* the world’s various religions do indeed express a common core at all: “When philosophers today ask whether there is a mystical core of religion, we are much more likely to be asking whether, in the light of the manifest diversity of doctrine, ritual, and practice, and even descriptions of experience there is anything at all that could be an underlying unifying principle...and looking to see whether it might lie in mystical experience” (1990). Jantzen goes on to say that the “ineffable” quality of an experience does not suggest true commonality, merely a shared description of what may be vastly different spiritual experiences. Jantzen concludes that what is perceived as the mystical core of religion “has nothing whatever to do with ineffability: God is beyond all description, but our experiences are not; and mystics usually show themselves precise and articulate in their writings” (71). There is a clear distinction, however, between precision and the ability of language—any language—to successfully express an experience that many mystics clearly agree is beyond words; including the experience of the transcendent itself.

<sup>21</sup> “The perfect penetrating wisdom...is the view of the unborn [nature]; it denotes contemplative equanimity in a state without any concept whatsoever, based on knowledge of the lack of intrinsic nature of things” (Kongtrul 2005:136).

one subscribes to the hypothesis that consciousness is a byproduct of interrelated biological dynamics or an integral, emergent faculty of sapience, it is evident that the human brain is designed to generate self-awareness. Consciousness is inherently subjective. It is this subjectivity that we experience as personal identity, and it begins as soon the first subject-object relationship is formed<sup>22</sup>.

The fear of death has a great deal to do with the drive to transcend. We are all aware of our mortality, and we know that our individual, habitual consciousness does not have access to information regarding its possible survival after death. Our minds do not come furnished with readily available proof that our respective identities will, or can, survive the inevitable cessation of physical life. Yet we can *imagine* such a survival. Still, our imaginings in this regard would be no more compelling than an elaborate daydream, unless there were experiences that suggested the possibility of survival beyond consciousness<sup>23</sup>. Religion is supposed to provide these assurances, but they are not entirely convincing unless they are substantiated by experiences that resolve these doubts, or are perceived to<sup>24</sup>.

Virtually every major spiritual tradition incorporates techniques and rituals designed to create a framework whereby spiritual experiences are made more likely or frequent. These frameworks are implicitly, and sometimes explicitly<sup>25</sup>, psychological. While the mechanics of these techniques may not be framed in terms familiar to a modern practitioner of clinical psychotherapy, they are in essence a means to radically alter the sensory, cognitive, and behavioral dimensions of the individual and collective psyche. However, it is equally important to remark that, in many traditions, the actual techniques used to manipulate the mind in this way are hidden behind the “twilight language” used to confuse and misdirect the uninitiated<sup>26</sup>. Individuals and groups have always claimed a privileged status over particular

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<sup>22</sup> Shaun Gallagher writes in “Philosophical Conceptions of the Self: Implications for Cognitive Science”: “Since neurological processing is for the most part distributed in various parts of the brain, and there is no real, neurological center of experience, then there is no real simplicity of experience at one time nor real identity across time that we could label the self. At best, we might refer to a minimal biological self as something real. But the latter is nothing more than a principle of organization involving the distinction between self and non-self. Furthermore, it is found throughout living nature, and is not something sufficient for the purpose of a coherent continuity or identity over time found at the level of human experience. We humans, however, do have something more than this; we have language. And with language we begin to make our experience relatively coherent over extended time periods. We begin to use words to tell stories, and in these stories we create what we call our selves. We extend our biological boundaries to encompass a life of meaningful experience” (*Trends in Cognitive Sciences*, vol. 4:1, 2000, pp. 19).

<sup>23</sup> Gerhard A. Mayer writes that “In general [extraordinary experiences] can provide subjective evidence for the existence of some kind of transcendent realm beyond everyday experience and the domain that is accessible to scientific exploration” (2013:192).

<sup>24</sup> Hufford writes, “Visionary spiritual experiences are events that appear to the subject to involve the direct perception of spiritual realities, such that if they are not hallucinations they must be perceptions of spiritual reality that are somehow factual. The person who has a near-death experience perceives her body from an external location and (often) is met by one or more spiritual beings who communicate with her” (2010:145).

<sup>25</sup> One of the earliest engagements with an investigative study of the mind can be attributed to Buddhism. This correlation has not been neglected; from Suzuki and Jung to modern therapies based on mindfulness meditation, Buddhism and Psychology have enjoyed a long history—albeit one that has not yet been fully explored.

<sup>26</sup> Mattjis van de Port, in “Circling Around the Really Real: Spirit Possession Ceremonies and the Search for Authenticity in Bahian Candomblé” writes: “What we see, then, is a politics aimed at keeping the inexplicable

paths, methods, techniques, languages, and/or symbolic systems, and consequently of the experiences generated by these. In settings that are explicitly spiritual (e.g. sacred spaces, unaffiliated houses of worship, etc.) and/or religious (churches, mosques, etc.) it is apparent that the sheer numinosity of images and symbols associated with specific figures and ideas plays a greater role in spiritual experiences. With those individuals who seek out these places intentionally, we may further suppose that the atmosphere or “vibe” of the setting would be a crucial factor prior to, during, and following a spiritual, mystical and/or religious experience<sup>27</sup>.

The question of what exactly does the transcending is at the very heart of mysticism. In some cases, the ego/I is transcended by *something else*, in which case the ego dissolves into the emergence of that ineffable something<sup>28</sup>. In other cases, the Self is made whole<sup>29</sup>, assuming a “new” identity that resolves the natural plurality of habitual consciousness and the conflicts that arise from the flux of interrelated personas that normally comprise our experience of reality. Most of the world’s oldest initiatory rites involve an abandonment of one identity and the assumption of another.

In most cases, an individual’s commitment to a larger spiritual or mystical narrative is overseen by a guide, teacher, or advanced practitioner. The archetypal shaman is the walker between worlds, the one who makes possible a dialogue between the community and the often volatile and capricious forces that hold sway over the cosmos. In other words, the shaman is a *facilitator of spiritual experiences*, a role that modern practitioners continue to exercise even today. Not everyone who undergoes a spiritual experience will assume that he/she has been “chosen” to adopt this role, although this is not uncommon<sup>30</sup>. Spiritual

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inexplicable. It seeks to lock-up trance experiences in the here and now of the experiencing body. All discursive knowing about the immediate experiences of trance is effectively sealed off, in an effort to guarantee the survival of the mystery in all its enchanting ineffability” (*Ethos*, vol. 33:2, 2005, pp. 170).

<sup>27</sup> Mark Wynn writes “Most faith traditions have been committed to the idea that certain places have a special or ‘sacred’ significance...Given their role in engendering experiences of religious transformation, we might suppose that traditions of venerating sacred sites count as one example of a spiritual practice...when they are registered in kinesthetic feeling, [responses to the physical orientations or challenges of the site, e.g. dim lighting, difficult terrain, etc.] will also be folded into the experiential recognition of the significance of the place...[the site is] a place where already formed doctrinal commitments can be rendered in experience, so that they move to the center of the believer’s consciousness” (2012:225).

<sup>28</sup> Elio Guarisco and Ingrid McLeod, in the introduction of Book 6, Part 4 of Jamgon Kongtrul’s *Treasury of Knowledge*, write: “Being emptiness beyond any definition, how can the innate natural condition of everything be called bliss? It is known as bliss for a number of reasons: the innate is free from the concepts of arising, abiding, and ceasing; it does not abide in either cyclic existence or perfect peace; it is free from adherence to self and others; it is the pristine awareness of one’s intrinsic awareness, an awareness that cognizes its own nature; it pervades everything” (2005:29). This is one description of many in Buddhist literature, commentary, and analysis dealing with the “ground-of-all,” the awareness of which is the result of enlightenment.

<sup>29</sup> C.G. Jung writes: “Individuation is an heroic and often tragic task, the most difficult of all, it involves suffering, a passion of the ego: the ordinary empirical man we once were is burdened with the fate of losing himself in a greater dimension and being robbed of his fancied freedom of will. He suffers, so to speak, from the violence done to him by the self” (*A Psychological Approach to the Dogma of the Trinity*, 1942).

<sup>30</sup> Mayer refers to Schafer’s work (2012) and specifically to three patterns “for interpreting [extraordinary experiences] in terms of normalization versus individuation,” where the “first pattern interprets them as evidence of expression of one’s own specialness.” Mayer goes on to say that a number of the practitioners he interviewed during fieldwork were characterized by “marked individualism, unusual interests during

experiences that involve practitioners often serve to validate their roles as mediators between the gods or spirits and the community.

Siddhartha, Jesus, Mohammed, the saints, Orishas, bodhisattvas and spirits are held to be intercessors, representatives, and exemplars<sup>31</sup>. They are not faceless generalizations. They are mytho-historical precedents that embody the promise of transcendence. Moreover, they are representatives (as having already attained the goal or result), embodiments (demonstrating that transcendence is a *physical* possibility), and liaisons between the individual ego/I and the mysterious Other across the threshold. While a great deal more can be added here on this subject, suffice it to say that these figures play an important role in the content of spiritual, mystical, and religious experiences. A significant dimension of this role is to assure the practitioner that he/she *is not alone*; that others have endured these psychological stresses and have attained transcendence as a direct result.

While negative transcendence and madness are also endured by others, these are also experiences wherein the individual psyche becomes forcibly insulated and confined within the strictures of its particular disassociation<sup>32</sup>. A paranoid, for example, cannot see beyond the threat-response instigated by his/her perceptions of being hunted or persecuted. Positive transcendence, on the other hand, presumes a clarity of thought and perception that is essentially unconfined. One challenge at hand is differentiating between negative and positive transcendence, particularly when both may be characterized by extremes of behavior and ideation<sup>33</sup>. The easy answer is that positive transcendence yields individuals who can contribute in beneficial ways to society. Shamans, after all, are primarily healers; they *serve* their communities. Even *pratyekabuddhas* embody the practice of dharma in the absence of a buddha.

The crucial point here is the possibility of exerting the will over, through and beyond the dissolution of the ego-identity. The practitioner will have aligned his/her volition and agency with the overarching narrative to such an extent that the highest orders of spiritual

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adolescence, premature preoccupation with philosophical and ideological questions, and an element of rebellion and maladjustment in various forms and to varying degrees" (2013:193).

<sup>31</sup> Hermans, examining various models of spiritual transformation, has this to say about what he calls the "conforming model": "Conformity takes the form of growing towards wholeness; following spiritual or holy examples who radiate this wholeness; becoming disciples in a way of life that leads to fullness...Without the spiritual examples or models one wants to emulate or the guidance which one experiences on the spiritual path there is no awareness of conformity...The source of power is experienced on the one hand as form of wholeness ...and on the other hand as guidance on the path they are travelling" (2013:173).

<sup>32</sup> Lukoff writes that "Tibetan and Zen Buddhism, and Tantric Hinduism provide conceptualizations of mystical states of mind that could permit psychotic experiences to be distinguished not only by emotional and behavioral consequences, but by real differences in the states themselves, such as: loss of subject/object boundaries; less ability to control attention; less ability to maintain equanimity; an inability to return to the ontological framework of consensus reality; psychological isolation; preoccupation with the mental realm; and neglect of self-care" (2007:637).

<sup>33</sup> Lukoff proposes four ways of distinguishing VSEs (visionary spiritual experiences) from mental disorders: 1) absence of mental illness, 2) phenomenological overlap with one type of VSE ("mystical experiences, near death experiences, alien abduction encounters, psychic experiences, lucid dreaming, and psychedelic drug experiences"), 3) prognostic signs indicative of a positive outcome, and 4) no significant risk for homicidal or suicidal behavior (2007:637-8).

experience, however traumatic to the psyche, can be *both utilized and transformed*. The purpose or intention behind this transformation, however, may be dependent on the meaning assigned to it by a specific discipline or system<sup>34</sup>.

It is important to remark that while an individual may assign meaning to, or interpret an intense experience according to a system of belief, he/she may not belong to that system as a practitioner or worshiper. This suggests that these meanings, while they may have been created by or associated with particular systems, can be adopted, appropriated, and integrated independently of those systems. However, the higher ranges of spiritual experience require a discipline and focus to attain, and certain psychological techniques that remain concealed and inaccessible to those who have not committed to a specific mystical and/or religious system. This may be debatable; I am sure there are solitary practitioners<sup>35</sup> who would insist that transcendence is a universally accessible state, and that it has only been monopolized by one system or another.

It has been suggested that some individuals are more prone to experiences of this kind on account of neurobiological conditions. This proneness may be due to the “God Gene,”<sup>36</sup> or a complex interplay of many factors, but an important takeaway from this recent discovery is that transcendence, and the spiritual experience in general, *takes place in the physical brain and body*. It may involve an immaterial spirit as well—that cannot be ruled out—but one locus of activity is in samsara, as it were.

Still, innate potential does not automatically lead to realization. There is a process involved that requires the meeting of certain conditions. A genetic predisposition may never be triggered. Practitioners of Buddhism similarly believe that we all have the potential to become buddhas inasmuch as we possess the same innate quality<sup>37</sup>, but unless certain conditions are met the attainment of realization and pristine awareness will remain beyond our grasp<sup>38</sup>. According to many lineages of Vajrayana, human life is an ideal condition for

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<sup>34</sup> Hermans considers that “the logic of the two types of transformation is quite different. In the conforming type the person adopts a spiritual path or follows spiritual examples in order to grow towards a (more) unified self. In the transparent form type the focus is not on following a path...instead the self has become transparent to the ultimate, which is experienced as a gift” (2013:183).

<sup>35</sup> As, for example, those who practice “Chaos Magick,” a system that allows practitioners to freely appropriate rituals and practices from other disciplines. While an extreme example of spiritual eclecticism, other examples are prevalent in the developed, primarily urban world. Individuals who “pick-and-choose” different spiritual methodologies are a relatively recent phenomenon.

<sup>36</sup> Referring to the gene VMAT2, the subject of Dean H. Hamer’s book *The God Gene: How Faith is Hardwired into Our Genes* (2004) and one of possibly many that have been shown to have a measurable impact with respect to the neurobiology of peak and spiritual experiences.

<sup>37</sup> Jamgon Kogtrul writes, “[the essence of enlightenment] is mind’s nature, which is intrinsically pure. [The Masters of the Sakya tradition] state that although the qualities [of enlightenment] are not actually manifest in that essence, they are nevertheless inherently present as seeds. When the result [of enlightenment] is actualized by means of the contributory factors of the two accumulations [merit and wisdom]...the qualities of enlightenment are attained through a transformation of those seeds” (*The Treasury of Knowledge*, Book 6, Part 4. Translated by Elio Guarisco and Ingrid McLeod, 2005:155).

<sup>38</sup> Hermans writes that “In Christian theology this spiritual transformation is conceptualized as glorification, the risen Christ (and becoming Christ-like), the eternal bliss of seeing God...in terms of process there is complete passivity on the part of the human being: unification with the ultimate is realized by the ultimate (not by human acts)” (2013:174).

spiritual practice<sup>39</sup>. We are impelled by our mortality to seek out the means to escape it, and only one escape is possible: cutting the fetters that bind us to the Wheel of Birth and Death. Other religions, of course, impose their own conditions.

The question is whether the imposition of those conditions is an accurate expression of what it takes to “trigger” our intrinsic capacity for transcendence. An increasing number of those who identify themselves as “spiritual but not religious”<sup>40</sup> would say no. Even so, the practices they eclectically incorporate are taken piecemeal from existing disciplines. Nonetheless, many of those practices are themselves based on elements that have been a part of ritual since prehistory: speech (including chanting, singing, and other vocalizations), movement (including dance, gestures, postures, etc.<sup>41</sup>), performance (drama, reenactment, storytelling, etc.), and the use of instruments (sacred objects, tools, drums, etc.). One may argue that meditation is universal: we all have the ability to still the chatter of our minds, focus our attentions, and visualize.

Transcendence is the final stage in a narrative that requires a *sequential* progression of experiences. There are quite a few narratives to choose from. Despite a number of poignant similarities, spiritual paths are by no means homogenous. At any given moment in human history, even despite the dominance of one religion or another, members of a given society have had access to information concerning different narratives of spiritual transcendence.

Within larger narratives of spiritual development, there are identifiable stages in the progression that culminates in transcendence. These stages consistently involve the following elements (that may be elaborated upon and assigned different meanings from one system to the next): 1) an initiatory period where spiritual experiences are both contextualized and sought after by the individual, and where specific meanings are assigned to them that are highly personalized as well as informed and influenced by larger systems<sup>42</sup>. 2) An exploratory period where the fracture-points of the ego-identity are being tested and acclimated to the stresses of spiritual experience. 3) A period of expansion when these experiences are actively integrated into the content of normative consciousness. This point is reached by those for whom their spiritual, mystical or religious orientations become a distinctly salient feature of their lives rather than a compartmentalized subset of social

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<sup>39</sup> Essentially because we are free from the all-consuming wrath that characterizes beings in hell; the thirst and hunger that characterize hungry ghosts; the delusion that characterizes animals; the power and jealousy that characterize the *asuras* (demigods); and the cloying enjoyment and pleasure of the gods. While other beings may encounter the dharma and recognize it, humans who are mentally healthy and born in an auspicious age have the greatest chances of attaining enlightenment.

<sup>40</sup> Engebretson and Wardell remark that this “emerging subculture, estimated at 50 million people, espouses contrasting values with the materialistic system of modernity. This group values environment, health, and spirituality and frequently utilizes complementary therapies” (2006:216).

<sup>41</sup> Wynn considers that “the expressive posture of the body in a particular context can involve a judgment about the practical potentialities which are afforded by the situation; and this posture, in so far as it involves the tensing of various muscles, for example, can in turn be registered in states of feeling” (2012:219).

<sup>42</sup> Wynn writes that “we might suppose that a religious idea can assume a central place in a person’s consciousness when it comes to inhabit the appearance of sensory things. And once it has been rendered in experience, the idea is likely to gain a new hold on the person’s affections and motivations, given various familiar truths concerning the power of images, as distinct from verbal abstractions, to engage the will” (2012:216).

behaviors or personal beliefs<sup>43</sup>. 4) A period of intensification and confrontation, when the effects of overwhelming spiritual experiences resonate into every facet of life, even across various state of consciousness<sup>44</sup>. At this point the practitioner may experience doubt, fear, and other negative emotional states; these may be indicative of the ego-identity reacting against the threat of dissolution. 5) Culmination: at this point the individual consciousness is capable of integrating the possibility of its own irreversible dissolution and courting its own fragmentation. This is done with the understanding that the ego/I will be positively superseded by a totality prefigured as a higher self, or be disintegrated into an incomprehensible Reality<sup>45</sup>.

This disintegration, however, will have been *rehearsed*. Most, if not all, systems of practice include various exercises to acclimate the mind to this stage of the narrative. Otherwise, it is only to be expected that the ego/I would fight back tooth and nail against its own termination. It is also important to mention that many narratives are *spiral* (rather than circular) in nature, whereby the initial promise of transcendence (made implicitly or explicitly by the narrative itself) is mirrored and magnified by its realization (the promise/prophecy fulfilled). Even if individual practitioners do not perceive themselves as mythic heroes, martyrs, or saviors (although more than a few might), they will nonetheless have adopted and committed to the personal reenactment of an ageless story.

This schema may be applied to a more familiar cycle, namely the “heroic journey” or monomyth<sup>46</sup>. The transcendence of the hero is also a transcendence of consciousness, and those who assign meaning to their spiritual, mystical and/or religious experiences on the basis of this narrative are situating themselves as the heroes of their own epic stories. Is not the goal of Christian practice to become more Christ-like, or to embody the Christ Consciousness? Is not the goal of Buddhist practice to become “one who has thus gone”? It is certainly the goal of mysticism that the individual be utterly transformed<sup>47</sup>. The monomyth is familiar and recurrent because it is an archetypal reflection of psychological realities that have intrigued, obsessed, and inspired practitioners and seekers throughout history.

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<sup>43</sup> Mark Wynn suggests that the “‘spiritual’ person is to be distinguished...on the grounds that her beliefs and values are folded into experience of the sensory world, so that they carry action-guiding force,” and further on, “it should be understood [that] a shift in the patterns of salience which structure the perceptual field may be associated with...a shift in the intrinsic phenomenal quality of various items in the perceptual field” (2012:215).

<sup>44</sup> Those states of consciousness being dream, deep sleep, meditation, and dying.

<sup>45</sup> Bruce A. Stevens refers to Christopher Bollas (1987), who introduced the concept of a “transformational object” and suggested that “the quest is not to possess the object; rather the object is pursued in order to surrender to it as a medium that alters the self” (2006:324).

<sup>46</sup> From Joseph Campbell’s *Hero of a Thousand Faces* (1949): “A hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man.” Others have since plotted the heroic journey in other ways, including David Adams Leeming (1981) and Phil Cousineau (1990).

<sup>47</sup> Hermans points out that “In spiritual transformation there is always some human passivity alongside activity. There is no movement completely grounded in human agents. To a greater or lesser extent there is always an experience of passivity, of letting go...consistent with the notion that the change is (to some extent) influenced by a power outside ourselves. We are not the author of our desired state of being” (2013:172).

# Integrating the Spiritual Experience

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Transcendence is an experience at the very extreme of spirituality. Most spiritual experiences are not transcendent. Human consciousness can endure dramatic fluctuations in perception and cognition, and while there are extremes that can compromise the integrity of social- and self-identity, the psyche can withstand both intense trauma and the exhaustive stream of sensory information that floods into and through the body.

Spiritual experiences exist on scales<sup>48</sup> that include relatively minor events to those that threaten the mind's operating system: an adaptable matrix of routines and subroutines continuously programmed and reprogrammed based on an individual's engagement with various stimuli (both internal and external). Spiritual experiences can be in close alignment with this operating system (as in the case of individuals who are spiritual, or who practice spirituality<sup>49</sup>) or they can be sources of conflict and tension<sup>50</sup>.

Spiritual experiences can be positive or negative. Examples of negative spiritual experiences may include various parasomnias (especially sleep paralysis<sup>51</sup>); an inability to control or mitigate overwhelming negative emotions; mild to extreme cognitive dissonance; and effects

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<sup>48</sup> Steve Taylor summarizes just such a scale in his discussion of awakening experiences: "A 'low intensity' awakening experience may be a sense of heightened awareness, that one's surroundings have become more real, with qualities of 'is-ness' and 'alive-ness.' A 'medium intensity' awakening experience may include a powerful sense that all things are pervaded with—or manifestations of—a benevolent and radiant 'spirit-force,' so that they are all essentially one; and the individual may feel part of this oneness, realizing that they are not a separate and isolated ego. While in a high intensity awakening experience, the whole material world may dissolve into an ocean of blissful radiant spirit-force, which the individual feels is the essence of the universe, and of their own being; he or she may feel that they *are* the universe (Hardy, 1979; James, 1985; Taylor, 2010; Underhill, 1960)" (2012:75).

<sup>49</sup> Niko Kohls and Harald Walach, in a study exploring the effects of spiritual practice, consider that "by allowing the experiencing individual to interpret negative spiritual experiences in a more meaningful and thus potentially less distressful way, spiritual practice would possibly be a resilience factor against negative spiritual experiences...spiritually practicing individuals seem to be particularly able to make more sense out of their deconstructive experiences...Regular spiritual practice seems to suppress the pathways of experiences of ego loss towards distress. Correspondingly, lack of spiritual practice could be conceived to be an important risk factor for psychological distress for those individuals with an increased experience of ego loss" (2007:1304-14).

<sup>50</sup> Hufford points out that, for "the modern person—the person who should 'know better'—visionary experiences of spirits and associated beliefs suggest a disordering of one's understanding of the world, a becoming naïve that is retrograde and abnormal" (2010:146).

<sup>51</sup> Julia L. Cassaniti and Tanya Marie Luhrmann note that "When a local social community gives significance to specific sensations, either fearing them or desiring them, sensitivity to having an experience of the supernatural increases, requiring a lower threshold for such experiences," and the "more that the experience of the supernatural is associated with a specific physiology (e.g., sleep paralysis), the more the frequency of the event will be constrained by an individual's vulnerability to these experiences" (2014:S342). Elsewhere, reports of sleep paralysis coincide with negative ideations of a spiritual character, including the presence of malevolent spirits (the possible origin of the myths of the succubus and incubus, whose presences are symptomized by the same physiological experiences that characterize sleep paralysis).

more severe than these. Extreme cases have been, and continue to be, labeled as imbalances of the psyche characterized by spiritual and/or religious ideations<sup>52</sup>.

Conversely, positive spiritual experiences are generally considered to modify consciousness in ways that are not disruptive or dangerously irrational<sup>53</sup>...up to a point. Beyond that point, consciousness is dramatically altered in a manner that affords no possibility of reversal. Indeed, it is this irreversibility that highlights an element of tension in the idea of transcendence: namely, that it is to some extent *undesirable* insofar as it departs from or moves “beyond” a familiar state of consciousness that is arguably better suited to negotiate the imperfections of social and worldly life. There is an extreme range of experience that can be severely disruptive: complete ego dissolution, recognized as a state of consciousness characterized by the utter disintegration of the mind’s operating system *into what is believed to be a larger system*.

The human brain may be hard-wired to do this, but it may also seem logically counterintuitive. Habitual consciousness adapts to its environment. The “I” exists in order to make possible our complex social interactions, our use of language, and our attribution of meaning to the continuity of our lives. Seeking its dissolution or transcendence is tantamount to making more difficult, if not impossible, those interactions. One might argue that our use of language and social predispositions make possible our construction of self-identity. Even so, transcendence is a dissolution of language and at the very least a transformation of social relationships.

Although transcendence aims at the dissolution of the pluralistic, individualized ego according to many systems of practice, spiritual experiences do not always poke holes in the integrity (or illusion) of the Self. In fact, many spiritual, mystical and religious experiences may be interpreted as an *affirmation* of the Self, a means of bolstering its cohesiveness rather than dismantling it<sup>54</sup>. Spiritual experiences, on the lower ends of magnitude, may either reaffirm the Self or challenge it, depending on the individual’s spiritual and/or religious orientation<sup>55</sup>. On the higher ends of magnitude, spiritual experiences primarily challenge the

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<sup>52</sup> Kohls and Walach suggest “that there is also a dark side of spirituality, challenging the prevailing assumption that the relationship between spirituality and health is mainly positive. First, spiritual experiences are often associated with crises (Wardell & Engebretson, 2006). Second, psychotic as well as other psychopathological states frequently seem similar to states of spiritual and transcendent ecstasies. This is the reason why frequently no distinction has been made between psychopathological and spiritual experiences” (2007: 1302).

<sup>53</sup> Hufford: “visionary experiences are prevalent in the general population of the modern world...they are taken for ‘real’ by most of the people who have them, and that in many cases they are associated with positive emotional and psychological outcomes” (2010:147).

<sup>54</sup> Peter Bray writes that the outcomes of positive spiritual experiences include “a greater interest in living, improved health and personal satisfaction, an expanded worldview and a greater openness to spiritual experience. Grof and Grof suggest that successful integration of this personal process of development reduces aggression, leads to a higher tolerance of racial, political and religious differences, increases ecological awareness, and changes values and existential priorities” (2010:297).

<sup>55</sup> Interestingly, a study conducted by Bloomingdale and Reinert (2000) found that “Spiritual openness decreased when [participants] were religiously more active,” and that “the more [a conservative Christian group] engaged in formal religious practices, the less spiritually open they tended to be,” while, in contrast, “higher levels of openness are related to increased spiritual support” (179).

ego-identity<sup>56</sup>. In this context, magnitude can only be realistically measured by the stresses placed on an individual's psyche. One may expect that individuals already predisposed to certain psychological conditions would be at a greater risk of triggering those conditions or exacerbating them during spiritual experiences of high magnitude.

Importantly, there is a point on any scale of measurement where spiritual experiences become antagonistic to the ego/self-identity. In retrospect, a temporary dissolution of the ego into a state of universal interconnectedness may be considered in an enthusiastically positive light. During the experience, however, this process may well be quite unsettling. An individual prepared for these sensations is far better equipped to deal with them and to integrate them afterward<sup>57</sup>.

Inasmuch as transcendence may be considered an end beyond which there is no narrative continuance (that we can comprehend or express), there is an implied boundary between normative consciousness and a state into which that consciousness cannot go. This is the distinction in Buddhist thought between nirvana with remainder (*sopadhiṣeṣa-nirvāṇa*) and nirvana without remainder (*nir-upadhiṣeṣa-nirvāṇa*). From the moment of his attainment onwards, Gautama lived his human life with a “remainder” of consciousness; something that experienced but did not cling to phenomenal reality, something that had been transcended.

Arguably, the self-reflexive consciousness, the “I,” is incapable of enjoying transcendence. This is not to say that the “I” is *unaware* of having attained it; that is clearly not the case. However, while this awareness may be attended by positive emotions—albeit fleeting in nature<sup>58</sup>—the very nature of transcendence suggests that the “I” is distinctly cognizant of having reached a state wherein its own emptiness is an experiential reality.

This is a fundamental cognitive dissonance: the Self is still perceived as the seat of self-identity, volition, and phenomenal experience, while there exists simultaneously an awareness of something beyond the Self and utterly unattached to it. Unlike memory, the subconscious, and the various automata of the body, this Other is *anatman*, “not-Self.” Unlike in cases of severe dissociation, however, where the emergence of another persona is disruptive, potentially dangerous, and likely rooted in a preexisting psychological fault-line, the emergence of this being/non-being is both expected and considered highly desirable by those who seek transcendence.

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<sup>56</sup> Peter Bray writes that “individuals struggling with spiritual emergency are exposed to sudden inner experiences that: challenge old beliefs; confront ways of existing; alter relationships with reality; bring discomfort with a once familiar world; cause perceptual problems especially between inner and outer worlds; may physically generate forceful energies and spontaneous tremors and prompt the individual to want to disclose their experiences and insights” (2010:300).

<sup>57</sup> Bray: “In view of the wide range of triggers, this readiness to make inner changes may in certain instances be more significant than the external stimuli. Another possibility is that the psychological trauma redirects the individual's usually outward oriented focus back into his or her inner world, a process Washburn (2003) calls regression in the service of transcendence” (2010:301).

<sup>58</sup> From the Pali canon, the Buddha describing the night of his attainment: “This was the third knowledge I attained in the third watch of the night. Ignorance was destroyed; knowledge arose; darkness was destroyed; light arose—as happens in one who is heedful, ardent and resolute. But the pleasant feeling that arose in this way did not invade my mind or remain” (*Majjhima Nikaya* 36).

If transcendence is *not* the final goal, this Other-Self may be incorporated into the personality matrix and its features gradually allowed greater precedence<sup>59</sup>. This may be the case with shamanic or occult practitioners, who seek mastery of their respective disciplines in much the same way an apprentice seeks mastery of a particular trade craft. In these cases, the emergence of the Other-Self can be interpreted in a Jungian way: as *individuation*, the integration of the Shadow and Self as a totality under the control of a conscious, balanced, and harmonized will. The Shadow is not the adversary or nemesis (although internal conflicts will naturally have arisen along the way), but rather the fully realized embodiment of the narrative (the shaman, the *Curandero*, the *Babalawo*, etc.). This is when the practitioner gains mastery and becomes, or assumes the title of, a “master.” This mastery is not merely technical, but necessarily psychological as well.

The more salience and numinosity is given the spiritual narrative in an individual’s life, the more attentional energy it commands in the psyche. Those who are not practitioners in the traditional sense, and who have worldly lives and responsibilities, may experience aversive cognitive dissonance. Those who are following traditional narratives (e.g. apprenticing among indigenous peoples, living in monastic communities, etc.) have already prepared a framework designed to accommodate and integrate any experiences they may have while engaged in practice<sup>60</sup>. They prepare their minds by degrees for the traumatic schism that is implied in transcendence.

Part of this preparation involves *integration*; the means by which an individual both makes sense of and accommodates the emotional and psychical content of his/her spiritual experiences. If there is a teacher, guide, or master involved, this individual will naturally play a considerable role in this process. In fact, someone of this kind is often deemed entirely indispensable by most, if not all, religious, mystical and esoteric traditions<sup>61</sup>.

While the archetype of the solitary practitioner has likely existed since prehistory, these hermits have always been exceptionally liminal figures. Otherwise, the community (*sangha*) has always encircled the promise and prophecy of transcendence *as a collective event*. The importance of collective apotheosis in shared narratives cannot be underestimated. Psychologically speaking, the alienation and loneliness endured by those who are “set apart”

<sup>59</sup> Taylor writes that, according to Michael Washburn (1995, 2002), “spiritual or transpersonal development is a process of re-opening to the Dynamic Ground, of undoing the separateness of the ego and reintegrating it within our being...the ego exists as a structure but not as an autonomous isolated entity” (2009:24).

<sup>60</sup> Taylor writes that this “connection between awakening experiences and energy related to Deikman’s suggestion that meditation can induce an intense perception of is-ness and beauty due to a ‘de-automatization of perception.’ Deikman suggests that mystical experiences are ‘brought about by a deautomatization of hierarchically ordered structures that ordinarily conserve attentional energy for maximum efficiency in achieving the basic goods of survival’ (Deikman, 2011). As he sees it, the quietening of mental activity through meditation creates a surplus of attentional energy [and as] a result, the individual’s perceptions become de-automatized, and he/she developed an intensified awareness of the phenomenal world” (2010:81). This quietude, as many modern practitioners have pointed out, is exceedingly difficult to find when burdened by worldly obligations—hence the injunction to seek out places designated for spiritual pursuits.

<sup>61</sup> Sogyal Rinpoche, writing from the perspective of a Vajrayana practitioner: “The Buddha says in one of the Tantras: ‘Of all the buddhas who have ever attained enlightenment, not a single one accomplished this without relying upon a master, and of all the thousand buddhas that will appear in this eon, none of them will attain enlightenment without relying on a master’” (*The Tibetan Book of Living & Dying*, 2002:137).

from society is magnified by an inability to communicate the content of their experiences. The social dimensions of religion *and* spirituality alleviate this difficulty by creating a shared language. The symbols that form the basis of this language point to and represent experiential realities that are understood by members of the community<sup>62</sup>. Inasmuch as religious experiences can also be scaled, those who can claim experiences of a higher order may be accorded a correspondingly higher status within that community or organization.

Within this network, the consequent impact of certain spiritual experiences can be mitigated, guided, and even amplified by the individual and/or the community and its leaders<sup>63</sup>. Integration involves all of these elements: 1) a means of “coming to terms” with a higher-order spiritual experience, primarily to preserve the cohesion of social- and self-identity; 2) a means of guiding mental processes in positive ways; of exerting a rational will on the potencies released by and during spiritual experiences; 3) a means of potentially amplifying an experience so that it can take on added numinosity in the individual psyche and/or greater importance in the collective/shared narrative.

There are several reasons why an individual would choose to amplify the effects of a spiritual experience. The first is an issue of pride; if he/she wanted to appear “more spiritual” or more enlightened/powerful/accomplished than other practitioners or members of the community. The second is a desire to be nearer the final goal. More significantly, however, is that when an individual adds layers of meaning to the content of an otherwise abstract experience, he/she amplifies the numinosity of the experience so that it becomes more salient and affective. In this way, the larger spiritual narrative becomes a more prominent feature of an individual’s psychology, affecting virtually every feature of consciousness, from cognition and memory to attention and judgment. These changes are considered desirable by the practitioner, of course, for they are necessary to the eventual attainment of the end goal<sup>64</sup>.

Spiritual experiences can be mitigated in a number of ways. In some cases they are “explained away,” given less attention, silenced, and/or assigned meanings that diminish their psychological impact. In other cases they are integrated more gradually, even systematically, and allowed to unfold over time and affect the psyche in a controlled way. Another way of mitigating them is through a form of comparison: by comparing experiences on a lower end

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<sup>62</sup> Writing on NDEs, Hufford suggests that the “almost universal belief that [near death experiences] are real is rational, and better knowledge of [bereavement visits and NDEs] strengthens that belief rather than weakening it (e.g., learning that others have had virtually the same experience; information regarding possible physiological triggers is irrelevant to the assessment of the reality of the experiences)” (2010:155).

<sup>63</sup> Peter Bray also cites the work of Tedeschi and Calhoun concerning post-traumatic growth (PTG) and spiritual emergence: “in spiritual domains of experience, individuals and groups engage in compelling processes of personal reconstruction, re-evaluation and learning resulting in experiences of positive psychological change...and, at a fundamental level, a more authentic understanding of their transforming relationships with self and other...In addition, a parallel process concerning two ‘sociocultural’ categories—‘distal’ which represents broad cultural themes and ‘proximate’ culture representing the smaller social networks and communities with whom the individual interacts, are considered in the context of the fuller process of PTG” (2010:294-5).

<sup>64</sup> Even the Bodhisattva’s Vow represents a break from normative consciousness, as Santideva writes: “When I promised to liberate (all) beings in the ten directions [and] (pervading) the reaches of space from their afflictions, though I myself was not free (at all) from (my own) afflictions, without knowing the scope of my capacity, when I spoke like that, was it not crazy?” (*Bodhisattva-caryavatara*, 4:41-42).

of magnitude with those on a higher end, the impact of the former may be reduced. While this tactic can be used competitively within a community, it also serves as a guard against pride and delusion: by setting the final bar as high as apotheosis, practitioners are less likely to aggrandize their own experiences<sup>65</sup>.

In cases where a spiritual experience does *not* accord with an individual's circumstances, life, or even psychological orientation, he/she may choose to weaken or downplay the effects of the experience. This is more common with negative spiritual experiences, particularly those that were unexpected or unwelcome. This is not uncommon in cases of "bad trips" brought on by psychedelics, not always but often characterized by ideations and hallucinations of a specifically spiritual, mystical or religious character. These ideations may be secondary associations that manifest as responses to, or expressions of, primary emotional experiences. For example, if a sense of extreme guilt arises during an experience of this kind, an individual exposed to Christian symbolism and iconography may visualize figures that represent divine judgment or retribution, while individuals belonging or exposed to other systems may visualize other characters, situations, and/or symbols.

It is exceedingly difficult to extract religious, spiritual and mystical ideas from a "deeper stratum" of symbolic language, particularly because those ideas have penetrated so far into the collective—and by extension, the individual—psyche, that it seems only the most generalized concepts can be rendered in unaffiliated terms. Can someone brought up in a Protestant Christian environment engage a spiritual experience without structuring and interpreting it in those terms<sup>66</sup>? For those experiences would be completely enveloped by a language designed to express them.

The application of these interpretations is understandable. Spiritual experiences may be exceedingly abstract, highly emotional, and similar to dreams. In order to be comprehensible to the "I" and applicable in practice, they need to be aligned to a preexisting narrative that is flexible enough to assimilate the variance of individual experience.

If an individual's narrative is not aligned with a sufficiently accommodating mode of interpretation, it is unlikely that he or she will actively seek out spiritual experiences, and any that occur will likely be experienced as negative rather than positive. If they persist, it will become increasingly difficult to integrate them. However, many of these experiences are occasioned by traumatic events, particularly death or terminal illness, and are consequently part of specific narratives related to those events; in these cases they coincide with the stages

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<sup>65</sup> As for example, "Geshe" Michael Roach notoriously did, who, after being ordained a Buddhist monk in 1983, went on to claim that he "achieved the highest Buddhist meditative level possible for human beings, called 'seeing emptiness.' For a monk to publicly state he saw emptiness is a breach of vows; not even the Dalai Lama will make this claim" (Burleigh, Nina. "Sex and Death on the Road to Nirvana." *Rolling Stone*, 6 June 2013).

<sup>66</sup> Cassaniti and Luhrmann ask whether "Christianity might 'kindle' different kinds of spiritual experiences than Buddhism. Anthropologists of Christianity might ask whether different kinds of Christianity kindle different kinds of spiritual phenomena—whether Catholicism, for instance, with its emphasis on images and icons, might produce more visions than Protestantism, which places so much more emphasis on the word and on 'hearing' God" (2014:S341).

of coping, healing and recovery<sup>67</sup>. In cases where this recovery is incomplete, as with many of those who suffer from PTSD, experiences of a spiritual, mystical or religious character can be either positive or negative depending on how they are received, the circumstances (internal and external) surrounding their occurrence, and how they are integrated afterward. We may say that, the more room there is in one's life to integrate them properly, the more successful the integrative process.

Integration becomes a more complicated affair when looking at those who temporarily leave their workaday lives in order to participate in retreats, programs, or ceremonies that are part of larger spiritual, mystical and/or religious narratives. Urban practitioners may often experience tensions between the narrative of their experiences and that of their "normal" lives. Some may never push this narrative beyond a certain point, unwilling to engage experiences that would threaten their ability to function in a social setting. Those who are willing to do so are rare, particularly because there are not very many opportunities to exchange a worldly life for a purely spiritual or mystical one. There are some who do, of course, but these are exceptional cases. The rest create psychological boundaries or partitions that mitigate the impact of spiritual experiences, allowing for a certain degree of effect while preventing cognitive dissonance and ego dissolution.

## The Spiritual Marketplace

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Explorers, traders, merchants, and missionaries have supplied markets hungry for the exotic since the first transcontinental trade routes. While indigenous religious traditions have been fetishized since the first stirrings of imperialism, the modern age of globalization and the neoliberal marketplace have allowed for the formation of a global community of individualized practitioners. Spiritual experiences can be compared and corroborated cross-culturally, creating new narratives and allowing for new identities<sup>68</sup>. Conversely, new paradigms are colonizing older narratives, obscuring them until only the echoes of forgotten stories remain.

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<sup>67</sup> Taylor maintains that psychological turmoil can trigger awakening experiences: "Individuals undergoing intense stress, depression or physical illness, or traumatic life events such as bereavement or divorce, may undergo a sudden shift to an experience of serenity and liberation...intense psychological turmoil may lead to sudden and dramatic psychological transformation [and] trigger a 'spiritual emergency' which, after an initial period of instability, may settle into a more integrated 'higher' state of being, in which the characteristics of temporary awakening experiences become established as permanent characteristics (Grof, 1990; Taylor, 2011, 2012)" (2012:86).

<sup>68</sup> Mayer writes that, because "the adherents of modern paganism try to fill gaps in their reconstructions of traditional religions with their personal (or shared) religious experiences, the concept of [unverified personal gnosis] actually permits the creation of fragments of new religious dogma out of [extraordinary experiences]" (2013:197).

During the 1950s and 60s in the United States, an influx of ideas and practices inspired by Eastern religions began to permeate an increasingly global ideological marketplace. A distilled and marketable perennial philosophy crept in among the brand names and competing lifestyles vying for a niche among consumers of culture. With the rise of neoliberalism and the mass market economy as a pervasive influence in virtually every facet of human life, it was only a matter of time until spirituality and religion were subjected to the processes of commodification and commercialization. Encouraged by a freedom that glorifies individual gain and eclectic choice, religions and spiritual practices have become so much fodder for a consumerist culture obsessed with the quest for the grail of the genuine<sup>69</sup>.

It is important to understand that spiritual tourism is part of a larger process of global and cultural exchange that is structured around the marketplace as a concept (everything and anything *can* be bought and sold), and a reality (everything *is* for sale). Spirituality is generally believed to be essentially non-materialistic and opposed to steeped involvement in worldly affairs; consequently there is a clash between the Market as an all-pervasive force seeking not only to penetrate possible spheres of exploitation and profit, but to *open* those spaces as well<sup>70</sup>. Spiritual and/or sacred spaces are both liminal and closed, and depend in part on an intimacy that is sacrificed when those spaces are opened.

Our concern here is with *those who actively seek spiritual experiences outside of their primary life-narratives*. This includes those who engage in spiritual, mystical or religious practices while unaffiliated with a single system or discipline (eclectic practitioners), as well as those who travel elsewhere in search of a genuine source of transformative experience (spiritual tourists)<sup>71</sup>.

The spiritual tourist may be a disagreeable phenomenon to many, and with good reason. They are not there to stay: they are there to experience something to which they assign *personal* value, something that possesses a unique cultural and social value to a community. These values are incompatible primarily because spiritual tourists do not accord the same meaning

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<sup>69</sup> Lukoff cites Caplan's *Halfway Up the Mountain: The Error of Premature Claims to Enlightenment*: "The contemporary spiritual scene is like a candy store where any casual spiritual 'tourist' can sample the 'goodies' that promise a variety of mystical highs. When novices who don't have the proper education of guidance begin to naively and carelessly engage mystical experiences, they are playing with fire" (2007:636).

<sup>70</sup> Carrett and King, in *Selling Spirituality* (2005) write: "[The Market] is gradually infiltrating all other dimensions of human life, translating and transforming everything in its wake into the language and philosophy of consumerism...Rather than setting out to convert the heathen to the gospel, as generations of European Christians did, or bring civilization to the primitive, as their Enlightenment successors sought to achieve, the explicit goal in this new phase of missionary activity is to convert the people of the world into consumers and all human societies into deregulated markets. To achieve this task requires the transformation or outright removal of traditional institutions and modes of authority...under the banner of modernization and their replacement by new institutional forms...explicitly designed to bring about the active transformation of the consciousness of human beings" (174).

<sup>71</sup> Lukoff points out that "During the last 25 years, there also has been a significant increase in participation in spiritual practices, such as meditation, yoga, Qigong, sweat-lodges, drumming circles, and other practices which can induce intense spiritual experiences. The majority of these experiences are not problematic, do not disrupt psychological/social/occupational functioning, and do not necessitate mental health treatment. However, with increased utilization of spiritual practices and participation in groups that induce spiritual experiences, it can be expected that the incidence of VSEs seen in treatment is likely to increase" (2007:646).

to experiences engaged under these conditions; or, if they attempt to, this meaning will necessarily be distorted by the linguistic and cultural barrier through which it passes (a form of being “lost in translation”). The tension resulting from this pairing is allayed only in part by the involvement of traditionally sanctioned practitioners. In some cases these individuals may be considered to have betrayed their heritage by revealing secrets<sup>72</sup>.

Human beings around the world have always had access to certain substances that can alter consciousness and that serve as tools in rituals designed to facilitate spiritual and mystical experiences. These substances, specifically in the forms and under the conditions they are administered, are held sacred by communities. These communities do not claim ownership or possession of these substances, in many cases because they are believed to be the physical incarnations of spirits that are far more powerful than human beings. It is understood that their practitioners have a unique position of access to the teachings and/or powers bestowed by these spirits. In contrast, Westerners are often seen as coming from cultures that flaunt *possessions*, both tangible and intangible, and it is often the case where traditional communities and practitioners do not appreciate the idea that a spiritual tourist may claim a personal, and therefore privileged, relationship to spirits that are highly localized.

Traditional communities and practitioners often claim an unbroken lineage of practice<sup>73</sup>, extending back into a golden age when the lines of communication between the human and divine were clearer than in the present day<sup>74</sup>. It is also this *authenticity* that spiritual tourists seek; not only because of a supposed relationship between authenticity and potency, but also because the authentic stands in direct counterpoint to the modernity (or postmodernity) that he/she wishes to temporarily escape<sup>75</sup>. This escape is both physical and psychological, as most pilgrimages are. It is also a self-contained narrative that has a definitive beginning and ending. The spiritual experience is expected to furnish the substance of the climax, the transformative moment. In this case, however, the experience is also expected to be exchanged for money rather than for dedication or commitment.

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<sup>72</sup> In 2015 I visited an Akha village in northwest Thailand, where I had the opportunity to meet with a traditional practitioner. During the course of our conversation, facilitated with the aid of an Akha elder, she indicated that her spirit (that is, a guardian spirit that empowers her healing abilities and guides her in ritual) had forbidden her from teaching foreigners about her practices. “Many come here and want to learn,” she said, “but I will not teach them. My spirit would leave me if I taught its ways to foreigners” (personal communication, 2015).

<sup>73</sup> Sogyal Rinpoche tells us that “In Tibet a tradition of recognizing such incarnations or *tulkus* began in the thirteenth century and continues to the present day...The true purpose of this tradition is to ensure that the wisdom memory of realized masters is not lost...the incarnation appears in a way potentially best suited to the karma of the people of his time” (2002:103).

<sup>74</sup> Catherine M. Cameron and John B. Gatewood (2003) write, “This desire for an affective connection with an earlier time is termed ‘numen-seeking.’ Numen, in its Latin etymology, translates as a nod or beckoning from the gods. Its first modern usage is in the work of Rudolf Otto...who describes it as a religious emotion or experience awakened in the presence of something holy...Some people make a personal connection with a site that may be manifest as a deep engagement, empathy, or spiritual communion with people or events of the past” (57).

<sup>75</sup> Carrett and King (2005) focus their argument on the use (or misuse) of spirituality as an open-ended qualifier, a term that can mean anything anyone wants it to (32), and the selective appropriation of Eastern philosophies and religions as a goods on a market that encourages a highly materialistic, self-centered, and complicit consumer to believe that he or she can escape the alienation of postmodern society.

This is not to say that traditional practitioners did not accept payment for their services! However, this exchange generally took place within a social system, and could be classed as goods in exchange for services. In a global context, however, there is a subtle difference: the service in question is not for the individual client *and* the community (of which that client is a part), but rather for an individual stranger or group of strangers. They do not share in the intimacy implied by a collective narrative of spiritual experience. Consequently, their involvement in that narrative is not natural or seamless, but must somehow be *collectively integrated*.

This meeting of worlds is an interesting and dangerous crossroads. Indigenous practitioners, motivated by the same passions and concerns that motivate everyone, may choose to prey on unwary tourists who do not possess the cultural information necessary to distinguish the authentic from the staged<sup>76</sup>. Nor do they possess the instruction necessary to integrate their experiences, whether positive or negative, into their primary life-narratives. Difficulties with the integrative process may lead to depression and spiritual and/or religious conflict.

Without guidance during the integrative process, it is highly unlikely that an individual will be able to accurately preserve whatever authenticity he/she may have experienced. More likely is that the individual will somehow reinterpret the experience using those matrices of meaning that are familiar to him/her—a form of *syncretic appropriation*. These experiences are taken out of an indigenous spiritual, mystical and religious narrative and inducted into a foreign one. There, they become embedded in new narratives...however, it is important to ask whether these new narratives are in any way whole (as the traditional narratives were expected to be), or whether they are capable of providing practitioners with access to the transcendent<sup>77</sup>.

The indigenous practitioner may say “no,” and take comfort in the belief that foreigners may try in vain to reap the same benefits from spiritual systems, while the hidden rewards of genuine practice remain untouched and culturally protected. The spiritual tourist may say “yes,” believing that his/her experiences are universal in nature, untethered in essence to any particular cultural, linguistic, or social system. Unfortunately, a conclusive answer cannot be provided here.

A similar question is asked by the eclectic practitioner, who appropriates techniques and practices from systems that are both living (e.g. Tantric Buddhism), dead (e.g. Egyptian sorcery circa 1550 BCE), and entirely fabricated (e.g. Scientology). Many eclectic practitioners also appropriate a *conceptualization* of transcendence, an idea based on an

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<sup>76</sup> Kelly Hearn reports in “The Dark Side of Ayahuasca” that “Devotees talk about ayahuasca’s cathartic and life-changing power, but there is a dark side to the tourism boom as well. With money rolling in and lodges popping up across Peru’s sprawling Amazon, a new breed of shaman has emerged—and not all of them can be trusted with the powerful drug...Nor is anyone monitoring the growing number of lodges offering to train foreigners to make and serve the potentially deadly brew” (*Men’s Journal*, 2013).

<sup>77</sup> Mayer writes that, “With its serial character, [extraordinary experience esp. in the neo-pagan community] has taken on a life of its own as a narrative ‘identity module,’ which literally encases the individual experimental account and its experiential character” (2013:203).

interpretation of an inexpressible terminus<sup>78</sup>. However, while the destination may be the same, committed practitioners would undoubtedly insist that they have knowledge of the journey while the eclectic practitioner, however personally dedicated, can only grope blindly in the dark.

This is not to say that an eclectic practitioner cannot reap some benefit from his/her individualized spiritual narrative; nor even that the possibility of transcendence is utterly denied to those who do not belong to organized systems of spiritual, mystical and/or religious practice. If transcendence is an experience innately accessible to the human mind, it stands to reason that there is no patent on the means to attain it; only on specific methodologies for doing so.

Eclectic practitioners are under no obligation to subscribe to a particular methodology of spiritual advancement. Indeed, “if it works, use it” seems to be the idea; entirely subjective interpretations of whether or not something works are accepted as valid. This is an individualistic luxury, however, that is entirely dependent on one’s access to and ability to appropriate a technique or practice developed within the context of a larger narrative. As a white American, If I want to start chanting OM MANE PADME HUM during my meditations, for example, I can only do that because 1) I have been exposed to Tibetan Buddhism in some way, likely because of translations, modern print technologies, and mass media; 2) I invest personal meaning in a technique belonging to a history, culture, language, tradition and mythology that is not my own; and that 3) belongs to a comprehensive narrative that features enlightenment as the end goal. I am aware that nothing actively *prohibits* me from using this mantra; however, I should also be aware that using this mantra cannot (according to the narrative from which I would appropriate it) be used effectively (that is, for its intended purpose) *unless* I have received initiation at the hands of a recognized teacher. Otherwise, I may receive some merit or psychological benefit from the practice, but I cannot hope to access the deeper possibilities of experience implicitly or explicitly promised by the “authorized” use of the technique. In short, I cannot partake of the promise.

The means to evaluate the effectiveness of certain techniques or practices exists within systems and narratives. Outside of them, eclectic practitioners are essentially responsible for (re)constructing their own spiritual narratives, setting their own goals, and determining a means to “verify” whether or not an experience was “legitimate.” Most, if not all, systems of practice distinguish between “false” spiritual experiences (which may have been attended by the same physiological manifestations), and “real” experiences, which additionally serve to *move the narrative forward, towards transcendence*.

Importantly, an eclectic practitioner is also under no obligation to seek transcendence. In some cases he/she might wish simply to be “closer to God,” or to “escape future unfortunate rebirths,” or simply maintain a healthy mind-body-spirit balance. In these cases, spiritual experiences need not be interpreted as successive landmarks in pursuit of an end goal. They

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<sup>78</sup> Hermans’s study indicates that “If some personal characteristic is strongly associated with one or more spiritual transformation scales, this could indicate that a scale reflects a specific group’s frame of reference more strongly or is bias towards their language (or way of speaking about transformation)” (2013:180).

may be interpreted independently, as meaningful in countless other ways. Spiritual experiences may also be viewed as sources of information, as a temporary access to cognitive faculties that are normally (and necessarily) subdued during normative consciousness. Some individuals may wish that these faculties be accessible more often, in which case that desire—if actionable—becomes an inroad into more advanced practices that may feature as part of larger narratives.

## Conclusion

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It would be a simple matter to say that spiritual experiences are one of many experiential states that can be narratively interpreted in ways that preserve or strengthen the integrity of the *spiritual self*. This self is a matrix of ideas, associations, concepts, and numinous energies that constellate around a framework of meaning(s) that are necessarily experiential rather than purely intellectual. This self is often utile in some way to the individual or community. Traditional healers and medicine-men are important, as are other religious specialists.

For an individual, spiritual practices may be equally helpful for personal as well as social reasons. They can be used as defense mechanisms to deal with negative emotional states or psychological conditions; they can form the basis of shared narratives among members of a community; they can be used to express and bolster other important structures including morality, interpersonal relationships, self-expression and creativity, and others. There is no need to explain or rationalize the existence of the spiritual self: the physical brain is capable of sustaining states that support and reinforce it; the human psyche can create and systematize spiritual, mystical and/or religious paradigms that are personally and socially useful; and human society and culture can benefit from positive spiritual experiences to the extent that they are integrated in a constructive way.

However, the extremes of spiritual experience, including transcendence, are beyond even the spiritual self: they reveal that self as a means to an unknown end. Like a sand or butter mandala, the very composition of which is a testament to its transience and conditioned nature, the self—even the spiritual self—is witness to its own dissolution, disintegration, or transformation. Consciousness, then, comes fully equipped with the means to constructively allow its own displacement within narratives that are both constructed (socio-culturally, linguistically, etc.) and expressions of experiential realities that maintain the possibility of transcendence for those who seek it.

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# Transpersonal Coaching for Spiritually Transformative Experiences

by

Elizabeth Sabet – Transpersonal Transformational Life Coach

*This paper will define Spiritual Emergence and Emergency, and the integration and the potential benefits of the experiences. It will discuss the stages of spiritual emergence and describe the value and benefits of providing specialized coaching to empower and enable experiencers via the SpiritPath coaching method. Clinical consideration for referral to mental health professionals and resource development to support a client's growth and maturation will also be discussed.*

## INTRODUCTION

The need for trained coaches to work with people who have had spiritual emergence and emergency issues is increasing. Increased mainstream awareness of this psycho-spiritual development process has been evidenced by one social media site on Facebook, The Shades of Awakening private group. In only eight months it has attracted over 1800 members. With more people becoming aware that their symptoms may not be symptoms of illness at all but rather indicators of a maturing psycho-spiritual developmental process, they are seeking help from less traditional practitioners. In the last several years new organizations dedicated to the treatment and support of the process of integration of these experiences have been developed all over the world.

While many knowledgeable and courageous professionals have learned to utilize these experiences as life lessons and opportunities for deep healing and transformation, many spiritual experiencers are still afraid of seeking help from mental health practitioners. Experiencers are concerned about “getting medicated out of their experiences”, or hospitalized when no other pathology other than the experience exists. Because coaches cannot diagnose or prescribe medications many experiencers seek help through spiritually oriented life coaches instead, when they can find them.

Coaches who work with this vulnerable population must be trained to provide the support and education the experiencer needs and to ensure the coach does no harm. The transpersonal-transformational coaching model provides an efficient way for the coach to get to the essence of an experience and empower the experiencer to develop understanding and meaning. Instead of invalidating a client's experience and risk catapulting experiencer's into a longer and darker process of integration than necessary, the process modeled in this paper can create powerful transformation and ego maturation in the client in a shorter period.

## **What is Spiritual Emergence and Emergency?**

It is an event or series of events, or stirrings in the mind, that leads to the breakdown of a person's current understanding and meaning of life that lead to transformative growth and greater psycho-spiritual health on the part of the individual. It is, "the movement of a person to a more expanded way of being that involves enhanced emotional and psychosomatic health, greater freedom of personal choices, and a sense of deeper connection with other people, nature, and the cosmos" (Grof & Grof, 1990: 34)

Spiritual Emergence can occur when people start seeking or experiencing themselves beyond their own personal, societal, or familial identity. Many things can precipitate a spiritual emergence experience. A few possibilities are a major life change, illness, near death experiences, a devotional religious or spiritual practice, drug induced experiences, or an out-of-body experience just to name a few. However, there are cases in which there was no apparent precipitating cause. Apparently it can happen to anyone at any time for unknown reasons. SE is no respecter of religion, culture, race, age, gender, education, or socio-economic status.

## **How Does Spiritual Emergence/Emergency Present?**

While it is possible to diagnose up to 50 types of emergence experiences for the coaching process, we will look at the work of Dr. Stanislav Grof and his wife Christina who have identified ten states of spiritual emergency (Grof, S., & Grof, C. (1989). From these basic ten types we can develop an understanding of the essence of most experiences:

- Ego-Death/Dark Night of the Soul
  - There is a dissolution of the self and a consequent loss of reference points. Symptoms may involve feelings of pressure, claustrophobia, oppression, tightness, restlessness, or struggle, or an unbearable endless repetition of “dying” experiences.
- The Awakening of the Kundalini Energy
  - Some symptoms are tremors of energy rising up the spine, sensations of extreme hot and cold, the experience of flashing lights, and experiencing powerful waves of emotions. The body can move into strange yogic postures or become contorted and twisted if the energy becomes blocked.
- Shamanic Crisis
  - This typically involves a quest or journey to the underworld where demons or animal spirits are often encountered, culminating usually in experiences of death, dismemberment, and annihilation.
- Episodes of Unitive Consciousness

- An experience of transcending the ordinary distinction between object and subject and experiencing ecstatic union with humanity, nature, the cosmos and God.
- Crisis of Psychic Opening
  - The psychic opening may involve channeling, telepathy, clairvoyance, out-of-body experiences and meaningful coincidences.
- Past Life Experiences
  - People can behave irrationally because they are experiencing something from the past as part of their current life, or else a person can be haunted by physical feelings and emotions that are not seemingly connected to anything.
- Near Death Experiences
  - These experiences often involve an unusual and profound shift in the experience of reality. This usually includes an out-of-body experience can include profound lessons about life and universal laws.
- Possession States
  - This is characterized by an uncanny sense that one's body and psyche have been invaded and are being controlled by an alien energy or entity that has personal characteristics. It can be another type of Crisis of Psychic Opening.
- Psychological Renewal through the Central Archetype
  - Some distinguishing features are themes of death and rebirth, battles of opposing cosmic forces (e.g. good and evil) and conviction that the outcomes are critical to the future of the world.
- Alien Contact/UFO Abduction
  - Experiences of personally communicating with an alien life form or being abducted by an alien.

As stated earlier and from examining the above list, most people in a full blown spiritual emergency may not be functional, however, functionality *may* be possible to accomplish when people are strongly motivated to serve others. This coupled with the fact that so many experiencers will not divulge the full extent of their experiences to mental health professionals for fear of having their experience pathologized and medicated it is very feasible someone in spiritual emergency may approach a spiritually or holistically oriented life coach.

## **Integration and Benefits Defined**

The following italicized information is provided by ACISTE and creates a basis for the coach to begin the conversation with the client as to which areas of their life they are ready to improve or change. This will help the client and coach develop an individuated integration plan.

*Research demonstrates that the profound changes and aftereffects associated with spiritually transformative experiences (STE) typically require an extended, period of adjustment. Integration is ideally achieved when the experience, its meaning, and its aftereffects have been incorporated into one's life to a degree that is assuring to the experiencer and when accompanying challenges, stresses and disruptions are reduced to an acceptable minimum. When integration is complete, experiencers recognize that their STE is now an important part of their lives, congruent not only with their attitudes but also their actions.*

*What does it mean to have thoroughly integrated an STE?*

*\*\*In the most recent online survey, ACISTE asked the following open-ended question of 50 experiencers. “In your view, how would you describe someone who has thoroughly integrated their spiritually transformative experience into their lives?”*

*12% volunteered that one can never thoroughly integrate an STE – that it is an ongoing process of growth, exploration, work, and learning. From the diversity of responses, it is suggested that both the integration process and desired outcomes are highly individualized. There is no one size fits all.*

*Nevertheless, the survey indicated that there are general clusters of ideal understandings, states of mind, attitudes and fulfilling activities that an experiencer may wish to be working or growing towards or feel they have achieved.*

*Those include the following in order of prevailing responses:*

- **At peace:** *Feeling at peace, having no fears or anxieties, feeling safe or comfortable in most situations.*
- **Respectful:** *Respects, forgives, listens, accepts, understands and does not judge others who hold different views. Several indicated that this would include the lack of a need to impress their views or values on others.*
- **Balanced:** *Being emotionally and mentally balanced, whole, grounded, centered or able to live effectively with a foot in both worlds.*
- **Aware:** *Being aware, enlightened, evolved, awakened, realized, or being fully conscious.*
- **Connected:** *Able to appreciate connections, feel oneness with God, their spiritual nature, and others. They had seen 'd ivine in others and all situations or things. Spirituality would be present in all aspects of one's life.*
- **Living with Purpose:** *Doing work that is creative, meaningful and serves humanity or the greater good. Involved in activities that are valuable, enjoyable, fulfilling or inspirational for others.*
- **Financially Stable:** *Able to comfortably maintain one's home life, has a secure financial base, is successful or has the resources to pursue one's inspiration.*
- **Present:** *Able to focus on the here and now, be present in meditation, accept, learn or live well within each moment or is present when needed or when events arise.*
- **Loving and Compassionate:** *Loves, cares or is compassionate for all.*
- **Accepting:** *Has accepted the experience, one's self, being here, trusts that the spiritual realm is always available, has no fear of death, accepts not everyone is ready to hear about their experience, and trusts that one is always being guided.*

- **Joyful:** *Is happy, content, blissful, ecstatic or able to enjoy life.*
- **Healthy relationships:** *Has loving, supportive, like-minded or fulfilling relationships.*
- **Authentic:** *Truthful, walks the talk, genuine.*
- **Open:** *Able to share freely, hearts are open.*
- **Respectful of Body:** *Loves one's body, respects one's body as a divine tool.*

ACISTE found in their research that the potential benefits of spiritually transformative experiences are as follows:

- Strengthened spiritual or religious views,
- Improved behavior and attitude towards others,
- Changes in values,
- Greater empathy and compassion for others,
- A greater sense of well-being,
- A more positive outlook on life,
- A greater desire to learn,
- Increased creativity,
- Increased psychic awareness,
- Greater sense of purpose, and
- Loss of the fear of death

### The Six Stages of Emergence

- Pre-Emergence

The life challenge or state of mind that creates the opportunity for the experience of emergence to manifest. This may be marked by dreams, visions, or a general stirring of discontent. It may also be characterized by an existential crisis or grief. There are many instances of spiritual experiences where none of these markers were present, and it happened spontaneously. Some models of the stages of emergence, or awakening, do not include this as a stage because it does not always apply. I include it as a distinct stage because, from my experience of working with experiencers, I find that frequently there was some precipitating discontent or questioning process occurring in the mind of the experiencer. The intensity of the life challenge or state of mind does not seem to be a factor in determining the pre-emergent stage.

- Emergence

The occurrence of the experience itself, initial processing, impact on experiencer and people around them.

- Search for Understanding

The period marked by a search for understanding of and reconciliation with a person's previous paradigm and identity.

- Search for Meaning

Stage marked by reviewing previous belief systems both in religion and science. The stage where the conflict between new and old beliefs are resolved.

- Dark night of the Soul

The period where the "death" of the ego is usually experienced and is marked by introspection, and possibly new layers of conflict are revealed.

- Integration

Stage in which the experiencer begins to make life changes based on the new meaning and understanding developed in the earlier processes.

### **The SpiritPath Coaching Model**

Support and education are essential to empower people to navigate the new world uncovered by their experiences and to integrate the new information and shift in belief and values that often occurs as a result of their experiences. A transformational, transpersonal, and spiritual life coach plays a significant role in empowering experiencers in the integration process.

No matter what stage a new client may be in a coach must first determine if the client is functional and can be coached. Not every SE client is ready for the psychological rigors a traditional life coaching model will engage them in. The SpiritPath Model is a transpersonal model that allows and makes room for the transpersonal aspects of a person's psyche to engage and feel safe. Even though this is true, often the coaching process reveals sometimes previously suppressed or repressed, guilt, shame, anger, grief, insecurities, etc. that become the basis for an inflated spiritualized or shamed spiritualized ego. The spiritual experience will be filtered through the subconscious mind of the experiencer, therefore, at any time during the coaching process, a coach may discover unresolved psychological wounds that need a mental health professional to process and heal. A coach working with this vulnerable population must have a referral base of SE trained mental health professionals to refer clients to ensure the coaching process is not harming the client.

It is vital that spiritual coaches do not impose their beliefs, understandings, or meanings onto a client's experiences. It is through the process of individual meaning making that a client can integrate their experiences into healthy lifestyle choices and behaviors. The period and intensity of an emergence process may be able to be shortened if the client is allowed to develop their own understanding and meaning. Otherwise, they only have more confusion and frustration to move through later on in the process because inevitably their unconscious understanding and meaning will continue to find ways to disturb the mind, consciously and unconsciously, until the dissonance is resolved.

## Spirit

At the beginning of the coaching process, we move into discovery and identification designed to create new awareness for the client. We also want to discover what the client's spirit is asking to be developed in a client, or what the client's spirit is wanting to create or bring forth into the world. This beginning line of questioning can also discover if there was a pre-emergence stage and what was happening at that time. Or perhaps the client is actually in the pre-emergent state at the beginning of the coaching relationship. The following vein of questions can be applied at this time:

- "What is fueling your desire for the changes or goals you want to accomplish?"
- "What are the underlying beliefs and emotional, mental, physical, or societal structures upholding the issue brought to coaching?"
- "What is serving the client?" And "How does it serve your Spirit?"
- "What is not serving the client?" and "How does it not serve your Spirit?"
- "Is there a shadow associated with this issue?", "Is it light or dark?"
- "How is the shadow interacting with the issue at hand and what does that mean to them?"

## Storming

If a client seeks coaching during an initial period of emergence the coach's role during this time is to:

- Empower the client to identify their needs and ask for assistance in creating the environment they need that would best support the process of integrating the experience.
- Give the client resources to learn more about their experience and find or develop understanding community.
- Referrals to qualified and SE trained mental health professionals must be made if the client is not functional.
- If the client is not functional can help to identify allies that are willing to learn about the developmental process and assist them to get their needs met.
- If a client is functional, a sensitive coach can help the client develop distinguishing language to be able to share their experience to family members and friends that may be concerned about the client.

The vein of questions during this stage are designed to empower clients to be with their experience in a self-aware way to enhance their self-knowledge:

- "What was it like being you when \_\_\_\_\_ happened?"
- "What does it feel like in your body?"

- “What did your family say when you told them about the experience?”
- “How did their response support or cause problems for you?”
- “What is changing for you in your daily life?”
- “What support do you need to manage those changes?”
- “Ask questions about what is working at a relatively functional level right now.
- "Ask how they know they are functional?"
- “Have you accepted that the event happened?”
- “What is difficult about accepting the event?”
- “What has changed for you since you accepted it?”
- “Ask the client what they need to feel at peace, calm, or balanced.”

Is the client grounded? If not, can they be coached into a grounded state? *(Note: many people in the beginning stages of pleasant and happy spiritual experiences do not want to be grounded. They may be experiencing relief from grief and long-standing trauma or difficulties and are enjoying the relief and need to stay in this state for a while. Each client moves into that state at their own pace and it could take years to get there.*

Before working with a client at this stage be sure the client:

- Is currently capable of making decisions and following through. *(Ask them to give you examples of recent decisions they have made and how they followed through and what the results were).*
- Share information about integration and ask them if they are interested or see a need for an area of integration.
- Is the client capable of seeing an opportunity in the midst of potential chaos?
- Can the client clearly define their goals for your coaching sessions together?

If a client cannot meet the criteria of the above, they may not be ready for coaching and may be best served by a mental health professional.

## Forming

During this stage of the coaching process, the coach helps the client solidify awareness of the new insights, awareness, knowledge, talents, strengths, behaviors, and goals they have manifested during this process.

- “How do you see yourself, life, relationship, values, etc., differently than before the experience?”
- “Have you talked to others who have had this experience?”
- "What do you understand by talking to others who have had the same experience?"
- “How has your perception of yourself changed now that you have this understanding?”

The forming stage is a good time to complete values, strengths, and belief assessments. Appraising these qualities during the forming stage empowers clients and helps them identify their unique strengths and areas for improvement and provide guidance for their decisions regarding further exploration and action as the sessions move forward.

## **Integration**

During this stage of the coaching process, the coach will help clients identify and evaluate any conflicts the experience and the new understandings may have created in the client's life. This time usually produces a lot of new questions the experiencer may have never had before, and a coach can empower the client to process and answer their questions. This process helps the client develop trust in his ability to discover truth for himself. This is also the stage that the experiencer may be obsessed with the experience itself and engage in spiritual bypassing to avoid conflict. The experiencer must be willing to face the potential conflicts and develop new ways of being with the conflict to fully integrate. The vein of questions at this time revolve around discovery:

- “How is it difficult to live with the new meaning and understanding you now have?”
- “What do you want to stay the same?”
- “What do you want to change?”
- “How would that be helpful in supporting your new understanding?”
- “How can this new understanding and meaning empower you to grow, change, develop, etc.”
- “What would be worth having to face the conflict?”
- “What does facing this conflict look like to you”?
- “What would you need to change to be able to do this?”

Use appreciative inquiry techniques during this stage of the coaching relationship. It is important to identify successes and setbacks and help them evaluate what comes next. The coach will empower the client to remain confident and secure during the process by affirming their new understanding and developing skills.

## **Evaluation**

If the SE was a light-filled experience this is the stage the client realizes the honeymoon period or the high of the experience is over or waning. It is common to feel abandoned by God during the dark night of the soul. It is a time of silence after an active period of communication with their spirit. This is the stage where a client's “homesick for heaven” process begins or intensifies to the point of potential depression. The vein of questions at this time is designed to give clients the opportunity to brainstorm processes and structures to help resolve any unresolved internal and external conflicts and to empower clients to reassess the

benefits that have already been experienced. Coaches can also question clients as to how they can care for themselves during the temporary time of silence.

- “What new perspectives do you have?”
- “What are the internal/external blocks that are keeping you from feeling peaceful and balanced?”
- “Are there any actions that you would like to modify or try something new to achieve a different result?”
- “What would help you accept this time of silence?”
- “Have you talked to a spiritual advisor?” “What did they advise?”
- “How has your inner life improved since the experience happened?”
- “What new strengths do you have now?”

## **Manifestation**

This is the stage that clients make potential life changing decisions based on their experiences. The process of defining and refining new understanding and meanings has led to action. This is the time the new creativity begins to emerge in the world of the experiencer. It can be a time of prolific creativity or a time of quiet reflection that changes the experiencer at depth. Roberto Assagioli (1978) explains there are three potential ways in which the experience can manifest. One – as a permanent state of full enlightenment. This happens to very few people on the planet. Most people must still go through the stages of unearthing unconscious beliefs and emotional wounds before reaching full enlightenment. Two – Transformation. This happens relatively quickly for those who are already emotionally and mentally healed or balanced. Three – Self-Awareness. The experience has made the experiencer aware of what is still needing healing and balancing within their soul (the soul is comprised of the mind, will, and emotions). It is the third potential that we see individuals repeat the cycle of stages until the healing is complete. This could last a lifetime for some. A fully enlightened person will probably not be seeking coaching! However, someone who still lacks full self-awareness and someone who has an inflated ego believing they are fully enlightened indeed may seek coaching. Whether the client is in the second or third category, the coaching process will benefit the client to identify ways they would like to integrate the new understandings and meanings brought forth from their experiences.

The vein of questions during this phase are geared to empower clients to establish and manifest clear objectives and decide on the action and exploration steps. Also, be sure to ask the client how they would like to be held accountable and what support the coach can provide for them during this process as well as identifying outside sources of support. Remember to begin a line of questioning to empower the client to create a new success matrix as experiencers will by now have recognized how success looks and feels different to them after the experience but may not have articulated it.

- “How can the new understandings and meanings empower me to excel in my function in the world, relationships, health, etc.?”

- “What idea or thoughts will not leave you alone?”
- “What have you thought about doing about that idea?”
- What areas of your life are functioning well?
- What areas of your life are not working well? *(Be sure to ask them probing questions to find patterns, emotions, issues that need to be addressed).*

Most experiencers are compelled to find a place of deep inner peace if their experiences did not provide this for them and also to discover and complete purposeful and meaningful action in the world. The coach has a unique opportunity to help clients:

- Develop clarity of their unique meaning of the experience,
- Develop trust in themselves and their experiences,
- Assist them to develop an understanding of the wisdom that can be gained from the experience,
- Help them identify and create an individuated integration (action) plan and,
- Assist them to build their team of helpers

## Resources

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## Author's Note:

Elizabeth Sabet, PCC, ACSLC is the Founder and Executive Director of HOPE - Holistic Options for People Everywhere, a non-profit organization dedicated to creating local community and providing education and support for both lay people and mental health professionals interested in holistic health and spirituality. She serves on the board of directors for ACISTE - The American Center for the Integration of Spiritually Transformative Experiences, a national educational non-profit dedicated to addressing the integration needs and further the well-being of those who have had near death experiences or similar spiritually transformative experiences through research, education, and support. In her career as a Transpersonal Transformational Life Coach, she works with a broad population nationally and internationally. She specializes in coaching functional spiritual experiencers to empower them to create meaning and integrate their experiences into powerful transformation in their lives, vocations, and relationships. She has had many STE's since childhood and has been asked to sit on academic panels to share her experiences with mental health professionals, has presented at the 3rd ACISTE conference on the benefits of spiritually supportive community, and has three papers published on coaching techniques. Her background is in administrative law dispute resolution, training, consulting, and early childhood education. Since 2006, she has worked to educate people of all ages and backgrounds about the principles of holism in the fields of integrated health, parenting, community relations, team building, and spiritual development.

If you are interested in creating similar local community and education programs, go to [www.http://hope-nonprofit.org](http://www.http://hope-nonprofit.org) or contact her directly at 806-928-7242, [elizabethj.sabet@gmail.com](mailto:elizabethj.sabet@gmail.com)

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